Clinical Notes and Cases.

A Case of Recurrent Purpural Eruption.(1)

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THE case I venture to bring under your notice has been a subject of much interest to me for some time past, chiefly because of its obscurity, and now, with a view to obtaining some information rather than throwing light on the subject, I will give you its main features.

The patient was admitted to the Richmond Asylum, at the age of thirty, suffering from *mania a potu*, in July, 1899. He soon recovered, and resumed his occupation of car-driver. About nine months after he was again admitted, and discharged in a few months. From the notes he appears to have been first excited, violent, and restless, with hallucinations; then melancholic, and gradually regained his normal mental balance, which was about the average of men of his class. He was again admitted in 1901, suffering from his old complaint, but all symptoms much worse than on the previous occasions; hallucinations of sight and hearing were vivid and terrifying, he was acutely suicidal, yet took his food fairly, and no organic defect was detected. After a little he quieted down pretty well, but became extremely incoherent in his speech, yet able to answer a definite question, and he began to do some general work about the ward. No particular change was noticed in his mental or physical condition for a long time.

About three years ago, he began to develop a strange mixture of delusions of exaltation with those of depression, such as one often finds in general paralytics, stating that he owned great property, wealth, and horses, and generally promising great gifts at one moment, and the next complaining that he had been robbed, was destitute and miserable. Gradually he seemed to lose these definite delusions; he ceased to be able to occupy himself, and his mental state might be described as mild secondary dementia.

At this time he used to walk aimlessly about the recreation ground, earnestly but most incoherently discussing matters unto himself. It was noticed one day that his face was extremely flushed, and, on examination, his body was found to be covered with a bright red rash, while his legs and arms were of a dusky hue, with minute petechiæ at the roots of the hairs, and irregular patches of subcuticular hæmorrhages over shins and flexor aspect of forearms. His temperature, pulse, and respiration rates were normal, and nothing abnormal was detected about his heart. He was put to bed for observation, and in the course of about twenty-four hours the bright rash had almost disappeared, leaving a purpural mottling, which soon began through various colourings to fade away. There being practically no constitutional disturbance, it

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seemed to be a trifling matter, which had passed off. He was then ordered up, but within an hour or two the rash reappeared, and the purpural state of his legs, arms, shoulders, and chest became even more marked than in the first attack. It was then noticed that his gums seemed rather soft, and the condition was believed to be of the scurvy class. He was put on lime-juice and iron and kept in bed, when, as previously, recovery soon took place. Particular pains were taken to ensure his having abundant vegetable dietary with his meat, but, to our surprise, when he left his bed for even an hour or two, the flushing and purpuric condition reappeared, and for quite two years it was found that whenever he was out of bed for any length of time he developed this peculiar condition.

Quite lately, some improvement has taken place so that it takes a day or two to bring on the rash, and it is not so alarming-looking as it used to be. Throughout there was not any marked tendency to hæmorrhage from mouth or nose. His appetite was fairly good, digestive functions and sleep of about average, pulse-rate usually but not invariably increased to 85 or 90 with the onset of the rash. His normal pulse-rate is about 70, and when in bed occasionally I have found it as low as 58. Knee and eye reflexes were normal, while examination of the blood revealed no abnormality. His skin is rather harsh, dry, and inclined to be scaly, particularly about the elbows and knees, but not to any greater degree than one frequently finds amongst the insane. At present he is in a state of partial dementia; he can answer pretty clearly regarding events previous to his mental breakdown, but his mind is utterly blank as to recent occurrences.

As to the physical nature of the case, I must admit that I feel quite at sea, and I have failed to find out much light on the subject. If the purpuric state occurred on the legs only when the patient was going about, a simple explanation, of course, would be that gravity raised the blood-pressure in the limbs, causing the extravasation from the arterioles of the skin, but would not account for the condition on the back of the shoulders, neck, and arms, or the flushed state of the face and head. Vaso-motor paralysis might be suggested, but then why should it occur when the patient was about, and disappear when recumbent? The blood itself was not found to be abnormal, nor did the patient look anæmic at any time.

(1) A Paper read at the Autumn Meeting of the Irish Division on November 5th, 1914.

Discussion.

Dr. Rainsford pointed out that purpura and other skin eruptions were of frequent occurrence in imbeciles and idiots of whose ailments he had large experience. He considered the condition met with in Dr. Donelan's case due to alcohol. There was no external hæmorrhage, no rise of temperature, which was remarkable. The case might possibly be one of "peliosis rheumatica," but in this condition

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there would be a rise of temperature. The rash did not occur after maniacal excitement.

Dr. EUSTACE wished to know if bromides had been administered, as he had seen purpuric rashes appear after the exhibition of this drug in small doses, and whether the rash had the appearance and characteristics of urticaria?

Dr. REDINGTON said that in two cases of mania in his practice he had observed a rash of a purpuric character.

Dr. GAVIN was of the opinion that the eruption was not caused by alcoholic excesses in the patient, but was due to a vaso-motor disturbance.

Dr. GREENE thought the paper was of great interest. He said he was not a pathologist, and therefore he spoke with reserve on a very difficult question, but it appeared to him that the symptoms described all pointed to an affection of the arteries of the skin. If the internal blood-vessels were affected, those of the brain would undoubtedly have suffered by the disease, and have produced apoplexy, thrombosis, etc. The hæmorrhagic spots he assumed were caused by effusions from those blood-vessels which were especially supported by the musculature. He believed the condition of Dr. Donelan's patient to be due to toxæmia, to which was added the mechanical influence of muscular action in the superficial blood-vessels, causing extravasation and increased blood-pressure in this individual case. He contrasted the symptoms of cases of *purpura hæmorrhagica* under his care with the symptoms present in Dr. Donelan's case.

Dr. LEEPER said that from the history of the case it appeared to him that, owing to the alcoholic origin of the mental conditions, the patient's blood-vessels were diseased, and that a hæmolytic action was set up which produced the extraordinary rash described.

DR. DRAPES contrasted the symptoms of *scorbutus* with those of *purpura hæmorrhagica* with reference to Dr. Donelan's case.

Occasional Notes.

The Annual Meeting.

THE Annual Meeting, held in the ancient and historic city of Norwich, will rank amongst the most pleasurable memories in the minds of those members who were fortunate enough to be able to attend. The full literary programme it was found impossible to carry out, partly from lack of time, and partly because they were glad to exchange the task of intellectual effort, owing to the rather oppressive atmosphere which prevailed indoors, for the more alluring social amenities which were so generously provided for them by the kindness of their hospitable friends of Norwich.

There are abundant features of interest to be found in the old city and its neighbourhood. It is particularly rich in buildings of architectural beauty, its magnificent cathedral taking the lead, with its adjoining close, which were visited by probably all the members. There are also many other churches of great beauty, and the "Strangers' Hall" was a centre of general interest, with its wonderful collection of relics of a

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