

has almost fallen into disuse, as an anodyne, will again come into vogue." I endorse every word of Dr. Brunton's, and venture the belief that we are on the eve of a larger use of codeine, in pain and insomnia, than the profession has yet known.

I will not weary you with stating the various morbid conditions that codeine will control. Its province is more or less relief of any and every pain, but it is specially adapted, by virtue of its non-tolerant power, to neuralgic disorders which stand so largely and so closely in relation to the abuse of morphine; and, in general, to any and all long-continued pain. Even in incurably painful conditions it is often better than morphia, bringing ease without the unpleasant gastric and other sequelæ of the latter drug.

The hypnotic action of codeine is also distinct and decided, and may be quite apart from any analgesic need. It is a reliable soporific, though sometimes acting more slowly, yet, without the dullness or headache often following morphine.

A great gain in using codeine *vice* morphine as an anodyne and hypnotic is that it lacks that inexplicable influence of the latter—before noted—in making itself felt, apart from relief of pain, and so creating a morbid condition, a so-called "craving," that will not be denied. I confess to you, gentlemen, that though I have been studying opium and opium habitués for more than twenty years, I do not fully understand it, but am more and more impressed by the peculiar power with every case that comes under my care.

Another point in favor of codeine is the non-need of increasing the dose on long usage. The reverse so often obtains with morphia that it marks one of the distressing features attending habitual use; growing by what it feeds on, it steadily adds to the hapless lot of those who from force of conditions beyond control, find themselves compelled to mind an imperious power they are helpless to resist.

To get good results from codeine it is essential to have it pure. Such is supplied by Merck, of Darmstadt and New York. The sulphate and phosphate—the first by mouth, and other for subcutaneous use—are the most eligible. The latter is freely soluble—more so than morphia, my usual solution being six grains to the drachm. It should be freshly made; bitter almond water tends to preserve it; I have never noted local harm.

The dose required is larger than morphia. Fischer says triple; Bartholomew four times. Fischer has written more largely of codeine—detailing several years, experience—than any other foreign physician, and to him is mainly due my extensive use of the drug. I commend to you his papers in the German medical press of 1888. An initial dose of one-half grain by mouth, or one-quarter to one-half grain by skin is safe, and may be repeated and increased as required.

Narceine, though so little used, is a soporific of value. It is not an anodyne. Failure will result if pain be present. The dose should be double that of morphia. The hydrochlorate—Merck—admits of hypodermic use.

Gentlemen, you have my paper. It is a plea for less morphine—more codeine. The usually accepted statement that its anodyne and hypnotic action is weak and uncertain, is wrong. It has a constant and well marked effect as an analgesic and soporific, without unpleasant secondary symptoms—nausea, headache, and general malaise, so common with morphia. I urge you to use it, and especially do I commend it to the junior members of the profession, who too often are enthused with that modern mischief-maker, hypodermic morphia, and have not yet gained the wisdom given their fathers, whose experience has led them to discard, increasingly often, I am glad to say—a power so potent for ill. I speak feelingly on this subject, gentlemen, for my professional work for many years has brought me in daily contact with those—mostly our own guild—whose lives have been blighted by morphia.

The easing of pain ranks next to the saving of life, and when in doing such noble work, we do it without entailing a bondage, binding, it may be, for life, the millenium will be nearer than now.

ORTHOPÆDIC SURGERY AS A SPECIALTY.*

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A flourishing medical society sometimes divides into sections. It is an involuntary process, or at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects

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