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Original Communications.

THE TREATMENT OF OPIUM ADDICTION.

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Read before the American Association for the cure of Intebriates, Oct. 22, 1884.

Several years have passed since the writer had the pleasure of reading before this society a paper on the subject of opium addiction.

During this time his professional attention has been largely, and, of late years, exclusively devoted to the study and treatment of this toxic neurosis, and, with increasing experience has come improved therapeutics, all of which warrant him in again inviting attention to a topic, that, though accorded but little thought by the profession at large, possesses a great and growing importance, the extent of which, perhaps, will be none the less appreciated, by the reflection that many of those who fall victims to its steady advances, are recruited from the ranks of our own confreres.

Opium addiction is a *disease*, a well-marked functional neurosis, and deserving recognition, as such, to a greater degree than it has hitherto received. In the vast majority of cases, the *vice* theory of its origin is incorrect, so that, with few exceptions, the term "opium habit," is a misnomer, implying as it wrongly does, an opiate using quite under individual control.

As elsewhere stated, "The Genesis of Opium Addiction," *Detroit Lancet*, Jan., 1884, two causative factors exist—necessity and desire, but the result, if the opiate be sufficiently long continued, is essentially the same—a condition of disease, as evidenced by various functional ills.

The central tracts involved are the cerebro-spinal and sympathetic systems. Deviations from health noted, are due to departure from the normal tone of one or both of these centres. Organic lesions are rare, possibly, some instances of renal or brain disease—the usual ultimate result being a state of marasmus, impaired nutrition and profound nerve depression, ending in death.

In the paper to which reference has been made, attention was invited to a new method of treatment, and as this is largely the same we now employ, some improved changes will be noted in passing. We re-assert that it is based on the power of certain remedial resources to control abnormal reflex sensibility, and accomplishes, largely, two cardinal objects, minimum duration of treatment and maximum freedom from pain.

It is a fact well attested by clinical observation that the ravages of opium excess are spent mainly on the nervous systems before noted, inducing changes that give rise to great nervous disturbance when the opiate is peremptorily withdrawn, unless some mitigating measures be interposed, and which, even in the process of very gradual withdrawal, is seldom, if ever, entirely avoided.

A recital of the varied symptoms of abrupt opiate renouncing is not here needed. Let it suffice to say we regard them all, certainly the most important—the aches, pains, yawnings, sneezings, shiverings, nausea, vomiting, diarrhoea, restlessness, delirium, convulsions, exhaustion, collapse—as reflex indications of great irritation in those centres, and any method having the power to counteract and control this condition must contribute vastly to the patient's comfort and cure.