the spinal irritation owed its commencement to indigestible food taken into the stomach,—others in which the derangement of the catamenial functions was supposed to have originated the spinal affection. The limits of the present address will not allow me to notice this excellent paper more in detail.

(To be continued.)

CASES OF OXALURIA.

By P. MARTIN DUNCAN, M.B., Physician to the Essex and Colchester Hospital.

The following cases, with several others of which I could not obtain notes, have come under my notice, during the last three months. With one or two exceptions, the disease was of long standing, but yielded readily to the treatment so ably recommended by Dr. Golding Bird.

CASE I.

Sarah Watts, aged 23, single, subsists by washing, and is necessarily exposed to considerable variations of temperature. Before her illness she worked long and late, had no regular time for her meals, and but a scanty and not over nutritive diet. In April last her appetite failed her, she suffered from pain in the stomach after eating, and was rarely free from frontal headache, nausea, and a sensation of weight in the loins. These symptoms persisted until the 28th of July, when she came under my care.

She is a stout well-made woman, with regular uterine functions; has a sallow and depressed expression of countenance, and slightly jaundiced conjunctiva; tongue large, fissured, and red at the tip; mucous membrane of the lips rather colourless. Has little or no appetite; suffers greatly from gastralgic pains, and has a constant sensation of nausea. She sleeps badly; has severe frontal headache; is morose, desponding, and very irritable; bowels open daily; organs of respiration and circulation healthy; no increase in size of any of the abdominal viscera. Has a constant sensation of uneasiness and weight in the loins, and passes a considerable quantity of amber-coloured urine, of specific gravity, 1.016, which deposits, on standing, a slight cloud of mucus. The microscope distinguished numerous crystals of the oxalate of lime, numerous nucleated cells, and a quantity of amorphous urate of ammonia. The urine examined was passed in the middle of the day. Ordered her a light and mixed diet, to leave off work, and to take, every other night, Pil. Hydrarg., gr. v., formâ pilulæ. R. Acidi. Hydrochlor., Acidi Nitrici, utr., m. ij; Infus. Quassiae, oz. j. Misce fiat haust ter.

July 31st. Feels much better; pain in the head and loins less. Rept. medicamenta

August 7th. Greatly improved; no trace of the presence of the oxalate. Pergat.

14th. Feels nearly well. Omitt. Pil. Hydrarg., et capt. Pil. Rhei. Co., gr. x.

21st. Complains of gastralgia, otherwise looks well; has a good appetite; urine acid, of specific gravity

1.019; no oxalates. R. Argenti Oxidi, gr. $\frac{1}{4}$; Extr. Hyoscy., gr. iij. Fiat pilula j., ter die capienda.

The next report finds her well.

CASE II.

Sarah Clarke, aged 48, has suffered for five years from psoriasis in the face, and of late has lost flesh and appetite. She has been constantly under medical treatment, and has been but little benefitted. When I first saw her, she was taking senna and aloes during the day, and a diaphoretic at night. She has a good rotundity of figure, regular catamenia, and appears to have suffered a martyrdom from dyspepsia. She complains of severe frontal headache, flushes of heat in her face, dull aching pains in the loins, and total loss of appetite. Her tongue is foul, breath foetid, and bowels constipated; sleeps badly, has horrid dreams, and generally feels a sense of impending evil. Has not energy to work, nor to keep her person over clean. Ordered her to bring me some of her urine, and in the mean time to take Mist. Gentian. Co., oz. j.; Magnes. Sulph., dr. j. Fiat haust. ter die sumend.

August 28th. Much the same; the bowels, however, are well open; tongue clean; eruption in face not so well. Urine passed in considerable quantities, pale, acid, of specific gravity, 1.024; contains a great number of octohedral crystals of the oxalate of lime, little epithelium, and a considerable quantity of urate of ammonia. Ordered a light diet. R. Acidi Hydrochlor., Acidi Nitrici, utr., m. iij.; Infus. Quassiae, oz. j. Fiat haust. ter die sumend.

September 11th. Has improved greatly during the last fortnight. Her general appearance is much improved, her spirits are better, and she says her desponding thoughts have left her. Pain in the loins and head gone; bowels regular; eruption in the face persists. Urine pale, acid, of specific gravity, 1.016, contained urates, but no oxalate of lime.

23rd. Discharged cured.

CASE III.

Jane Taylor, aged 19, has been ill for some months, but never thoroughly well during the absence of the catamenia, a period of three years. Has been out at service, and having had the care of several heavy children has suffered accordingly. She is a tall slow-moving girl, silent and sulky, answering with manifest disinclination. Suffers constantly from frontal headache and intense pain in the stomach after eating. Pain in the loins and weakness in the legs are also prominent symptoms. Sleeps well but rises unrefreshed; her appetite is very great, and gives her no satisfaction; says she passes a large quantity of urine, being frequently obliged to get up of a night to do so. Bowels constipated; skin dry and harsh, and says she never perspires; pulse 108.

