morbidity in patients with acute medical conditions.^{2,4} Patients with psychiatric morbidity have a poorer outcome in terms of social adaptability and also further mortality and morbidity.⁵

The ratio of men to women in this study was 3:1, with 29% (14/48) of the patients with depression and 23% (14/60) of those without depression being women. Strikingly, 14 of the 16 patients who had a poor outcome were men ($p < 0.001$).

Relation between score on Montgomery-Asberg rating scale and good and poor outcome

Outcome	Score on rating scale		Total
	<14	≥14	
Good	58	34	92
Poor	2	14	16
Total	60	48	108

Clearly, depression in men in the first 24 hours after myocardial infarction represents a considerably increased risk of early death, reinfarction, or myocardial arrest, and therefore these patients should be closely monitored for longer than is at present routine.

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Henoch-Schönlein purpura associated with legionnaires' disease

Legionnaires' disease, which classically presents as an atypical pneumonia,¹ has occasionally been associated with cutaneous complications.^{2,5} We report a case in which the presenting features were those of Henoch Schönlein purpura, for which no other cause was found.

Case report

A 43 year old homosexual man was admitted with a 10 day history of malaise, fever, dry cough, and arthralgia and a four day history of an eruption on the buttocks, legs, and extensor surfaces of the arms. Indomethacin had been prescribed by his general practitioner for symptomatic relief after the rash developed, and he was not receiving any other drugs. Three days before admission he developed colicky abdominal pain associated with the passage of bright red blood per rectum. Direct questioning elicited that he had contracted yellow fever, malaria, hepatitis, and amoebic dysentery while on a visit to Nigeria 21 years previously and had been treated for gonorrhoea nine months previously.

On examination he was febrile (temperature 38.2°C), with reduced breath sounds, dullness to percussion, and crepitations at the left base of the lung. There was mild tenderness of the abdomen, and rectal examination gave normal results. The results of cardiovascular and neurological examinations were also normal. He had a widespread maculopapular purpuric eruption scattered over the legs and buttocks typical of Henoch Schönlein purpura (figure). Haematological investigation showed a normal haemoglobin concentration with a leucocytosis of $13.1 \times 10^9/l$ (neutrophils $11.2 \times 10^9/l$, lymphocytes $1.2 \times 10^9/l$, monocytes $0.6 \times 10^9/l$); a platelet count of $380 \times 10^9/l$; an erythrocyte sedimentation rate of 34 mm in the first hour; a British clotting ratio of 1.1; a negative result to a Paul-Bunnell test,

and no cryoglobulins or cold agglutinins. Electrolyte, urea, serum urate, immunoglobulin, and complement concentrations were normal, as were renal clearance of edetic acid and results of liver function tests. Blood cultures, sputum culture, and midstream specimen of urine produced no growth, and there was no proteinuria or microscopic haematuria. A chest x ray film showed shadowing at the left base.

Treatment was started as for an atypical pneumonia with intravenous erythromycin, and this led to rapid resolution of the chest signs and the rash. The following were found subsequently to be negative or normal: antistreptolysin O titre; results of the Venereal Disease Research Laboratory test and *Treponema pallidum* haemagglutination assay; hepatitis B surface antigen; antinuclear factor; and autoantibody screen; and titres of antibodies to *Mycoplasma pneumoniae*, *Yersinia*, *Chlamydia psittaci* and *Coxiella burnetii*. *Legionella pneumophila* antibody titres, by contrast, rose from 1/16 on admission to 1/64 five days later, as measured by both the rapid microagglutination test and the immunofluorescence antibody test, which is diagnostic of legionnaires' disease (Public Health Laboratory). In

Purpuric eruption on buttocks and legs.

view of the patient's social history skin biopsy was postponed pending the result of a test to determine whether he was positive or negative for antibody to human immunodeficiency virus. By the time we knew that he was negative the skin eruption had faded, so that a specimen could not be obtained for histopathological examination.

Comment

There have been only four previous reports of a cutaneous eruption associated with legionnaires' disease; these eruptions have included thrombotic thrombocytopenic purpura,^{2,3} disseminated intravascular coagulation,^{3,4} and erythema multiforme.⁵ To our knowledge this is the first recorded case of Henoch Schönlein purpura associated with legionnaires' disease.

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