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Report of a fatal case of Purpura Haemorrhagica, with some remarks on the disease

On Tuesday 27th July 1897, I saw A. H. for the first time during her last illness. She was a married woman, 38 years of age, of a sallow complexion, and not of very robust appearance. She was in bed & complaining of feeling poorly, being generally out of sorts, and having blotches all over her body. On examining the legs to which my attention was first drawn, I found several marks which looked like bruises, irregular in shape & of different sizes, several of them from the knee downwards. They looked so like bruises that I asked at once if she had been injured; they looked exactly like what might have been produced by kicks from a boot, or blows from any rough instrument, or might have been caused by knocking the thighs hard against some piece of furniture. The color varied from

dark blue to yellow, as may be seen, in
bruises in different stages of disap-
-ance. She then informed me she
had other such marks, all over her
body. The face was clear of them. By
moving the fingers gently over the sur-
-face of the bruised skin, a little
raised induration could be felt, as
if the papillae were unduly elevated.
I enquired as to the bleeding from
Mucous Membranes, & was shown
some Urine apparently full of blood.
The blood was diffused through the
Urine, & not settled at the bottom
with the fluids on top, as would be
shown with Coagulation. She informed
me she was passing blood from the
bowels as well. I do not remember
whether she had Epistaxis. The day
before that she had called in my
Assistant, who was passing the
house at the time, & who ordered her to
bed, & prescribed some Leg^r Ferri Perles
in a mixture for her. She did not
consider herself ill enough to specially
send for a doctor. On enquiring I found

3

This state of things has been going on for about a fortnight. She had not kept in bed, nor apart from a feeling of weakness, did she seem or think herself much worse than usual. There seemed wonderfully little prostration considering the Hemorrhage which had apparently taken place. Pulse was rather rapid but fair in quality; there was no temperature, heart & lungs seemed normal; & excepting some Dyspepsia from which she generally suffered there appeared to be no disease excepting the Hemorrhage. I saw her again on Thursday when she was as cheerful as was usual with her, but there was no improvement in the bleeding from the uterine membranes, while she had fresh spots in the skin. On Thursday night & Friday morning she complained very much of Lumbago like pains in her back, & more or less all over her body. She could not keep her rest in any one position for long & kept turning about, & in and out of bed.

47

all night. Early on Friday morning she asked for & received a Cup of hot Tea, from one of her children; after drinking it she seemed to fall into a deep sleep, & slept on very heavily, so her mother thought for some time. Getting somewhat alarmed at the profoundness of the sleep, her mother & a neighbour who had been called in, tried to rouse her but failed. Their continued efforts were of no avail & she expired without regaining consciousness. As far as I could ascertain she was in a state of coma for probably a couple of hours, & her appearance suggested to them a "seizure" (apoplexy). They sent for me when they began to realize she was not really sleeping, but I was from home, & as far as I could make out she must have died before the Messenger could have got here, a distance of about a mile from her house.

Past History.

There is nothing of importance in the previous history. She was married to a sailor, & had 5 children living, 4 boys

and 1 quib. Several children I under-
-stand had died in infancy. Their
domestic life I am led to understand
was not a very happy one; they were
always poor, & had difficulty in paying
their way. While she never really had
to starve, I believe she often was with-
-out some thing which she ought to
have had, & perhaps occasionally may
have gone without necessary nutri-
-tive food. On the whole however I believe
they were no worse off in this respect
as a rule than their neighbours.
She had the ordinary illnesses of
childhood, and since marriage I am
informed by a former Medical attend-
-ant, that she had Gonorrhoea. She
has not been very strong for some
years back, and prior to her last con-
-flict about 12 mos. ago, she suffered
very much from Leucorrhoea. I believe
she never had Syphilis, nor was she
ever under treatment with Iodide of
Potassium. On carefully enquiring
from her Husband & Mother, for previous
haemorrhage, I could not ascertain that

6

she had ever had anything of the sort before. Her husband volunteered the statement, that several times they had noticed that the superficial veins were more prominent than usual, over different parts of her body, but this always disappeared after a time. During her periods of pregnancy she suffered very much from Varicosity of the Veins of legs & thighs. Beyond this nothing was ever noticed pointing to a Haemorrhagic tendency. Her brothers and sisters are all alive & in ordinary health, & none of them are bleeders. Her own children are healthy, but her Husband says that he was certain a slight knock would cause more than ordinary sign of bruising, & that a slight cut with them would cause more than ordinary bleeding. Their grandmother did not confirm this statement, & I know that I have never had occasion to treat them for it at any time during the

7
last two years. This opinion of the
Father's I thought was probably form-
ed after reflection on the mother's illness,
& may be exaggerated. At any rate
if there was a tendency to bleeding
in this woman's family, it was not a
very well marked one. In her own
case there was no evidence of past
history of bleeding, & I certainly could
not classify the case as one of
Haemophilia, more especially as no
deaths of any relatives are recorded
from that malady. That it was not
a sporadic case of Scurvy is proved
by the negative evidence; there had been
no death of fresh vegetables, meat,
or milk, there was no sponginess of
gums, there was none of the bruising
feeling over the limbs, nor the extreme
weakness, or prostration of a grave
case of ~~Scurvy~~ Scurvy. The whole course, &
aspect of the disease was so like that
of reported cases of Purpura, that
it was diagnosed as such, & the
certificate was to the effect that death
had resulted from Purpura Haemorrhagica.

