

In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Doctor George Everson, jr., a well known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, Ingluvin stayed the retching and enabled them to retain and digest food.

Dr. Lassing reports a similar experience in several cases of acute dyspepsia.

A priori, it would seem as if Ingluvin should be more efficient and potent than pepsin in many cases of physical disorder.

Our poultry are chiefly granivores, and have no beak nor other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended, and passes directly into the crop or gizzard. This seems to act both mechanically and chemically. Its interior walls are covered by a dense, hard cuticulous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which Ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls and the gravel, and their interior is exposed to the chemical action of the Ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinacæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid rather than that of the sublingual and submaxillary glands of the human being, it would seem as if Ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the farseeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical 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{D} j.

Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the vomiting of pregnancy. It is a stomachic 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.*

REMARKS ON INCONTINENCE OF URINE IN CHILDREN.

BY WILLIAM H. DAY, M.D.

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There is scarcely any disease occurring among children more annoying and troublesome than incontinence of urine. It is particularly vexatious to parents, and is often regarded by them as an incurable infirmity. After their patience has been long tried, they abandon one remedy after another, and look forward to puberty, when, they are told, the disease may depart never to return. Failure in treatment is frequently owing (1) to an erroneous diagnosis of the cause of the affection; (2) to the inefficiency with which the treatment is carried on; (3) to its being discontinued too soon; hence, in hospital practice, where patients can be watched, we meet with better results than in private practice.

Among the causes of enuresis, the following may be enumerated: If the urine be excessively acid, or loaded with urates, the bladder becomes overstimulated and readily discharges its contents. If the bowels be habitually costive, or there be worms in the intestines, vesical irritation may ensue; or, if the child be guilty of masturbation, there will be no chance of cure till the habit is corrected. Weakness of the muscular coat of the bladder from general debility or anemia is a very common cause; the bladder, not being able to tolerate any quantity of urine, readily excites the motor apparatus. I have known a troublesome case follow typhoid in a boy, ten years of age. If the disease be owing to a long prepuce, causing phimosis, it should be removed. Sometimes no cause can be ascertained. Children, two or three years of age, frequently wet the bed either from laziness or from lack of control over the bladder. It is important to remember that, even though the secretions are in perfect order, the incontinence may continue, and thus a habit may be formed which the poorer classes and stern people occasionally endeavor to correct by punishment. In some idle and dirty children such a course may be of benefit, but in others, who are nervous and timid, there is the possibility of increasing the evil we desire to remove. I make no allusion to those cases of enuresis associated with diseases of the bladder or brain.

Enuresis is sometimes seen in connection with chronic albuminuria, and is occasionally so persistent as to require special treatment. The following is a good illustration:

CASE I.—G. M., aged nine, was sent to me from the country, April 4, 1885. His bed was wet both