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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resulting from drink, and overlook an evil which is poisoning the very sources of all that ought to be good. Women, as a rule, do not indulge in the use of alcohol, especially those in the upper strata of society; would that I could say that they are equally free from a more blighting vice. High living, the demands of modern society, and efforts to keep pace with those more able physically and financially, soon produce such a state of the system as to demand a stimulant, and a dose of morphin is used for the relief of some real or imaginary trouble. The relief once obtained is again demanded, and in a short time the confirmed morphin habitué is the result. It is not my intention to attempt to trace the development or progress of morphinism, but to present some facts connected with morphinism with which I am conversant as a practitioner of medicine in a small city.

EFFECTS OF OPIUM ON FERTILITY AND ON CHILD IN UTERO.

In a article written some years ago, I detailed the histories of several patients, showing that the morphin user does not become sterile, or lose all sexual appetite. In that paper cases were cited where the users of the drug continued to bear children, in several cases three, in another four, and in yet another two—though in this last case the mother aborted—and in another one. These cases were all in families under frequent observation, for all of whom I practiced. From statements made to me by habitués themselves I am satisfied that the sexual appetite is not destroyed; in one case, a young man of 25 years, whose grandfather was a drunkard, his grandmother a neurotic, his father a user to excess of both whisky and morphin—dying finally from the effects of the opiate—and his mother ending her days at about forty years in the same way, the sexual appetite is claimed to be as vigorous as ever, while he uses not less than twenty grains of morphin, hypodermically, every day. Where the father is a user of morphin the children begotten have not been many in a family. In the case of the mother, abortions have seemed to me to be more frequent; and where the children have been brought at full term, I have found many cases in which the children have died cyanosed from non-closure of the foramen ovale. In the case of one mother, one child was born, which within forty-eight hours became restless and cyanotic, and in spite of simple remedies, died before the end of the third day. At that time I did not know that she was a morphin user. Two years later another child was born, which in every respect duplicated the history of the preceding one. About two years later a third was born, which died as did the first and second. The mother at the time was using increasing doses of morphin. Two years later, a fourth child was born, which showed all the effects of morphin that the three before it had, but knowing at that time that the mother was using two drams of morphin a week—about seventeen grains a day—I began the administration of full doses of paregoric to the infant, and after gradually increasing the doses to about twenty drops every three hours, I found a steady improvement; the cyanosis disappeared on the fifth or sixth day, and after one month I was able to discontinue the use of the opiate. At no time was the child quiet during that period, except when under the influence of the drug. The digestion of the child was poor, and it had an aged, withered, pinched look. At the age of five months it died. In another case, a mother with no hereditary taint, with an excellent family history, suffered from periodic attacks of sick-headache. She had menstruated scantily all her life.

She gave birth to a vigorous, healthy boy, who at the age of 18 years is strong mentally and physically. Between the birth of this one and the second child, she began using morphin, though not in large doses; but she was constantly under the influence of the drug during the whole time of the second pregnancy. The child was born at full term, but had an aged appearance, was nervous, restless and fretful, with, at times, cyanotic attacks. Dover's powder in half-grain doses was given every two hours; then on the second day it was increased to one grain, and repeated *pro re nata*. The babe became quiet; cyanosis gradually decreased, and the opiate was then diminished. The child is now living, and at the age of 12 years is not as large as he should be at 8 or 9, nor is he vigorous otherwise, physically or mentally. This same mother gave birth two years afterward to a female child at full term; and again, two years later, to another female, both of which died with every symptom of an open foramen ovale. This mother is still living, but has not been pregnant for eight years; she still uses morphin, but not in increasing doses. She has always denied any sexual appetite.

MORPHIN RETARDS DEVELOPMENT.

I have been persuaded, in reviewing the work of my earlier life, that in many of these cases of death among infants where no reason could be assigned for them, the opium curse accounts for the trouble. The rationale of the non-closure of the foramen ovale in such children is easily understood. We know that opium in any of its forms delays all changes in the human economy, and hence in the pregnant woman who is a morphin habitué, the nutrition furnished the child in utero is vitiated by the drug; the full and perfect development of the fetus is delayed, and at the last moment labor begins before the closure of the foramen has been properly advanced, hence the child's circulation after birth is the same as that in utero, and cyanosis follows, because a proper supply of oxygen is not furnished the blood, as it should be during respiration, the blood being diverted by the open foramen in the direction of the fetal circulation. If the child be kept alive for a few days, by careful management, the foramen closes and cyanosis ceases. To keep this child alive, it is necessary, as has been shown frequently, to give it some one of the many preparations of opium, gradually reducing the dose until the drug-habit has been eradicated.

FIRST DOSE PRODUCING HABIT.

In some cases it has been clearly and conclusively shown that with the first dose of the narcotic, the child becomes a confirmed opium-taker. Such a case has been reported by Dr. Crothers, and I have had a similar experience with a patient who is now using twenty grains of morphin per day. This person did not get his first dose until he was several years old, and from the time that was administered, he reports that he has not been able to restrain his desire for the drug. One forcible detention for a few weeks in a "Cure," and several efforts to withdraw the drug gradually, have proved complete failures. He now reports that he has no desire to leave off the drug, yet he knows that both his father and mother ended their days as confirmed users of it. He calls the drug his medicine, and he believes that he can deceive even the elect in regard to his using it. I have never yet seen a confirmed opium user whose assertion could be depended on in regard to anything.

CYANOSIS AND MORPHIN.

