

tory manner, like a routine dose before or after meals. The treatment of those addicted to narcotics is most difficult, and is trying to patience and temper, and it requires trained judgment, tactful firmness, and often courage to persist in this treatment and carry it out to a successful issue. It cannot be successfully self-administered even by a physician.

Doubtless if the misery and suffering which accompany the continuance of such a habit, and the mental and physical agony which the deprivation of their narcotic causes, could be foreseen, it would be sufficient to have prevented many an unfortunate from ever beginning. But the thoughtless beginnings give an indication of what the future has in store, and the pleasure and excitement of broader and unusual experiences are so deceptive that the narcotic has its fatal grip on the individual before there is a realisation that he has gone so far and cannot recede. The causes which lead up to the morphine, cocaine, or alcohol habit in certain respects are similar.

There is nearly always the weak and unstable mental equilibrium which has been bequeathed from neurotic, alcoholic, tuberculous, or otherwise diseased parents; or a sickly, ill-nourished childhood develops into a weakly adolescence; or the pampered, unrestrained child develops into a selfish and self-indulgent man, who easily falls a victim to any narcotic which will give him temporary pleasure. Over-education for the position in life which must be occupied brings not infrequently heart-burnings and a restless disappointment, which easily leads to narcotic indulgence. Disappointments and reverses soon discourage the weak, and they turn to some narcotic for forgetfulness. The neurasthenics and those who are overworked feel that they must stimulate their flagging energies to tide over a crisis, and soon become dependent on their narcotic and continue its use long after the cause for its indulgence has ceased.

For the successful treatment of narcotic addicts, the variations seen in the different individuals must be carefully considered, and each individual treated according to his separate needs. During years of service in the alcoholic wards of Bellevue Hospital I have tried many drugs and many methods of treatment to obliterate the craving for morphine, cocaine, and alcohol, and many times failed of success. The treatment here referred to is the first I have found which successfully obliterates the cravings for narcotics. Methods should be judged like men, more by what they do than what they fail to do. It is not the failures, but the successes which count.

Clinical Notes on Some Common Ailments.

PNEUMONIA.

By A. KNYVETT GORDON, M.B. (Cantab.).

(Concluded from page 264.)

Another sign of danger is pallor of the face, the meaning of which is that the small vessels in the head are not getting a sufficient supply of blood—as distinguished from imperfectly aerated blood—and it is, therefore, a sign that the heart is not acting sufficiently vigorously: it points to a state of great danger, and it is always preceded by quickening of the pulse.

Owing to the fact that the organisms concerned in the production of both forms of pneumonia manufacture toxins, and that these are constantly being absorbed into the circulation and carried to all the organs of the body, we expect to find some symptoms of poisoning apart from those signs which are due to the obstruction in the lungs. Of these, the most noticeable is delirium, which in lobar pneumonia usually takes the form of active maniacal fury, and in broncho-pneumonia is of the low, muttering, incoherent type, both these being due to the effect of the toxins on the cells of the brain. Their significance from the nursing point of view is, however, very different, for while the violent delirium is not only not an unfavourable sign, but is said by some to be almost always associated with subsequent recovery, the muttering type always goes with a very severe attack, and is not infrequently the beginning of the end.

Another sign of toxæmia is diarrhœa, which often goes with either type of pneumonia, especially in children, and is due to poisoning of the nervous mechanism which controls the movements of the intestine; it is frequently accompanied by distension of the abdomen.

Hitherto we have taken both forms of the disease together, but in considering the course which they take, and the effect which they have on the patient, we shall find some rather important differences between them.

The great point about lobar pneumonia is that it is a question of "kill or cure" in a week; as a rule, the patient either dies—in about 17 per cent. of cases—or recovers completely with an undamaged lung. The temperature remains persistently high and the condition of the patient gets steadily worse until the fifth or seventh day, when the so-called crisis occurs, and the temperature falls suddenly and the symptoms quickly abate; the point, therefore, which decides the issue of the battle is whether the strength of the patient

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