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TREATMENT OF MORPHINISM.*

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The first thing in the treatment must be to secure the control of the patient. His own volition must be subservient to that of the physician. He cannot reason or direct as to the plan of treatment. Failure always follows self-treatment. Removal from home is most essential to secure this control. As in other neuroses, particularly insanity, hysteria, and forms of neurasthenia, control and contact with strangers are far more effectual. This helps to break up the morbid trend of reasoning and associations, which cannot be done at home and with relatives.

Private and special asylums, if properly managed, have superior advantages which cannot be obtained elsewhere. In such places the stimulating firmness of a stranger, if coming with tact, does much to rouse up a weakened will. The surroundings, with the central purpose of removing the morphia, will encourage personal effort on the part of the patient. This idea should be made dominant at the beginning, and no surroundings or other conditions should be recognized as influencing it in any way.

The tendency of each case is to exaggerate the importance of conditions and surroundings in the treatment; also to consider the process of withdrawal and final cure dependent on some insignifi-

* Abstract of a lecture delivered before the class at the New York School of Clinical Medicine, March 18th, 1901.