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Anna Young

1837.

On
Acute Purpura.
as a Rheumatic Affection
of the
Spleen

By tacit consent and long custom the original use of the term Purpura has been widely departed from, & it is now employed to express a disease or continuous morbid state, rather than a symptom of a general pathological condition, or a result of some visceral disease.

The definition of Purpura, accordingly, though still considered to be empirical or practical, i.e. an accurate statement of facts, is not only extended far beyond its original limits, but has acquired a pathological or theoretical character, i.e. an interpretation of the facts in accordance with the pathological views of each author.

The theory which, more or less modified, has so long guided medical opinion ~~was~~ that Purpura is due to an impoverished or degraded state of the blood.

for though a few writers state that it is not to be
confounded with Scurvy, yet they evidently refer
to Sea Scurvy, the identity of which with Purpura
they consider disproved by the difference of conditions
while the analogy serves as a basis for pathology
& practice. The comprehensive simplicity of this
view has accordingly rendered the descriptions of
Purpura by systematic writers, a Noah's ark of
symptoms in which the most incompatible & con-
-tradictory facts are blended into a uniform whole
with no better connexion between them than the
conjunction "or". To restore order to this incongruous
mass is not my present object; were I equal to the
task: it is merely intended to eliminate from the
materials collected by others so much as refers to
the special form of this affection, Acute Purpura.
In so doing, I shall merely be following up a ~~hint~~^{doctrine}
~~thrown out~~^{advanced} by Professor Laycock in a recent lecture
on this subject. To him therefore is due the credit
for whatever of originality is in this paper: while
I alone am responsible for errors in the method of
enquiry, & imperfections in the working up of my
materials.

To avoid the risk of confusion from
obscurity as to the meaning of terms, I shall first

state what I understand by Acute Arthritic Purpura, a step the more required that it is a new term. By this phrase then I mean a disease occurring in robust persons of the Arthritic or Rheumatic diathesis, in perfect health previous to the attack, — marked by febrile symptoms and the appearance on the skin of purpuric spots, — terminating in one paroxysm, seldom prolonged beyond the 14th day, usually by a return to health.

In the recorded cases (of which as many as I have had time to collect are appended to my paper) it is stated, in some that the patients were of the sanguine temperament; in almost all that they were robust, of florid or ruddy complexions, ~~whereas~~^{whereas} there is a history of previous Rheumatic attacks, while in a third set, the Rheumatism was subsequent to the Purpura. In the small residue of cases in which definite information is wanting on either of these points, there is, I think, sufficient internal evidence to bring them under the same category: but I am content to give them up as probabilities not facts.

All were in perfect health at the date of the attack; an important fact as separating the malady from the class of Scorbatic affections, — the more completely that the return to health on the subsidence of the

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acute symptoms was as rapid as had been the onset. That the diet had always been good, & the social position of the patients such as to ensure at least comfort, are also of importance as contrasting with the conditions under which *Scurbic Cachæmia* is developed.

The attack is either sudden, i.e. without any notable symptoms, or it is preceded for a few days by languor, pain in the back & limbs, & general malaise. Sometimes pain & swelling of the knee occur in this premonitory stage, which is closed by the accession of rigors, headache, anorexia, or nausea & even in some cases bilious vomiting, with epigastric pain & tenderness, & colicky pains in the bowels. The pulse is rapid, incompressible either small or full. The skin is hot, dry & harsh; urine scanty high colored: albuminous only in a small number of cases: bowels usually constipated. After these symptoms have lasted till the 3^d or 4th day, the characteristic purpuric spots appear. Though very numerous, they are very rarely confluent. They vary in size, usually ranging between a pin's head & a 4th piece; are of a color ranging from a port wine tint to a brown black, or wholly black; in disappearing they pass through the usual gradation of tints seen in superficial ecchymoses. They are usually on a level

with the surrounding skin and are not altered by pressure. Their margins are generally abrupt, when not so they pass into the surrounding healthy integument either by a yellowish halo, such as marks the course of the larger veins in some malignant fevers, & probably due to the same cause viz extravasation of the yellow corpuscles or of the coloring matter of the blood; or, as in Dr. Parkes cases (I & II), by the passage into the hemorrhagic spots of tortuous dilated vessels. In only a few cases is the eruption attended with pain, ^{when} it is of a prickling or burning character. — The eruption may be single, the spots remaining out during the attack, fading as the other symptoms abate, & disappearing soon after convalescence is established; Or there may be several successive crops, each disappearing rapidly to make way for its successor.

On the appearance of the eruption, the symptoms, which for a short time previous to that event had undergone a slight aggravation, now begin to abate. The tongue is coated white, the papillae on the edges & tip slightly enlarged. Epigastric tenderness subsists: it is sometimes relieved by hæmatemesis or melœna. Epistaxis is occasionally present, from the left nostril. But hemorrhages from mucous surfaces are not very fre-

Leruvichier. Valley.

=quent; the gums are quite sound, & with the lips, of a healthy red. The pharyngeal mucous membrane is also healthy;— in all these respects the contrast to Scorbutus is marked. The heart's action is hurried, and may be laborious with frequently a dry hacking cough. There is generally, and in some cases almost constant feeling of weakness at the Epigastrium which may reach to actual swooning, such as occurs in Splenic inflammation. Delirium is rare except at the close of severe cases about to end fatally, when it is of a Typhoid character. Coexistent with the purpuric eruption, Urticaria is mentioned in Case XXVII, as is Erythema Nodosum in Cases XIII & XX.

The duration of the malady is never, as I have said, protracted beyond the 14th day; unless by secondary affections: the disease being thus analogous to Fever in which prolongation beyond the 21st day is due not to the Fever, but to the visceral complications. It may however prove fatal at a much earlier period, as on the 3^d day. Recovery usually takes place on the 7th or 11th days.

The persistence of a chronic state is by no means common: and would lead to the suspicion of some serious visceral change as in the liver or kidneys (probably in the form of Cirrhosis or Bright's disease, Whitcomb's

Seventh form in an initial stage); for the occurrence of hepatic congestion on the one hand, & albuminous urine on the other shews a tendency in these organs to become secondarily affected. Cases II. & XVII. illustrate of another method of termination, viz in Acute Rheumatism. The transition may be either direct, the symptoms of the one disease merging in those of the other, or a short interval of convalescence elapses between them.

Diagnosis of Acute Arthritic Purpura.

1. From the Febrile Group of Purpuras. From these Acute Arthritic Purpura is distinguished. by the absence of any history of contagion or of an epidemic; by the period of eruption, which in Fevers is seldom before the 2nd week; by the symptoms accompanying the eruption, which in Fever are those of great prostration, a character sufficiently constant & well marked to distinguish even a case of early purpura in Fever: by the absence of mucous hemorrhages (except slight epistaxis) & by the freedom of the tongue from any brown fur, & of the mouth generally from the sordes of Fever, i.e. extravasated blood poured forth by the weakened capillaries.

