

effect on the pupil of the eye of the younger girl was quite perceptible. I also gave hypodermic injections of brandy.

A message had been dispatched for Dr. McLaughlin, of Bowmanville. On the Dr.'s arrival we used the stomach pump with all three, and after removing the contents of the stomach we pumped in a strong infusion of green tea.

In spite of all our efforts the elder sister grew gradually worse, the pulse became small, thready, and at 4 a.m. rose to 160. The younger girl had shown better symptoms all through, although at one time her pulse rose to 145, and the prognosis was very doubtful. At 5.30 a.m. when we attempted to pump in some warm milk and an infusion of tea, she struggled a good deal and finally roused up sufficiently to look around, we had her removed at once to her bedroom, and gave her a good potion of castor oil. The other poor girl died at 6 a.m., having never rallied in the slightest from the time she first became unconscious. Continued giving the father strong tea, warm milk, brandy and aromatic spirits of ammonia, by means of stomach pump. It was necessary to hold his tongue protruded from his mouth all the time to enable him to breathe at all easily. His pulse varied from 130 to 170. At noon he rallied a little, opened his eyes, looked around and resisted slightly when we were using the pump. The drug, however, had done its work with an enfeebled constitution. In the afternoon he sank gradually and died at 4 p.m., eighteen hours after partaking of his herb tea.

The remaining daughter slowly recovered, but was very ill for three weeks. The tongue, throat and fauces were swollen to such an extent that but little could be swallowed for a day or so. There was complete aphonia for a time; harsh, dry cough, with considerable bronchial irritation. Quite a scarlatinal rash over a greater portion of the skin, which lasted two or three days. For two weeks the temperature of

the body ranged from 101° to 103° Fahr., and the pulse from 110 to 125.

Treated symptoms as they arose, and the patient finally made a good recovery.

I may state here that Dr. McLaughlin fully concurred in my opinion as to the character of the poison. In examining the remaining herbs not used for the infusion we could find no trace of any poisonous plant, and that from which they drank the tea had been boiled too much to distinguish the various herbs. There was a peculiar narcotic odor very perceptible from the boiled herbs, the contents of the stomach, and also from the urine—withdrawn by catheter—very similar to the odor of the tincture of belladonna, with which we compared it.)

(Mrs. T. stated that the herbs had been gathered by the deceased husband. That he did this work in a very careless manner, just plucking them in handfuls as they happened ~~to come~~. She also informed me that a large weed grew in the garden bearing a round berry of a purplish hue when ripe. I found, on inquiry, that large quantities of this weed grew in the neighbourhood, and from its description have no doubt that it is the atropa belladonna, or deadly nightshade. That the plant must be very rich in its active principle atropia is evidenced by this case, as it is not likely that more than one stalk and its leaves were in the infusion, as any larger quantity would have been observed in the small amount used.

In the fatal cases putrefaction commenced very soon after death, and the bodies were covered with livid spots. There was also a bloody discharge from nose and mouth. The smell was very peculiar and offensive. The bodies were interred the day after death, and the features were so much discolored that the caskets were kept closed at the funeral.

Very much has been written as to the antagonism of belladonna and opium, since Prosper Alpin, in 1570, first observed the