and convenience share in its causation. Custom, because experience has brought a belief in the anodyne-soporific power of morphia, which, while well founded, has not been attended by an equally well grounded belief in its possible power for ill. Convenience, because its promptly pronounced effect favors it as first choice when speedy relief is desired, and especially where, as too often happens with the younger men in the profession, the wish to score such a brilliant result as may prove a stepping stone to rapid professional advancement outweighs a due regard for untoward remote effect, from which appreciation a frequent giving of morphia or any opiate should never, it is well to say, be exempt. This is a truism the force of which should never be forgotten.

Leading all others as a genetic factor in morphinism in medical men, is their failure to realize the insidious power of morphia to speedily get a grip, disburbing and destructive alike to functional well-being of brain and brawn, and in almost every instance one too great to be broken by any self-effort they can command. At this writing I am consulted by a young physician whose case emphasizes this point. Sixteen months ago death left him wifeless and childless. In a specially unhappy moment of his grief he took a dose of morphia. It acted kindly, brought transient relief from his mental pain. A week went by before the second dose was taken, and then—the old story: Quite mistaken as to the poppy power and his own strength to resist—again and again till his capture was quite complete. Commenting on his case he assured me he knew the risk attending morphia taking, and never should have incurred it had he fully realized how direful the result of that risk to him would be.

It is quite beyond credence that a doctor gifted with sound sense would wittingly put his neck in such a noose. Granting this, the only reason for taking such a perilous hazard is, as before asserted, an inadequate appreciation of the morphia's power to enthrall.

Touching this point, enlarged experience confirms an assertion made ten years ago, that "the subtly ensnaring power of morphia is simply incredible to one who has not had personal observation or experience." One of the finest specimens of physical manhood we ever knew, a physician who survived the horrors of Salisbury prison when the death rate averaged 80 per cent., fell a victim after only one month's hypodermic using. Since then, case after case has been under my care in which the initial stage was still shorter. The most notable was an athlete of superb physique, who withstood the rigor of an arctic winter as surgeon to a polar expedition, and then went down before a three weeks' daily quarter grain dose of morphia to ease the pain of an injured ankle!

So much for the genesis of this disorder. What the remedy? It is easy to moralize on the weak will—as many, mistakenly, are wont to put it—of our hapless brother living under this blight, but talk about "weak will" as a reason why strong men succumb to morphia—and I make bold to say that the man does not live who under certain conditions can bear up against it — is invaddle. Far better is it to face the fact that morphinism finds most often its favorite victims in the noblest profession known, and then recognizing the causes that make this fact, bestir ourselves to such precept and practice as will tend to remove this blot on the scutcheon.

Can this be done? Very largely, yes In this hopeful belief lies the one redeeming feature of the prevalence of this toxic neurosis in our own guild. Morphinism is on the wane in my opinion, and I am optimistic enough to think the day not distant when it will be largely a thing of the past. But to reach this happy result it becomes the bounden duty of every phy-