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**BANNISTER, H. M. - Acute
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ACUTE ANGIONEUROTIC ŒDEMA.¹

BY H. M. BANNISTER, M.D.,
Chicago, Ill.

THE recognition of angioneurotic œdema as a special form of disease is generally credited to Quincke who described it in 1882 (*Monatsh f. prakt Dermat*, II., 129), as acute circumscribed œdema, and it has by some authors been designated as Quincke's disease. Why this should be so when the exact condition was well described by Milton in 1878 (*Edinb. Med. Jour*, December, 1876), as giant urticaria and more or less fully by Laudon in 1880 (*Berln. klin. Wochnsch.*, January 12, 1880), as a hitherto undescribed skin affection, and by Goltz (of Ems) (*Deutsch. Med. Wchnschr.*, 1880, No. 17), and by the writer the same year, as a peculiar form of erythema or urticaria is not quite evident. The earlier paper of Hœnoch (*Berln. klin. Wchnschr.*, 1878, p. 641), which is quoted in the literature, may not have been in reference to exactly the same disorder as the skin manifestations there are described as "purpura" and the feature of œdema is not especially mentioned in the descriptions.

My own case, which has never been quoted in the literature, was published in the *Chicago Medical Review*, for June, 20, 1880, and was entitled "Erythema or Urticaria." In substance it was as follows:

Mr. P., aged 37, carpenter, sent for the writer on the morning of March 29th. I found him suffering considerable discomfort from swelling of the limbs, accompanied with itching or burning and from headache. He had long been subject to occasional severe migrainous attacks, from one of which he was just recovering, and had been unable to sleep for two nights. For years he

¹ Read by title before the American Neurological Association, Washington, D. C., May, 1894.

had been subject to pruritus, worst in the winter and had had, a year previous, an attack somewhat like the present one, which lasted for one or two weeks. He was a pretty well built man, but looked debilitated, and on his forehead were one or two urticarial appearing wheals, angry red at the circumference, paler in the centre, the larger one about the size of a quarter of a dollar. His body showed numerous scars from scratching, and on the calves of both legs, there were tense reddish swellings, eight or nine inches long by four or more wide, occupying the outer and posterior surfaces, as I remember, more than the inner. They were attended with a burning sensation, but he did not appear to scratch them so much as some other parts of his body where there no swelling or discolorations. Drawing the finger over the tense surface produced a white trace lasting a second or more. Besides his uncomfortable sensations already mentioned, he was suffering from general malaise, and felt altogether disabled. I diagnosed the case as one of urticaria, though I felt somewhat dubious in regard to it, prescribed a purgative and local applications, also a sleeping mixture, and left him for the day. The next day I found him much more comfortable, he had slept well and his headache was gone, the swelling, however, still continued and one eye was nearly closed from œdema of the lids. I now put him on a mixture of iron and strychnine, tried to regulate his diet, and for a day or two he seemed to be improving. Then the swellings reappeared on both arms, involving the whole of the right forearm and the right hand, and also a very large space in the right lumbar region. There were also very slight febrile symptoms and the patient was absolutely miserable. The urine, examined about this time, was normal. He began to improve again, however, for a day or two when he was suddenly taken with a distress in his throat. Not expecting to find me at home, as I had told him I should be out of town, he went to Dr. N. S. Davis, who gave him a prescription containing arsenic. The throat trouble continued through the night, and the next morning I found him setting up in bed, unable to speak above a whisper, and that only with difficulty. Respiration was not interfered with to any extent. Causing him to open his mouth wide and elevate his palate, the uvula popped forward, appearing almost as large as a man's thumb, tense and glassy. I immediately clipped the uvula in several places with the scissors which gave

him almost complete relief within fifteen minutes. As there was still considerable œdema elsewhere about the pharynx, I felt a little anxious about the case lest it should extend to and involve the glottis. But from this time on he rapidly improved and returned to work, the whole illness lasting not over two weeks. Since that time, however, he has still suffered from pruritus and swelling of the feet and other parts and his uvula remained so elongated after the œdema disappeared, that it had to be clipped. After all the swelling had gone down in the lumbar region, the redness remained for some days.

As regards the antecedents of this case, I learned that during the war, in 1862 or 1863, he had suffered severely from scurvy while serving on the lower Mississippi. There were a couple of round depressed scars on the leg that were due to sores occurring about that time, but there was no history of specific disease. He had never been perfectly well since the war, and referred his pruritus to the results of the scorbutic trouble.

