

urine, it flowed freely from the opening; for it appeared tolerably certain that the canal was an open urachus. I was anxious to admit the child into Guy's, to see if anything could be done for his relief; but the mother refused, and I consequently had no opportunity of carrying out my wishes.

Cases like these are very rare, and are, therefore, worthy of a separate record.

I have thus, in these three lectures, brought before you the principal points of difference between the diseases of the various systems in the child and adult; and have, as far as I have been able, dwelt upon many of the special affections of early life. I have attempted to find an explanation of these differences, in the physiological and pathological processes as witnessed at these different periods of existence; and I have aimed at giving principles, rather than details of daily practice. How far I have succeeded I must leave to your kind judgment to decide. But of this I am sure, that I have advanced nothing which experience has not sanctioned; and, if I have been too short and brief in many of my descriptions, I have been so from the necessity which has been always before me of confining my observations to the few hours which are allotted to these Lettsomian Lectures. In conclusion, I have to express my thanks for the kind attention with which you have followed me; and to assure you that, if I have added anything either of interest or of fact to the important subject which has occupied our notice, I have been amply repaid, and I shall feel that the object for which these lectures were instituted has not suffered from having been intrusted to my care.

Original Communications.

CASE OF RENAL CALCULUS.

By W. H. DAY, M.D., L.R.C.P.Lond., Newmarket.

IN THE BRITISH MEDICAL JOURNAL for June 6th, 1863, Dr. John Brown of Rochester has related a very instructive case of renal calculus. After death, "four calculi and several ounces of thin pus" were found in the left kidney, and there was a large cyst in the right kidney. A case of renal calculus, beset at one time with obscurity in diagnosis, and attended with great danger to life, has lately come under my observation. I extract the following report from my case-book.

Mr. R., aged 59, a tall, well-formed man, of regular and active habits, and seldom ailing, except from occasional constipation, which usually yielded to a domestic remedy, was attacked on the evening of Oct. 8th, 1862, with severe stabbing pain in the left lumbar region, so that he could not keep in one position for a minute together. He vomited dark green bile, and could retain nothing on his stomach. His suffering was referred to the left side, between the crest of the ilium and the lower ribs. The pain was very acute, extending across the lumbar region to the edge of the spine; the pulse was quick and sharp; countenance most painfully anxious; tongue brown and dry. The abdomen was clear on percussion over the cæcum and region of the colon; but some dullness was detected at the umbilicus. The urinary secretion was scanty and high coloured, and the bowels had not acted for two days. Ten grains of calomel were placed on the back of the tongue, turpentine stupes were applied to the side, and a turpentine and castor oil enema thrown up the rectum.

On the 9th, he was worse; sickness had continued uninterruptedly during the night, and there had been no relief of the bowels; pulse 120. A cathartic enema was ordered, which returned without any tinge of faecal matter. Ten leeches were applied to the side; six grains of calomel and one drop of croton oil were given; and small doses of the sulphate and carbonate of magnesia, with syrup of ginger and dill water, were also ordered.

On the 10th, I found him much worse. The belly was tympanitic, and tender on pressure; his knees were drawn up, and his breathing was entirely thoracic; vomiting and hiccup were constant; and he could not keep his medicine down.

I was fearful, from these symptoms, that there was either internal strangulation, or very severe spasmodic stricture at or near the splenic curve of the colon, producing colic in its most severe form. I was impressed with the belief that in cases of obstinate constipation, with pain and sickness, purgatives are apt to become eventually irritants; I omitted the medicine prescribed the day before, and gave the citrate of soda in effervescence, with small doses of nitrous ether and prussic acid.

On the 11th, the bowels acted gently, and the vomiting and pain were relieved. Late in the evening, it seemed so probable that faecal matter was the main exciting cause in operation, that I determined to try two pills every four hours, made with two grains of extract of ox-gall, two grains of aqueous extract of aloes, and two grains of extract of hyoscyamus.