2. From the Inmucritic forms of Purpura. The distinctive character of this group of which Scorbutus is the type,

are a gradual accession of the disease, spreading always over a considerable time, debility, bodily & mental advancing ^{equally} gradually, so that ere the stage of Purpura is attained, the scorbutic patient is in a state of the most extreme exhaustion. Should the irritative symptoms commonly said to attend profuse hæmorrhage in Scorbutus, seem to offer any resemblance to the inflammatory symptoms of Acute Arthritic Purpura, the spongy gums & foetid breath of Scorbutus are sufficiently distinctive to render it unnecessary to ascertain further the presence of Ecchymoses from pressure, œdema of the ankles or anemic murmurs.

3. From the Diathetic Group. From the other members of this group, to which Acute Arthritic Purpura ^{itself} belongs, the diagnosis is made by negatives, the absence of the ^{history and} external characters of a congenital hæmorrhagic tendency, viz (in the typical form) the fair florid complexion, & the appearance of robust health but associated with feeble pulse, nervous irritability, & languid muscular power.

The cachectic forms of this group are the Rheumatic, renal & hepatic; the first of these is perhaps only a chronic ^{form} of Acute Arthritic Purpura: but its being chronic is a sufficient guide.

Purpura occurs in only one form of Bright's disease, that, namely, met with in members of the Arthritic diathesis: and as even in there it only occurs in

the last stage of the disease, there cannot then be much doubt as to the exact nature of the case.

Purpura is associated sometimes with Hepatic disease, and as this combination sometimes assumes a tolerably acute form, diagnosis may be at first obscure. It is usually Leishmaniasis which is thus complicated, a disease by which the Spleen is affected directly by the resulting portal congestion interfering with its function. Indirectly by the non-elimination of bile of the effete matters passing from the spleen: so that when hepatic disease has been established for some time, these are generally symptoms of the Insult form developed. An acute intercurrent attack may be recognized by the history of a previous state of bad health; by the obstinate constipation in the early part of the attack & the predominance of the mucous over the cutaneous in the later.

From the Neurotic forms the sex of the patient is often ^{useful in} diagnostic; Emotional or paroxysmal Purpura being rarely if ever seen in males. The incubatory stage of malaise the febrile symptoms & epigastric tenderness are also wanting

Pathological Anatomy.

From the small number of cases in which the disease proves fatal, opportunities are rarely presented for ascertaining the pathological anatomy of the affection; & even when opportunities have been seized, but little information is to be gained from the records. The little that is known may be very briefly stated.

In addition to the cutaneous hemorrhages, purpuric spots are found upon the intestinal mucous surface; the lungs are ^{enlarged} ~~congested~~, the liver pale; & the pyramids of the kidneys congested. — The Pleura & Peritoneum may be studded with purpuric spots: the latter is frequently of a leaden hue throughout, being darkest, almost black, over the spleen.

The heart is pale flabby, friable. In Case XXVIII, the aorta is said to have been injected throughout its entire length, but the condition of the larger branches was not ascertained.

The Spleen is not always examined it has been found enlarged & indurated. C. XXIV; of normal size but soft & friable C. XXVIII; or shrivelled & hard C. XIX.

Effusion into the Arachnoid, hemorrhagic spots on the surface or in the substance of the hemispheres, & slight ventricular effusion are the only pathological changes which have been met with in the Brain. — The cardiac extremity of the stomach has been found emphysematous C. XXVIII.

Purpura Urticans.

I would here very briefly notice this affection, because it throws some light on questions to be discussed in speaking of the Pathology of Purpura.

It attacks young persons of either sex, hereditarily arthritic, but whom over fatigue, or a life of indolent luxury has rendered somewhat cachectic.

The eruption appears in successive crops, consisting of elevated spots of tubercular or depositive inflammation which are of a dark color & on subsidence leave a livid patch in their place. Purpuric spots & the ordinary wheals of simple Urticaria may be scattered among the compound eruption. The absence of hemorrhage, & in general of fever is noted by writers. But it is accompanied by languor, debility, & anorexia.

The hands & ankles are often a little oedematous.

The successive crops last for about 24 hours each: but the disease may spread over 4 or 5 months.

The analogies of this disease are to those forms of acute Purpura in which the eruption was not painful though not urticarious, or in which a small quantity of simple Urticaria was present.

A tonic stimulant treatment is recommended by writers

Pathology of Acute Purpura.

To resume the facts of which we are already in possession.

1° It is an acute disease attacking healthy individuals: its symptoms are of a sthenic character: it is a self limited disease usually terminating in health.

2° It has certain diathetic relations in that its subjects belong to the Arthritic group of diatheses i.e. it occurs in persons in whom a predisposition exists on the part of the Serous & Sero-fibrous tissues to become the seat of inflammation, whose specific character is proved by the community & constancy of type both in symptoms & pathological results, & by the uniform results of treatment.

In accordance with these facts, we may consider it in three ways.

1° As consisting essentially in a local inflammation, of which the febrile phenomena are symptomatic.

2° As, if not identical with, exactly analogous to Rheumatic Fever, some local inflammation developed secondarily determining the state of the blood.

3° As a Rheumatic Exanthematous Fever.

First. Regarding it as consisting essentially in a local inflammation, of which the febrile symptoms are symptomatic.

What are the positive indications which may point to the viscus affected? In the commencement of the disease we find pain in the Epigastrium or left hypochondrium with tenderness on pressure, which may persist with greater or less intensity throughout the attack. vomiting, Sten of blood: colicky pains, constipation; a white tongue: a short dry cough, laborious & hurried action of the heart for which physical signs do not account: a quick sharp pulse: & frequent syncope with more or less constant feeling of faintness or sinking at the Epigastrium: — a combination of symptoms indicating an inflammation of the Spleen. This conclusion is confirmed if we examine the state of the blood when reported, in connection with the physiology of the Spleen. Rayer it is true holds the symptoms of internal inflammation which accompany Acute Purpura to be due to "accidental complications": & states that the worst hemorrhages occur in cases presenting such symptoms. To this statement the cases I have collected are the best reply: the inflammatory symptoms it will be seen precede the eruption; while hemorrhages are rare & only to a small amount.

The only complete analyses of the blood in this disease are those of Dr. Parkes. He found the blood corpuscles diminished in number being within the limits of "slight decrease", as stated by Becquerel & Rodier. In Case I, the proportion of fibrin was normal: in Case II more than double the normal standard, the acute Rheumatism being then not far distant. The salts of the blood were in normal quantity, but the Iron was more than twice that found in health. This is exactly what might be expected in accordance with the functions of the Spleen: for if the ~~is~~ ^{is} retarded, ~~as regards the~~ digestion of the effete corpuscles, they will be thrown back on the circulation to be dissolved in their progress while their elements ^{are} set free in the Serum. Dr. Todd in a case of Purpura found a large quantity of shrivelled corpuscles mingled with the healthy corpuscles. Now in support of my reference of the inflammation to the spleen it has been found that in the blood of those suffering from intermittent fever, pigment in masses or in cells occur. The deficiency of albumen admits of two solutions, either that the effete corpuscles being unchanged in the spleen, their albuminous material is not reconverted into true albumen & stored up in the splenic follicular glands; or that being

added in excess, but qualitatively altered, it is either rapidly transformed into fibrin whose characters correspond to those of Robert's exudate β : or that it is the source of the albuminous urine sometimes met with.

