

profession. The AMERICAN ANALYST bespeaks for it the same appreciation by its readers. We extract the following:

Prof. Roberts Bartholow, M. A., M. D., LL. D., in his late work on "Materia Medica and Therapeutics," says:—INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus*. Dose, gr. v.— \mathfrak{Dj} .

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomach tonic, and relieves indigestion, flatulence and dyspepsia. The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*From the American Analyst, August 1st, 1886.*

HYDRONAPHTHOL.—Dr. Justus Wolff asserts that E. Merck's statement that betanaphthol and hydronaphthol are identical is a mistake, which may result in the most serious consequences if betanaphthol be used instead of hydronaphthol, "as the first one is a most dangerous and deadly poison whilst the latter is an excellent absolutely reliable and harmless antiseptic." The poisonous character of betanaphthol has been established a long time ago by such authorities as Kaposi, Neisser and Piffard, and lately by Max Schwarz, while Dr. G. R. Fowler, Dr. Lawrence Wolff and many others, have proved hydronaphthol to be non-poisonous, and a most effective antiseptic. Hydronaphthol is distinguished from betanaphthol not only by its physiological action—but also by distinct chemical reactions and by its chemical constitution, as it possesses certainly more hydrogen in the molecule than betanaphthol. Of the several distinguishing chemical reactions the following may be given as an example: If from a diluted iron-perchloride solution two drops are added to an alcoholic betanaphthol solution it becomes of a bright green color, whilst the same proportion of an alcoholic hydronaphthol solution of the same strength becomes dark yellowish brown by addition of the same proportion of iron-perchloride solution. Other reactions are also different and the melting points obtained by most careful determinations are for hydronaphthol 117° C., and for betanaphthol 122° C. These and other facts satisfy the author that hydronaphthol is distinct from the poisonous compound which is known as betanaphthol and that it is not alphanaphthol nor a mixture of the two last named and does not contain any of either.—*Druggist's Circular.*

THE TREATMENT OF GLEET.—In an address before the Medical Society of the County of Albany, Dr. O. D. Ball described a method of treatment employed by him successfully in a number of cases of chronic specific urethritis (*Albany Med. Annals* June, 1886). He employs an ointment composed of oxide of zinc, three drachms; lard three drachms; cerate, two drachms. The application is made by means of an olive-pointed bougie. The constricted portion of the bougie is filled out evenly and as smoothly as possible with the full calibre of the instrument. The bougie should be carried down to the prostatic portion of the urethra as rapidly as possible, and then, after being rotated in both directions, slightly withdrawn and pushed back again, in the hope that some of the ointment will be forced into the swollen mouths of the seminal and prostatic ducts. In the same manner the remaining portion of the urethra should be treated, giving plenty of time for the ointment to be melted and left in contact with the diseased membrane. The patient should have emptied his bladder previous to the application, and should be instructed to refrain from doing so again as long as possible. The applications should be made at least twice a day—in the morning and the last thing before retiring. The instrument should not be too large, but of just sufficient size to smooth out the folds of mucous membrane. For instance, when the penis measures three and a half inches in circumference, a No 20 French will about answer the purpose. The average time of treatment of all the cases was a little over four weeks. The longest any one case was under treatment was eight weeks; the shortest was ten days, except in one case where the patient never saw any discharge after the first application was made.

CONGENITAL MALFORMATION OF THE INTESTINES.—Dr. Owen Pritchard reports the following case in *The Lancet* of May 15, 1886: The child (a female) looked quite healthy at birth, except that the abdomen was unusually distended, and on his visit in the evening the nurse drew Dr. Pritchard's attention to the large size of the abdomen, and stated that the child had been very sick. A teaspoonful of castor-oil was ordered, but at the next visit it was found that it had not operated, and that the sickness was getting much worse, the vomit becoming black and offensive. An injection was tried, but it succeeded in bringing away only a few very small lumps of fæces. The vomiting became more and more severe, and the child died at the end of a little over four days. At the post-mortem examination the stomach was found normal, and the small intestine for about three feet was also normal, but here it ended in a blind extremity which was greatly distended. Then, quite separate from all this, and not attached to it in any way, were coils of very small intestine several