CLINICAL LECTURE ON PELIOSIS RHEUMATICA,

Delivered at the University of Glasgow.

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GENTLEMEN,—The affection to which the term *Peliosis rheumatica* has been given by Schönlein, and which is also named *Purpura rheumatica*, is generally met with in young persons, or, at all events, before the age of thirty years, and in those who have apparently been previously in good health. The first symptom usually complained of is a painful affection of the joints, especially of the ankles and knees, accompanied at times with more or less swelling and redness, and generally with slight fever. Within a few days, numerous livid or blackish spots, the result of extravasation of blood into the corium, make their appearance upon the skin—most frequently upon the extremities, especially the legs and near the joints affected; these vary in size and shape, but generally they are rounded, and from the size of a pin-head (stigmata) to that of a splitpea (petechiæ), although occasionally they are much larger, and may assume irregular shapes (ecchymoses). When the cutaneous manifestations are fully developed, the joint-affection and feverishness usually subside; and then the spots pass through the same stages as in the case of a black eye, with which most of us are familiar, either in our own persons or in that of our friends—so that, within a week or two, all the symptoms have disappeared. The disease is, however, too often kept up owing to the development of successive crops of hæmorrhagic spots, each crop being accompanied by a recurrence of the fever and joint-affection. The new crop may appear before the old one has faded away, or there may be a variable interval of complete immunity between each paroxysm, so that the whole duration of the disease may be from weeks to months, or even years. Thus we had in Ward V, a couple of years ago, a servant girl fifteen years of age, who had had it more or less for eight years this is, however, exceptional.

Now, let us compare these symptoms with those present in the case of the girl who lies in Bed VI of Ward IV. She is six years of age, and was admitted on April 24th. About fifteen months ago, this little girl's mother noticed a rash, which came out at night and disappeared in the morning, on the calves of the legs at first, but gradually extending to the thighs and arms as well, and which she likened to that of measles or scarlet fever. Three months after this, she observed that, when it faded in the morning, it left bluish-black blotches behind, which disappeared more slowly. For the last six months, swelling and pain in her ankles, knees, wrists, and fingers have preceded each fresh crop of eruption.

For some time she has been subject to an eczematous eruption at the back of the head, accompanied by slight enlargement of the neighbouring glands at the back of the neck. Shortly before the appearance of the blotches above referred to, her mother noticed that she lost her colour and became very much thinner; and at times, for a day or two, she seems to have been bilious and yellow, and to have complained of pain in her belly. With these exceptions, however, she has always been a very healthy child.

Since her admission into the infirmary, she has exhibited several crops of eruption, each preceded by some pain and swelling in the ankles and knees, and by slight fever; and the spots which you now see are situated mainly upon the lower extremities, particularly below the knees. The skin of the affected parts is quite smooth, as you perceive, there being no elevation; and there is no itching or disagreeable sensation of any sort, so that the child could not tell that there was anything wrong if she did not see the skin. The spots are at present violet in tint, are mostly rounded, and from the size of a pin-head to that of a splitpea; but there are a few larger blotches, as large as the thumb-nail, of irregular outline; they do not fade in the least on pressure. You will have no difficulty in recognising the fact that these spots are not due to inflammation, but to hæmorrhage into the substance of the skin, because (1) they are not the least elevated; (2) they are unaccompanied by pain,

heat, or itching; (3) they do not disappear on pressure; and (4) they are not followed by desquamation. They might, however, be mistaken for flea-bites; but in that case the eruption would be principally observed where the underclothing is thrown into folds, and closely embraces the body; and punctiform spots of *uniform* size, the result of extravasated blood from the bite of the parasite, would be observed, and which, in the early stage, are surrounded by bright red areolæ disappearing on pressure. We fail, too, to discover the parasite, or its faeces which appear on the linen, etc., in the shape of minute dark-brown specks.

That the case is not one of scorbutus (scurvy) is apparent from the following considerations. (1) The diet previous to admission appears to have been good, and she has certainly not improved under the hospital diet; (2) the gums are healthy, and not in the least degree spongy; (3) there is an absence of that peculiar dirty pallor of the countenance observed in cases of scurvy; and (4) of those painful hard swellings at the flexures of the joints (especially the ham and elbow, and beneath the periosteum of the tibia) which are common in that disease; and (5) the symptoms came on suddenly in a child in apparently fair health, and not slowly and insidiously after a varying period of debility.

You will probably, then, agree with me in thinking that the symptoms observed in our little patient correspond with those which I mentioned at the outset, and that her case is one of *peliosis rheumatica*.

