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MILTON, J. L. - On giant urticaria

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ARTICLE IV.—*On Giant Urticaria.* By J. L. MILTON.

SOME years ago I communicated to the Medico-Chirurgical Society of London the particulars of a singular form of swelling attacking the skin. The remarks made by such of the Fellows as took place in the debate which followed, with one exception, showed that the disorder was quite unknown to them. The exception was Mr Robert Taylor, who stated that he had seen something of the same kind in the case of a sailor under his care, and that, looking on the affection as gout, he had prescribed colchicum with benefit. Sir Benjamin Brodie, to whom I showed one of the swellings, had seen an instance or two, one attacking the hip in a lady, but the cases were of a mild nature. He thought "caustic alkali" might do good, but confessed that he knew nothing whatever of the pathology of the disorder, and had not even ventured to give it a name. I believe he does not touch upon the subject in any of his writings. No one else to whom I mentioned the case seemed to have noticed anything of the kind.

Several years later, in a second edition of a work on Diseases of the Skin, I gave a compendious account of the paper read before the Society, and added, that the only notice I had met with of a disorder even approaching this in character, was one extracted by Professor Graves from Dr Oppenheim's work, where an affection is described as occurring in Turkey, which bears some resemblance to the malady I had pointed out, although too dissimilar in other respects to allow of our looking upon the complaints as identical. Of this affection Graves had seen one case in the Meath Hospital, but he tells us nothing farther. Since then I have met with four cases, the course and symptoms of which will, I think, justify me in saying, that the disorder must be looked upon as an urticaria of very complex character, embracing, in its somewhat wide ramifications, the affection described by Oppenheim, and presenting the peculiarity of attacking not only the skin, but also the tongue, fauces, and possibly the trachea, nares, and urethra; that it is intensely obstinate, and of such formidable appearance, and such extreme severity, both as to the size of the swellings and the discomfort they occasion, that, compared with the ordinary kinds of urticaria, it might well be spoken of as gigantic; and that in all the cases I have met with, it was accompanied by another affection of the skin, such as eczema or lepra.

Briefly stated, the facts in the paper read before the Medico-Chirurgical Society are these:—The patient was a gentleman, aged 34, and the attack was preceded by eczema, colicky pains, and neuralgia. The first swelling that showed itself extended across the top of the left thigh, in front, running just below Poupart's ligament. It was hard and painless, not in any way discoloured, the appearance of the skin being in every other respect natural.

It was broader at the inner than at the outer side of the limb, and measured quite three inches across at the former. This was the state of things in the morning; by night-time the swelling had disappeared, having occasioned little or no inconvenience beyond some stiffness. The next day a large swelling was observed below the crest of the left ilium; it was quite five or six inches long, about two broad, and raised fully half an inch above the surrounding skin, its outline being clearly defined. By the third day the left or front end of this swelling had become indistinct, and the other end had begun to stretch down the left side of the sacrum, but in a short time it took another route, and began to creep along the crest of the right ilium, where, by the fourth day, there was a fully formed lump, but when it had got a little more than half way round it began to lessen and gradually faded away. Meantime a smaller swelling formed on the upper and middle part of the left thigh, which gradually disappeared as the others had done.

For upwards of three weeks one or two of these swellings formed every day about the hips, crests of the ilia, and upper part of the left thigh, the right thigh not being attacked. During this time occasionally two showed themselves at once; one day there were three. From the end of the three weeks onwards they appeared less frequently and were more dispersed. At the end of rather more than four months from the first outbreak the face was assailed, the swelling attacking first the lids of one eye and extending slowly across to the other, each eye being in succession so firmly closed that not a ray of light could be seen, even when an attempt was made to open the eyelids forcibly with the fingers. On one occasion both eyes were perfectly closed for some hours. One or two swellings appeared now on the legs, and one or two small ones on the arms. The mouth also suffered about this time, the swelling quickly rising to such a pitch that the skin of the upper lip became firmly pressed against the nostrils. The throat was attacked three times; a surgeon, who examined it on one occasion, compared the appearance to that of bad cynanche, the uvula, soft palate, and tonsils being greatly swollen. Here the swelling formed very rapidly, reaching its climax in about half an hour. The sense of suffocation which it induced was almost unbearable, and saliva was poured out in large quantities.

