

WILLIAM HEBERDEN'S CASES OF ANAPHYLACTOID PURPURA

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Of William Heberden (1710-1801) Dr. Wells, in a letter to Lord Kenyon, wrote, 'Dr. Heberden, my Lord, stands in a manner alone in his profession. No other person, I believe, either in this or any other country, has ever exercised the art of medicine with the same dignity or has contributed so much to raise it in the estimation of mankind'. Heberden's modesty, integrity and scholarship earned him the admiration of his contemporaries and the affectionate respect of his biographers. In his writings he recorded accurate observations of disease in a simple lucid style. He contributed many papers to the Philosophical Transactions of the Royal Society and to the Medical Transactions of the College of Physicians. He is now remembered particularly for his descriptions of chicken pox, angina pectoris and the nodes in osteo-arthritis.

His 'Commentaries on the History and Cure of Diseases' was published by his son William Heberden in 1802, the year after his death, first in Latin and later in English. The Commentaries were built up gradually from notes taken from day to day during his active professional life. They were revised each month and expanded or modified until 1782, after which year no significant alteration was made. Chapter 78 of the Commentaries, entitled 'Purpureae Maculae', includes two brief case reports.

'A boy, four years old, for several days had swellings rise on his knees, legs, thighs, buttocks, or scrotum. The part affected was not discoloured, and when at rest, was easy, but could not be moved without some degree of pain. Together with these swellings there appeared red spots sometimes round, sometimes angular, a quarter or half an inch broad, which on the second day became purple, and afterwards yellow, just as it happens from a bruise. The child continued perfectly well in all other respects. These swellings ceased to appear in about ten days;

but the red spots continued coming out a few days longer.

'Another boy, five years old, was seized with pains and swellings in various parts, and the penis in particular was so distended, though not discoloured, that he could hardly make water. He had sometimes pains in his belly with vomiting, and at that time some streaks of blood were perceived in his stools, and the urine was tinged with blood. When the pain attacked his leg, he was unable to walk; and presently the skin of his leg was all over full of bloody points. After a truce of three or four days the swellings returned, and the bloody dots, as before. These dots became paler on the second day, and almost vanished on the third. The child struggled with this uncommon disorder for a considerable time, before he was entirely freed from it.

The first of these boys immediately grew better after being gently purged; the other took a decoction of the bark for several days without any manifest good effect.'

These children were certainly suffering from anaphylactoid purpura. Gairdner (1948) gives Willan (1808) the credit for the first description of a patient with this syndrome. Neither Heberden nor Willan differentiated the syndrome from other forms of purpura but Heberden clearly described the association of the skin lesions with gastrointestinal symptoms, joint pain and haematuria. Although Schönlein (1837) and his pupil Henoch (1874) are rightly commemorated for establishing the syndrome as a distinct entity, Heberden's admirable clinical description does not deserve the neglect which has been its fate.

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