Of what nature is the Splenic Affection?

The diathetic conditions under which it occurs show it to belong to the group of serous & sero-fibrous inflammations referred to the Arthritide. It is such an inflammation, as, seated in the capsular & trabecular fibrous structures would lead to splenic induration & cirrhosis, did the deposit become organized. And such I consider the interpretation of Case XIX. in which the spleen was "shrivelled and pale." In this case we have the history of repeated attacks of Acute Purpura from which recovery was apparently complete. And it might be that, ^{for a time} no structural change occurred: whatever exudation ~~might~~ took place in the earlier attacks, disappearing as the paroxysm subsided. But recurrence of this process besides increasing the tendency to relapse, would lead as in Hepatic Cirrhosis to the permanent deposit of an organized plasma, by which the normal periodic congestion of the spleen would be gradually more & more diminished: while in fresh attacks of Purpura, distension being checked from the same cause, the viscus would retain its normal size, its tissue being soft & friable. as in Case XXVIII. But it may be asked why is the

See page on the Excess of Iron

Purpura not permanent when once established?

The absorption of the earlier exudation above suggested seems adequate to the explanation of this difficulty. The function of the spleen would thus be little interfered with till repetition of the inflammation had produced ^{the} more serious changes above alluded to. But while changes are progressing which render the spleen unequal to the proper digestion of the blood, the total amount of blood requiring to undergo digestion is at the same time being gradually diminished by the advance of age: thus there ~~presence~~ ^{is} the presence in the blood of a large quantity of effete matter at one time is averted. But if the pathological changes in the spleen advance more rapidly than the senile atrophy, we have from time to time a purpura, to which, it is probable, degeneration of the walls of the vessels also contributes. I have just said "the presence in the blood of a large quantity of effete matter is averted." For a small quantity is, I think, occasionally present, which if not subjected to the action of some other blood gland & removed from the body, gives rise to the bronzing, & other pigmentary deposits of the aged. Similarly I would explain the Epistaxis of aged persons by a reference to splenic change, though by no means excluding vascular alteration from a frequent share in its production.

In a note to Kölliker's Microscopical Anatomy Huxley & Bask mention the increase of the proportion of corpuscles after extirpation of the spleen as 6 to 1. Now just such a plethora

Graves Clinical Medicine 1843. p 655.

is produced by gradual senile splenic obsolescence.

But however strong the probabilities are in favor of this view, it cannot be regarded as possessed of more than theoretical value, till cases of Acute Arthritic Purpura have been watched through after life, and the progressive character of the change ascertained; or the alteration of conditions to which its arrest is due determined.

Again why are all Splenic inflammations not attended with Purpura? The usual explanation, viz. that Albumen is deficient in the blood of patients suffering from hemorrhages is insufficient, since that deficiency is observed in all forms of Splenitis. A better explanation is I think indicated by the Urticaria & Erythema nodosum whose coexistence with Purpura I noted above. The diathetic relations of Erythema nodosum are now sufficiently clear: & Urticaria is also admitted to the same category. Analogy would lead us to the conclusion that these cutaneous diseases are due to the localization of the same materies morbi, which excites the Arthritic inflammations. The coexistence of these cutaneous diseases with Purpura, in the cases I have collected, points to the inference that they are all due to a common cause. In this light they may be regarded as three stages of Cutaneous inflammation: The first stage being represented by the subcutaneous hæmorrhages of Purpura, the localized action

inducing a congestion under which the blood vessels have given way, permitting escape of the altered blood, ere inflammation proper is established. The transition to the second stage is seen in Case XIV, in which the eruption was painful. Though no further history of inflammation is given. In the Urticaria, the inflammation is haemorrhagic, blood taking the place of plasma. Erythema nodosum seems of a more sthenic type, blood not being effused but a fibrinous plasma exuded, rapidly undergoing resorption. The necessity of some local cause of the extravasation, is shewn by the absence of the mucous haemorrhage, which in the Febrile & Intermit-forms of Purpura attest the depraved state of the blood & Solids, while in my cases, mucous haemorrhages are comparatively infrequent & seldom large in quantity. Further the Epistaxis occurring in ^{Splenic} debile obsolescence, unaccompanied by other mucous haemorrhages, may be thus explained: The general nutrition of the solids not having undergone Scorbutic degradation, the bowels being usually constipated, & a state of plethora existing (if Mr. Nuxley's remark above quoted be correct), the epistaxis is curative of determination of blood to the head; & is unaccompanied by Purpura because its determining causes whatever there may be, have not been applied.

Having now endeavoured to show why Splenitis is not always associated with Purpura, it remains for me to attempt the explanation of the fact that Purpura is not the invariable concomitant of

Rheumatism. What are the causes of the Splenic affection? We have seen in case II. the succession of Rheumatism to Purpura & in case VI that of Purpura to Rheumatism. Why are they not coincident?

Probably local ~~influence~~ ^{influences} may have to do with it: thus blows, previous malarious fever; or perhaps previous secondary Rheumatic deposits, may have created a predisposition. More probably, however, hepatic congestion, to which the patients are diathetically liable, is a more important predisponent. The whole subject of Splenic diseases is so obscure as regards Etiology (le raigie for instance, beyond the universally admitted agency of malaria, does not hint at a cause of Splenitis or any other disease of the viscus.) that I am compelled to admit the existence of a considerable hiatus in my proof on this point.

Rheumatic Fever with consecutive Splenic inflammation cannot be regarded as explaining the pathology of Acute Purpura, because the two diseases may either precede or follow each other. That analogies exist between them is to be expected; but it must be remembered that this would be an example of the Fibrous form of the disease with implication of the mucous surfaces, a combination at least rare.

No more can Acute Purpura be regarded

as a Rheumatic & anthermatous Fever: the eruption cannot be likened to that seen in Acute Rheumatism, which does not appear till late in the disease. Besides the mildness of the symptoms in some cases, though perfectly compatible with a local inflammation, is utterly opposed to any of the ideas usually associated with Fever.

The Arthritic diathesis is further subject to two other hemorrhagic diseases: viz Hemorrhagic Hysteria: & the Hemorrhagic diathesis, whose hereditary transmission through the male line, has given the name of Bleeders ^{the male line} to some families.

