

spirits of turpentine was given to her mixed with an ounce of whiskey. The mistake was noticed only after the turpentine had been swallowed, but nothing was then done except to take a dose of castor oil. The turpentine was given at 11 o'clock in the evening. A short time after the patient fell asleep and awoke at 4 a.m. complaining of sickness at the stomach. She vomited soon afterwards and was then restless till about 8 a.m., when a convulsion came on followed by a state of unconsciousness. I saw her a few minutes after the onset of the convulsion, and found the following condition present. Pulse weak, feeble and rapid, face and lips pale, patient restless, delirious at times, talking incoherently, but could be partly roused.



Urine had been passed in quite a quantity since last evening, no irritation of the urinary organs at any time.

Whiskey, sweet spirits of nitre, milk, and sweet oil were given, and warmth applied to the body; vomiting was induced by irritating the fauces. The vomited matters had a strong odor of turpentine, ten hours after the turpentine had been taken. The bowels were moved by magnesium sulphate and injections. After vomiting severely a number of times she regained consciousness, and immediately complained of a burning pain in the right leg, saying that erysipelas was coming on, as

she could feel the leg hot and painful. On examination the back part of the leg and thigh was found to be red, swollen and covered for a space of five inches by thirteen by a bulla or blister exactly resembling a burn. On pricking the blister the contents were watery with a strong odor of turpentine, and in quantity about ten ounces.

The position of this blister was behind the knee, and reaching from one inch above the fold of the ham to eleven or twelve inches down upon the calf of the leg, in width from three to five and one half inches. At 11 o'clock in the morning the temperature of the patient was 100, pulse 100.

By evening of this day temperature and pulse were normal.

Next day the skin beneath this blister looked dark in color, and on the 3rd day it became quite black, and it was evident that death of the skin had taken place.

About the 6th day the line of demarcation appeared between this dead skin and the surrounding healthy parts, but the sloughs were not completely separated till the 21st day, leaving a cavity four inches by twelve, and in depth, down to the muscles, the skin and sub-cutaneous tissue dying and coming away.

On the 27th day the cavity was filled to the level of the surrounding skin, and skin grafting was done by means of small sized pieces of skin laid on the now healthy looking granulations. The grafts took well, and the ulcer was healing rapidly, when the time for the ordinary monthly sickness approached. At once the ulcer began to look unhealthy, and a few granulations in the centre of the sore died. On the 36th day this small dark spot appeared, and on the 43rd day *all* the granulations had died and come away, carrying all the new skin grafts except two, which had been near enough to the edge to receive nourishment from this source.

On the 47th day new granulations began to form all over the floor of the ulcer, and the edges were growing in rapidly. On the 48th day the accompanying photograph was taken.

On the 50th day the ulcer was healing in all parts and looking well, new skin grafts taking rapidly. About this time the general health began to improve, the patient being able to be driven out, with the limb elevated.