I would sanction tracheloraphy, if the patient cannot give time for a better plan of treatment.

It will thus be seen that I consider the cases requiring tracheloraphy to be rare, and that I do not think it justifiable for the repair of a slight cervical fissure of recent occurrence or of old standing. When tracheloraphy has been advised by one practitioner, it will be wise to take the opinion of another, for I have already heard of a lady, who was told by a distinguished gynaecologist that her case was serious, and required an operation, for performing which his fee would be sixty guineas. On going the next day to another distinguished practitioner, she was told that there was only a small fissure at the mouth of the womb, and that she could be easily cured by simpler treatment.

FUNGOID POISONING.

By T. JACKSON, M.R.C.S., Welton.

THE dead body of a child, about two years of age, was found on a bed of nettles by the side of a drain, where it had lain perhaps from five to seven days. The eyeballs and mouth were filled with innumerable small maggots; otherwise, it was in good preservation, and had been well nourished. There were no marks of injury externally, excepting a slight excoriation of the left hip, and a mark around the neck, as if a handkerchief had been applied.

The body when opened presented a most healthy appearance, with certain exceptions; the most important one being the hue of the stomach *in situ*. This viscus as seen through its peritoneal covering was discoloured by mottled purple patches, especially at the larger curvature at the cardiac end, fading in intensity of colour gradually to the pyloric end, and it was distended with its contents. On removing it from the body, and opening it with scissors through its lesser curvature, these contents proved to be nearly half a pint of mushrooms—the *agaricus campestris*; apparently in the form of an old black-gilled mushroom. Yellowish white pieces of the outer skin of the fungus, with flesh of the same attached, were numerous dispersed amongst the dark grumous mass. Two of the pieces of the outer skin were of the size of a two-shilling coin, and appeared to have been torn from the fungus, and swallowed without mastication. The remainder of the mass was composed of the dark gills of mushroom with here and there small pieces of meat like pork.

On removing these contents, the mucous lining of the stomach appeared in an intensely inflamed congested state, in hue approaching to purple, with scarlet patches, gradually diminishing in intensity of colour towards the pyloric end. The mucous membrane was easily detached from its other coats, the muscular one was not greatly injected, that is, not nearly so much as the mucous lining, although, as before mentioned, the great discoloration was visible prior to the removal of the stomach from the body. The duodenum was but slightly injected, being free from inflammation. The smaller intestines were healthy and slightly distended with gas. The colon was without inflammation. The bladder contained urine. The lungs were sound, contracted rather than otherwise, not filling the thoracic cavity. The heart was sound. Life had evidently been speedily ended; cut short by the intensity of the inflammation (which did not extend beyond the pylorus). The power of the stomach to expel was destroyed, or it could not have retained the quantity it held.

No information has been had to show how the child obtained the fungus. It seems to have been hastily swallowed by the two longer pieces found bearing no marks of teeth, though the smaller numerous pieces had been masticated.

The purplish red colour of poisoning by fungi is conspicuously widely different from the vermilion red of destruction by arsenic. In a case of fungoid poisoning by the champignon or morel, as related in the *Lancet* of June 28th, 1856, the necropsy is stated to have shown, that "the mucous membrane of the stomach was highly congested, especially at its larger end, where it was of a dusky red colour, indicating an intensely inflamed condition." In *Hooper's Dictionary* are related the cases of the poisoning of several French soldiers, who had eaten the *agaricus muscarius*. The necropsy is thus related: "On opening the dead bodies, the stomach and intestines displayed large spots of inflammation and gangrene; and putrefaction seemed advancing very rapidly."

We might, it is fair to presume from this latter case, and from the dark discoloration displayed in the stomach of the unfortunate child first mentioned, have also expected gangrene, had she lived longer.