Returning again to the question of cyanosis, I desire to impress one point, learned from experience drawn

from many cases of children born of morphin-using mothers, viz., that when an infant that has been unusually quiet, resting sweetly, reported by mother and nurse as a "good baby," for from twelve to twenty-four hours, begins to fret and grow restless without any apparent cause, and when, in addition, the nurse reports the child as "looking blue," then it becomes important to inquire into the family history of the child. Not only should inquiry be made of the mother, but of the nurse and father. Then, if no light can be gained in the matter, the mother should be watched. If the drug is used it can soon be determined. She can not do without it after labor, and if deprived of it, the after-pains may cause, as they did in one of my cases, puerperal convulsions. In this case the mother died before she could be gotten under the influence of the drug, of which she had been using seventeen grains a day. The child was saved by administering opiates and afterward gradually withdrawing them.

CURE BY GRADUAL WITHDRAWAL.

Another point has been established in the work of the general practitioner, viz., that if a patient honestly desires to abandon the morphin habit, it can be gradually withdrawn without much discomfort to the patient, sometimes with the aid of some substitute for the morphin, such as papain, and sometimes by means of the gradual withdrawal of the morphin, substituting enough of strychnia, as the morphin is lessened, to stimulate the patient to the point that the "gone feeling" does not develop.

In another case, where I found a prisoner using thirty grains of morphin *per os* a day. I had no trouble in rapidly reducing the dose, beginning with eight grains morning and night, combining each dose with five grains of quinin, and leaving off one grain of morphin out of each dose every day. The patient never suspected the reduction until the dose reached one grain twice a day, but no nervous symptoms supervened until the dose was reduced to one-eighth grain twice a day. Then, discovering what had been done, he became unruly, but in three days the storm had passed and the appetite disappeared. We have all found that those who use morphin hypodermically on themselves, are managed and reformed with more difficulty than are those who use the drug *per os*. I have had one patient who abandoned the hypodermic use of morphin, which she had kept up for years, by substituting, *per os*, some patent preparation of opium. She seemed to suffer not at all while withdrawing and decreasing the hypodermic. I would by no means advocate the home treatment of morphin habitués, except for such cases as are sometimes met with where the patient must either continue a slave to his or her appetite, or be treated at home. The habit can be eradicated much more rapidly under changed surroundings than it is possible to do at home, where everything brings the morphin habit so forcibly before the patient.

MANY PHYSICIANS ACQUIRE THE HABIT.

On still another point I am prepared to go on record authoritatively in regard to morphinism. In glancing over some records in my office I find, in a list of the names of one hundred and fourteen physicians, almost all of whom have been personally known to me, eighteen who became addicted to morphin—nearly 16 per cent.—five who used whisky to excess—three of them dying of chronic alcoholism, and three who became addicted to the excessive use of chloroform, one of the three inhaling it to stupefaction as a substitute for whisky, and all three dying from its effect. These records show that twenty-

three, or about 20 per cent., were unfitted for the practice of medicine by reason of their habits.

MORPHINISM AND HEREDITY.

As to the question of heredity in its relation to morphinism, my own observations are fully in accord with those of many other writers on the subject. The morphin habit is not transmitted, except in the few rare cases already referred to, where the offspring of the morphin-using mother demands the drug from its birth to preserve its life; but a certain dyscrasia, or peculiar state of the nervous system, results that in the course of time demands either alcohol or opium, and when the first portion of either is taken, the ruin and wreck has begun. In the family of a morphin-eating, whisky-drinking physician, I have seen one son die a perfect wreck from the use of both these drugs, and another son worse than dead, a vagabond upon the face of the earth. In this family the mother had no bad habits, was unusually bright mentally, and her characteristics, both mental and physical, were transmitted to the girls. In another physician's family a son and daughter have developed the morphin habit. In another, where alcohol was the curse, one son is a wreck. In two patients, not physicians, the children born to them—one father being a morphin habitué, the other an alcoholic—have no mental acumen. In another family where for three generations whisky and morphin were both used, the third generation is almost extinct, without offspring; the one representative has never used either drug, but suffers for the sins of his ancestors.

Our almshouses and asylums are being rapidly filled with degenerates; even in our country counties and towns, where many of the vices of "higher civilization" such as syphilis, sexual debauchery, etc., are unknown, and where the history of the case can be traced without doubt to the excessive use of some of the derivations of morphin. Whisky has slain its thousands, but a vice of a greater magnitude, because it can for a long time be indulged in secretly, and one that is seizing hold upon the mothers and daughters of the day, will have to be faced and fought in the twentieth century. We as physicians owe it to the nation to keep this subject plainly before the people.

MEDICOLEGAL RELATIONS OF OPIUM INEBRIETY AND THE NECESSITY FOR LEGAL RECOGNITION.*

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How far is a morphia or opium habitué responsible for his acts? Will the use of opium or other narcotic drugs diminish or destroy the sense of right and wrong, or of duty and obligation? Will opium and allied drugs whose physiologic action is most prominent on the sensory centers disturb the reason and the higher moral centers and encourage crime and criminal acts? Practically the opium inebriate is uniformly untruthful, particularly regarding himself and his use of drugs. Like the alcoholic, when under the influence of drugs he resorts to intrigue and deception, often coarsely or skillfully executed. Thus secrecy, deception and disregard of all questions of ethics and duty are the common symptoms. Obligations of honor and respect for society and for those having claims upon him have little influence compared with his morbid impulses and feelings.

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