ON THE ABUSE OF NARCOTICS.*

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THE great abuse of narcotics in all classes of society is an evil which must have forced itself upon the attention of the majority of those who see any great amount of practice; but, in spite of the strong protests which continue to be made, both in the medical and lay journals, little progress is effected in the way of obtaining more stringent legislative measures to check the growing evil. There seems to be a kind of fashion which regulates the particular kind of narcotic which has a run. I do not see so many cases of opium-eating and laudanum-drinking as I did in the earlier years of my practice, but it is within my knowledge that, in recent years, a considerable increase has taken place in the number of victims to the inordinate use of chloral, morphia, and chloroform. The Pharmacy Act of 1868 was intended to prevent the public from obtaining unlimited supplies of poisonous drugs which might be used for unlawful purposes; and the misery, ruin, and crime which track the luckless victim of the narcotic habit, make it incumbent upon us to discuss what efforts should be made to wean him from his besetting vice. According to the provisions of the Act, there are two classes into which poisons may be divided. In the first class are included all those poisons which are not to be sold unless the purchaser be known, or be introduced by some person known to the seller, and an entry be made in the poison-book, indicating: (1) date of sale; (2) name of purchaser; (3) name and quantity of article; (4) purpose for which it is wanted, attested by signature. And the packet or bottle must be labelled with (1) name of article; (2) word "poison"; (3) name and address of seller. This list includes all vegetable alkaloids, arsenic and its preparations, aconite, atropine, cantharides, cyanide of potassium, corrosive sublimate, tartar-emetic, ergot of rye, hydrocyanic acid, savin, strychnia, and vermin-killers, if containing any of the above.

Class II includes poisons which must be labelled with the name of the article, the word "poison", and the name and address of the seller. This class includes essential oil of almonds, belladonna, tincture and all vesicating preparations of cantharides, chloroform, chloral-hydrate and its preparations, preparations of corrosive sublimate, preparations of morphia, opium and its preparations, oxalic acid, red precipitate, white precipitate, nuxvomica and its preparations, and vermin-killers containing any of the above. There are special and more stringent regulations relating only to arsenic and its preparations.

Our daily experience in newspaper reading shows that these restrictions on the sale of poisons are quite inoperative in regard to the main object for which they were obtained; and they are still more useless in preventing anyone who has developed the narcotic habit from obtaining unlimited quantities of his favourite drug. All the articles in common use by such unfortunates are included in the second class; and anyone with money may obtain as much as he pleases without being known to the seller, provided only that the name of the article, the word "poison", and the address of the seller are given along with the drug. It is only about five years ago that the drug chloral-hydrate was included in this schedule; and this has been done owing to the oft-repeated protests of a former President of this Branch, the respected coroner for the city of Carlisle, Dr. Elliot, who had occasion to hold five inquests, owing to the facilities which existed for the sale of this powerful poison.

I am not aware what the necessity is for having two schedules of poisons under the Act. If certain precautions are needed for the sale of aconite, tartar emetic, and strychnia, surely similar precautions are needed when the sale of chloroform, chloral-hydrate, and morphia, is in question; and the provisions of the Act might be made more stringent with great advantage to the public.

This would act to a certain extent in a beneficial way; but it is not all that is needed. The habit of misusing narcotics is very speedily engendered, and physicians should be very watchful of the purposes to which their prescriptions may be put. It has happened to me more than once, to have my attention called to the frequency with which sleeping draughts containing chloral were being made up for a patient, long after the illness for which the original prescription was given had ended. On one occasion, when calling at the shop of a druggist, I was startled to find that a patient of mine had got a prescription made up much more frequently than was intended. The prescription consisted of equal parts of spirits of chloroform and compound tincture of cardamoms, and was ordered on February 17th. In February, two ounces of this mixture were obtained, of which the dose was to be a teaspoonful; in March, two ounces; in April, six ounces; and in May, between the 2nd and 20th—the latter being the date upon which my

attention was called to the matter—the quantity obtained was fifty ounces. I am disposed to urge that prescriptions containing narcotics should not be repeated more than a certain limited number of times without being revised by the physician in attendance on the case.