The lumps were always clearly defined, the edge rising abruptly from the surrounding skin. They were extremely firm, and, when examined by the touch, gave much the same feeling as if the biceps of a strong man in training were being handled. They were never painful even on pressure. Some of them felt warm to the touch, but generally the only sensations noticed by the patient were extreme stiffness and distension. Usually the skin retained its colour, but some of the swellings on the arms and legs were of a pale pink, and one or two on the hips of a bright red. There was

no itching at any time, nor did any desquamation ever follow a swelling; but twice there was on the face an abundant secretion of sebaceous matter after an outbreak in that part. There was no constitutional disorder throughout. The patient certainly did not always feel in high health; but during the whole course of the complaint he showed no signs of illness, and, indeed, it was a most unusual thing for him to have any. The urine was healthy, as were the secretions generally, except that those of the skin were scanty.

During the access and at the height of the complaint no internal medicine proved of any avail, and no local application seemed to exert the least control over the swellings; vapour-baths, hot fomentations, and evaporating lotions were equally powerless. The stubborn complaint held its own against all remedies. Towards the close I thought that colchicum and bichloride of mercury hastened the disappearance of the malady, and at a later period these means, accompanied by seven-grain doses of iodide of potassium three times a day, apparently cut short a relapse. After the return of the complaint there was once a solitary swelling on one wrist, since which time the patient has remained free from his tormentor.

I never saw another instance of the disorder till 1873, when I met with two cases, which I give according to the order of time in which they presented themselves.

Mary C., a well-grown healthy-looking girl, twenty years old, entered as out-patient at St John's Hospital, 4th April 1873. So soon as ever she came into the room I recognised the affection, for there lay, across the face from temple to temple, an oblong tumour almost closing both eyes. It extended from about an inch above the eyebrows to quite as much below the upper edge of the lower eyelids; but while in the latter situation, and at the ends of the swelling, the margin was almost blended with the skin, the upper edge rose abruptly from the surface. Although the eyelids were so distended there was not the least discoloration of the skin, nor was there any vesication: in a word, the abnormal signs were limited to the tumour, which, I may here state, was quite hard. The girl's account was that she had been troubled with these swellings for quite eighteen or nineteen months, during part of which time she had also been occasionally tormented with eczema, the attacks of the latter complaint, however, not being severe. The swellings were entirely confined to the part of the face just mentioned. They were never larger than the present one, often not so big, one eye only being sometimes attacked. On all occasions they formed with great rapidity, wore the same look, and ran the same course. She complained much of the discomfort from the stiffness and hardness set up in the skin by these swellings, which were accompanied by a moderate amount of itching. A week never passed without an attack, and frequently there was one

every second day. The complaint began without any manifest cause, and there had, so far, been no abatement of its severity. She described her general health as excellent, and her digestion and menstruation as being in good order; during her long attendance I never had reason to think that the statement was incorrect.

Having seen so little result from previous attempts at treatment, I resolved this time to try a different plan, and deal with the case to a great extent as if it were eczema. The girl was accordingly ordered ten-minim doses, three times a day, of the acid solution of iron used at the hospital, which is made by dissolving, in strong hydrochloric acid, pure clean iron wire till the acid will take up no more of it, the point of saturation being about reached when an ounce of the metal has been absorbed. The dose of this was gradually increased to twenty minims, and after a few weeks a small quantity of the Pharmacopœia chloride of arsenic solution was directed to be taken three times a day after meals. A pill containing a grain of the acetic extract of colchicum and the same amount of blue pill was prescribed for use at bedtime. The vapour-bath was employed once, and then twice a week all through the course of treatment. She was recommended to keep to the diet usually advised for urticaria—that is to say, plenty of farinaceous food, puddings made of Chapman's flour, the more digestible kinds of vegetables, such as peas and potatoes, milk, eggs, fat ham and bacon, rabbit, white fish, and so on; excluding all heavy meat like pork, hard beef, especially in large quantity, goose, and shell-fish. Red wine was substituted for beer, the latter in every shape being forbidden.

