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 Quincke 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.]