

Henoch's Purpura.

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HENOCH'S PURPURA

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I have chosen the above subject for my thesis as I have been fortunate enough to see three cases during the year I have been House Physician at King's College Hospital. Two of the cases I had under my charge in Dr Tirard's wards; the third one was in the children's ward, and I am indebted to the resident of that ward for permission to examine and make notes on the case from time to time.

I propose firstly to report fully these and then to discuss the aetiology, symptoms and treatment of the disease referring to these three cases and to others that I have been able to find in the literature on the subject.

C A S E I

William Nash. 16. Cart Driver.

Admitted 15/8/02. Discharged 17/9/02.

Complaining of: Rash and pain in stomach for 8 months.

F.H. Father died of consumption at 48 and one brother is said to have had it but is now cured.

P.H. Unimportant.

H.P.A. Last Christmas small red spots appeared on the limbs: these were followed in a day or two by pains in the stomach commencing at the umbilicus and gradually extending over the rest of the abdomen. The pain was of a stabbing nature and was so severe that he was obliged to go to bed. It lasted altogether about 1 month. At this time patient rejected most of his food about one hour after taking it. The spots which were quite painless lasted for about one month after the pain had disappeared. He commenced getting up about this time when bright red blood appeared on several occasions in his motions. It caused him no discomfort and lasted about one week. About this time, too, the joints, especially the knees and ankles swelled up and became painful. This gradually got better as he became stronger but has recurred once or twice since before the present attack. Except for this he recovered entirely from the first attack.

A second attack commenced about July 20th and as before the rash preceded the abdominal pain but this time the latter was accompanied by haemorrhage from the bowel and haematemesis.

Notes sent with the case by Dr R.P. Williams of Slough who had attended the patient throughout and sent him up to King's College Hospital:-

"January. Treated patient for purpuric spots followed by abdominal pain and vomiting. Neither Biliary, Renal nor Intestinal colic. The ankles and knees swelled and temperature rose to 101°F. Haemorrhage from gums, rectum and kidneys followed, after which he recovered having been ill about six weeks.

Treatment. Ferri Perchlor and Mag. Sulph.

March. A fresh appearance of the spots.

July 20th. Commencement of present attack with diffuse swelling of left wrist (involving tendon sheaths and joints) haemorrhages as before and also the abdominal pain. Vomiting was less than on the previous occasion. Blood casts were found in urine. Haemophilia was contra-indicated by the rapidity with which the joint swellings subsided also there was no staining and no family history."

P.C. Patient is well nourished and has a healthy complexion. Conjunctivae slightly muddy; tongue dry and a little furred; skin moist; temperature on admission 100°F. Patient has not been losing flesh. Weight 7 stone 13lbs.

Alimentary System. Teeth were fairly good and showed nothing abnormal, tongue dry and a little furred. Liver not enlarged, spleen not felt.

Bowels usually rather constipated. Patient complains of great pain in stomach not made worse by food. No vomiting since admission.

Circulatory System: A.B. not palpable.

Cardiac dullness:- Above 3rd rib
Right 1 inch to right of middle line
Left 4 inches to left of middle line

Ascultation reveals a slight roughening of the 1st sound with a marked accentuation of the 2nd at the apex. At the base the 2nd sound is also accentuated. Pulse: shows a bigeminal rhythm which occasionally becomes trigeminal. The tension is rather high and the artery wall feels slightly thickened.

Respiratory System:- Nothing abnormal.

Haemopoetic System:- Spleen not felt.

Examination of blood:

Haemoglobin	77%
Red Blood Corpuscles	5,825,000 cells normal.
White ,, ,,	13,743
Polymorph	66.6%
Lymphocytes	25.8%
Eosinophiles	<u>5.8%</u>
Uni-nuclear	2.2%
Basphiles	0.4%

Nervous System:- Nothing abnormal.

Urinary System:- Kidneys not enlarged.

Urine:- Specific gravity 1037. Thick dirty brown; urates, albumen, blood present, but no sugar.

Integumentary System:- A few small spots dark brown like freckles are seen on both aspects of the four limbs and also on the buttocks.

Treatment:- Patient was put on a purely milk diet and ordered:-

Bism. Carb.

Sod. Bicarb. \overline{aa} gr.X

Mucilog. q.s.

