London, on "The Surgical Treatment of Chronic Constipation" (*Surgery, Gynecology and Obstetrics,* February, 1908). He is of the opinion that Mr. Lane is dealing with much the same condition. Mr. Lane presents the symptoms of constipation as the eminent characteristic of the disease. Jackson claims pain as the predominant feature in his cases. Mr. Lane speaks simply of "adhesions." Mr. Lane advises ileosigmoidostomy after excision of the entire colon. I can readily believe, too, that this might become necessary in long-standing cases when, after the mechanical restraint of the membrane has been removed, the muscular walls of the colon are found to be so far atrophied, by continued interference with the peristalsis, as to be unable to regain their tone. Professor Duncan McKenzie, of Chicago, made the pathological examination of the lymph gland for me, and his report is as follows:

"The peritoneal lymph gland does not show any very great disturbance, slight hyperplasia and oedema, which is the result of defective nutrition and chronic peritoneal congestion. In all probability there is some obstruction to the venous circulation in the peritoneum."

So far as I know this is the first case of the kind to be described in any Canadian medical journal.

I am of the opinion that the continued symptoms in many cases of apparent chronic appendicitis, not relieved by appendectomy, may be due to membranous pericolitis.

VON MIKULICZ DISEASE.

William Luitz (*N.Y.S.J.M.*) states Von Mikulicz first described this affection in 1894, as a distinct and typical, well-defined, heretofore undescribed disease, although he had presented a case in 1888. There is present a characteristic and symmetrical enlargement of the lachrymal and salivary glands, chronic in character, non-painful, and not associated with any demonstrable systemic disease. The treatment employed is as follows: 1. X-ray treatment, twice weekly. 2. Inunctions of oleate of mercury. 3. Potassium iodide, 10 grains daily and increased one grain a day until 47 grains a day were taken. 4. Mercurial plasters to cheeks. 5. Intramuscular injections of salicylate of mercury. 6. Liquor potasii arsenitis 10 m., t.i.d, had to stop on account of vomiting. 7. Tinct. nucis vom. If these fail, operative interference is essential.