

I think that the size of the crystals of oxalates passed will often afford a good indication of the extent of the oxalic diathesis. If the crystals, especially the reniform, be large, distinct, much inclined to become clustered,\* or to crystallize on the hairs, &c., much oxalate of lime is passing. As the case improves, the crystals lessen in size and numbers till at length they become undistinguishable, except to the educated eye. Though it is unusual, the reniform bodies may continue to the last, when, in some positions, they may become in appearance almost like a blood-corpuscle; in the majority of cases these crystals are not to be found.

It has been suggested (by whom originally I cannot learn,) that these reniform bodies are not oxalate of lime, but lithic acid, modified in shape by the presence of oxalic acid. This can scarcely be, for I have, with several different specimens, macerated the whole deposit in liquor potassæ, to get rid of any free lithic acid; then, in diluted acetic or muriatic acid, whereby the phosphates and lithates are separated; yet both the cuboid and reniform crystals have remained quite unaltered. I have not succeeded in throwing down crystals of oxalate of lime, when a deposit of free lithic acid and oxalates was dissolved in sulphuric acid, and the former separated by the addition of water, perhaps from sufficient care not having been taken in the matter.

Should it be desired to separate any deposit of these salts for examination, it is most easily effected by decanting the upper layers of fluid, adding distilled water to the remainder, with or without potass, or acetic acid. The oxalates soon fall to the bottom, and may be readily collected on a watch-glass, without heat or any other process that could modify its composition after leaving the body. By careful manipulation you may obtain and weigh all the crystallized salt in a given specimen. To those not conversant with the salt naturally deposited, yet desirous to examine it, one of the best modes of learning all its usual shapes and sizes is to add a dilute solution of oxalic acid to fresh healthy urine, when after some hours the characteristic crystals will be found in abundance.

I do not know whether this city more abounds with cases of this disease than most others, but among its labouring population, of the class next above the poor, such as policemen, schoolmasters, carpenters, &c., (some hundreds of whom come wholly under my observation,) dyspepsia, of an atonic character, and marked by the pallid, depressed, emaciated countenance, with more or less hypochondriasis, pain of the side, (often of great intensity,) or of the back, and the passage of oxalate crystals, is most rife, though in most cases readily amenable to judicious treatment. From my own observation this form of dyspepsia does not seem so common among the women of this class as among the men, even in those, wherein from their appearance and symptoms I had fully expected to find it. Of the presence of the oxalates in the more acute or in cutaneous diseases, I can say nothing, not having examined them for that purpose.

\* The larger crystals when clustered are truly small mulberry calculi,

Bath, Oct. 26, 1846.

## ON THE USE OF COD-LIVER OIL IN TUBERCULAR DISEASE.

By DAVID EVERETT, Esq., Surgeon, Worcester.

Having perused a letter from Dr. Toogood in the Journal, upon the efficacy of cod-liver oil in phthisis, I am induced to make a few observations corroborating his testimony, especially as the kind of oil I have employed is less offensive than that generally used.

There are several varieties; that which is estimated the best is of an orange tinge, but it is very objectionable to the palate. I have procured a pale straw-coloured oil, which is but slightly offensive, either as regards taste, or odour; and I have seldom found it difficult to persuade patients to use it, and as rarely known any important inconvenience result from its administration. Having found it very successful, though I do not undertake to say it is so efficacious as the darker and more offensive oil, I do not hesitate to recommend it to those who, though desirous to try the medicine, may be deterred from doing so by the general prejudice against it.

The conditions under which the oil seems most likely to prove serviceable are where emaciation exists, and the nutritive functions are languidly performed, always in the absence of febrile symptoms. These are the circumstances under which I have prescribed it. The general results I have witnessed have been increased animal heat and bulk of the body; the removal of erratic pains, and the imparting of vigour to the system. Nor is the appetite often diminished during its use; and even when the patient is taking three fluid-ounces per diem, an amount of nourishment, which, if added to the ordinary quantity of food consumed, must of itself, in many cases, prove beneficial. It does not purge, and if it induce bilious symptoms, it will of course be necessary to suspend it until these have been removed.

Iodide of potassium and some other remedies appear to act with unwonted efficacy during the administration of the oil, or if given whilst it has been temporarily laid aside, but as all I aim at is to add my testimony to that of others who have successfully employed it, I shall content myself by subjoining two cases, in which the benefit derived from it was very decided, and refer parties seeking further information to the pamphlet published by Dr. Hughes Bennett, of Edinburgh, in which is to be found its history, *modus operandi*, and an enumeration of the various diseased conditions of the body in which it has been useful.

A. B., aged 29, at the time I saw him, early in January last, was remarkably thin and debilitated, having suffered since the previous summer from cough, palpitation of the heart, and repeated attacks of hæmoptysis. He had then severe cough attended with muco-purulent expectoration and inability to expand the chest, which was exceedingly contracted. The right side, on the upper portion of the thorax, emitted a very dull sound upon percussion. The left much clearer. On the left side the respiratory murmur, though feeble, was more distinct than on the right, where it was replaced by the bronchial. A grating murmur was evident at the first sound of the heart at its base, and a loud saw-sound at its apex; pulse about 100 per minute. He had night sweats and the usual concomitants of debility and tubercular disease.