No Post Mortem examination was made, nor was there a Microscopical examination of the Urine.

Remarks.

In a case of this kind we naturally ask ourselves, what is the cause of the bleeding? Has it been due to error in diet of long standing, bringing on a depraved condition of health? Has there been any peculiarity of the tissues, to be asked on under certain circumstances? How long has the cause, or causes been in existence, & what has determined the immediate effect? If the bleeding be brought about by change in the Vascular system, in what part of it are they? Is the change primarily in the blood, how does it affect the different constituents of that fluid? What are the changes brought about in the Vessels? Are the whole of the vessels affected, or only the Arteries & capillaries? Are there any Radical changes in the Circulating fluid? Are there any Miasmatic influences present? Is there

any affection of the nervous system, giving rise to changes in the Vaso-Constrictor system, or are all these causes more or less present, & producing the disastrous results.

Remarks on Purpura, Tympan Purpure Simplex et Haemorrhagica, Idiopathica Purpure, morbo Maculosus Werlhofii, & the German Blutfleckkrankheit, & Lana Tenuis (see Quain's Dictionary).

Our present knowledge of this disease is rather obscure, & inasmuch as the symptom occurs under so many different conditions, the question might be raised as to whether we are dealing with one disease at all, & not dealing with different conditions, having this one symptom of Purpura common to them all. The difficulty seems to be, that while we have Purpura as a Symptom, more or less prominent, in many well-defined diseases, there have always been a number of cases that could not be included under any of these diseases, & where Purpura ^{only} seemed to be the abnormality. We have

10.

in consequence, been forced to make a class for them by themselves, & give them the name of Purpura, as if that were the disease, & any other existing conditions are regarded as subsidiary.

Most Authors group Purpura with Scurvy & Haemophilia. In Fagge's & Pe-
-Smith's 3rd Ed. Purpura is ranged be-
-tween Scurvy & Haemophilia. In neither of these conditions, we may have quite as much bleeding as in Purpura; but in Scurvy we know the cause of the bleeding, while there are other symptoms almost as prominent not existing in Purpura. In the former we anticipate a history of deprivation of fresh vegetables, for some time, along with in many cases a deal of physical hardship; & we can by restoring these vegetables to the diet, cure the Scurvy; not only so, but we can guarantee that if the diet has been properly arranged, we shall have no Scurvy. In short, in cases of Scurvy, we have such changes brought about in the Venous system, as a direct result of certain errors.

36

in the diet, that Haemorrhages and extravasations of blood, readily take place. In Haemophiles on the other hand, the Hygienic conditions may be all that is desirable, the diet may be on the most approved Physiological principles, yet a patient subject to this malady may be weakly, & in constant danger to health & life. Not only so, but this weakness has been a constant one from the earliest years. Here we have to deal with a congenital peculiarity; occurring mostly in Males; in the vascular system which is so fragile that the slightest injuries tend to damage parts of it. The slightest injuries giving rise to rupturing of vessels with effusion of blood. This peculiarity the individual has had born with him, inherited in most instances from the paternal side, & whether it be due to thinness of the vessel walls, plethora of the smaller vessels, or nervous insufficiency is not well determined. Any way there is a ^{weakness} condition which the individual has always had, & which he will carry with him to the

and. In the case of A.H. recorded, there
there was no history of conditions favoring
Scurvy, nor if there was any tendency to
bleeding, nothing of the kind had occurred
until this fatal one. The oldest period
at which Haemophilia is recorded to have
begun is 22, my patient was 38.

Purpura we find more or less as a condition
in many other diseases. In Malaria,
Epidemic Meningitis, Plague, Smallpox,
& Typhus all depending on Microbes
poisons, we find Purpura at times.
In all these instances evidently the poison
has affected the tissues, so that hemorrhages
readily occur is in much part of the
group of phenomena constituting the disease,
as prostration or change in the tempera-
ture. In any of these instances, a fatal
result would not be attributed to Purpura,
but to the disease in question, whatever it
might be. There have been a number
of cases recorded, however, where Purpura
was the prominent feature, which
ended fatally, & where only the Autopsy
revealed the presence of another
element in the case, not detected during

