

NOTES ON
THE OPIUM HABIT

BY

ASA P. MEYLERT, M.D.

MEMBER OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, ETC.

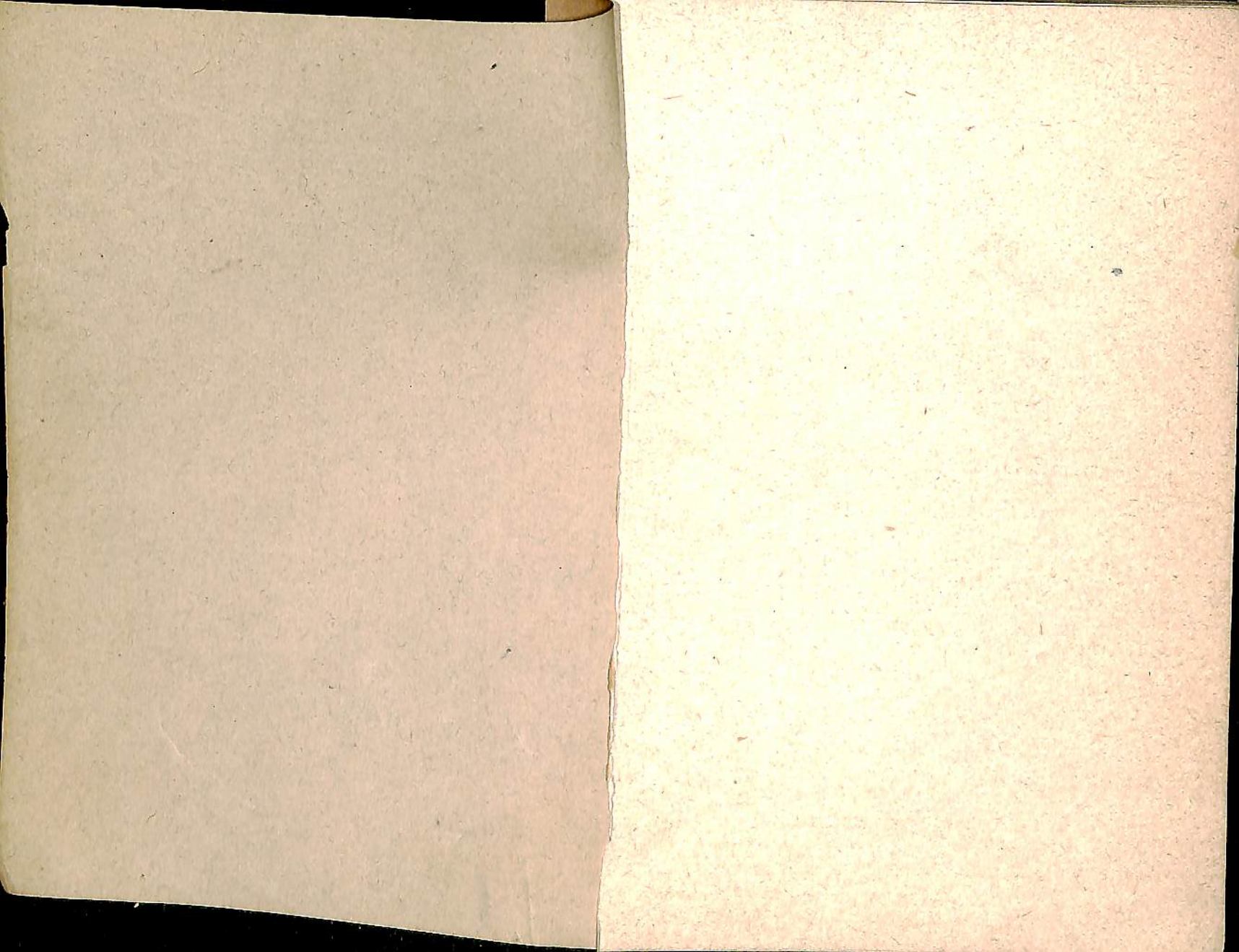
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PREFACE TO THE THIRD EDITION.

THE publication of these Notes has revealed to the writer a wider prevalence of the opium habit than was at first surmised.

A patient informs me that a few weeks since, the point of his hypodermic syringe having become obstructed, he requested a jeweller of the place to remove the obstacle, not anticipating that the purpose or use of the needle would be suspected. As the jeweller returned the point, he remarked with impressive seriousness: "My friend, I would advise you to use this little instrument very cautiously. I have cleaned a great many of these points, and I have noticed that those who bring them to me don't live long. Dr. Mann, the parson who died last week, first brought one here a year ago."

This occurred in a town of 8,000 inhabitants. It is but one of many indications that the use of opium is rapidly extending.

It is most unfortunate that the treatment of

this habit does not keep pace with its increase, and is so little understood by the general practitioner. Doubtless many deaths of patients in hospitals and asylums, of prisoners, soldiers on the march, etc., attributed to various other causes, are really due to sudden deprivation of opium. Were these cases recognized, and suitable treatment applied, many lives might be saved.

This edition has been thoroughly revised and largely re-written.

A. P. M.

33 West 127th St., New York,
October 10, 1884.

PREFACE TO THE SECOND EDITION.

THIS edition has been carefully revised and new matter added.

It is sent forth as a plea for more humane methods of treating the opium habit than have heretofore prevailed.

So much suffering has been experienced by this class of patients in their efforts to be free, that I have been told of some who made their wills and bade their friends a tearful farewell before submitting themselves to the "cure." One gentleman wrote: "If my wife should not survive the terrible ordeal, a telegram—" etc., etc.