On the 12th, the bowels acted most copiously; and, although there was great tenderness in the left renal and splenic region, he was so much relieved, that I took my departure, after advising two of the pills twice a-week, and a dose of castor oil in the morning if they should effectually clear the bowels. He was to take a warm bath every night at bed-time.

He went on well till November 6th, when I was again asked to see him. A similar train of symptoms prevailed, and vomiting was again urgent. I now began to suspect the presence of a calculus in the left kidney; the bowels being undisturbed, and the pain extending in the course of the ureter.

On the 18th, he was cupped over the left lumbar region, and copious enemata of warm water were thrown up the bowels night and morning.

On the 19th, he was no better. Fearing that the case might lead to disorganisation in the kidney—although no enlargement could be detected, and there was an absence of pus and blood in the urine—I met Mr. Image of Bury St. Edmunds in consultation. He thought there was a calculus in the kidney, and advised a continuance in the treatment, particularly the enemata, to which the patient had a great objection.

A fortnight later, after despairing of recovery, and being very worn and shallow, he passed a calculus of phosphate of lime of the size of a horse-bean. From that hour, he rapidly gained his health and strength.

REMARKS. This case commenced with symptoms of spasmodic constriction in the splenic curve of the colon, or of strangulation at this part. No evidence existed of renal mischief, beyond the sickness and lumbar pain; there being no frequency in micturition, no trace of blood or pus in the urine, and no fever.* Such obstinate constipation is not usual where the intestines are not involved. This, no doubt, partially kept up a state of hyperæmia in the kidney, favourable to pain and vomiting, and unfavourable to the descent of the calculus.

* The pain of colic is often associated with sickness and retching; and it may occupy those parts of the abdomen which correspond to the place of the ureters. The urinary functions are undisturbed, and this is a capital point of distinction. The numbness of the thigh and drawing up of the testicle are sufficiently characteristic when they happen, but they are frequently altogether absent. (Dr. Watson, *Principles and Practice of Medicine*, vol. ii, p. 617.)

Later, we have indications of the presence of an irritant; though the same symptoms may occur, according to Sir B. Brodie, when there is no calculus in the kidney.

Another point applicable to all cases of constipation, irrespective of the cause producing it, is the danger of continuing aperient medicines when they have shown signs of failure. They increase the evil by adding to the irritability of the stomach, and exciting pain and commotion in the intestinal tube. We have a well marked example here of the stomach becoming quiet from the least irritating medicines. When this is achieved, if spasm alone exist, it relaxes under rest and sedatives, and the bowels begin to act.

A single calculus is less perilous than where several exist, as in Dr. Brown's case; for so long as it is small and remains in the pelvis of the kidney, it may give rise to scarcely any discomfort or uneasiness; but, when once it has attained any magnitude, it is likely to cause great suffering, till it either enters the bladder or again falls back upon the kidney. In the latter case, we must always be fearful of suppuration. It is not improbable that the constipation may have arisen independently of the renal disorder, and may have been the exciting cause of that disorder. If not, the coexistence of the two states increased the difficulty in diagnosis; for no sooner was the constipation overcome, than a mitigation of the other symptoms ensued. At the same time, it is not to be overlooked, that any disturbance or irritation of a vital organ like the kidney, is enough to derange the whole abdominal viscera, and to paralyse their functions.

MUSHROOM POISONING.

By THOS. R. MITCHELL, M.D., F.R.C.S.I., Swanage.

IN the month of October 1862, I was called to see a lady and gentleman, whom I found in the greatest state of alarm and suffering, which they attributed to having freely partaken of a dish of mushrooms about eight hours previously.

The lady's symptoms were much more violent than her husband's, and partook of more of the irritant character. She complained of a burning sensation extending down the whole pharynx, with great constriction; the stomach and abdomen were much distended; and the whole nervous system on the rack—no doubt from fright. The stomach was irritable; but there was no actual vomiting, but slight purging. She said her sight was dim, and that everything appeared blue.

