

health, the only remaining thing to do was to withhold the injections, and this involved a struggle. I sent her away without her syringe (she injected herself), and she passed a few very miserable days, and got over it without further trouble. I might have stopped the morphia before this, but it appeared to me it brought back her health far more quickly than any other tonic I could have prescribed.

I look upon this case as a triumph for hypodermic morphia; without it I fear my patient would have died. But beside this bright side, the case shows there is undoubtedly such a thing as morphia habit, which may, however, be overcome without harm resulting.

I relate this case for the purpose of insisting on the fact that medical cases *now and then* appear, which may be best treated even for long periods by hypodermic morphia alone; and chiefly because this is perhaps the best medicinal means the physician has for carrying out efficiently the valuable principle of rest and ease to excited and irritated parts, so as to put them into a state in which natural restoration is favored, and to shield the nervous system, and the heart in particular, from the depressing influence which they are apt to exert upon these important organs. I have found that pain and unrest of the viscera—parts supplied by the sympathetic system—are very susceptible to the control of hypodermic morphia; and when doses of this remedy are repeated often enough, and for a sufficiently long period, it forms no small item in contributing to the restoration of the affected part—if repair will go on at all—and of the patient.

Then, of course, as everybody knows, there is the class of recently established neuralgiæ—*e. g.*, sciatica in particular—which, even when rather obstinate to ordinary treatment, often gives way under hypodermic morphia alone, and this does not in any sense perpetuate pain even when the treatment must be pushed on for some time.

II. Alarming symptoms may arise from the injection of morphia directly into a vein. This accident must be of rare occurrence; yet it should be kept in mind. I have only met with (what I suppose was) one instance. Immediately after the morphia was turned on, the patient cried out with an expression of great alarm, eye-balls prominent, face very red, pulse extremely small. Brandy was given freely, and all came right in about half an hour. The patient told me afterward something shot to the head like lightning the instant the injection took place. On withdrawing the syringe there was a good deal of hemorrhage. The patient had had several injections before without any untoward results. I