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THE PREVENTION OF MORPHINISM.

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The prevention of disease ranks higher than its cure, and he who essays the *rôle* of benefactor along this line, deserves well of his fellows, be results success or the reverse. I shall presume to make effort at filling that *rôle* to-day ; shall try to command your attention by enlisti ng interest in what promises to remove, very largely, a stigma that has rested long and weightily on the healing art, and by wiping out this blot on the escutcheon, secure favor by virtue of not only an advance so decided as to mark a new era in therapeutics, but, above all, by lessening in large degree the main factor in a disease that spares neither sex, state nor condition and which, sad to say, claims for its victims more of our *confrères* than the world will ever know.

Pain and insomnia, with the use and abuse of morphia for their relief, are the leading twin causes of the morphine disease. Quite apart, however, is a peculiar power, *per se*, in this drug that makes it, so often, a bane after blessing—a snareful influence than which a stronger, save one, does not exist, and which carries with it, too often degradation and death. It goes then, without saying, that if one can offer that which will bring ease, and win the "sweet restorer" *without* this harmful sequence, he will entitle himself to the plaudit of profession and public, by averting a danger that threatens the well-being of the person and society at large. Such, in much measure, I think we have in codeine and narceine. The former has long been used to a minor extent ; the latter is rare. Opinion has varied as to their value, but my experience with each, in a field specially unique, and to some extent unequalled, has brought with it a belief in their virtue along painful, and insomnic lines, and a confidence so pronounced that I bespeak for them your careful, practical consideration.

I am not willing to say there can be no codeinism or narceinism, despite the statement of Fischer that "tolerance and habituation analagous to morphine, are not caused by codeine," but I do assert that the snaring seductive power of codeine is vastly less than that of morphia, and that this one negative power for harm alone should secure for it a larger share of professional confidence and field for remedial work than it has hitherto had. Nor am I am ready to say that codeine has a value, aside from its anodyne, equal to morphia in inflammatory conditions, nor that it has like power as a stimulant. To neither of these does my argument apply, but solely to its use in painful, agrypnic conditions, apart from temperature rise or cardiac decline.

Codeine was discovered in 1832, by Robiquet, who wrote in its favor, and two years later, Barbier and Bertha, after a series of careful experiments, claimed its special tendency towards the sympathetic system. These reports were confirmed but, like some other vauluable drugs. digitalis, for instance, the merits of codeine were for many years in abeyance, and only within the last half decade has it come well to the front with a claim for doing good work too strong to be disregarded.

Foreign physicians, especially on the continent. have always led in the use of codeine, but the time is quite here for us to follow their good example, and I cannot now do better than to commend to your careful reading a valuable paper by Lauder Brunton, in the *British Medical Journal*, June 9, 1888. Dr. Brunton lauds the drug highly, declaring he is satisfied that, to use his exact language : "It has a powerful action in allaying abdominal pain." He cites various painful conditions in which it has served him and his colleagues well, and closing his paper remarks that he "thinks it not improbable that codeine, which

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