Death from eating mushrooms may not be frequent; but I fancy that, if related, we should hear of many cases of their disturbing effects. One case I remember, occurring years ago, which I was called to visit at a

hamlet, a mile and a half from my residence, where I found a man lying on the mat before the fire, in the opinion of the bystanders, dead. "You are too late, doctor, he is gone," they said. He had just breakfasted, and had fallen down in a fit. "What had he for breakfast?" I asked. "Oh, nothing, sir, out of the usual way." On examining him, I found he was not dead; but his pulse was scarcely distinguishable, and he was in a deep lethargy. I had luckily by me a drachm of sulphate of zinc, which I at once dissolved and forced down his throat, calling at the same time for a feather. They brought me a wing, which I at once began to work up and down his gullet, and with good effect; for he speedily vomited, and filled a large wash-hand basin with mushrooms. "Oh, yes, sir, he had mushrooms to his breakfast." "Yes," I said, "I see that he had; but you informed me that he had had nothing unusual."

The man was quickly well; but, if he had not been speedily relieved, he would have died comatose, and his stomach would probably have displayed the destructive inflammation as related in the aforementioned cases. In this case, the fungi were fine young healthy mushrooms, pink-gilled. Still the stomach was paralysed, by either their quality or quantity; and it may be that fungus may be taken, in poisonous quantity, by partaking too largely of this agreeable esculent.

LEAD-POISONING.

By HORACE SWETE, M.D.,

Physician to the Worcester Infirmary, and County Analyst.

ON reading the account of the lead-poisoning case at Keighley, in the *JOURNAL* of November 4th, I think a few notes of a case that was under my care at the Worcester General Infirmary may throw some light on the matter.

Whilst the medical men seemed to think that the treatment with potassic iodide had eliminated much of the lead, and so accounted for the very small quantity found in the viscera, Dr. Tidy, viewing the case through chemical spectacles, stated that potassic iodide will make an insoluble salt of lead, and so fix it in the tissues and prevent its elimination. He was also of opinion that wrist-drop or some form of paralysis from muscular atrophy should have been present, which was not noticed by the medical attendants.

A painter was admitted on February 9th, 1880, as a patient under my care, in the wards of the Worcester General Infirmary. He had been suffering for some time from constant attacks of colic. The usual blue line in the gums from lead-poisoning was well marked. There was some weakness of the hands, but nothing that could be called wrist-drop, or wasting of the muscles.

On admission, I placed him under the action of potassic iodide in five-grain doses every four hours, gradually increasing the quantity to ten grains during the succeeding ten days.

In most cases of my hospital practice, where the urine gives indication of disease or alteration by treatment, I have collected the quantity passed in twenty-four hours, and submitted it to a thorough quantitative analysis.

On the 9th, before treatment, the urine contained no lead.

On the 10th, the whole amount of urine passed, being 1011 cubic centimetres, contained 5 milligrammes of lead.

On the 13th, 1022 cubic centimetres of urine were passed, and 12 milligrammes of lead were found. This gradually increased in quantity to the 25th, when 22 milligrammes were passed. It then declined until, in about a fortnight, there was only a bare trace of lead, and the patient was entirely relieved from the colic.

The effect of the first few doses was greatly to increase the colic, and call for the assistance of opiates. This re-poisoning I have invariably found to be the case in treating lead-poisoning with potassic iodide.

Now here we had a genuine case of lead-poisoning without wrist-drop, and the diagnosis confirmed by analytical results. It is quite true that potassic iodide, acting on a solution of lead, will throw down a precipitate of iodide of lead sparingly, soluble in cold and slightly soluble in hot water; but the physician is acting not at the laboratory bench, but on the tissues of the body imbued with vital processes, and the fact remains that lead was eliminated. Lead appears to combine with the albuminoids of the tissues during life as an albuminate, giving rise to the severe colicky pains and the wasting of the muscular tissue; the blue line being dependent on sulphuretted hydrogen being formed from decomposing food about the teeth, and the depth of tint often indicating the amount of want of cleanliness in the patient.

Might not the potassic iodide in the living laboratory act by forming a double salt of iodide of lead and potassium, which is soluble in water or in iodide of potassium to a considerable extent, compared with the iodide of lead?