Thanks, perhaps, to her youth, the girl soon gave an encouraging report as to the action of this treatment. The tumours began to appear less frequently, and those which showed themselves were both smaller and softer; they also itched less,—effects which she ascribed to the vapour-baths. Her health, though so good before, improved in this much that she felt better and lighter, with more desire for food. For my own part, looking to the little influence exerted by any kind of means in the first case, and to the possibility of the subsidence in the complaint being spontaneous, I did not feel any enthusiastic conviction; but as the case certainly improved while these measures were being carried out, and as I knew of nothing better in the way of treatment, I thought the best plan was to “let well alone,” and perhaps this was the wisest thing to do. At the end of about five months I considered that she might be looked upon as cured, seeing that for some little time there had been no swellings at all, and that those which had appeared were much milder in character. I therefore advised that the medicine should be left off for a week, and then, after a week's resumption of it, for a fortnight, and after that for three weeks. There being no relapse, she asked to be discharged, her own voluntary statement being that she felt she was cured. The remark certainly implied a strong conviction on her part, as she had been so much

worried by the unsightly look and long continuance of the swellings, that during her attendance I believe she had never missed taking a dose of medicine or infringed a single direction.

Strictly taken, the following case does not belong to this form of disorder, but it is given because it may help to point out a common tie between ordinary urticaria and the affection which I have been endeavouring to describe, inasmuch as the respiratory passages were here possibly affected much as in the first case, the disease yielded to the same remedies that were used in the second and third, and the complication of eczema was present.

Lord —, a short, well-made man, in the prime of life, consulted me, 11th July 1873, for urticaria, giving the following history:—He was naturally of robust health, of very active habits, and lived temperately. I could not trace the affection to any errors of diet; there was no evidence of gout or rheumatism. A little more than two years before, while otherwise in the enjoyment of excellent health, he had been attacked with difficulty of breathing, which induced him to seek the aid of a physician, and then, as the symptoms did not abate, that of a gentleman having a large practice in diseases of the throat. These gentlemen gave an unfavourable prognosis; but the affection, having reached almost a fatal height, began to subside. The attack passed off, and the patient remained free from any relapse, till a few days before he came to me, when the very same symptoms showed themselves; but so soon as ever the urticaria broke out, the affection of the throat, whatever it may have been, began to decline, and soon passed off completely; nor did he ever suffer from it while I attended him, during the whole of which time he was not for a single day free from nettle-rash. The latter affection was severe enough throughout great part of his attendance. A pretty large extent of skin on the surface of the arms, chest, abdomen, and upper parts of the thighs, was almost always covered with pink wheals, new ones rising with extraordinary rapidity as the old ones disappeared. They were accompanied by such burning, itching, and tingling, that at times the patient's hands were seldom quiet. These swellings, however, bore no resemblance to those seen in the other patients, being very little raised above the level of the skin, and often most irregular in their outline, while the others were usually semi-globular, oval, or oblong, with an unbroken margin.

The patient was put upon moderate doses of tincture of sesquichloride of iron, which were quickly raised to a drachm, three times a day, accompanied, after a short time, by five-minim doses of the Pharmacopœia solution of arsenic chloride, also three times a day; colchicum was prescribed to be taken occasionally at bedtime. No external application, beyond the free employment of vapour-baths, was resorted to. I saw the patient pretty regularly till the 8th of August, by which time the disorder had somewhat abated. Soon after this he left for a cruise, taking with him an

ample supply of steel and arsenic. He continued the treatment while away with great regularity, and, on the 7th of December, wrote to me, saying that he had been well for some time, and that he attributed his recovery to the large doses of iron which I had ordered him. In the following summer he consulted me for an attack of eczema.

