

tendered his patient, as to the value of patience under suffering, that will permit the using of non-opiate remedies, or, if the morphia be demanded, which, at least, will secure its giving at infrequent intervals, or alternating with other anodynes, and so lessen the risk of addiction—lacks a certain inhibitory, so to speak, protection which serves as a shield to the non-professional patient.

Still another genetic factor, and in my opinion the one which outranks all others relative to the frequency of this disease in medical men, is their ignorance or unbelief as to the subtle, seductive, snareful power of morphia. It is to me quite beyond belief that any doctor *fully* realizing how swiftly and how surely the trebly pernicious power of this drug takes one captive will deliberately give himself up to a servitude galling alike to body and mind, and which in most cases ends only with life. Such a suicidal course is opposed to reason, to common sense and to fact.

In expressing this disbelief you will quite likely infer my skepticism as to the common opinion regarding the ethical status of our *confrères* whose ill-starred fortune has brought them such a wretched result. I have long held, and still hold, with steadily growing belief based on nearly twenty-five years study of this disease, and an acquaintance intimate more or less with the history of many hundred cases, that medical men do not become morphinists from an innate propensity to evil, from a merely vicious desire to indulge in the pleasures of the poppy—pleasures which, be it never forgotten, soon and surely give place to its pains—but rather that they are impelled thereto by force of physical conditions that, with the largely prevailing failure to realize the risk incident to incautious morphia using are practically beyond control. This phase of the subject need not detain us, for it has been noted with detail in two papers, "The Ethics of Opium Habitues," *Brooklyn Me-*

*dical Journal*, August, 1888, and *Medical and Surgical Reporter*, September, 1888.

In reviewing the various causes of morphinism in medical men, the most hopeful feature is the fact that they are largely preventable. In this lies the strongest incentive to presenting this paper, the largest promise that it may do good.

Regarding the cause first cited—the wear and tear of an over-active professional life—we must be specially sanguine who would expect to improve conditions along this line to an extent likely to largely lessen such untoward result; though it cannot be denied that the cares of a medical calling are less exacting than a decade or two ago, and so figure less as a genetic factor in this disease; yet I am bound to confess the outlook much more encouraging should careful and concerted effort be made to make less active the other causes to which we have referred.

Regarding the misdirected zeal of the hapless seeker after self-evidence of the effects of morphia, we can only again warn him—and earnestly—that the experiment is fraught with danger, and the rash act may prove his ruin, for the spark thus applied may set aflame that which will only be extinguished with life. He is a fool who does it, and the truly wise man will curb his spirit of inquisitive research along this line, if only on the score of personal well-being; besides no such self-sacrifice is called for, inasmuch as the peculiar effects of morphia, both as to blessing and bane, are now quite patent to all.

No one who has given the subject special thought will be likely to question an assertion that the use of morphin in the medical practice of to-day is in excess of what an actual need demands. And in direct proportion, more or less, to this excess stands the increase of morphinism. As a factor, applying to cases in general, it outranks all others, though as regards medical men it holds in my opinion second place. Custom