

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a peculiar narcotic odor very perceptible from the boiled herbs, the contents of the stomach, and also from the urine—withdrawn by catheter—very similar to the odor of the tincture of belladonna, with which we compared it.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. 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 enquiry, that large quantities of this weed grew in the neighborhood, 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 that the action of the latter drug was greatly enfeebled when given in combination. Dr. Anderson read a paper in Edinburgh in 1854, showing that these drugs were antagonistic in their action upon the system. Trousseau, in his "Treatise on Therapeutics," also makes this a strong point. He says:

"Angelo Poma, Cazin, Benjamin Bell, Béhier, Lee, McNamara, Seaton, Frelenmeyer, Onsum, Bathurst Woodman, and Fomüller, all give cases of belladonna poisoning cured by opium. In these cases it is remarkable that persons poisoned by belladonna have been able to take enormous doses of opium without showing the symptoms of intoxication from opium." According to M. Béhier the quantity of opium required to combat the intoxication of belladonna ought to be greater than that

of the belladonna taken. In the case of the girl that recovered, although I gave her  $1\frac{1}{2}$  grs. of morphia hypodermically in two hours, she regained consciousness in four or five hours after, and exhibited none of the usual symptoms expected from large doses of that drug.

#### PARACENTESIS OF THE PERICARDIUM.\*

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I was first called to see the patient, a married woman, aged 30, on the evening of June 10th, 1883. She stated that, three weeks previously, she had been seized with severe pains in the joints, attended with high fever. A day or two afterwards, she complained of pain and violent beating at the heart.

Condition on June 10th. She was unable to lie down with comfort; the face was pale, anxious, and slightly œdematous; the breathing was short and panting; the heart's action tumultuous, and its movements could be perceived through her clothing. On examination of the chest, a dull area was found over the præcordial region, extending from the right edge of the sternum towards the left for about eight inches, and from the seventh intercostal space to the level of the upper margin of the second rib. A loud distinct to-and-fro murmur at the apex, and a harsh systolic murmur at the base, were the sounds heard on auscultation. The lower lobe of the left lung, posteriorly, was very dull on percussion, and conducted the heart-sounds, so that the murmurs could be very distinctly heard in this situation. Over this area, there was also puerile respiration and increased vocal resonance. A narrow strip, giving normal sounds on percussion, extended down the side from the axilla, and divided the dull areas in the front and back of the left chest. The pulse was small, irregular, and 120 per minute. She was troubled with diarrhœa.

Blisters, iodine, and diuretics were employed, and for a few days the fluid diminished; but the symptoms became aggravated, and the dyspnoea and agony about the heart became unbearable. To use the patient's own words, she felt "as if the heart was going to burst." She could get no rest except when propped upright, and she frequently