Clinical Records.

XV.—REMARKABLE CASE OF PURPURA HÆMORRHAGICA, FOLLOWING SYPHILITIC CARIES OF THE BONES OF THE NOSE.

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A GENTLEMAN had suffered for some months with disease of the bones at the back of the right nostril, and a piece of bone at one time had become separated, and was swallowed. A very large number of rupial looking sores formed on different parts of the body. These sometimes extended, sometimes healed, and at other times remained stationary. Occasionally, and generally when the ulcerations were better, he had very severe pains, accompanied by a considerable amount of swelling in different parts. These "rheumatic pains", as he called them, affected principally the elbows, wrists, and knees. The pulse was generally quick, weak, and occasionally irregular; and he had been under the care of several physicians for supposed disease of the heart. He frequently felt faint, and was in the habit of carrying some stimulant in his pocket.

On October 11th, after having been unusually depressed and uncomfortable, hæmorrhage occurred from both nostrils. This was followed by a swelling, which attained the size of a bean, on the lower lip. This swelling was formed of epithelium raised by effused blood. Spots of purpura appeared all over the body, but chiefly upon the arms. Hæmorrhage occurred from the gums, and from the mucous membrane of the eyes. The urine passed contained blood. The nostrils, from which the largest amount of blood passed, were now plugged.

Oct. 12th. Three chamber-pots, each more than half full of bloody urine, had been kept. Hæmorrhage from the gums continued. The skin was yellowish. The mouth was occasionally filled with blood. There were hiccough and sickness. Some blood oozed from the penis.

Oct. 13th. Three chamber-pots, each more than half full, of bloody fluid had again been passed. The contents of one of these vessels had become coagulated in one mass.

Oct. 14th. Fresh spots continued to appear upon the skin. There was a continued sensation of sickness and occasional vomiting. Food and medicine were rejected, mixed with altered blood.

Oct. 15th. The motions contained a large quantity of decomposed blood. The lips were blanched. Bleeding from the gums continued. The urine contained nearly the same amount of blood. Ruspini's styptic was ordered.

Oct. 16th. The pulse had become more regular, and rather stronger. The bleeding from the mouth had stopped. He passed a much smaller quantity of water. The lips had assumed a more natural colour.

Oct. 17th. There was excessive restlessness. Many of the spots on the body and arms had assumed the appearance of large bruises. The bleeding from the mouth has recurred. He had great difficulty in swallowing.

Dr. Markham now saw the patient in consultation, and gave a decided opinion that there was no disease

of the heart. Nothing could, after this, be kept on the stomach in any quantity; and the patient died on the 18th.

Dr. Dickenson was good enough to examine the body on the following day. The bones at the back of the nose were extensively diseased. Spots of purpura of various sizes, and presenting different colours, were scattered over the body. In the chest, the heart was found quite healthy. Spots of ecchymosis studded the surface and the interior of the lungs. Similar spots existed on the convex surface of the diaphragm.

In the abdomen, spots of ecchymosis were scattered over the whole of the intestines, and could be seen of various sizes under the peritoneal covering.

The kidneys, which were otherwise tolerably healthy, were mottled throughout their structure and upon their surface with circumscribed patches of a very dark colour. These contrasted strongly with the appearance of the natural structure of the organ, and produced a very peculiar and remarkable appearance.

The pelvis of the kidney and ureter on each side was full of what appeared to be semi-coagulated blood.

The intestines were filled with a brownish fluid, evidently composed principally of blood which had been changed by the secretions of the stomach and intestines.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASE OF AMPUTATION THROUGH THE KNEE-JOINT:
WITH REMARKS.

By THOMAS P. PICK, Esq., Surgical Registrar.

THE cases in which amputation through the knee-joint is practicable are very uncommon, and rarely fall under the notice of the surgeon. The following case is, therefore, recorded as showing the good results which may follow this operation; and also that the great objection—viz., the extensive suppuration which is said to ensue in these cases—is not so formidable as is sometimes supposed.

James F., aged 51, sawyer, was admitted November 9th, 1864, under the care of Mr. Pollock.

History. Twenty-five years ago, a small pimple appeared on the leg. It increased, and "became like a wart, remaining quite dry," until five years ago, when he knocked it off. Since then, it increased in size, and constantly discharged a thin fluid. Latterly, it increased very rapidly, and the discharge became very offensive.

On admission, the right leg was found to be much swollen; the skin red and tense. Over the front of the tibia, extending two-thirds of the length of that bone, was a large foul ulcer; the edges were very much raised, hard, and nodulated. It appeared, from looking at the edges, to consist of a number of hard uneven nodules, which had burst and ulcerated in their centre, though the greater part of the wound was covered with a foul, uneven, ulcerated surface, supporting pale flabby granulations. Here and there, the surface of the tibia could be felt to be exposed and roughened. The glands in the groin were slightly enlarged. The patient was thin and emaciated; his countenance pale; aspect anxious; pulse