

IS THERE AN IDEAL TREATMENT OF MORPHINISM?

BY C. B. PEARSON, M.D.

CATONSVILLE, MD.

"Hitch your wagon to a star." No man ever had an arm long enough to do this. So that all the above saying can mean is the higher your ideals the better.

In a way this is true. But a lofty ideal that takes no thought of the difficulties in the way of its attainment is to my mind at least not a very good thing.

It would seem from the state and national antinarcotic laws that one of the ideals of the American people is to banish morphinism and other forms of opiumism from our country entirely.

In discussing this question I mean to take into account the management of the addict as well as the therapeutics of the disease morphinism. It seems to me that our people have taken up this ideal of no morphinism among us without the slightest thought of the difficulties in the way and further without any knowledge of what morphinism really is.

After five years of labor along this line the problem is still unsolved. The majority of people have studied the problem no farther than to learn that morphinism is a very bad thing. The next idea following this is then let the law stop it.

It may be that my thoughts are colored by the fact that my health is not as good as it might be, and also because I am not as young as I once was. However it is my opinion, and the reader can agree with me or not just as he chooses, that it is not wise to attempt to remedy every supposedly bad thing by law.

If we do, we will find after a time that we will have one half of the country playing the spy on the other half.

Let us once reach this condition, and we will be about where Russia was under the Czars. A majority or even a well-organized minority can be every whit as tyrannical as any autocrat ever was.

To my mind morphinism is a disease. It is also my opinion that being a disease that it belongs to us of the medical profession to deal with it. I do not say that there should be no laws dealing with morphinism. I do say that the law should be the servant of the medical profession and not our master.

We have a multitude of laws regarding the care of the insane. But for several years the medical profession have been master of the situation. The people have come to regard the medical profession as the rightful ones to have control of the insane.

Every well-educated physician knows that there was a time when the medical profession had but little to say or do with the insane. At one time all insane people were thought to be possessed by the devil. It was also thought that the ball and chain, and filthy jails were good enough for any insane person. I need hardly add that the profession and the laity were a long time in coming to take a rational view of the matter. Today the law is the servant of the profession so far as the care of the insane is concerned.

No one can be alienated except upon the advice of medical men. Medical men are given charge of the institutions for the care of the insane.

It has been learned however that no man is good enough, wise enough, or broad-minded enough to be given absolute power over another's person, without some judicious surveillance to see that he does not abuse his power.

With this exception the real care of the insane is given over almost entirely to the medical profession.

I can say that precious little is being done to see to it that the morphine addict is humanely treated.

No one thinks that the morphine addict is possessed by the devil. But so far as the treatment that he is getting is concerned the people of the country and many of our physicians might as well think that.

The majority seem to think that the addict is willfully guilty of criminal conduct. This results in about as much confusion as if it were thought that he was possessed by the devil.

So far as the management of the addict is concerned, I can see no ideal way of doing this that is likely to be put into effect in the near future. And why can I not see the near approach of the ideal management of the addict? I can not see any ideal solution of the problem in the near future because the ignorant laity are in control of the matter and not the medical profession. Morphinism is a disease and as such is beyond the comprehension of the laity and always will be. Morphinism is a serious disease. One of its most characteristic symptoms is the inability of the addict to free himself from his slavery unaided. So few ever do this that the general truth of the above statement is not affected.

Again another characteristic of this disease is the tendency to

relapse. These two features are as much a part of the disease as the irruption is a part of smallpox.

The direct cause of morphinism is morphine. This is something that should be remembered. Many think that only the neurotic are in danger of becoming addicted. This is dangerous teaching. It might lead those who are not neurotic to think that they could take the drug or leave it alone as they please. I have found as many of the phlegmatic temperament among my patients as those of the neurotic type.

Morphinism is a disease that may be complicated by other serious diseases like diabetes, nephritis, tuberculosis, syphilis of the brain or any other disease that may afflict the non-addict.

Morphinism of itself is serious enough to make the handling of it by laymen dangerous, or its perfunctory treatment by physicians dangerous. When it is complicated by any one of the above mentioned diseases it becomes doubly dangerous for any one but an expert to attempt its treatment.

I believe that no addict should be separated from his drug supply except upon the advice of at least one or better two competent physicians. But the powers that be will at once tell you that this will never do because there are bad men in the medical profession. Well what of it? Shall the ninety-nine be annoyed and hectored because of the one bad physician?

For I venture to say that the bad ones among us do not number more than one in a hundred. I think that it would be better to let the medical profession deal with its own unworthy members if such there be.

No physician likes to lose his standing with his fellows. If it should be found that one of our number was dealing in morphine commercially rather than professionally, we could and should bar him from membership in our societies.

