by rapid cooling to avoid decomposition of the gliotoxin. The degree of growth of a range of mycorrhizal and pseudomycorrhizal fungi on these media, after fourteen days incubation at 25° C., is recorded in Table 2.

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Gliotoxin μgm./ml.		Boletus elegans	Myc. radicis nigro- strigosum	Myc. radicis atrovirens	Rhizoct- onia sp.	Phoma radicis callunæ
0	++	++	++	++	++	++
5		+	. +	1 4	+	++
10	-	4	<u> </u>	\ <u> </u>	· -	++
$10 \\ 20$	_	-	-		i —	+
40		-		-	-	

++ normal growth; + reduced growth; - no growth.

Newman and Norman⁶ have presented strongevidence that the low level of microbiological activity in sub-surface soils is due to the accumulation of antibiotic metabolic products of certain soil organisms. It appears plausible to suppose the toxicity of Wareham soil to mycorrhizal fungi, and its generally low microbiological activity, to be due to accumulation of gliotoxin and other antibiotic substances produced by the *Penicillium* spp. dominating its mould flora. It is realized that further investigation will be necessary before final proof of this hypothesis can be offered.

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Influence of pH and Salts on the Solubility of Calcium Oxalate

IT has been observed that ingestion of soluble oxalates aggravates the condition of oxaluria. Barrett¹ has shown that oxalate absorption is reduced or even inhibited when milk or a soluble calcium

ml. KMnO4 ml. KMnO4 pH pH 2.72 4.03 4.44 $5.40 \\ 2.80 \\ 2.60$ 8·40 8·85 9·75 $2.35 \\ 2.70 \\ 3.70$ 5.27 $\frac{2.90}{2.90}$ 10.56 4.20 TABLE 2. M/5 ACETIC ACID ; M/5 SODIUM HYDROXIDE. TABLE 3. M/5 BORI ACID; M/5 SODIUM HYDROX-IDE

phosphate ions at various pH values on the solubility of calcium oxalate.

The general principle adopted was the addition of various amounts of M/5 sodium hydroxide to a fixed amount of M/5 acid and dilution with water to a For example, to 50 ml. M/5 phosfixed volume. phoric acid 5, 10, 15, etc., ml. M/5 sodium hydroxide were added and the total volume made up to 200 ml. in all cases. Excess powdered calcium oxalate was added and the mixture kept at 38° C. After determining the pH with a glass electrode potentiometer, the mixtures were filtered and the filtrates titrated with potassium permanganate. The titration values given in the accompanying tables are in ml. N/100potassium permanganate per 100 ml. filtrate.

From our results it appears that the solubility of calcium oxalate is little affected by acetate ions between pH values 2.72-7.26, and borate ions between pH values 8.40-10.56. In the presence of phosphate, however, the solubility decreases between pH 1.56 and pH 6.16, then increases gradually up to pH 8.2 and thereafter very steeply. Moreover, the minimum solubility of calcium oxalate has a higher value in the presence of phosphate than of acetates.

In the pH range 6.5-8.0 reported to be found normally in the intestine, the solubility of calcium oxalate and therefore absorption of oxalate ions arising from calcium oxalate is small even in the presence of phosphates of the food. Should conditions arise leading to a greater alkalinity than pH 8.0, say, 8.0-8.4, in the intestine, we infer from our results that absorption of oxalates arising from calcium oxalate should be considerable in the presence of phosphates. That this increase in solubility is due to replacement of oxalate by phosphate is borne out by phosphate estimations on filtrates corresponding to pH 7.58 and pH 10.40 (Table 1). Although the initial concentration of phosphate in the two buffers was identical, the final values were in the ratio, phosphate (pH 7.58): phosphate (pH 10.40) = 80:1.

pH ml. KMnO₄	$\begin{array}{c}1\cdot 56\\30\cdot 00\end{array}$	$1.65 \\ 27.05$	$1.76 \\ 24.55$	$\substack{\textbf{2.00}\\\textbf{17.80}}$	2·26 15·60	$2.45 \\ 13.40$	$2.74 \\ 10.90$	3.20 8.00	5·37 3·70
pH ml. KMnO₄	6·16 3·50	6.56 4.55	6.77 4.80	6·94 5·00	7·13 5·25	7·24 6·10	7.58 6.40	7.78 7.20	8·14 20·00
pH ml. KMnO4	8·42 188	8.80 284	9·06 388	9·42 508	9·70 624	9·90 736	$\begin{array}{r}10.20\\848\end{array}$	10.40 1084	

TABLE 1. M/5 PHOSPHORIC ACID; M/5 SODIUM HYDROXIDE.

salt is taken simultaneously. He explains this as an immobilization of the oxalate as calcium oxalate, which is almost insoluble at the pH obtaining in the intestine. Whether intestinal absorption of calcium oxalate is influenced by other ions has been little investigated. Fiske and Logan² have noted the effect of magnesium, phosphate and sulphate on the solubility of calcium oxalate but have not presented quantitative data. We have investigated quantitatively the effects of acetate, borate and

A similar displacement was observed on the surface of a specimen of urinary oxalate stone when it was placed for a day in a Sorensen buffer of pH 8.0.

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