In Hysteria, Splenic implication is often sufficiently plain by the manifest enlargement of the organ prior to a paroxysm which is often ushered in by a distinct rigor just as in a fit of Ague. This disease is often associated with spinal irritation or deformity & its probable pathology is that the Splenic function is arrested by contraction of the trabecular tissue under the influence of the Nervous system. To this we have numerous analogies in the cases of Emotional Purpura & Purpura from fright. Were the operation of the nervous system directly on the vascular system, we should expect the hemorrhage immediately, but as some hours always intervene, its operation is more probably

Meckel. Geschl.

Weal. Pathological Histology. Syd Soc. pp 248. 167.

through some effect on the blood glands; Vascularology points specially to the Spleen

There are some interesting sexual relations of these blood glands not yet examined fully. Thus that Spasmodic anemia dependent on Thyroid disease, into which Virchow has made some researches, is almost solely in females, & invariably accompanies menstrual imperfections. Yet Catamenial irregularity in another set of women is associated with Splenic affection. And if Berquerel & Rodier were right in viewing Chlorosis as a nervous disease, here would be another member of the Scrofulous group having intimate relations with the Spleen.

In the Hemorrhagic diathesis of the male members of Arthritic families, there is a low tone of the nervous system, & feeble nutrition of the vascular system. But the marked feature of the blood is its deficiency in Albumen, which if May's view of the function of the splenic Malpighian bodies be correct, may also be referred, in part at least, to imperfect action of that organ.

Before concluding I would offer a few remarks on the deposit of Iron in the blood. It is probably deposited in some other parts of the body as pigment. In senile atrophy of the spleen: & in the indurated following intermittents, masses of black

pigment are found free, & in cells through the tissue of the organ; & in the former case, it is well known how frequently, almost constantly, similar matter is found in the lung tissue & bronchial glands. Similar discoloration always occurs when fluid blood is retained in a part whose vitality is unequal to the task of its complete removal by absorption. Possibly to the same cause are due Syphilitic discolorations. For the materies morbi of that disease in one form at least (for the copper color is not seen in every case) is analogous to that of Gout in its preference for fibrous structures: hence then, & particularly if the two diatheses are combined, we may have the resulting splenic functional imperfection manifesting itself in pigmentary changes.

The dusky hue at the onset of Acute Purpura, I have mentioned: & the similar tint in those who have often suffered from intermittents is well known.

Professor Henderson relates in his lectures a curious instance of the relation of the spleen to cutaneous pigment, in the case of a negro, who, after several attacks of intermittent fever in Algeria, had partial Leucopathia developed.

But it is in Melanosis that most yet remains to be done. We are hitherto in entire ignorance of the, often

enormous quantity of iron thus deposited, whether as a separate disease, or associated with Encephaloid or other forms of Cancer. From the considerations I have adduced, it seems not improbable that the pathology of this and other allied forms of pigmentary deposit may be much elucidated by a careful examination of the state of the blood glands & especially of the Spleen.

Treatment.

The history of this part of the subject is simple. The pathological theory formerly entertained (page 1) ruled practice for a length of time which, ^{would} seem wonderful when we examine recorded cases in which the routine practice was perseveringly adhered to, did we not recollect that even yet though the theory is exploded, the practice based on it too often maintains its ground.

D'Perry of Bath was the first to draw attention to the fact that some cases of Acute Purpura, even cases attended with mucous hæmorrhages got worse under tonics, stimulants, & the so called hemostatics.

He had successfully employed venesection in some cases, & pointed out the condition which seemed to indicate it in the existence of plethora. Although Murray had

previously stated that venesection was requisite in some cases, yet Parry's statements seem to have experienced the same neglect as those of his predecessor. Indeed the subject was not alluded to by systematic writers till D. Naulty of Dublin published, some 3 or 4 years after Parry's appeared, cases advocating, perhaps too exclusively, the use of purgatives in certain cases of acute Purpura, pointing out very justly that the age of the patient often rendered venesection a hazardous experiment. Systematic writers compelled to allude to & incorporate these results in their treatises, have done so by rendering their rules of treatment as contradictory as their enumeration of symptoms. Without enquiring under what circumstances it is applicable, the antiphlogistic course of treatment is catalogued in the list of remedies as an alternative one might suppose to Gallic Acid or Quinine.

Having discussed the symptoms course & probable pathology of Acute Arthritic Purpura, & endeavoured to shew its title to rank as a definite disease of the Spleen, we come to the enquiry what are the indications of treatment? The violence of the inflammatory action must first be checked: now as the patients are usually in good health, of strong constitution, & the symptoms are of a decidedly sthenic character, general blood letting is the most effectual means of at once relieving the inflammatory symptoms, & of unburdening the circulation of that excess of blood

to whose depuration the spleen is unequal. The quantity abstracted may vary much: but relief is most speedy & complete when one or two copious bleedings are performed at first. If the first stage of the disease be past, or if circumstances render venesection unadvisable, recourse must be had to Haity's plan of active purgation, as the next most effectual remedy; it ought indeed to be employed also after bleeding has been performed. Dr. Haity recommends Calomel & Jalap. But the former drug requires great caution in its use, since even in Acute Rheumatism its employment is often followed by the development of Purpura; and in any ~~form~~ of Cachexia, especially when, as in the variety under consideration, gastric irritation exists as a part of the disease, the local & remote effects of the remedy are apt to be unfavorable. If employed at all ~~its~~ ^{the} proper time for its administration is after the abatement of the inflammatory symptoms, to secure absorption of the trabecular deposits.

Turpentine has been highly lauded, & successfully employed. At first sight it seems difficult to explain its success in accordance with the pathology suggested in this paper. But we must remember that it was never administered till the disease had attained that stage, corresponding with the period in Acute Rheumatism when its external employment is attended with the

most marked benefit, is when the inflammatory symptoms have abated, and the paralysed capillaries are slowly recovering their tone so as to overcome congestion, & resume their proper functions. The good effects then of Turpentine are due to its properties as a stimulant of the capillary system; & not, as has been supposed to any action as ^{an} astringent.

It is evident that the mineral & vegetable astringents are entirely out of place except in cases where profuse & sustained mucous hemorrhages indicate a weakened state of the capillaries generally, such as tends to the production of passive hemorrhages.

But treatment ought further to be directed towards the diathetical conditions under which the disease occurs. In fact it ought to be similar to that adopted in a case of Acute Rheumatism. Hence Alkalies & Colchicum are remedies of principal importance. The former have been successfully employed by Dr. Price. *Brit. For. Med. Rev.* Vol III. p. 263.

Stimulants should be avoided for the same reason as contraindicate them in other acute inflammations.

Irritation of the gastric mucous surface should be carefully guarded against, as increasing the risk of extension of inflammation by contiguity from the spleen, a complication which has occurred spontaneously,

and is necessarily most unfavorable. To diminish the ~~risk~~^{chances} of this occurrence, & to relieve the spleen from all unnecessary pressure, renal & hepatic congestion should be averted by dry cupping, & the use of purgatives.

