Non-mention of alcoholic stimulants has perhaps been noted. We rarely use them, the reason is varied. They are seldom called for. Very exceptionally, champagne, milk punch or ale may be indicated, but our rule is, *never to use any form unless imperatively demanded:* and the advice of Levinstein that "those who have an intense craving for alcoholic beverages may be allowed to drink wine in unlimited quantities," is, we think, *positively pernicious.* As Bartholow says, "When the nervous system is losing the loved morphia impression it will take kindly to alcohol;" and he adds: "I especially warn the practitioner against a procedure which the patient will be inclined to adopt, that is to take sufficient alcohol to cause a distinct impression on the nervous system in place of the morphia. This must result disastrously, for when the alcohol influence expires there will occur such a condition of depression that more alcohol will be necessary."

With these opinions we are quite in accord. The fact must not be forgotten that some habitues have used alcohol with morphia: others have taken morphia after addiction to the former, and, in general, habituation to any stimulant or narcotic, begets a liability to take to another in case the original one is abandoned. As a factor in release, alcohol-taking ranks next to a re-use of opium. The risk, then, is obvious, and let the physician beware lest, in the effort to aid his patient in escaping one peril, he but involves him in another yet greater.

Some details of treatment, apart from the strictly remedial, may be of interest. Our rule in making the opiate decrease is not to inform the patient as to its progress, nor the actual time when it is ended. Better tell him when days have elapsed since the last dose, and then the assurance that so long a time has gone by since his enemy was routed will, of itself, be an aid in finishing the good work. The incredulous surprise with which this knowledge is received by some patients who have made frequent but futile efforts to escape, is quite notable.

As regards the manner of taking, a radical change is made. If hypodermically, the syringe is at once discarded and a sufficient amount of morphia or opium per orem given. In many cases resort to the morphia or opium can be made at once. If so, it should be done. If not, their use giving rise to nausea, vomiting or headache, as exceptionally they may, the usual method can be resumed for two or three days, and then the bromide influence having been secured in part, the syringe may be put aside, and the opiate used without unpleasant effect.

A German writer some time ago asserted that many patients taking more than four grains, 25 to 30 grammes, hypodermically daily, will get along fairly well with the same amount of morphia by the mouth. We have not found this to be the case. On the other hand, three times the subcutaneous supply as advised by Bartholow is more than enough. An increase of one-half or double the amount will usually suffice.

Patients may demur to the change, but it should be insisted on, for experience has proven many points in its favor. In the first place, we believe there is, with some, a certain fascination about the syringe, which, once ended, makes an advance towards success in treatment. Many patients come to think that the injections are absolutely essential, and to convince them to the contrary, as the change in taking will, inspires a feeling of gladsome relief and larger confidence in a happy result.

Again the *staying* power, so to speak, of morphia or opium per orem, is much greater than by subcutaneous taking. Of this there is no question. Morphia, hypodermically, is more quickly followed by the peculiar effect of the drug, which, too, is more decided, but earlier subsides, a higher acne sooner reached, to decline more rapidly; whereas by the mouth, or in the form of opium, the rousing effect is more slowly developed, but it is on an evener plane, and more persistent. Patients accustomed to four, to eight injections daily, will do well on two or three doses per orem. One medical gentleman, now under treatment, who had been taking six injections daily, is doing perfectly well on one dose of opium by the mouth, night and morning.

As a rule, too, the change in taking brings about a marked improvement in the patients' condition. We have known them, after using the new method a few days, to declare that they felt better than for years. In many ways, notably increased appetite and improved alvine action, is the change for good.

Still more, those who quit the syringe, and take morphia or opium, usually cross the rubicon of their opiate disusing with withdrawal symptoms so largely lessened as to make this result alone ample reason for the course we commend.