Happily there is no longer an excuse for the rack-and-thumbscrew treatment in these cases.

The author is grateful for the friendly criticisms of the press. Those which have come to his notice calling for additional information on any branch of the subject have been fully considered in this revision.

NOTES ON THE OPIUM HABIT.

AT a country village well known to me, there rides and thrives a cheery, hopeful man, who studied medicine in his youth, but delayed the practice until his locks were whitened with the frosts of many winters.

How often have I listened with amusement and wonder to his enthusiastic praise of his own prescriptions!

After minutely describing his formula, carefully prepared to fit some imaginary case, he would invariably end with great vivacity, saying: "*That*, my dear sir, will act like a charm!"

Time has, doubtless, disenchanted my old friend, and facts have led him to distrust many of his therapeutic theories.

Practical experience drives us to seek knowledge at the bedside. What, we ask, has actually been accomplished, under what conditions

of disease, and with what modifications of plan and purpose?

No intelligent, conscientious physician will say that he has in all respects followed out an original plan of action, without variation, in any important case. Rarely, if ever, even after long experience, can he, at the first consultation, lay down a course of treatment which proves to be the best course for that case from the beginning to the end.

A thoughtful physician can seldom say at the last: "I could not possibly have done better." We do not trust the man who uses such language as this, since we all know that in every walk of life the man who does not continually learn from his experience is an imbecile.

I propose briefly to review my past treatment of the opium habit,—to take you into my confidence, and frankly state the modifications I would now make.

No one can read the reports of cases in the medical literature of the opium habit, without feeling shocked at the terrible suffering of the patient in these cases, whether with or without treatment.

This is not infrequently excused on the ground that the habit is a great sin and deserves punishment. I do not propose now to discuss this point; but were the sin greater than is claimed, it would be well to consider who gives us authority to punish a sinner. The author of our religion always relieved the sufferer.

There is need of careful study to improve our manner of treatment. It is a shame and disgrace to the medical profession that misery such as this should be suffered in the name of science.

It has been my earnest purpose to seek what can be done to relieve these unfortunate people of needless pain. In every case there are idiosyncrasies which must be considered. The effect of the drug depends also upon the quantity taken,—the regularity of its administration, the mode of its employment, and the combination of other stimulants or narcotics, which are frequently used.

Again, there is some physical condition back of the opium habit, which led up to it, however it may have originated. This requires careful

consideration and judicious treatment, or the cure is but temporary.

The opium habit is, almost invariably, charged by the habitu  , upon some physician who once prescribed an anodyne to relieve pain.

Thirty years ago a famous belle, much admired, took morphine occasionally, "to make her bright when she went to a party."

In after-years she took the drug when her children were sick, because she "wanted courage,"—"wanted to be strong." As she had eight children, it may be presumed that in the natural course of events, with so large a family, she became somewhat accustomed to the use of morphine. However, she declares that she did not then use it habitually.

Fourteen years since, at the birth of her youngest child, she suffered greatly, and her attending physician administered a potion which not only brought relief of pain, but entranced her senses with visions of rare beauty and delight.

"Doctor, what did you give me?" said she.

"Chlorodyne, madame," replied the doctor.

"That," said she to me, "was a dreadful mistake; the doctor ought never, never to have told me."

From that time, until a few months since, her one purpose in life was to obtain chlorodyne, and her occupation to dream away the hours which intervened between one draught and that which followed it.

Eight years since, a bright young lady living in a country place had a severe attack of neuralgia. A physician, who was called, left a prescription which relieved her of pain and gave her a good night's rest.

The following night she repeated the dose on her own account, and thus she continued to do, renewing the prescription as she had occasion. At length, her mother, discovering that the little black vial was making frequent trips to the drug store, requested a translation of the prescription.

"It 's only laudanum, madame," said the apothecary.

She then endeavored to have it discontinued, but it was too late, and for more than seven years this unfortunate girl was a most unhappy

victim, becoming a nervous, hysterical, prematurely old young lady, breaking her mother's heart and sending her sorrowing to the grave.

Some years since, a lady applied a morphine dressing to an ulcer on the advice of a physician. This was continued so long that a habit was formed which she found difficult to overcome. Thus warned she determined never to use morphine thereafter.

Suffering subsequently from neuralgia and unable to consult a physician in the small country town where she then resided, she purchased a bottle of paregoric from a grocer who sold drugs. This she thought "a very innocent baby medicine which could not harm any one."

However, lest she might be deceived, she asked the grocer if it contained morphine. "Certainly not," said he. "Paregoric is paregoric, twenty-five cents a bottle, and morphine is morphine, a dollar a bottle. No one would mix the stuff in this little bottle at a dollar, into that one at a quarter."

This argument was so convincing that she soon found the habit once more firmly fixed, and was unable to resist it without assistance.

None but those who have made a study of the subject have any conception of the potent influence of this drug.

A quiet gentleman, much respected in the community, was nominated for an important political office. Although surprised, he accepted on the instant, in a speech which delighted his audience, and led them to hope for a brilliant success at the polls. On the following day his party were astonished by the withdrawal of the candidate, and the statement that his acceptance the previous day was due to the large dose of morphine which he had taken, and to which he was habituated.

