

instance, applications of water in the form of baths, hot applications, or spongings of the body will do well. In another, feeding, confinement in bed and personal attention by attendants will be sufficient. In a third case, exercise, mental diversions and frequent change will lessen the intensity of the symptoms. In others, drug restraint and narcotics are demanded imperatively. The same diversity of symptoms will appear after the morphia is withdrawn, and the same skill will be requisite to adapt the special means to the end required.

In the third method of treatment, the gradual reduction, extending over a period of several weeks, much the same course will be pursued, only less rapidly. The morphia should be reduced to four or five grains the first few days of treatment. Then a slow withdrawal daily or weekly should follow. Where the needle has been used, the difficulties will be increased because of the fascination which follows from the effects of drugs taken in this way. The rule is that the needle should be abandoned as soon as possible and the drug be taken by the mouth.

I have found solid opium to be better borne by the stomach than morphia. This, with the deodorized tincture, can be given in decreasing doses with good effect. This form of opium can be given concealed in bitter tonics, and where the stomach will tolerate it, it is valuable as a substitute, and can be reduced in strength without being recognized by the patient. In many cases it is practicable to abandon the morphia for this form of drug as soon as possible, and then to slowly or rapidly take this away. Opium in the gum or powder is often more efficacious as a substitute for morphia. The narcotism from opium in gum or powder is more prolonged or agreeable by the absence of stimulation, and the withdrawal symptoms have less of the mental and hysteric element. It is found to be less difficult to withdraw opium in the powder than morphia, and that in many cases the bad symptoms are less prominent in the withdrawal period.

Where the reduction is likely to extend over several weeks, owing to the hypersensitiveness of the patient and his disinclination to bear pain and discomfort, great attention should be given to the diet and regular habits of living, and also avoidance of all extremes of exercise, nervous excitement, overeating, and excesses of every kind. It is important to increase the vigor and strength of the patient in every possible way. It is found that with increasing vigor the neuralgias disappear. Often iron and phosphorus tonics are very valuable. The salines in some form are indispensable. The flushing of the alimentary canal is equally important by cathartics. Narcotics, as before remarked, are of little value except in the very last stages, when the opium is finally withdrawn. A gradual system of developing the vigor and