

*Chronic Intoxication by Morphine.* By Dr. L. R. RÉGNIER.  
Paris, 1890. Publications du Progrès Médical.

Dr. Régnier makes the important distinction, among morphia or opium *habitues*, of those who use the drug for the sole purpose of combatting some sensory trouble, and of those who take the drug for the pleasurable sensations which it imparts, and subsequently for the purpose of removing the terrible state of depression which occurs after the above effects have worn off. The former class of patients he terms the morphinized (morphinisés), the latter the morphino-maniacs (morphinomanes). The distinction is an essential one, for whilst those patients who employ morphia to relieve pain, and for no other purpose, may suffer from the signs of chronic poisoning, yet they do not suffer to anything like the same extent, and the peculiar nervous symptoms which belong to the morphia habit are not witnessed. It is true that in the latter case the habit starts as a rule in the use of morphia to allay pain, but the habit is not acquired till the drug is taken for its own sake.

First as to the morphinized; those who use opium or morphia as a palliative, Dr. Régnier points out that pain causes a marked tolerance for the drug, and he says that the bone pains of syphilis exhibit this more especially. Next he asserts that there is marked tolerance in mental disease, especially when there is excitement, and he refers to the practice of some doctors, amongst them A. Voisin, of giving very large doses of morphia to the extent even of 18 grains per diem. In spite of these doses the great majority of patients are said to show no signs of poisoning even after protracted treatment, but, on the contrary, an improved appetite, and a gain in embonpoint; nor, on the withdrawal of the treatment, do any of the grave symptoms appear such as are witnessed in the case of morphino-maniacs. It must not, however, be concluded that the insane are proof against the morphia habit; there are not a few who become victims to it.

Leaving this upper limit of insusceptibility, can we determine the lower limit, *i.e.*, discover that dose which can be given with safety during a long period, *e.g.*, not less than six months without producing any symptoms of chronic poisoning, but which may not be overstepped without risk in the long run? Such limiting dose can be determined, and

is stated by the author to be 0·05 gramme or  $\frac{3}{4}$  grain of morphia : this dose refers to the subcutaneous injection. Given by the mouth, Dr. Régnier admits the probability of a lessened activity, but he says we do not possess sufficient facts to determine the limiting dose—for laudanum he puts it at about two to three drachms. In the case of infants, the dose which leads to chronic poisoning is very small.

Among the symptoms of chronic poisoning by hypodermic injection, Régnier lays great stress on the tendency to the formation of abscesses, and he discusses their pathology ; the occurrence of albuminuria and glycosuria is adverted to as, however, rare occurrences. It is not necessary to refer to the disturbances of the alimentary tract, and the marasmic state which sooner or later appears, but there are some nerve troubles which merit attention. Amongst these we find : the occasional occurrence of dilated pupils, and more rarely of unequal pupils—disturbances of sensation, such as zones of anæsthesia or hyperæsthesia, perverted or lessened tactile sensibility, diminished acuteness of vision—lessened reflex action, *e.g.*, abolished patellar tendon reflex, this latter may be present, according to Régnier, along with a tendency to ankle clonus. Tremblings of the limbs are described, but are said to be easily distinguishable from the tremor of alcoholic delirium and from that of paralysis agitans. Accompanying these symptoms the cerebrum may fail—memory, judgment, will being impaired ; in some patients the picture presented may be that of true dementia. Delirium with hallucinations may set in, or hallucinations, in particular of vision, exist alone. It appears, however, that hallucinations form a rare symptom. Certain alienists have been unwilling to admit the occurrence of hallucinations during the waking stage as an effect of morphia, but since Laehr first described such cases, other undoubted instances have been put on record in which no other neurotic element, *e.g.*, hysteria, could be detected, nor any other poison, *e.g.*, alcohol. No new light is thrown upon the pathology of morphia poisoning.

Morphino-mania is next described, and amongst the curious facts relating to this disease we learn that in Paris there are actual institutions for the hypodermic injection of morphia—a revelation which needs no comment ! The statistics and the symptomatic features of the disease are described. It is in the chronic poisoning of morphinomania that the nervous symptoms above-mentioned figure more especially—in addition, moral perversion amounting to

a moral insanity must be recorded. The medico-legal aspects of the actions of morphino-maniacs are considered towards the end of the chapter. Dr. Régnier teaches that each case must be dealt with on its merits after careful examination of the patient, but he insists that an essential point to be determined is whether the patient was in a condition of temporary abstinence from morphia or not—the responsibility is less if in such state, and especially if the privation from morphia has lasted some hours. Criminal acts committed in such state have in view mostly the obtaining of the drug; if, therefore, the accused should have been in possession of the drug before the commission of the act, this act would bear another complexion as to its motive.

In detecting the disease the cunning of the patient may completely outwit the medical man; it is therefore necessary to remember that the examination of the urine for morphia may yield conclusive proof of the habit, but precautions must be taken to ensure that the urine is really the patient's.

Lastly, the interesting phenomena of abstinence are detailed, and the several modes of treatment considered. The records of a large number of cases complete the work. We have much pleasure in recommending Dr. Régnier's treatise as a carefully-executed work.

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*Mad Doctors, by one of them: Being a Defence of asylum physicians against recent aspersions cast upon them, and an examination into the functions of the Lunacy Commission, together with a scheme of Lunacy Reform.*

This is the scope of the pamphlet published anonymously by Messrs. Swan and Sonnenschein, and sold for one shilling.

We can vouch for the stimulating shilling's worth, and feel sure that those of our readers who buy and read it will have their fun for their money, and will certainly be impressed with the directness and aim of the writer and the unflinching character of his criticisms.

As we have said, the name is concealed, and we have no clue as to the writer, and we should prefer not to discover it, for though vigorous, the paper is, to our thinking, too personal, so that it is in danger of giving the idea, however unjustly, that personal antipathy had something to do with its origin. It attacks undoubted abuses, and suggests