THE TREATMENT OF MORPHINOMANIA BY THE COMBINED METHOD.

SIR,—Before Dr. H. Crichton Miller publishes his next article on the above subject I would like to have one or two points explained, and to state wherein my experience differs from his views as stated in his first paper in your JOURNAL (November 19th, 1910).

1. What does Dr. Miller mean by an average case of morphinomania whereon he founds his treatment? Is it the amount of morphine taken or general condition of patient?

2. Has he personally come in contact with morphinomaniacs who take the morphine to produce the effects he speaks of—namely, "the fascination of exhilaration and intensification of the imagination"? I have had over ten years' experience in the treatment of morphinomaniacs, and I have never yet met one who took it for this reason. Every one takes it because it makes them feel well—that is to say, normal, and because if they leave it off the misery caused by the abstinence drives them back to it.

3. Why does Dr. Miller insist on the cure being painless? In my opinion the pain and distress which arises in the cure is valuable as a deterrent to resumption of the habit.

4. Why does not Dr. Miller place in his primary essentials the willingness of the patient to be cured? All treatment I have found is valueless without this; I grant that he does mention it, but merely as a secondary essential. I differ from his statement that "most patients desire to be made to feel well, but not to be cured." I have found most patients desire to be cured, in order not only to feel well, but to be free from the slavery of the habit with its attendant risks.

Dr. Miller is right in saying treatment should be carried on in a nursing home; but I go further by saying that the position and equipment of the nursing home must be specially selected, and, above all, a medical man well versed in the treatment should reside in the home.

Dr. Miller's treatment consists practically of drugs on the physical side and hypnotism on the psychical.

The drug he advocates is sodium bromide My experience is that bromides and depressants of all kinds are contraindicated. To bring the patient into a comatose or semicomatose state is, I believe, unsound and unwarrantable. A person who has taken morphine for a long time is not one on whom you can put a strain or take liberties with. This treatment is advocated to relieve the patient of distress and pain, but if treated in the ordinary way I do not think the patient suffers so much as to warrant it.

Both Dr. Miller and Dr. Astley Cooper, I think, lose sight of the fact that there are two distinct stages in treatment—namely, the stage where reduction and abolition takes place; and the second stage, where recovery occurs, the mind restored, and the will power built up.

As I have no faith in bromides, I have less faith in hypnotism as advocated by Dr. Miller. It is absurd to try it on a patient who is actively taking the drug, it is of little use when the drug is being abolished, and it is of no use in effecting a permanent cure. I have had many cases of inebriates and narcomaniacs who have undergone hypnotic treatment without the slightest betterment; I have met a few who have been improved or cured by hypnotism, but who, I believe, would have been cured without it.

I will now detail my method, and the difference between Dr. Miller's treatment and mine will then be obvious.

1. I put the patient to bed the second day after admission in a well-ventilated room, bright and cheerful, and removed from any noise, with a cheerful nurse in attendance.

2. For the first three days I attempt no reduction. On the fourth day I slightly increase the amount of morphine per dose, but lengthen the period of abstinence so that the quantity in the twenty-four hours is the same. I continue this until the patient gets only three doses in the twenty-four hours—namely, at 8 a.m., 4 p.m,, and 11 p.m—but the quantity is not decreased. This, as a rule, takes four or five days to accomplish, or eight to nine days from the time that the patient has been put to bed. I then steadily decrease the amount per dose until $\frac{1}{8}$ to $\frac{1}{10}$ grain is reached; then I abolish the afternoon, evening, and morning dose in sequence. This generally takes fourteen to twenty one days, but varies according to the conditions of the patient. I have never taken longer than five or six weeks to abolish the drug.

During the early part of the treatment the patient has comparatively little discomfort or real illness, but as reduction goes on certain symptoms may arise which must be treated, of which the following are the principal:

Constipation.—An ordinary aperient at night, with Apenta water in the early morning, will rectify this.

Diarrhoea.—An astringent, such as tincture of catechu, will check this.

Neuritic pains, with muscular twitchings in the extremities and abdomen, are by far the commonest. I have found drugs of little avail here; but gentle massage, hot baths, and sponging with warm water are most useful in allaying this condition.

Insomnia.—I find isopral, in 15 to 25 grains, the most useful hypnotic in treatment of insomnia caused by morphine abstinence.

Tendency to Coma.—Digitalis or strophanthus I find most useful.

Mental Distress.—Constant attention by the physician and nurse will greatly assist to alleviate this symptom.

Delirium.—I find hydrobromide of hyoscine in $\frac{1}{150}$ grain doses most useful.

In short, treat the symptoms as they arise in the ordinary way. There is no special knowledge required to treat the morphinomaniac except the experience required to know how and when to reduce the drug.