This disease is sometimes complicated with the development of bullæ (blebs), which is not surprising, as the same state of system favouring the occurrence of extravasation of blood should likewise be favourable to the accumulation beneath the skin of the serum of the blood (*purpuræ pemphigoides*). The following case illustrates this complication. Martha B. M., aged 24, came for advice on January 13th, 1869, on account of an affection of the lower extremities, of three months' duration. At that time, round red spots, for the most part the size of a fourpenny-piece, made their appearance; the next day, they assumed a bluish tint; and, on the third, disappeared, leaving yellowish stains. On the fourth day, a fresh crop was observed, which ran the same course, and was succeeded by successive outbreaks up to the time of her coming to me. When these symptoms first appeared, they were accompanied by great swelling of the ankles, with severe aching pain in them. At the same time, a large bulla, about the size of a halfpenny, formed on the outer side of the right ankle. About a fortnight previous to my seeing her, a similar bulla was detected on the inside of the same leg. On examination, the remains of this bulla were still apparent; and numerous purpuric spots, varying in size from a pea to a sixpence, and of a reddish, livid, or yellowish tint, were scattered over both lower extremities. The veins were not varicose. She seemed in pretty good health; her gums were healthy; she had always had plenty of food of good quality, and had never before suffered from rheumatism. The treatment consisted of ten drops of turpentine on sugar three times a day, with occasional doses of castor-oil, which had an immediate effect upon the disease; but it was two months before all tendency to the development of purpuric spots had disappeared; and for some time she was troubled with an ulcer, which formed in the site of the last bulla, as the result of injudicious local applications.

It sometimes happens that the extravasations of blood are preceded by the development of little solid elevations, or papules (*purpura papulosa*), and this seems to correspond with the eruption described by Willan under the name of *lichen lividus*. The following case illustrates this variety, as well as its complication with bullæ and œdema. On December 9th, 1868, I was requested to see, with Dr. S. I. Moore, a stout healthy-looking gentleman, who "had never had a day's illness in his life," but who was interested in, and probably excited by, the municipal elections which at that time were pending. For several weeks he complained of pains, or rather, perhaps, of weakness in his joints, especially those of the lower extremities; but his illness, which was accompanied by febrile symptoms, set in decidedly only a few days before I saw him. His tongue was moist and not much coated; his appetite fair; his bowels had been freely opened by medicine, and his urine, which previously had been scanty and loaded with lithates, was clear, and of fair amount, under the influence of acetate of potash and colchicum. His pulse was 120, and rather feeble, but its rapidity was out of proportion to the extent of the fever. The lower extremities were markedly œdematous. There was swelling around some of the joints, and a feeling of stiffness rather than of pain in them, which was attributed to the swelling. Three morbid elements were observed on the skin, viz., purpurous spots, a papular eruption, and

* Reported by J. Lindsay Steven, M.B., Assistant to the Professor.

bullae. The first varied in size from mere points to ecchymoses the size of the palm, and, for the most part, round. The greater number of the small ones constituted apparently the second stage of the papular eruption; and on the back, where the latter were most abundant, the transition from papules to purpurous spots was observed, that is to say, papules whose elevation was subsiding, and whose redness only partially disappeared on pressure. Most, if not all of the large ecchymoses, occupied the seats of previous bullae, which varied in size from a splitpea to a goose's egg, and which, when at their height, were fully distended with clear serum. The black purpuric patches covered by the flaccid envelopes of the bullae after the serum had escaped, looked very like patches of skin which had mortified. The bullae were most abundant on the legs and buttocks; and the cutaneous manifestations had no special tendency, such as is often observed, to implicate the skin around the joints. The acetate of potash was continued, and purgative doses of castor-oil and turpentine recommended, along with light, nourishing fluid food. This patient made a good recovery.

There is considerable doubt as to the nature of this interesting affection. The fact that each outbreak is apt to be preceded by joint-affection has led to the belief that it is a manifestation of the rheumatic diathesis; hence the names by which it is known; although it might be argued that the painful affection of the joints in purpura rheumatica is similar to the aches and pains often experienced at the onset of some of the specific fevers. There can be no doubt, however, that, just as in the case of rheumatism, the disease is apt to be associated with derangement of the digestive organs, and with nervous debility.

In our treatment of it, therefore, we must pay great attention to the general health, and especially to the state of the digestive organs, rectifying, by means of careful dieting and medicine, any derangement which may be present. When this has been done, and the affection persists, we may try a course of turpentine, in doses of ten to thirty minims on sugar three times a day, or of liquid extract of ergot (in doses of half a drachm every four hours), on the principle of contracting the small blood-vessels of the skin. In very chronic cases, arsenic may be administered, either internally or by subcutaneous injection. From this, it will be seen that we do not agree with Hebra, who wrote: "We have no means either of shortening its course, or of preventing the possibility of its ending in death.... And, since the pains experienced demand some treatment, even before a diagnosis can be made, there is no doubt that, in every case, something will be prescribed by the physician, and as little that the subsidence of the pains which follow will be regarded as the effect of the prescription."*

* On Diseases of the Skin, by Ferdinand Hebra, M.D., *Sydenham Society's Transactions*, 1868, vol. ii, p. 423.

