

more cases of morphinism are met with among medical men than in all other professions combined. It is too true that a very large proportion of cases in general are found in our own fraternity.

In a paper "Opium Addiction among Medical Men," presented in the *Medical Record*, eleven years ago—June 9, 1883, reference was made to the dismissal within a week of a half dozen doctors recovered from the disease, and attention called to the surprising frequency with which it occurs in this particular class. Another decade of professional work exclusively given to the betterment of such patients has brought no decrease in this number; indeed the reverse has quite steadily obtained, so that in a paper, "The Ethics of Opium Habitues," *Medical and Surgical Reporter*, Sept., 1888, in a *résumé* of 300 cases, we noted 118 doctors, and of 125 most recently under my care, 62 were medical men; and the latest reference to my record shows a still larger proportion, being more than 70 per cent.

Again and again I have been asked with surprise, "Why do doctors so often fall victims to morphia, when they more than all others should know the risk attending its use?" Various factors make up the answer to this query. Insurance statistics prove that medical men attain a shorter average lease of life than those of other professions, and the causes that tend to this lessened longevity play a part in the rise of morphinism. It is also true that the wear and tear of their calling provoke a large share of painful non-fatal disorders. Neuralgia, in one or other of its protean forms—especially migraine—which leads the list in the genesis of this toxic neurosis, occurs among physicians with a frequency that may well excite surprise. Add to this the anxious hours, the weary days and wakeful nights which the experience of every busy doctor so often involves, and which, though acting indirectly, still swell the sum of cau-

sative conditions in this chronic toxemia, and little wonder that we have a soil specially rich for a sorrowful harvest if, unhappily, the seed be sown.

It has been asserted that medical men become morphinists through their calling involving frequent handling of morphia, but that statement in my opinion is not true. Erlenmyer shares in this disbelief. Druggists, whose vocation largely exposes them to the same risk—more so in the city than the doctor—do not often become morphinists.

A cause peculiar to the medical man in some cases is that careless curiosity which prompts him—generally a junior—to note the effect of morphia upon himself, and in so doing incur the risk of addiction. Obersteiner refers to such cases. A young physician asserted that while on hospital duty a patient was dismissed who had suffered from carcinoma of the stomach and been treated with morphia injections. Next day he returned, begging for more, as otherwise he must die. This was in 1869, when chronic morphinism and its results were less known than now. As the doctor was inclined to think the patient was romancing, he tried the experiment upon himself to ascertain the effect, became a morphinist and never recovered. Another case was that of a young physician, who, being assistant in a physiological laboratory, thought himself an interesting subject for experiment. More than one doctor whose disease had a like origin has been under my care.

Another cause obtains with physicians to the same extent as in non-medical men, that is the all-too-frequent use of morphia which the modern practice of medicine involves. Of this there is no question. Indeed, it holds more largely with the doctor than with the layman, for the former fully aware of the opiate's power to ease pain, pressed by his duties to get relief with the least possible output of time, and declining to make himself an example of the precepts