

underbrush, and while climbing over a high log, which was near the body, tripped and, as the breach was jerked over the log, exploded the cartridge. It was common, he said, for hunters to carry their guns cocked ready for game. This theory seemed so plausible that no one present questioned it. The location of the wound was such, however, that this solution of the case was to me most unsatisfactory. While not impossible, it seemed very improbable, at least, that Moon could inflict the fatal wound upon himself.

Coon had on a cartridge belt similar to the one around deceased's body, and he still carried his shotgun. Acting upon my advice, he gave these into the custody of a constable who was a member of our party. All of the possessions found upon the body of deceased were also placed in the constable's hands for safe-keeping.

We carefully identified and marked weapons, belts and cartridges, and the following morning, Sept. 29, an autopsy revealed that death was caused by the gunshot wound, and that no contributing cause could be found. The oval-shaped wound, $1\frac{1}{2}$ by $1\frac{3}{4}$ inches on the surface, extended nearly through the body. The eighth, ninth and tenth ribs were fractured. The pleurae, lungs, diaphragm and liver were badly lacerated, and a larger portion of the charge had lodged in the heart. Most of the shot were flattened.

Over three dozen of these were secured, and after careful rinsing, to remove blood and serum, were sent by two witnesses to Leaverett Mears, professor of chemistry at Williams College, for weighing. A cartridge from each of the hunters' belts was sent him at the same time. Professor Mears returned the following:

This is to certify that I have weighed three specimens of shot brought me by Thomas Dumfries and Dr. L. D. Woodbridge, with the following results: One dozen flattened shot (used), more or less abraded, selected at random, 4.4 gm.; one dozen shot, selected at random from a buff-colored, unexploded cartridge, 5.65 gm.; one dozen shot, selected at random from a purple-colored, unexploded cartridge, 4.57 gm. The shot in the two cartridges vary greatly in size.

The shot from the purple cartridge (used by Coon) resembled those found in the wound, while those in the buff-colored cartridge (used by deceased) varied greatly. That Coon had shot his neighbor and emphatically lied about it, was very evident.

He was under a close surveillance of officers. The relations between the two men were carefully investigated. They were proven to have been the best of friends. No motive could be found for foul play. Our conclusion was that the shooting was accidental and that Coon dare not confess. The court postponed further inquest. Coon was a tenant of his and had worked for him, was poor and had a family, and the judge did not want him imprisoned. He therefore let the matter quietly rest.

Two months later Coon visited me and demanded permission to receive his gun, which was still in the officer's possession. I received him in my pri-

vate office and acquainted him with my theory of his having done the accidental shooting and, for fear of arrest, telling an unmitigated falsehood. He then broke down completely and, crying like a child, made a full confession, saying he had rather be hanged than suffer the conscious pangs of such secret wrongdoing. No arrest was made. The tender heart of the court allowed the case to rest.

A FATAL CASE OF MANDRAKE POISONING.¹

BY A. W. BUCK, M.D., FALL RIVER, MASS.

THE rarity of fatal cases of mandrake poisoning is the reason for my reporting this one.

Mrs. M., age thirty-one and in good health, on the morning of Feb. 7, 1902, asked a neighbor for some laxative medicine. The neighbor took from an unlabeled paper bag a teaspoonful of what she supposed to be compound licorice powder. This was mixed with a little water, and Mrs. M. drank it. She then (this was at 8.30 A.M.) ate a little breakfast, some egg and bread, but was soon seized with vomiting and purging. A doctor was sent for, who did not see her until 12.30 P.M. Meanwhile the vomiting and purging had continued. The patient had complained of feeling chilly and had gone to bed. Her condition, however, did not alarm her physician, who wrote a prescription calling for a small amount of bromide of soda, bicarbonate of soda and syrup of ginger, to be given in a little water, and left directions that he should be called if she was any worse. Mrs. M. took three doses of this prescription and then appeared to be resting quietly. Vomiting and purging stopped at 2 P.M. Her friends noticed that she appeared drowsy and somewhat difficult to rouse, but thought she was doing well. She continued to sleep quietly through the night, but at 7 A.M., finding that she could not be roused, the physician was again summoned. When he arrived at 8 A.M. the patient was dead.

Subsequently the powder was recognized as mandrake. Another similar bag contained compound licorice powder. No autopsy was made, because of the opposition of the family, and the recognition and acknowledgment of the accidental administration of the drug.

When I viewed the body at 9.30 A.M., Feb. 8, it lay in a position of repose. Pupils moderately dilated. Rigor mortis not present.

I regret that I am unable to give more accurate account of the symptoms, the only prominent features of which (and these I believe to be characteristic) were the vomiting and purging, their cessation with the approach of coma, deepening coma,—without stertorous breathing,—and death.

Medical Progress.

PROGRESS IN THERAPEUTICS.

BY ELLIOTT P. JOSLIN, M.D., BOSTON.

THE TREATMENT OF ACUTE AND CHRONIC NEPHRITIS.

v. NOORDEN¹ has recently combined in a monograph his publications on this subject. They differ from those of other writers in many respects, and

¹ Read before the annual meeting of the Massachusetts Medical-Legal Society, June 10, 1902.

¹ August Hirschwald, Berlin, 1902.