

which the *vis medicatrix nature* is not and may never have been very strong ; a system in which nutrition is and may have been for a long time below par. To throw upon such a person the painful burden of entire withdrawal is to unmask a battery of horrors which many constitutions cannot endure." He further adds : "The tyrant opium is bad enough without a tyrant physician to minister to its enthralled subject."

#### THE ERLIENMEYER METHOD.

Then came the rapid reduction treatment known as the "Erlenmeyer method." This consists in withdrawing the opiate in from three to eight or ten days, keeping the patient in bed, attended by experienced and muscular nurses, and chemically restrained by bromides, etc., *ad libitum*. Whilst this has been extolled by its claimants as avoiding the dangers incident to the abrupt withdrawal plan, it nevertheless produces most of the agonizing pains and harrowing symptoms of the more heroic method, though in a modified form, and leaves the patient in a weak, helpless and unsatisfactory condition.

#### THE LEHR-BURKARDT METHOD.

Later still came the gradual reduction or slow deprivation treatment, known as the "Lehr-Burkardt method." This is the most rational, scientific and satisfactory of those methods hitherto recorded. Its chief feature is the slow and methodical reduction of the daily doses, at the same time sustaining the shattered nervous system by tonics, nourishment and hygienic surroundings, securing, when necessary, sleep and tranquillity by the use of such hypnotics and sedatives as experience may prove to be most suitable to the particular case in hand. The reduction must be steady, even and methodic, not reducing too rapidly, and without throwing a greater burden upon the nervous system than it can comfortably bear, with frequent cessation of the reductions, so that the system may become accustomed to the reduced dose, thereby avoiding a breakdown. The system will, in a few days respond to the rest, when reduction can again be resumed with safety and be carried on with periods of rest until a point is reached equal to  $\frac{1}{6}$  gr. of morphia in twenty-four hours, when all opiate can be abandoned. The patient will now pass into what is termed a "crisis," in which the symptoms of abstinence will be present in a modified and milder form. The mucous membranes will become relaxed and discharge their secretions ; diarrhœa will be present, anorexia and vomiting may be troublesome symptoms for a short time ; sneezing, restlessness and loss of sleep will be amongst the chief features, but