It is with this object in view that especial advantage is derived from the use of *Colchicum*, which combines with its diathetic properties, a ~~peculiar~~ stimulating influence on the liver.

A tonic plan of treatment is necessary when the acute stage is over to prevent a chronic state supervening. If this occur, *Opuntia* is the chief stimulant to be recommended, along with a nourishing diet.

John Young.

I. Cases in which Rheumatic Fever preceded
or followed the attack of Acute Purpura.

II. VI. XVII XXI. III. (*Purpura lutea*)

II. Cases in which the patients are stated to have been of
the Sanguine temperament or Rheumatic diathesis

I. V. VIII. IX. XI. XII. XIV. XVI. XXVII. XXVIII. XXIX.
XXX. I. II. (*Purpura lutea*)

III. Cases in which cannot be referred to either of the
above.

III. IV. VII. X. XVIII. XIX. XX. XXI. XXII. XXIII. XXIV. XXV.
XXVI.

Case I. William Marsh Oct 23. July 25th 1848.

A stout robust healthy looking young man with a ruddy florid complexion. Had always had excellent health & been of temperate habits. By trade a Street Fruit seller but beyond occasional sore throat, did not suffer from the weather. Had lived well up to 6 months ago: since then trade slack, had lived differently. His diet during that time had been, Meat once a fortnight: Bread & Butter every day: 2 or 3 potatoes 3 or 4 times a week: Beer Op-Of every day. Currant or Flour puddings nearly every day. Used to eat the fruit off his stall, having then Gooseberries, Cherries, Currants, Apples: never had oranges, milk butter or Eggs. Till last evening, felt as well as usual: he then had rigors, no pain in back or aching in limbs: during the night an eruption appeared on the legs. Beyond fright at the eruption, felt quite well, no muscular weakness or weariness, or aching of limbs. Over the whole of both legs were hemorrhagic spots; & large patches of a deep port wine color: the spots varied from a point to the size of a 6^d. They were most marked on the anterior surface of the legs, below the knee: no pain or hardness in the hamms: left knee a little stiff, which he did not seem to have noticed till asked about. Gums pale perfectly healthy, pulse natural. Rest enjoined: and 10grs of Potash three a day.

27th July. Old spots paler: some fresh ones had appeared, smaller than the original ones. — Though every region of the body was carefully examined, nothing morbid could be any where detected; except slight ^{chronic} enlargement of the tonsils, which, however, were nearly pale: he had never hemorrhaged. He had taken no medicine except Potash: Nitrat: 3j. He could assign no cause for the present attack. An experimental venesection was performed today. The examination of the blood drawn will be given in another part of my paper.

29th July. Purpuric patches were much paler, & only a few small fresh spots had appeared. He said he felt perfectly well.

1st August. The old patches had nearly disappeared. Only a few fresh spots had appeared. Returned to work.

D^r. Parker. Univ Coll. Hosp. Med Gazette VII. p. 789.

Case II. Emma Skinner Oct 18. 7th August. 1848.

Stout, very healthy looking young woman, single, a servant. Had always enjoyed excellent health. Menstruated at 14: had been regular ever since: Catamenia lasted usually 7 days. Had been subject for 6 years to Epistaxis, losing sometimes as much as 4oz, but this had not happened for some time. Never had hæmoptysis or hæmatemesis. Had lived well up to 3 months before admission: since then, being

out of place had fared badly: having meat twice or
 thrice a week; potatoes only once in 3 months, & a few
 days before admision: peas three or 4 times in 3 months,
 never any vegetables or fruit. Had taken daily about
 $\frac{1}{4}$ of a pint of milk, & $\frac{1}{2}$ pint of Porter: as much white
 bread as she liked, a little cheese, and half a pound of
 salt butter every week. Had not been accustomed
 to spirits or wines: never cared about fresh vegetables.
 Never had rheumatism or palpitatio. States that
 cuts on her fingers bled a long time. — About
 14 days before admision got her feet wet, & suffered
 from a Swedish cold, & dry cough: did not think
 much of this, & till August 4th believed herself in
 excellent health. On that day she observed a little
 redness & swelling on the right instep: succeeded in
 half an hour by a copious purpuric eruption: about
 an hour afterwards the same phenomena were re-
 peated on the anterior surface of the left knee: & in
 a few hours the spots appeared plentifully on both
 legs below the knees. A little lumbar was now felt, but
 soon disappeared. — 8th August. Eruption presented
 the following appearances: it occupied both lower ex-
 -tremities, being most numerous below the knees:
 the spots varied in size from a pin's head to a
 $\frac{1}{4}$ inch in diameter: were slightly elevated: but not

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altered by pressure: in some places they were abruptly de-
fined in others ~~coloured~~ faded into the surround-
ing integuments: As in the former case, dilated vessels
could be traced into the hemorrhagic spots: they were
most numerous on the calves: one or two ecchymoses
were also present on the thighs. Skin over the rest of
the body normal. Gums pale & firm, lips healthily
red: Tongue red & glazed in the centre, papillae at
tip enlarged. No latent thoracic or abdominal com-
plication could be detected: pulse natural. Urine
on 8th August loaded with lithates pinkish, having
been previously quite clear: it was acid Sp Gr 1020.
Venesection was practised: but in neither this nor the last
case is the quantity abstracted stated.

10th Aug. Purpuric spots disappearing in the usual way.
Urine still acid, depositing lithates

14th Experienced some rheumatic pains

15th Eruption had wholly disappeared. but she was suf-
fering from a sharp well marked attack of ar-
thralgic Rheumatism. for which active treatment
was required. The urine was now intensely acid: &
ceased to deposit lithates.

19th Rheumatism subdued: tonic treatment adopted.
During convalescence lithates returned in urine.
Dismissed in a week afterwards perfectly well.

E. A. Parker, M.D. - Medical Gazette. vii. p 831

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19th Rheumatism subdued: tonic treatment adopted. During convalescence lithates returned in urine. Dismissed in a week afterwards perfectly well.

E. A. Parker, M.D. - Medical Gazette. vii. p 831

Case III. Lady. at 50. of fair complexion & full habit. Had labored for some days under slight febrile symptoms, with full pulse, but little thirst or fur of tongue. Skin sprinkled with black spots not raised. Venesection to 14 oz was practised. Relief followed, and cure was completed with refrigerants.

The Blood was cupped; the crassamentum in great proportion to serum.

Parmy. Ed: Med & Surg. Journal. v. p. 7.

Case IV. Col: A: had been a free liver, & had a hydrocele. - State at Examination: skin very hot; & dry: pulse hard & strong: urine high colored. An eruption of purpura now appeared. Venesection was twice practised: recovery rapid and complete.

Parmy. Ed: Med & Surg. Journal. v. p. 7.

Case V. A robust Farmer, in whom the purpuric eruption was preceded by febrile symptoms, & a sharp frequent pulse. Cured followed after 2 bleedings.

