

Four years ago she had a severe attack of typhoid fever. After convalescence had been established some time, she felt a severe pain in the left groin. This was followed by rapid swelling of the whole leg, which in two days reached its maximum, and afterwards gradually subsided. There was always present a sharp pain, which sometimes prevented sleep. When the swelling had disappeared from the leg there was a tendency to edema of the foot if she stood about much. A year later ulcers broke out on the dorsum and inner side of left foot. She said they looked very much like those she had now, and that there was dead skin which had to be separated. She was treated for these sores in hospital, and the scars are plainly visible. In January, 1894, the sloughing of skin came again in the same foot and leg. The skin now turned black, but when it came away did not leave such deep scars as formerly. Last March, 1896, she had another attack of the same kind of sores, for which she was treated in this hospital, and was discharged, cured, after a few weeks, the ulcers left by the sloughs being healed by skin-grafting. Since discharged from hospital she has been quite well, except that the left foot was inclined to swell. A week ago foot and leg became inflamed and swollen, and a day later the skin became discolored in patches, and around the dark discoloration there was considerable inflammation. On entering the hospital the following note was made of her condition:

"Patient is an intelligent, healthy looking, well-nourished girl, with a bright complexion; pulse and temperature quite normal. Several scars are seen about the calf of leg and dorsum of foot, and one bluish mark above the knee, which, she said, was due to a bullet wound, from the accidental discharge of a revolver. The exit of the bullet is also seen in the outer side of leg, above the tuberosity of the tibia. Over the foot and ankle are several white scars, due to former ulcers. On dorsum and inner side of the left foot, reaching as far as the great toe, are four well-defined necrotic patches of skin of various sizes, from half an inch to five inches in length. The largest patch, five inches long and two broad, is on the dorsum of the foot; the smallest a little below, and the two remaining ones on the inner side. There are a few very small patches in various parts of dorsum and outer side of foot. The foot is swollen, but the inflammatory reaction is very slight. All the patches are quite black, and around each is beginning a line of demarcation." (Fig. 2.)

There is nothing abnormal about the girl, and hysterical stigmata are not present. In a month the sloughs had separated, leav-