Aq.Menth.Pip. ad \overline{ZI}
J. i. d. a. e.

17/8/02. During last 24 hours a fresh crop of spots has appeared on the outer aspect of the upper arm. They are quite painless and are of a purple colour which does not fade on pressure. They vary in size from a pin's head to a lentil.

Patient was sick this morning - no blood.

18/8/02. Patient was again sick. Spots beginning to fade.

22/8/02. No vomiting since 18th.

Patient put on beef-tea.

24/8/02. During night a fresh crop of purpuric spots, closely grouped together, have appeared symmetrically around each ankle and on the dorsum of the feet; a few also on the extensor aspect of each upper arm. To-day some nagging pain around the umbilicus. No joint pains. Has a feeling of tiredness and says this is always the case when a fresh crop of spots appears.

29/8/02. A systolic murmur replaces 1st sound at the apex. Bismuth and Soda mixture discontinued.

Adrenalin Hydrochlor (1-1,000). mv
q.i.d. ex. ag.

2/9/02. No fresh spots. Old ones shown by brownish pigmentation.

Urine: 1020, little albumen. No blood.

3/9/02. A fresh crop of purpuric spots appeared on both feet, closely massed together, especially round and above inner ankle of left foot. No pain.

5/9/02. Examination of fundus showed retinal veins engorged. Pulsation in left inferior vein at its entrance to disk. A few scattered haemorrhages over the fundus most marked in the periphery of left eye.

Adrenalin stopped.

8/9/02. Adrenalin resumed. Weight 8 st. 4½ lbs.

10/9/02 Examination of blood.

Haemoglobin	80%
Red Cells	5,000,000
White cells	6,500
Polynuclear	59·7%
Lymphocytes	29·3%
Uninuclear	4%
Eosinophiles	7%

Blood taken from vein and inoculated on broth and serum failed to give any micro-organism.

Weight 8 stone. Farinaceous and fish diet.

12/9/02. Patient improving. No albumen or blood in urine, no fresh spots.

17/9/02. Patient discharged completely recovered.

C A S E II

MOSS BERNSTEIN. 10. School-boy.

Admitted 30/8/02. Discharged 8/10/02.

Complaining of:- red coloured water and pain in stomach.

F.H. Unimportant.

P.H. Unimportant

H.P.A. Patient was admitted to Guy's Hospital in December 1901 where he remained until the following February and was said to be suffering from "Henoch's purpura." (See note below from Guy's).

On his discharge the pains in the joints and stomach had left him but a few spots were still present. Since then he has passed blood with his motions about four times and his urine has been red-coloured about once a fortnight.

On August 26th the "red water" again appeared and was followed by pain in the epigastrium which lasted 12 hours. The next day he passed blood in his motions.

From Dr French, Medical Registrar at Guy's Hospital.

Moss Bernstein. 9. Stephen Ward No. 20.

Under Dr Perry.

No. of Report 14 (1902).

"No previous history of purpura. He had lived most of his life in Russia.

His symptoms appeared three weeks after being vaccinated; he was admitted for haemotysis, abdominal pain, and a purpuric rash all over his body and limbs but especially over his buttocks, arms and legs. There were purpuric spots even on the soles of his feet.

The chest and abdomen, head and neck were almost free.

He also had haematuria, haematemesis and passed bright blood per rectum.

He was very ill for a time but improved. He had pains in his elbows at one time and these joints got stiff, apparently from haemorrhage into them; they entirely recovered.

The haemorrhage from the rectum was the most troublesome to cure, but ultimately everything cleared up.

Diagnosis. Henoch's Purpura.

Treatment: At first Calcium Chloride gr. x, 4 hor. Later by Sod. Salicyl and Pulv. Kino Co. aa gr. x and finally with Syrup. Ferri Phoph. Co. ZI."

P.C. Patient is a fairly well nourished boy with a rather deeply pigmented skin but no spots. Temperature 100°F. Wt. 4 st. 4 lbs.

Alimentary System:- Teeth good, tongue furred. Liver and spleen not enlarged. Bowels somewhat constipated. There is now no pain or tenderness over the abdomen.

Circulatory System:- Nothing abnormal.

Respiratory System:- Nothing abnormal.