A banker was recently shot and seriously wounded by a drunken lunatic. After the wounds were dressed and suitable remedies administered, he sent for Judge H., an eminent lawyer, and confided to him all his affairs as a proper precautionary measure in case of death. On the following day his bank was besieged by an excited crowd who demanded their deposits. Judge H. addressed them, counselling patience, assuring them that every man would surely be paid in full. Being a person of influence,

and a depositor to a considerable amount, his words had great weight. Subsequently it appeared that the banker was insolvent, and the creditors would not get twenty-five per cent. The Judge was then severely censured by the community for his address. Neither he nor they could know that, in all probability, the opiates administered to the banker before Judge H.'s interview had enormously inflated his assets in his own estimation, and led him to believe himself financially sound. The Judge, accepting his statements without question, was naturally led into serious error.

A charming young lady of rare intellectual gifts was courted by a worthy young man, to whom, however, she was quite indifferent.

For years she had secretly taken morphine, having commenced its use to relieve severe neuralgia.

Her admirer called on one occasion, and found her in the best of spirits. He proposed and was accepted,—not really by the young lady, but by the demon of morphine which then possessed her.

Once bound, however, there was no escape, and her admirer never knew the secret history, and the reason for his success.

The first prescription truly "acts like a charm" upon the distressed patient, whose nervous system is impaired. He well remembers how it smoothed his pillow, changed the hard bed beneath him to softest down, closed his weary eyelids, and whispered dreams of contentment and peace. But the enchantress is now changed to a dragon which holds him under a magic spell.

During the brief period of exhilaration, when in dreamy revery, with half-closed eye, he looks listlessly out upon the world, it seems easy to throw off the spell which binds him, and he proposes to do so—but not just now. He is not quite ready.

At length the time comes when, spurred to a supreme effort by the pressure of circumstance—the taunt of friend or foe, or by the earnest pleading of wife or child,—he resolves to be free from bondage to a degrading appetite.

To give strength for thought, reflection, and

plan of action, an extra portion is taken. Under its influence he is brave and resolute. He now determines to reform, or die in the attempt. Soon, however, he becomes dispirited, depressed, anxious. If he persists and allows the time to pass without his daily dose, a feeling of great distress takes possession of him. He falls asleep, but frightful dreams quickly waken him, trembling and crying out in terror. The judgment has come, and the Evil One is reaching out his great brown hand to seize him! Time seems to stand still. He stares at the clock, saying: "Are there sixty minutes in an hour? No, there are sixty hours in every minute." At one moment he is burning up,—then he shivers with cold. Perspiration streams from every pore. Neuralgic pains torture successively his head, limbs, joints, arms, chest, and back. Indeed, every nerve of the body seems to cry out, and nerves are discovered where none were known to him before. A peculiar indescribable sensation, more severe than actual pain, torments him from head to foot. Obstinate vomiting sets in, followed by persistent, exhaustive diarrhœa.

Finally, in deep humiliation, in anguish and tears, he gives up the attempt and bows in subjection to his merciless master.

Few resist beyond the first feeling of distress, but there have been those who remained firm in an agony of suffering until friends interfered,—fearing a fatal result,—and administered the usual dose with instant relief.

Physicians who have prescribed opium to relieve pain and promote sleep in ordinary cases are quite ready to endorse the favorite name of the fathers: "*Magnum Bonum Dei*"; but those who have seen the shipwreck it has wrought upon the moral nature of those habituated will say, that if ever there was a Devil's drug, it is this.

Nothing is so suggestive of demoniacal possession, as the conduct of the confirmed habitué when suddenly deprived of his drug.

Probably in a majority of cases the habit begins without the fault of the habitué. He is innocent of any wrong purpose in relation to it. He finds himself a captive, unable to escape from his prison-house. He tries again and

again, ineffectually. If ever a poor soul needed help he does, and that quickly.

At length he passively yields to what he calls his fate. A little longer and he comes to enjoy it. He continues to denounce others for placing him there, but makes no further effort to escape. He becomes intensely selfish and supremely self-conscious. He lives in an imaginary world of his own creation. He is its central figure. Nothing grows on its soil but the poisoned fungus.

Every one suffers from contact with him. Those who refuse to minister to his depraved appetite, be they father, mother, wife, or child, are bitterly, passionately denounced and cursed. Thus he goes on from bad to worse,—and then cometh the end.

It should be understood that opium habituation means death—mental, moral, and physical. He who can not instantly drop the drug is drifting toward destruction. He does not see it perhaps. Like the Rhine boatman gazing at the vision of beauty upon the cliff above him, he is swiftly dashed upon the rocks below.

He should be roused to action before it is too

late. If he yet retains one spark of natural affection he is worth saving.

But what shall he do to be saved? 'The agony with which this question has been asked again and again can be known only to Him who reads the inmost thoughts.

Misunderstood, persecuted perhaps, required to relinquish that which seems as much a necessity as food and air; conscious always of increasing moral degradation, of mental and physical failure, what can he do unaided?

He has no more power to extricate himself than the miserable man caught in the rapids of Niagara. Even now he is nearing the border line of insanity. How many have crossed that line who are no more guilty than you and I!

Kind friends wonder why he does not stop it, and complacently commend their own softness of heart that they have so long tolerated him in his self-indulgence!

Let them learn that this is not an indulgence to be humored, nor a vice to be punished, but a disease to be cured. Let them act promptly in his behalf, helping him now as they would in sickness; mindful of the golden rule, to do by

him as they would have him do by them were the conditions reversed.

But what shall be done for the poor opium habitués who have no means and none to aid them? Were they common criminals they could be snugly housed and fed.

Were they merely sick, or insane, or inebriate, they could be cared for, but alas, in all this broad land no place is provided for them.

