THERAPEUTICS OF TRAVEL AND CHANGE OF SCENE IN NERVOUS AND MENTAL DISEASES.

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This paper is suggested by the experience I have had in seeing a large number of cases in which travel or change of scene has been employed without resulting in benefit, or with apparent injury; also, to a less extent, in seeing patients improve or recover for whom travel had been recommended after they had received all the benefit they could be given by home, hospital or sanitarium treatment. Other patients have been observed who were incurable from the start, e. g., victims of paresis, who were sent traveling with the fallacious hope of benefit or palliation—in some cases the disease not being recognized—with useless trouble and sometimes disastrous results—explosion of maniacal excitement in public places, death in a foreign land or other distressing occurrences. Again, I have encountered cases of melancholia with suicidal impulses, or patients with delusions of persecution, who have made suicidal or homicidal attempts while traveling, to the great distress and confusion of all concerned. It is undeniable that great benefit may result from travel, when the conditions both of the patient and of the journey are favorable; and there are undoubtedly many cases where recovery results—of these latter we are less apt to hear, because they no longer seek medical aid. The relative proportion of benefit and injury is, therefore, difficult to estimate, but the inquiry seems worth while: In what cases is travel or change of scene likely to be beneficial, and in what cases, contraindicated?

Both nervous and mental diseases are included in this discussion, and properly so, for there are many patients with nervous disease pure and simple, or, at least, where no question of mental integrity arises, whose mental state is, nevertheless, a most important element, and may or may not be benefited by travel, while, on the other hand, there are many cases with pronounced insanity, for whom, however, travel can be made decidedly beneficial, if not curative.

I will here cite some cases illustrating the above remarks, confining myself for brevity's sake, to the bare outline of each case:

A woman, aged 60, of neurotic temperament, with some senile changes in the heart and blood-vessels, who had had a severe attack of neurasthenia some years before, suddenly developed insane jealousy regarding her husband, with whom she had lived happily for forty years. Her propensity to irritability and violent anger, with loss of self-control toward her husband and children, was so great that a change of surroundings was found necessary. She was sent to a Southern seaside resort, but grew constantly worse from day to day. She was then brought home, but could not be kept at home, as her conduct bordered on the maniacal, though she remained rational in everything except her jealousy. She was placed in a sanitarium, and after about three months' treatment regained her health. This same patient, in a previous attack of neurasthenia, was sent to California, and constantly grew worse there, being under the obsession of the idea that she would never reach home alive; that there was some incurable uterine disease, and no one but her home adviser could do anything for her. She was, accordingly, taken to her home

again, and I was informed that on her arrival she was anesthetized and told that she had been operated on, though there was no condition requiring operation. She then went on to a fair recovery, being usually well for some years.

A patient suffering from neurasthenia was sent to Europe, with the expectation of cure from travel. While she was abroad a member of her family died; she hastened home; the obsession seized her that this relative was enduring endless punishment in the other world because not orthodox in his beliefs, and insomnia in aggravated form developed. Prolonged and rigorous rest-cure was tried, without avail; then a trip to a watering-place, but all her symptoms grew worse. Finally three or four months' systematic treatment in a private hospital for nervous and mental diseases resulted in such improvement that the patient was recommended home where her convalescence was completed. In this case the trip abroad might possibly have been beneficial but for the death of the relative, but such events as this must be taken into account in sending a patient abroad. Another feature of the case deserving note is that the full completion of convalescence was best attained by a change to her home from the hospital at the right time.

Another patient, a woman of 50 who suffered from extreme insomnia and "phobias" of various incurable diseases, visited numerous European health resorts and traveled extensively at home without benefit, but improved very decidedly when treated for six months in a suitable hospital, and has been for a year at home in better health than at any other time since she broke down.