On the 17th of October in the same year, Mr A. C., a strong, healthy man, came up from the country, and placed himself under my care for this disorder, from which he had been suffering, in one shape or other, more than seven years. It attacked the eyelids, face, glans penis, and scrotum. There was also, on some occasions, a great degree of irritation in the nostrils, the mucous membrane feeling as if cayenne pepper had been introduced up the nose; the tongue was affected in the same way. The eye assailed was firmly closed for the time, so that he could not see at all with it, and sometimes from ten days to three weeks elapsed before he recovered his proper sight. Occasionally, the swelling extended from one eye to the other, affecting both in succession; twice or thrice both eyes were attacked at the same time. The swelling always began over or near the malar bone, and extended to the lids of the eye. After it had passed off, the ocular conjunctiva was often a good deal congested, which was not in any way the case with the other patients. He seldom passed a fortnight, and never more than three weeks, without a visitation of this kind. The swellings were not hard, and he described their colour as more like that of erysipelas than the natural hue of the skin. The itching in them was sometimes excessive, and was generally severe by the second or third day, at which time the skin often began to assume what he described as a hard, baked appearance. As to the duration of the swelling itself, he estimated that, from the beginning to the final subsidence, it occupied from twelve to thirty-six hours.

The complaint had followed eczema, and possibly some degree of impetigo. The latter eruption he described as red, irritable while the inflammation lasted, and succeeded by matter underneath the skin. He was still subject to outbreaks of the former disease on the inside of the prepuce, which were as sudden in their recurrence as the enlargements on the skin. The impetigo, supposing it really was such, seems, in its turn, to have followed a kind of herpes, the first intimation of either being as follows:—

One night he was roused from sleep by an unusual sensation in the organs of generation, and on looking found all the foreskin, both inside and outside, covered with bladders full of brown serum, while over the mouth of the urethra a swelling, the size of the largest split pea, had formed, closing up the orifice so firmly, that it had to be opened with a needle, and the sides of the canal had to be forcibly dragged apart, before he could make water. Under the supposition that the patch might be a blister, he pierced

it, but it proved to be quite solid; he also punctured the vesicles on the foreskin, which, however, really contained serum. The process of opening the urethra had to be repeated the next time he made water.

At the end of a week, finding that the disorder had not abated, he went to a surgeon, who treated the case with mercury internally, and what seems to have been lead lotion as an outward application; but the blisters, as the patient called them, gained ground, and after a time began to break out in the neck, a little below the ears, and behind the jaw, then on the chin, and finally on the scrotum and glans. In 1869 they attacked the inside of the eyelids of the right eye, and the physician, whom he now consulted, "let the blisters out;" their appearance in this part was attended with great suffering. The vesications, he said, generally formed during sleep, and began with a pricking sensation. There was a good deal of attendant inflammation, and when the glans was invaded, it swelled, but never so much as to prevent the foreskin being drawn back. Where only a flat surface was involved, the blisters speedily healed up, but where there were two opposed surfaces, as under the foreskin, or in the fold between the scrotum and thigh, the secretion became purulent. The urethra almost constantly yielded a little fluid, which he compared to thin blue milk.

This state of matters went on for about three years, and then appeared to be dying out, so far as the herpes was concerned, but the discharge from the urethra continued, and even grew thicker. An impression now sprang up in his mind that he must somehow have contracted a venereal disease, and in consequence he went to a physician, who prescribed an injection. This gave him great pain, and, after a few days, much irritability of the bladder set in. At the end of three weeks the urethra had become so narrowed, that he could only make water in a stream like a thread, the channel being blocked up by a slough. This, however, he contrived to force out of the urethra, and after that another, the last being followed by some blood and serum. The injection always threw down a stone-coloured sediment, and he said that the sloughs were of the same hue.

