It is thought that no mistake was made by confounding the thickening of contraction with that which is due to actual hypertrophy. The valves were, in general, a little thickened and opaque, but not, apparently, inefficient. Muscular substance firm.

POISONING BY STRAMONIUM, AND ITS TREATMENT.

By D. B. PUTNAM, M.D., Boston.

NOTICING, in a recent number of the *JOURNAL*, a case of Poisoning by Stramonium, reported by Dr. Stevens, of Charlestown, I will add the result of my experience on the same subject. While in practice for several years in a part of the country where stramonium (Jamestown weed) grows in great abundance as a weed, quite a number of cases of poisoning by this plant came under my treatment.

A majority of the cases were those of children who had eaten the seeds (for these, by the way, have not a very bad taste), though a few were the result of suicidal intentions on the part of those of an adult age.

When called to a case, in an early stage of its toxic effects, I almost invariably found the patient laboring under dizziness, faintness, great distress, and a presentiment of approaching dissolution. Pupils were also found dilated, skin hot, pulse rapid and unsteady, corresponding, indeed, to the tumultuous action of the heart. At a later period, the patient would be found in a low muttering delirium, or with stertorous respiration, great heat of head, extreme dilatation of pupils, and a great insensibility to light. At this stage, also, a rash, somewhat resembling urticaria, would make its appearance in proportion to intensity of toxic symptoms.

My treatment of these cases was usually commenced by an emetic, which generally dislodged a large quantity of the seeds, and then followed by small and frequently-repeated doses of tinct. opii, which never disappointed in its antidotal responses. For, soon the heart's action would show a tendency to return to its normal standard; the stertor and delirium decline; and all the other distressing symptoms subside: the rash and mydriasis acting as a rear guard in the retreat of the array of toxic symptoms. As this was several years ago, and before the antagonistic therapeutical action of opium on one side, and stramonium and belladonna, &c., on the other, was revealed by direct experiment, the use of the former as

an antidote to the latter was inferred from their opposite effects on the pupil.

Before closing, I will state that, in two cases, I have used stramonium as an antidote to poisoning by opium, and from the promptness and certainty of effect manifested in these cases, I would suggest to the profession a trial of its virtues in cases of this sort.

By this short article, I merely present a sort of resumé of my experience in reference to stramonium, believing it to be the duty of every practitioner to throw something, though it be but a mite, into the treasury of medical information.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, SECRETARY.

In the last published report of the Society, it should have been stated that the case reported by Dr. Swan, occurred in the practice of Dr. Arnold.

JULY 10th, 1871.—*Section of the Ulnar Nerve, after which a Felon on the little finger caused no Pain.*—DR. PORRER exhibited the patient and reported the case.

A healthy young man, 22 years of age, 3 1-2 months ago was stabbed through the fore-arm by some sharp instrument, he does not know what. The point entered upon the inner and posterior aspect near the middle, about an inch inside the inner border of ulna, and came out on the anterior and outer surface, an inch to the radial side of median line. Following the injury there was complete loss of sensation of the parts of the hand supplied by the ulnar nerve, viz.: both sides of the little finger and the ulnar side of ring finger on the anterior and posterior aspects. It might be thought that there would be loss of sensation on the contiguous sides of the middle and ring fingers posteriorly, but the ulnar before supplying these generally receives a branch from the radial, which would account for the sensation being intact. The paralysis of all the muscles of the hand supplied by the ulnar could be easily demonstrated. First, The group of special muscles of the little finger forming the hypothenar eminence he could not contract in the slightest, the palmaris brevis could not be made to corrugate the skin on the ulnar border, as was easily done on the other hand. Second, The muscles of the thenar eminence or ball