A patient with puerperal mania was sent into the country and temporarily improved, but grew worse at once on her return home. She was then again sent away on a trip, but became delirious. When she came under my care an acute delirious mania had developed, which proved obstinate and protracted, and for a time threatened death from exhaustion, but resulted in perfect recovery after five months' treatment.

A young man was twice under my care who on two occasions became insane while traveling, having been sent from home with the idea of benefit when in the prodromal, depressed and melancholy state of a psychosis, which would have been labeled "acute mania" under the usual classification.

I find on looking over the histories of a series of forty-six cases in which the patient was sent from home for recreation, that there were thirteen instances of unmanageable mental state, in which compulsory care or legal commitment became necessary. The remainder of the forty-six were cases of neurasthenia, hysteria or mild psychosis, in which, as no improvement was experienced from travel and change of scene, my advice was sought. Patients in numerous instances were taken to the *Mardi Gras*, to some large city for a round of amusement, to some fashionable watering-place with the same idea, and injury, rather than benefit, was the result. It was evident in some cases that the friend or nurse accompanying the patient was enjoying the diversions of travel and sightseeing more than the patient, and could not, or would not see that the ostensible object of the trip—the improvement of the patient's health—was not being furthered.

One patient who came under my care suffering from primary dementia had evidently broken down as a result of the strain of taking an epileptic brother for a European tour, during which constant difficulties and disagreements arose.

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Five cases I have noted in which the effect of taking a patient suffering with neurasthenia or mild melancholia from the country to a general hospital in a large city was to precipitate a mental or physical crisis. The strange and unwonted sights and sounds of such an establishment and the contrast to a quiet country home were naturally unfavorable for a patient of this description.

Another patient, who was for many months under my care without benefit—a case of paranoia of long standing—illustrated in her earlier history the evil of sending patients who are undergoing rapid changes where they can not be under constant medical observation. This patient, a brilliant, accomplished young girl, by the direction of an eminent neurologist was kept under the care of a nurse and given frequent changes to the various health resorts and cities of the Atlantic seaboard. There had been no suspicion of mental disease entertained by the physician named, or, if there had been, it had not been communicated to her family, and their first knowledge that she was insane came from finding her at a hotel, where she had been for weeks, almost wholly refusing food under the influence of delusions, while the nurse allowed her to stay in bed with total disregard of all hygienic conditions. Her friends always believed her subsequent development of confirmed insanity was largely due to her neglectful management, though it is, of course, probable nothing could have prevented the ultimate appearance of mental disease.

Some experiences in sending "paretics" traveling which have come under my notice are here worthy of mention. Palliation is in such cases all we can expect from any treatment, but aggravation of the symptoms, exposure of the patient to unfortunate and serious annoyance, trouble and expense, have been the results in the large majority of such cases, judging from my own observation.

One patient was sent from Colorado to California last summer to visit friends. He attempted to engage in business there, became maniacal, wasted a large amount of money, and was finally brought across the continent in a violent and unmanageable state by two attendants, to be placed under my care.

Another, whose condition was not recognized by the medical man in attendance, was sent to Scotland, where he grew rapidly worse, and was brought back only to die in a few weeks. When the true condition became known to the family in this distressing manner there was sever censure of the ignorance, or lack of care, shown by the doctor in charge.

Another paretic, whom I saw at a hotel at the time of the World's Fair in Chicago, came from an Eastern city for recreation. He had been in a comfortable remission for about five years. After a few visits to the fair he developed a series of violent epileptiform convulsions, which lasted forty-eight hours, causing great alarm and distress to a large circle of friends. After being cared for for some time at the hotel he was removed home in a special train. His deterioration was somewhat more rapid after this seizure.

Another paretic, taken to a summer resort upon one of the great lakes, caused endless trouble before he could be brought home and committed to a private hospital, where he rapidly improved. He returned home in a few months, and remained quite comfortable for a year, when another threatened maniacal attack was cut short by his going to the same hospital for a few weeks only, and he has now been at home for some months.

