

the child attended the Dispensary a great number of times. What was the intention of this treatment in such a case, it would not be easy to say. The result was such as might be expected: the boy's hearing gradually became worse, and my advice was solicited; I examined the ear, applied solvents, in two days syringed it, and extracted the laminated substance, together with a piece of printed paper, and by subsequent treatment the boy hears perfectly. Had Mr. Curtis used his "auriscope," he might have read this piece of printed paper in the boy's ear!

I shall trouble you with a continuation of the subject of this paper, and offer some remarks on Mr. Henry Earle's operation on the boy's ear at St. Bartholomew's Hospital. I am, Sir, your obedient servant,

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18, Sackville St., Piccadilly,
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PATHOLOGY OF

PURPURA HÆMORRHAGICA.*

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THE next theory which presents itself for our examination, is that promulgated, in his lectures, by Dr. Hannay, professor of physic in the Andersonian University. This gentleman asserts that the disease is always produced by chronic inflammation of the veins, verging more or less to an acute form; and he grounds his opinion upon the fact, that in three successive dissections of individuals who died of purpura, the veins were found in a high state of disorganization, evidently the result of inflammatory action. I am not aware that these cases have been published, but the morbid appearance of the venous system, he maintains, was not to be mistaken, as, particularly, the larger trunks were lined with a coating of purulent matter.

If it can be established that this is the true pathology of the disease, much benefit will result from the discovery respecting the means to be employed for its cure. As it is, there is no other theory which so satisfactorily accounts for all the symptoms, in all the varieties of the complaint; whether in that which is called purpura hæmorrhagica, in that variety which occurs during the progress of ty-

phus or other fevers, or in that which receives the name of sea-scurvy. It also sufficiently accounts for the congested state of the various viscera which have been found from time to time, on inspection, as also for the state of the blood, and, in fact, for all the particulars connected with the disease.

That the disease is of an inflammatory nature several pathologists have admitted, although the particular organ, or set of organs, could not be fixed on. By far the greater number, however, deny its having any resemblance at all to inflammation, and deem those culpable who would treat it as such. I will, nevertheless, endeavour to prove, by the abstract of a few cases, that purpura is an inflammatory disease, and that an antiphlogistic method of treatment is the only one from which any real advantage may be derived.

On the 23rd May 1831, I was called upon to visit a young man, aged about 17, a silk weaver. He had a pale and exsanguineous appearance, though not much emaciated, and complained of much debility, accompanied with pain of head, lumbar region, and extremities. His neck, breast, and extremities, but particularly the upper, were studded with petechiæ of various sizes, but none larger than a split pea, some of a red, and others of a purple colour, each with a small white dot in its centre, and remaining unchanged by pressure. None of these spots were to be seen on the mucous membrane of either mouth, nostrils, or eyes. Pulse 104, full, and bounding; respiration hurried, and accompanied with a slight cough; skin hot and dry; tongue pale, red round edges, but covered in middle with an orange-coloured fur. The gums appeared to be ulcerated, and discharged blood on pressure; bowels open, but the stools were dark and fetid. The petechiæ had made their appearance about six months before I saw him, but up to that time was not prevented from following his usual occupation. He had, however, during that period, several attacks of hæmorrhage from the left nostril, which always ceased spontaneously, without much loss of blood. For a few days previous to my visit, the petechiæ had been increasing in number, with an accompanying increase of debility. His diet had generally been of a nutritive quality, nor had he been too much excluded from out-of-door exercise.

