Wounds of the head seemed more frequent earlier than later in the war, probably because of the use of the steel helmet. Head injuries did well, but spinal injuries were discouraging. This he ascribes to the high velocity of bullets at the present time. These cases were often fatal. Paralysis developed in about thirty per cent. of wounded extremities. Peripheral nerve injuries could be treated with difficulty because of the lack of bed accommodation and the distance from home. Those which had to be left for secondary operation at home stood less chance of recovery.

PHILADELPHIA PSYCHIATRIC SOCIETY

REGULAR MEETING, MAY 9, 1919

CHARLES S. POTTS, M.D., Presiding

DRUG TOXEMIAS, THEIR NATURE, ETIOLOGY AND SYMPTOMATOLOGY

DR. JOSEPH O. DOANE spoke against the sensationally disseminated misconceptions in regard to drug taking was rather one of the symptoms of an underlying physical, mental or moral abnormality, this particular form of manifestation depending upon some more or less accidental factors. These might be the example or advice of others, including physicians' prescriptions, the seeking of relief from pain, long-continued medication with some unknown drug, all of which become then also predisposing factors in receptivity toward the drug. Decreasing earning power is an added link between drug taking and crime.

Cures the speaker believed are few and relapses are the rule. Temporary relief is often obtained. Drug addicts are subject to diseases which solve their problems by death.

THE TREATMENT OF DRUG NARCOTIC ADDICTION

DR. JOSEPH McIVER discussed in a general way the treatment of drug addicts. He emphasized the need of a flexible scheme which gave ample room for individual differences of need and response. The history of the taking of the drug and a complete physical examination are necessary. The essential factors in treatment are gradual withdrawal with free purgation, based upon the principle that there was an actual antidotal toxic substance in the blood. Then there should be sedatives or stimulants as required and the elimination should be followed by sufficient rest, the administration of tonics and a liberal diet to repair the patient's weakened condition. The diet during treatment should be simple and nutritious.

Dr. McIver called attention to the greater need but also greater difficulty of building up a mental and moral background for future resistance, but offered no suggestions in regard to reaching this side of the patient's difficulty either in regard to discovery of the etiology of the drug taking or its future prevention.

FEDERAL AND STATE LAWS IN RELATION TO THE DRUG HABIT

DR. JOHN H. W. RHEIN reviewed the various efforts which have been made to restrict legally the sale and use of narcotic drugs. The first of these was an edict against the smoking of opium issued in China in 1729. In 1906 another such edict was issued in China against the use of opium and the cultivation of the poppy, and in 1909 an international conference was held at Shanghai to regulate the importation and exportation of habit-forming drugs and restrict their use to medicine only.

No law was passed in the United States until the Harrison law in 1914, which was supplemented by the Pennsylvania law three years later. Recently the federal law has been amended. Its purpose is so to regulate the sale of such drugs that they might be in the hands of ethical doctors and pharmacists only, but until recently the law had been but little effective against venders. The law that drugs could be dispensed only on an order written on a form provided by the commissioner of internal revenue, or on a physician's prescription, and forbidding a physician to prescribe for an addict except in curative treatment has been evaded or it has been circumvented by the enormously large amounts prescribed by the physician. Physicians have often committed this error technically, merely from ignorance of the law.

The drug habit, the speaker said, is so bound up with the character of the individual and hence with delinquency and crime that it is a social evil involving the problem of the reform of the individual. The laws cannot be enforced as long as the supply from manufacturers is not restricted nor with the present insufficient personnel for enforcement.

DR. F. H. BALDI, in the discussion of Dr. Rhein's paper, compared the extent of the drug evil here with that in London and Paris. There the situation was inconceivably worse. He too emphasized the need of control of production and believed in education in regard to the evil as of service where legislation fails.

As to treatment he believed in quick and absolute withdrawal of the drug. He recognized certain essential factors in treatment. These were isolation; absolute control of the patient; deprivation of the drug without substitute of any narcotic; thorough elimination by bowels, kidneys and skin; rest, nourishment and work.