The similarity of the symptoms to my former cases of cholera forcibly struck me at the time, and led me to suppose that inhaling the exhalations of the many stagnant pools and decaying vegetable matter in the old water-tanks of India, was very frequently the cause of cholera in the low swampy districts of that country.

Apologising for this hasty sketch,

I remain, my dear Sir,

Yours very truly,

T. W. JESTON.

CASE OF PURPURA HÆMORRHAGICA.

By E. T. ROE, M.D., Plymouth.

Maria B., housemaid, aged 30, of healthy appearance, slightly above the middle height, of fair complexion, brown hair and eyes, osseous system largely developed, the bones of the hand especially being unusually large for a female, even in her station.

She states that she is a twin, that her father and mother are living and well, and that all her family, consisting of one sister and six brothers, are strong and robust. Her state of health has been generally good, but she has suffered occasionally from a feeling of sinking at the pit of the stomach, and from flatulence and sick headache. She only recollects having had one serious illness in her life, and that was a fever, many years ago.

Six weeks before her present attack, she observed a blackness around one knee, and she suffered also from a severe "cold on the chest." The discoloration continued for a fortnight, and was ascribed to kneeling.

On the evening of the 27th of June she retired to bed as well as usual, and slept soundly. On rising the following morning, she observed some bruises and marks in the right infra-clavicular region, which she showed to her mistress, laughingly remarking that her fellow servant had pinched and treated her very badly during the night. She felt well, but was very properly ordered to obtain medical advice, and on my seeing her she presented the following appearances:—

An ecchymosis under the right clavicle of about an inch square, surrounded by a few petechiæ; no spots elsewhere, except inside the lower lip. She is cheerful, and says there is nothing the matter with her. Pulse 100, soft, and presenting no peculiar feature; heart's impulse powerful; sounds normal. Says she has always had palpitation, but never been prevented doing her work by it. Urine natural; bowels regular; motions healthy. She has taken nothing unusual to eat, and the most searching enquiry fails to detect any cause for the onset of the malady.

I ordered her a turpentine mixture, and a smart purgative. Lemonade as ordinary drink.

29th. The ecchymosis on the right side the same as yesterday, but petechiæ have appeared on the left and over the legs and trunk; none on the arms. Blood oozes from the inner part of the lower lip. She was sent to bed and ordered a mixture consisting of Dec. Matico, Potassæ Chloras, and Ol. Terebinth., every two hours.

30th. The bleeding continues from the lower lip,

and this morning has commenced to issue from the left nostril. The whole body is covered with ecchymoses, petechiæ, and vibices; the most extensive extravasations being on the lower jaw, and on the inner part of the left thigh immediately above the knee. She is in no pain, appears cheerful, and desires to be allowed to get up, as she thinks she shall soon be well again. Pulse 110, jerking; tongue slightly coated and reddened by the blood which has passed down her throat; urine dark and evidently contained blood; motions black, grumous, resembling coffee grounds, but more fluid.

I plugged the nose with matico and ordered lemonade to be taken in large quantity. To be allowed wine, beef-tea, and oranges, and to continue the same medicine.

July 1st, 8 a.m. Decidedly worse, countenance exsanguined, features pinched and anxious; pulse 120, feeble and jerking; slight cough; tongue thickly coated, dark. The hæmorrhage from the nose is profuse, and large quantities of blood have from time to time been swallowed, which now makes her feel sick; she vomited several times and brought up much blackish blood; the lips are bleeding; the urine is of inky blackness; and throws down a heavy black deposit on standing; the evacuations from the bowels are black fluid blood, without smell or any other evidence of containing fæculent matter. More petechiæ have made their appearance over the body.

I plugged the nostrils with matico, and ordered ammonia and catechu.

1 p.m. Worse; features pinched; eyes half closed; jactitation; frequent sighing; deadly faintness; surface of body cold and clammy; tongue thickly coated, black, and would be dry but that she is obliged constantly to wash her mouth out, to discharge the clots at the back of the pharynx. On looking into the mouth, the blood could be seen passing steadily down the œsophagus. Pulse 140 to 150, reduced to a thread. She has lost all hope. Death, indeed, appeared inevitable, and an hour or two at the farthest would probably close the terrible scene—a scene which certainly presented as frightful characters as I ever witnessed even in the worst form of Asiatic cholera. The bleeding lips and nose, the shrunken discoloured face, the bruised jaw, the frightfully black excretions, and blood on everything around, looked more like some horrible domestic tragedy than the work of a few brief hours of ravaging disease.

I determined to plug the nostril from behind, by passing a dosseil of lint through the posterior nares, and even while performing this trifling operation, I feared she would die. The tongue and pharynx were cold. Having succeeded in passing the plug through the left nostril, I ordered her a wine-glassful of brandy and the following mixture:—

R. Acidi Gallici, dr. ss.; Tinct. Opii, m. iv., Aquæ, oz. ss., every half hour,—and plugged the right nostril, which, previously to the left having been stopped had not bled much, but from which the blood now flowed in a stream.