He now tried another medical attendant, and under his treatment got so far better that the disease ceased to spread, and even shrank to its original dimensions, with intervals of freedom lasting from one to three weeks. Matters ran their course in this way till the disorder had lasted more than four years, when it all at once entered upon a new phase; for one morning in the spring of 1871, the date of which he could not, as regards the time of the year, fix more accurately, when he was out walking, he found a burning pain in the scrotum, and, on looking, noticed that the seat of the sensation was much inflamed, as was all the under surface of the penis—a state quickly followed by great pain in the glans. From this time forth the attacks were of this nature, and no more

blisters appeared. From this time forth he never passed a week without an attack in these parts, and generally had one every four, five, or six days; sometimes the glans alone was attacked, generally the scrotum also. A month or two after the new disorder had broken out on the penis and glans, and consequently early in the summer of 1871, the eyelids began to participate in the disturbance, and from now onwards, a relapse took place here every two or three weeks at least. The first attacks in this part and in the cheek were slight, not lasting more than five or six hours, and he could see after one; those in the private parts he spoke of as being very severe at this time. Contrary to what formerly happened, he could not now get the foreskin back for a week at a time; but indeed one attack seems, according to his dates, to have shown itself before a preceding one had subsided. He also stated that the foreskin now smelt as if it were mortified. For some months the disorder seemed to have spread to the posterior part of the urethra, connexion with his wife being followed by great pain in what he considered to be the "bladder-neck," and the discharge of a little blood.

The outbreaks could not be traced to any errors of diet. His own suspicions had lighted upon this as a possible cause of his sufferings, and at first he thought that several articles of food were instrumental in bringing on relapses; but after a while he came to the conclusion that it did not matter what he ate. He had fretted a good deal about the long persistence of his complaint, and his inability in consequence to follow his occupation, that of a musician; latterly, too, he had become weak and low-spirited, from brooding so much; but, except in this respect, his health was not impaired.

He was put on salines for a fortnight, and the use of these was followed up by the employment of the acid solution of iron and colchicum in pills; shortly after, the solution of chloride of arsenic was added. He was directed to take a vapour-bath once, and, if possible, twice a week; all stimulants, except hollands and wine, were interdicted. In about four weeks, he left London, somewhat improved. On the 14th of December, he wrote to say that he was assiduously continuing the treatment, and taking the vapour-baths twice a week; that he was better as regarded the swellings, and had had no return of the eczema. On the 30th of July 1874, I received another letter from him, in which he informed me that he had had only one attack for some weeks; it was in the left eye, and had happened twenty days previous to his writing. He was continuing the treatment, especially the baths, and reported himself as improving in every way. He had meanwhile been ordered rum and milk, and thought he had derived benefit from this addition to his diet. On 30th December same year, he reported that since June the eyes had only been affected twice, and the foreskin two or three times, the outbreaks in the latter being now

very slight, and not accompanied by any discharge. The last communication from him, while still under my care, was on the 24th of June 1875, when he wrote, saying, that some medicine prescribed for another complaint had disagreed with him, but as concerned his old malady, he had for some months been very little troubled with it. At my suggestion he had long confined himself to a small amount of medicine, suspending the use of it first for a day or two, then for a week, and so on, till he could dispense with it altogether. The diet and baths, however, had been regularly kept to. On inquiring lately, June 1876, I found that he still continued well as regarded the eruption, but that a change in the weather brought on a feeling as if it would break out again, and there was still some tenderness of the urethra.

The next case that came under my care was that of a Jewish dealer in curiosities, thirty-nine years old, a man of extraordinarily strong build and great muscular development, who consulted me, 2d April 1876, and in whom I again immediately recognised the affection, as at this very time the left eye was almost closed by a somewhat abruptly outlined swelling, of the colour of the skin which encircled it. Here, too, the morbid indications were strictly limited to swelling—there being no signs whatever of any inflammatory process. He said he was most anxious to be freed from this distressing malady, of which he gave the following particulars:—

He had suffered from it between seven and eight years, but had never had any other illness except syphilis. He had far too good health, he said; and his explanation of this strange statement was, that everything which would make another person thinner—such, for instance, as a bad cold or a low diet—only served to make him gain in weight and muscle. The complaint began without rhyme or reason, and though he had been repeatedly asked the question, he had never been able to connect the first or any subsequent attack with errors of diet, or indeed any cause whatever; besides, he reported himself as extremely temperate in his habits, seldom taking more than a glass or two of claret, the only thing in which he indulged being tea, of which he was very fond, and drank a great quantity.

