

endocarditis, with the extensive cutaneous infarcts so common in this disease; but the large size of the hæmorrhagic spots, their swollen condition, and the fact that some of them began like "hives," pointed to a purpura nrticans associated with articular and cardiac disease in a case of rheumatism. The joint affection, profuse sweats and endo-pericarditis indicate the true rheumatic nature of cases of this kind. The sore throat, so marked a feature, existed also in a remarkable case of Peliosis rheumatica which I saw with Dr. Molson in 1880 and which is recorded in Vol. IX. of this journal. The patient had three attacks of tonsillitis within five weeks. Sloughing of the uvula, such as occurred in Dr. Musser's patient, is occasionally met with in acute rheumatism. I recorded an instance in Vol. VII. of the journal, and lastly, the existence of endo-pericarditis is worthy of note, as certain authors have laid stress on the fact that it does not occur in rheumatic purpura.

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With the rose-colored rash in typhoid fever, or occurring alone, there are sometimes to be seen bluish spots on the skin of abdomen, back and thighs, ranging in size from two to eight lines in diameter, and often arranged in groups. They were called *taches bleuâtres* by the French and by this name have passed into literature, though the term peliomata has also been applied to them. Murchison gives a good description of them in his work on fevers (for good illustration see his Plate V.), and agrees with Jenner that they are usually seen in light cases. Though not very common, I have usually each session an opportunity to demonstrate them, and my attention has recently been directed to the subject by their occurrence in three cases in succession, all very severe.

In my experience they occur indifferently in severe and mild cases. The spots are not elevated, but in certain light may appear, as Forget notes, depressed. They do not occupy the same layers of the skin as the typhoid rash, but are rather sub-cutaneous, as the pale dermis may be seen above them. Firm pressure causes them to disappear and they fade after death. Murchison and Jenner state that they persist after pressure, but certainly in the cases in which I have tested this point the lividity could usually be removed.