I do not wish to cast any reflections upon any man or body of men, but I venture to say that the standing of the medical profession taking it as a whole is better than the standing of the government spies and informers. This occupation does not appeal to men of the highest type.

Again I say that the care and treatment of the addict should be left to the medical profession. I know that morphinism is a disease that does not appeal to the majority of physicians. I know farther that the medical profession do not know as much about it as they should know. But they and they only have the scientific training

that will enable them to master the subject. It is absurd to think that the laity will ever be able to solve the problem unaided by the profession.

So far as the management of the addict is concerned the laity are in the saddle. If morphinism is a misdemeanor they may in time find an ideal way of managing the addict.

I hold that it is not a misdemeanor, but that it is a disease. It is a disease that is not caused by a microbe. Neither is plumbism caused by a microbe, nor is chronic arsenic poisoning, nor chronic phosphorus poisoning.

These diseases are toxemias where the toxic material enters the system from without. Morphinism is of this same type. It differs from the above named diseases because morphine differs from the toxic agents above mentioned.

My teacher in anatomy, now long since deceased, often told us "anatomy is what the body is, physiology is what the body does, and pathology is what the body does incorrectly."

If this be true, then certainly morphinism is a disease. For the body of the morphine addict does many things incorrectly. In this disease the nutrition of the body is away below par. The emaciation of the body is in many cases equal to that seen in diabetes, nephritis, and often equal to that seen in tuberculosis. In morphinism the functions of the brain and nervous system are incorrectly performed. The excretion of toxines is sadly perverted and very incorrectly performed. If one doubts that the action of the brain is changed let him listen day after day to the conversation of addicts among themselves as I have done for several years, and I think his doubts, if he has any along this line, will be removed.

But before I can prove my contention that morphinism is a disease pure and simple I must prove that the addict is not responsible for not discontinuing his addiction. For of course the disease results from the continuation of the addiction. I hold that once the addiction becomes confirmed that the addict is not responsible for the continuation of his addiction. The addict rarely succeeds in freeing himself from his addiction. This is not because he never makes the attempt. Nearly all of them have made repeated attempts to do this. There is no use in looking all about for some easily prevented cause why the addict does not free himself.

The cause lies in the peculiar effects of the drug upon the body and mind of the victim. The reader may say that if he does not discontinue his addiction it is because he has too little sense. My patients are mostly of my own profession. I have treated many

physicians who had a better knowledge of medicine and surgery than I have. I have treated many who were professors in medical colleges. So the idea that the addict does not discontinue his addiction because of lack of sense will hardly hold.

I have said that the action of the brain was perverted in morphinism. By this I do not mean that the addict is insane. Especially if we take the definition of insanity given by an English authority: "A person is said to be insane when his mental operations are so far abnormal that he is unable to conform to the ordinary conventions of society in speech, manner, and actions." According to this definition of insanity I have not yet seen an untreated straight case of morphinism that I would say was insane.

Yet I do say that in practically every case of advanced morphinism, the mental operations are perverted. The lack of ambition, the inability to acquire new knowledge as readily as during the preaddiction period of the addict's life, the lessened persistence, the lessened ability for mental concentration over any long period of time, the morbid secretiveness, the tendency to seclusion, all these things point to a perverted mind. A perverted mind means disease. Perverted metabolism means disease. We find both of these conditions in morphinism.

Now I come to a study of the therapeutics of morphinism. The favorite treatment of the powers that be is to lock the addict up and take away his supply. I hold that this method is wrong even in those cases where it does succeed in permanently breaking up the addiction. It is wrong therapeutically because it is needlessly dangerous, because it is unnecessarily brutal, and lastly because it is founded upon the assumption that the addict is a criminal.

I should judge that there was some confusion in the minds of most persons as to what constitutes a crime.

Have our lawmakers the right or the power to say what shall constitute a crime? Are we to believe that they can do no wrong just as our forefathers believed that the king can do no wrong? I should say that the lawmakers' power in this respect was altogether assumed. I should say that it was something in the inherent nature of an action itself that should determine whether the action was criminal or not.

All the power our lawmakers really have is to declare a certain action illegal. Too many are ready to jump to the conclusion that any illegal action must of course be a criminal action. My experience leads me to believe that there is such a thing as breaking an addict's spirit and courage to that extent that even if the addict be-

comes cured after passing through what the powers that be think is good enough therapeutics for him, that he will never make as good a citizen as he would have done had he been treated by some more kindly and humane method. I treat the addict without the use of restraints of any kind. I have tried to cure a number of cases where the government or the state had failed by the use of their harsh methods. In not one instance have I met with success. This in spite of the fact that I have been entirely successful with many cases where the addiction was of more than thirty years' duration, and a few cases where the addiction was of more than forty years' duration. The duration of the addiction among these cases that had been mistreated by the authorities was not in any instance more than ten years. I failed in securing cure of these cases, because in my opinion their courage had been so completely broken that they were not fit subjects for my treatment without restraints.

