

2nd. The treatment hinged on whether this complication was a medicinal irritation or a manifestation of the original disease. Should I have increased the dose of mercury above  $\frac{1}{2}$  grain a day, which he was taking when the disease developed? I stopped it for two weeks, then began again with the small doses, which seemed to do some good for a few days, then a change for the worse came, and I stopped it again. I believe I should have continued with mercury from the beginning in doses sufficient to produce the ordinary constitutional symptoms.

#### POISONING BY A BELLADONNA OINTMENT.

Dr. F. W. CAMPBELL related the following case in practice: An acute rash is sometimes difficult to decide as to its character, especially in a defective or artificial light.

The other night he was called to a woman who had been confined three or four days previously. On examination he found a slight rash, universal all over the body, which had the appearance of measles, and somewhat crescentic in its character. Her temperature was a little over  $101^{\circ}$ . He forgot the exact figure, and the pulse was somewhat quickened. The patient was being treated with a view of getting rid of her milk. On enquiry he learned that an ointment containing extract of belladonna was being used on the breasts. All was then clear to him. He had a belladonna rash to deal with. Dr. Campbell also mentioned several cases of belladonna poisoning from the local application of belladonna liniment in small quantity.

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*Stated Meeting, Oct. 30th, 1896.*

GEORGE WILKINS, M.D., President, in the Chair.

#### GANGRENE OF THE FOOT.

Dr. G. E. ARMSTRONG showed a young woman 24 years of age with spots of gangrene on the dorsum and inner and outer border of the left foot. These spots were seven in number, and varied from the size of a 5 cent piece to an area  $2\frac{1}{2}$  inches in diameter.

He said: the patient was admitted to the Montreal General Hospital ten days before.

Four years ago she suffered from typhoid fever, and during convalescence her left leg became painful and swollen, and remained so for several weeks, ultimately returning to its normal shape and size. This is the fourth time that spots of gangrene have appeared on the left foot and leg during the past two years. One patch occurred just behind and a little below the left knee joint.

About six months ago the patient had been under Dr. Kirkpatrick's care in the Montreal General Hospital for a similar condition.

Her father, mother, and several brothers and sisters are living and well.

The onset occurred suddenly without any recognizable symptoms, and, so far as I can ascertain, without any probable exciting cause. She denies having worn tight shoes, or having received any injury to the foot, and says she has not been taking medicine of any kind.