

*Morphinomanie et Morphisme—mœurs, symptômes, traitement, médecine légale.* Par le Dr. PAUL RODET. Paris : Ancienne Librairie Germer Baillière et Cie ; Félix Alcan, Editeur. 1897, in 18o, pp. 331.

Contributions on the morphia-habit and morphinomania are mostly scattered in various periodicals; so with a view to stimulating the publication of a good text-book on the subject, the Académie de Médecine decided to award the Falret prize to the author of the best treatise on Morphomania.

Dr. Paul Rodet's work was deemed worthy of the distinction; and certainly, within the limits of a comparatively small book, the author has succeeded in giving a most vivid account of this disease, its symptoms, and its treatment, to which he has added a most valuable appendix in the shape of a very full bibliography of the subject.

After a short *résumé* of the history of morphinomania, the author discusses the factors which bring about the morphia-habit, laying great stress on the part played by medical men and chemists, who unfortunately often forget their responsibilities in the face of this serious evil. An examination of the statistics of 1,000 cases of morphinomania (the list of which appears on p. 37) is most instructive in this respect; nothing can testify more eloquently to the insidious character of this dangerous vice than the fact that 287 in 1,000 victims of the morphia-habit were medical men, who have such opportunities of witnessing its dire results, and that the wives of medical men form a large contingent. Among the terrible consequences of morphinomania to a medical man the author draws attention to one which is apparently but little known, that is a great tendency to prescribe dangerous doses of the powerful alkaloids to their patients.

Living at high pressure seems to be the great factor in the etiology of this affection, and this is well borne out by an examination of its age-incidence, for 60 per cent. of the cases occur between the ages of 25 and 40.

In Chapter IV. we find a good account of the chemistry of the subject, with the best means of detecting morphia in the urine. Chapter VI. deals in detail with the important question of the symptomatology of morphinomania. Among other points we notice that Dr. Rodet qualifies the widely accepted statement that morphinomaniacs are abject liars; his view is that they only lie under certain circumstances, "when-

ever it is a question related to their vice." Given a patient, however, in a state of craving for morphia, it is quite another matter; he will not only lie but steal, and commit almost any crime to satisfy his craving. With Magnan, he holds that if we exclude the nocturnal terrifying crises, which not unfrequently occur, true hallucinations are present but rarely. As regards the occurrence of true impulsive acts (uncontrollable), which carry with them the notion of irresponsibility, he draws the same distinction as referred to above—a patient who is in a position to satisfy his longing for morphia has no such uncontrollable impulses. Rapid loss of sexual power in both sexes, and amenorrhœa in women, are present in the great majority of the cases; the re-establishment of menstruation during treatment, as in so many forms of insanity, is a favourable sign of recovery. As the morphia taken in the case of pregnant women so markedly affects the fœtus, often causing arrest of development among other results, suppression of the habit is contraindicated during pregnancy, in the interest of the child. Suppression should not be attempted in acute illnesses, especially during the course of the infectious diseases, which so markedly depress the nervous system, for grave complications may supervene. In Chapter VI. the author speaks also of the influence of the morphia-habit on the evolution of other diseases—the infectious fevers, syphilis, diabetes, hysteria, somnambulism, etc. Morphinomaniacs tolerate chloroform-anæsthesia badly.

With regard to the complications which may arise from the hypodermic injection of morphia, it is unquestionable that the small subcutaneous abscesses which occur so commonly in the walls of the abdomen and thighs of morphia-habitues, are due to the introduction of streptococci; although the site of the abscess may occasionally be distant from the seat of puncture. Their presence may be a great help in diagnosing morphinomania, although they may mislead the uninitiated; and in this connection the author relates the unusual occurrence of a candidate (the present Dr. Marie) scoring off his examiner (Féréol) over a case of this kind.

Dr. Rodet divides the course of morphinomania into three periods—(a) period of euphoria; (β) period of intoxication; (γ) period of cachexia.

Death in confirmed morphinomania may arise from some intercurrent disorder, from pyæmic infection, syncope, an accidental overdose, marasmus, phthisis.