There is also a danger in allowing patients to have the use of hypodermic syringes, or in recommending them to purchase the same, except, perhaps, in cases of organic disease where the patient lives at an inconvenient distance. I have seen the morphia habit, or morphinism, developed in this way; and an exceedingly dangerous and troublesome vice it is to eradicate. This form of vice seems to prevail very extensively in America, and also on the Continent. In Austria, its most numerous victims are said to belong to the medical profession. Among the most prominent of its symptoms which have attracted attention, I find the following: a disinclination to exertion, loss of appetite, hyperaesthesia, general emaciation, loss of memory, suicidal tendencies, and a general moral deterioration, similar to what is seen in cases of chronic alcoholism. Lying, which is first had recourse to in order to conceal the habit, soon pervades the whole mind; and the morphinist becomes the prolific father of lies upon all subjects, even when the truth would serve as well. The remarkable rapidity with which the habit is sometimes developed is very striking, and the enormous doses of the drug which may be tolerated are also a point of interest. In a case which has recently been under my observation, these points were very well illustrated; but the preparation used was not any of the ordinary preparations of morphia, but a patent preparation known as Dr. J. Collis Browne's chlorodyne. This drug is very extensively advertised, and has a large sale. It is said to consist of morphia, hydrocyanic acid, chloroform, and probably also Indian hemp and belladonna, or its alkaloid, atropia, with some other ingredients of a less active character, used to disguise its real nature and make it palatable. Now this drug, containing these five poisons, is not even labelled as being poisonous in its nature, is sold by all druggists, and even by grocers and patent medicine vendors. From one of the latter class I recently obtained a specimen; and I find in his list, as an additional recommendation, that he sells it at lower prices than is done by his neighbours, the duly qualified pharmacists.

To show you the large quantities of it which may be obtained and tolerated, I quote the case briefly.

Miss L., aged 24, came to Carlisle on August 15th to act as a nurse to some chronic invalids who were under my care. She had been trained in a large public hospital, was well recommended, and was in reality an efficient and capable nurse. She was always fit for her work on the occasion of my visits, which were usually at intervals of a week; but it was not long before I heard of her being peculiar in her manner, of her dropping asleep at her work, or even at her food, and suspicions became aroused as to her indulging in some narcotic. On September 30th, she was asked whether she was in the habit of taking any narcotic; and she confessed that, during her brief residence in Carlisle, she had given herself up to the unlimited enjoyment of a habit which she had contracted during her training. She is of a nervous hysterical temperament, but had enjoyed fairly good health. She tells me her mother is addicted to the use of chloroform, which she uses in large quantities, and frequently gets through a large pint bottle in twenty-four hours. During her childhood, her mother often gave her soothing drugs to make her sleep at night; but she never practised the habit of regularly taking anything until, during her training, some nurse recommended her to take chlorodyne for some trifling ailment. She rapidly yielded herself to the seductive influence of the drug, and facilities for obtaining it in the hospital being good, she soon attracted attention. On being found out, she lost her situation. For seven months she had restrained herself absolutely, chiefly, I believe, for want of means or want of opportunity of gratifying her depraved appetite. But, on her coming to Carlisle, she had obtained possession of £20, and of this sum only a few shillings remained at the time of her confession to me, the greater part of it having been spent in the purchase of her favourite drug. An examination of her box showed fifty-four empty chlorodyne bottles, which had been recently purchased. There was one at 1s., which had contained 7 oz.; there were thirty which had cost 4s. 6d. each, and had contained altogether 67½ oz.; there were fifteen at 2s. 9d., which represented 15 oz.; and eight at 1s. 1½d., which represented 2 oz.; so that in six weeks we know that she had got through 91½ oz. She informs me that she had had about half as many bottles more, but had thrown them away; and I am inclined to think that this is true, as I know that during this period she had spent £20, and the price of the bottles found would only amount to £10 16s. 3d. She informs me that her usual dose was a four-and-sixpenny bottle, which contains two ounces and two drachms, and that the eleven-shilling bottle only lasted little more than twenty-four hours. She had never experienced any difficulty in obtaining as

* Read at the autumnal meeting of the Border Counties Branch.

much of the drug as she required; but one druggist had recommended her laudanum, as being much cheaper, and as being likely to answer the same purpose. She had reduced herself by the habit into a very helpless condition—a state of almost absolute physical and mental prostration, and had even harboured thoughts of suicide. She had heard of some retreat for habitual drunkards, where such cases as her own had been received; and, on my recommendation, her friends decided upon placing her in one of those institutions, where she is now slowly recovering from the effects of her six weeks' dissipation.