Bateman's Reports. p. 130.

Case VI. Patient had a few grains of calomel & Opium during an attack of Acute Rheumatism. This was followed by the appearance of petechiae, with great debility & oozing from all the mucous surfaces. ^{terminated fatally.} No autopsy recorded.

Bateman's Reports. p. 140.

Case VII. Boy oct 13. Suddenly became weak & languid without any assignable cause. In a day or two, a few petechial spots appeared. His strength, appetite & spirits rapidly failed; the abdomen was tense & tender, especially at the Epigastrium. In a week after a petechial eruption was developed: hemorrhages from other mucous surfaces followed: & he died after two days incessant bleeding. The Gums had never been in the least spongy.

A large heart shaped tumor, of firm fleshy texture, & having a white cartilaginous centre, was found in the situation of the thymus. The abdominal viscera were stated to be quite sound.

The treatment had consisted of purgatives combined with bitter & acids: but no relief had been experienced. His health had always previously been good: the thymic tumor never having occasioned any symptoms.

Bateman's Reports. p 140.

Case VIII. Girl, oct 14. Admitted 9th May 1858. Of strong constitution; complexion ruddy: had always enjoyed good health. Catamenia had not appeared.

Her present illness began with sore throat which lasted for 4 or 5 days: she then felt as if she had been severely beaten all over the body. Two or 3 days before admission had lumbar pain, rigors & flushings followed by colicky pains & vomiting of food & blood. These symptoms ceased

on 9.th May. (The purpuric eruption had appeared on the legs & thighs on 6.th May.) On admission she complained of pain at the Epigastrium which was very tender on pressure. Much thirst tongue white red on edges: pulse frequent & full. No derangement of the Genito urinary organs could be detected: nor could any of the causes of Scorbutus be traced.

She had been leeches before admission & had in consequence lost much blood. 11.th May. Epigastric pain severe: blood was vomited in the course of the day. Fresh spots now appeared. Breathing rapid, pulse 80: the face flushed. headache considerable. leeches applied to the anus.

12.th May. Better: pulse 66: abdominal pain gone.

13.th & 14.th May. Spots gone. went out quite well.

Not: de Infans Malades: Med Gazette. 157.8. II. p 814.

Case IX. Woman at 36. of sanguine temperament. Had suffered from painful inflation of the stomach for some days. Was seized on 17.th Jan^y 1792 with violent vomiting & pain in the bowels. — 20.th Jan^y. Diarrhoea came on, in the course of which several coagula were discharged. The diarrhoea continued till the 25.th with languor, faintness & restlessness. Thirst great: skin cool. pulse very slow. Tongue moist with yellow fur. Urine of a straw color.

25.th Jan^y. Pulse very low: Extremities cold. Skin covered with a cold sweat. breathing laborious. She felt

better during the night. next morning it was found that a red rash had appeared over the body during the night: 27th & 28th June eruption less extensive, of a livid hue: hands swelled: She was faint & languid: but complained of no pain. The intestinal hemorrhage ceased. — 29th & 30th June. felt better but suffered much pain in the knees. — 1st July. was sick, wearied, & restless. Tongue clammy, brownish: complained much of pain in the wrists. 3rd July. Eruption began to fade. 4th was so much better as to be able to sit up. A slough formed on the back of the left hand in the situation of a purpuric patch. — Her convalescence was uninterrupted but the areas of the lower extremities did not disappear till the end of August.

Willan I. p 457

Case X. Woman aet 37. Had a rigor every evening which lasted from 6-10 p.m., accompanied with pain & coldness of the legs, & followed by heat & perspiration. This with a purpuric eruption & menorrhagia lasted for 9 months.

no
proof

Case XI. Man aet 35. a Gilder. August 1851

Of sanguine temperament: had recently had erysipelas of the face. Previously enjoyed excellent health.

19th August. On emerging from the cold bath was seized with rigors, headache, & lumbar pain

22nd Pain worse: febrile symptoms more marked. A few comedo purpuric spots appeared on the legs.

23rd Little change. The integument of the face & thorax of a red color, which deepened towards evening.

24th Headache worse. Conjunctivae & ecymsos: petechiae appeared on the abdomen & legs. Sputa tinged with blood. Pharynx & quins healthy. Urine bloody.

Venesection to 3vj was followed by immediate relief. But in a few hours he died as if suffocated.

The blood did not separate: no fibrin was detected.

Further examination of the blood was not made

Communicated by M. Steward to the Academy of Medicine.

Case XII. Boy oct 10. Had been ill for 5 weeks. His loss of health was attributed to his having had to work 12 hours a day. The first symptom was redness & swelling of the knees. This was soon followed by febrile phenomena, with scarlet eruption on extremities; & severe bloody diarrhoea. Tongue red: Complained of headache. Had no thirst or gastric pain: Appetite good. Pulse quick small. Urine natural. Under good diet, & the use of Chalk Mixture he rapidly recovered & was dismissed in 4 days.

Case XIII. Girl oct 13. also overwrought: was suddenly seized with rigors, & pains in the limbs which

were cold. She also vomited. Pulse small quick. The abdomen was tender to the touch. A purpuric eruption appeared on the lower extremities: & tubercles were at the same time developed on the arms. She recovered under good diet: Creasote internally & blisters over the seat of pain.

Lancet 1835-36. I. 984.

Case XIV. W. F. Oct 45. Porter. of spare habit: had always led a regular life. Had had attacks of Rheumatism & Influenza. — About 10 weeks ago he got wet feet: & in a few days commenced in the legs which become redness & sprinkled over with purpuric spots, all in one day. In 3 weeks the purpura reached the upper Extremities. Had been salivated, & had taken an acid mixture causing a metallic after taste. After these drugs he felt a smarting burning pain in the eruption, worst at night: He felt frequently chilly. Skin moist. gums red & spongy, breath offensive. has great thirst: pulse slow full. Ordered Turpentine m^{xxv} . Next day blood appeared in the urine. The eruption began to fade. He was repeatedly bled. having lost 150 oz in 3 months: the pulse was invariably softer after venesection. He was dismissed Cured & stronger than before.

Lancet 1836-37. II. 775.

Case XV. A similar case of an inflammatory character is mentioned at page 847.

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Case XVI. House maid Oct 30. Sanguine temperament.
of a healthy family. Had always herself enjoyed good
health. with the exception of fever which she had had some
years before. While in perfect health the right knee
became discolored: 6 weeks after ecchymosis appeared on
right breast & lower prolabium. 27 June Pulse 100:
she is cheerful: all the viscera apparently normal.
29th June, boozing has taken place from the prolabium
& petechiae have appeared on the left side.
30th Bleeding has again occurred: & fresh petechiae have
appeared. Pulse 110 jerking.