Haemopoetic System:-

Haemoglobin	80%
Red Blood Corpuscles	3,866,660
White ,,	11,500
Polynuclear	52.2%
Lymphocytes	43.2%
Large Uni-nuclear	1.2%
Eosinophiles	2.4%

Nervous System:- Nothing abnormal.

Urinary System:- Kidneys not enlarged.

Urine 1012. Albumen present. Blood present.

No sugar. Granular casts. Blood Corpuscles.

Integumentary System:- No rash. Some pigmentation on legs and arms, probably from old purpura.

Treatment:- Rest in bed. Milk diet.

1/9/02. Last night patient was given Calomel gr. iii and this morning. Mist. Alb. ζ iii. On the bowels being opened patient passed a round worm (Ascaris Lumbricoides 8 in.) Patient was put on Pulv. santon Co. gr. v.

5/9/02. Patient complains of no pain and feels quite well.

Eyes:- Veins full and oedema of retina along their course; no haemorrhages.

Treatment:- Farinaceous diet.

Adrenalin miv.
t.i.d; ex.aq.

Mist. alb. ζ .i
 ζ o.m.s.

8/9/02. A few small haemorrhages appeared to-day on both buttocks, right knee and foot.

Urine:- Albumen and blood both present.

10/9/02. Yesterday and to-day patient passed blood per rectum. 3 times yesterday and about $\frac{1}{2}$ oz. each

time. Blood was in small clots and of a dark red colour. To-day he passed about 1 oz. in the motion.

Treatment:-

Calcium Chloride gr. x.

Syr. Zingib. ℥i.

Aquam ad ℥i
4^{tes} hor.

16/9/02. Wt. 3 stones 10 lbs.

Urine:- 1010. Albumen and blood present.

A few spots on calf of right leg. Patient feels well, eats and sleeps well and has no abdominal pain.

Temperature until yesterday had been between normal and 99°F. Yesterday morning it was 99.6°F. and this morning 99.8°F.

Treatment:-

Rep. Mist. et Adde.

Calc. Chlorids gr. v.

23/9/02. Wt. 3. st. 11 lbs.

Urine:- 1016. Blood and Albumen present (trace). No abdominal pain.

Brown pigmentation replaces the more recent haemorrhages.

Temperature still fluctuates between 100°F.
and normal.

Treatment:- Fish added to his diet.

Calc. Chloride gr. v.
t.i.d.

30/9/02. Wt. 3 st. 13 lbs.

Urine:- Minute trace albumen and blood present.

No pain. Patient getting up.

Treatment: Full diet.

8/10/02. No albumen or blood. Patient discharged
having recovered completely.

C A S E III.

ALICE SULLIVAN, 5 years, School.

Admitted: 9/10/02. Discharged 4/4/03.

Complaining of pains in stomach.

F.H. Mother died of consumption.

P.H. Nil.

H.P.A. Six days ago (October 3rd.) patient complained of pains in her stomach and refused food. Pains have continued ever since and patient has vomited twice a day until admission. No blood was noticed in the vomit.

On the 8th patient was brought to K.C.H. and was admitted the following day.

P.C. Patient looks rather flushed, skin not hot. Tongue coated with yellowish brown fur except at tip. Temperature on admission 97° F. Wt. 2 st. 4 lbs.

Alimentary System: Teeth good, tongue coated with yellow-brown fur except at tip. Liver not enlarged. Spleen not felt. Patient complains of great pain over stomach but there is no local tenderness. Bowels fairly regular.

Circulatory System:-

A.B. is not seen and is very diffuse on palpation, and is felt in 5th space $\frac{1}{2}$ in. internal to nipple line.

Cardiac dullness:- 3rd. space.

left $\frac{1}{2}$ in.
margin of intern. to
sternum nipple.

On auscultation all the sounds are found to be normal.

Respiratory System:- Nothing abnormal.

Haemopoetic System:- Spleen not felt. No enlarged glands.

Haemoglobin	80 per cent.
Red Cells	3,600,000.
White Cells	9,000.
Polynuclear	54.6 per cent.
Lymphocytes	40.6 per cent.
Uni-nuclear	2.4 per cent.
Eosinophile	1.7 per cent.
Basophile	.7 per cent.

Nervous System:- Nothing abnormal.

Urinary System:- Kidneys not enlarged.

