Heredity in purpura haemorrhagica / by J.F. Knott.

With the Author's Compliments

HEREDITY

16

IN

PURPURA HÆMORRHAGICA.

BY

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ETC., ETC.

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HEREDITY IN PURPURA HÆMORRHAGICA.*

THE case which forms the text for the communication which I have the honour to bring before the Medical Section occurrred in the practice of my friend, Dr. Roughan, of the Frenchpark Dispensary. I was staying for a few days in the neighbourhood, and saw the patient, in consultation with Dr. Roughan, on the first day of his illness. He was a man of seventy years of age, who had enjoyed fairly good health up to that date. He was attacked with epistaxis in the morning, and, as this had resisted the usual household remedies, medical aid was summoned. We saw the patient about 3 p.m. The bleeding from the nose—principally, if not solely, from the right nostril—still continued steadily; it was moderately profuse. The loss of blood up to that time amounted to about a pint. It coagulated fairly well, and a pendent clot, up to an inch and a quarter in length, or so, always tended to form at the anterior part of the septum narium, when this region was left untouched for a few minutes. The patient was sitting upright in a chair, with the head leaning forward, and was naturally somewhat weakened by the loss of blood. What specially alarmed both him and his family, however, was the fact that an apparently similar attack had proved fatal to his son, a young man of twenty-one, about a year before.

On examining the patient, I observed some small ecchymotic patches on the temples, which led me to look over other parts of the surface, when I found that dermic extravasations—for the most part extremely minute—had formed here and there over the

* Read in the Section of Medicine, January 27, 1888.

whole cutaneous area; they were best marked on the temples and lower part of legs, but no part of the surface was quite free. The patient's attendants had already noticed them; and, on inquiry, I ascertained that, in the case of his son, already referred to, a similar phenomenon had occurred. The young man, like his father in the present instance, had been seized with epistaxis without assignable cause. Cutaneous extravasations began to form almost simultaneously. He was skilfully attended by Dr. Walsh, now of the Castlerea Dispensary, but the bleeding resisted everything that medical skill could devise. It persisted during the night, and, in the course of the second day, the patient "vomited up a basinful of black blood" and died soon after. This history interested me very much. Further questioning elicited no other peculiarities, either of health or disease.

Our patient, whose epistaxis we were specially called upon to treat, was of a somewhat apathetic disposition, but appeared possessed of about average intelligence. The body was fairly well nourished; there was no more evidence of anæmia than would be accounted for by the loss of blood which had occurred during the present bleeding; a slight venous hum was heard over the external jugular vein; there was no œdema of the legs, and no evidence of organic disease of the heart; the pulse was beating regularly at the rate of 78 per minute, and was soft and compressible. The patient was now placed sitting bolt upright in a chair, with the feet in water containing mustard, as warm as could well be borne, and was taught to compress the right nostril with the left hand, while he held the right arm vertically above the head. Local astringents were applied at intervals; tr. fer. per. was administered by the mouth, and a full dose of ergotin hypodermically. All these things failed, however, to control the hæmorrhage; the blood escaped into the pharynx when prevented from passing by the nostril, and, after three-quarters of an hour of this experience, the purpuric rash was obviously increasing, while the epistaxis continued as before.

Accordingly, it was determined to plug the posterior nares—a procedure which I effected with the aid of a modification of

Bellocq's cannula, ingeniously devised by Dr. Roughan, and much more convenient and satisfactory in application than the original instrument. The plug was firmly lodged, and the nostril was also filled with lint, steeped, as was the posterior tampon, in turpentine, and firmly secured in position by knotting over it the ends of two ligatures attached to the plug behind.

During the operation of plugging I noticed that a slight abrasion, or, apparently, an amount of friction, which, ordinarily, would have had no effect, caused the mucous membrane to bleed freely; so that the escape of blood during the procedure was considerable. The patient, accordingly, felt faint when the operation was concluded; but I would not allow him to lie down for some time after, as I hoped that he should derive further hæmostatic advantages from the temporary cardiac weakness while in the upright position. When this latter symptom had passed away the patient was placed in bed as comfortably as we could make him, with the head raised, and the feet comfortably warm. Still, although the bleeding was checked, a slight oozing continued, and the coagulative power of the blood seemed diminished, so that it soaked *through* the compressed lint with comparative ease, although in small quantity. A supply of medicine (tincture of the perchloride of iron) was left with the patient, with directions for regular administration. I had, from the first, given the gravest possible prognosis; and, at our suggestion, a clergyman was at once sent for, and the rites of the Roman Catholic Church, of which the patient was a member, were administered before we left the house.

Dr. Roughan and I again saw the patient next day, and found him fairly comfortable, except that he complained a little of "the thing" in the back of his throat—meaning the plug. The same slight oozing of blood still continued. The pulse was now 72 per minute, soft and compressible, but apparently much more full than on the previous day. We did not think it advisable to disturb the plug. A hypodermic dose of ergotin was given, and the patient got an increased quantity of his iron styptic.

I did not see the patient again. Dr. Roughan afterwards informed me that he died on the following Thursday; the same

oozing of blood having continued to the end, and the patient getting gradually weaker. Dr. Roughan did not see him on the day of his death; but a letter which I received from a young friend of mine living in the neighbourhood, who is a highly distinguished graduate of Trinity College, and who, being much interested in our patient, saw him at frequent intervals, contained the following information:—That the patient "died on Thursday night, after lingering, but generally in a conscious state, until that time. The only observation I made about him was the strong, regular pulse, which remained until just before his death, or, at least, until a few hours of it, when I last felt him. It did not seem to have grown in the least fainter despite the loss of blood, which, at intervals, continued to trickle from the nostrils. He was able to take a beaten-up egg, and a few other things; but, for more than half the time after you left him, he remained in a sleepy or semi-conscious state, though when he awoke out of it he was wonderfully conscious."

This case presents several points of interest, whether we examine it with regard to the diagnosis, its pernicious tendency, or the history of heredity. The latter, as shown by the occurrence of a train of similar symptoms in father and son, involves a complication in the diagnosis, as it might lead some of us to think of hæmophilia, the hereditary tendency of which is usually much more pronounced, and which, in some cases at least, runs a very similar course. But the absence of any preceding indication of "love of bleeding" decided me in my original view of the case as one of the "morbus maculosis" of Werlhoff—more familiarly known by the name which I have placed at the head of this communication. I should also mention, before concluding, that there was no elevation of temperature, and no enlargement or tenderness of the joints, and that, although there was some melæna afterwards, it was not more than would be accounted for by swallowing of the blood which trickled down the pharynx from the posterior nares.

I do not think it advisable to lengthen this short note of an uncommon form of disease by discussing any of the thousand and one shadowy theories of purpura and hæmophilia which have up to the present been placed before the professional public. None of

them appears to me to have any established basis of demonstrable scientific facts. The peculiar clinical features of the case itself will, I trust, be accepted as a sufficient apology for my introduction of it to the notice of the Members of the Royal Academy of Medicine in Ireland.