LONDON EDILES.—On Wednesday, May 23rd, Dr. Norman Chevers delivered an address at 9, Conduit Street, on the objects of the Sanitary Assurance Association, which he entitled the "London Ediles." Mr. George Aitchison, A.R.A., occupied the chair. Dr. Chevers compared the sanitary condition of ancient Rome and modern London, and referred to his experience in Calcutta; and he urged that the sanitary condition of London was such, that no householder should be satisfied without the assurance of some competent authority that his dwelling, whether a palace or a cottage, was free from drain-contaminations. He expressed an opinion that consumption was hereditary, principally because successive generations neglected to remedy the sanitary defects from which their forefathers suffered. The lecturer was most impressive in his delivery, and illustrated his discourse by interesting diagrams. A discussion followed, in which Sir Joseph Fayrer, F.R.S., Mr. H. Rutherford, Mr. Cave Thomas, F.R.S., Mr. Mark H. Judge, and others took part; and a desire was unanimously expressed in favour of the lecture being redelivered to a popular audience at Exeter Hall, or other capacious building. A hearty vote of thanks was accorded to Dr. Chevers.

SANITARY INSTITUTE OF GREAT BRITAIN.—At the annual general meeting, held at 9, Conduit Street, on Monday, May 7th, Professor de Chaumont, M.D., F.R.S., in the chair, a report was presented by the Council on the progress of the Institute, and on the work achieved at the congress and exhibition held at Newcastle in the autumn of 1882. The chairman gave an address, and the officers for the ensuing year were elected, the President being His Grace the Duke of Northumberland, P.C., and the trustees, Sir John Lubbock, Bart., D.C.L., F.R.S., Thomas Salt, M.P., and Dr. B. W. Richardson, F.R.S.

AN ADDRESS

ON THE

ORIGIN AND DEVELOPMENT OF THE SCIENCE OF HYGIENE:

BEING THE INAUGURAL LECTURE AT THE FARKES MUSEUM.*

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To trace the history of the search of the human race after health would be almost tantamount to writing the history of the race itself. An inquiry into early wanderings and gropings after health would be doubtfully useful, even if it were likely to be interesting; for it would bear to the hygiene of the present day something of the same relation that the visions of the astrologer bear to the astronomy of Newton. A careful examination of the position which hygiene now holds will, I think, justify us in alleging that it has made such advances as may fairly entitle it to take its place among the progressive, if not absolutely exact sciences. Its literature has been said with truth to be amongst the oldest in the world. It has been proposed to place upon these walls the names of the illustrious dead who were pioneers and founders of our science. We cannot doubt that, in order of chronology, the first name to be honoured is that of Moses, as the author of the most complete and detailed system of hygiene in ancient times. We may be pretty well sure that the code of Moses was the outcome of the wisdom and experience of long past ages. Be that as it may, however, we cannot but admire the excellent precepts laid down for the cleansing and purifying of house and camp, for the security of pure water, for choice of good and wholesome food, for the isolation of the sick and the unclean, and for the destruction of refuse. It would not be too much to say, that a fairly strict adherence to the Mosaic law would have preserved mankind from many of the disastrous plagues which have afflicted it. During the Middle Ages, the Jews enjoyed a remarkable immunity from outbreaks of epidemic disease—an immunity which still distinguishes them in our own time. So little, however, was the real cause of their healthiness appreciated by our predecessors in the bad mediæval times, that it was held an irrefragable proof of their demoniac machinations.

As might be expected, it is to the Father of Medicine, the great Hippocrates, that we owe the most of what we have left of Greek hygienic literature, although we must admit that even in Homer there are traces of hygienic knowledge, and that there the disinfecting powers of cleansing fires of sulphur are fully recognised. Another name that deserves remembrance is that of Xenophon, whose triumphant retreat was not less a hygienic than a military triumph. Nor ought we to omit the name of Herodotus, the first to introduce gymnastics on scientific principles, not only as a curative, but also as a preventive measure. The myth which makes Health, or Hygieia, the daughter of Asklepios (whom we call Æsculapius), no doubt arose from an instinctive perception of the value of medical science in preserving health. The famous line of Homer, which is thus rendered by Pope,

"A wise physician, skilled our wounds to heal,
Is more than armies to the common weal,"

shows the estimation in which the military surgeons of those days were held. Would that modern commanders had an equally just and appreciative estimation of the services of the best-abused but most beneficent of professions!

The general life of the Greeks was eminently hygienic, being mostly out-door and under favourable conditions, persons even of high position taking part, not only in active occupations, but in labours that might be even considered menial by the unthinking. The honourable place that athletic games held is a point of resemblance between the Greeks and our countrymen that ought not to be lost sight of; the splendour of Greek literature, art, and knowledge is a sufficient answer to those who are afraid lest athletics should develop the muscles of our youth to the detriment of their brains.

* The lecture has been slightly condensed.