Urine: 1116 acid, trace of albumen, no sugar.

Treatment:- Milk diet.

Calomel gr.iii at night followed by Mist. Alb. in the morning and a simple enema after which the bowels were opened.

11/10/02 Patient has had severe pain in the epigastrium during night. This was partly relieved by hot fomentations with Tinct. Opii M X 4 hourly. To-day patient was given Ol. Ric ζ iv followed by glycerine enema and an olive oil enema in the evening after which the bowels were thoroughly opened twice. The pain continued during the day. Patient was also put on:-

Ac. Hydrocyan dil. m. i
Mist. Bism. ζ . ii
t. i. d.

13/10/02: There has been a good deal of pain yesterday and to-day. Yesterday she vomited iv. oz. A small amount of red blood and mucous was passed to-day per rectum.

16/10/02: Severe pain again yesterday, less to-day:

Ordered Liq. Bism. et Ammon. cit. m.xx

Liq. Morph. Hydrochlor m.ii

Syr. m.xx

Aquam ad ζ .ii

4tes. hor.

17/10/02: Wt. 2 st. 4 lbs. 2 oz.

A few purpuric spots appeared on both buttocks and on dorsal surfaces of both feet.

18/10/02: Some more spots appeared to-day on the left knee. Pain less but still continues.

21/10/02: Patient was sick twice yesterday and to-day the stools are tarry.

24/10/02: Wt. 2 st. 3 lbs. 8 oz.

There is a slight haemorrhage (sub-mucous) on lower lip and a few spots have appeared around the umbilicus.

26/10/02: Yesterday and the day before fresh spots appeared on the buttocks and shoulders and this has increased to-day.

28/10/02: Yesterday and to-day there has been some diarrhoea, stools always blood-stained and sometimes have consisted entirely of bright red blood. Urine has been centrifugalised and no casts were found.

7/11/02: Since last note patient has had some slight attacks of abdominal pain and 2 days ago a few more spots appeared on left buttock and thigh.

Urine: 1022 alk. large quantity of albumen.

trace of blood: mucous.

Wt. 2 st. 2 lbs. 4 oz.

10/11/02: No pain. To-day the back of the left wrist was markedly swollen.

16/11/02: A fresh crop of spots on legs and elbows to-day. Urine contains rather more blood. Pain has been much less.

Ordered	Tinct. Ferri Perchlor	m.x.
	Syr	m.xx.
	Aquam	ad z.ii. t.i.d.
	Also ol.Ric. z. i.	<i>t.i.d.</i>
	o. n. alt.	

26/11/02. Wt. 2 st. 5 lbs. Urine:- less albumen and blood, no casts.

7/12/02: A fresh crop of purpuric spots appeared on legs buttocks and arms. Urine still contains blood and albumen.

18/12/02: Urine 1014 acid albumen blood no casts.

Wt. 2 st. 6½ lbs.

A few fresh spots.

24/12/02: Wt. 2 st. 6 lbs.

Urine:- Blood, albumen, a few granular casts are seen to-day.

5/1/03: Wt. 2 st. 7 lbs. 8 oz.

Urine: Alb. rather less and blood.

Ol. Ric. discontinued and
ordered: Extr. Cascar Liq. m.xxx
Aq. Chlorof. ad *z.ii*
p. & n.

13/1/03: To-day rash appeared on feet and legs more especially on the right side and not so large or over so great an area as before.

Urine: Alb. and blood as before.

Ordered:- Eliz. Bone Marrow *z. i. t. i. d. ex. aq.*

26/2/03: Since last note no spots have appeared and there has been no abdominal pain. Patient seems quite bright and cheerful and sits up in bed. She is not yet allowed up.

Urine 1023 acid alb. (trace) no blood.

Wt. 2 st. 8 lbs. 12 oz.

6/3/03: Patient was up yesterday for about $1\frac{1}{2}$ hours for the first time and on returning to bed a fresh crop of spots were noticed on the feet. The right leg and ankle were enlarged with a brawny thickening and covered with dull purple spots. The foot was not swollen. Fewer spots on the left leg and foot and

latter slightly swollen.

Blood: Red cells 4,500,000
Haemoglobin 84 per cent.
Leucocytes 3,500.

Wt. 2 st. 9 lbs. 4 oz.

