Hospital Practice and Clinical Memoranda.

PURPURA FROM QUININE.

BY E. WIGGLESWORTH, M. D.

PATIENT, a respectable woman, aged fifty-two years, was referred to my clinic at the City Hospital by Dr. C. F. Folsom. She had received in his department twelve quinine pills, of one grain each, for neuralgia. She had never suffered before from any disease of the skin.

The first pill was taken the 12th October at four P. M. At five P. M. she noticed upon the left fore-arm a scarlet, non-elevated, irregularly circular patch, about as large as a silver half dollar. This itched and burned and was somewhat painful, especially on pressure. During the day there were three or four chills, with fever between. Fever worse at night, with nausea, "neuralgic" headache, tinnitus aurium, and weakness. More spots like the first appeared during the night, covering the fore-arms and ankles. These all increased in size and in severity of subjective sensations during the following day (13th October), confining her to her bed. No new spots, however, appeared after the night of the 12th to 13th inst.

Not attributing the eruption to her medicine she continued her pills, taking the last one after dinner Wednesday, 17th inst. From the 15th to the 17th all the symptoms were at their height.

Wednesday (17th) she began to feel easier, and has since grown steadily better.

Friday, 19th. Complaints of weakness. The spots are well marked, but not swollen, hæmorrhagic patches, not disappearing under pressure.

October 26th. Patches dull in color, desquamating slightly, with some itching.

October 29th. Desquamation more marked; color, a deep brown. No subjective sensations unless the spot is struck.

November 2d. Patches have scaled and the color has faded, although still evident.

November 9th. Patient called to report recovery. No further trouble of any kind, and merely a slight pigmentation marking the site of the patches.

Treatment. Hygiene; tonics, namely, iron, and, *experimenti gratiâ*, "celerina," from which she reported benefit. Externally astringent ointments, zinc, etc.

Reports of Societies.

BOSTON MEDICO-PSYCHOLOGICAL SOCIETY.

WALTER CHANNING, M. D., SECRETARY.

THE Society held its twentieth regular meeting on the evening of November 1st at the house of Dr. Jelly, DR. COWLES occupying the chair.

DR. S. G. WEBBER read the paper of the evening, entitled

TWO CASES OF PARAPHASIA, ONE WITH AUTOPSY.

In the discussion following the reading of the paper DR. DENNY said:—

The case of aphasia reported, which came under my care at the City Hospital shortly after the beginning of the trouble, interested me from the fact that there

was (1) no evidence of there having been any right hemiplegia, as is usual; (2) that the aphasia and agraphia rapidly, and in equal proportion, showed evidences of improvement until both nearly or quite disappeared before discharge from the hospital; (3) that there was no hemiopia and no word-blindness, while the lesion discovered after death is located in the inferior parietal lobe. But three cases of word-blindness with autopsies are on record, and in all these there were lesions of the inferior parietal lobe, and in two there was lateral hemiopia;¹ (4) the lesion found did not explain, from its location, the cause of aphasia.

From the comparatively rapid restitution of the faculty of speech while the lesion remained, which probably occurred simultaneously therewith, we may assume that the aphasia was due to some disturbance of circulation temporarily affecting the integrity of the functions of the third frontal convolution or of the fossa Sylvii, which occurred at the same time, and disappeared from any local point of view thereafter. It has been said that agraphia associated with aphasia is evidence of a considerable mental impairment, and I was interested in studying the degree of mental capacity to note that while there was some failure of mental power, probably, yet it was not sufficiently pronounced to have interfered with the validity of a will nor a contract.

The first patient had rather that form of aphasia which Kussmaul calls paraphasia, not complete amnesic aphasia. There is no autopsy recorded, that I am aware of, where that was so prominent a symptom as it was in this case, and where so few other symptoms were present. Wernicke locates the lesion which will cause this form of disturbance in the commissural fibres uniting the sensory speech centres with the psychic speech centre. The lesion in the present case might well have exerted an indirect influence upon these fibres to temporarily inhibit their functioning. The lesion producing word-blindness needs to be more accurately localized. It is certain that that centre was not directly implicated, as the power of reading returned if it had ever been lost.

In the second case there was word-blindness and paraphasia, but no word-deafness. An autopsy would have been most interesting.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY, AND HYGIENE.²

ALBERT N. BLODGETT, M. D., SECRETARY.

SUDDEN DEATH DUE TO HÆMORRHAGE FROM THE HEPATIC VEIN.

DR. A. F. HOLT, Medical Examiner for Middlesex, presented a paper³ upon a remarkable condition found at the judicial autopsy of a patient dying under peculiar circumstances. The cause of death here reported, namely, hæmorrhage from the hepatic vein, has not, so far as known, been previously observed. The case occurred in the practice of Dr. Dow, of Cambridge, from

¹ Einige seltene Formen von Wortblindheit (Cecité verbal) aus Prof. Charcot's Klinik, Emanuel Heczel, Wiener med. Presse, No. 26, 1883.

² Concluded from page 566.

³ See page 584 of this number of the JOURNAL.