AN

EPIDEMIC OF INFLUENZA CHARACTERIZED BY OEDEMA OF THE EYELIDS.*

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OEDEMA of the eyelids being a rare symptom of influenza, the following cases are deemed worthy of note:

CASE I.—A woman, aged 37, suddenly developed oedema of the eyelids, and severe frontal headache, localized in the supra-orbital region. This oedema was not extreme, but there was oedema of the conjunctiva and a little injection of it also. There was no redness, pyrexia, catarrhal symptoms, acceleration of pulse, or albuminuria. The patient was confined to bed three days with the headache, and at the end of that time the oedema had quite gone. Cultivation from the conjunctival sac gave a pure growth of *Bacillus xerosis*.

Cases II, III, IV were seen by Dr. Lytle.

CASE II.—A woman, aged 28, suddenly developed palpebral oedema, not very extreme. She was indisposed for a week with headache and generalized pains, but had no pyrexia, albuminuria, or catarrhal symptoms, and did not lie up. This patient had a rash of an urticarial nature on her face.

CASE III.—Another woman, aged 60, who was suffering from diabetes, suddenly developed oedema of the eyelids without any albuminuria. There was no febrile reaction or catarrhal symptoms. The oedema went off in a few days. This patient has since died in diabetic coma. Oedema of the hands and feet is said to occur in diabetes apart from cardiac or renal complications, so that this case is not very conclusive.

The above three cases serve to illustrate the afebrile class of this disorder. The following types of case are more common:

CASE IV.—A woman of 30, who was a relative of Case II and had been seeing her, had a febrile attack confining her to bed for ten days. The temperature rose to 102°. She had well marked oedema which attracted immediate attention. She had headache and general pains. There was no conjunctivitis or other catarrhal symptoms, and no albuminuria.

CASE V.—A servant girl, whilst out for a walk, became suddenly swollen about the eyelids. Shortly after getting back to the house she had a well marked hysterical fit, though she had never had anything of the kind before, and was not anaemic or of a nervous disposition. When I arrived, soon after, she seemed normal in every way except for the eyelids, and so was allowed to get up the next day, the possibility of angio-neurotic oedema being considered. Two days later a frontal headache developed, accompanied by moderate pyrexia (100°–101°). There were no catarrhal symptoms and the urine was normal. In this case there was some photophobia and congestion of the conjunctiva, also a slight pink tinge of the swollen tissues, but not nearly so red as in erysipelas. A culture from the conjunctival sac of this case gave a growth of *Staphylococcus albus*. This girl had been on a visit to her home in another part of the town (Ditherington) and said that a girl there was affected in the same way. I saw this latter girl once only, and the symptoms were similar to the above, but more severe, the oedema being more marked.

CASE VI.—A man, aged 45, was seen by Dr. Godson, and presented the pallid oedematous appearance of a case of Bright's disease. He had a bad frontal headache, generalized pains and moderate pyrexia, which kept him in bed for about five days. The urine was normal and there were no catarrhal symptoms. A few days after getting about again he was found to be suffering from irregularity of the heart, which ceased with further rest.

CASE VII.—In another case seen by the writer a man complained of "cold in the head" and had slight oedema of one eyelid, which soon disappeared. Dr. Whincup has seen a similar case to this. Most probably these are slight forms of the affection we are considering.

Dr. Jackson tells me he has seen the two following cases recently:

CASE VIII.—One woman had oedema so marked as to prevent her opening the eyes, also frontal headache and a temperature of 103° F. After two days other influenzal symptoms supervened.

CASE IX.—A woman, aged 38, presented practically the same symptoms. In both of these cases there were other cases of influenza in the house.

Dr. Jackson also informs me that he saw a similar case in this town twelve years ago during an epidemic of influenza, and that he has lately heard of a case at Welshpool.

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CASE X.—Dr. Bulstrode has had a case almost exactly like the above, the usual influenzal symptoms developing about two days after the oedema and headache.

Dr. Cooke has treated three cases with the same general features, and I believe a few more have been seen at the infirmary.

I am much indebted to Dr. J. G. Glynn Piggott for some general particulars of about 40 cases seen by him and by Dr. F. K. Piggott, most of them being patients at the dispensary.

The usual history in Dr. Piggott's cases is this: The patient goes to bed well, but wakes with marked oedema. There is no redness, or at most a faint pinkish tinge. At this stage there are no general symptoms. During the next twenty-four hours a bad headache develops, strictly localized to the supra-orbital region. The oedema advances till the eyes are completely closed, and may spread downwards into the cheeks. In at least half the cases there is deep congestion, often accompanied by oedema of the conjunctiva, but there is no discharge. The temperature never rises above 101°. In more than half the cases the above symptoms constitute all the illness; but in a fair proportion, perhaps nearly half, after a few days, as the oedema recedes the ordinary symptoms of influenza set in, and there are pains in the back, legs, etc., and great prostration. The urine is normal. There were only two men in the above series and about five boys, the rest being females. Dr. MacLeod, also, has recently seen a case of oedema developing late in an influenzal attack.

On referring to Allbutt's *System of Medicine* and to the *Influenza* Number of the *Practitioner*, I can find no reference to the symptom we are considering. In the article on Influenza in the *Twentieth Century Dictionary of Medicine*, written by Finkler of Bonn, we find these words:

The most common form of palpebral affection is an oedema of the lids or the formation of an abscess. Oedema of the lids may occur with or without conjunctivitis. The first occurs most frequently in the period of convalescence, when the lids may very suddenly—for example, during the night—become greatly swollen, and the skin present a rose tint, quite different from the redness caused by erysipelas.

He goes on to mention that abscess is most often seen as a sequela. In none of the cases in this town, so far as I am aware, with one exception, has the oedema come on as a late complication, or has an abscess resulted.

It is also stated in the article that it has never been found possible to obtain the influenza bacillus from the ocular lesions. It should be added that the article is fourteen years old.

It is of interest to note that in horses the disease called "pink eye" is a form of influenza, characterized by conjunctival congestion (hence the name), and often by oedema of the lids and other parts.

The great majority of the above cases occurred in poor patients, and came from the Castlefields district, though a few were in the Cherry Orchard district. One case of mine was in Copthorne Road, but the girl had been visiting her relatives in Castlefields a day or two before she was taken ill. In the cases coming under observation there was a large preponderance of females.

There is little doubt of the influenzal origin of the oedema. About half the cases had other influenzal symptoms, and of those who did not many were found to reside in a house where influenza was prevalent. Finally, no cases have been recorded apart from an epidemic of influenza.

Diagnosis.—This may be hard or impossible in an isolated case, or in the first of a series, and frontal sinusitis or angio-neurotic oedema may be considered. The presence of other influenzal symptoms in the same or in other patients soon will clear up the difficulty.

Prognosis and Treatment.—The prognosis appears to be excellent. The usual lines of treatment for influenza should be followed. Cold compresses or cold boric eye-washes appear to hasten the subsidence of the oedema.

Summary.

Oedema of the eyelids, generally associated with bad frontal headache, may be an early symptom of influenza. This may or may not be followed or accompanied by pyrexia and other general symptoms.