

healthy functional activity of the body and at the same time slowly removing the morphia, is the plan to be pursued.

In some instances the morphia has been reduced in infinitesimal fractions of a grain daily, on the supposition that nature would accommodate itself to this slow withdrawal. Others substitute some mild narcotic during the withdrawal process. This in the author's experience has been very unsatisfactory. The exact plan and method of withdrawal must vary with the patient and the physician. Sometimes the surroundings have much influence. If in an institution where these can be controlled, mathematical exactness in the conditions may be followed out. The preferable plan is to drop the morphia in quarter or half-grain doses at intervals of ten days or two weeks, and to accustom the system to adapt itself to the reduced doses by continuing daily a fixed amount. In one case half a grain was taken away every two weeks until only half a grain was used daily. The intervals after the first few days were passed without much suffering. At the last the half grain was removed and bromides substituted for it. The second day hyoseyamin and trional were used with good effect. In a week or so the patient was able to do without any narcotic.

After the morphia is withdrawn, the severity of the irritation and delirium is sometimes best relieved after the second day by return to the drug again in some concealed form for one or two doses. An example of this was that of a morphinist who, after the final withdrawal, was intensely melancholic and delusional. This condition increased until, on the evening of the second day, a dose of morphia concealed was given. The relief and sleep which followed lasted twenty-four hours, after which substitutes were able to produce a degree of comfort, and the restoration was rapid and uneventful.

This course is not always followed by the same results. The patient will demand the same drug, not knowing what it is, and the skill of the physician will be taxed to find a substitute which will be satisfactory. Manias following the withdrawal of morphia can be broken up in this way, and also phobias, but great skill is necessary to prevent their recurrence. In one case of destructive mania from the withdrawal of morphia, the drug was given, again breaking up the mania; then this drug was substituted by forced cold and hot showers, which prevented the return of the mental disturbances, and final recovery ensued. After the crisis is past, the former substitutes may be given with excellent effects. If the patient's mind retains consciousness of the conditions which have existed, this treatment is followed by renewed confidence and faith of recovery.

Insomnia should not be treated by hypnotics with any degree