9 p.m. Slightly improved; bleeding ceased.

2nd, 5 a.m. No return of the external bleeding.

Pergat. She is improving, but the excretions are still black.

1 p.m. The gallic acid produced vomiting; and effervescing draughts with Sulphate of Magnesia, and Liq. Opii Sed., Battlei, were substituted.

The following day she commenced quinine and acid. The urine was become of natural color, and the motions although still dark had lost their blackness.

5th. The catamenia appeared, and for a few hours assumed an hæmorrhagic character, but were checked by half-grain doses of opium.

17th. She was able to go home, there had been no return, of the hæmorrhage and she was gradually gaining strength; the excretions were healthy, and the spots on her body had nearly disappeared. She was ordered to take quinine, iron, and sulphuric acid, while in the country.

August 15th. She returned to Plymouth, and I then examined into the state of the various organs of the body as exactly as possible with the following results:—The heart is large and powerful, but otherwise healthy. The right lung healthy, with the exception of slight sibilous rales on deep inspiration. In the left the respiratory murmur appears normal upon ordinary inspiration, but when a forced effort to fill the lungs is made, a splashing or gurgling is heard, as if cavities half filled with fluid existed in the lungs, but so circumstanced as to be out of the reach of ordinary breathing. This sound is heard throughout, and not confined to the upper portion of the lung; expiration rather prolonged; resonance clearer on left side than right, and the percussion sound duller; slight uneasiness on pressure in the epigastrium; the hepatic region does not present any enlargement, and the extent of dullness on percussion is perfectly normal; nothing abnormal in the abdomen; urine healthy; tongue furred; pulse 100; no cough nor night perspirations. She was directed to continue her tonic medicine and apply a blister to her right knee, having inflammation of the bursa from kneeling.

30th. She again went into the country.

September 22nd. Returned to Plymouth much improved. She has gained flesh and colour; tongue cleaner; pulse varying from 84 to 96, soft; menstruation regular, but still rather profuse; left lung improved, the splashing heard only in the centre of the lung. She was ordered to continue her medicine, and apply a blister to the left side of the chest, and on October 3rd she went home.

I have dwelt so long on the progress of this case, as to leave little space for speculations as to the cause of the disease, nor do I regret this, for it would tend, I fear, to no satisfactory elucidation of the subject. It has been said that the liver is the organ generally at fault, but here, so far as we may judge by the evidence presented, such was not the case. My valued and talented friend, Dr. Butter, suggested the possibility of the system having been poisoned by the inhalation of the vapours of lead and turpentine, during the progress of painting the outside of the house she was living in at the time of her illness, having seen cases

of hæmorrhage from that cause; and it did appear highly feasible that some such poison had been received into her system, by the suddenness and violence of the attack, but subsequent investigation showed that six weeks before her illness, and long before the painting began, a very extensive ecchymosis had made its appearance on one of her knees. The house she lived in is large, and situated as healthily as any in Plymouth. Her situation was light, many servants being kept, and the utmost regularity maintained, so that she was placed in very favourable circumstances for the preservation of health.

The remedy that saved her life was gallic acid, in half-drachm doses, and I would earnestly advise recourse to it at an early period in any similar cases that my professional brethren may be called upon to treat, and trust they will favour us with the results of their experience.

Princess Square, Plymouth,
October 4th, 1848.

CASE OF ACUTE HYDROCEPHALUS: IODINE: CURE.

Communicated by E. COPEMAN, M.D., Norwich.

W. M., aged 6 years, of scrofulous habit, well but delicately formed, of quick perception and excellent memory, with a remarkable fondness for reading and study, has almost from birth been subject to slight convulsive actions, starting during sleep, and awaking with a scream, but in other respects had enjoyed good health until about the beginning of April, 1847, when he began to lose his appetite, his bowels became deranged, and his sleep more troubled. On the 18th he was attacked with violent purging, which, however, soon ceased, but he became very restless and feverish, and complained of pain and heaviness in the head. For several nights, and frequently in the course of the night, unless constantly watched, he jumped completely out of bed, screaming violently. A purge of Hydrarg. cum Creta and Scammony was given, and acted freely, cold was applied to the head, he was put into a hip-bath, and ordered to take small doses of calomel and antimony, and a mixture of acetate of ammonia. This treatment was continued for ten days, but his appetite failed, and he became stupid, sitting for hours with his chin upon his breast, and not answering questions unless previously roused by a loud noise, or by shaking him, when he started and appeared frightened, but answered collectedly, although very briefly, and in a peevish tone. He complained of no pain, and was not feverish. Pulse very small and frequent; tongue covered with white fur, but moist. Blisters were applied behind the ears, and at the back of the neck, the calomel and antimony continued, and, as he took no food, and appeared very feeble, a mixture of bark and ammonia was prescribed. The bowels being costive, aperients were from time to time given.

About the 29th he began to complain that he could not see distinctly, and at the same time his speech became