Christian men and women! Look at this sad, silent procession, marching in darkness, in chains, without hope—to their death!

What is nakedness, and hunger, and thirst, and sickness, and the prison—to this!

Various preparations of opium and morphine are used by habitués, the sulphate of morphia being the most common. It is taken in quantity from one to twenty grains daily. A former patient of mine, a physician, was said to take 180 grains of morphia daily. As this became monotonous he occasionally varied it by consuming a pound of chloroform.

The administration of the drug is usually by the mouth. Some take it hypodermatically, and some *per rectum*.

It is said, also, that the smoking of opium is rapidly increasing in this country.

It is taken at night or in the early morning—or more frequently, both at night and morning. Some, however, take it three, four, or more times in the twenty-four hours. One patient used to take it every two or three hours, and supplement the dose with a whiskey toddy. The tendency is always to increase the quantity used. The same doses never produce the same result on successive days. There is, except during a brief period of exhilaration, an unsatisfied longing for something; a feeling sometimes of intense discomfort, which the habitué seeks to remove by resort again to the drug, and thus the interval is gradually lessened and the daily quantity increased. However much is taken, the habitué rarely has continuous sleep. He tosses and moans, sleeping and waking, a thousand times in a single night.

A lady patient said to me: "My husband no sooner touches the pillow than he is sound asleep, while I suffer in spite of the morphine. It is written: 'He giveth his beloved sleep.'—Ah! how the good Lord must love my husband!"

The opium habitué is always in danger of death from an overdose of the drug. The least postponement from any cause brings on a feeling of unrest, while longer delay is attended with nervous and mental depression so great that he seizes upon the first opportunity to satisfy the intense, almost insane longing.

It seems to him that the usual portion could not possibly suffice, and partly from this cause, partly from nervous excitement and consequent inability to act with discretion, he takes an overdose, with fatal results. Doubtless many so-called suicides by morphia, and sudden deaths from heart disease, reported in the daily papers, are of this character.

Much has been written upon the effects of the continued use of morphia upon the organism. These are manifestly most noticed in relation to the nervous system.

All secretions are checked by the habitual use of the drug. Every gland seems to be in an unnatural state of repose more or less complete. As a necessary result the appetite is impaired, food is not thoroughly digested, the

bowels are constipated, and the bodily functions are all retarded, perverted, or not performed.

Unless the habitual use of opium is accompanied with alcoholic excess, the patient usually becomes emaciated. Where spirit drinking accompanies the opium habit, the patient is apt to be dropsical, the face appearing bloated and unnatural.

Probably much of the pain and distress is due to deficient or perverted glandular action—to poisons retained in the blood which should be excreted.

This may also account for perversion of thought. If the poison of gout or typhoid circulating in the system affects the brain, is it surprising that effete animal products retained in the body of the opium habitué should cause the mind to wander? Delusions, illusions, and hallucinations are common. Both the intellect and the moral sense are perverted.

Just as an insane man realizes that he is insane, so the opium habitué knows that he is untruthful, perhaps without the power always to think correctly or truthfully.

A lady once told me frankly that I must not

believe every thing she said, "for at home they call me the biggest liar in all Rhode Island."

Said I once to a patient: "How do you spell your name; is it L-i-n-s-l-y?" Yes, that is right, Linsly." "Please write your full name for me."

She took the pen and wrote, "Anna Lindsay."

The latter was correct, and was an automatic act. There was no purpose to deceive at first, but a mental effort was required of which the patient was incapable.

These cases are always asthenic. There is undoubtedly a gradual mental change, although imperceptible within short periods. It is, however, continuous, persistent, and culminates at last in imbecility.

When the patient is most free from delusions, the influence of past perversion of thought remains and affects the conduct.

Doubtless every one has realized, when suddenly awakened, the absurdity of some dream, which a moment previously seemed very real to the mind. It seems to me that opium acts not

only as a stimulant and toxic agent, exciting strange dreams and illusions of the senses, but also like a mordant,—fixing them upon the memory and interweaving them with the waking thoughts.

Patients sometimes begin to tell some improbable story, and in the very act of telling discover the delusion for themselves.

Sometimes the judgment seems to fail along certain lines while correct in other directions.

A lady patient once complained to me of her nurse. Every night the nurse changed to a man, and frightened her exceedingly. I endeavored to show her the absurdity of such a thought, but she was unconvinced. Said she: "If you could point out an error in judgment, I am quite sure I should perceive it, for I am conscious that my judgment does not deceive me. Thus I now see before me ships sailing in the air; they are plainly visible, but my judgment corrects me, for I know that ships do not sail supported only by air."

A night or two after, she came to my door, past midnight, holding the nurse by the arm, and in a glow of excitement and exultation,

said: "Now, Doctor, will you be convinced that I am right? Here is the man."

"Let me see, madame," said I, turning up the gas,—“but look, don't you see that this is Jennie? Look again."

"Ah, yes, he does look like Jennie, I grant you,—but then, you can't trust your senses."

The hallucinations of the habitué are most marked when an overdose has been taken, or when he is altogether deprived of his drug.

They assume a great variety of expression, sometimes pleasing and sometimes the opposite. They not infrequently pass rapidly from one to the other variety. One patient assured me that her dreams were invariably pleasant when lying on the right side, whereas if she turned to the left she was beset by horrible visions. During the previous night she saw sixty lovely female forms, sporting in a bath of great beauty. She was charmed with the sight. This continued while lying on the right side. As she turned the waters changed to a dark muddy pool, the female forms vanished, and there appeared a poor, helpless, deformed

child appealing, with an agonized expression, for relief from the serpents and lizards which were creeping over his body and nestling in his hair.