He was bled to $\frac{3}{4}$ x; immediately after which he became sick and vomited. A saline purgative was ordered to be taken as soon as the stomach became quiet. Next day I was informed that early that morning an epistaxis took place from left nostril, which was stopped by a neigh-

* Abstracted from a paper in the "Glasgow Medical Journal" for April.

bouring surgeon, by plugging, after the loss of several ounces of blood. The pain of head was gone; pulse 96, and soft, and expressed himself as feeling better than he had done for some days. The blood taken from the arm coagulated without the separation of serum, and presented a pale-red, transparent, jelly-like appearance, extending to the depth of a fourth of an inch, all under which was coal-black. When the clot was broken down, a sufficiency of serum was given out. He continued much in the same state under the use of tonics and purgatives till the 31st, when, in consultation with Dr. Hannay, he was found to complain of much headach; skin hot and dry; pulse 112, full and strong, and there was a continual oozing of blood from the left nostril, which was still plugged, and from the gums. There was much thirst and no appetite. From this condition it was judged advisable again to abstract blood; 3xij were accordingly taken with very considerable relief. The blood had altogether the same appearance as the former, with the exception of the coagulum being much firmer. Up to the third day from this time, there was great reason to believe that he was recovering. The appetite was considerably improved; the petechiæ were beginning to disappear, and the stools had nearly acquired their natural colour and consistence. These symptoms of improvement, however, speedily gave place to a state of much debility, which continued to increase, accompanied with a low muttering delirium for the two last days, and he died on the morning of 10th June. I regret that I had not an opportunity of examining the body.

About a month afterwards I was requested to visit a sister of his, Mrs. G., aged about 30, of a full and plethoric habit. I found her complaining of languor and lassitude, with slight pain in the lumbar region and thighs. On her breast and arms were scattered a number of petechiæ. They had existed for two days, and were very similar to those of her brother. Her gums were soft, but discharged no blood; nor had any hemorrhage taken place from the other passages of the body. Pulse 96, very full; tongue white; bowels open. Blood was drawn to the amount of ten or eleven ounces; and she was ordered a dose of sulph. mag. In a few days she had completely recovered her strength, and the whole of the petechiæ were gone. The blood was cupped, and had the buffy coat.

These cases, I apprehend, are sufficient to prove the inflammatory nature of purpura, although many more of a like character might be given. It now remains

for us to inquire what resemblance exists between the symptoms of purpura and those of phlebitis or inflammation of the veins. In prosecuting this inquiry, I shall first compare the constitutional symptoms of the two diseases, and afterwards endeavour to ascertain the possibility of referring the origin of the local symptoms of purpura to inflammation of the venous system.

Having thus established a close resemblance between the constitutional symptoms of purpura and phlebitis, the following question naturally presents itself:—Can we prove that the local symptoms of the former disease have their origin from the existence of the latter? It appears to me that there is very little difficulty in accomplishing this, provided we take into consideration the fact, that by far the greater number of recorded cases of phlebitis have arisen from a traumatic cause, or from some local inflammatory affection,—that in such cases the large venous trunks have been the seat of the disease; or, if the cause has been a constitutional one, it has only existed in the viscera of some one or other of the three great cavities, as in the veins of the uterus, the lungs, the brain, &c. Purpura, on the contrary, almost always originates from a constitutional cause, is a more general affection, and the capillary veins seem to be the place in which the diseased action first manifests itself. In general, in cases in which inflammation of the large veins has been found on dissection, the patient, previous to the attack, has been healthy, and of a good constitution. Whereas, for the most part, purpura occurs in those of a lax and spongy habit, or in what is termed the scorbutic diathesis. Now it is well known, that in all diseases, peculiarity of constitution gives origin to much difference of symptoms, as well as of pathological appearances; and this seems to be the hidden reef on which nosologists have split in their arranging and defining of diseases.