In Chapter VII. the author enters fully into the symp-

tomatology of that most interesting condition—the morphia craving, which is so characteristic and practically diagnostic of morphinomania, and which renders the treatment of the disease so trying. Although it varies widely in the time of its onset, it often appears two months after the patient has started the morphia-habit. For the impulse to inject himself, which is so often present in these cases, the author suggests the name of *nygmatomania*.

Chapter VII. treats the question of the co-existence of several intoxications; the association of alcoholism with morphinomania, and of morphinomania with etheromania, chloralomania, cocainomania, etc. With Magnan, he does not share Erlenmeyer's view that a hybrid affection is set up when a morphinomaniac takes to cocain injections, but believes that there is simply a co-existence of two morbid states, and the prognosis is especially unfavourable.

The responsibility of morphinomaniacs before the law is carefully discussed in Chapter IX., a sharp line of distinction being drawn between the responsibility of one who has access to his drug and a person in a state of craving; the latter, in the author's estimation, is not simply a being with enfeebled will, but an insane individual without responsibility. Incidentally, Dr. Rodet devotes some remarks to the well-known Lamson case: "Had Dr. Lamson been tried in France he would have found enlightened experts who would have shown that the unfortunate man was only partially responsible," and we suppose saved his head—a statement which strikes us as not altogether judicious.

The last Chapter deals with the treatment of morphinomania, and is especially good. The advantages and disadvantages of the various methods of suppression—the sudden, the rapid, the slow—are discussed.

The so-called chemical demorphinisation, or treatment by alkalies, as suggested by Erlenmeyer, the author looks upon as a good adjuvant, which spares the patient much physical suffering during the stage of suppression.

With regard to treatment by hypnotic suggestion, he is wisely sceptical about the results published by Voisin and Bérillon, and it is truly pointed out that this treatment is only in reality the method of slow suppression (with its great drawbacks) in association with hypnotism. It would seem more rational to cure the patient by the rapid method of suppression, making subsequent suggestions of distaste for the drug with the view of preventing a relapse.

The author's conclusion on the question of treatment is that, while sudden suppression may be safely applicable in a few cases, and slow suppression in a limited number of other cases, as a rule the best method is that of rapid suppression, combining with it the physiological treatment by digitalis and spartein recommended by O. Jennings, and such adjuvants as those introduced by Erlenmeyer and Hitzig (the ingestion of alkalies), the use of the hammock and hydrotherapy, always remembering that to treat any disease systematically is a therapeutic error. The subcutaneous injection of *napelline* appears to relieve the morphia craving, which is such a painful condition, and the author believes it is a safe measure, without drawbacks.

As regards isolation, while all cases require it, with careful supervision (Dr. Rodet finds that medical students are of great assistance in this connection), the voluntary boarder system seems to be the only practical way of treating most cases. A few weighty words on the prophylaxis of morphiaomania complete a work which is in every way an admirable introduction to the study of a very important subject.

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*Le Délire Chronique à Evolution Systématique.* Par le Dr. MAGNAN et le Dr. P. SÉRIEUX (*Encyclopédie Scientifique des aide-mémoire*). Paris: Georges Masson, Editeur; and Gauthier-Villars et Fils. Pp. 184. Price, 2fr. 50c.

Within the compass of a small book, one of that useful series, the "Encyclopédie Scientifique des aide-mémoire," we find a clear account of that form of delusional insanity with which Dr. Magnan's name is especially associated—chronic systematised delusional insanity, and the author's views concerning it well summarised. Nothing can give a better idea of the confusion which reigns on the subject than the brief description in Chapter I. of the views entertained by different authors—mostly the leading alienists of various countries—on delusional insanity, and this is especially accentuated by faulty nomenclature. Briefly summed up, Magnan's contention is that there is a group of cases to which he gives the name "Délire chronique à évolution systématique," or chronic systematised delusional insanity, which present a constancy in their onset, course, nature, and termination, and which are clearly defined from other