

*History of onset and condition of patient.*—On Nov. 2nd, without any premonitory malaise, a few bright red spots of the size of a pin's head were first noticed about the left ankle. From this time until the next evening they became numerous over both the lower extremities. Three days afterward a few spots were observed on the arms, then the chest showed similar areas, the abdomen remaining free until after the 7th. A slight knock at any part induced the appearance of extensive and severe bruising. So far as can be ascertained the patient was not feeling ill or weak during these four days, but in the night of the fourth day he was awakened by flowing of blood from mouth and with coughing and spitting up blood.

On the afternoon of the following day, 7th, he lost large quantities of blood, from nose, mouth and throat, and for the first time felt weakness, rawness of the throat and slight pains in the knees.

*Examination of surfaces.*—There were the spots already referred to, which were distinctly hæmorrhagic. Besides these small hæmorrhages, which were most numerous on the lower extremities, there were those of similar size on the face, neck and trunk, the abdomen possessing least. Here and there appeared larger purpuric areas varying in size and colour. In a large dark red patch on the left arm two nodules about the size of a pea were noticed. The conjunctivæ presented a few hæmorrhages. The nose was slowly but constantly bleeding. The lips were of good colour. The gums were not spongy. On the soft palate and left tonsil hæmorrhagic areas were seen. The pharynx was congested; there was no glandular enlargement except at the angle of jaws.

*The constitutional condition.*—Mentally the patient was clear: Temperature  $102\frac{2}{3}$ , pulse 100, respiration 24.

*The blood, etc.*—Cultures on agar-agar and in broths were negative microscopically. A few (1 or 2) days before death, the blood showed lymphocytes as the chief form of leucocyte, but one polynuclear cell being found in a search over three sides. Blood count r. c. 4,840,000, w. c. 6,000, hæmoglobin 87%. The circulatory, respiratory and digestive as well as urinary systems were all negative at the primary examination. Ocular fundi negative.

*Progress of case.*—The patient was under observation for five days, during which a constant and remarkable increase in the gravity of the case was noted—in the varying temperature, quickening and weakening pulse, in the persistent and intractable hæmorrhages, both sub-cutaneous and from the mucous membranes, in the occurrence of hæmaturia, hæmoptysis, hæmatemesis and melæna, and in the sloughy appearance about the palate and œdema about the conjunctivæ and