These symptoms rapidly abate after the complete withdrawal has been accomplished, and the second stage is entered into. Convalescence is secured by the ordinary means of any patient recovering from an illness. Nerve tonics are given, nourishing diet in an appetizing form, fresh air with gentle exercise, massage, attention to the bowels, and, above all, freedom from worry or care. Having got the patient's health in a measure restored, the use of auto-suggestion is of value to secure a permanent cure. Inculcate an adverse attitude towards the habit, let the patients constantly bring their mind to think of resumption of the habit or taking a single dose with repugnance and as an act disastrous to themselves. During this time protect the patient from temptation. If the patient by constant endeavour persists in this mental attitude for six to nine months, cure will be effected. This treatment combines the physical and psychical method, but in a very different way to that advocated by Dr. Miller.

In conclusion, I say that I follow a rational method, and have no belief in those out-of-the-way methods advocated, especially by some American medical men.—I am, etc.,

JOHN Q. DONALD,
Medical Superintendent, Invereden Sanatorium.
Dairsie-by-Cupar, Fife, Jan. 16th.

SURGICAL TREATMENT OF DISPLACED SEMILUNAR CARTILAGES OF THE KNEE.

SIR,—I read with great interest Mr. D'Arcy Power's Hunterian Lecture on the results of surgical treatment of displaced semilunar cartilages of the knee, published in the JOURNAL of January 14th. As examples of the perfect functional result which may be obtained, I might mention that two players in the winning team, in the recent International Association football match between Wales and Ireland, were cases in which I had removed the internal semilunar cartilage.

I think there is no objection to freely opening the capsule by a transverse incision if it is sutured accurately afterwards. I have found reindeer tendon better than any other suture material in common use. Early active movement is encouraged, and the patient is allowed to walk in three weeks. I have operated on nearly fifty cases, and the only bad result was one in which tubercle developed later in the joint.—I am, etc.,

Blackburn, Jan. 31st. R. Y. AITKEN.

SALVARSAN ("606.").

SIR,—In his letter to the JOURNAL of February 11th Dr Pernet advocates the combined treatment of syphilis with salvarsan, mercury, and iodides. Eclecticism is always a sound principle in medicine, and it is well, as Dr. Pernet remarks, to keep an open mind towards a new drug; but has not "606" fallen from its high estate? Instead of posing as an abortive cure of syphilis and a substitute for mercury and iodide, it is now asked to play the part of an auxiliary drug. If this is the only position this much-vaunted preparation is to occupy in the treat-

ment of syphilis, it seems to me we had better remain faithful to our old friends Donovan and Fowler, who have so often rendered us useful service, than expose our patients to the many dangers of salvarsan. It would almost appear that Dr. Pernet's apt simile of "therapeutic rockets which come down like sticks" might be applied to "606," but in this case an attempt is made to check its fall by means of a parachute of mercury and iodides!—I am, etc.,

London, N.W., Feb. 11th. C. F. MARSHALL.

THERAPEUTIC ENTHUSIASM.

SIR,—I have been reading in a venerable tome the hopes of our far forefathers as to the benefits that would accrue to a world of pain and disease from the then recent discovery of opium as a panacea for pain. As in all medical advance, the vanguard got out of hand, and what was only reason for hope was transformed by disordered enthusiasm into a fact of assured healing which the implacable years have not—in the sense of that irresponsible optimism—confirmed. It seems desirable, in face of the hysteria of assertion of the lay press, to warn the world of the lack of the sense of proportion which is to-day the apparent vogue as to the possible benefits and ulterior limitations of what we call "606." It is really quite dreadful to have to listen to the positive pronouncements as to its quite unproven virtues, which you may hear, if you care to listen, in any assemblage of lay gentlemen to-day. And when you gently dissent from the sweeping conclusions which they give as facts admitting of no contradiction, you are often (or usually) silenced by a reference to some "doctor who has told them so"!

But the medical Munchausen is always on tap with certain people when they wish to sterilize incredulity by the unworthy antiseptic of unwarrantable reference to the authority of an honoured but absent man! The world is full of slander, I know, and the slander is not always personal. There is a form of impersonal slander which—as in the *Zadig* of Voltaire—slanders by the creation of imaginary virtues. That is bad enough, but what is much worse is to raise hopes which you are not sure you can satisfy. But it is still true that the verifying of a fact is not easy. "The seed-time and harvest, the early and the latter rain" still represent the eternal prohibition against "raw haste, half-sister to delay."—I am, etc.,

February 7th. G. H. R. D.

TUBERCULIN AND SANATORIUM TREATMENT.