I hold that throwing an addict into jail and removing his drug by force is dangerous to both life and reason.

I may be mistaken in this. I am waiting patiently for the powers that be to publish an honest report of their results in order that they may disprove my statement if they can. *I think that I will have to wait a long time.* For I fancy that such a report would not make good reading. Even if their results were good so far as stopping the addiction is concerned, any man's business and social standing must be injured by serving time in jail. If morphinism is nothing more than a disease this is a crime.

The government or state idea of treating morphinism is not ideal. And to my mind neither is its management of the addict ideal. The treatment of the addict in jails and prisons is not constructive even when it brings about a cessation of the addiction, and it seldom does. So far as the best interests of the addict is concerned it should be our business to restore him to the position in society that rightfully belonged to him before he became an addict. The addict and his friends are not the only ones interested in this, society as a whole is interested. For a good citizen is always worth more to society than a useless one.

If the laity have found no ideal method of treatment how about what we of the medical profession are doing along this line? The divergence of views that obtain among us is proof enough that we have not yet found the ideal method of treatment. This, however, is no cause for discouragement. We are curing cases of morphinism every day.

There is no single method that is ideal for all classes and kinds

of cases. The treatment that I generally use is, I think, ideal for the class of cases that I would prefer to treat. Unfortunately we can not always select our cases.

The type of cases that I would prefer to treat are those who have been well disciplined. It does not make any difference whether this discipline has been self-applied, or received at home, at school or in any other way.

The man who was once a poor newsboy, who has raised himself from this humble position to one of responsibility, would be likely to make an excellent patient for my method should he have the misfortune to become an addict.

The very fact that he has succeeded in doing this shows that he has exercised self-denial, persistency of purpose, and has administered to himself a rigid self-discipline.

The physicians whom I have treated usually made excellent patients. The discipline that they must have received in getting their preliminary education, their medical education, and lastly the self-denial needed to work up a practice, fitted them well for the part they played in coöperating with me to secure their freedom. I treat my cases by gradual reduction without the use of restraints. So the reader can readily see why I lay such stress upon preaddiction discipline.

I prefer this method when I get the right sort of cases for its application, because it helps to build up the addict's self-respect and self-confidence.

In other words I like this method because it is constructive and not destructive. It helps to put the addict into that position in society that once rightfully belonged to him.

Seven of my cured cases became officers in our Army and Navy. This shows that the addict is not hopelessly injured by his disease; and it shows that he can come back.

So far as playing the game on the square is concerned I leave that to the patient. I think that this is a form of self-discipline that is needed to bring about the best constructive results. I want my patients to feel that they have had a very large share in bringing about their cure.

This is very helpful to their self-respect. Without self-respect a man is nothing. Of what particular use is it to cure an addict if he is turned loose minus his self-respect?

One of the objections to gradual reduction without restraints is that it is not an easy method to learn or to apply. A peculiar personality is needed to enable one to get the addict's confidence, to

build up his self-respect, his pride, and hope of good things in the future.

Unless we can do this the addict is not likely to put up much of a fight.

Again I like this method because extreme shock and danger are avoided. The reader well knows that the diabetic, the nephritic, the patient with syphilis of the brain, and the tuberculous have but little resisting power.

I have succeeded in dealing with cases that were complicated by one of the above mentioned serious diseases. At different times I have met with all of these complications. And in no case have they hindered me from freeing the addict of his addiction. This of course means that it is possible to handle this method in such a way that there is but little strain placed upon the patient's vital powers of resistance.

It needs experience to learn the dosage. The proper guide in making the reduction is not the patient's pulse, respiration or general well-being, but what we have learned from past experience that these cases will voluntarily stand.

So it becomes necessary to size up about what sort of a patient with whom we have to deal. We need not learn what sort of a body he has so much as how much courage and fight he has in him. It often happens that an addict, who is but little better than a living skeleton, has the courage and the will to fight, while a robust-looking addict lacks these qualities to a large extent.

Of course we all know that morphine plays the very dickens with an addict's courage. Still if we learn from his history that he has accomplished something in life there is a lively hope that he may do so again.

On the other hand, if his history shows that he amounted to nothing during his preaddiction period of life, gradual reduction without restraints is not an ideal treatment for his case.

The treatment of morphinism by gradual reduction without restraints is as much a matter of psychiatry as it is a matter of physical therapeutics. The underworld does not give us a type of addicts that we can treat without restraints by gradual reduction or any other method. Even where restraints are used the results are not likely to be very good.

