

In the June number of the *Edinburgh Medical Journal*, 1883, there appeared an article written by Dr. Jamieson, of Edinburgh, entitled "Acute Circumscribed Cutaneous Œdema." In it was given a history of a case very similar to mine, except that the rheumatic condition was much more marked. Dr. Jamieson, like myself, did not know how to designate the disease until he read a paper by Quincke, which appeared in the July number of the *Monatschrift für Praktische Dermatologie*. I will give a short account of his case.

Miss M. E., aged 60, has been a governess with families in the country nearly all her life, and till rather more than seven years ago was in good health. She then became affected with pains of a rheumatic nature in the neck. The parts did not swell and the pains passed away. Soon, however, they located themselves in her right wrist, which became hot and enlarged. Then the fingers of the right hand swelled at their joints and the metacarpophalangeal articulation took on the same morbid action, which was plainly enough that known as rheumatoid arthritis. The joints of the feet became similarly affected. About the same time that the rheumatoid arthritis first showed itself she was annoyed with curious subcutaneous swellings which always attacked the face, came on suddenly, and at regular intervals. The loose tissue about the eyelids was the most common seat of the swellings, but they also occasionally attacked the lips. When the eyes were to be involved headache and some degree of feverishness were experienced, then a sensation as if of tension of the outer canthus, soon followed by swelling of the eyelid, which gradually spread from the outer side till, in course of twenty-four hours, the whole of both eyelids, and even some of the skin beneath, was distended by serum. The eye was completely closed by the œdema, and the watery-looking skin had a somewhat purplish hue. The swelling subsided gradually, as long an interval as five days occasionally elapsing before it had quite gone. The œdema, however, generally vanished in three days. At first the attacks occurred at intervals of about four weeks, but they soon became more frequent—once a week, or still oftener.

It will be noticed that this case differs from mine in two or three points: (1) The well-marked rheumatic history; (2) That the swellings did not come on as quickly. In my case, in two or three hours the parts would become intensely swollen. (3) In my patient various parts of the body were affected, particularly the extremities, and the swellings were often produced by a slight traumatism.

In the main feature, however, the two cases are sufficiently alike to be put under the same heading. I have therefore entitled my paper, Acute Circumscribed Cutaneous Œdema.

There is no doubt, as Dr. Jamieson says, mild cases are of not infrequent occurrence, and that cutaneous swellings, which are attributed to the sting of bee or other insect are simply cases of the disease in which the condition is of a passing character.

Milton has described under the head of Giant Urticaria, five cases which somewhat resemble the one already described. In his cases other skin eruptions accompanied this condition, and the urticarial symptoms were very marked.

In the *Berliner Klinische* of January 12th, 1880, the history of two cases were given, which resembled those described by Milton. Duhring mentions a case recorded by Julen in the Cincinnati *Lancet* and *Observer*.

Quincke has, however, given the most complete account, and I will conclude by quoting Dr. Jamieson's translation.

It is characterized by œdematous tumefaction of the skin and subjacent cellular tissue in circumscribed spots, which measure from two to ten centimetres across. These, he says, are found most frequently on the extremities, particularly in the neighbourhood of the joints, also on the body and face, especially the lips and eyelids.

While the swollen portion may at times be reddish, they are quite as often of the natural hue of the skin, or pale and translucent. A feeling of tension in the places affected are usually complained of, but there is seldom any itching. Portions of the mucus membrane may be attacked, as the lips, velum palati, pharynx and entrance of larynx.

It has been inferred from the symptoms in one case that the gastro intestinal mucous mem-