Before I saw her she had been treated for diabetes, and had taken considerable quantities of opium. She was still at service and had to undergo considerable fatigue. I continued the treatment until I obtained some of her urine. I found it acid, pale, containing a great quantity of fawn-coloured lithates, of specific gravity 1.026, and large crystals of oxalate of lime.

The urine examined was passed after breakfast, and two hours elapsed before the examination.

June 25th. I insisted upon her leaving her place for a time, ordered her a light mixed diet, slight cathartic, and treated her in the usual way.

July 10th. Was discharged well. The oxalate had disappeared, and the quantity of urates and the specific gravity had gradually fallen off. Her catamenia are still absent.

These three cases are of the kind most generally met with, yielding readily to treatment and affording another proof of the progress of scientific medicine. In these and all other cases of oxaluria I have found great mental prostration a constant symptom; it did, not however occur early in the progress of the disease, but succeeded upon a continuance of bodily lassitude and lumbar pain. The appetite was always variable,—sometimes good, at other times wanting, and more frequently ravenous and unsatisfactory. The lassitude and lumbar pain were constant and invariable symptoms, and should, especially when combined with any hypochondriacal symptoms, raise our suspicions of the presence of the oxalate of lime in the urine.

The only satisfactory method of detecting the presence of combinations of oxalic acid in the urine is by the use of the microscope; and as everybody has not a good defining achromatic instrument, it is as well to observe that a moderately-powerful chromatic microscope, such as were in fashion twenty years ago, will suffice to detect the peculiar octohedra. I have, when away from home, frequently been obliged to employ one of these usually inefficient instruments, but have found them answering my purpose. The urine destined for examination may be placed upon a slip of glass, or in a watch glass, and then heated, to dissolve any crystals of urate of ammonia; or the urine may be filtered through fine blotting paper, which retains the crystals of the oxalate. Distilled water is used to wash these off previously to their being submitted to examination. These are the methods recommended by Dr. Bird, and, I believe, by Dr. Venables.

(To be continued.)

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. OKE, M.D., Physician to the Royal South Hants Infirmary.

On Gleet.—A gleet signifies a discharge from the urethra, generally of a transparent or whitish colour, somewhat like serum, and it is not contagious. There are no particular characters by which a gleet can be distinguished from the chronic stages of gonorrhœa. The latter has apparently continued months, without producing in those who have been exposed to it any infection; whilst on the other hand, a mere lymphoid fluid has communicated gonorrhœa. In gleet, there

may be a yellow, profuse, and very offensive discharge, without its being infectious.

The cause of gleet has been attributed to a laxity of the vessels of the urethra; but this opinion does not agree with a just notion of secretion; since gleet is not more likely to arise from this cause—that is, relaxation, than the secretion of the natural mucus of the urethra; and the vessels secreting this mucus are active, not passive.

Gleet has been described as the result of an increased mobility and sensibility of the parts; but if this were the case, the fluid should be as inordinate in quantity as the alteration is in quality. Venereal irritation may leave a præternatural irritability of the part; and it is curious to observe that a discharge which was once contagious, may become innoxious without any sensible change of its properties.

When gonorrhœa is attended with any induration of the urethra, the discharge is seldom cured till the induration is removed. The bichloride of mercury given for a few weeks will, in such a case, be found useful.

Urethral discharge from the metastasis of gout, where no morbid alteration existed in the part, having the same appearance as that in gonorrhœa and gleet, proves that the discharge arises from irritation. Some persons of gouty constitutions, have urethral discharge once or twice a year; and a regular fit of the gout always removes it. Priapism also often comes and goes under the same circumstances. Ague will sometimes carry off gleet, and as the former subsides the latter will probably return.

Some cases of gleet are attended with great uneasiness and spasm in the perineum. These symptoms are first to be subdued by leeches, purgatives, &c., and then the urethral discharge may be suppressed. In the treatment of gleet, the principal indication is to correct the irritable state of the urethra, which causes the disease; but there is no medicine which can specifically fulfil the indication.

Cold bathing, partial or general, cannot be depended on, and often does harm till the inflammatory symptoms have subsided; after which it will generally be found serviceable. Bark, zinc, iron, &c., are employed; but these are seldom of use in men. Balsams and turpentine in large doses will frequently succeed and frequently fail. The diacetate of lead with opium, has been given with no certain success. Alum will probably be of greater use. The tincture of cantharides will sometimes succeed where the terebinthinate has failed; thirty drops may be given three times a day, adding a drop to each dose till strangury is brought on. Two or three drachms, or even six or seven drachms, of the tincture have been given in a day, without causing strangury; yet a single grain of the powder will sometimes produce the effect at once. [The lytta powder should always be given with great caution, as

* Continued from page 516.