

anxious expression, tossed his arms and legs about considerably; temp. 102½, pulse 130. Just previous to my visit he had vomited some bilious matter; mind seemed perfectly clear, apparently recognizing what was said to him, took drink when offered. Though quite undecided as to diagnosis, I thought from the bilious vomiting, the chill and fever, that it was possibly nothing more than a malarial attack, and prescribed accordingly, and as he was constipated gave him a glycerin enema which acted nicely. Upon leaving I told his parents that on account of my indecision as to the nature of his illness, I would call again in a few hours.

About six o'clock the father came for me, and with the information that the child had broken out in a rash, and now I found well-marked purpuric spots, varying in size from a split-pea to a twenty-five cent piece, covering his legs. Some on abdomen and face, right ear almost one entire purple ecchymosis. Restlessness increased, apparent hyperæsthesia, tossing his head from side to side and moving his limbs about restlessly. No marked delirium, temp. 103, pulse extremely rapid and weak, pallor, pupils widely dilated, the left irregularly, but cannot say whether this condition was due to the disease or the near approach of death.

Gave an unfavorable prognosis, and having another case on hand from which I could not remain away long at a time left the patient. The child died at eight o'clock after an illness of only thirteen hours. No post mortem could be obtained.

Now this was certainly a clear case of purpura. That it was not one of purpura simplex is evident on the face of it. Had it been purpura urticaria the patches would have been elevated and the disease non-malignant. There was not the slightest evidence that it was rheumatic. Nor was it scarlatinal in its character, and it could not have been from measles. Were it hæmorrhagic purpura, we should have expected some hæmorrhages from the mucous membrane or intestinal tract or some hæmaturia or something of the kind.

We must also exclude it as having been symptomatic of cerebro-spinal meningitis, because there was absolutely nothing to point to that condition other than the rash. No retraction of head or abdomen, no stiffness of spine, no epidemic prevailing. I frankly confess that my pronouncing the case to be one of purpura foudroyant does not throw much light on the subject, does not ex-

plain the pathology or make clear the etiology. It simply gives it the convenience of a name.

What think you was the condition, and what the cause? Was there an inflammatory irritation of the medulla, paralyzing the vaso-motor nervous system, thus affecting the walls of the blood vessels to such an extent as to permit the extravasations, or it is possible that it was a case of malarial or other blood poisoning so intense in character as to cause disintegration of the blood, thus facilitating its exudation? If the latter, I would have expected the other symptoms, chill, fever, etc., to have been more intense. I hope you will favor me with the benefit of your views on the case.

I have been able to find very little literature on the subject, unless it is included and classed as hæmorrhagic purpura. Reynolds, Pepper, etc., make no mention of it. In volume IV, 1889, "Annual of the Universal Medical Sciences," we find the following:

"Several cases of purpura foudroyant, as this shocking affection is called by the French, have been reported during the past year.

"Hervé was called on Nov. 5th, 1887, to see an infant of three months. Had been well until 24 hours previous to his visit, since which time she had appeared to be suffering. On examination, the little patient's face was pale and anxious, the respiratory movements frequent, and pulse rapid. Throat, heart and abdomen presented nothing abnormal. No diarrhœa or vomiting. A dozen hæmorrhagic patches the size of a ten-cent piece could be seen scattered over the legs, thighs and abdomen. About three hours later at 6 p.m., examination showed the hæmorrhagic patches much more numerous and extensive, covering the limbs and trunk and invading the face, particularly forehead and eyelids. The pulse was so feeble and rapid that it could not be counted. There was extreme agitation. No hæmorrhage into the mucous membranes. By ten p.m. the hæmorrhagic patches were really in sheets, the lower limbs being violet, with some œdema, and cold to the touch, while the abdomen was covered with enormous ecchymoses, and the face and hands with numbers of small ones. No malæna, epistaxis nor hæmaturia. Death occurred at midnight, nine hours after Hervé had first seen the patient and from the beginning of the eruption. Hervé calls attention to the rarity of this form of purpura."