During the decrease, patients are permitted, if desired, to continue their frequency of taking. As a rule, however, by reason of the greater sustaining power of morphia or opium by the mouth, it is not required.

The only restriction imposed is that a certain amount shall suffice for twenty-four hours supply, and this is daily decreased, according to individual need, at such rate as will least likely conflict with their comfort. Patients, moreover, are always instructed that if the amount allowed does not suffice they are to apply for and will be given more. Such being the case, no proper motive exists for secret taking, and if, despite this liberal proviso, it is indulged in, professional relations are suspended.

This being our plan, it will be inferred, and rightly, that we do not subject patients to such surveillance as compels their taking a bath, during which search is made for contraband morphia. Nor do we have an attendant "dogging" their steps during the decreasing regime. No patient with proper self-respect would submit to such treatment without resenting it: and it is not likely to strengthen the confidence that should always exist between patient and physician, and which, with us, is asked for and given. Very seldom is it violated. Patients come to us for relief: they are willing to aid in the effort to secure it, those who are not we decline to accept, and the result is, success.

It is sometimes asserted that all opium habitues are liars, and that, on presenting themselves for treatment, they are always equipped with a syringe and supply. Such a sweeping assertion we do not believe, *we know* it is *not true*. Why, then, should we humiliate them after such a fashion, degrade them by imposing such detective surroundings? Others may, we will not, and as yet we have no reason to doubt the wisdom of our course.

Clandestine taking, either before or after withdrawal, can always be detected. The absence of certain invariable sequelæ of an honest quitting is positive proof of deception; while the presence of morphia in the urine after the time when it should disappear, along with other symptoms, furnish added evidence beyond dispute.

It will again be inferred, and also aright, that we do not practice any such plan as Levinstein advises, when he says: "As soon as the patient has consented to give up his personal liberty and the treatment is about to commence, he is to be shown into the room set apart for him for the period of eight to fourteen days, all opportunities for attempting suicide having been removed from them. Doors and windows must not move on hinges, but on pivots, must have neither handles nor bolts nor keys, being so constructed that the patients can neither open nor shut them. Hooks for looking-glasses, for clothes and curtains, must be removed. The bed-room, for the sake of control, is to have only the most necessary furniture; a bed, devoid of protruding bed-posts, a couch, an open wash-stand, a table furnished with alcoholic stimulants, champagne, port wine, brandy, ice in small pieces, and a tea urn with the necessary implements. In the room, which is to serve as a residence for the medical attendant for the first three days, the following drugs are to be kept under lock and key, a solution of morphia of 2 per cent., chloroform, ether, ammonia, liq. ammon. annis, mustard, an ice bag, and an electric induction apparatus. A bath room may adjoin these two apartments. During the first four or five days of the abstinence, the patient must be constantly watched by two female nurses."

Now what means this rigorous regime? First, that the lack of efficient medical measures essentiates physical force. Second, that the method employed entails such distress of mind and body as to risk a suicidal ending; and that a great calamity always impends—collapse that threatens life, and demands that the Doctor be closely at hand to avert the dreaded danger!

In strong contrast with what has been quoted, during our opiate withdrawal patients are not only permitted but encouraged to go out and about, attend entertainments, and engage in social domestic pleasures; and this is continued throughout treatment, save a transient suspension following the first twenty-four hours of opium abstinence. After the first day of opiate disusing, patients are, for a time, under careful attention, and, if required, an attendant is with them, but the need for services of this sort is, usually, quite limited, and in some instances entirely dispensed with. Again and again have patients presented, who fully expected the rigorous regime imposed by Levinstein, but who were happily surprised to find it was not demanded, and who were fully convinced, before their treatment ended, that it was not at all essential.