

characteristic fluctuations, being uniformly high."

An additional doubt is thrown upon the case by the statement of Dr. Weiss of the University of New York, who examined the specimens and reported thereon. He says that from his investigations the President "never had pyæmia, and the course of the systemic symptoms do not warrant such an assumption." The official report of the autopsy also states that "there were no infarctions and abscesses in any part of the lung tissue." The abscess cavities which were found beneath the liver and on the kidney can be accounted for from purely local causes.

We did not from the first place implicit reliance on the official bulletins, emanating as they chiefly did from a physician whose past record is not altogether blameless. Many will remember the vile rubbish known as the Condurango Cancer Cure which this Dr. Bliss originated, and sold at a profit of above one hundred dollars a pound, and out of which he made a fortune. This is the Bliss who took possession of the President at the outset, and the impression remains that the eminent surgeons who were afterwards called in gave a silent consent to any statement made rather than create confusion in the public mind.

The official report makes no mention of pyæmia, and concludes with the remark that the most approved antiseptic dressings were used during the entire progress of the case—dressings which would have been perfectly useless if the blood was already in a septic condition. One word about the autopsy: this was not altogether conducted on the most approved plan. The injection of preservative fluids must have interfered with the condition of things, especially in the abdominal cavity, and the search for the ball was commenced from the wrong side, for "the missile was really found in the mass of intestines and annexa, after removal of the latter from the body." We have made the above remarks on the grounds that the report is fairly open for criticism, and that it teaches us once more the lesson, not to probe in these gunshot wounds of the cavities on account of the great difficulty in localizing the track, and in all cases to give a very guarded prognosis. In President Garfield's case there is one satisfaction, the treatment did not affect the final ending, which must have been under any circumstance inevitable.

THE OPIUM HABIT.

The October number of Appleton's *New York Medical Journal and Obstetrical Review* contains an interesting article by Dr. E. C. Mann on the nature and treatment of the opium habit. Dr. Mann believes that opium inebriation is rapidly becoming prevalent among all classes of society. He makes the remarkable statement that not more than one-fifth of the opium sold by retail druggists in the United States is dispensed in physicians' prescriptions. It is somewhat startling to consider for what purposes the remaining four-fifths are consumed. After sketching briefly the history of opium, Dr. Mann describes its physical and psychical effects, and explains how its victims are enslaved. The opium eater becomes eventually an opium sufferer: his misery and anguish are extreme; he is fully conscious of his wretched condition, but is powerless to emancipate himself from it. The will seems to be paralyzed. The author claims that the opium or morphine habit is a curable disease: success can be confidently promised if the sufferer honestly desires a cure, and is willing to place himself under the necessary control. Dr. Mann believes that in many cases the sudden deprivation of opium would produce dangerous shock; he accordingly reduces the dose of opium gradually, keeping the nervous system quiet by a combination of the bromides of sodium and ammonium. As the opium is decreased the bromides are increased, until in about ten days he is able to discontinue opium altogether. Hot baths, digitalis and nitre are employed to eliminate the bromine from the system. The reflex action of the cord, which has been purposely depressed by the bromides during the reductionary treatment, is then excited by strychnine. The central nervous system is stimulated by the daily use of general faradization. Phosphorus and cod liver oil are given as nerve tonics. From four to six weeks usually suffice to effect a cure. Dr. Mann believes that we have no specific able to counteract the effects of opium in the system, or eradicate the craving for it,—a thorough systematic course of treatment can alone secure success. He reports the complete cure of an army officer, who had been addicted to the use of opium for thirty-five years, and had reached latterly the enormous dose of 240 grains daily. Dr. Mann's article will well repay a careful perusal.