

techie were intensely itchy, and some were the size of a fifty-cent piece. They occurred on the back at first, but afterward spread to the breast, shoulders, upper arms, hips, and thighs. After eight days the spots became paler, and the epidermis desquamated in large scales. Of course, some might contend that my case was not one of drug eruption, but one of those rare forms of peliosis rheumatica known as erythema purpuricum. Hutchison calls it purpura thrombotica. In some of these cases the hemorrhage is severe enough to destroy the skin and cause a slough. It is said that the rash of this affection occurs chiefly in the legs, and is more often seen in women.

The pains in the limbs, the swellings in the joints, and the duration of the case would perhaps render this diagnosis probable, but still the fact remains that until the drug was administered no sign of any skin affection was seen, and the purpura was preceded by a well-marked urticarial rash. Again, the hæmorrhagic condition existed in the mucous membranes or under the skin. Still, there is no doubt much to be said in favor of the diagnosis of peliosis rheumatica, and since the case occurred I have been daily more inclined to come to the conclusion that the eruption was not due to the sodium salicylate alone.