case, a forced pronation, with abduction of the forefoot.

A number of rare anatomic variants may cause confusion in certain cases of cuboid fracture, even with good radiographs as an aid to diagnosis. Among these are the shell-like epiphysis at the base of the 5th metatarsal bone, which sometimes remains without bony union to the base of the metatarsal, and the vesalianum, or bone of Vesalius, at the base of the 5th metatarsal. Occasionally there is a secondary os calcis, a small bone between the scaphoid and cuboid, which may cause confusion, in question of cuboid fracture.

The possibilities of mistaken diagnosis which come to light in the study of only one rare tarsal fracture makes apparent the necessity of careful radiographic study of these injuries.

REFERENCE.

¹ Le Dentu et Delbet: *Nouveau Traité de Fractures*. Vol. i, pp. 37-40.

A CASE OF HENOCCH'S PURPURA.

BY EDWIN D. GARDNER, M.D., NEW BEDFORD, MASS.

THE following case of Henoch's purpura seems to me unusual and deserving of report:

M. C., 7-year-old school-girl. Mother has had pulmonary tuberculosis, apparently healed. Otherwise family history is negative. Past history: for the last year has complained 5 or 6 times of having colicky pain in the region of the umbilicus. Mother says that child would be out playing and would come home complaining of this pain and no other symptoms. Child would lie down for an hour or two and then would feel all right. Child has had a lot of colds and sore throats. Past history otherwise negative. Present illness: seven days ago child came in complaining of the same pain as described above. No nausea or vomiting. Bowels all right. No fever. This lasted for twenty-four hours. Three days ago complained of a sore throat. Her mother took her temperature and found it was 102° F. Child had headache and backache. In twelve hours the child said her throat was well and temperature was normal. About this time, however, she began to complain of the same abdominal pain as described above only more severe. At this time the family physician was called in, the pain continued and twelve hours later the child began to vomit. She vomited very frequently, ten or twelve times a day, the vomitus consisting of mucus streaked with bright red blood. The pain and vomiting continued until I saw her, when she said the pain was less and she was vomiting less frequently. The bowels were constipated but a good result was obtained by enema. No blood in the stools. No cough. No urinary symptoms. The physician said that since he had seen the child there had been no signs of trouble in the throat and no fever. He also said that the physical signs were the same now as they had been.

Physical examination: Temp. 99.4, pulse 90, respiration, 22. General examination negative, save the abdomen, which was level and tympanitic throughout. No masses or organs made out. No spasm or, if

any, very slight and in the right rectus. Moderate tenderness on deep pressure over McBurney's point and in region of umbilicus. No other tenderness. No jaundice. No herniae. No costo-vertebral tenderness. Reflexes normal. Rectal examination was negative, save for slight tenderness high up on right side. Urine clear—acid 1020, alb. 0. Sugar 0. Sediment—rare leucocyte and round cell. Many squamous cells. White count 20,000. Hemoglobin normal. I advised an operation for fear it was appendicitis. The appendix looked normal. In the ileum, about six inches from the ileo-caecal valve, was a soft, smooth mass that gave the feel of putty. It was reddish brown or purplish in color and seemed to be in the lumen of the intestine, as it could be milked along. It was about the size of an olive. It gave the appearance of a blood clot. There was a similar mass about two inches proximal to this. Exploration of the abdomen revealed nothing further. On opening the appendix it was found filled with blood clot. The mucous membrane was normal except that it seemed a little edematous. The patient was troubled for two or three days with bronchitis. No pain or vomiting. On the fourth day temperature rose to 101° F. Abdomen and wound negative and the bronchitis was considered the cause. On the fourth day there was considerable dark blood in the urine and stools. This continued for twenty-four hours and then disappeared. On the fifth day the left ear began to discharge pus and the temperature dropped to normal. The ear continued to discharge for two or three weeks. The child insisted that she had no earache at any time. The mother told me at that time that the child had had considerable trouble with her ears previously. Except for the ear the convalescence was normal, the wound healing by first intention and no return of pain or vomiting. Four weeks after the operation the family physician was called to see some spots on the child's legs. These were typical purpuric spots. She had them scattered over her body, but principally on her legs. They lasted about one week. Since that time, so far as I know, the child has been perfectly well.

I am indebted to Dr. Charles A. Pratt of New Bedford, who referred the case to me.

Society Reports.

NEW ENGLAND SOCIETY OF DERMATOLOGY AND SYPHILIS.

The seventh meeting was held at the Massachusetts General Hospital on February 14, 1917, with the President, Dr. Abner Post, in the chair.

The following cases were presented and discussed:

1. SEVERE BURN.

Presented by DR. THORNDIKE.

The patient was brought before the Society because of the perfect usefulness of her arm despite its extraordinary and extensive deformity. When four years old the right arm was burned and yet, notwithstanding the tremendous contraction, she has absolutely normal motion in all joints. There is no suggestion of keloidal or hypertrophic scarring and the skin is very soft. There is, however, a suggestion of chronic eczema which accounts for