Another case of this kind was recently sent from a Southern state to a large general sanitarium. The plain symptoms of paresis had not been recognized, or at least, no such diagnosis was communicated to the family, who had endured serious anxiety and expense they could ill afford in the hope of cure, when the patient was placed under my care. I could only advise the family that the condition was incurable and recommend a state hospital.

Similarly, I have been consulted in the cases of patients who had been sent to Colorado, to Japan and to the Pacific coast. Many other cases might be mentioned, but their main features would be the same.

What has been said above militates largely against travel as a method of treatment. Now, on the other hand, I would state from my own experience that I have seen much benefit from travel, especially in the convalescent stage. A recital of cases of this kind would be mostly the record of uneventful recovery, and yet I find that I have a comparatively small number of cases to report. Of seventy-six of my own cases in which travel and change of scene had been previously employed unsuccessfully, there were thirty-two cases of recovery while the patients remained under my care, and five for whom a further change of surroundings was later secured, and who subsequently recovered; four of these were cases of melancholia, and one a case of morphin habit, not of long standing.

One patient, a melancholiac with senile changes, who had been suicidal, and on a certain day expressed a wish to throw himself under a moving train, and attempted to do so, was taken on a long journey the next day by his daughter, much against my advice, but arrived at his journey's end alive.

Aside from cases in which cure has resulted, I have seen a large number of cases in which travel and change of scene were of great service, mostly in chronic conditions where nervous erethism was relieved by the diversion of thought to new and interesting objects. The old maxim, *cælum non animam mutant qui trans mare currunt*, does not apply to cases of nervous and mental disease, for it is constantly evident in such cases that the suggestive influence of new objects does produce a change in thought and feeling. This change may be for the better or for the worse, according to the internal and external conditions in each case which I will briefly discuss at the close of this paper.

The essential elements of travel in general are quaintly described by Baedeker in a quotation from v. Sittewald, who wrote about two hundred and fifty years ago:

Wer reisen will
Der Schweig fein still
Geh, stetem Schritt
Nehm nicht veil mit
Tritt an am frühen Morgen
Und lasse Heim die Sorgen.

I venture to translate this freely as follows:

When traveling your own counsel keep,
Go onward with a steady step.
Get every night a good night's sleep,
Rise early on the morrow.
Take little load
Upon thy road:
And pray, no trouble borrow!

The essentials of the above are: Suitable reserve in meeting crowds of fellow travelers, steady progress, a definite plan or itinerary steadily carried out, good sleep, small luggage and a care-free mind.

Certain of the above are, on their face, important for a nervous invalid. Such a one who can not secure for

himself or have secured for him, freedom from outside impertinence or annoyance, a well-ordered plan of journeying, free from capricious change, a good sleep each night, and who can not travel without burdensome baggage and appliances, and enjoy a mind at ease and free from care, will hardly be able to benefit by mere divagation from place to place upon the earth's surface. The ordinary plan, the good sleep, the light luggage and the untroubled mind, are especially valuable for any invalid, and we see how difficult of attainment these are for neurotic individuals. A garrulous and capricious person, as so many of our invalids are, would become constantly involved and confused. A sufferer from insomnia would, as a rule, soon be worn out. A dyspeptic or over-particular person, or one ailing physically, as is the case with so many, would meet annoyances and trials which would nullify all good of the journey, and one given to worry and anxiety would grow worse instead of better. Of course, exceptions might occur to all these rules. A suitable companion, who had the confidence of the invalid, might overcome many of these difficulties, especially with a passive, easily-influenced patient.

There may be mentioned the bearing upon this question of certain mental states. Of course the acute stage of mania, melancholia or dementia would preclude travel. In chronic cases, suicidal tendencies and delusions of persecution and suspicion would contraindicate travel. All paranoiacs who are capable of becoming dangerous or homicidal under their delusions should be prohibited from travel. Paretics vary enormously in different stages of the disease and in their individuality. There are certain exceptional conditions under which such a patient may travel, but, as a rule, such patients, where the disease is active, are liable to fall into the hands of the police.