This case seems to me to point to a fact which is new to me. We know that the system may become habituated to large doses of morphia and chloroform; but here, in addition, we have a patient taking, along with these drugs, large quantities of hydrocyanic acid. May the explanation of this not be that the latter does not occur in the free form, but has combined with the morphia in the form of cyanate of morphia? or the action may be modified by some of the other ingredients contained in this composite drug.

I have looked up the controversy which took place some years ago as to the composition of chlorodyne, and from a perusal of this I find that morphia, chloroform, and hydrocyanic acid have been detected by chemical analysis; and the presence of Indian hemp and belladonna has been inferred from the physiological symptoms occurring in those who have taken considerable doses of the drug. With regard to the presence of the last named drug, I have observed strong confirmation in the present case, as on all occasions when I saw the patient the pupils were widely dilated. Now, looking to the fact that this patent preparation certainly contains three poisonous ingredients, and probably five, four of which are included in the schedule of the Pharmacy Act; looking to the fact that its medicinal dose is stated to be from ten to thirty drops, and that very alarming symptoms have occurred from a dose of forty minims, it is surely an anomaly in the law that the sale of such a powerful poison should be quite unrestricted, and that patients should be able to obtain such enormous quantities as was obtained by the patient whose case I have just narrated. From the facilities which exist for obtaining such-like drugs, there can be little wonder that death from poison is of such common occurrence, as will be fully seen by a reference to the records of the coroner's court.

There are many other patent medicines which are known to contain similar poisons. I allude to the class of soothing syrups, cordials, carminatives, and cough-tinctures and essences so extensively advertised; and it is fully time that the Legislature should be asked to interfere for the protection of the public. I am glad to find that the Chairman of the Parliamentary Bills Committee of our Association has frequently brought this matter before the attention of his colleagues, and I trust that this Branch will be induced by what I have said to take such action as will strengthen their hands in the efforts they are about to make during the coming session of Parliament.

TRACHELORAPHY.

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IN a preceding paper, I discussed some startling assertions, that came from the other side of the Atlantic. Dr. Emmet wants us to believe that, however liable periuterine cellular tissue is to inflammation, the womb itself is only liable to inflammation during puerperality. We are also asked to believe that what has been previously called ulceration of the os uteri was nothing but the everted edge of a more or less lacerated cervical mouth, and that the way to cure it was to divide the cervix up to the os internum, and then to stitch it up. We are asked by some American surgeons to perform the same operation, even if the rent have been long and well healed, for uterine cicatricial tissue is reported to be the seed-plot of epithelioma. I congratulate Dr. Emmet on not having seen acute inflammation of the womb and acute internal metritis in young unmarried women, and I stated his theory of the common run of uterine disease to be inadmissible, because it does not explain the frequent cases that arise in virgins, and in married women who have never conceived. It is admitted that uterine disease is the same in all women; and, as it arises in virgins and childless women, independently of laceration, it may do the same in women who have borne children. In stating this logical conclusion, I do not deny the influence of laceration in the production of uterine disease, for I have been teaching its importance for the last twenty years in every succeeding edition of my works. The proposal to treat uterine ulceration, due to a slight cervical fissure, by slitting up the cervix up to the os internum, should be scouted; for such cases can be easily cured by nitric acid and nitrate of silver, along with judicious medical treatment, that American gynaecologists seem to despise. To propose a

serious and expensive operation for these cases, even when the slight laceration has been thoroughly well healed, because epithelioma has sometimes sprung from cicatricial tissue, seems to me very bad practice.