I was of opinion that extensive tubercular disease of the lungs existed in addition to the affection of the heart. I soon commenced treating him with the oil, and with few intermissions he has continued it up to the present date. During this period he has generally required some soothing medicine for the cough, occasionally quinine, and of late steel; but I am persuaded whatever benefit he may have derived from these, they have been only auxiliaries to the oil. He has only upon one occasion during this treatment had hæmoptysis, and then but to slight extent; the cough has almost left him. A gradual improvement in most of the symptoms has been going on up to the present time, the cardiac excepted.

There is still dulness over the upper portion of the thorax, though this condition is very much improved, but his general health is marvellously altered. He has gained flesh, and his strength is so much augmented, that he can walk several miles without inconvenience. The diseased condition appears not merely to be arrested, but in process of removal.

It will be readily granted that this case admitted little hope beyond very temporary mitigation, and that the improvement I have indicated exceeds that which experience entitles us to expect in such cases under ordinary treatment; and although I freely allow that this case is not an instance of a cure, the effect produced may encourage a sanguine expectation, that in the early stage of disease, and especially if unattended with serious complications, this agent will be employed, as indeed it has been, with entirely satisfactory results.

C. D., aged 30, of spare habit, suffered from a series of ulcers, attacking various parts of the body, very difficult to heal, and soon succeeded by others. Finding the employment of alteratives, tonics, change of air, and residence at the sea-side, fail permanently to check the tendency, I prescribed the oil, which he commenced taking in very small doses, (a drachm and a half,) increasing gradually up to an ounce, three times daily, for more than two months. During the period of its employment, the appetite remained nearly as before; he gained flesh; the general strength increased; the power of resisting cold became strikingly augmented; the ulcers healed; and the patient, who had been detained from business nearly twelve months, has since May last remained well, and actively engaged. I have no hesitation in ascribing his improved condition to the oil.

I am afraid I have trespassed too far upon your space to add more, but from my experience in these cases, and in very many others, I think I may, with tolerable certainty, predict that the cod-liver oil will hereafter be generally recognized as a remedy of no ordinary utility.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident Medical Officers.

CASE III.

SCROFULOUS DISEASE OF THE ELBOW-JOINT

Hannah Ball, aged 32, housewife, of strumous diathesis, married, admitted into the Queen's Hospital,

under the care of W. S. Cox, Esq., January 2nd, 1846, with enlargement and ankylosis of the elbow-joint. She states that about two years ago, she first perceived a swelling on the elbow of the right arm, accompanied by heat and pain described as jumping; it gradually got worse so that the use of the joint was lost; there has been loss of motion in the joint for eight months; is not aware that she ever received a blow on the part; she states that she always enjoyed good health previously; her parents are both alive and enjoy excellent health; she has four children who are reported healthy; is not aware that she ever had swelling of the sub-maxillary glands; has never been subject to cough, nor to perspirations at night; she has, however, had slight night sweats, since she has been in the Hospital; these she ascribes to dread of an operation.

*Present State*—The elbow of the right arm is considerably enlarged, and presents on the integument, which is smooth and indurated, three largish indolent ulcers, with fungous edges; the skin surrounding them has a bluish tinge. These ulcers discharge a moderate quantity of thin pus, in which are seen floating small flakes of lymph; the ulcers communicate with the joint; there are also some smaller superficial ones, from which a thin matter may be pressed; the muscles above and below the joint appear atrophied; there is some degree of elasticity to be felt over the joint in various places; the pain is described as dull, aching, not constant, extending down to the hand, which at times feels numbed; now and then the fingers go black and the fore-arm swells; no increase of pain when the bones forming the articulation are pressed together; the pain is not increased in intensity towards night; the pain is worse when the arm has been long kept in one position; the integument covering the joint does not pit on pressure, shines, and is of a livid tint. The arm is fixed at a right angle; no motion in the joint, but can be slightly moved by applying force; bowels open, tongue clean; pulse feeble, 80; appetite capricious.

To have ordinary diet and take the following medicine:—R. Quinæ Disulph, gr. xij.; Acid. Sulph. dil, dr. j.; Aquæ, ad oz. viij. M. Sumat unciam ter die. To have the ulcers poulticed with linseed meal twice a day.

January 17th. Appetite and strength improving under the medicines. Wishes to go into the country for a short time.

25th. Re-admitted into the Hospital; her health is improved by the change of air.

February 3rd. Feels better; ulcers smaller but discharge more; no swelling or numbness of the hand; pain and stiffness of the joint decreased; feels much stronger. Continue the medicines; to have the joint strapped with soap-plaster spread on leather, and poultice applied over the ulcers as usual.

12th. The joint feels much more comfortable; the ulcers discharge a good deal of thin matter; no increase of motion in the joint.

14th. Complained of extremely acute pain in the joint so that the strapping was removed, which gave her some relief; the ulcers continue to discharge a great deal of thin matter, still flaky; more swelling and pain in the hand; feels poorly.

17th. Rather better; still much discharge; less pain in the joint; complains of supra-orbital pain, which makes her feel ill. Continue the bark medicine. To