An attack, he said, always began with a feeling of being out of sorts, accompanied by catarrh, loss of appetite, and sense of oppression at the stomach, speedily followed by swelling of the tongue and fauces, and an offensive odour of the breath, from which he was at other times perfectly free, with a still more offensive odour of the urine, after which a lump appeared on some part of the body. These symptoms subsided in the same order as they appeared, only that they declined so much more slowly in the skin; for while the stomach and tongue returned to their normal state in about a week, the enlargement and thickening of the skin often endured quite a fortnight. The swellings formed principally over the deltoid and belly of the biceps, the acromial

end of the clavicle, and the muscular parts of the thigh ; the penis, scrotum, inside of the thighs at their junction with the latter, the perinæum, lips, and eyelids often suffered in their turn, but the swellings in them were less defined. Although both eyelids swelled, there was no blindness as in the first case ; generally only one eye was attacked at a time. He assured me that some of the lumps on the thighs were as big as his fist—and as the said fist looked quite capable of prostrating a small horse, the reader can form an idea of their size, always supposing the patient's estimate to have been strictly correct. They were not accompanied by any visible morbid changes in the part of the skin attacked ; but, subsequently to the appearance of a swelling, he frequently suffered from an affection of the skin, and particularly on the arms, which, by his description, I judged to be pityriasis rubra. One of these was now beginning on the arms, and, on looking, I found almost the entire surface of both arms red, furfuraceous, and tender. This was the appearance which the eruption usually wore, but at times there had been a discharge of serum. After the inflammation had passed off, he said, the skin of the hands grew stiff, then swelled, cracked, and finally peeled off. About five weeks later he actually showed me his hands with the skin exfoliating in small flakes.

The lumps on the limbs he described as being of the hardness of stone. They were, according to his version, always of the natural colour of the skin, but his wife, who was present, said that some of the earlier ones were almost white ; the itching in them and the surrounding skin was so severe, that he assured me he had often entreated those around him to restrain him by force from scratching the affected parts. Over the surface of a swelling, and for some distance round it, there were sometimes a number of small nodules, not larger than split peas, and this state was occasionally preceded by a similar condition of the mucous membrane of the cheeks and sides of the tongue, which felt as if they were full of shot.

The patient had consulted several medical men on the Continent, and one in England, about his complaint, but none of them had ever seen the disease before. The principal remedies ordered seemed to have been Turkish baths and aperient pills, and, judging from what he told me, I should say that never yet did patient carry out more conscientiously the law laid down for him, seeing that, after trying the Turkish baths of France, Germany, Belgium, and Holland, he actually arranged to go to St Petersburg, where, he was told, he could get the best baths in the world, and stayed there six weeks for this express purpose, taking four-and-twenty Russian baths in that space of time ; while of the pills he had for years systematically taken eight a day without once missing. In addition to this he had, seemingly on his own responsibility, and because he thought it necessary to work something out of his system, repeatedly tried sulphur, vapour, and starch baths.

So far, however, as I could make out, these remedies did not seem to have exerted any influence over the disease ; on the contrary, he was at the end of five years worse than ever. At this time the disease had apparently reached the turning point, as since then he has not suffered so badly, although even the last outbreak was formidable enough. The attacks always come on in the winter and spring, during which time he is never long free from them ; during summer he enjoys a respite, and indeed he finds that any heat, even that of a fire or a furnace, gives him relief. He is perfectly free from gout or rheumatism, and this, so far as he knows, has been the case with all his family. A brother had been afflicted with epilepsy, and I myself saw the son of this brother in an epileptic fit.

Up to the present time the patient has been too much occupied to permit of his attending regularly, or putting in force a systematic plan of treatment. He was therefore merely advised to reduce the number of pills very gradually, to substitute for them a saline mixture, and to follow this up with steel and arsenic. When I last saw him he had brought down the dose of the pills to two daily, and bore the steel and arsenic very well ; he had had no attack since he began this treatment, but to this I do not attribute any importance, seeing that, as has already been mentioned, he usually enjoys immunity during the warm months.

