

DIPSOMANIA.

We gather from a notice of the Annual Report of the Superintendent and Physician of the New York State Inebriate Asylum, Binghamton, New York, for the year 1872, in the *Boston Medical Journal*, that the report is largely taken up with the consideration of inebriety as it appears in those who have lost all self-control in the use of alcoholic beverages. It is assumed—1. That intemperance is a disease; 2. That its primary cause is a constitutional susceptibility to the alcoholic impression; 3. That this constitutional tendency may be inherited or acquired; 4. That it is curable in the same sense that other diseases are. In other words, as a disease, inebriety has its cause, diagnosis, prognosis, and treatment as clearly marked and as well defined as are those pertaining to other diseases. To support these propositions, the report cites at considerable length the opinions of Drs. Christison, Rush, Woodward, Parker, Flint, Anstie, Druitt, and other recognised authorities of this country and Great Britain, and asserts that “the fact that the inebriate is suffering from an actual disease which deprives him of the power of self-control, should forever do away with the supposed disgrace and mortification attendant upon such a condition; and there should be no more social disgrace in seeking a cure for this malady, than there is in being taken to an hospital for the treatment of a fractured limb.” As to the time required, the report advocates that patients should, as a rule, remain at least six months under treatment. Several have become inmates of the institution who were addicted to the excessive and habitual use of opium. In the treatment of such cases the “weaning process” is advocated, “letting the patient down by degrees with comparatively little suffering.” The number of patients admitted during the year was 249; discharged 253; remaining at the close of the year 81. *Brit. Med. Jour.*

A PHARMACEUTICAL CURIOSITY.—The Berlin correspondent of the *Chemist and Druggist* sends the following specimen of extraordinary pharmacy, culled from the first edition of the Prussian Pharmacopœia (*Dispensatorium Borusso-Brandenburgicum*, 1721). This is in Latin. The specimen which he selects is “*Spiritus Cerebri Humani*,” p. 206 (Spirit of Human Brain). “The brain of a young man well built and perfectly healthy, but who has been put to death by some violent means, must be crushed, with all vasculars and the spinal marrow, in a stone mortar; afterwards mixed in a glass retort, or in a large phial, with ‘Kaiser Karls Hauptwasser’ (somewhat similar to our eau de Cologne) and spirit of wine. This mixture is to be distilled after having stood by for one, or better, for several years. The dose of this elegant remedy was fixed at a tablespoonful.”

ON THE TREATMENT OF GONORRHOEA, AND ESPECIALLY GLEET, BY MEDICATED BOUGIES.—

Mr. G LOREY gives a detailed result of eighty cases of acute gonorrhœa treatment with Reynold's medicated bougies at the hospital du Midi. These bougies are made of gelatine and gum; the gelatine forms the skeleton, the central and resisting portion; and the gum, mixed with the remedial agent, is spread on the surface. They are about six inches in length, and of a diameter of about one-fifth of an inch. Their consistence varies with the temperature, more or less soft; but by dipping them in cold water they can be readily passed into the urethra without causing pain. M. Lorey has found the opiated or belladonized ones very efficacious against chordee; each one contained about three-fourths of a grain. Almost immediately after the introduction of the bougie the erection subsided, and subsequent micturition was less painful. In the first stage of acute gonorrhœa, he has obtained the following results: 1. It renders micturition painless, or comparatively so; 2. It allays or prevents chordee. But, in the second period, the belladonized sulphate of zinc bougie has not been as efficacious as anticipated. However, it presents the following advantages: 1. Its use is more simple than the injection; 2. Under certain circumstances it permits the discarding of the use of injection; 2. As they require an hour to melt in the urethra, their therapeutical action on the mucous membrane is prolonged. The observations made on sixty cases led him to arrive at the following conclusions: 1. The opiated or belladonized bougies are indicated in the first days of a gonorrhœa, to allay and prevent chordee, to render micturition painless; they have a double action; they first allay the pain, and they isolate the inflamed parietes; 2. In the second stage the sulphate of zinc, or the belladonized sulphate of zinc bougie is really efficacious, but does not appear to be much more so than analogous injections. In chronic gonorrhœa or gleet, their efficacy is unequalled by any other treatment. The twenty cases submitted to that treatment all recovered; requiring, on an average, the introduction of but nine bougies. This rapid curative action of the bougies can be readily explained by its double action; the three-fourths of a grain of sulphate of zinc contained in each has an undoubted therapeutical action on the chronically inflamed mucous membrane; moreover, they act mechanically, by remaining in contact with the diseased membrane, acting as an irritant body, modifying, by its presence, the vitality of this membrane. It might be suggested that the success of the treatment, in these cases, was due, in a great measure, to the hospital regimen, but this applies *à fortiori*, to acute gonorrhœa. It has been objected that this bougie might induce orchitis, but its irritating action is but temporary, and necessarily modified