SUGGESTIONS IN THE TREATMENT OF DRUG HABIT.

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At a modest computation, there are over 500-000 drug habitues in this country, of whom an unduly large proportion is formed by our fellow practitioners. Personally I have treated over 1,000 cases, 30 per cent. of whom were physicians.

The old idea that drunkenness—in which term we may include narcotism generally—was a deliberate sin that the victim committed it with his eyes open. People who use wine temperately were unable to understand the nervous system of the drunkard.

Of late years, narcotism has been called a disease. This is more logical, more charitable and recognizes that the drunkard is hardly more to blame than the tuberculous victim.

Strictly speaking I should call narcotism a symptom rather than a disease. Although among drunkards and narcotics we find every possible variety of physical and mental endowment, giants and dwarfs, geniuses and idiots, scholars and illiterates, I think there is in all a neurotic dyscrasia. This may have been produced by overwork, vice, grief or other strain, but very often the blight is congenital. There is not the normal amount of nerve force and the higher mental faculties are thereby not developed as they should be. The will power, being almost the highest mental gift, invariably suffers.

The alcoholic or drug habit can undoubtedly be brought on by mere continued indulgence, the constant lowering of vitality caused by tippling soon becomes chronic, and the patient, therefore, never feels at par unless he has on board several ounces of whiskey or the fraction of a grain of morphine or cocaine.

I would have you note that the word stim-

ulent is a misnomer. It is not stimulation that the narcotic seeks, but *anaesthesia*. It has been proved time and time again that the physical powers are lower after the ingestion of very minute quantities of alcohol. The reflexes are also diminished in speed and nerve stimuli are not felt in their real intensity. There is no stimulation; merely a feeling of strength.

Another argument that anaesthesia is what is sought lies in the fact that a drunkard will soon become a drug habitue if he gets the chance to use morphine or cocaine. The catarrh snuffs have made thousands of cocaine drunkards, especially among the colored population. Quack consumption and cough "cures" have other thousands lashed to the opium habit.

If prolonged work has been done under the influence of drugs, it is because of their anaesthetic effect; the feeling of pain and fatigue have been abolished, but the draft on the nervous system has been made, to be paid for later in life.

Patent medicines have also their train of common whiskey drunkards to be responsible for; many of these miscalled tonics are nothing but bad whiskey or cologne spirits, judiciously doctored and flavored to resemble an average prescription. The investigation of the J. A. M. A., of Collier's Weekly and the hearings before the pure food committees have made these facts history. Far from being our rivals, patent medicine manufacturers are our best caterers.

By the trained observer a drug habitue is readily recognized; in addition to the invariable dyspepsia, irregular bowels, fugitive pains and aches, indescribable feeling of *malaise*, carelessness of personal appearance, itchiness

of the skin, etc., there is a characteristic mental attitude. The habitue is never really cheerful; his outlook on life is marked by a deep pessimism. The affections are distorted; even the family tie ceases to bind. The common *impotentia sexualis* has of course something to do with this; but the paternal instinct is also in abeyance.

In the treatment of these cases, I have used drugs, but these constitute altogether a secondary consideration. The principal arm in my fight against narcotism is *suggestion*.

Pause ere you cry "quackery;" there is hardly a case treated by one of you in which you do not use the powerful weapon of suggestion. Why are millions of "blank" tablets sold to physicians, to practitioners? What was the therapeutic value of the old bread pill, beloved of our predecessors? What is the worth of your cheerful attitude towards a grave, chronic case of disease? All these are merely aspects or embodiments of suggestion.

I will undertake *any case* of narcotism, however hopeless it may have proved in the hands of others, no matter how large the dose of cocaine or morphine the patient may be taking *per os* or hypodermically. It is well if the patient really wants to be freed of his habit; if not, the first thing to do is to inspire him with such a desire.

First, I bend every energy to gain the patient's confidence. It is nearly always necessary to assure these subjects that they will suffer no pain. Their own efforts to quit the drug habit have always been followed by agonizing cramps and diarrhœa. Consequently the positive assurance of painlessness is of the highest importance.

Then I begin with the drugs. I use a mixture of hyoscine and lupulin—the "Hops Mixture," I call it. But I do not use the powerful hyoscine in the way I have read about. Hyoscine is a dangerous drug and may readily produce fatal results in careless hands, owing principally to its effects on the kidneys. I

give it only to prevent the excessive sweating that follows the withdrawal of the drug. I never give more than 1.300 grain at a dose, and, in combination with the lupulin, not more than seven doses are required: sometimes only three doses to cure the patient, never given to the point of a deliriant.

If there is really pain, it is slight, and I manage it by the gentle massage and the administration of hot baths.

To return to the question of suggestion. It is the mainstay of my treatment. Narcotic subjects are readily susceptible to suggestion. The line followed is, first that no pain will be felt; that the patient will be too much of a man to want to rely on an agent that clouds his faculties, benumbs his reason, and smothers every lovable quality in his nature.

We have left suggestion to the quacks long enough. We are coming into our own again. Look at the remarkable results reported in the East from the Emmanuel movement. Clergymen are using suggestion, it is true, but our brethren are co-operating with them. The results in functional disease have been amazing. If you go back into history, no matter how far, you will hear of cures made by suggestion—whether it was called mesmerism, hypnotism, casting out of devils, or what not.

The Old Testament is full of stories of cure by suggestion. So is the New Testament. When Martha said unto Jesus, "I know that he shall rise again," she was speaking because of suggestion on the part of the Divine Master.

Suggestion will stop pain in all cases where there is not actual organic destruction; it will establish your patient's confidence in you and your ability; it will induce tranquility of mind in the nervous, stability in the hysterical, confidence in the uncertain, and keep your clients and legitimate patients in your own hands and under your wise and scientific control, and away from patent dope of all kinds and out of the clutches of ruthless quacks.