The next and last case differs from the others in not attacking the face at all. Sidney S., a short, stout, very healthy-looking man, thirty-four years old, came under my care as out-patient, 14th June 1876, with this affection and lepra, the latter to a very slight extent only, being limited to some small and not very well marked spots just below the left knee. He gave the following history of his case : When quite a boy he used to suffer from an occasional eruption of patches on the face, which, from his account, seem to have been erythematous ; but I need scarcely say that it is not very safe to decide upon such points from descriptions given by patients of incidents so long past. About eight or nine years ago a scaly eruption showed itself on the front parts of the wrist ; for this he was advised to use glycerine locally, and did so with benefit. Rather more than three years ago he entered under me for a leprous patch on the front and lower part of each knee. These spots were about the size of a two-shilling piece ; they yielded slowly to treatment, and at the end of between eight and nine months were a good deal better, but not quite well. He was now, November 1873, obliged to go into the country, and the management of the case was, so far as regards my own share in it, abandoned for a time.

In August 1874 he was, after being greatly heated, exposed to a chill by standing in a draught ; but the exactness of his inference here is rather questionable, as I found, on going more fully into the matter, that he really only stood still in the place where he had

been working all along. About three weeks after this he noticed that a swelling as big as a hazel-nut had suddenly formed in the right ham. This was soon followed by another, and the second by a third, there having been up to the present time, he says, quite fifty of them. They gradually increased in size till they became as large as eggs, reaching their acme in the following February, from which time they slowly declined. One was so big that the right knee, where it was seated, swelled till it measured $19\frac{1}{2}$ inches round, the regular circumference now being 16 inches. He cannot say what it was previously, for he tells me that the joint has never since been reduced to its former size, and that he sometimes finds it painful when he stands long, but the circumference of the sound limb is at present $15\frac{1}{2}$ inches. This lump resembled in its course that on the crest of the ilium in the first case, for it began on the outer side of the thigh quite five or six inches above the knee, and crept downwards and forwards till it got under the patella, where it ended.

Most of the swellings formed in fleshy regions, such as the calf of the leg, and the muscular parts of the thigh and upper arm. They grew very slowly, taking about a week to reach their full size, and about two weeks to disperse; some of the largest ones lasted a month, while the last he had before coming to me only endured for nine days. Usually they wore the natural hue of the skin, but some of them were of a deep pink, and one on the inside of the right thigh was bright red; occasionally, on declining, they took on a greenish hue. There was no itching, but now and then a lump felt painful under pressure, or when any strain was brought to bear upon the affected part. Sometimes they felt hot, and this was particularly the case with the large one on the right thigh; but, as a rule, their appearance was unaccompanied by any sensation, unless, as just mentioned, when pressed upon; rubbing of the clothes against them often induced a similar sensation, and in a few there was, at the beginning, a feeling as if a fold of skin had been pinched. The patient tells me that these swellings were as hard as brick or wood. They always broke out singly, with one exception, and then he had one on each hip at the same time; however, it would now and then happen, when they came out very quickly, that there were five or six at a time on him in various stages of increment and decay. He cannot recollect that they ever appeared more at one part of the day than another, but his uncertainty on this head may be partly due to the fact, that he often did not know of the existence of the lumps till warned by the sensation they yielded when pressed upon or struck.

A surgeon, to whom he went for advice about this disorder, prescribed what the patient learned was a preparation of potass, possibly the iodide of potassium, accompanied by a purgative, as he was directed to keep the bottle containing it tightly corked and in a cool place, and because it sometimes opened the bowels five or

six times a day. More he could not tell me about the matter, but he stated that the effect of this medicine was to reduce his weight fourteen pounds, and to lower him so that he could not feel his pulse—the latter observation being of course a mistake. This treatment did not seem to have exerted any control over the swellings, and he was then advised to try Turkish baths. As he had an opportunity of doing so without any great outlay, he put the recommendation so thoroughly in force, that he took about seventy baths without ever pausing long between, with the result that a steady decline took place in the number and size of the swellings, though they still occur now and then.

