

client. Let it be distinctly understood that some cases of opium addiction are ineligible for the bromide treatment. Those complicated with serious lesion of the heart or lungs should be excluded, and those in which there is marked general debility should always be accorded a previous tonic course. Lastly, as before asserted, *in each and every case where it is given, the extent of its continuance is to be governed entirely by individual peculiarities as indicated both before and during treatment.*

We now desire to call attention to another point, which our experience has convinced us is of value. We refer to the treatment just after the habitual hypodermic or other opiate is abandoned. Supposing a case where at the end of five to seven days, as individual peculiarity may determine, the desired sedation is secured and the usual opiate reduced to a minimum, say 1-6 to 1-2 gr. each dose, instead of an entire discontinuance, we change the order of affairs and make a break in upon the routine taking, the "habit," so to speak, by giving one full dose, per orem, in the evening. This ensures a sound all-night sleep from which the patient awakes greatly refreshed, and often quite surprised at his good condition, which usually persists during the day. The next evening at about the same hour, the maximum bromide dose and two-thirds of the previous opiate are given. The third evening the same amount of bromide and one-third the first evening's opiate. This ends both opiate and bromide. Exceptionally, the full single dose of opium and sodium is given only one or two evenings. During the following day, if the patient be quiet, nothing is given. Should there be minor discomfort, one-half ounce doses of Fld. Ext. Coca, every second hour, have a good effect. Cases, occasionally, require nothing else. If, however, as usually occur, despite the coca, the characteristic restlessness sets in, we give full doses of Fld. Ext. Cannabis Indica, and repeat it every hour, second hour or less often, as may be required. When the disquiet is not marked, this will control. If more decided measures be called for, we use hot baths, Temp. 105 to 112, of 10 to 20 min. duration, and repeated as required. A short shower or douche of cold water often adds to their value. Nothing equals them for this purpose. Warm baths are worthless. The water must be *hot*, much so as one can bear. We have repeatedly known a patient to fall asleep while in the bath.

And, just here as to "full doses" of the hemp. The dose of the books is useless. As before stated, addiction to opium begets a peculiar tolerance of other nervines, and they must be more robustly given. We give 60 minims Squibbs Fld. Ext., repeated as mentioned, and have never noticed unpleasant results. Small doses are stimulant and exciting, large ones sedative and quieting, hence the latter are seldom followed by the peculiar haschish intoxication. And, lest some timid reader should regard this as reckless dosing, we hope to calm his fears by saying that the toxic power of hemp is feeble, and that these doses are the result of an experience of the drug in many cases, in which smaller ones have failed of the desired effect.

At this writing, two lady convalescents, still insomniac, are nightly taking these full doses with good effect in securing sleep. One recent lady patient, who did not lose a single night's slumber during treatment, and whose need for a soporific ended in eight days, took no other hypnotic whatever. We have used it of late more largely than ever, and with growing confidence in its sleep-giving power, taking, in this regard, almost exclusively, the place of chloral.

Regarding this insomnia, Levinstein and other German writers assert that it will "resist every treatment during the first three or four days." This may be true with them, considering their method, and is, of itself, added proof that they are lamentably lacking in the therapeutics of this disease. Under the plan we pursue, no such sleepless state is noted, and in ordinary, uncomplicated cases, patients can usually be promised recovery without the loss of a single entire night's slumber.

Chloral during the first four or five nights of opium abstinence, fails as a soporific, often causing a peculiar excitement or intoxication, patients talking, getting out of bed and wandering about the room, followed, it may be, after several hours, by partial sleep. Later, in full doses, we prefer 45 grs. at once, rather than three 15 gr. doses; alone or with a bromide, it can be relied on as a hypnotic, but we have thought that in some cases, where it secured sleep, patients, the next morning, felt a certain languor, of which it was, largely, the cause. Some who use the hemp, mention a feeling of fullness about the head and eyes, with occasional confusion of thought, but seldom complain of pain, having noted only one such case.