At the date of the first publication of the above case, I was not acquainted with Milton's article in which he proposed the name of Giant Urticaria for this form of disorder; had I been, I should certainly have adopted that designation. I reproduce the case because it has been comparatively unnoticed, and because it seems to be, with the exception of Juler's paper (*Cincinnati Lancet*, 1878, which I have not seen), the first published notice of the disorder in this country. The case is also of some interest as showing a possible causal connection between this disease and scorbutus, the presence of genuine urticaria is also worth noting, though it has been before repeatedly observed (Dinkelaker, Osler, Couty). It is, indeed, not at all remarkable if we accept the best established opinions in regard to the affection. Quincke himself recognized the close relations between the two diseases and admitted that transition forms might occur. In fact, as has been shown by Unna, Kromayer, Lesser, and others, urticaria itself is only an angioneurosis of the skin.

Scurvy as a causal factor suggests a possible explana-

tion of the endemic types of the disease, if, indeed, they are properly so referred; for example, the "Australian blight" mentioned by Collins, and the Turkish disease of Oppenheim and Graves referred to by Milton in his article. It is not difficult to suppose that a taint, perhaps not sufficient to materially affect the general condition, might under certain conditions reveal itself in vasomotor neuroses of the nature of the one under discussion. The relationships of the disorder to purpura have been pointed out already by various authors.

The extent of the disturbance of the general system in this case is also worthy of note. While the acute gastric symptoms often observed were lacking, there was a loss of appetite and general distress from migraine, pruritus and insomnia to an extent that exceeds what has usually been reported in cases of this disorder. It was associated with a rather severe type of ordinary urticaria, there was a certain amount of fever, and the larger swellings left behind them a cutaneous pigmentation that continued for some days.

There was no heredity in this case, and the patient has had, so far as I have been able to learn, no similar attack. At the present time, he is in improved bodily health and his neurotic symptoms, the migrainous attacks, etc., have materially abated.

As to the real relations of this disorder it seems to me that there can be no question as to its urticarial nature. Both it and urticaria are only degrees of the same angioneurotic manifestation of what is probably generally the toxine of arthritis, purpura, or some intestinal or other irritant acting within the system. As Courtois-Suffit, (*Gaz. des Hop.*) *Rev. Generale*, August 30, 1890), says, angioneurotic oedema is nothing else than urticaria; truly an abnormal form, but one long known, described and classified by numerous writers under the name of giant urticaria. That is, if we accept the disorder in its typical form as described by Milton, Laudon, Quincke, Lovett, (*Boston M. and S. Jour.*, October 30, 1890), Collins (*Am. Jour. Med. Sci.*, December, 1892), Osler (*Am. Jour. Med. Sci.*, April,

1888), and others. If, on the other hand, we include under this head all the multiform localized œdemas that have been described by various authors, some of whose papers are referred to in the literature as given by Collins and Lovett, we have a range of clinical symptoms extending altogether outside the limits of any one well defined disorder. The *arthritisme abarticulaire* of Chauvet (Soc. Med. des Hop., *Gaz. Hebd.*, February 15, 1884), which is described as hard nodosities under the skin, is not the same affection and could not well be mistaken for it. The term angioneurotic œdema may, however, be applicable to it as well as to the cellulitis of Stapfer (*Ann. de Gyn. et d'Obst.*, July and August, 1893), the indurative œdema of Mracek (*Monatsh f. pr. Derm.*, XI., 1891, Abstr.) and some of the arthritic œdemas of Huchard (*Rev. Gen. de Clin. et de Therap.*, December 20, 1893). The term is, therefore, too comprehensive and not descriptive. While I have used the term in the heading of this communication, I do not recognize its perfect fitness to cover the condition even though qualified by the adjective "acute." Acute essential œdema, proposed by Etienne (*Gaz. hebdom.*, January 13, 1894), seems equally inexact.

If we accept the prevalent conception of the disease, that it is due to an overfilling of the lymphatic vessels of the papillary layer of the skin from vasomotor nervous disturbance we must exclude the deeper situated angioneurotic (?) infiltrations which moreover present an altogether different clinical syndrome, and place it pathologically on the same basis as urticaria which is a lesser and more local manifestation of the same underlying condition.