2/4/03: Patient is now quite lively and cheerful and gets up every day. No spots to be found anywhere and she complains of no pain.

Urine 1030 acid alb. (trace) no blood.

Wt. 2 st. 10 lbs. 8 oz.

4/4/03. Patient was discharged to-day completely recovered except for a faint trace of albumen in the urine.

Before discussing the cases that I have collected it will be best to define exactly what I take to be meant by Henoch's Purpura.

It seems to me a good definition would be that it is a rheumatic purpura with marked abdominal complications, especially acute pain and melaena.

I have taken it then that there must be 3 cardinal symptoms present i.e. (1) Abdominal pain (2) Pain and perhaps swelling of one or more joints & (3) A purpuric rash. Melaena may or may not be present.

Therefore in the tabulated cases at the end I have excluded all those that have not shown these three symptoms except for 3 that were included by Dr. Osler in his series in the American Journal of Medical Science, December 1895. V. Dush and Hoche in their series have given 5 special cases at the end but it seems to me that they should not be included with the others as the joint affections were absent from them all. They seemed more like cases of purpura haemorrhagica.

In collecting the cases I have tried as much as possible not to mention the same ones twice but both V. Dush and Hoche and Conby mention a great many of the same cases including most of Henoch's own.

Aetiology: The aetiology of this disease is by no means clear. Unfortunately most of the writers have given no indication as to the previous history of their

cases. In my own cases there is a tubercular history in two of them and there is a tubercular hip mentioned in one case by Dr. Osler. Rheumatism only appears in five of the cases and it seems to me that this may have simply been the first symptom of the disease rather than true rheumatism.

Two of the cases came on after severe exposure to the weather.

The sex of the patient seems to be an important factor as of 65 cases in which the sex is given 50 are males and 15 females, a proportion of more than 3 to 1. This proportion seems to be about the same for adults as for children. Of the 20 cases above 20 years of age there are 16 males to 4 females (4 to 1) and of the cases below 20 years there are 32 males to 11 females (3 to 1).

Age again is very important there being no cases under 3 years and only 5 between 3 and 5 years. The oldest cases I have are two of 46 years and one of 40. By far the greater proportion of the cases lie between the ages of 5 and 20. I have made a table for the various age periods, showing a gradual rise up to 15 and then a steady fall:-

Under	5 years			5 cases
Between	,, ,,	and 10 years	12	,,
	,, 10	,, ,,	15	,, 17
	,, 15	,, ,,	20	,, 12
	,, 20	,, ,,	30	,, 14
	,, 30	,, ,,	40	,, 3
	,, 40	,, ,,	50	,, 3
Over	50	,,		0

Pathology: As regards the pathology of this disease little appears to be known and in the few cases in which there has been a post mortem examination it seems to be mainly the complications that have been found. In two cases a perforation of the stomach was found (Zimmermann & Silbermann) and in a third there was gangrene of portions of the gastric and intestinal wall. (Latour.) Probably the gangrene was due to haemorrhage into the intestinal wall and if the patient had lived longer would have been followed by ulceration and possibly as in the other two cases by perforation. It seems to me that the abdominal pain in this disease is also due to the same cause i.e. haemorrhage into the wall and to ulceration. This will also explain the large number of cases with melaena as probably some of the blood would escape into the bowel. Latour in his case also found petechiae in the peritoneum and endocardium, with inflammation of the stomach and intestines

which would also account for the pain.

Examination of the blood in these cases does not help much; in two of my cases there was a slight reduction of red cells and one or two of the writers mention that the patients were anaemic but this is probably due to the loss of blood rather than a cause of the disease.

Symptoms: As I mentioned above the chief symptoms are the abdominal pain, the joint affections and the purpura to which I think may be added melaena as it was present in 40 of the 68 cases. The abdominal pain is of the nature of colic and may be very severe indeed, necessitating the use of opium to relieve it. It was especially well marked in the 3rd case I have described. The joint affections are not usually of much importance consisting often of merely a slight pain in one or more joints but there may be swelling and occasionally there is haemorrhage into the joints and also into the tendon sheaths. The joint pains may be the first symptom noticed or they may not appear until late in the disease after the patient has already had several attacks of abdominal pain and a purpuric rash.

