

sician to inculcate by teaching and by example the paramount importance of the causes we have cited that tend to the rise of this disease.

Two points call for special comment. These are the over use of morphia and the under thought of its danger. Regarding the latter, let me warn with all the weight I can command every doctor who may be dallying with this drug, or who may think its self-taking called for—and this warning holds with special force if the subdermic method be practised—let me warn him that he is inviting disaster by jeopardizing interests vital to his well-being, and let me urge him to pause and to ponder well whether, despite this warning, he dare take such risk. Let him not be blinded by an under estimate of the poppy's power to ensnare. Let him not be deluded by an over-confidence in his own strength to resist; for along this line history has repeated itself with sorrowful frequency, and—as my experience will well attest—on these too treacherous rocks hundreds of promising lives have gone awreck.

I have no wish to pose as an alarmist, but I tell you, gentlemen, that many a doctor who gives himself a daily hypodermic dose of morphia for a fortnight will come perilously close to the danger line—beyond which bondage begins.

Let him not chance it; rather let him, if the opiate demand be imperative, consign its giving to other hands; let it be by mouth; and oftener let it be codeine, which as an anodyne and soporific has not yet had the measure of merit it deserves, and which, as tending to tolerance, is vastly less riskful than morphin. In a paper before the American Medical Association two years ago, "The Prevention of Morphinism" (reprint at command, and by the reading of which I would have every one of you the gainer), attention was called to the value of codeine. Enlarged experience has confirmed the opinion then expressed,

and while I am glad to note the demand for it is steadily increasing, I earnestly urge its still larger use as one of the most promising factors to favor a decline of the morphin disease.

Regarding the over use of morphia, never was there so little excuse for it as now, for never were the means at command to ease pain and bring sleep equal to those of to-day. Modern medicine is richly equipped in this regard, and if these resources be fully availed of, it will go far in a decrease of this ill.

As tending to this, teachers in medical schools should realize that they have opportunity to wield great influence for good, and by word and deed they should improve it. To do so would strike right at the root of this evil, for I truly think the junior members of the profession are the greatest sinners in this regard; and if by timely counsel from their preceptors and college instructors the thousands who year after year begin a medical career can be brought to believe the danger incident to an incautious or needless giving of morphia, and then shape their practice in keeping with that belief, the good work will be largely done.

Slowly yet surely the therapeutic trend is in this direction. More and more the older medical men, impelled by larger wisdom or an experience often unhappy, are quitting the syringe, more and more rarely are they using morphia. The influence of this example must make itself felt on the younger men, and when to this is added the teaching we have commended, the dawn of a better day will not be distant. May that good time coming soon come.—*Journal American Medical Association.*

—In trephining for *Inveterate Headache*, Prof. Keen says, if nothing abnormal be found, the dura should be stitched together and the wound closed, but the button of bone should not be replaced, and occasionally good results will follow.