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ORIGINAL ARTICLES AND COMMUNICATIONS.

SOME POINTS IN THE DIAGNOSIS OF MORPHIA ADDICTION.

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The far-reaching and important factor of being able to make an absolute diagnosis in cases of suspected morphia addiction is of such moment that any possible light on the subject should receive publication. The malady is frequently a secret one—known only to the unfortunate habitué, who uses every possible means to keep the fact hidden from nearest friends and relatives, as well as the medical adviser, until dire necessity compels an acknowledgment of that which has been so long withheld at the cost of exquisite physical and mental torture and ruin to the general health. The importance of a correct diagnosis is further manifest in many medico-legal cases; errors have led to serious results—inflicting injustice, undeserved penalties, and even sacrifice of life, when a correct diagnosis would have averted these catastrophies.

I am pleased to find that Dr. Mattison, medical director of the Brooklyn Home for Habitues, has in the *Quarterly Journal of Inebriety*, Vol. XX., No. 2, page 203, directed attention to this matter, and ably presents the subject, as witnessed by myself and others engaged in the special line of treating cases of narcotic addiction. Dr. Mattison, in the same article, points out the way to a diagnosis in the following words:—

“The detection of morphinism in women need never be difficult. We have infallible means to decide it. Two tests place the diagnosis beyond doubt. One is urinary analysis: the other, enforced abstinence. The latter is the better. The former is best made by the Bartley process—Dr. E. H. Bartley, Professor of Chemistry, L. I. College Hospital. There are other methods, but they are complex. This is simple and sure. It is: Make suspected urine alkaline with carbonate of soda. To this add one-fourth its volume of chloroform or amylic alcohol. Shake well, allow to settle, draw off the chloroform and add a small amount of iodic acid. If morphia be present a violet tinge will be noted. The other test suggests itself. Forced abstinence from morphia for forty-eight hours will surely give rise to reflex symptoms due to opiate need, and settle habitual taking beyond dispute.”