Zagari, G. CHRONIC ACROCYANOSIS. [Rif. Med., August 7, 1920.]

In the two cases here reported upon a peripheral vasomotor upset was evidently responsible for the blue hands in one case. In the other, general derangement of the endocrine system was the most probable hypothesis.

Gutmann, R. B. APPENDICULAR ASTHMA. [Presse Médicale, November 3, 1920.]

The author here discusses a general visceral neurotic disturbance to which the family name reflex asthma is applied. The asthmatic attack here is related to an appendicular attack; at times migrainous, neuralgic, vertiginous symptoms accompany the vegetative nervous system upset.

Proskauer. CASE OF RAYNAUD'S DISEASE; MULTIPLE CAVERNOUS ANGIOMAS IN NEWBORN INFANT. [Deut. med. Wochenschr., August 26, 1920.]

A case of Raynaud's disease in a child of three is here reported with a favorable outcome. A hot foot-bath, although it was somewhat painful, had an immediate salutary effect. There were, however, four recurrences during the course of two weeks, all of which yielded to the hot foot-bath but to nothing else.

Souques, A., and Moreau, R. ATTACKS OF HEMOLYSIS IN RAYNAUD'S DISEASE. [Bull. de l'Acad. de Méd., July 6, 1920.]

The plurality of this disorder is here spoken of. In some cases, holding the hands in very cold water for half an hour induced a hemoclassic crisis consisting of a drop in blood pressure and general malaise, the Raynaud cyanosis and painful paresthesia. This occurred in six tests in a woman who for seven years had presented in the winter typical Raynaud's disease. In two other cases the same experiment caused a response resembling the spontaneous winter attacks.

Bircher, E. RESECTION OF THE VAGUS IN STOMACH DISEASE. [Schw. Med. Woch., June 17, 1920. J. A. M. A.]

Bircher presents evidence to sustain the importance of the neurotic factor in stomach disturbances and especially in the development of gastric ulcer. A gastric neurosis alone, without anatomic findings, may simulate completely the picture of a gastric ulcer. When the stomach has been opened up in such a case and no anatomic lesion discovered, surgeons usually conclude the intervention with gastro-enterostomy and let it go at that. But with a sagging stomach the gastro-enterostomy may entail more serious disturbances than ever, even without the so-called vicious circle, and Bircher thinks it is more logical to resect the vagus fibers innervating the body of the stomach and the pylorus region.