

Heretofore, two plans have obtained in the treatment of opium addiction. One, which may well be called heroic, the entire and abrupt withdrawal of the usual opiate, invariably gives rise to great distress of mind and body, to relieve which various remedies are, at the time, resorted to. Those not fully informed, and desirous of knowing the extent of this suffering, which is far from imaginary as some would have us believe, should consult Levinstein's work, in which are given details of twenty-four cases of hypodermic morphia addiction treated by this method, which the author, by a process of logic, neither safe nor sound, declares to be the best. *This statement we emphatically dispute.* No treatment that entails such suffering as in the cases cited, can claim pre-eminence over one more humane and equally effective. A study of the resultant effects in the instances alluded to reveals evidence of dire distress, in seven cases so extreme, perilous collapse, that a temporary return to hypodermic morphia became imperative to avert a fatal termination.

The other plan, consisting in a very gradual decrease of the usual opiate, meanwhile toning up the system to make amends for the accustomed narcotic, secures the desired result at much less discomfort, and we know of no reason why it should not be just as permanent. It is, however, open to the objection of requiring a much more protracted treatment, a point of importance when time is limited, while it also tends to exhaust the patient's patience, and many refuse to continue till success is secured.

The method we commend is a mean between these extremes, and consists in producing a certain degree of nervous sedation and consequent control of reflex irritation by means of the bromides, though we refer, specifically, to the *bromide of sodium*, having used that exclusively in cases under our care. This plan, which, so far as we are aware, is original with ourselves, is merely a new application of a well-established principle, for the power of the bromides to subdue abnormal reflex irritability is so constant that it may be looked upon as an almost invariable sequel of such medication. Dr. Ed. H. Clarke, in his valuable treatise on the bromides, says "diminished reflex sensibility, however different physiologists may explain the fact, is one of the most frequent phenomena of bromidal medication that has been clinically observed, and is, therapeutically, one of the most important." The testimony of other ob-

servers is to the same effect. Gubler, Cuttman, Laborde, Voison, Damourette, Sulenberg, Claude Bernard, Brown-Sequard, and Echeverria, all giving evidence as to the power of these agents over abnormal reflex action, and at the same time, over the general nervous system. Admitting that the symptoms of opiate disusing pertain almost exclusively to the domain over which the bromides exert so decided a control, we have a new field presented for the exercise of this valuable power, and the fact, proven conclusively by our experience, that it *does* exert this happy effect, fully supports the idea advanced as to the pathology of this disease.

In speaking of the bromide of sodium, let it be understood that we refer entirely to the influence of the *continued dose*, by which we mean its administration twice in the twenty-four hours, at regular intervals, so as to keep the blood constantly charged with the drug. A most important difference exists between the effect of this mode of exhibition and that of the single dose, or two or three doses so nearly together as to form practically one, for, in the former case, the system is constantly under the bromide influence, while in the other the drug being largely eliminated in a few hours, the blood is nearly free from it a large portion of the time. Results obtainable from the continued use cannot be gotten from the single dose, and, as a consequence, its value is far greater in the disease under consideration.

Again the action of the continued dose being somewhat remote, three to five days usually elapsing before there is decided evidence in this direction, much more desirable results are secured by its employment for several days *prior* to an entire opium abandonment, meanwhile gradually reducing the opiate, than if the withdrawal be abrupt and then reliance placed on the bromide; for, in one instance, the maximum sedative effect is secured at the time of maximum nervous disturbance from the opium removal, and its counteracting and controlling influence is far in excess of that to be had from its employment after the lighting up of the nervous irritation. What, then, we term *preliminary sedation* forms a peculiar and valuable feature in our giving of the bromide, and it is this special point we commend, our experience having convinced us that we have in it an unequalled means of obviating the discomfort incident to the treatment of this disorder.