Still another patient, a gentleman, was much occupied with fishing in an imaginary stream, throwing the fly and landing the fish with a rapidity and success which were very gratifying.

If the drug be suddenly discontinued, without a suitable substitute, the patient re-enacts automatically in his delirium the scenes to which he is most accustomed. Thus one patient who had taken his narcotic in liquid form kept wandering about the room, always, however, ending his walk at a certain closet, where he would turn the key and take out an imaginary bottle. Elevating his mouth he would raise the hand above it for a few seconds, as if holding the invisible bottle to his lips. Then resuming his ordinary position he smacked his lips with evident pleasure.

Another patient who had used sulphate of morphia called often for water. Holding the goblet in one hand she picked up from the chair beside her bed some of the imaginary drug

with her fingers, and shaking from them the invisible powder into the glass, drank it up with a relish.

There is no question in my mind that physiological processes, long accustomed to the influence of the opium stimulus, not only tolerate the presence of the drug, but are for the time better performed under its influence, if within proper bounds, than when the system is wholly free from it. This, however, is not a permanent condition. In most cases convalescence after discontinuance is speedy, and the health once restored is much better than when under the dominion of drugs.

In one case of long addiction the patient had a mild form of chronic mania. Her general health was greatly improved after the cure of the habit, and her insanity was less marked. Yet, notwithstanding, she was never so sane as after a half grain of morphia had been administered.

Physicians who are accustomed to prescribe narcotics daily, and who do not know perhaps

of a single instance where harm has resulted, are apt to be somewhat incredulous when told of the prevalence of this habit. Statements on this subject are possibly exaggerated,—still, when we consider the number of medical Ishmaelites throughout the country, living on their gains, gathered by the sale of “antidotes” to this class of people, many of whom have spent their money before they seek a cure, we must conclude that the evil is widespread.

It is frequently asked how one can form such a habit secretly; why it is so rarely discovered until too late to stop it without professional aid.

A gentleman called on me recently, to arrange for the treatment of his wife, for what she called, “a nervous complaint.” She confessed to me privately that the actual trouble was two bottles of morphine per week, and begged me not to let her husband know it.

Since I have given special attention to this subject, persons have come to me, secretly addicted to the habit, whom I should not have suspected. Some conceal it, for a considerable time, from their nearest friends.

Many women are taking the drug to-day without the knowledge of husband or family.

They notice that she is queer, that her memory is impaired, that she frequently loses articles of value,—hiding them and forgetting where they are; that she sometimes invites friends to dine with her, but forgets to provide for them, and is evidently perplexed at their coming; that she does not make calls, and is seldom prepared to receive; that her household duties are neglected, her children uncared for, her friends almost forgotten. But they say she has never been the same since she was sick some years ago, and that accounts for it all.

Some day, the package of morphine—purchased in a neighboring city, and addressed in a fictitious name, but whose real destination is well known to the little clerk in the post-office—will fall into the hands of her busy, absent-minded husband, and then everybody will be surprised,—some that she concealed the habit so long, and some that no one but herself ever suspected it!

Such cases as this, more or less developed, are scattered over the whole land.

In most cases where unrestrained, the opium habitué takes a larger quantity than would suffice him. It can usually be diminished one fourth or one third, without great inconvenience. From this point, however, every abatement which is not accompanied by treatment gives pain.

The method of cure by gradual reduction alone, without using any substitute, I tried in one case at the patient's request. This experiment was quite sufficient. I was reminded of the humane man who shortened his dog's tail by an inch at a time.

In another case I tried to reduce gradually, prescribing tonics to sustain the patient, not using narcotics, nor a substitute of any kind. The case was a lady living out of town, taking thirty grains of crude opium daily. I started her with five grains of morphia per day, in place of the opium, giving at the same time quinine, iron, and phosphates, and directing her to decrease the morphia as rapidly as she was able.

It was six weeks before I heard from her. She then reported that finding the initial quantity too small, she had doubled it by taking the

medicine twice a day. From that she reduced every day a little for nearly a month, when she abandoned the attempt at further reduction, continuing, however, to take the same quantity—three and three eighths grains—which she had then reached. This was at the rate of but four per cent. daily diminution. Notwithstanding the tonics, she assured me that she had suffered terribly, and had been unable to do anything during the whole time.

Nothing seems more plausible than that a cure by gradual reduction could be easily accomplished if the decrease be not too rapid.

The case just quoted was that of a woman whose general health was good, whose will-power was unusually strong, who had not taken opium very long, and was not taking a very large quantity. It was a most favorable opportunity to try this method.

The result proved that, notwithstanding the tonic treatment, she found a daily reduction of four per cent. intolerable.

We must therefore—if we adopt this method—consider something less than four per cent. as adapted to the average patient.

Suppose that the average consumption be estimated at ten grains of morphia daily,—and this is a medium estimate. Suppose, again, that the patient continues the drug to the one tenth grain daily before leaving it off altogether,—and this would be a minimum limit without special treatment.

To reduce from ten grains to one tenth grain, at three and one half per cent. daily, would require 130 days, or nearly four and a half months; at three per cent. daily, would take 152 days, or five months; at two and a half per cent., 183 days, or six months; at two per cent., 229 days, or eight months; at one and a half per cent., 306 days, or over ten months; at one per cent., 459 days, or over fifteen months.

Those who know how easily the opium patient is alarmed by any sudden shock, and how naturally relief is sought from the bottle for every ill or mischance in life—even the most trifling—need no assurance that a cure, which must necessarily extend over so long a time, is utterly impracticable for the average patient, outside the walls of an institution.

There remains, therefore, practically, but one general course of treatment which seems to me worthy of consideration for breaking up the opium habit,—namely, that by substitution. There may be recent cases who have become somewhat habituated, but in whom the habit has not become the chief object of daily care, who can be gradually cut down until the drug is dropped; but it is not so with the confirmed habitué.

The desideratum is a substitute which will take the place of the narcotic, which will not harm the patient, and which can itself be discontinued at will. Is there such a substitute? The statement of the case itself shows the absurdity of the question.

The search for it and for the elixir of life may be made together, and if one were lighted by the lamp of Aladdin, who knows what might be discovered!

The "antidotes" which are sold by nostrum venders are I believe invariably compounds containing morphia. I am informed by my friend Dr. T. D. Crothers that an analysis of fourteen so called opium antidotes was recently made and morphia found in every one of them.

It is impossible that a single prescription, or that any number of prescriptions, can be adapted to all cases. There are sometimes conditions of disease present which totally prohibit the use of certain medicines otherwise of great value.

The treatment by substitution involves the gradual reduction of the drug, substituting, however, some narcotic, sedative, or soporific in its place.

In discontinuing the opium the symptoms which give most trouble are:

First.—An intense irritability with profound mental depression. The entire nervous system becomes morbidly susceptible to influences which in ordinary health are unnoticed. Not only is the patient sleepless, but his wakefulness is enormously increased.

Looking into a microscope, and observing objects extended along the line of vision, which are too small for detection by the naked eye, we form new conceptions of space. Could we construct an instrument for observing infinitesimal portions of time, we could better understand the feelings of our opium patients.

We estimate the duration of time by the number of our successive conscious experiences.

A vast number of vague sensations float in the dim outer regions of consciousness which ordinarily pass unobserved.

Unbroken uniformity of occupation fails to awaken attention, and time seems to pass swiftly because there is no conscious experience.

Let the attention be excited, however, and time seems to expand enormously, even under usual mental conditions.

Consider, therefore, a nervous organization intensely sensitive because of the removal of its accustomed sedative, aroused and excited to note not only the immense multitude of sensations commonly unattended to, but in addition to these teased and harrassed by impulses constantly recurring, made by organic poisons circulating in the blood.

The nerves, normally quiescent and bathed in healthy blood plasma, have not only become painfully sensitive, but now lie immersed, as if imprisoned and uncovered, in an irritant liquid.

This causes the condition of hyperæsthesia, while the rapid succession of conscious experi-

ences with painful and almost infinite frequency makes time seem eternity.

Secondly.—There is neuralgia, a severe localized pain, shifting from point to point, due probably to the same causes as the hyperæsthesia before described. So great is the distress from these causes that, unless relieved, the patient will almost invariably destroy his own life if he can do so. How idle, therefore, to think of the habituë denying himself the drug when he can get it; how inhuman also to lock him up without seeking to relieve such an agony of suffering!

Thirdly.—There is profuse perspiration, with coldness of the surface, and chills, alternating occasionally with burning heat.

Fourthly.—Nausea and vomiting with intense nervous depression and tremors follow, and continue probably from twelve to thirty-six hours unless relieved.

Fifthly.—Diarrhœa, persistent and exhausting, comes early, and remains several days unless checked.

Without aid, delirium soon follows the terrible suffering first described. Thus when man denies relief, the dear Lord sends oblivion.

Can we prevent or relieve these symptoms? Unquestionably they can be relieved, and in many cases altogether prevented.

The perspiration and diarrhœa—due doubtless to the sudden relaxation—are yet valuable, if kept within suitable limits, since they serve to eliminate much of the poison from the system.

Probably there is no single remedial agent which meets all the indications presented by these symptoms so well as the hot bath. It removes poisonous matters from the circulation, bathes the peripheral nerves in a bland, indifferent fluid, and warms the body chilled by profuse perspiration.

Small quantities of beef peptonoids, acidulated with a weak solution of phosphoric acid, usually check vomiting and are gratefully retained.

The diarrhœa, if excessive, yields generally to hot-water enemata.

Electricity sometimes allays nervous irritability, but it is more valuable in the subsequent stage of treatment. Central galvanization and general faradization I have employed with advantage.

The question now comes: What can we do with drugs?

It is surprising that so many seek a specific, as if this habit were a mere morbid craving induced by excess. I am continually solicited to send a prescription for the habit, as if it were an ague or a tænia. Let it be understood that *there is no specific for the opium habit.*

No disease known to man demands such varied treatment as this. The habit was formed to relieve a single symptom of diverse disorders—namely, pain—the one universal expression of an ailing humanity. The original disease often remains in abeyance, ready to break forth when the drug is discontinued, and *if this disease be not cured the habit is not cured.*

Again, the excessive, long-continued use of opium, and other narcotics which follow in its train, provokes disease. This, however, is not marked by uniform pathological changes, nor is it idiopathic, but it must have suitable treatment varying according to its manifestation.

Our real work, therefore, is twofold: First, to relieve the painful symptoms induced by a discontinuance of the drug; and secondly, to cure

the existing disease. Obviously I must confine myself in this book to a consideration of the first proposition.

Let no one suppose, however, that his patient is cured when he has managed somehow to exist a few days or weeks without the narcotic.

When, without medicine, he has sound sleep, a good appetite, normal weight and strength, and a sane, tranquil mind, he is cured. Until this condition is attained the cure is not complete, and the patient must remain under treatment.

There is no such thing as a quick cure of this habit. As I write, the daily papers of this city report the sudden death of a lady in the street, with "heart disease."

This lady, once bright, beautiful, and highly cultivated, was, as she told me a few weeks since, three or four times "cured" of the opium habit by some quick process; each time, however, relapsing and speedily sinking to a lower depth than before. There was no evidence of heart disease in her case.

The bromides are doubtless more widely used by physicians than any other drug in discontinu-

ing the opium. By some they are regarded almost as a specific. So many of the symptoms of chronic opium-poisoning seem to be due to cerebral and spinal congestions, that bromides naturally took their place in the front rank of remedies.

It must not, however, be overlooked that discontinuance of the opium may be sufficient of itself to relieve pathological conditions caused by its excessive use.

In my early cases I used the bromides freely, and, indeed, with benefit, for they promote sleep, relieve pain, and tide the patient over the worst period, namely, that immediately after the drug is dropped.

Yet, in ordinary cases, if decided bromism is induced, they weaken the patient, increase the delusions, prolong the convalescence, and leave the battle to be fought out at the last with other things.

In cases complicated with acute mania they are almost indispensable, whereas in cases complicated with chronic alcoholism, they must be used cautiously if at all.

It is best always to begin with a moderate

dose and gradually increase it. Frequent repetitions and enormous doses are both inexcusable.

In an average uncomplicated opium case, bromides may be used when indicated as in general practice, but they must be administered in larger single doses, with longer intervals, and with greater caution. When bromism is induced and the patient remains in bed, I would stop them instantly.

Atropia, recommended some years since by Bartholow, has become a favorite remedy with those who advertise rapid cures. These do not administer it, however, as advised by Dr. Bartholow, and it is a dangerous drug to place in unskilful hands.

If given in large doses the opiate may be rapidly reduced without pain. The patient is quite encouraged with his progress. Suddenly, however, he finds himself altogether indisposed to active exertion. The voice becomes weak and thin; vision is disordered; he is depressed and filled with melancholy forebodings. Persistence in the use of the medicine induces doleful delusions, resembling acute

melancholia, and leaves the patient impaired physically and mentally so considerably that he will return at once to his old habit unless restrained.

Atropia is unquestionably an antidote to morphia poisoning. It is quite possible that, administered continuously in large doses, it may too quickly remove the prop which has so long sustained the system.

The experience had with it does not commend it to me.

Coca and the concentrated tincture of *avena sativa* have each been highly praised. Each has been lauded as a specific. I have not found either of them specially valuable in cases of true habituation.

In the use of quinine and *cannabis indica* I have seldom been disappointed. With me, however, they have succeeded better in combination with hæmatic tonics and neurotics than alone. Moreover, I do not find advantage in the very large doses recommended by some. Many cases are complicated with malarial poisoning. These will bear larger doses of quinine than others; but even in these cases other anti-

periodics are usually preferable. The withdrawal of opium is necessarily attended with nervous depression, and a drug which lowers the bodily temperature, like quinine, should be exhibited with caution and accompanied by warm tonics.

Strychnia I have found exceedingly useful where there was much nervous depression. I have given it hypodermatically in doses of one-sixtieth to one-twentieth grain, and in many cases have given it in combination with other medicines.

Hydrocyanic acid allays gastric irritation and is valuable also for its sedative influence.

Chloroform I have used advantageously alone and in combination, for its sedative effect.

Hyoscyamia, in moderate doses, is an efficient sedative and soporific. In small doses there is no effect that I have discovered, while in large doses there is profound stupor. The dose of one grain, noted in Ringer, is probably a mistake. I have rarely used more than one-tenth- and never more than one-sixth-grain doses.

Extract of hyoscyamus is valuable in combination with other sedatives.

The camphor and capsicum pill relieves abdominal pain in many cases.

Valerian and valerianate of ammonia I have found useful in all stages of the treatment.

Gelseminum is valuable to relieve neuralgic pain. I have used it in combination with bromides and chloral, also to quiet nervous excitement and promote sleep.

Phosphorus in its various forms and combinations must be given in all stages of the treatment.

I have had cases of severe neuralgia following the discontinuance of morphia, which would yield to nothing so quickly as mercurials and potassium iodide.

Alcoholic stimulants have been much administered as specifics to break up the opium habit. I do not think that these have ever succeeded.

I have had several cases where this treatment had previously been unsuccessfully tried,—the result being to fix both the alcoholic and opium habits upon the patient. In my experience these cases are by far the most troublesome and most difficult to cure. I have been accustomed to discontinue the alcohol first where the two co-exist.

Alcoholic stimulants when used should always be administered by prescription as medicines, and never as a beverage.

In all cases tonic treatment is required after the habit is broken. Iron, quinine, cod-liver oil, calumba, gentian, etc., are now in order, and may be followed by pepsin, pancreatin, etc., as the appetite improves.

It seems to me important also to discontinue drug medication altogether, as soon as it may properly be done, before the patient is finally discharged. The habit of taking medicine for every ail prevents permanent success.

It is sometimes asked: "Are there not cases which are better left alone?" I have never seen such a case. If such exist, the habitué himself is the last person to adjust the quantity to be taken.

There are, doubtless, cases of cancer, phthisis, etc., where narcotics must be used continuously. By changing from one preparation to another, and from one narcotic to another, relief will follow more surely than by the continuous use of any single medicine.