The purpuric rash usually consists of small subcutaneous haemorrhages, mostly on the limbs and usually symmetrical. Occasionally there are big ecchymoses. In one case mentioned by Prentiss the purpuric spots

were followed by small areas of superficial sloughing. In one of Osler's cases a microscopical examination of an excised spot showed the haemorrhage to be entirely in the hair follicles. The rash usually comes out after the abdominal pain but this is not always so and often there is an eruption without any pain at all.

The melaena appears in a very large number of the cases and almost always follows the pain in the abdomen. Sometimes the blood which appears per rectum is quite bright.

Another feature mentioned by Henoch and also by Willan and Ollivier is the green stools.

Another symptom which occurred fairly frequently was haematuria; it was present in all my 3 cases and in 9 others.

Fever is not an important feature in these cases. It was never much in my own three and in the 39 mentioned by V. Dush and Hoche it was usually quite moderate. Henoch in his lectures says that "fever is not invariably present and is usually only moderate." One case mentioned by Musser had hyperpyrexia.

Other symptoms not uncommonly mentioned are vomiting, with or without blood, epistaxis, bleeding from the gums and haemoptysis.

Complications: The chief complications appear to be inflammations of the serous membranes. They occur

more often in the adult cases and are the usual cause of death (7 out of 11 deaths,) Pleurisy with or without acute pneumonia was present in 3 cases all of which were above 18 years of age.

Peritonitis was present in 4 cases 3 of which were above 18 years of age and all of them were fatal; in 2 of these cases there was a perforation.

Pericarditis was present in 3 cases all above the age of 18 years:

Pneumonia complicated the disease in 3 cases and there was a fatal result in each case. Two of the cases were above 18 years.

Nephritis is a very common complication and appeared in 8 cases (excluding those that simply had haematuria.) It seems to affect all ages equally.

Other complications mentioned are enlarged spleen, phlebitis and orchitis.

Diagnosis: I do not think one is justified in making a diagnosis of Henoch's purpura unless all three of the cardinal symptoms have appeared.

It is therefore in its early stages sometimes impossible to diagnose it from acute or subacute rheumatism.

From purpura rheumatica it is diagnosed by the abdominal symptoms, and from purpura haemorrhagica by the absence of joint affections and abdominal pain in

the latter.

Prognosis: Of the 68 cases at the end there was a fatal result in 13 i.e. about 1 in 5; that is to say that the death rate is fairly high. Of these ~~11~~ 13 deaths 7 were in persons above the age of 20 years so that above that age the death-rate is 7 in 20 or about 1 in 3; whereas below it the rate is 6 in 46 or 1 in $7\frac{1}{2}$.

Above 20 years of the 7 deaths five were in complicated cases and two in simple cases.

Below 20 years one death was in a simple case and in 5 there were complications.

So that of the 13 deaths 10 were due to complications and 3 to simple cases.

Therefore I think we can say that, in a patient below 20 years of age and without complications, the prognosis as regards the immediate attack is good but that with recurring attacks it becomes more fatal. In a patient above the age of 20 the prognosis is much more grave as the liability to complications is greater and these cases then become exceedingly fatal.

As regards the recurrence of the attacks 2 out of my 3 cases had had previous attacks before coming into King's College Hospital. In 6 of Osler's 11 cases there had been one or more recurrences and Henoch mentions it in his cases.

Treatment: Little is said by most of the authors

about treatment of this disease and probably it is of little use beyond relieving symptoms.

Of course the patient should be kept in bed during the attacks and his diet should be mostly of milk especially if there is any tendency to haematuria or nephritis.

As regards medicinal treatment it may I think be divided into three varieties:-

- (1) Palliative
- (2) Astringent
- (3) Tonic.

(1) As regards palliative treatment the most useful drug is undoubtedly opium which has to be used in the cases with great abdominal pain. Henoeh recommends its use together with an ice-bag to the abdomen and iced milk by mouth.

(2) In the three cases that I have reported fully this method has been tried, but I am not prepared to say that their recovery was due to it, as they appeared to improve steadily whatever was tried on them.

(3) Dr. Osler recommends this line of treatment and especially the prolonged administration of Arsenic. Jacobi suggests that Phosphorus should be used (Transactions of Association of American Physicians Vol. V page 186 and onwards.)