Morphine lessens ambition. This is just as true of the burglar as it is of the clergyman. I have often thought that so far as the underworld was concerned that society would be far better off if there were no anti-narcotic laws in existence. I would say let those

of the underworld take all the morphine they want to take. The more they take the less deviltry they will commit. The harder and more expensive it is for them to procure morphine the more they will have to steal or swindle the public out of in order to get along. The advanced morphine addict does as little as he possibly can, whether it be stealing or shoeing horses.

There is still another class of cases that my treatment is not well fitted for and that is those cases who have become utterly irresponsible, through multiple drug and alcohol taking.

I have treated many of these cases successfully. However, I have met a number of them where the results were not very good. The reason for this is not very hard to find.

They are too irresponsible to coöperate with one by playing the game on the square. They have too little mind left to profit by one's teaching. They will agree with you readily enough while you are talking. They forget too soon. They need kindness and restraints over a long period of time. Often this can not be done for them, because they lack the means to pay for the extra care needed.

There is also a very large number of cases, perhaps the majority, who have not the means to pay a physician for the time needed for a properly conducted gradual reduction. Further the public does not seem to be disposed to pay for the time needed to make this method of treatment successful.

What then can we do for this class of cases? I see nothing better than to use some of the "quick methods" of removing the drug. If we have in mind the complete restoration of the patient to health and strength the "quick methods" consume more time than gradual reduction.

However, the addict can wait for complete convalescence in his own home. Ideals are seldom entirely attainable. But the "quick methods" of removing the drug can be made more comfortable and more safe for the patient.

Hyoscine or some other mydriatic is usually used in these cases. A great many are afraid of hyoscine. I think that if it is remembered that hyoscine is not a specific for morphinism but that it is a convenient anesthetic for use in these cases, that much of the danger may be removed. It should be given with the same care that is used in giving any other anesthetic.

Enough should be given for the purpose in hand and not a bit more. The bowels should be thoroughly unloaded before the morphine is stopped. In the morning of the day that it is proposed to give the last dose of morphine give a large dose of sulphonal. At

10 P.M. give the last dose of morphine. An hour later give a full dose of hyoscine; at the same time give a dose pilocarpine and eserine.

Those who have had experience have learned that these two drugs used in conjunction with hyoscine make the latter drug much more comfortably borne by the patient.

The delirium and tossing about is very nearly absent. No more hyoscine should be given until it becomes apparent that the patient needs it. Regular hours for giving hyoscine is entirely wrong in these cases. If you start out in this way you have your patient asleep in the beginning of the treatment. It takes less hyoscine to keep him asleep than it would take if you were to wait until he begins to suffer sharply for want of the drug. Vomiting is so often present in cases treated in this way that the hypodermic method of administering the doses is preferable.

Hyoscine has to bear the blame for symptoms that I do not think are caused by this drug. I have seen complete dilatation of the pupil in cases where no medication was used.

I have seen under the same circumstances hallucinations and even delusions. I believe that the worst of the symptoms are caused by the withdrawal of the drug. I think that hyoscine properly given renders the treatment more safe rather than more dangerous. To a certain extent it overcomes the shock. And certainly it lessens the mental and physical suffering.

There is yet another method that may be used, although not ideal in my opinion. This is a week or ten day reduction. The bowels need the same attention here as in the other treatment. The doses of hyoscine, eserine, and pilocarpine being given over a longer time should be much smaller. This method I think is the safer of the two, but not likely to be any more comfortable for the patient. I doubt if it is as comfortable. There is not time given for the body to adjust itself to the withdrawal of the drug.

Suggestion I believe is a valuable adjunct to the treatment of morphinism. In neither of these two methods is the patient in the right mental attitude to profit by suggestion.

Further in these two methods the patient is so decidedly not at all his usual self, that these methods afford the physician but little opportunity to study the psychology of morphinism. This last is something that I think adds very much to one's equipment for this work.

In conclusion I will say that gradual reduction is the nearest to an ideal method that we have.

If the dosage is correctly learned the patient can be kept as comfortable as while using the drug *ad libitum*.

It gives the body time to adjust itself to the change. The convalescence is much more rapid. The danger of relapse is certainly much less.

It is the most constructive method that we have. It is the most likely to restore the addict to complete health and usefulness.

The "quick methods" often leave the patient mentally impaired, though not completely insane. One of the most characteristic features of this state is that patient is unable to exercise mental concentration over a long period of time. Hence his earning capacity is lessened to a considerable extent, especially if his occupation calls for this sort of thing.

The morphine addict is a sick man. Locking him up in jail is not an appropriate treatment for him. This way of dealing with one who is a chronic invalid is not only not ideal, it is altogether out of harmony with the supposed civilization of the twentieth century. We have no ideal method of treatment that can be applied to all classes of cases. If we can not use an ideal method we can use the best possible method under the circumstances in each case.