

The bromide, baths, hemp, and coca, with or without capsicum, of which more later, are, therefore, main remedies for the restlessness and insomnia, two symptoms which, with a third, sneezing, are invariable sequelae of opium withdrawal, and, wanting which, patient is surely deceiving his physician.

For relief of neuralgic pains in various parts, which sometimes occur, varied measures suffice. At the head of the list are electricity and the local application of ether. As to the value of the galvanic current in neuralgic headache, so common in opium habitues, and the manner of using it, the reader is referred to a paper on "the prevention of opium addiction," in the *Louisville Medical News*, Feb. 23, 1884. The same agent is effective in relieving limb and lumbar pains, though here a much stronger current is required than can be used with safety about the head. Sometimes a strong faradic acts well, and where one fails, trial should always be made of the other. Local hot baths, sitz or pediluvium, are often of great service for this purpose. Chloroform, locally, relieves; so too, massage.

Regarding the ether, those who have never employed it, will, we are sure, be surprised at its pain-easing power. It matters not how it be applied, spray, drop or lavement, it is potent for good.

These three, electricity, ether, hot water, are our main anodynes, and one special point in their favor is entire freedom from unpleasant gastric or other results.

For relief of minor neuralgic pains other remedies, at times, suffice. Croton chloral, in 5 gr. doses, every hour, is sometimes quite effective in tri-facial disorder. Tonga, in one drachm of fluid extract every hour, is often a reliable anodyne. Its value in some cases seems increased by combining it with the various salicylates. Caffein or guarana occasionally relieve.

Externally, menthol, in solution, two drachms to the ounce of alcohol used with a brush, as a spray, or the menthol cone, is sometimes of service, so, too, the well known camphor and chloral combination, bi-sulphide of carbon and various minor local anæsthetics.

Under this plan of treatment, disorder of stomach or bowels is rare. Our rule is to give an active mercurial or other cathartic, in the outset, if there be evidence of alvine disorder, and then secure regular action by such laxative as is found

most agreeable. If the latter be so relaxed as to require restraint, xxx minim doses of fld. ext. colo, or 60 gr. doses of sub. nit. bismuth, every two to four hours often serve a good purpose. They are best given in capsule. If, however, the diarrhoea persists more than 24 hours, the most effective measure is to give a full opiate, tinct. opii., per mouth or rectum, preferred at bedtime. This promptly controls, gives a full night's sleep, and the trouble seldom returns. Fear of an untoward effect on convalescence is unfounded. With our experience, the assertion of one writer that "it is impossible to cure the opium habit," and bridge the patient over the crisis, without having the bowels freely relaxed, seems quite absurd. We have again and again seen patients recover who had only 2, 3, or 4 movements daily. One such, lately dismissed, was a hypodermic taker of 20 grs. morphia, daily, and had been addicted for several years. Others have required a laxative enema in less than a week after the opiate withdrawal.

Formerly, an exclusive milk and lime water diet during the first two or three days of opium abstinence was deemed advisable. This regime is not now imposed, as some patients are able to do dietetic duty, and the rule is to make no restrictions unless the exceptionally occurring stomach or bowel trouble seems to require. More than one patient, habitues for years, did not vomit once. The excessive vomiting mentioned by Levinstein and Obersteiner, they practice abrupt disuse, we have never noted. The former thinks the collapse, which we have never seen observed, in several of his cases, was due to the vomiting and purging. Probably the largest factor in causing it was the exhausting general mental and physical suffering which his monstrous method entails.

If the stomach rebels, entire rest, abstinence from solid food, or all food, for a time, milk and lime water or Murdoch's food, in small amount, often does well. If more active measures be required, sinapisms, ether, Faradism externally and internally, bismuth, chloroform, Menth. pip., ice, are of value. If all fail, a full opiate, hypodermic, will promptly suffice.

Having thus crossed the opiate rubicon, treatment relates, largely, to the debility and insomnia. For the former, of internal tonic-stimulants, coca leads the list. But our experience does not warrant Morse's assertion "coca cures the opium