of one of the "mushrooms." She was a delicate child, suffering from rickets, and had never walked. She was taken ill and vomited at 10 A.M. on the next morning, and complained of thirst. She was purged, but did not suffer from abdominal pain. There was no sweating, no suppression of urine, or drowsiness. She was seen by Mr. T. E. Lovegrove (to whom I am indebted for many of these details) about midnight, and died at 1 A.M. on Aug. 22nd, about twenty-nine hours after eating the "mushroom." The necropsy was made at the General Hospital at 4 P.M. on the 24th, sixty-three hours after death. Decomposition was commencing. The left ventricle of the heart was contracted and empty; the right ventricle and auricle contained recent black blood clot. There was much post-mortem staining, but no punctiform ecchymoses, such as were seen in the previous case. The bladder contained only a few drops of urine. The kidneys were much congested. There were no definite signs of gastrointestinal irritation. There was abundant evidence of rickets. The brain was not examined.

Remarks.—Though alarming symptoms from "mushroom" poisoning are common, a fatal result is not usual. *Agaricus* (*Amanita*) *phalloides* has previously caused fatal poisoning, notably in some cases at King's Lynn a few years ago. It is most closely allied to *Agaricus* (*Amanita*) *muscaria*, from which the active principle muscarin is obtained. The symptoms, on the whole, so closely resembled those produced by muscarin, that I assume that this was the chief noxious principle. The following points are worthy of attention. Neither salivation nor lacrymation was observed in these cases. Though muscarin, topically applied, at once arrests the frog's heart and slows the heart of mammals, the pulse in this case was not slowed. This corresponds with its action as previously observed in human beings by Morshead and Ringer. Neither was the rapidity of the respiration affected, agreeing again with the experience of Ringer. A more important practical point is the antagonism of atropia. Ringer¹ says, muscarin arrests the heart in diastole, diminishes the blood pressure, depresses the circulation, causes strong contraction of the intestines and bladder, lessens urinary secretion, even to the point of suppression, and contracts the pupil. In all these particulars atropia promptly antagonises muscarin. Schiff believes that poisonous mushrooms produce other symptoms than can be accounted for by the action of muscarin, and he is led to believe that they contain two active ingredients, one having an opposite and the other a similar action to that of atropia. Lauder Brunton, in his Text-book of Pharmacology, recommends from two to four minims of liq. atropiæ, to be injected hypodermically in cases of mushroom poisoning. In this case one minim was injected twice at short intervals, and after the second dose the physiological effects of atropia were evident. The chief benefit was on the pulse, but the improvement was so slight and transient as to be very disappointing. It is true, the atropia may have been used too late, and that had I had an opportunity of trying it earlier the patient might have had a better chance. The pale, anæmic state of the kidneys shows that the suppression of urine was not due to renal engorgement, notwithstanding the lumbar pain. Whether it was due to contraction of the renal arterioles, to the specific action of muscarin on the renal epithelium, or, as is more probable, to the excessive drain of fluid from the blood by the inordinate watery purgation, I cannot say. I have previously tried atropine injected subcutaneously as an antidote in two cases of opium poisoning, but in each case without success. It is true that both cases were very unfavourable from the length of time that had elapsed before treatment could be commenced. Had they been less serious, probably atropine would not have been used.

¹ Handbook of Therapeutics, Eighth Edition, p. 489.

EDINBURGH MEDICAL MISSIONARY SOCIETY.—The annual meeting of this Society was held on the 18th inst., Mr. William Brown, F.R.C.S., president, in the chair. The accounts submitted showed that the income for the year, including £7024 of a balance from the previous year and legacies amounting to £3472, reached the sum of £15,902. After paying all expenditure, there remained an invested fund of £11,036, which had thus increased by £4012. The secretary, the Rev. John Lowe, afterwards submitted the annual report, which stated that steadily and manifestly the work of the Society continued to prosper.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF TRANSVERSE FRACTURE OF THE SCAPULA BELOW THE SPINE.

By G. E. DOBSON, M.A., M.B., F.R.S.,
SURGEON-MAJOR, ARMY MEDICAL STAFF.

BOMBARDIER G. J.—, Royal Horse Artillery, was admitted to hospital suffering from pain in the right scapular region, increased by motion of any kind, and especially so by motion of the right arm outwards and forwards. While engaged in assisting to move a heavy iron target he slipped and fell, and was immediately conscious of a sharp pain in the back of the right shoulder-blade, so much increased when he attempted to move the right arm that he was unable to continue to perform his duties. He was quite sure that the target had not fallen on him; while helping to carry it he had slipped on some round stones, and he believed that the weight of the target on his arm when he tried to prevent himself from falling had caused something to give way behind his shoulder.

On examination there was not the slightest sign of a contusion, or of any external violence. The form of the right shoulder and scapular region did not differ from that of the corresponding parts on the opposite side. The patient was able to place (though with pain) the fingers of the right hand on the left shoulder. On moving the right arm outwards from the side loud crepitus could be heard in the right scapula, and this with the aid of a stethoscope could be easily localised to the infra-spinous fossa. The case was diagnosed as a transverse fracture of the body of the scapula below the spine.

The right arm was supported in a sling and fixed by a bandage to the side of the body. A piece of gutta-percha, softened in warm water, was closely applied to, and accurately moulded over, the scapula and shoulder, and maintained in position by a bandage. Fourteen days afterwards the bandages and gutta-percha were removed, when some slight crepitus could still be detected with the aid of a stethoscope. The gutta-percha and bandages were replaced and allowed to remain for ten days, at the expiration of which period the crepitus was found to have altogether ceased; the patient had full use of the limb without pain, and he was discharged to duty.

The injury in question was evidently occasioned by muscular force. The patient slipped when engaged in sustaining a heavy weight, and in trying to make good his foothold and also sustain the weight the latissimus dorsi muscle was brought suddenly into violent action, when the inferior angle of the scapula, across which it extends, was also forcibly moved outwards and backwards against the tense body of the muscle, and, the upper part of the bone being fixed, fracture took place at a point between the opposing forces.

Exeter.

PUERPERAL ECLAMPSIA TREATED WITH PILOCARPINE.

By T. COKE SQUANCE, M.D., F.R.M.S.,
SURGEON TO THE HOSPITAL FOR WOMEN AND CHILDREN, SUNDERLAND.

EARLY on the morning of September 8th I was called to attend Mrs. L—, aged twenty-two, in her first confinement, her ordinary medical attendant being from home. I was informed that the "pains were slow," that she had been very sick, and complained of severe "pain in the head." On examination I found the os well dilated, head presenting, and membranes (which were very tough) unruptured. I ruptured the membranes and applied a binder, but after waiting for some time the pains became very feeble, and the patient showed such signs of exhaustion that I proceeded to deliver her with the forceps, subsequently removing the placenta, which was partially adherent. There was no hæmorrhage worth speaking of, and half an hour after the patient expressed herself as "feeling well." Her pulse when