

Medical Matters.

MORPHINISM.



Isolation is absolutely imperative in the treatment of morphinism. No one should have access to the room save the nurse and the physician. No letters, packages, or newspapers should be permitted to enter the room under any pretext. Patients practise all sorts of devices to secure possession of the coveted stimulant. Bribery of servants is attempted, or an order may be written on a piece of paper, the paper wrapped about a coin, and the missive thrown out of a window; in our own observation this method upon one occasion actually enabled the patient to procure the drug. It is remarkable, also, to what extent friends and relatives will enter into collusion with the patient to supply him with the stimulant, all fearing that the doctor is practising great cruelty and is withdrawing the drug too rapidly. Vigilance in such cases cannot be too great. The question of the rate of withdrawal is not susceptible of a routine answer, but must be decided with special reference to all the circumstances in each individual case. It is Dercum's practice not to begin withdrawal until rest treatment is fully under way. The morphine habitué labours under an excessive fear lest the drug be withdrawn too soon. Besides, sudden withdrawal always implies a period of frightful physical and mental suffering. However, if the patient learns, after his first few days of rest and isolation, that he is still receiving his hypodermic injections, or that he is still being allowed his usual quantity of laudanum or opium, confidence sooner or later asserts itself, especially as the physical comfort resulting from the bathing, massage, and proper diet becomes pronounced. Withdrawal may then be begun, and it is almost always best conducted very gradually. At first, the diminution of the dose is practically imperceptible; later on the reduction may be more rapid. If the patient has been in the habit of receiving hypodermic injections, not only is the dose reduced gradually in the manner indicated, but also small doses of strychnine nitrate, say gr. 1/50 (1.2 mg.), and, if the skin be very moist, small doses of atropin sulphate, say gr. 1/200 (0.3 mg.), are added to the injection. Hyoscin or scopolamin may also be employed in doses of gr. 1/100 or gr. 1/200 (0.6 mg. to 0.3 mg.). These drugs markedly

allay the nervousness and suffering of the patient. After the morphine has been discontinued entirely, hypodermic injections of strychnine or of strychnine and atropin may be kept up for some time without informing the patient of the change. Cocaine should never be used; a large number of patients who come under medical care for the morphine habit have already acquired the cocaine habit. The same remarks apply to the use of alcohol. Many cases, indeed, are instances of the "triple" habit—namely, morphine, cocaine, and alcohol. The reason for withdrawing the drug in the gradual manner described is not only to diminish the sufferings of the patient, but also to prevent the onset of serious symptoms. Every now and then, if the drug be abruptly withdrawn, signs of collapse—diarrhoea, sweating, cardiac weakness, and dyspnoea, with excessive prostration—may set in. In other cases, again, mental symptoms resembling those of confusional insanity make their appearance, the patient becoming hallucinatory, delusional, and finally delirious. Such symptoms are not likely to make their appearance if the drug be withdrawn in the manner indicated and under fully-established rest conditions.

THE SPREAD OF RINGWORM.

Dr. F. H. Beadles states in *Medical News* that it has long been undisputed that the various lesions described under the title of ringworm are due to the presence of a vegetable parasite in the epidermis, hair follicles, hair, or nails. Many valuable additions have been made of late years to our knowledge of ringworm fungi. The writer points out some of the mediums of transmission. Among these may be mentioned some of the lower animals, as the dog, cat, bird, horse, cow, mouse, sheep, and many others. The nearer a fungus is to its animal origin the more rapid its growth. It loses its vitality by human transmission. Animals are not entirely responsible for the transmission of this disease. There are excellent opportunities for its diffusion in barbers' shops, bath-houses, asylums, day nurseries, and public schools. The disease is not conveyed by the razor, but by the barber's hands, or by towels; but most often by the lathering-brush. The child often catches the disease in having his hair cut by the barber. The patient under treatment should be required to sleep alone and use separate towels, combs and brushes, these articles being frequently sterilised to prevent re-infection.

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