

appearance, and collected the rugæ about the base of the fingers.

The eruption was attended with considerable itching and much perspiration—a feature I have noticed before in these cases of local pemphigus due to some internal irritation. Of one or two cases especially I have notes before me. The first was the case of a child who, I found, was suffering from the internal irritation of a large round worm, which she passed after suitable treatment, and the pemphigus eruption which she had on the arms and legs soon disappeared. Another case was that of a young woman I saw in the out-patient skin department of St. Thomas's Hospital, who had a fibroid tumour of the uterus, after removal of which, the pemphigus she suffered on her arms, on treatment, soon left her.

I advised the patient to discontinue taking the Donovan's and Fowler's solutions at once, and prescribed him a mixture of sulphate of magnesia, carbonate of magnesia, and dilute sulphuric acid; with the application of a solution of oxide of zinc, calamine, and acetate of lead, two drachms of each to six ounces of water. Under this treatment he rapidly improved, and the eruption left him. This case had been severally diagnosed as itch, grocer's itch, syphilis, and various other diseases.

Sackville-street.

CASE OF FATAL FUNGUS POISONING—BY AGARICUS (AMANITA) PHALLOIDES.

By CHAS. B. PLOWRIGHT, M.R.C.S.,

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R. H—, a boy aged twelve years, at 11.30 A.M., on Sept. 27th, 1879, ate a portion of the pileus of an uncooked specimen of *Agaricus phalloides*, which he had gathered beside a wood in mistake for the common mushroom (*Agaricus campestris*). He walked home, a distance of three miles, and spent the evening with some friends. At 1 A.M. on the morning of the 28th he awoke complaining of great thirst, which was speedily followed by vomiting and purging, for the relief of which some citrate of magnesia was given him. These symptoms continued until about 8 A.M., when, feeling better, he took some biscuit soaked in milk. About noon he vomited again, for which a dose of citrate of magnesia was administered. The vomiting and purging continued until 6 P.M., when for the first time his friends learned that he had eaten some of the fungus. An ounce of castor oil was given him in two doses.

Sept. 29th.—Expressed himself as feeling better. Got up for two hours to have his tea.

30th.—At 7 A.M. he awoke the household complaining of severe abdominal pain. Dr. Chas. Glasier, who had charge of my practice at the time, was summoned to him. He found the boy in bed, in a high state of fever, complaining of excessive thirst and acute pain over the abdominal region. There was very great palpitation of the heart, vomiting, purging, and remarkable exhaustion. A mixture containing morphia, spirit of chloroform, and compound tincture of cardamoms was ordered every three hours, with small doses of whisky at frequent intervals.—7 P.M.: All the symptoms ameliorated, except the exhaustion.

31st.—Patient had a comfortable night, but became worse about 7 A.M. Was slightly convulsed, and died in half an hour.

A necropsy was made thirty-six hours after death by Dr. Glasier and Mr. A. G. Blomfield, house-surgeon of the West Norfolk and Lynn Hospital. Post-mortem rigidity well-marked. Body well-nourished. Face somewhat cyanotic; dark-brown fluid issuing from mouth and nostrils. Upon opening the abdomen distinct marks of recent peritonitis were seen in the shape of delicate bands of lymph, gluing together loops of the small intestine. Small intestines distended with gas; large intestines empty. On opening the stomach it was found to contain a small quantity of dark offensive fluid; the mucous membrane was intensely inflamed. The organ itself was much softened, so that it readily broke down under the finger. The whole of the small intestines was intensely inflamed, with here and there gangrenous spots upon the mucous membrane.

The liver was anæmic. Heart empty. Lungs perfectly healthy. Brain not examined.

Remarks.—*Agaricus phalloides* is a well-known poisonous fungus, not uncommon in woods during the autumn. It is an *Amanita*, of a whitish colour, closely allied to *Agaricus muscarius*. It is seldom in a case of fungus-poisoning that the species is recognised; usually the whole of the fungus has been cooked and eaten, or else it has been thrown away in disgust. In this instance I was shown the place where the fungus grew, where abundant specimens remained, which were instantly recognised by an intelligent lad who was with the deceased at the time of the accident.

The fact that the fungus was eaten raw—a somewhat unusual circumstance—is worthy of note, as it is well known to mycologists that many species, which are unwholesome when fresh, are constantly eaten with impunity when cooked. This species, moreover, when raw has no acrid or unpleasant flavour in the mouth; on the contrary, it possesses a rather agreeable taste, not altogether unlike the common mushroom, although more insipid. Yet, in this case, it acted as an almost pure irritant poison, of sufficient virulence to produce peritonitis and death on the fourth day. The quantity taken, as far as I can make out, was about one-third of a medium-sized pileus, about half an ounce in weight. Although this was eaten when the stomach was empty, no symptoms were produced before the lapse of twelve hours and a half.

The medico-legal aspect of the case is highly important from the potency of the poison, combined with an entire absence of taste; and the great difficulty, not to say improbability, of recognising its presence by any chemical process at present at our command.

King's Lynn.

THE THERMOMETER AS AN AID TO THE PROGNOSIS OF COMA.

By HENRY J. FORSTER, L.R.C.S.I., &c.

THE difficulties which so often beset the prognosis of coma, from whatever cause arising, are too familiar to every medical man to need any special excuse for introducing the following remarks to my professional brethren.

On a surgeon being summoned to a patient who is comatose there present themselves two great difficulties—namely, the diagnosis and prognosis. The first, however, may be frequently elucidated by some one of the relatives or bystanders who perchance has been a witness of the exciting cause, whether it has arisen from cerebral injury, alcoholic or other poisoning. The information gained from either of these parties, combined with the medical attendant's skill and acumen, will more frequently than otherwise unravel the knotty point.

I was requested one evening in September, 1878, to visit a patient who had been found insensible close to his waggon and horses which he had been driving, and whom the messenger told me some people had carried home. On arriving at the house within half an hour after the occurrence, I found the man totally unconscious, but with no concomitant symptoms of apoplexy. I asked those present whether he was considered at the time to have been under the influence of drink, as I had known him to be anything but a teetotaler, and some of them said they thought so, for he had been seen drinking in several public-houses the same day. Now arose the question in my mind whether he was suffering from alcoholic poisoning or some cerebral lesion. External evidence pointed to the former, and subjective symptoms did not help to clear up the mystery. I gave directions as to the treatment and posture of the patient, and was about to take my leave, when, from what I had seen in Charcot's lectures about thermometric results in apoplexy, I thought I would test the value of his observations. On taking the temperature, which I found was 93.2°, with an accompanying pulse of 51, I formed the diagnosis of incipient extravasation, and a correspondingly grave prognosis as to the patient's perfect recovery. This I now gave as my opinion to his relatives before leaving the house. When, after thirty hours, consciousness returned, and I found him completely hemiplegic, I felt convinced