

duties, and is in better health than she has been for a number of years.

The chief point of interest in this case appears to be the total subsidence of the sarcinal vomiting succeeding immediately on the removal of the two large gall-stones from the stomach, and on her assuming a strictly fluid diet.

Gillingham, Dorset, Jan. 1861.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

CONCURRENCE OF PURPURA WITH VALVULAR DISEASE OF THE HEART; THREE CASES; RECOVERY.

(Under the care of Dr. HYDE SALTER.)

THE following cases illustrate a concurrence which Dr. Salter states he has on several occasions remarked—that of purpura with valvular disease of the heart, though he believes that the connexion between the two is not direct, but mediate, through the intervention of a third condition, of which both the endocardial disease and the purpura are the results.

CASE 1.—Eliza C—, a girl aged fifteen, but having a look rather of twelve or thirteen, thin, puny, and pale, though with evidently naturally a florid complexion, and having a good deal of the rheumatic aspect, was admitted with a loud, rough, mitral-systolic bruit, tumultuous heart's action, and shortness of breath on exertion. Her history was that she had had rheumatic fever two years before, which had affected the heart, and that since that time she had never been thoroughly well; her growth had been stopped; she was frequently liable to rheumatic pains, and suffered from palpitation on exertion, and even without. It was in consequence of a gradual increase of these symptoms that she applied for relief. Under a treatment combining alkali, iodide of iron, and cod-liver oil, she gradually improved, and was discharged. She had left the hospital only a week or two, when she returned with both her legs covered with purpura—a profuse and thick rash—from the knees to the ankles. She seemed to have gone back in all respects since she left the hospital, partly, probably, from discontinuing the medicine and partly from not living so well. It was then learned that she had had an exactly similar attack some months before, and had since been liable occasionally to a few spots, but always in the neighbourhood of the shins. Under the use of quinine, sulphuric acid, good diet, and rest in the horizontal position, the purpura gradually died away, and in ten days or a fortnight was gone.

CASE 2.—William W—, a pale, anæmic-looking boy, aged fourteen, his aspect indicating a dash of struma in his constitution, was admitted June 23rd, 1860, with rheumatism, complicated with heart-disease. He states that he has always been a very healthy boy until last winter, when he caught cold, which brought on rheumatism, which however did not confine him to bed, and from which he soon recovered. Six weeks before his admission, the rheumatism came on again, principally affecting his hands, knees, and ankles; and for four weeks before his admission he found that on first getting into bed he was unable to lie down from palpitation, shortness of breath, and cough. On examining his heart, a mitral-systolic bruit was found, accompanied with tumultuous action of the organ. No dropsy. He was ordered a drachm of citrate of potass, in an ounce of decoction of cinchona, thrice a day; and half a drachm of syrup of the iodide of iron, in two drachms of cod-liver oil, also thrice a day. Five days after his admission spots of purpura hæmorrhagica appeared on the anterior aspect of his legs, most abundant on the front and inside of the shin; at first a thin sprinkling, but soon a thick rash. Under a treatment

of sulphuric acid, quinine, and iron, the purpura gradually disappeared, but it was a fortnight before it was gone.

CASE 3.—J. N—, aged thirty-two, was admitted into Charing-cross Hospital, under Dr. Salter, on the 25th September, suffering from general dropsy and purpura of both legs. The spots varied in size from that of a pin's head to that of a split pea, and were confined to the front of the leg from the knee to the ankle. On listening to the heart, a loud mitral-systolic bruit was heard; the heart's action in other respects was normal. There was no history of rheumatism. The man had for years drunk too much, being employed in a brewery; his aspect was sallow; and the dropsy was supposed to depend upon renal disease, which further examination verified, as the urine was found to contain a good deal of blood and granular casts of the uriniferous tubes. The legs were ordered to be bandaged, the horizontal position to be maintained (indeed, the patient was confined to bed), and tonics and astringents were administered. Under this treatment the purpura and the œdema vanished together, and in ten days both were gone. But on the man leaving his bed subsequently, the purpura again appeared to a slight extent, and again disappeared on keeping the legs up and bandaging them.

With regard to the relation between the heart-disease and the purpura in these three cases, it could not be, as Dr. Salter remarked, direct, in any one of them. No doubt a certain form of purpura may be, and often is, directly caused by heart-disease; as in those cases where the general stasis of the circulation, brought about by the actual or virtual obstruction at the heart, produces so great a tension of the venules and capillaries, that after relieving themselves to a certain extent by transudation they finally rupture, and blood escapes. The purpura in these cases always affects an enormously swollen limb, occurs only at the wind-up of fatal cases, and is always preceded by the extremest symptoms of blood-stoppage. Now in these three cases nothing of the kind existed: in the first two there was no dropsy whatever; and in the third the dropsy amounted only to a slight general puffiness, with an absence of any mechanical blood stasis. In neither of these cases did the mitral regurgitation perceptibly affect the systemic circulation.

To what then was the purpura due? In the first two cases to that special blood-poverty, that spanæmia, consequent upon and associated with the rheumatic condition, or rather to the friability and want of tone of the capillary wall consequent upon that blood-poverty. That this was so Dr. Salter felt the more sure because he had frequently observed and called attention to the association of the rheumatic and hæmorrhagic tendency in cases where no heart-disease existed, and had also observed that one and the same set of peculiarities of physique was common to both these tendencies. In the third case Dr. Salter believed the hæmorrhage was due to that blood-debatement that is always produced by chronic anæmia, from which the patient was suffering, and of which his anæmic condition was indicative; but he was not prepared to say that the impediment in the cutaneous capillaries, which is probably the immediate cause of kidney dropsy, had *nothing* to do with the vessels of the cutis giving way.

The occurrence of the purpura, in all three cases, in the lower part of the lower extremities, and the assistance which the recumbent posture evidently gave to the cure, point out how much gravitation had to do in determining the seat of the hæmorrhage. No doubt this is the reason why the shin is so much more commonly the seat of purpura than any other part of the body. Dr. Salter considered that the bandaging of the legs, in the third case, was of decided advantage.

LONDON HOSPITAL.

PURPURA NAUTICA IN A SAILOR, ASSOCIATED WITH HEMIPLEGIA; RECOVERY.

(Under the care of Dr. LITTLE.)

As some authors consider purpura and scorbutus to be identical, although the general symptoms of each are distinct, we include the two following cases in our series, as illustrating phenomena common to both—namely, cutaneous hæmorrhage.

In the first case, the patient was a sailor, and had suffered from the privations at sea which give rise to scurvy. He was admitted with well-marked hemiplegia, which, considering his age, is a somewhat unusual complication. He, however, made a good recovery.