

favorable for the operation, and I now never hesitate to perform it, leaving the glans entirely bare.

D., three years old, occurred eighteen months ago. I was called, and found the boy in convulsions. Upon examining the penis, found that the prepuce could not be opened. Upon questioning the parents, I found that the child cried, and at times screamed aloud, upon attempting to urinate. I made the median incision, finding one-half of the glans adherent to the prepuce. The child rallied from the anæsthetic (chloroform), and has remained free from any further attacks, he having had these convulsions since six months of age.

E., nine years old, nervous and hysterical; prepuce much elongated, and so tight that it could not be retracted. Cocaine, operation, and recovery. His mother states that he is perfectly well, and free from any trouble whatever.

I should also like to refer to a female case which I examined last summer. The child had trouble in urinating, and an examination revealed an almost similar condition as reported by Remondino. This case shows us that it is of great importance to examine females, as well as males, as soon after birth as possible.

A thin membrane was adherent to the clitoris, extending from the urethral meatus in such a way that the urine did not pass directly outward, but upward, a distance of an inch or more, and then out. In other words, a false channel had been formed. This was freely opened, and all of the excessive nervousness disappeared.

Now that I have gone over a few of these cases, I should like to speak of the kinds of operations. The greatest number I have performed were after the Cloquet method. Each case, it seems to me, is a case of itself. There is no rule. If the phallus is long, perhaps an incision would be sufficient. I generally make three cuts, and then sew up the wound. I sometimes cut the bridle, but seldom have hemorrhage. If the skin is short, all that is necessary is a median incision. If the prepuce covers the gland, it is necessary to make three incisions. In a case of papillomata, I can find nothing better than making three incisions. We have a general complaint that the operation is annoying. I wish to state that all operations are more or less annoying. As to the sutures in sewing the wound, would say that I now always use the catgut suture. I was under the impression, formerly, that silk was better than any other, but I have gotten over that. My dressing is generally a dry one, and I allow it to remain a week. I do not apply a wet dressing, because it is apt to cause an erection. If this should occur, tearing the stitch out, there is a way of bringing the skin back, covering it, and sewing it together. I usually take a stiff piece of paste-board, cut a hole in it, press it down upon the glans, and secure with adhesive straps. I feel confident in stating that there are

not enough of these operations performed. No child should go unexamined, as this is one of the greatest annoyances of infancy.—*B. M. Rickets, in Cincinnati Lancet-Clinic.*

### THE NATURE AND FREQUENCY OF INEBRIETY, WITH REMARKS ON ITS TREATMENT.

In the past year there has been an enormous interest shown in the subject of inebriety, especially in lay circles and the public press. This interest has centered upon two things—the treatment of inebriates and the question of the physical basis of drunkenness and intemperance. The view that these conditions are the expression of a disease has been exploited without contradiction until the public has perhaps begun to believe that alcoholic indulgence is always something of which persons are simply the unfortunate and irresponsible victims.

The purpose of this paper is to make a brief contribution to the subject of the nature and characteristics of inebriety as distinguished from drunkenness, and to its frequency, to which I shall add a few words on the subject of treatment. My remarks will be based largely on a study of the cases of alcoholism, in all its forms, which are brought to Bellevue Hospital, numbering nearly four thousand yearly. Three years ago I made a clinical analysis of the cases, which entered the hospital in 1889.

Recently I have made a study of 614 cases of male alcoholics entered in the last part of the year 1891. In these latter observations I made particular inquires as to the drinking habits and ancestry of the patients. These cases represent persons from all walks in life, the proportion being about as follows:

	Per cent.
Professional .....	3
Clerks .....	15
Tradesmen .....	25
Laborers .....	35
Drivers .....	8
Others .....	17

There is some preponderance naturally of the lower and laboring classes, yet the list of occupations includes many persons in all walks of life, and the analysis corresponds in most respects to that made by Dr. Mason of inebriates at Fort Hamilton. The observations made upon them have theretore, I believe, value as a social and pathological study.

I shall discuss now only the male cases, as it is concerning their histories that my inquiries have lately been directed. They make up about three-fourths of the total. About one-half are in a condition of plain drunkenness. From this they usually recover in a day or two, are discharged,