SIR,—I endorse most thoroughly the views expressed in the excellent letter of Dr. Mariette published in the JOURNAL of December 31st, 1910, under the heading "Progressive Doses of Tuberculin." For some years past I have made extensive use of tuberculin in increasing doses to the full extent to which it can be taken with advantage by the patient as a regular part of the treatment of tuberculosis in this sanatorium, and with excellent results. I find that there are few patients who are not benefited to some degree by it, but the extent to which it can be pushed varies considerably in different cases, and what is finally the full dose for some patients may in others be doubled or even trebled with great advantage. In every case, however, it must be administered with care and a close watch kept on the patient's temperature (which in this sanatorium is taken in the rectum at fixed hours four times daily), his pulse, and general condition, while the remedy is being used. It is of considerable importance to determine when the dose has been reached which produces the best effect, and must be ascertained for each individual patient. Personally, I believe that I get more reliable information as to the effect of the remedy from the temperature and clinical condition of the patient than from the opsonic index.

In the cases usually sent to sanatoriums which respond favourably to tuberculin, the patient's stay is, as far as I can judge, reduced by about 25 per cent. to what it was before tuberculin was used. It thus not only makes sanatorium treatment more effective, but also reduces its cost.

In more advanced cases, where the temperature is high or markedly oscillating, the effect of tuberculin of any kind is less certain in bringing about improvement. Sometimes it acts very beneficially; in other instances it does not seem to produce any improvement. To these patients I give it in much smaller doses than in non-febrile cases, and increase the doses more slowly. Harm has never resulted from its use in any of my own cases, even when the disease has been in too advanced a stage to be ultimately influenced by any treatment, and in some of these cases improvement, not attributable to coincidence, has for the time occurred under its use.

As a rule, tuberculin is administered by subcutaneous injection, and it has been asserted by some authorities that it can only be given in this way to be effective. After extensive trial I have found it to act, as has been stated by Dr. Arthur Latham, quite as well if given by the mouth in not more than two teaspoonfuls of water when the stomach has been empty for several hours (as in the morning), and no food is given for some time afterwards. Many patients who shirk the subcutaneous method of administration take it readily when so given.

I have often been asked by patients on leaving the sanatorium whether they could obtain tuberculin and continue taking it at home. I have not felt justified in sanctioning this procedure without first making arrangements directly with the medical attendant of the patient to supervise its administration. The patient then not being under constant supervision, I recommend a smaller dose to be taken than when in the sanatorium.

In the best sanatoriums the use of tuberculin is now as much a part of sanatorium treatment as proper dieting, hygienic measures, and the administration of suitable remedies to meet the various conditions which occur in the course of tuberculosis. For any medical practitioner to pit tuberculin treatment at home *versus* sanatorium treatment, to the disparagement of the latter, is as discreditable to him as it is harmful to his patients if it induces them to forego the far greater advantages offered by the latter, should that be within their reach. In the treatment of tuberculosis among the poorer classes the medical attendant has many difficulties to contend with, and has to be content with far less effective means than he would adopt were better within the sphere of possibility. Hence one welcomes the endeavours being made to extend the use of tuberculin and other means likely to make treatment more effective by the establishment of dispensaries for tuberculosis, but to expect that at these, however well conducted they may be, patients in whom the disease is in active progress will obtain a tithe of the benefits they would derive at a good sanatorium, is a delusion. The relative positions of these dispensaries to sanatoriums must ever be as regards treatment those of the out-patient department to the in-patient department of a hospital. Whenever active tuberculous disease is going on the importance of meeting the condition, as soon as it is recognized, by the most effective treatment, such as may be secured in a good sanatorium where every measure calculated to bring about a cure is available and an experienced physician is at its head, cannot be overestimated, not only for the poor but also for the rich. What the factors are in addition to the open-air life the patient leads which contribute to make sanatorium treatment so far the best for tuberculosis would take too long to discuss. The open-air part of the treatment may be carried out by almost any one who does not live in the midst of a large city, without incurring much expense. But what for obvious reasons the poor cannot get, and the rich do not get when treated at home, is the constant medical supervision under which the patient "lives, moves, and has his being" in a good sanatorium, and the systematized, yet individualized, treatment he has to follow while there. Preventing patients from doing things harmful to them, as well as seeing that they do those things which are necessary to their cure, are important duties which ever require close attention from the physician in charge of a sanatorium. These are just the things which in private practice the medical attendant cannot secure being carried out properly, however careful he may be in the directions he gives. The patient and his friends put their own interpretation on his directions and carry them out in their own way—that most agreeable and convenient to themselves—which is more frequently wrong than right. Especially is this the case in respect to rest, exercise, and diet—matters of prime importance in the treatment of tuberculosis, in which patients invariably require much