The following tables contain the 68 cases that I have collected. In each case I have put the publication in which I have found the cases also the name of the gentleman who reported it. Of the 68 cases Dr. Osler reports 11 of his own (American Journal of Medical Science December 1895) Drs. v. Dush and Hoche give 39 that they have collected from various publications (Hench's Festschrift 1890) Hench himself reports 5 cases, 3 of which come under v. Dush and Hoche and the other two in Berliner Klinische Wochenschrift 1874 No. 51 and in his Lectures on Children's Diseases (Page 373 of the translation by Dr. J. Thomson of the Children's Hospital, Edinburgh.) (Gazette Hebdomadaire July 1876) *Cowley* ~~Cowley~~ has also collected a large number of cases but several of these I have not included as they did not come within my definition and of the remainder all but three were reported elsewhere. The earliest reference I could find to the disease was in Willan's Cutaneous Diseases, page 458 and published in 1808.

Authority:-

Cases seen by myself.

Prof. Isler
(American Journal
of Medical Science
December 1895)

No. of Case

Age

Sex

Previous History

Blood in Sputum
Swollen Glands
Rheumatism

Hyphema
or
Empyema

Melaena
Hæmaturia
Hæmaturia
Hæmaturia
Hæmatocæcis
Melaena
Hæmaturia
Enlarged Spleen
Acute Nephritis
Acute Nephritis
Acute pneumonia
Hæmia
Echinococcus + bleeding
from granules

Recovery
Recovery
Recovery
Under Treatment
Death
Recovery
Death
Recovery
Death
Under Treatment
Recovery
Recovery

A trace of albumen still present
first attack at 19. Recurrences
during 6 yrs.
Joint pains late in appearing.
Uræmia appears to be doing good.
2nd attack.
A trace of albumen still remaining
first attack at 44
A trace of albumen still remaining
3rd attack
The only joint affected was injured one
Uræmia appeared to do good
Several Recurrences
Recurrences for 4 yrs.

Recovery
Recovery

F

No. of Cases	Age	Sex	Previous History	Chlorine Form.	Acetic Form.	Hydrocyanic	Complication	Result	Remarks.
1	11	M	Nervous	1	1	1	Spasms	Recovery	Turpentine & arsenic seemed to do good.
1	25	F	Un. abdominal.	1	1	1	Phlebitis	Death	
39									
1	3	?		1	1	1	Spasms	Recovery	
2 (4)	3	M		1	1	1	..	..	1. apothic mucus appeared during the course of the disease
(4)	10	M		1	1	1	..	..
5 (1)	15	M		1	1	1	..	..	5. relapsed had an over dose of.
(3)	12	F		1	1	1	..	..	Patient recovered <u>recovered</u> recovered during convalescence.
(3)	11	F		1	1	1	..	..
(4)	7	M		1	1	1	Spasms	?	
(5)	7	M		1	1	1	..	Recovery	
1	3	M		1	1	1	Spasms	..	
1	15	M		1	1	1	Phlebitis	..	
1	9	M		1	1	1	Spasms	..	

Authorship:

D. Mearns
(B. M. J. 1886 II 63)

G. Duth.
(B. M. J. 1888 II 116)

v. Dusk & Focke
(Veno's Festschrift 1899)

Collected cases by:-
Olliviers & Angers
Hendfield-Jones

Menoeh
(M. J. 19, 4, 3) are reported in his lectures & also in the Berlin. Klin. Wochenschrift 1874 S. 51)

Looby
Pritchard
Hirschsprung

Authority:-

- v. Dusk & Roche
(continued)
- Huet
- Lery
- Bacmeister
- v. Dusk
- Willam
- Fichte
- Vallen
- Schlotter
- Wagner
- Wenzel
- Nehring
- Zimmermann
- Scheubach

