

Surveillance should be continued for a long time after active treatment, and the patient's condition and surroundings should be a special subject of inquiry for the purpose of avoiding temptation and causes which favor relapse. Thus, the business or professional man should not go back at once to his old life and surroundings and subject himself to all the strains and drains which brought on his former addiction and excess. The effort of the physician should be to impress on the patient's mind the need of a radical change in his life and living. This should be done at the beginning of the treatment.

The profound neurasthenia associated with mental enfeeblement and moral palsies are conditions present in all cases. These facts should be considered in the treatment. The withdrawal of the drug removes an active cause, and is only a preliminary in the treatment. In many cases it simply unmasks conditions not suspected before, and in all instances it enables the physician to lay down some successful plan of treatment for the future restoration of the victim. In the removal of the morphia, three methods have warm advocates:

First, the immediate and entire withdrawal.

Second, the rapid reduction extending over two or three days.

Third, the gradual reduction lasting two or three weeks.

The first method of immediate withdrawal has many advocates abroad. Levenstein practised this method with success, and urged it as the most rational method of cure. The cases were shut up in an asylum and the morphia withdrawn at once. Bromides, hot baths, and hot soups were given freely. After the third day the withdrawal symptoms relaxed, and in a week the patient was quiet and comfortable. This method has been opposed and pronounced inhuman. Practically it is used in station houses and jails where persons arrested for crime, who are morphinists, are forced to abandon the drug. Such periods of withdrawal symptoms are often not recognized as such, but are ascribed to some other condition. From this cause many persons confined in jails have periods of acute illness from which they recover.

It is exceedingly doubtful if the collapse from sudden withdrawal ever ends in death, although the effect upon the patient's mind and body is often very severe. In large cities, physicians to the station houses find laudanum and morphia the most excellent remedies, particularly in the sudden collapse indicating the strong probability of morphinism. In private practice, this method is impracticable, although it has been tried with the consent of the patient. It requires careful surroundings and excellent attendants as well as close medical watching.

The rapid reduction covering two or three days or a longer period is very feasible and successful in many cases. It requires