In considering travel for neurasthenics, hysterical patients and victims of hypochondria, it is especially important for the two classes first mentioned to determine whether rest is not more important than any other condition. Often the inclinations or wishes of the patient can not serve to guide us in the least; such patients crave change and novelty, and will evidently enjoy it, but may be all the while increasing nerve-exhaustion, while an unnatural excitement may impel them onward to the verge of collapse, or beyond it. Hypochondriacal patients, too, in some cases, have their morbid ideas confirmed, in others dissipated.

It may be broadly stated that the stage of convalescence from most nervous and mental maladies is the one in which benefit may be obtained from travel. Here a reservation should be made for those in whom profound prostration, both mental and physical, develops on the cessation of acute symptoms and the setting-in of convalescence.

I have spoken in my title of "travel and change of scene" considered as therapeutic measures and, in some cases it is necessary to discriminate between the two. There are many patients who could not travel from place to place with advantage, but who imperatively require a change of scene. A single change and remaining in new surroundings would often be beneficial, while repeated change would be injurious. Such single change, according to the state of the patient may be either a visit to congenial friends, a sojourn at some pleasure resort, a stay in the country, or the change may be combined with treatment by selecting a medical institution.

In studying this subject I have gone over the litera-

ture to some extent and made extracts. I quote here a few opposite sentences:

Esquirol says—quoting Seneca:—"Travel is of very little use in emotional disorders, hysteria, many cases of neurasthenia and affective insanity." He mentions Socrates' answer to a melancholiac who complained he had no benefit from travel—"I am not surprised. Do not travel with yourself." Esquirol proceeds: "Nevertheless the ancients prescribed journeys. They sent their patients to take hellebore at Anticyra and to make the leap at Leucate. The English send their melancholiacs to the southern parts of France and Italy, and even to the colonies. I have always observed that the insane are bettered after a long journey, especially if they have visited distant lands, the location and views of which have seized their fancy; if they have experienced the difficulties, the annoyances, the *contretemps* and the ordinary fatigue of travelers. Travel acts also by exciting the assimilative functions. It produces sleep, increases the appetite and the secretions. Convalescents who dread to reenter society, where they fear having to talk of their disease, are less discomposed after a journey, which is the subject of their conversation with their friends and relatives." Allowing for certain exceptions, the words of Esquirol are very wise.

Dagonet says: "Among the means that have been recommended we find walking and travel. But the value of this last agency has been strangely exaggerated. Hardly have the first signs of insanity declared themselves than the patient is advised to travel. Harmful at the beginning, this agent produces good results when employed at a later period, and especially during convalescence."

Marce, in his practical treatise, says: "Journeys are highly recommended in the treatment of insanity. They renew impressions, excite interest by the sight of new objects and may cause a healthful diversion from morbid preoccupations, but they are impracticable with disturbed (maniacal) cases, and full of danger with those who have ideas of suicide. They should be reserved for quiet cases, whose delusions tend to become fixed and to always revolve in the same circle."

Griesinger remarks: "Immer soll der Kranke den schädlichen Einflüssen, die bisher auf ihn wirkten, entzogen, und es sollen ihm neue, wohlthätige zugeführt werden. In vielen Fällen bedarf es hierzu einer durchgreifenden Umänderung aller Aussenverhältnisse; Ortsveränderung, kleine Reisen namentlich Fuss—und vorsichtig gewählte Badereisen, wenn die äusseren Verhältnisse solche gestatten (niemals aber Reisen in Grosse Städte, wo Hirn und Sinne des Kranken aufgeregert werden), sind hier oft vom besten Erfolge."

