phoric acid than healthy urine. But during a gouty paroxysm, it contains much more phosphoric acid than usual; though not more than constantly exists in healthy urine.

"6. In general *dropsy*, the urine is loaded with albumen, and becomes milky, or even coagulates when heated, or at least when acids are mixed with it. In dropsy from diseased liver, no albumen is present; the urine is scanty, high colored, and deposits the pink colored sediment. In certain cases, females have been observed to pass urine which had the appearance of milk, and which, on examination, proved to differ from common urine, in containing a notable proportion of the curdy part of milk.

"7. In *dyspepsia*, the urine always yields a copious precipitate with tan, and putrefies rapidly.

"8. The urine of *rickety* patients, is said to be loaded with phosphate of lime, or, according to others, with oxalate of lime.

"9. Mr. Rose has ascertained that in chronic hepatitis, the urine is destitute of urea. This fact is confirmed by the experiments of Dr. Henry.

"10. In *diabetes* the urine is sweet-tasted, and often loaded with saccharine matter. Twenty-nine ounces of sugar, according to Cruikshank, have been voided in the urine of a diabetic patient, in a single day."

(To be continued.)

II.

Effects of Spirits of Turpentine in a Case of Intermittent.

By M. F. COLBY, M.D.

HEMAN BANGS, of the town of Hammond, St. Lawrence County,

State of New-York, was attacked with intermittent about the first of March last. The paroxysms were interrupted by occasional emetics, cinchona, sulphate of quinine, &c. In consequence of having suffered several times from a recurrence of the fits, he was induced to visit Derby, (Vt.) anticipating benefit from change of climate. I was called to him about the 1st of July; found him laboring under a severe tertian; much debilitated; countenance indicating extreme functional derangement of the liver. Mild mercurial laxatives evidently increased the severity of the paroxysms; the disease, however, appeared to yield to free doses of cinchona, with Fowler's solution, &c. No improvement in the general health; appetite impaired, with occasional headach.

Aug. 1st. Paroxysms returned, with increased severity. On the 5th, gave him two-thirds of a large table-spoonful of spirits of turpentine, in molasses, in the midst of the cold stage. Effects: an immediate suspension of the cold stage; the patient called for and drank freely of cold water; in about five minutes, vomited; the hot and sweating stages not distinctly marked, but complained of pain and headach through the day. I directed the same quantity of turpentine to be given *immediately*, on the *accession* of the next cold stage. The patient refused to take it, and had severe paroxysms on the 7th and 9th. On the 11th, was prevailed on to take the turpentine on the *accession* of chills. Effects: chills instantly suspended; no nausea or unpleasant symptom followed. On the 13th, 15th, 17th, and 19th, the turpentine was administered

with the same beneficial effects. From this time his general health improved rapidly. I saw him the last of October in perfect health.

I was induced to make trial of the turpentine in this case from having observed,

1st. That functional derangement of the liver is one of the first and immediate effects of the disease.

2d. That structural derangement of the liver and spleen exists to a greater or less degree in all protracted cases.

3d. That the usual tonic remedies, though they arrest the morbid phenomena constituting the essential character of the disease, have a direct tendency to increase structural derangement of the viscera,—hence the opinion, that it injures the constitution to break the fits, by tonics, is not ill founded.

4th. That turpentine possesses the property not only of arousing the system from a state of torpor, but also of suppressing inordinate action, particularly of the mucous tissues.

In typhus I have used turpentine freely for three years past. After bleeding, if any symptoms of gastro-enteritis exist, I use it freely, in doses of one tea-spoonful, combined with calomel and castor oil, and repeat daily till all tenderness is removed from the abdomen.

III.

Of Laborious Labor.—From Lectures delivered at Guy's Hospital,

By Dr. JAMES BLUNDELL.

ALTHOUGH, gentlemen, in all cases, the use of instruments con-

trived for the extraction of the fœtus, is to be looked on as a great evil, yet in labors of difficulty or danger, it sometimes happens, that the use of these instruments occasions a smaller evil than that which would arise from the commission of the labor to the unassisted efforts of nature. In these cases, and these cases only, it is, that the employment of instruments becomes justifiable, and to the consideration of these cases, the laborious labors, as they are denominated, we will now proceed; commencing with the consideration of the more important accidents to which, in this variety of it, delivery becomes obnoxious, whether during parturition or afterwards. And first, let us give our attention to those accidents which occur, more especially, during the delivery.

It is not frequently that a disruption of the larger air tubes occurs in the progress of laborious parturition; yet this accident is sometimes observed, the trachea or bronchi giving way. After much exertion, the neck and face swell; from the hurrying of the circulation, an erythematous flush of the integuments is produced, and at first glance the patient appears to labor under a sudden attack of erysipelas; the flatulent nature of the swelling manifesting itself on making an examination, by the usual crepitus perceived on compressing, and lightly sham-pooing the skin with the tips of the fingers. Should emphysema occur, delivery is desirable. To retain the breath and force down, is likely to aggravate the disease, so that the emission of the voice may be recommended. After delivery, if I may judge from the single case brought under my no-