In the case of the gentleman, the symptoms were more of a narcotic nature, and appeared much earlier. He was very drowsy, and complained of giddiness; and the symptom noticed above in the case of the lady, of everything appearing blue, was absent.

I lost no time in administering a zinc emetic to each of them; but I was obliged to repeat the dose in both cases before any effect was produced. Large pieces of undigested mushrooms were evacuated; and, after a smart attack of purging and vomiting, which left them weaker for a day or two, all bad effects disappeared, with the exception of both having nervous twitchings occasionally.

REMARKS. It is not usual for cases of poisoning by mushrooms to terminate fatally, although in some cases such has been the result; it being generally only necessary to get rid of the offending substance as quickly as possible. From some cases I have had under my care, I am satisfied that the constant use of mushrooms, and particularly of ketchup, is highly deleterious. We have no positive means of ascertaining whether a mushroom is poisonous or not; and, although there can be no doubt that a great many of them are not only harmless, but highly nutritious, still I should not feel inclined either to try or recommend many which have been highly ex-

tollated as excellent, and as possessing peculiar flavour. For instance, the *fistulina hepatica* has been compared to veal cutlet; the *hydnum* to oysters; the *lycoperdon giganteum*, or puff-ball, to sweetbread. Of course, there is no accounting for taste; and no doubt those persons who so strongly recommend us to get rid of our fears of all the toad-stools, are actuated by a kindly motive to supply the poor with additional food. At the same time, I think it is the duty of the medical man to warn people to be careful, particularly as it is well known that locality alone will influence the wholesomeness of the mushroom; and the rule laid down by Richard, one of the best botanists of the age, never to touch one that was not grown in a bed, is, I think, the best to be followed.

On examining some that were left from my patient's repast, I picked out two of the most poisonous species, the *amanita muscaria* and the *boletus luridus*. The former is used principally for making fly-poison in England; but in Tartary a very intoxicating liquor is made from it, and which is highly valued by the natives. A few days afterwards, I met a mushroom-gatherer, and stopped to examine her basket, and picked out in a few minutes eight or ten of the lurid *boleti*. I told the woman to throw them away, as they were poisonous; but she refused, saying that they yielded the largest quantity of ketchup of any kind. I, therefore, think it by no means improbable that others act similarly, and that many cases of indigestion and irritation are produced from the use of such impure ketchup in cooking. In like manner, I think we may account for children having illnesses after eating gingerbread, as it is well known that a fungus (*tilletia*) destroys wheat, and renders it useless for flour, from its fœtid odour, but which odour the ginger covers.

CASE OF PLEURAL FISTULA.

By F. WHITWELL, Esq., Shrewsbury.

RICHARD JAMES, aged 17, was admitted into the Atcham Union House on April 17th, 1862. The statement gleaned from himself was, that he was taken with pain in the left side on the 5th of May, 1861. He was bled to fainting, and ten leeches were applied next day; which treatment was followed by five blisters in succession. He was confined to his bed for eighteen weeks; and about the twelfth he observed a swelling forming a little below the left nipple, which the surgeon in attendance opened with a lancet, and let out about five pints of thick pus.

On my examination of the chest, I found the left lung quite impervious to air, the heart forced over to the right side, and a continuous drainage of fœtid pus from a fistulous aperture where the abscess had been opened.

I ordered a generous diet, and prescribed various tonics, with little if any improvement, until the month of September, when I told him that, if he would allow me to make the attempt, I thought I knew a mode of treatment very likely to be of service in his case. He was very anxious to have it tried.

The following day, I introduced a metallic catheter through the aperture in the walls of the chest to a distance of six inches, and drew off about a pint of very offensive pus, and then washed out the cavity with a weak solution of chloride of lime. This proceeding was repeated daily; and the discharge became less offensive, and the amount gradually diminished. I then substituted a solution of nitrate of silver (four grains to the ounce), which was used in the same way; and by the middle of November, the discharge having entirely ceased, the fistulous opening was allowed to heal.

During the treatment, I observed that, in proportion as the left lung resumed its functions, the heart approached its normal situation; and now there is little or