Says Regis: "Travel is an efficacious therapeutic agency in mental derangement, and at the same time is a salutary means of diversion. By removing the patient from his usual surroundings, it corresponds, indeed, to the very principle of treatment isolation, while at the same time it causes moral and physical distraction that reacts favorably on the mind of the patient. Specially recommended by Esquirol and some of his students, who had obtained good results with it, it is less utilized at the present on account of the inconveniences and the dangers to which it may give rise. We may employ it, also, in some chronic insanities with subjects more or less inoffensive, but in these cases it is only a means of diversion capable at the most of producing a relative sedation. Whatever the morbid form and the end proposed, the physician ought never to advise or permit an insane person to travel, except on condition that the patient should

not be accompanied by any of his nearest friends; that the direction of the trip should be by an experienced person, in preference to a young physician; finally, that all precautionary measures should be taken to prevent, as far as possible, any disagreeable events or accidents."

Bucknill and Tuke say: "Should the threatened man travel? We think not often. Change of scene may do much good, but not constant change of scene with its labors, irritation and trials, especially if undertaken in foreign countries. This constant change of scene, which we call travel, easily suggests itself to friends and physicians. It is so obvious a method of getting a man away from places and people and circumstances which are irritating and obnoxious, and of removing him out of sight for a while that it is an expedient adopted with far more frequency than wisdom. We have known most disastrous results from it. Men threatened with lunacy who have been sent on their travels we have known to commit suicide in foreign hotels and in mountain solitudes, to have outbursts of raving mania in railway stations, and in city streets, and to get into the hands of the police for outrageous conduct. The friends of such a man who send him on his travels without sufficient watch and ward, commit a flagrant breach of private responsibility and of public decorum. As far as cure is concerned they might as well throw their friend from the house because a lunatic is said to have been cured by pitching accidentally on the right cranial spot. What they do, and know what they do, is to hide their friend for a while from the eyes of their own immediate public and to postpone the responsibility of taking proper steps for his care and treatment. . . . If he be attended by a medical man instructed in his case, by a trustworthy body servant and a good courier, and has 'put money in his purse,' there is no reason why the efficiency of foreign travel should not be tried under proper advice. . . .

"Travel within the four seas is quite a different measure, and with due provision for care and protection, for the right admixture of rest and fatigue, of change and repose, is a very fair and proper thing to try, not only in threatened yet undeveloped insanity, but also in many chronic conditions of mental disease, and especially also in the state of convalescence."

Clouston remarks: "A sea voyage, that favorite recommendation of despair, often does far more harm than good, and is attended with many risks. How many suicides I have known to result from this cause!"

Says Kellogg: "As a means of psychotherapy travel and change of scene in certain cases are unsurpassed. This form of treatment has been greatly abused by the sending of acute cases of insanity on a rampage from one country to another. The remedy is suitable in occasional cases in the initial stage of mental disease, but it is chiefly important when acute symptoms are at an end, and there is need of novelty and change to hasten and complete the mental restoration. In intelligent patients convalescence is often marked by mental depression, due to surging memories of the painful causes of the insanity, and to a certain conscious feeling of loss of social standing and of the confidence of friends. Instead of return to old surroundings and a host of disagreeable recollections, travel and change of scene are of the utmost benefit in confirming the cure in these cases. The rich insane, partially recovered with permanent defect, and without dangerous tendencies, should be allowed such pleasure in life as can be derived from travel. The view that all mentally unsound should be confined is grossly unjust, and hundreds of thousands of such

persons are living in enjoyment of perfect freedom and comparative happiness. Such insane patients have a veritable mania errabunda, which should be checked rather than indulged."

I will now briefly present some results of the tabulation of cases encountered in my own experience when travel and change of scene were tried. The statistical method, so fallacious at all times, is perhaps of even less value here, but a few points may have some interest.

In five years' experience, out of more than 600 patients treated by me, 110 had been sent from home with the object of benefit or cure before coming under my care. Of these 51 had been sent with the double object of change and of medical treatment, nearly all to medical institutions, springs, etc.; 16 had gone for visits to friends; 23 to resorts of various kinds for recreation; 8 to the Pacific Coast; 12 to Europe, Japan and across the seas. None of these had recovered; most of them had grown worse; a few had improved, but still needed care and treatment.