Tracheloraphy is a valuable operation; it is therefore desirable to settle the cases to which it would best apply. Dr. Emmet does not attempt to define the limit of his operation, otherwise than by recommending it "when the womb is larger and complicated by neuralgia;" by which, I suppose, he means a voluminous cervix leading to distressing uterine symptoms. Dr. Playfair, who considers tracheloraphy "the greatest improvement ever introduced into practice," reserves it for bad cases that he cannot otherwise cure; which raises the question what other treatment Dr. Playfair had previously tried in such cases. For, in 1869, he wrote some elaborate papers to extol the virtues of carbolic acid as an application to the womb for the cure of endocervicitis, or uterine catarrh; and he was then so satisfied with his result, that he concluded by stating that "he had practically come to limit himself to the use of that alone." It was to be expected that a more extensive practice would convince him of the futility of attempting to cure chronic uterine disease by a solution of carbolic acid in glycerine and water; but to rightly estimate the value of his recommendation of tracheloraphy in uterine disease, it is necessary to know what other treatment he tried besides carbolic acid, before resorting to a serious operation. This question is most apposite, for, in the only case related in his paper, read before the Obstetrical Society of London, the only topical agent said to have been employed was carbolic acid, with the exception of nitric acid to check metrorrhagia. Until Dr. Playfair answers this question, I shall remain under the impression that some of the twenty cases in which he operated might have been cured by the plan sketched in my first paper, and given in full in my *Handbook of Uterine Therapeutics*. Having thus given it as the result of long experience that, when in cases of endocervicitis the mucous membrane alone is affected, it can be cured by nitrate of silver, carbolic acid, or the stronger mineral acids, whereas potassa fusa or potassæ fusæ cum calce were required when the submucous tissues are diseased, I will proceed to state the kind of cases to which I think tracheloraphy should be restricted.

1. The use of the forceps by unskilled hands occasionally leads to five or six extensive lacerations, which, on healing, give the cervix a stellate appearance, well shown in Dr. Emmet's work. Sometimes, the converging fissures separate ridges of uterine tissue that hide the os uteri. I have seen three cases of this description in the last thirty years. There were no uterine symptoms in one case, but they were distressing in the other two; and I advised the application of potassa fusa cum cretâ. I heard from the medical adviser that the remedy had greatly relieved one patient. The state of the other lady was also greatly improved, but I had to advise a second application of the caustic ten years after the first. In such cases, the shape of the cervix is so damaged, and there is so much superfluous tissue, that I should now certainly recommend the reconstruction of the cervix upon its original plan.

2. The application of the forceps is sometimes followed by extensive bilateral laceration of the cervix up to the os internum; and, whenever this is as extensive as represented in one of Dr. Emmet's woodcuts, I think it should be treated by his operation; but I have seldom seen such cases, and not once since attention has been directed to laceration of the cervix.

3. In alluding to the noxious properties ascribed to extensive cicatricial tissue by American gynaecologists, I mentioned the case of a young married lady who had never conceived, and in whom it was necessary to tunnel through a very dense cervix to make way for the menstrual flow. I have met with several such cases; and, whether the cervix be of normal size or voluminous, I think it would be better to divide the cervix up to the os internum. This thorough draining of blood and serum from long diseased uterine tissues is a great element of success, even when there is no cicatricial tissue to remove.

4. To make a good cure of a large cacoplastic cervix with endocervicitis, extensive ulceration, and complicated uterine symptoms, a year is not too much for the plan I have recommended as the best and safest for the cure of the worst cases of non-malignant uterine disease; I mean a year of medical supervision, with occasional active surgical measures. Now, it sometimes occurs, when bad uterine cases are sent home from India, that their worst symptoms vanish, if the constitution rally on returning to a temperate climate. These patients enjoy themselves, and only consult us when about to return to India, sometimes even after having taken their passage. In such cases, a large cacoplastic cervix will most likely be found, and tropical influences will soon bring back a return of endocervicitis, with aggravated uterine symptoms; therefore, rather than let a patient return to India in that state,