The state of the blood taken from patients affected with purpura, is very peculiar. In almost all those instances in which the disease has arisen in full and plethoric constitutions, where it has run a comparatively short course, and where it has evidently been of an acute form, the blood exhibits all the characters of that drawn from those who are the subjects of any other acute inflammatory disease. But in those who are weak and debilitated, and in whom the disease has existed for a length of time previous to the employment of remedial agents, it has a very opposite appearance. In my first case, the blood when taken was black and homo-

geneous, was slow in coagulating, but the striking peculiarity was the pale red layer which its upper surface presented on cooling, and the non-separation of serum till the coagulum was broken to pieces. This condition of the blood has also been observed by Dr. Combe, Dr. Duncan, jun., and by Dr. Fairbairn. Now, admitting the extension of the disease from the veins to the other textures, the unnatural state of the blood, I think, can be explained. In the first place, the disease extending to the surrounding tissues, must produce through the whole chain of the digestive apparatus a deranged condition of their functions, and, consequently, the blood assimilated will be far different from that which would result from their healthy performance. In the second place, in the lungs a like abnormal condition of their principal function, viz. the arterialization of the blood, will also exist from the same cause. These two causes, together with the morbid secretion which the veins give to the circulating mass, appear sufficient to account for its changed condition.

This then is a theory which explains more satisfactorily than any other the hitherto inexplicable phenomena of the disease. But besides this, it has a superiority over all the rest in leading to a more correct therapia than has previously, for the most part, been had recourse to; and to purpura, the remark of Mr. John Bell, that "we have reason to be jealous of any doctrine which leads to a laxity of practice," may aptly be applied. Although of late blood-letting has been employed for its cure, it has been done more empirically than from a true knowledge of its pathology. Such practice, however, must have resulted from an attentive observance of the symptoms, the nature of which, in all cases, is not to be mistaken. But of all the theories which have been advanced regarding its proximate cause, none has done so much harm as that which ascribes it to general debility. No doubt, the disease, like almost every other, produces debility, but tonics and stimulants have, in many instances, been solely trusted to where the symptoms loudly called for the use of the lancet. Well has Dr. Combe observed, when speaking of the treatment of this disease, that "the bugbear debility has long blinded our judgments and fettered or misplaced our exertions." Now, however, that blood-letting has been found the most useful of all the plans which have been employed, and when a pathology authorising such treatment has been discovered, it is to be hoped that such useless, nay, hurtful practice, will be abandoned.

Nosologists have been greatly at fault in arranging purpura as a disease of the

skin. Previous to Dr. Hannay's discovery, there was great reason to believe that it did not belong to the dermoid system; for petechiæ have been found on the mucous and serous membranes, as well as on the surface of the body. Thus, they have been found on the eyes, the nostrils, the lungs, the heart, the liver, the stomach, the intestines, the uterus, and the urinary bladder. Its place in the systems of nosology is now, however, clearly indicated.

ON THE REPEAL OF THE APOTHECARIES ACT OF 1815.

To the Editor of THE LANCET.

SIR,—**LORD ROSEBERRY** having intimated in the House of Lords the intention of Government to effect certain alterations in the Apothecaries Act, it behoves the independent members of the profession not to let slip such an opportunity of forcing on the consideration of Parliament the injustice to which they are subjected by the hideous monopolies of the physicians, of the surgeons, as well as of the drug-dealers.

I shall not attempt to argue the case of the Scotch graduates—for if their education be complete, the boundary of the two countries is not a sufficient argument against their practising their profession in either country—while, if their education is not sufficient, it is the duty of Government to make it so.

But, Sir, I object to the proposed piece of patch-work legislation as to the apothecaries, because it is intended to give relief only to the Scotch graduates. Surely, the members of the College of Surgeons, in London, will not omit this favourable opportunity of asserting their claims to practice without the intervention of the drug-sellers of Rhubarb Hall? Can it be disputed that the education of a surgeon is at least equal in the present day to that of an apothecary? Why, then, should a student be compelled to pass both institutions? Except, indeed, to enrich certain persons in the shape of examiners.

But if it be proved that there is any point in a surgical education which unfits the individual from practising medicine, is not that of itself a sufficient reason why the College of Surgeons should be compelled to make further regulations, so as to avoid the unnecessary expense and useless farce of two examinations?

The real truth is, that the accursed system of selling what is called "knowledge," is so deeply-rooted in the minds of the