1st July. Pulse 120 weak. Countenance anxious & pinched
severe hemorrhages have taken from all the mucous
surfaces: they were arrested by Gallic Acid & Opium
when she was apparently moribund. — She now rapidly
improved & on 17th travelled home. On 15th August she
was quite well; slight tenderness still remained at Epig.
= gastrum: heart powerful. Remained well.

Lancet 1850 II. 318.

Case XVII. S. D. Oct 25. Lady's maid.

lost amenia regular but scanty. health never good.
subject to palpitation. Had never had Rheumatism.

17th Sept^r. Had been ill for about 10 days with dyspnoea
anorexia, & general malaise. — When visited, the
surface was cold & clammy, face pale, pulse rapid &

small. Breath short. Complained of pain (where?)
The physical signs were those of oedema pulmonum.
and a mitral systolic bruit was audible over the heart.
Urine not albuminous. Mercury was administered. &
a blister applied (where?). She continued to improve
till 22nd Sept when slight diarrhoea set in.

23rd. Diarrhoea worse accompanied by discharge of blood.
Purpura interspersed with petechiae appeared on the
lower extremities. Chalk & Opium arrested the diarrhoea
She was soon attacked with Rheumatism of knee, elbow
& ankles.

Lancet 1855 II.

Case XVIII. Girl Oct 4. strong, active.

The attack was ushered in by disinclination for food, con-
stipation & irritability of temper. Her legs then be-
came stiff at night: elevated purpuric spots appeared
on them & disappeared, to be succeeded by others. In
3 days she became pallid, exsanguine: pulse hemor-
-rhagic. A mercurial purgative followed by a Serebui-
-thine mixture effected a speedy & speedy cure

Apoc. Med. Journal.

Case XIX. L.G. Oct 58. married. several children.

Catamenia ceased 4 years ago. Subject since then to
Epistaxis. & purpuric spots on legs, the latter remaining for a
week or two & then disappearing. These ceased in a few

weeks, & she remained well for 2 years. She then became subject to bleeding piles. Last June Epistaxis returned & was repeated at irregular intervals. A week ago, hemorrhage took place from nose & rectum; & purpuric spots appeared on the legs. Gallic Acid in grv doses repeated every 3^d hour had no effect on the hemorrhage. Small purpuric spots now appeared over body. Tongue clean pale pulse 96 jerking compressible. — Nov 20th. Hematuria developed. Pernitrate of Iron & acetate of Lead were quite ineffectual in controlling the bleeding.

23rd Nov. Left nostril plugged. She now became to improve & the purpura faded, but on 4th Dec^r. she again got worse. The right cheek was swelled & discolored. An offensive discharge flowed from the nostril. Cerebral symptoms set in with hemiplegia on right side. Died next day comatose.

The heart was flabby. Extravasion had taken place within the arachnoid: & hemorrhagic spots occurred on the posterior & under surfaces of the left hemisphere whose interior also contained a clot. — Liver & Kidneys pale. Spleen shrunken & pale.

Medical Gazette 1854.

Case XX. G. I. Oct 8. female. of stout habit, but delicate constitution. Diet always good. The disease began 5 days ago with purpuric spots

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on neck and cheeks then on legs, after 2 days on gums. On admission she was feverish; breath disagreeable. Gums swollen but not spongy. Erythema nodosum now appeared on legs. — Under Lemon Juice she recovered & was discharged in a fortnight.

St. Thomas Hosp. Medical Times 1854. 236.

Case XXI. Id. aet 15 male. after the removal of a fungating nasal polypus he continued to get robust for 2 months, when suddenly febrile came on, followed by an eruption of purpura on chest & trunk. Under the use of Quinine he recovered in a few days.

Ibid

Case XXII. Female aet 48. single. had always enjoyed good health; was very temperate. The eruption of purpura appeared 8 days after the symptoms of an ordinary catarrh. Medication persevered in for 17 days not having any effect, bleeding was practised with the effect of improving her state. Recovery was complete on the 38th day. — The disease was attributed to hepatic disorder, because congestion of that organ was detected about the middle of her illness.

Lancet 1845. II. 70.

Case XXIII. Female child aet 5. delicate. After febrile phenomena which lasted for two days, the purpuric eruption appeared with intestinal

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hemorrhage. Turpentine was given internally.
Recovery on 6th day.

Case XXIV. Mau. athletè. died in 28 hours
after seizure with febrile phenomena. Petechiae
appeared on the 2nd day. Skin hot dry. face congested.
tongue white: great thirst, epigastric anxiety.
diarrhoea. urine pale & turbid.

The blood of the venae portae was deficient in blood:
spleen voluminous hard. lungs & liver congested.
intestinal glands enlarged.

But For. Med Rev. XX.

Case XXV. Girl æt 11. After two days languor &
lassitude, febrile symptoms supervened with cephalalgia
quick pulse. & fount tongue. The purpuric eruption
was rapidly developed. Strong purgation was employed.
Recovered in 10 days.

Harty. Ed. Med Surg. Journal. IX. 187.

Case XXVI. E. C. æt 10.

Purpuric eruption began to appear on 17th Sep! : there were
petechiae all over body: gums healthy. Pulse 116 small
sharp: skin hot dry: tongue white slightly furred.
face anxious: breathing hurried & shallow. There was
slight ooze from the mouth. Purgatives having no
effect 20th Nov. blood was drawn to 300ij, pulse 120 full hard

The most marked relief followed. 4th Oct. cured.

The urine which prior to the venesection had been alkaline & albuminous; immediately became acid & non-albuminous.

Lombé. Ed. Med. Surg. Jour. XVII. p. 3.

Case XXVII. M. G. æt 18 married. ^{Sunday} Feb 3^d 1822.

A stout robust girl. On Sunday last had slight febrile symptoms which lasted till Thursday (31st Jan) when the purpuric eruption appeared interspersed with petechiae. On Saturday 2nd Feb. worse fresh petechiae appeared.

3^d Feb. Complained of pain in head & back. Skin red, in fact the purpura was universal: on the arms urticaria coexisted. Pulse very quick weak. Tongue white, brownish from a bloody ooze from mouth. Urine scanty & bloody. VS ad 3xIV. with marked relief. 4th Feb. Bed collapsed.

Heart pale small tacerable. A slight blush detected on pericardium. - Abdominal viscera healthy. Spleen not examined. Peritoneum studded with hemorrhagic spots: that covering the spleen was of a uniform purple. Kidney large Cortex & medulla very distinctly marked. all other organs healthy. Skull not opened.

The blood drawn did not separate.

Ed Med Surg Journal XVIII. 402.

Case XXVIII. J. H. æt 24. bookbinder. of robust constitution & regular habits; had always enjoyed excellent

health. Had for several weeks experienced depression of spirits, lassitude, pains in the limbs which at night became stiff & swollen; had also darting pains through the head & chest, a hacking cough, & irregular shiverings followed by heat of surface with flushings of the face, terminated by perspiration.

