The sacro-iliac synchondroses were healthy, but the periosteum of the lumbar vertebral arches appeared redened and swollen.

It will be seen that this case presents many features which are of interest both clinically and pathologically.

The mode of origin appeared somewhat indefinite and the condition in its earlier stages seemed to be of a comparatively simple nature. The retention of urine might or might not have been of serious moment, but combined with hyperesthesia over the fourth and fifth lumbar vertebrae and the shooting pains in the lower limbs one's attention was at once directed to a possible lesion of the spinal cord or its membranes and presumably at first one of an irritative nature. At which level of the spinal cord the lesion primarily manifested itself was a matter of some doubt. The pain over the sacrum, which was first complained of, would point to the fourth and fifth sacral segments being affected, and these being in the lowest part of the lumbar enlargement, one would also expect implication of the centres for the bladder and rectum.

On the other hand a hyperesthetic area over the fourth and fifth lumbar vertebrae suggested a lower origin.

The probability was that the primary lesion was diffuse and possibly of the nature of an osteomyelitis of the vertebral arches, which inflammation quickly extended to the spinal membranes and also to the cord itself.

There was, however, no very obvious bony lesion found post mortem save the inflamed periosteum, so that one was brought back to the possibility of the primary affection having first occurred in the spinal membranes.

Acute diffuse myelitis was the ultimate result however, whatever the origin, and this in itself is of interest, as this disease is comparatively rare.

HENOCHE'S PURPURA IN ADULTS.

By MAJOR G. H. DIVE.
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AND

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Under the above heading, one of us (G. H. D.) published in the September, 1912, number of the Royal Army Medical Corps Journal an account of three cases of Henoch's purpura which occurred at the Queen Alexandra Military Hospital. Brief notes of two more cases from the same hospital are now added.

Case 1. — A civilian, aged 30, was admitted in November, 1919, with the diagnosis of pulmonary tuberculosis based apparently on a history of profuse haemoptysis—there was an absence of definite signs in the chest, and the specific bacillus was not found until later. There was some degree of fever, and the pulse rate was accelerated. Two days later abdominal pain and vomiting developed, together with tenderness and rigidity of the left side of the abdomen. There was a leucocytosis (45,000 white blood cells per cubic millimetre) and the whole condition invited surgical interference which was considered but negatived. Four days later haematemesis and melena were present, and crops of petechiae
began to appear. The blood coagulation time was fifteen minutes. The patient's condition steadily became worse, acute nephritis developed, and death occurred thirty-two days after admission to hospital.

Case 2.—A soldier, aged 19, was admitted in October, 1920, with a five days' history of occasional vomiting, persistent mild colic, and loose blood-stained stools. The abdomen was tumid and generally tender. Fever was absent, but the pulse rate was slightly accelerated. Malena became marked, the colic persisted, and the pulse rate increased to 120 by the fourth day. A large sausage-shaped tumour was found extending transversely across the epigastrium, and an exploratory operation was in consequence undertaken. The stomach was found to be greatly dilated, and the upper five inches of the jejunum markedly thickened and congested—no condition demanding surgical procedure was present. On the sixth day albuminuria appeared, and on the seventh a petechial eruption, passing on to purpura. This soon became generalized, and haemorrhage took place from the operation wound, which was unhealthy and gaping. The colic and melena persisted with some slight fever and evanescent arthritis, death occurring on the seventeenth day after admission. In this case the blood coagulation time was eleven minutes.

It is obviously impossible to generalize on these few cases. The lesson to be learnt, however, would appear to be the value in obscure abdominal cases of estimating the blood coagulation rate.

We are indebted to Lieutenant-Colonel D. Lawson, R.A.M.C., the officer commanding Queen Alexandra Military Hospital, for permission to publish the above accounts.

PYREXIA OF UNCERTAIN ORIGIN IN JAMAICA.

By Major W. F. M. Loughnan, M.C., D.A.D.P.

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In writing this article, my object is to bring forward evidence as to the nature of a short, definite, unclassified fever, prevalent in Jamaica.

Owing to the destruction wrought by the earthquake of 1907, it is impossible to consult any of the earlier medical annals dealing with the usual fevers of the island.

This febricula occurs in Europeans and non-Europeans, it is most prevalent amongst newcomers under 30 years of age, it has no mortality and frequently flares up into small local epidemics. The prevalence of the disease varies with the climatic conditions and to some extent with the season of the year.

At Port Royal, one of the outlying stations of the Jamaica garrison, which is situated on the sea level, the average annual strength of the European troops for 1907 and 1908 was 340.

In 1907, fifty cases were admitted to hospital for "slow continued fever," and in 1908, sixty-three cases were admitted for "pyrexia of uncertain origin." (From 1908, "pyrexia of uncertain origin" is used in the nomenclature of diseases instead of "simple continued fever"; the use of the latter ceased to be official in 1907). The monthly incidence of these fevers was as follows: