

Her heart and lungs are normal. Urine high colored, sp. gr. 1030, acid, and contains no albumin or sugar. Microscope shows amorphous urate and crystals of uric acid.

It is as yet impossible to say how deep these sloughs will prove to be. At any rate, it is quite evident that they involve the whole of the true skin.

I am inclined to think that quite possibly the phlebitis or endarteritis following the typhoid may have had an etiological influence. It may also be of the nature of Raynaud's disease. It has been suggested that the condition is self-inflicted. I don't know how she could have produced this condition if she had tried. I am quite sure that I could not do it. I don't know what I could use to gain this result. This is the fourth time that she had suffered from a similar condition, and always on the same foot and leg. There is not, so far as I know, any other evidence of hysteria about her.

These patches do not all lie within the area supplied by any one artery or any one nerve.

Dr. R. C. KIRKPATRICK said that the patient had been under his care some months before, and the leg was then in a much less marked but somewhat similar condition. There were two or three spots of gangrene on the foot, which were quite superficial, and his impression had been that they were self-inflicted.

As bearing on this case he had brought another patient somewhat similarly affected, the condition in this case being undoubtedly due to a burn from a hot water can. He thought that a lesion was more likely to have been produced by the patient than due to an arrest of the arterial circulation.

Dr. F. J. SHEPHERD had come to the same conclusion after seeing the case, and referred to several other cases that he had met with, notably one in which a series of rings of gangrene appeared, following each other at short intervals. As soon as a watch was set upon this patient and her hands kept tied, the eruption ceased appearing.

Dr. D. F. GURD referred to a case which had come under his notice. A slough appeared on the skin of the leg in a child during convalescence from scarlet fever, although no hot applications could have been the cause.

Dr. JAS. STEWART asked if the patient showed any evidence of hysterical stigmata. He did not know of any means either from heart or irritants that could induce such a condition. He considered it neurotic in origin.

Dr. ARMSTRONG replied, that so far as known the patient showed no evidence of hysteria, and he agreed with Dr. Stewart that no artificial means that he knew of could produce deep sloughs of such a character.

#### ANEURISM OF THE ASCENDING PORTION OF THE AORTIC ARCH, LEADING TO EXTERNAL RUPTURE.

Dr. JAS. STEWART and Dr. J. G. ADAMI reported this case.

#### LIMITATIONS OF THE VISUAL FIELD OF INTRA-CRANIAL ORIGIN.

Dr. J. W. STIRLING read a paper on this subject.

Dr. JAS. STEWART referred to one of the cases mentioned by Dr. Stirling as showing the great value of a thorough examination