12th Nov^r. 1823. The sputa were tinged with blood. On 16th the petechial eruption appeared on legs & thence spread over the body. 18th Nov^r. Was seen to day for the first time. Pulse 110 from firm sharp frequent: great heat of skin: breathing hurried laborious. Complained of great pain in left side increased on a deep inspiration, & aggravated towards evening. The eruption was over all the body & limbs except the hands & face consisted of a number of hemorrhagic spots varying in size not altered by pressure, & not elevated above the skin was bled to 3xxvi which induced syncope, but was followed by marked relief of symptoms. - The blood drawn did not separate; it was of a florid arterial hue; coagulum of slow formation. Ordered Sulph^{acidulat} Magn^{es} 3i. mxxv frequently.

19th. Passed a bad night: darting pains in chest better: breathing a little easier. The urine contained blood. Pulse 112. sharp. Skin very hot. Tongue furred. Blood was drawn to 3xxviii: it presented the same characters as before. - R. Magn^{es} Sulph 3i. Vesper. Pulse 115-120 sharp wiry. Tongue dry skin moist.

20th. Was delirious during the night: pain in the head very severe: hiccup almost constant: more petechiae appeared.

Blood was again drawn to 3xx. it was distinctly buffed. He now gradually ^{sunk} became comatose; & died on the 21st.

Autopsy. Lungs very much congested. Heart pale contained no blood. The aorta was very red throughout. The intestines presented a leaden hue on opening the abdomen; hemorrhagic spots were scattered over the ileum. The Cardiac extremity of the Stomach was emphysematous. — The liver was pale & soft. Spleen of full size, soft & friable. Kidneys very slightly softened. The Brain was healthy. The fat all over the body was abundant.

D^r Fairbairn. Edin. Med Chir Trans. II.

Case XXIX. John Coghlan aet 29; robust: previous health vigorous habits temperate. Admitted 7th Dec. 1837. On 1st Dec. was seized with rigors headache stupor &c which lasted till admission. Present state. Headache, cough slight expectoration & pains in back: skin hot, free from maculae; bowels constipated. tongue dry rough brown: pulse 80 hard & thrilling urine muddy, sleep disturbed. (Leeches behind the ear; & a mixture containing salts, Senega & Scammony.) 8th Dec. Evacuations black: dark fluid also vomited: pulse 70 hard & thrilling: still headache. (Blister to Epigastrium: Leeches 24 behind the ear. Calomel grss 4. $\frac{1}{2}$. 9. hora sumend)

Haematuria & melæna now appeared: Nitro-muriatic acid had no good effect: oozing occurred from the mouth with hæmoptysis. Pulse hard & thrilling, with tumultuous heart's action.

On the 7th day from that on which the intestinal hemorrhage was observed, an eruption of red spots disappearing, under pressure appeared on the arms & legs. Digitalis & opium, Digitalis & Sulphuric Acid, Sulphuric Acid & Sulphate of Magnesia, were each in turn tried & failed to give the slightest relief. The eruption faded; the hemorrhages increased; the pulse remaining as before V.S. to 3vi was practised: The blood coagulated firmly was both bled & cupped. This was repeated twice without effect: bleeding continued, pulse still thrilling; pulsations at wrist diastolic. Convulsions & death closed the 29th day of the disease (25th Dec^r). The patient had for some days been dreadfully emaciated, weak, & ~~ex~~ sanguine.

Graver Clinical Medicine. p. 880.

Case XXX. M. P. oct 34. laborer, sanguine temperament, robust: had been intemperate but now not for some time. Suffered occasionally for several years from pain in the head & Epistaxis, symptoms often relieved by venesection. Fourteen days ago when in profuse perspiration, drank cold water & was immediately seized with rigors, nausea, & lassitude; in a few hours epistaxis came on, venesection gave relief: a second attack ~~was~~ also yielded to V.S.: several milder attacks followed. Since admis^s, (no dates are given) sputa sanguineous; face bloated, skin icteric; inner

surface of mouth oozing. Epigastric tenderness, not hepatic. Bowels constipated. pulse 48. full hard. thrilling. Leeches vi to Epigastrium & an acidulous mixture. — 3^d. Epigastric pain relieved pulse 52. bounding. 4th. Black fecal evacuations; Epistaxis to about 0j: pulse 52 strong, full, compressible. Countenance anxious; cheeks livid, respiration hurried. 6th. An eruption ushered in by tingling pain of nettles over body, color dark red. Pulse slow full & strong. 8th. Coffee ground vomiting; eruption fading, skin dusky yellow. Liver somewhat increased since admission, not tender. Her state remained much the same, hemorrhage occasionally breaking out. pulse 68. full strong & thrilling died on 13th. Treatment had consisted of the changes rung on Sulphuric Acid, Opium, lead &c.

Ibid. p 881.

Case XXXI. M. G. Oct 14. Had acute Rheumatism a fortnight ago 6 months ago, with ophthalmia which had left her blind. A fortnight had again acute Rheumatism in left knee. a day or two ago, had severe pains in legs which were swollen & covered with purpuric eruption. Has been subject all her life to occasional gutta serena hemorrhage from nose. Never "regular". Mouth healthy. Breath pungent to her own as well others sensation: yields copious fumes with H_2 dichloride and

Urine albuminous. Pulse 100: a systolic bruit
audible at base. Ordered Muriate of Iron. Hydrochloric
acid; leucina, occasionally Bitartrate of Potash.
Left under treatment.

Charing Cross Hospital. Lancet 1856. II. p 48.

Cases of Purpura Urticans.

I. Boy aet 8. plethoric, sanguine temperament; Lithic Acid diathesis. In the beginning of Sept^r 1838. had headache, sore throat & feverishness; in a few days sore throat got better leaving only heaviness of the head. About this time he struck his knee, & in a day or two got it rubbed against a wall. 12th Sept^r. Knee swollen full & red with considerable fever. Leeches were applied 13th Sept^r. Knee better; a number of small swellings seated apparently in the subcutaneous fat were detected, red tense & painful. 15th. A purpuric eruption with a burning itching in the spots appeared on the thighs & legs. No sponginess of gums. (Sept. c. M: Bearb). In 6 or 7 days most yellow stains were left. The feet were slightly oedematous. Several subcutaneous swellings again appeared: the symptoms were greatly relieved by a strong purgative. Convalescence was established by the use of the warm bath & change of air. - Throughout the case the urine continued very Acid.

Burns Clinical Lectures. Med Gazette. 1838-9. II. 56.

II. A friend of Dr Burns subject to Purpura urticae was cured by Iodine & Phos where other remedies failed.

III. Man aet 39 temperate, strong muscular. Had a series of successive eruptions of Purpura urticae without febrile symptoms; but suffering a good deal from Rheumatism.

Gums spongy from recent mercurials which with
venerection had aggravated the disease. Was in hos-
pital 27 days. Treatment Saline purgatives, Quinine
& Iodine.

D^r Todd. Dublin Med. Journal. xxix. 1.