

lar; no cough; skin cool, even cold at the extremities; nails blue; tongue moist, and slightly coated. At this period, there was no hæmorrhagic evacuation of any description. The boy was visited on the 17th March. Quinine, with a quantity of sulphuric acid, more than sufficient to give the sulphate solubility, was prescribed. On the 19th the symptoms had increased: this was attributed to the stimulating effects of the quinine; there was now vomiting of blood, dark and coagulated; blood was also passed by stool; little or no tenderness of the epigastrium; no cough, nor did the stethoscope give any peculiarity of respiratory murmur. Prescribed 15 grs. of acetate of lead, without opium, to be repeated every two hours, should the vomiting of blood continue; if not, every four hours. Six doses were left and taken during the next twenty-four hours, at which period the hæmatemesis had ceased entirely. But there was now superadded another condition, more alarming than the preceding—namely, comatose symptoms. On the 20th, the pulse was steady and full at about 90; twelve ounces of blood were taken from the arm. On the 21st, six more doses, 15 grs. each, of acetate of lead, were again ordered; there was now slight oozing of blood from the fauces; occasionally black blood was spat up without effort—the lungs now exhibiting some degree of participation in the general affection; there was, too, a species of pleurodynia, increased by percussion, supposed to be owing to a petechial state of the pleura costalis. From this day, the lad improved. On the 25th, a mixture, containing acetate of lead was again taken in small doses, to prevent, if possible, the formation of fresh ecchymosis. On the 1st April, convalescence was established; the spots remained for several months, with a tendency to œdema of the feet and legs after fatigue. No unpleasant symptom was produced by the acetate of lead.

Dr. Sutherland conceived that this disease depended essentially on a debilitated state of the capillary vessels; while Drs. Arnoldi and Badgley, admitting this as a consequence, argued that a change in the quality of the blood itself was the primary cause of this singular disease.

Dr. Arnoldi related to the Society the particulars of a highly interesting and most curious case of vicarious menstruation, which he had seen, as well as another member of the Society, while in Edinburgh, where purpura and bloody extravasation on the skin were present for several months, and which had attracted the particular notice of the late Professor Duncan, and some others of the Professors of that University,

Dr. Fraser mentioned the case of an elderly man, in whom purpura came on apparently as a sequence of asthma.