life. In the 3rd Edⁿ of Fagge & Pez Smith's
 page 84 & 85, under the Chapter on Sarcoma,
 are recorded 3 cases where the Complaints
 were of Paris, like Pneumonia Paris
 with Purpura well marked. In these
 cases there was no elevation of temper-
 ature, but the complaints of Paris seem
 very like those of my patient before she
 died. Here only the autopsy revealed the
 real disease. Sarcoma having been dis-
 covered, the fatal termination is explained,
 & the Purpura is seen to be only one of the
 Phenomena attendant on the presence of
 the Neoplasm. The malignant disease
 had likely led to such malnutrition, &
 degeneration of vessels, as to make Haemor-
 rhages readily occur. In Cases of Hodgkin
 Disease & Leukaemia, where we have
 Purpura occurring, the inference is
 that changes have been brought about
 in the Vascular system like as we find
 in Sarcoma, leading very readily to the
 occurrence of Haemorrhage. In these diseases
 already referred to, the presence of Purpura
 may be satisfactorily accounted for, but
 when we come to the case like my

112
patient, where there is no obvious cause,
the reason of the Purpura is very obscure.
As many of these cases of Purpura recur,
& do not recur, the cause is never ascer-
tained, while as far as Modern Pathologists
have yet failed to find a lesion, satis-
factorily accounting for the haemorrhage
in the fatal cases.

It seems probable that Purpura in cer-
tain respects may be compared
to Anaemia. While Anaemia, in
most instances, may be put down
to some primary cause, such as Mela-
ncholia or other disease, yet there are
cases where the Anaemia seems to be
the disease itself, and a fatal result
is certified as due to the Anaemia,
whether we call it Idiopathic, or Progressive
Pernicious Anaemia. The future may
possibly disclose a cause not yet known,
for these fatal cases of Anaemia, but
meantime, we may speculate that
intracellular changes may take place
in the protoplasmic elements, whether
these changes are due to Chemical, or
other cause, they may affect the Blood.

Corpuscles as readily, & impair their function as fully, as does the Tubercular Bacillus affect the function of a lung.

In purpura, Search ought to be made for minute Chemical changes in the Blood, Secretions; examination for any dimity ratio of Corpuscles; of changes in the Cells of the Tissues. Micrococci should also be looked for, as well as Central & Peripheral nerve changes.

Purpura, or Cutaneous Haemorrhage, occurring in other diseases, if we except Haemophilia, seems to follow as a degenerative process, or at any rate follows a lowered vitality; very likely the same conditions of Vascular system are brought about in all cases of Purpura, whether called active Purpura or not. It maybe pointed out that its presence, during the course of any particular disease, is not always proportionate to the gravity of the other symptoms, so that I think, we may infer that patients, who show this tendency have some peculiarity inherited or acquired

of their blood & vessels, manifesting itself under certain circumstances.

Etiology.

Purpura is much oftener met with in females. According to Peasants & Jaffe, it is common at puberty, but in my own limited experience, it was always in women about middle life. The previous health may have been good, but in some instances, probably the majority, there has been some lowering of the health before the Purpura appeared. No congenital predisposition has been proved, nor have errors of diet been found to exist.

Symptoms.

There may be no prominent symptoms except the hæmorrhage. As a rule there is some Anæmia shortly afterwards. The prostration may appear slight, in view of the quantity of blood which has been passed. The hæmorrhage may consist of only a few spots, probably about the legs, or may show as

large blotches all over the body, face as a rule escaping. In some instances the epidermis may be raised, & the papillae lined be full of blood serum. Bleeding may take place from the nose, & from all the Mucous surfaces. There may be hemorrhage into the serous spaces, & into the Ventricles, & surface of the Brain.

Event.

As a rule recovery takes place, especially in the milder cases of Purpura Simplex, but mild cases may pass on to more serious ones, - Purpura Hemorrhagica; where recovery as a rule takes place, but death may result from exhaustion, or from bleeding into serous spaces, or Brain.

Anatomy.

This depends on the severity of the symptoms, "all the Mucous Membranes" may show slight ecchymoses, as may also the Pleura, the Pericardium, the Arachnoid, the Peritoneum, & even the substance of the "lamp ossella of bones." Page 226. non pag 110
Generally speaking, there may be evidence of the disease all over the body.

Pathology.

According to the Text Book.

it is supposed, that the primary changes are in the blood, & that afterwards the vessels are affected probably by malnutrition, especially the Capillaries; the effusion seems to take place along the line of greatest pressure, as witness the frequency of the legs being affected first.

Diagnosis.

All the other diseases which give rise to symptomatic purpura must be excluded. We must be sure we are not dealing with a sporadic case of Scoury. Attention must be paid to the Heart, Spleen & Lymphatics; the Urine must be carefully examined, while a thorough search must be made for Saccomatae growths.

Treatment.

Absolute rest in bed must be insisted on. Well ventilated & not over heated rooms. Diet should be simple & nourishing & varied, while not stimulating. As to Drugs we must try & combine Astringent tonics with Haemostatics. To far no specific is known.