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-

tolled 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