

eat four large oranges ; at 1, P.M., I dined on a small quantity of roast beef, and whortleberry and green-currant pie. At 7, P.M., the urine passed was of straw color, specific gravity 1036. After standing thirty minutes, a sediment was thrown down, consisting mainly of oxalate of lime in very large beautiful crystals. I think I never saw a specimen of urine in which it existed in greater abundance, or in which the crystals were larger. It also contained urate of ammonia and an excess of urea. I placed some of it in a watch-glass, and added strong nitric acid ; in a few moments it was almost a solid mass from the crystals of nitrate of urea. The urine passed next morning at 7 o'clock had a specific gravity of 1030, and contained an excess of urea and uric acid and epithelial scales. At 11, P.M., the urine was normal. I then eat four more large oranges, and went to bed. The urine passed at 7 o'clock the next morning was loaded with the oxalates. These two experiments, one upon the urine of food, and the other upon the urine of blood, seem to me to indicate : 1st, that oxalic acid may be produced from the ingesta ; 2d, that oranges, and probably all fruits containing citric acid, may give rise to the oxalic diathesis.—*North-Western Medical and Surgical Journal*.

CONGENITAL CONTRACTION OF THE INTESTINAL CANAL

BY S. L. ANDREWS, M.D.

IN a private letter from my friend, Dr. Baldwin, of Lahaina, Sandwich Islands, I have an interesting account of a case of congenital contraction of the intestinal canal. As Dr. B. has given me the case more in detail than is needful for your Journal, I have abridged it for your use. The child, a fine-looking, plump female, weighing $8\frac{3}{4}$ lbs., was born Dec. 5th, 1838. The first indication of anything abnormal was the rejection of a little sweetened water given a few hours after birth. On the following morning castor oil was rejected with bilious vomiting. A judicious use of cathartics, including suppository and enemata, the latter sometimes administered through a gum-elastic catheter introduced several inches into the rectum, failed to produce any adequate evacuation of the bowels. Castor oil and other cathartics, and sometimes enemata, only excited vomiting, usually bilious. At length, the contents of the intestines, in a very offensive state, were thrown off by vomiting. All that was passed, per anum, was fragments of hardened meconium, shaped to the intestines, and amounting to several inches in length. The last fragment tapered to a point at its upper extremity. Death on the 13th.

Diagnosis, contraction of the intestine, which was confirmed by the autopsy.

The rectum and colon were about half the natural size, or perhaps a little more, except a portion in the middle of the arch, where it was reduced to about half the diameter of that on each side of it. The cœcum was natural, but for twelve inches above it the small intestine was small indeed, not larger than the narrowest tape, and the canal too narrow to admit anything solid ; the next six inches, proceeding towards the stomach, was very narrow, but contained a few small pieces of hardened

meconium. Eighteen inches above this was larger, but crowded with viscid meconium. The remainder of the intestine to the stomach was twice the natural size. The gall-bladder was large and full. The stomach and upper part of the intestine was filled with a liquid appearing like a mixture of bile and milk. The child had nursed until the last day.

The father of the child, an efficient and devoted missionary under the American Board, has disproportionately short limbs, both upper and lower. He is also afflicted with exostosis. A sister is afflicted in the same manner, and some of the children of both brother and sister have the same morbid state of the bones.—*Peninsular Journal of Medicine and the Collateral Sciences.*

CREOSOTE IN DYSPEPSIA.

BY DR. WM. DAY, OF GLASGOW, IOWA.

I do not know as I am advancing anything new to the profession, or that any physician will agree with me in the following opinions; but I am led to communicate my ideas on this matter, inasmuch as they are new to many. I find that creosote is considered by the Dispensatory, as "irritant, narcotic, styptic, antiseptic, and moderately escharotic," to which I would add, in small quantities tonic.

I was led to try its results from an article in Braithwaite's Retrospect, No. 23, copied in your Journal of July, 1851, on the use of Creosote in Diarrhœa, which I have tried in cases of chronic diarrhœa, with inflamed stomach and bowels, and found to act extremely well.

I was called to see a lady who has suffered from dyspepsia for several years more or less, but since becoming pregnant her sufferings have become intolerable. She has also enlarged spleen, which has caused some trouble, but in an inferior degree to that of the symptoms of indigestion and irritation of the stomach. To such an extent did it proceed that her food would be rejected immediately, and in whatever form she could take it. I could not give her any opiates, for her bowels had lost almost all peristaltic action, and the most obstinate constipation existed.

What, then, was I to do? All medicine was rejected as soon as given. I now cast about to see what could be done for her relief. The article before alluded to came to my mind, and I thought that if this article is good to allay inflammatory action in one case, why not in another. I made a solution of it in a mixture of Hoffman's Anodyne, 3 ij.; spts. nit. dulc., 3 iv.; creosote, minims iij.; of this mixture I directed half a teaspoonful to be given every four hours, and I found on my next visit very visible amendment in the symptoms. I followed it up for several days, directing stimulating enemata to be used for the purpose of producing moderate evacuation of the bowels. I am happy to be able to say, that the result was as favorable as could be expected or desired under the circumstances.

In this case I consider the operation of the medicine to have been twofold, viz., antiseptic and tonic. There was unmistakeable evidence of a