

The disinfection of the mess, arranged and carried out in the early part of 1907, probably did good, but the mess was occupied by Serjeant F. for a full twelve months thereafter, and the possibility of further infection having taken place is only too probable. During this period, Case No. 5, the last in the series, was a frequent user and occupier of the mess. In his case it is interesting to observe the date of onset is given as one year ago, i.e., May, 1910. That would be an interval of two years from the time he associated with the previous case (No. 4, Serjeant F.); so that the direct connexion is not well proved.

Nevertheless, I think in face of the above facts that it would be well to vacate again the serjeants' mess and have all the rooms scraped and lime washed, the floors and woodwork washed with cresol solution, all culinary and other vessels disinfected. The spittoons in use should be boiled and treated with cresol. I suggest that cresol solution be substituted for sawdust in the spittoons in future; and it would be advisable to post an anti-spitting notice.

Furthermore I am of opinion that all the present members, occupiers and users of the serjeants' mess should be medically examined with a view to excluding reinfection by an incipient phthisical carrier.

In conclusion, I have to thank Lieutenant-Colonel Gray, R.A.M.C., for the very useful help he gave me in collecting all local information in the matter, which was more arduous than appears from the brevity of my digest of it. I have to acknowledge with thanks both his and Colonel Hathaway's permission to publish these facts.

HENOCH'S PURPURA IN ADULTS.

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OF the etiology of Henoch's purpura very little is known; two-thirds of the recorded cases occur below the age of 20, and three-fourths in males, but climatic and racial peculiarities seem to have no bearing on the incidence.

The pathology again is obscure. An angio-neurotic condition is almost certainly present, and analogy would suggest that it is due to a toxæmia whose origin is commonly attributed to intestinal causes; however, it seems probable that the attendant colic is a symptom of a general disease rather than of a local process; in other words, angio-neurotic œdema of the intestines is present.

The symptoms, any one of which may be absent in individual cases, are well known: arthritis, gastro-intestinal crises, hæmorrhage from mucous membranes, and skin lesions such as purpura, urticaria, œdema, and erythema. Acute nephritis is the most common complication.

The course is very variable, the usual sequence being arthritis,

purpura, and colic, with melæna; single attacks lasting three to four days, and recurrences occurring four to five times in an average period of one month. The prognosis is fair (mortality 8 to 25 per cent), and better in children than in adults. As regards treatment, turpentine, despite its action on the kidneys, is probably the best drug, but opium may be required to relieve the excessive pain. Salicylates are useless.

The three following cases occurred recently at the Queen Alexandra Military Hospital.

Case 1.—Serjeant, aged 27, six years' service. Recovery. Five days after a characteristic onset of mild arthritis, resembling that of rheumatic fever, associated with a moderate degree of pyrexia; a macular eruption appeared about the knees. Two days later purpura was present on the forehead, shoulders, and knees, while there was severe bleeding into the substance of the tonsils. The next day the sterno-mastoids were stiff and swollen, probably as the result of a serous effusion into their substance. Two days later slight hæmoptysis developed, and lasted three days; pain was experienced in the chest, but no physical signs were found. The purpura gradually became general and severe, and in addition bleeding from the mucous membrane of the mouth and tongue was very marked, the breath being extremely foul. Colic, swelling, and rigidity of the abdomen did not appear until the fourth week; but for three days the question of acute abdominal disease, such as appendicitis, had to be considered.

There was no subsequent melæna. Fever throughout was mild, and the albuminuria transitory and variable in amount, being at times severe and at other times almost absent.

A temporary mitral systolic murmur was present during convalescence.

The stress in this case fell on the skin and mucous membranes, but, possibly owing to the comparative escape of the kidneys, an apparently very critical case recovered.

Case 2.—Gunner, aged 21, four years' service. Died. The initial symptom was again pain in the ankles, followed on the next day by abdominal colic, and two days later by hæmatemesis. The abdomen was distended, there was severe (bilious and blood-stained) vomiting, and the bowels were inactive. Any doubt as to the immediate condition was soon set at rest by the occurrence of profuse diarrhœa, all the stools containing much altered blood.

