

after their appearance the spots became markedly infiltrated, and the surrounding tissue was slightly oedematous. In some regions, the arms especially, the swelling was acute and associated with tenderness and pain, probably due to the tension. Within twelve hours the infiltrated spots showed blood extravasation. They had at first a pinkish color, with here and there a central spot of a darker shade. In some instances the whole spots became dark from extravasated blood. In another forty-eight hours the infiltration had disappeared, and the color changes in the spots had commenced. These were very striking, the body being covered with brown, red, and coffee-colored spots. In many places, where several wheals had run together, a large, irregular, sharply defined spot was seen. The extravasated blood in the greater proportion of the eruption was rapidly absorbed, and the spots gradually disappeared, going through the various color stages of a bruise; but in certain places, instead of the extravasation being of moderate extent, it continued to increase and finally destroyed the part, forming deep sloughs, which slowly separated from the tissues below. This local gangrene, which occurred in the mouth and pharynx as well as on the surface, was most marked about the right and left shoulders and upper arms. In these latter spots the process was very rapid. First, large, irregular, and raised patches were seen, much indurated and very painful. These patches were in size from a fifty-cent piece to the palm of the hand, the larger patches being due to the fusion of several smaller ones. The central portion was of a dark purplish color, fading gradually to bright crimson, pink, and pale pink. The tenderness and pain as well as the inflammatory areola were marked. Later, the central portions of the spots became quite black, and blebs appeared on the surface, and soon a line of demarcation formed, and the dead began to separate from the living. During the separation of the sloughs the patient had a rise of from two to three degrees of temperature and felt ill and miserable. As the sloughs separated, his condition improved, and he was discharged from the hospital about the middle of June, with healthy granulating ulcers, which were dressed from time to time, and did not completely heal until September last. The patient has had no pain in joints and limbs since leaving hospital. That salicylate of sodium is the cause of skin lesions is well known. After the administration of this drug the appearance of erythema or urticaria has been frequently noted; in some cases intense itching has been the chief symptom, and cases of oedema of the eyelids following its use have also been reported. Freudenberg (*Berlin. klin. Woch.*) reports a case in which a petechial eruption occurred after the taking of five grammes (seventy-five grains) of sodium salicylate. These pe-