Of the total of 110, 38 were practically incurable; 9 of paresis, 13 of paranoia, 11 were confirmed habit cases, 2 senile, 1 ataxic, and 2 epileptic. Of the 73 possibly curable cases, 36 recovered after an average of three or four months' treatment; 10 of these were depressed and exalted forms of psychosis; 7 neurasthenics; 5 had hysteria; two were habit cases. In the 73 cases there were 18 suffering from delusions of persecution, and of these 10 were cured, but I have not known a case of this kind to improve by travel.

In conclusion I may summarize my remarks as follows:

Travel and change of scene for mental and nervous maladies can not be judiciously prescribed except by careful consideration of the individual case. Travel may be good in one stage, and bad in another of the same disease. If the patient grows worse by travel, this does not prove the treatment bad, for some cases will grow worse whatever is done. It may even be necessary to make a careful experiment before the question can be settled. Another fact regarding travel is that a great deal depends upon the manner of its regulation. Patients who can command every facility for comfort and safety and an experienced medical escort, could travel where such a course would be injurious and dangerous for one of moderate means.

Again, we must discriminate between cases in which a curative result may be expected and others in which palliation is all that is attainable.

Certain symptoms may be said to raise a strong presumption against travel. In nervous diseases the real weakness of neurasthenia and hysteria—often masked by an excitable and irritable state—require rest rather than motion, though the patient outwardly appears strong, and is himself incapable of knowing or judging the limits of his strength.

Certain self-centered patients who are incapable of giving attention to any external object can gain no benefit from travel.

In mental diseases, delusions of persecution, the presence of elements of danger to self or others in the mental state, suicidal or homicidal tendencies, active and changing mental conditions, especially with visual and auditory hallucinations, will generally forbid travel.

In the convalescent stage of all these diseases, travel may be expected to prove most efficacious.

In sending a patient for travel or change of scene, some suggestions may be offered:

In most cases where a neurotic patient is sent from home, safety and welfare will be best consulted by combining treatment with the change of surroundings. The patient should have access to a well-qualified practitioner, or, perhaps better, enter a medical institution capable of giving the recreation and supplying the diversion without the risks of travel, and with medical supervision otherwise not attainable unless a physician accompanies the patient.

Visits to friends by a nervous invalid except when convalescence is well established, are of little use, and may be very injurious.

Long journeys to Europe, to the Pacific Coast, etc., should be very carefully considered in all their bearings before undertaken.

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DISCUSSION.

DR. E. G. CARPENTER, Columbus, Ohio.—I wish to say a word with reference to one class, and that is in regard to the cases of melancholia, because there is a general vagary, even among the profession, that diversion and getting the patient away from home will tend to convalescence in melancholia. The reader has cited cases which show that it meets with failure. Those people that are interested in themselves and self-centered find it annoying to see things, be entertained, and be where many people are. It irritates them and does them absolute harm, and above all, they are cases which should be kept quiet until convalescence. When that is established it will be time for diversion and travel to be brought most effectively in play.

DR. H. A. TOMLINSON, St. Peter, Minn.—The chief essential to success in the care of cases of this kind that are traveling as a part of their treatment, is the caretaker, and I believe many of the failures resulting are due to the fact that the person taking care of the patient is not competent. The first element that enters into the failure of nervous health is loss of self-control, accompanied by morbid self-consciousness, and unless there is some one with the patient who has the character and strength of will necessary to control the patient, it does not make any difference what he attempts to do, his efforts will almost surely fail. Another point is the necessity to discriminate as to the attitude of the patient toward his surroundings; whether he wants to seclude or exploit himself. It is well to recognize that the patient will as a rule want to adopt a line of conduct which will feed his morbid self-consciousness in the direction of his mental perversion. Therefore he must be firmly and persistently antagonized and compelled into the proper attitude toward his environment. It is my experience that the importance of these tendencies is not sufficiently recognized; consequently the caretaker is inclined to follow the line of least resistance and accede to every whim of the patient that does not interfere with his own comfort or convenience.

