

several months." Jobst secured a quantity of poppy-seeds from the district producing one of the most valuable varieties—Boghaditsch opium—with which he has made comparative experiments with the following results: The oriental poppy-plant is of a lighter colour than the indigenous poppy, has dark, violet-coloured flowers, remarkably few leaves, and reached a height of two feet; the capsules are small, but well filled with extremely small bluish seeds. Owing to its small growth it is not exposed to the same extent to the influence of storms as is the taller indigenous variety, and it ripens several weeks earlier. The oriental variety yielded a little less opium than the indigenous variety, but the morphia strength of the two opiums is nearly the same—opium from oriental seed containing 19.5 per cent. morphia, 0.12 per cent. codeia; opium from indigenous seed containing 12.8 per cent. morphia, 0.09 per cent. codeia. The author states that in the neighbourhood of Saarau and Bohrau, Silesia, opium has been cultivated which yielded thirteen to fourteen per cent. morphia, three to four per cent more than oriental opium yields.

From the report of the Chamber of Commerce of Breslau, 1872, it appears that the experiments upon opium culture have been discontinued in Silesia, as it has become evident that, while the cultivation of the poppy for its seeds is very remunerative, its cultivation for its opium is unprofitable. The yield of opium is small, and its collection causes a diminution of the seeds.

But this does not agree with the experiments of Julius Schrader, who has found that the annual yield from capsules from which opium had been collected was the same as from capsules which had remained intact. The opium obtained was a fair yield, and contained eleven per cent. of morphia. There was no difference in the yield of fixed oil from the seeds as obtained from the two sources.—*Am. Practitioner.*

ACONITE ROOT.

At the last meeting of the American Pharmaceutical Association, Dr. Squibb called attention to the bad quality of the aconite root frequently met with in commerce. This he considered (*Transactions*, 1872, p. 229) to be due partly to its being collected by ignorant women and children, who take it at any season of the year and dry it in the easiest and quickest way. Some parcels, however, lead to the suspicion that the roots have been partially or entirely exhausted; since, although no doubt exists as to the identity of the root, there is no season of the year, age of the plant, or probable mode of drying, which would yield it so insipid and devoid of activity as these specimens are. If it be true, as is now generally believed, that the growth of microscopic plants and animals destroys the active principles of many substances, it may be that mouldiness would be a cause of inertness in aconite, although such mouldiness would probably be removed before offering it for sale. Dr. Squibb considers that, if the drug can be obtained of good uniform quality, and the preparations be made with care and skill, the alkaloid is not only an useless but a dangerous reticement, which, though variation of

species or of mode of manufacture, is as deficient in uniformity as the commercial root. He gives the following as a 'simple, practical, easy, and effectual way of testing aconite root by tasting it.' The root is to be broken across near the middle, and a piece half the size of a pin's head, taken from near the edge of the place of fracture, chewed between the incisor teeth in contact with the tip of the tongue until reduced to a pasty mass, and then ejected from the mouth; and the parts which have been in contact cleansed as thoroughly as possible by the flow of saliva which is produced. If the root be inert, the fragment is nearly or quite tasteless; but if it be a good root, a bitterness is at once manifested, in proportion to the activity of the root. This bitterness is removed by the cleansing of the mouth, and is followed by an interval of a minute or more of tastelessness. The peculiar and perfectly characteristic aconite impression then comes on gradually, beginning with a sense of tingling, which soon becomes a pricking sensation, and passes into a local numbness, that once felt cannot be mistaken. This is not taste, but rather a paralysis of all sensation in the part, and is persistent for from one to three hours, according to the strength of the root and the quantity taken. It is not painful or even annoying, nor is it hurtful when properly managed; but, in using the test, the virulently poisonous character of the drug should never be forgotten—one aconite impression being allowed to disappear entirely before another root is tasted. Both the taste and aconite impression vary much in intensity; but Dr. Squibb thinks that no parcel of roots should be accepted as officinal, in which more than two or three roots in ten fail to give the aconite impression or numbness within ten or fifteen minutes.

PRACTICAL MEDICINE.

ON DELUSION.

Delusion is not an indefinite disorder of the intellect and fancy coming on, no one knows how, without warning of any kind, but a very definite disorder, taking many shapes, each of them associated with some morbid mental condition from which it can not be disassociated, and often receiving this shape, as it would seem, as a natural consequence of the mind having been allowed to go wrong in the direction of some particular morbid mental condition, intense self-conceit, misanthropy, melancholy, or other. Nothing is more certain than this, that by indulging in a perverse way of feeling or thinking, sooner or later, the reason and will are mastered by this feeling or thought, and that when this point is arrived at the feelings and thoughts and actions, as a matter of course, become more or less irrational and involuntary. Arrived at this point indeed, any delusion, any fancy may easily take undisputed possession of the mind. And thus the delusion, instead of being something almost unintelligible, becomes little more than a natural consequence of the unresisted continuance of the particular morbid mental condition with which it is associated, and from which it cannot be disassociated.

If the mind be allowed to rest too long in any

of these morbid mental conditions which are constantly associated with delusion, the will and reason are deposed and feeling is enthroned in their stead. This is all; for when feeling is raised above will and reason the result of necessity is not only disorder but delusion. And thus insanity becomes somewhat more intelligible, inasmuch as it reduces itself to little more than the natural consequence of the mind having been allowed to go wrong in the direction of some perverse feeling until a point is arrived at in which the will and reason have no longer any control over it; an end in which—for all the unchecked evidences of the mere feelings are delusive—delusion in one form or another is the inevitable result.

And if delusion take these different forms, and is brought about in these different ways, it is plain that there are several very definite indications of treatment, which may be followed out in a very hopeful spirit. The case is not one in which delusion is no one knows what, coming about no one knows how, in which the physician is left in a state of uncertainty as to what ought to be done to prevent it and to cure it. The case is definite enough. There are several morbid mental conditions as intense self-conceit, misanthropy, melancholy, uncontrollable impulsiveness, and the rest, preceding insanity, continuing when insanity is actually developed, and each of them leading naturally to the delusion which is the conclusive evidence of insanity. There is, in fact, a definite morbid mental condition other than delusion to be dealt with. By dealing with it delusion is to be prevented; nay more, by dealing with it delusion is to be counteracted and conquered. It is as much a duty to deal seriously with this morbid mental condition as it is with the actual delusion—for delusion is the natural consequence, sooner or later, of leaving it to itself. Every effort must be made to teach the patient that he is responsible for his feelings and thoughts as well as for his actions; that he can and must master them; and that if he does not try, his will and reason may soon become too powerless to prevent his feelings and thoughts and actions from becoming involuntary and irrational, as in insanity. He must be helped and made to try to do all this in every possible way. A proper mental discipline must be enforced, upon the details of which I cannot and need not enter.

Nor is a different course to be followed when matters have gone further wrong, and there is actual delusion. Certainly all is not done in this case when the lunatic is provided with a comfortable home, and when every conceivable care is taken of his body. All that is wanted and more also—much more, if what I have said about mind be true. What is wanted is that medical and clerical aid should be brought into closer conjunction than they are at present, with clearer notions in both physician and clergyman as to autocracy of *mind*. What is wanted the co-operation of educated persons, similarly enlightened as to mind, who will as a labour of love tend upon the lunatic, giving him the helping hand which now in so many instances they are giving to the ordinary sick. What is wanted also are more carefully-trained ordinary attendants. With res-