No. of cases

Age

Sex

Previous History

Abdominal Pain

Swollen Spleen

Splenomegaly

Hypertrophy

Complications

No. of cases	Age	Sex	Previous History	Abdominal Pain	Swollen Spleen	Splenomegaly	Complications	Result	Remarks
2 (1)	10	M		1	1	1	Enlarged liver	Recovery	
3	11	M		1	1	1	Proctitis	..	
1	8	F		1	1	1	Splenoma	..	
1	10	F		1	1	1	Hepatitis	..	Hypertrophy of the heart and spinal reorganization
2 (1)	11	M		1	1	1	Splenoma	..	
3	12	F		1	1	1	Splenoma	..	
1	36	F		1	1	1	"	?	spinal reorganization
1	14	F		1	1	1	"	Death	Patient developed double S. Leury & pneumonia, pericarditis, pulmonary infarcts, ascites & purulent peritonitis
1	33	M		1	1	1	"	Death	
1	12	M		1	1	1	"	Death	
1	22	M		1	1	1	Hepatitis	Death	
1	27	M		1	1	1	Peritonitis	Recovery	
1	20	M		1	1	1	Splenoma, Pneumonia & death	Recovery	
1	46	F		1	1	1	Leucopenia	Death	Peritonitis due to perforation
11	21	M		1	1	1	Peritonitis	Recovery	
4	21	M		1	1	1	Splenoma	..	
(2)	20	M		1	1	1	"	Recovery	

Authorities:

v. Duake & Poche
(continued)
Sahelybuch
(cont.)

Southey
Kirchsprung
Huet
Silbermann
(Klenck's Zeitschrift 1899)
Pag 237

Morillot
(Trans. of Acad. of Ireland)
V ~~185~~ 54
Prentiss
(Trans. of Soc. of Amer.
Phys. V 186

Kind Name
Age
Sex
Invasive
Meningitis
Molecular Form
Swollen & Purulent
Purulent Form
Lymphoma
Complication

Kind Name	Age	Sex	Invasive Meningitis	Molecular Form Swollen & Purulent Purulent Form	Lymphoma Complication	Remarks
(3)	16	m		/	Melanoma	Recovery
(4)	26	m		/	"	"
(5)	17	m		?	Melanoma Haemophysia Typhoid (?)	Improvement
(6)	23	m		/	Melanoma	Recovery
(7)	16	m		/	"	Improvement
(8)	20	m		/	Melanoma	Recovery
(9)	19	m		/	Pericarditis Double Pleury	"
(10)	24	m		/	Melanoma	"
(11)	20	m		/	Acute haemophysia	"
1	18	m		/	Melanoma- Pericarditis	Death
1	16	m		/	Hepatitis	"
1	17	m		/	Melanoma	Recovery
3 4	10	m		/	Melanoma Haemorrhum Peritonitis	Death
(2)	8	f	Rheumatism	/	Melanoma	Recovery
(3)	6	m		/	"	"
1	40	m	Exposure Rheumatism	/	"	Death
1	13	m	Exposure	/	Melanoma- Haemorrhage	Under treatment

Peritonitis due to perforation
3rd recurrence. Sloughing of
small areas of skin over the
haemorrhages.

Authority:

Musser (Trans. of Assoc. of American Physicians VI 282)

Henoch (Berlin.

Klin. Wochenschrift 1874 No. 51 Page 641 & also in Lectures on Diseases of Children P. 373 Trans. by D. J. Thomson)

* Coudy (Gaz. Hebdom. France 1876 July 484. 563. 564)

Vernier
Lefour
Olivier (Archives Gen. de Med. 1827 70. 76)

* Coudy mentions also the cases I have given above by Henoch, Vallin, Mickelberg and Wagner and also the case reported by Olivier. He also gives several other cases but they appear not to be true cases of Henoch's Purpura.

No. of Cases	Age	Sex	Previous History	Abdominal Pain	Joint Affections	Rashes	Dyspnoea	Complications	Result	Remarks
2	14	m		1	1	1	1	1	Recovery	
(1)	13	f		1	1	1	1	1	Death	
5	(See II v. Duch & Hoche)	m		1	1	1	1	1	Recovery	
(2)	4	m		1	1	1	1	1	Recovery	
(3)	(See II v. Duch & Hoche)	"		1	1	1	1	1	Recovery	
(4)	"	"		1	1	1	1	1	Death	
(5)	7	m		1	1	1	1	1	Recovery	
(1)	13	m		1	1	1	1	1	Death	
(2)	7	m		1	1	1	1	1	"	
(3)	5	?		1	1	1	1	1	Recovery	
1	3	f		1	1	1	1	1	Recovery	

Inflammation of intestines & stomach with gangrene. Petechiae or, imbrications purpuricæ & endo-cardium several recurrences