On the 21st of June he showed me one of the lumps. It was seated over the right fifth rib at the junction of this bone with its cartilage, its greater axis being about parallel with that of the rib. It was above an inch long, and about two-thirds of an inch wide. In bulk it might have been compared to the half of a good-sized walnut with the shell on; it was more oblong and not so thick, but what it wanted in this way was more than made up in extent. It was extremely hard, and almost immovable. The swollen skin retained its natural colour. Pressure on the part, he said, gave him deep pain over a considerable extent.

It will be seen that the disorder differs widely from even the most severe forms of urticaria caused by some substance, which the patient has eaten, acting like a poison. There was no tale in any of these cases of the symptoms which characterize the latter; the pain and distension in the stomach, anxiety at the præcordia, constriction of the fauces, sickness, rapid pulse and burning heat, followed by stinging and burning of the skin, succeeded in their turn by a copious rash and violent itching. It is equally distinct from the tuberoso form of urticaria occasionally seen in the weakly, aged, and rheumatic; while anything like such long recurrence has, so far as my knowledge goes, only been noticed in common urticaria, from which also it is widely separated.

Those familiar with Dr Oppenheim's description of the Turkish disease, or Professor Graves's abridgment of it, will have noticed certain points of resemblance between it and the disease I have tried to portray. Some of my readers may not have seen either, and I therefore give a brief notice of the subject, taken from Professor Graves's *Studies on Physiology*. The patient, it is stated, goes to bed well, but wakes in the morning with one or more tumours on his limbs. They are generally seated at some distance from the joint, and at the inner or flexor side of the limb. They are globular, but not very sharply circumscribed, scarcely movable, and very painful to the touch. They are not discoloured or red, neither are they hotter than other parts. They vary in size, from the bigness of a filbert to that of the fist, and acquire their full size in a few hours. They are oftener met with on the upper than on the lower limbs, and on the leg and forearm than on the thigh and

arm. They may also appear on the palm of the hand and sole of the foot. The reader will observe, that while many of the symptoms, such as the globular shape of the tumours, their hardness, immobility, and occurrence during the hours of sleep, are to be found in one or other of the cases related, no one patient presented all the features of the Turkish malady; and some of those in the latter, such as the appearance of the disease on the inner or flexor side of the limb, on the palm of the hand and sole of the foot, and their greater frequency on the leg and forearm than on the thigh and arm, are altogether wanting.

If the name, giant urticaria, be objected to, I can only reply that I know of no better; and should any one urge that it is inexpedient to augment the existing confusion about diseases of the skin by introducing new terms, I must plead in justification, that I am quite alive to the necessity for steering clear of such an evil, and that I have never sought after novelties of this kind, preferring to leave nomenclature where I found it. Consequently, I wish to be understood as merely suggesting the title, and referring the decision on its propriety to the judgment of the reader.

ARTICLE V.—*Notes of Cases of Disease of the Heart; with Remarks on the Effect of Over-Work on the Heart and Aorta.* By JAMES BARR, M.B., L.R.C.S. Edin., late House-Surgeon, Northern Hospital, Liverpool.

1. *Case of Aortic Obstruction and Regurgitation. Dilated Hypertrophy of the Left Ventricle, Reduplication of the First Sound, and Pericardial Friction.*

J. D., æt. 40, labourer, married. Admitted under the care of Dr Davidson, 5th June 1875, complaining of cough, pain in the chest, and lightness in the head.

He says that he enjoyed good health until nine months ago, when he fell a distance of nine feet, hurting his left side. About three weeks after this accident he was suddenly seized with a dull pain over the region of the heart. Since then he has been frequently troubled with dizziness and frontal headache. There is no history of intemperance, syphilis, or acute rheumatism. At his employment, loading waggons, his work has been invariably heavy, and he was often subjected to very weighty lifts.

Present Condition.—He looks prematurely old. His weight is now only ten stones, whereas when last weighed (about four years ago), he says he was above twelve stones. His muscles are moderately firm, digestive system good.

Physical Examination.—Heart; apex beat is situated in the sixth interspace, and the transverse dulness measures five inches.