It was not until the seventh day that purpura appeared on the parts exposed to pressure, and on those within easy reach of the hands, the skin being very irritable. The pain, vomiting, and diarrhœa ceased, but fresh joints became affected, and on the twelfth day copious hæmatemesis developed; much albumin was present in the urine, but no blood or casts were found at this time or later. Three days later a fresh crop of purpuric spots appeared on the back, and bleeding from the gums and nose developed; the punctiform hæmorrhage soon became general, the

hæmatemesis continued, but bleeding from the mouth and intestines had ceased for the time being, although colic was still very marked. On the twenty-second day slight melæna was observed, and diarrhœa again developed. Improvement followed, but on the twenty-eighth day of the attack profuse diarrhœa (non-hæmorrhagic) commenced followed by profound collapse and death within four hours. Post-mortem there was found hæmorrhage into the walls and lumen of the whole length of the intestine as well as acute congestion of the kidneys.

Case 3.—Private, aged 19, one month's service. Died. On the fourth day after the advent of "rheumatic" pains in the arms and legs, severe colic affecting the whole abdomen appeared; this was accompanied by purpura, which was confined to the feet and buttocks, and had a linear distribution corresponding to the cutaneous nerves of the localities involved. At the end of the first week two larger purpuric spots had appeared on the left hand. The temperature was now sub-normal, bilious vomiting and constipation were present, and the abdominal pain decreased. The next day a fresh crop of purpuric spots developed, and also a large serous effusion into the tissues of the left arm. On the eleventh day blood appeared in the stools, and a recrudescence of fever and of "rheumatic" symptoms in the knees and shoulders caused considerable disturbance to the patient.

At the end of the second week the general condition had much improved, there was no fresh purpura, colic had almost ceased; there was no more vomiting, and the stools were normal. Two days later purpura and colic again developed, and on the nineteenth day acute nephritis was present. At this stage the whole appearance was that graphically described as "acute abdomen," and the appearance of a visible "sausage-shaped" lump might readily have led to the supposition that one was dealing with a case of intussusception. Blood appeared in the vomit and stools, the nephritis became rapidly worse, and the patient died on the twenty-first day after the appearance of the initial symptoms. A moderate degree of fever with periods of intermission, but no rigors, was present during the whole course of the illness.

It is particularly unfortunate in this case that no post-mortem examination was obtained. The sequence and symptom complex were characteristic of Hænoch's purpura, and the resemblance to Case 2 was very striking.

I am indebted to Lieutenant-Colonel Maher, R.A.M.C., for permission to publish the above accounts.

A fourth case, for details of which I am indebted to Major McLennan, R.A.M.C., bears many points of resemblance to the three already described. A young soldier, coming under observation as a possible case of appendicitis, during an illness of ten weeks developed arthritis, melæna, epistaxis, and nephritis; frequent recurrence of the purpura was a notable feature. The possibility of an extraneous cause is suggested in this case.

As regards individual symptoms, the colic demands the most attention. In a certain percentage of cases the abdomens have been explored, and in some it is only by the greatest attention to the history, particularly to the sequence of events and to the presence of even small purpuric patches, which should always be carefully sought for, that laparotomy can be avoided. Other cases at the onset resemble very closely rheumatic fever, but the purpura and colic appearing later lead one to a correct diagnosis.

Nephritis is found in nearly all the fatal cases; in those which apparently recover, and in which this symptom has been present, the albuminuria very often persists, and the expectation of life is thereby materially diminished.

With regard to the hæmorrhage, attention has been called to the similarity between Bright's disease with bleeding and Henoch's purpura with nephritis. Intestinal symptoms in Bright's disease are also not uncommon. The sequence, however, is quite different. In one case the nephritis precedes the hæmorrhage, in the other it follows; in none of the three cases quoted were there any changes in the fundus oculi.

THE VALUE OF QUININE AS A MALARIAL PROPHYLACTIC.

BY CAPTAIN C. RYLEY.
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THE case against quinine as a malarial preventive has been very strongly put in the last few numbers of the Journal, but some further confirmatory evidence may not be out of place.

There is a tendency amongst combatant officers to believe that if their men are dosed sufficiently with quinine, antimalarial precautions are superfluous. A few years ago, when Sanitary Officer in Hong Kong, I was greatly disappointed with the results of quinine as a malaria preventive, and determined to make a practical test of its efficacy. The opportunity was afforded when A and B Company of the Middlesex Regiment, which had recently arrived in the Colony, and were consequently free from infection, were simultaneously ordered to proceed to camp in a very malarial district, to undergo a month's musketry training. A Company were given a dose of 5 gr. of quinine sulphate daily during their stay in camp. B Company were allowed no quinine. The dose was fixed at 5 gr., as it was considered the maximum amount that a man could take without interfering with the accuracy of his shooting. The officers took an intelligent interest in the experiment, insisting on there being no absentees from the daily quinine parade, and giving a double dose to any man who was seen to eject the drug. The two companies were encamped side by side. The incubation period of fourteen days