overlooked, the physician being inclined to ascribe such nervous symptoms, when their pathogenesis is obscure, to arteriosclerosis, hypertension, fatigue, syphilis, etc. A few years ago one of the writers had opportunity to follow a certain number of difficult cases in which no satisfactory interpretation could be found for extensive vascular lesions and prolonged cerebral circulatory disturbances. Examination of the blood or the autopsy revealed manifest erythemia, and for this reason the authors are convinced that physicians should never neglect the examination of the spleen and bone marrow in disturbances of the brain circulation of obscure origin. The authors describe four cases where the nervous and mental symptoms found their explanation as a result of Vaquez's disease. Among the effects of this disease may be cortical miliary hemorrhages which spread in a slow and insidious manner, thrombi of veins and arteries, pseudo-tumors of the brain, etc., manifesting themselves in a variety of psychic and nervous phenomena, headache, unconsciousness, palsies, epileptoid attacks, and many other symptoms and combinations of symptoms which the clinician would find hard to explain in any other way. [J.]

Landwehr, J. H. COLIC FROM ACUTE ANGIONEUROTIC EDEMA (Quincke). [Ned. Tijdschr. v. Geneeskunde. Vol. XII, No. 17, 1919.]

On August 28, 1919, Mrs. B. came to me at my consulting hours with the following complaints:

For some weeks past she had suffered in various places of the body from transitory swellings, which were neither painful nor itching, but were accompanied by an unpleasant feeling of tension. A peculiar feeling of itching and burning preceded the swellings. As a rule the symptoms had disappeared after about half an hour; sometimes, however, the swellings continued for some hours. Usually they occurred on eyelids, lips and chin, sometimes on arms, hands and feet. For the rest the patient felt quite normal. From the family anamnesis it appeared that her mother suffered from attacks of megrim, a sister from gall swellings.

As on examination of the slightly nervous lady I did not find any deviations, I requested her to call again when such a swelling had come again. Some days later she came back with a swelling which covered about the whole chin. This swelling had the color of the surrounding skin, was not warm to the touch, was not painful when pressed, and elastic; finger-pressures did not remain visible.

Later on I had once more an opportunity to see the patient when on upper and lower lip swellings were visible, which showed the same characteristics as described above. On account of their short duration and their great number, their recurrence, the absence of redness and itching, and also of burning (characteristics of urticaria), the elastic substance of the swellings, which where they occur cause an unpleasant feeling of tension, it seemed to me most probable that this woman suffered from remittent acute edema, first described by Quincke.

Some days later I was called in, because the patient was lying abed with serious pains in the stomach. I found her writhing with pain, like one who has an attack of colic. The pain was located in the region of stomach and liver, spreading thence to the back. On examination the whole liver-region proved painful when pressed, likewise the pressure-point of Boas, which extends at about the two lower breast-vertebrae, one inch to the right of the vertebral-column. By one administration of morphia (5 mgr.) and warm swathings the attack was got under; afterwards the patient felt very limp and faint. That very evening another edematic swelling appeared under one of the eyelids. The following day she had a grayish-white stool and the urine contained many gall-chromae. No jaundice followed. Next to the swellings of the skin it is those of the mucous membranes which are prominent in the disease described by Quincke. Collins¹ found the respiratory organs affected in 21 per cent of the cases. Cases have been described in which the swelling affected the cheek-membrane, the tongue, the tonsils, the uvula, even the whole pharynx. Most important indeed is the swelling of the introitus laryngis, which gives rise to very alarming symptoms, in which case only immediate tracheotomy can often save the patient from certain death. Some (Schlesinger, Solis Cohen, Halstedt) also believe the asthma nervosum to be affected by the symptoms described by Quincke. Besides the swellings in the region of the respiratory organs, cases have also been described of intermittently occurring symptoms in stomach and intestines. In cases of a mild type they are confined to a more or less severe pain in the stomach-region, together with a feeling of tension. Later on it may be followed by nausea. Strübing² describes a case which showed the symptoms of tabetic crises, viz., violent pains in the stomach-region together with nausea. Besides the stomach-complaints we often see intestinal disorder, colicky pains, shooting-pains and excessive diarrhea. Halstedt, Morris and Solis Cohen diagnosed intestinal bleeding accompanying attacks.

In a case described by Morris³, a piece of the mucous membrane of the stomach, which was strongly edematic, was found when the stomach was probed.

In the course of the disease described above, we see that a sufferer from acute recurrent edema has an attack resembling bilious colic. This attack (since that time she has had a relapse) about simultaneously with the manifold, repeatedly returning swellings of the skin, in a woman absolutely healthy before, is too remarkable to surmise an accidental co-existence of various diseases, the more so as the nature of the symptoms may be readily explained by assuming an acute swelling of the mucous membrane of the gall-ducts. This hinders the discharge of the gall: owing to the obstruction in the gall-bladder, the dilatation of the inner

¹ Am. Jour. of Med. Sciences, 1892, Vol. 104.

² Zeitschrift f. klin. Med., 1885, IX.

³ Am. Journal of the Med. Asso., Nov. 1904.

coat of this organ so rich in nerves, and perhaps a reflexive contraction of the sphincters of the gall-ducts, the symptoms of colic are called forth.

About the pathology of the Edema of Quinke researchers still disagree. While some look it to be a disturbance in the circulation of the blood, others believe that in many cases poisonous matters affect the production of lymph, either by active coöperation of the nucleated epithelial cells of the capillaries, and in consequence of this increased secretion of lymph, or by increased transmission of the tissue-cells. That often also the nervous system plays a very important part may appear from the existence of transitory edemae in nervous individuals, often under psychical influence. The medicines recommended are: regulation of the intestinal functions, lactovegetabilic diet, and, moreover, arsenic, strychnine and quinine. In the literature which was at my disposal, I did not find anywhere in the description of the internal symptoms of acute edema a case of swelling of the mucous membrane of the gall-ducts, in consequence of which the symptoms of colic arose. Therefore I thought it sufficiently important to give a brief report. [Author's abstract.]

Rolleston, J. D. PERSISTENT CONGENITAL OEDEMA OF THE LEGS (Milroy's Disease) IN MOTHER AND DAUGHTER. [Review of Neurology and Psychiatry, Vol. 15, p. 480.]

Familiar cases of this disease are extremely rare. In this instance the mother stated that besides herself and daughter, her mother and her mother's sister were similarly affected. Her two other children were not affected. No obvious cause for the oedema was discovered. The two cases presented the four cardinal symptoms of the condition described by Milroy in 1892: (1) congenital character; (2) limitation of the oedema to the lower limbs; (3) persistence of the oedema; (4) entire absence of constitutional symptoms. A special feature in both cases was the unilateral predominance of the oedema, the right leg in the mother, and the left leg in the daughter being chiefly affected. In addition to Milroy's original cases (nineteen cases in six generations), the only other examples of congenital and hereditary persistent oedema of the limbs in literature are those of Nonne (eight individuals affected with congenital elephantiasis in three generations) and Lortat-Jacob (congenital oedema of feet in three generations). Their pedigrees will be found in Dr. William Bulloch's article on chronic hereditary trophoedema, together with the pedigrees of other cases in which the oedema was hereditary but not congenital. As none of the recorded cases has come to autopsy, the pathogeny of the condition remains obscure. Various hypotheses have been put forward, such as congenital malformation of the trophic centers in the spinal cord for the cellular tissue (Meige), abnormal development of the mesoblast (Rapin), affection of the spinal centers for the lymph secretion (Valobra), insufficiency of the thyroid or thymus (Spiller), and endocrino-sympathetic dystrophy (Ayala). [Atwood.]