mportance to have a medicine which may be used instead of it, when that drug is unsuited from idiosyncrasy or any other cause.—Medical Press and Circular.

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NOTES ON ARTIFICIAL PRODUCTION OF OXALURIA.

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It is well known that certain articles of diet induce a temporary form of oxaluria. This fact has been most frequently observed after partaking of rhubarb; however, turnips, sorrel, and tomatoes likewise contain oxalic acid in various combination within their tissues. In the case of rhubarb that has been softened by parboiling, octohdral crystals of oxalate of lime may be set free in water by simply teasing out the fibres.

Now, if the urine be examined within an hour or two after taking any of the above vegetables, abundant octohedral crystals are found suspended in it—that is, they exist in the bladder before emission, and are certainly not produced afterwards. It is the exception that any noteworthy symptoms are set up by this temporary oxaluria; sometimes, however, irritation is referred to some part of the course of the urethra. In these instances soluble oxalates of soda, potass, and ammonia, as well as insoluble oxalate of lime, are introduced into the circulation, and we need only conceive the occurrence af a simple transformation, founded on the predilection of oxalic acid for lime, to account for the oxaluria.

I desire, however, to direct attention to the results of some experiments which I performed at the suggestion of my friend, Dr. Arthur Leared. They were devised and carried out in the first instance by that gentleman, who laid the details of them before the Profession in an able lecture on oxaluria delivered in November, 1865, at the Royal Infirmary for Diseases of the Chest.* Although these experiments have for their immediate object the artificial induction of oxaluria, yet they have an important bearing on the pathology of the confirmed or permanent form of oxaluria—a grave disease.

Dr. Leared is, I believe, inclined to the view held by Beneke—that the important symptoms of severe oxaluria, as with those of so-called phosphaturia, are to be attributed more to the drain of lime from the system than to the effects of excess of oxalic or phosphoric acids respectively. His experiments consisted in examining the morning urine of

In vol. ii. of the St. Bartholomew's Hospital Reports (1866) I have recorded these experiments at length, but without reference to Dr. Leared's researches.