

about seven o'clock, shortly after having taken a warm cup of tea, but previous to this she had been dizzy. The vomiting had continued, and diarrhea with cramps had soon followed. She attributed her condition to biliousness. Fainting spells came over her. The efforts at vomiting were so distressing that, together with a cry for want of air, I was sent for. I inquired if she had eaten anything that had disagreed with her, but she said she had not; in fact, she said all she had that evening was the cup of tea which she says started her to vomit. Her condition at first glance seemed somewhat like what one sees in cases of internal strangulation; but there was no protrusion or tenderness at those places where one usually looks for these conditions. The belly was flattened and reddened over the stomach, where mustard had been applied. The pupils were somewhat contracted; the pulse 110 and thready; temperature, 100. The extremities were cold. The most distressing symptom was the dyspnea, and to relieve this I gave her a hypodermic of 1-50th grain of atropia, as I was really at a loss as to the cause of her condition. In about ten minutes there was some perceptible ease, and she could lie down; previous to this she had to be held up. I remained another five minutes and her respirations were much better. I now left her and returned in an hour, and found her about the same, probably a little better. Pulse, 100; temperature, 100.4; extremities cold; pupils partially dilated; respiration much better, but hampered. She was not so stupid as when I saw her before. She asked me if eating mushrooms would produce this condition, for she remembered that during the afternoon, while preparing some, she had eaten a few small pieces that she had cut off. She had taken two or three pieces, each about the size of a small white bean. I was thus enlightened as to the causation of her condition, and finding her pupil only in the partially dilated state, I immediately gave her another hypodermic injection of 1-50th of a grain of atropia, and in about half an hour her breathing was quite natural. Her dyspnea seemed chiefly inspiratory, thus differing from asthmatic dyspnea, which is expiratory. Her pulse rate was 90, and the application of heat had warmed her extremities; so seeing her condition in no way alarming, with instructions to send for me at once if required, I left her for the night, and saw her early next morning, when she was quite her natural self, with the exception of a heaviness over the abdomen and a dry parched throat, and impaired vision due to atropine. I ordered a diet of thin gruel, with 15 minims of kasagra every four hours, until a free action of the bowels took place. I saw her that night, when she was practically better.

The interesting features in this case are: (1) The quickness