

Some hesitation has arisen in our minds in regard to the proper expression which should be used to designate this interesting form of typhoid fever. The term "hæmorrhagic diathesis" is possibly open to criticism, since to many minds it connotes the idea of some pre-existing constitutional deficiency or dyscrasia of the blood or some congenital weakness of the blood-vessels. With the single exception of certain of Wagner's cases, to be referred to later, such inherited defects can usually be excluded in the type of disease under consideration, and yet it is clear that there is at work some serious disturbance of the blood. Further, the term "purpura hæmorrhagica" is not altogether suitable, since it has not been settled between clinicians and pathologists what conditions are properly to be included under this designation. Litten, for instance, restricts the term to Werlhoff's disease, Schönlein's disease, and some others, and would deny it to the purpuras which occur in variola, typhoid fever, sepsis, and mineral poisoning. We must, however, dissent strongly from Litten's view, for the trend of recent pathological research, as we shall see, is to prove that the prime factor underlying the vast majority of cases is some systemic intoxication, either bacterial, chemical, or animal, and there is no sufficient reason for believing that Werlhoff's disease and the group of so-called "idiopathic purpuras" differ essentially from the others in this respect.

That circulating toxins, bacterial or otherwise, do produce marked alterations in the quality and composition of the blood and lead to degenerations of the blood-vessels may be regarded as proven. Since, then, we have to admit a serious qualitative vitium in the blood, even though it be acquired, and since we are unable entirely to exclude the presence of some inherited defect, it would seem fairly scientific and at the same time less liable to misapprehension if we use the designation "hæmorrhagic diathesis" for these cases in preference to any other.

We in Montreal have had the unusual experience of meeting with four cases of a more or less hæmorrhagic type in a series of about 200 cases of enteric fever from the clinic of Professor James Stewart at the Royal Victoria Hospital. These were recorded by one of us (Nikolsky) in 1896, but at that time little attempt was made to analyse the clinical symptoms or to determine pathological conditions.

In the present communication we are enabled to report an

² Hæmorrhagic Typhoid Fever, Montreal Medical Journal, June, 1896 (Bibliography).