

have never taken alcohol at all. And what a wreck is the drug drunk!

From alcohol men will sometimes reform of their own free will, but from morphine and cocaine, they seldom or never. They seem to follow out to the word De Quincy's observation: "I do not readily believe that any man having once tasted the divine luxuries of opium, will afterwards descend to the gross and mortal enjoyment of alcohol." Having once tasted, or being once enveloped, their doom is almost sure.

How are all these drug addicts produced? McIvor and Price (*J. A. M. A.*), in a close study of a series of hospital cases have come to the conclusion that the largest single factor in the production of morphinism has been professional medication. In their series of 147 drug addicts studied and treated, thirty-eight took morphine exclusively, and out of that number twenty-eight learned of the effects of the drug through its hypodermic administration by the physician, or through a *physician's prescription*. The italics are editorially used, and being so used, present food for reflection. Practically all teachers of medicine warn students, when practitioners, never to place hypodermic syringes in the hands of patients. If prescriptions are re-filled by druggists, the professional man is not to blame.

It does not appear that any stigma can be attached to the profession so far as cocaine and heroin are concerned.

Block (*N. Y. M. J.*) says: "Normal persons never become drug habitues." Anyway, if they do, they are easier cured if the cause is removed.

How is this evil to be prevented? Is it to be by the prohibition of manufacture, importation and sale thereof; or by the abolition of the drug store?

In the prevention of alcoholics and drug addicts there are latent possibilities, and preventive medicine may some day play a conspicuous part in such social problems.

In the meantime, however, until legislators awake to their opportunities, the profession must continue to do their best to treat and cure both alcoholics and drug addicts. In the treatment of the cases cited above the best method proved to be gradual withdrawals of the drug with free purgation as in the Lambert treatment, and sedatives and stimulants as required in the individual case. This can best be carried out in some institution or hospital.