Insane opium habitués do not differ in their forms of insanity from other insane persons. The special treatment of such cases cannot now be considered. There are, however, many cases complicated with hysteria, or with the alcoholic or chloral habit, and there are cases of long-continued or excessive indulgence in the narcotic, in all which, unless ample time be taken, the nervous system suffers so much from the loss of its accustomed stimulus, that cerebral action is abnormal, and the patient becomes insane.

This insanity is usually temporary, and takes the form of acute mania, or melancholia.

Antispasmodics and tonics, and sometimes aloetic laxatives, are indicated. In many cases, as of acute melancholia, for example, the narcotic must be resumed in smaller doses, and a longer time taken for the cure.

The patient must be watched carefully and cared for most kindly. It is perhaps unnecessary to remind the physician, that an insane person acts as consistently with his own convictions as one who is sane. He has always a reason for his conduct, just as satisfactory to

him, as the motives of others are to them. If he is violent, it is because he believes that some infringement of his rights, or some injury, is intended by those around him. There is no delusion more common than that the nurse has changed the patient's room, with an evil purpose, or has improperly admitted some other person.

It is difficult to learn what the delusion is, because it is so real to the patient. Why should he speak of his troubles? Surely you can see what is done for yourself.

The stately gentleman who enters my lady's chamber through the opposite wall, the grand dame in rich attire who masquerades beside my lady's bed, are the least objectionable of these visitors, but why speak of them, when they freely come and go, unchallenged?

In all cases where delusions influence conduct, the patient must be told frankly, but gently and considerately, that he has been dreaming, and is not right in his mind. He will take it kindly, for he will not believe you against his own perceptions, and yet it will clear up the mystery of your behavior. "Poor old

doctor," he will say, "he means well, but he is blind, blind, blind!"

Fully assured, however, that you have his welfare at heart, and are really quite sane in most matters, he will nevertheless submit to your directions.

When judgment resumes its sway, you should earnestly insist upon its exercise in dispelling all these mists of fancy, and you will be surprised to see how soon reason will become once more enthroned.

In all cases much may be done by moral treatment.

The physician must have the entire confidence of his patient or he will fail to cure him.

It is taken for granted that there is a strong desire and fixed purpose on the part of the habitué to be cured. Let him confide fully in his physician, leaving the administration of the drug altogether in his hands. He must consider himself on honor with the doctor from first to last. This being the case, it will be safe to allow the patient to have morphia whenever he asks for it. If left to decide for himself he

would invariably diminish the dose too much at first. I have always found that sane patients will allow me to reduce much more rapidly—knowing that they can have their “medicine” at any time—than I should attempt to do with the insane. I do not think it advisable, however, to inform the patient what he is taking, nor how much,—nor is it best that he should know when the drug is finally dropped. His attention should be diverted from himself. Books, pictures, music, with cheerful surroundings will help to pass the time, and these must be supplemented with good, wholesome food and warm, well-ventilated rooms.

Much harm has resulted from advising these patients to exercise too freely in the open air. It would be almost as wise to send a patient with locomotor ataxia to stretch his legs by a run in the park.

The recent state of unnatural physical repose has now become one of extraordinary molecular activity. The nervous system not yet recovered from its abnormal irritability, but deprived of its accustomed stimulant, expends its energy in this unwonted condition of rapid waste and repair.

Hence the habitué deprived of opium should remain quiet until the glow of health appears. Even passive exercise—massage—is not advisable until the patient has come to sleep soundly and eat heartily. Then he may take exercise, short of fatigue, with advantage.

In every stage of treatment the patient must feel that he has the cordial sympathy of the physician and may confidently rely upon his assistance at all times. Nor is this too much to ask, for a cure of the opium habit is a new birth.

An ignorant man is not apt to be moved with compassion toward one who comes saturated with morphia, but the true physician not only thinks of his misfortunes and infirmities, but reaches forward to the time when this man shall indeed possess a living soul.

And what does the habitué himself think as he goes down the dark valley? The sun shines, the birds sing, and the flowers bloom—but not for him. Nature itself is turned against him. The bright day with its wealth of beauty serves but to mock him. He seeks consolation from

the Bible, but there is no promise, no hope for him. He remembers only the words : " All thy waves and thy billows have gone over me ; the sorrows of death compassed me about, the pains of hell got hold upon me," while the undercurrent of his tortured mind repeats as a refrain : " I have trodden the wine-press alone—alone ; there was none to help—none to help."

The night comes on closing around him like the pitiless tide upon the poor wretch on the shoals. He feels the horror of a great darkness, thick, heavy, penetrating every part of him. Every nerve of the body seems to take on conscious thought. And such thought ! There is no past but that separated from the present by the great gulf,—fixed, impassable. There is no future save the bottomless pit of eternal despair—everlasting,—with no ray of light forever and forever. And what of the present ? The present ? A thousand years of agony in a single night ! To die ? Alas ! to die—now, in this condition ? The very thought almost drives him mad. Ah, why did not a merciful God take him when an innocent prattling babe upon his mother's knee ? Why was life preserved—for this ?

Who can endure even to think of such suffering, night after night,—such shuddering fear of the terrible unknown,—until at break of day the sun brings partial respite, and uneasy sleep comes to the weary sufferer. Who can wonder that the mind soon gives way under such a strain as this ?

When such a one is at length cured, his mind revels in the delightful thought that he is free, and his heart is full of music as the woodland bird. Natural sleep comes to him, like a foretaste of paradise, and all nature is at peace with him.