DR. J. H. MCBRIDE, Los Angeles, Cal.—Neither in cases of incipient insanity nor in those cases in which the disorder is fully developed is travel advisable. In certain exceptional cases in which there is danger of the development of insanity the diversion of travel may be beneficial with proper companionship. Travel is mentally and physically taxing for the well, and it is very liable to be harmful to those who are insane or as yet imperfectly recovered from an attack. A very important part of the management of the insane and of those who are convalescent is that they have a quiet, undisturbed, even monotonous, life, with, however, a certain amount of variety, but without excitement. The proper adjustment of interests to their needs demands the nicest discrimination and excludes novelty or anything that tires or excites. As the recently cured morphinist is weak in self-control and incapable of enduring stress, so the recently recovered insane person is weak and is mentally unstable, and to send such person home or traveling

before the normal stability and resistive power of the brain is regained is as unwise as to dismiss a fever patient as cured when the temperature drops to normal. There may be occasions when travel is a choice between that and the patient going home too soon. When the insane person has given up his delusions and talks sanely he is liable to think he ought to go home, and it may not be easy to convince him and his family that he should remain away from home for a long period. In such cases one may find it advisable to have the patient travel. The redevelopment of the mental stability of the recent insane is a slow process, is in fact a re-education, a growth, and the friends should understand that months or a year may be occupied in getting back the normal mental vigor after the active symptoms of insanity are gone. When these cases travel they should go about it in the most quiet way and thus avoid hurry and tire. The cases, too, should be carefully selected, for intelligent and cultured people can travel under such circumstances with greater safety than those who lack the interests of such people and to whom travel is more of a dissipation, and therefore an excitement. It is difficult, however, to lay down rules. The question must be decided upon the conditions of each case. The question of travel is one about which the alienist can easily make mistakes, and when there is any doubt any proposition for travel had better be vetoed.

MORPHINISM FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.*

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A practitioner of medicine in a large city, as a rule, has not as intimate a knowledge of his patients and patrons as his confrère in the small country town of two or three thousand inhabitants. In the cities, unless it be an exceptional case, the statement of the patient must be accepted as our basis upon which to draw conclusions; but in the smaller towns, nearly every one is personally known to the physician, who may have had, in a long life, a personal knowledge of three generations. It has been my own experience in several cases to have had a knowledge of as many as four generations of several of the families for whom I have practiced, and in cases referred to in the subsequent portions of this article, frequently three generations have been my intimate acquaintances. It is just such a condition as this that will make statistics honestly furnished by general practitioners in the country of fully as much value as hospital records; for it is a well-known fact that the morphin habitué will both lie and steal, if it become necessary, at any time to get a supply of the drug.

INCREASED CONSUMPTION OF OPIUM.

The alarming increase of the amount of opium imported into this country, far exceeding the legitimate demands brought about by an increase of population, gives one a slight idea of the rapidity with which we are becoming a nation of opium-eaters. In 1860, the United States imported 72,000 pounds of opium; in 1880, 372,000 pounds, and in 1893, nearly 1,000,000 pounds, an increase of sixteenfold in forty years, with an increase of about twofold in population.

If 72,000 pounds was sufficient for all medical uses in 1860, certainly it has been used largely in other ways since that time. A druggist in a town of 2500 inhabitants, laid in forty-eight ounces of morphin as a supply for his drug store for three weeks, and yet there were three other drug establishments in the same town. The vice grows rapidly, and the end of the course is not yet. We inveigh against the use of liquor. Prohibitionists grow eloquent in declaiming against the evils

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