

cases a sort of diffuse subcuticular purplish mottling has been observed. The skin hæmorrhages have been known to occur into a bed-sore or on the application of cold. Gangrene may supervene and *cedemia*.

No special symptoms seem to usher in the hæmorrhagic condition. Neither chills, sweating, nor a septic temperature seem to have been noted. Marked distension of the abdomen is not uncommon and *diarrhœa* is fairly frequent at the onset. The effect on the temperature is usually very slight, though in severe cases a gradual fall to subnormal has been noted, as in other cases of hæmorrhage. Profound anæmia usually develops. The hæmorrhage is not sudden, but rather a gentle oozing from all the surfaces of the body, and is apt to be precipitated by any slight injury.

PROGNOSIS.

The condition is generally very grave. About two-thirds of the cases recorded ended fatally. The previous history of the patient has some weight. As a rule the earlier the condition sets in and the more extensive it is the more serious is the prognosis.

TREATMENT.

Treatment is purely symptomatic. Gerhardt, in accordance with his views as to the etiology, discontinues the cold-bath treatment and substitutes a daily warm bath at a temperature of from 33° to 34° C. He includes potato, spinach, and vegetable juices in the diet. To control the hæmorrhage many plans have been tried. On the assumption that the cause is a secondary infection small doses of calomel or other mercurial have been given. One of our Montreal cases recovered under this treatment, as did one which was left alone. Turpentine and ergot were used by Gilman Thompson in his case which recovered.

Attempts have been made to increase the coagulability of the blood by means of calcium chloride as suggested by Wright.⁴⁰ In severe cases 15 grains should be given twice daily. This treatment has to be carefully controlled by repeated blood examinations, as if it is too vigorously pressed it may have the contrary effect to that intended. The same writer also advocates inhalation of carbonic

⁴⁰ Brit. Med. Jour., Dec. 19th, 1891; vol. ii., 1893, p. 223; and vol. i., p. 237, and vol. ii., 1894, p. 57.