CLINICAL LECTURE

ON THE

TREATMENT OF THE HABIT OF
OPIUM-EATING.

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GENTLEMEN,—Though the habit of opium-eating will not very often come under your notice in practice, it is, nevertheless, one of those aspects of human frailty, which it is very necessary that you should be able promptly to recognise, and to treat firmly and successfully. Last week I had an opportunity of bringing before you an example of this vice, and I then promised to bring the question of treatment more fully under your notice to-day.

There is good reason to believe that opium-eating has, of late years, become very prevalent in England, more especially among the labouring classes; but, partly from the unwillingness to confess the habit, and partly from the circumstance that many take it within such limits, as not to involve serious evil to the health, the treatment does not frequently fall to the care of the medical man.

Much tact is often required to elicit a confession from those suffering under the thralldom of the vice; for, unless the habit have been of long continuance, and the moral sense so seriously enfeebled that all feeling of shame is lost, the patient will often persist in denying the fact, although the indications of it are unmistakable. But even in such cases, it is well to avoid undue harshness with the patient; and it should be carefully remembered, that in many instances the sufferers are more objects of pity than of blame. For, though some commence the practice to gratify the craving for a narcotic which they find it inconvenient to satisfy with wine or spirits, in not a few the habit has crept upon them almost unconsciously, during the medicinal use of opiates to soothe pain, to remove sleeplessness, or to arrest protracted bowel-complaint. The risk of this evil should therefore be carefully borne in mind, for life-long misery has often been caused by undue laxity in the prescribing of opiates. A very striking example of this fact came under my notice lately in the person of a lady who suffered severely from obstinate diarrhoea. To check this, nothing availed except full opiates, the use of which was absolutely required for three weeks. Under this treatment, the bowel-complaint was at length restrained, and the severe colicky spasms ceased, but the appetite continued feeble, the digestion imperfect, the patient complained of shooting pains in the belly, there were nausea and sickness, extreme restlessness, irritability, and desponding discontent, frequent and exhausting perspirations, and disordered micturition. So urgent were these symptoms that much anxiety was felt, lest some obscure but serious organic disease was progressing, of which the diarrhoea had been merely an indication. I felt decidedly that the long continuance of the opium, in the patient's weakened state, was the cause of this unsatisfactory and perplexing state of things; but it required no little firmness, both with the patient and her friends, to convince them of this fact, and to induce her to abandon the only medicine which seemed to give relief. However, I insisted on the withdrawal of the opium; and, as soon as this was done, the state of the case became apparent. After a temporary but severe aggravation, which confirmed my diagnosis, the unfavourable symptoms quickly subsided, and the patient was soon restored to her normal state of bodily and mental health.

It has been frequently asserted that the habitual use of opium does not undermine the constitution, or materially shorten the duration of life, and that it may be persisted in for a considerable time without any very manifest injury to the bodily health. When the dose taken is small, and the quantity not augmented, and especially when the drug is used medicinally for the alleviation of some painful form of chronic disease, such may be the case. I had some time ago a very interesting exemplification of this fact brought under my notice. A medical practitioner, aged 67, had taken opium for forty-seven years, to relieve severe nervous asthma. He had taken as much as one ounce of laudanum daily. He occasionally omitted it for months, and once he did so for a whole year. When I last saw him, he was taking from two to three drachms of laudanum daily. His practice included a large amount of midwifery, and involved great fatigue. He took his food well, and, with the exception of a slight tendency to constipation, all his functions were performed healthily. He was well satisfied that the opium had

helped materially to subdue the asthma, and thus enabled him to sustain his laborious life. He could trace no injury whatever to this moderate use of it, under these circumstances. Such cases, however, are, to the best of my knowledge, quite exceptional, and we have only to follow the sad train of symptoms presented by the opium-eater, to feel that, as a rule, it not only renders life all but unendurable from mental suffering, but that it induces serious disorders of the assimilative and nervous systems. This is especially the case when alcoholic stimulants are added to the indulgence in opium.

It is, however, unnecessary to enter further into this question, upon which some difference of opinion exists, because my present purpose is strictly practical, viz., to direct your attention, first, to the train of symptoms which indicate the vice, and, secondly, to the plan of treatment which I have found most efficacious in relieving the sufferings, and in rescuing the patient from the habit.

The earliest manifestations of the indulgence occur in the nervous symptoms presented between the doses, when the influence of the drug has passed away. The patient then suffers from extreme depression, he is restless, peevish, often shows much childish impatience and fretfulness, nothing satisfies him, or gives him pleasure, he exhibits a singular incapacity of fixing the attention, or of taking an interest in the ordinary affairs of life. This condition of misery continues until relieved by a fresh dose, when the mind recovers its tone, the nervous system is tranquillised, and the sufferer luxuriates in a sense of returning happiness and enjoyment.

Should the habit proceed unchecked, it causes, sooner or later, a serious disturbance of the bodily functions; gnawing pains about the stomach and belly are complained of, the appetite fails, the liver becomes inactive, the tongue furred, the mouth dry, the thirst is troublesome, occasionally there is nausea, micturition is disturbed, and the bowels are constipated. The mind of the patient, sooner or later, becomes involved, the memory and judgment are enfeebled, and, whatever power of self-restraint the sufferer may originally have possessed, there is now little hope of his being able to exert it successfully to resist the indulgence.

The more advanced indications of the intemperate use of opium, such as complete anorexia, wasting, loss of strength, and imbecility of mind, are rarely witnessed in this country, as the quantity taken must be very considerable to produce these extreme results. Wonderful stories are told by travellers of the tolerance of opium among Eastern nations. Such cases rarely come under our notice here; they are, however, not altogether unknown. The clever and eccentric author, De Quincy, is said to have been in the habit of taking 320 grains of opium daily; and Coleridge, it is asserted, could take with impunity almost double that quantity. The case of a lady has come to my own knowledge, who for many years took morphia in large doses, sometimes to the almost incredible extent of one ounce daily. The amount and quality of the drug were determined by careful inquiry. The lady suffered in great severity from the symptoms already mentioned, and finally died of epilepsy, though still a young woman. In her case, epilepsy seemed to be the final result of the long continued poisoning of the nervous system, just as that disease so often closes the history of chronic lead-poisoning.

In detailing to you the plan of treatment which I have found successful in cases of opium-eating, the *first* point to which I would direct your attention as being of the greatest importance is, that the *sudden* suspension of the habit is infinitely more efficient and easier to the patient, than the *gradual* diminution of the dose; *secondly*, that the administration of large doses of phosphoric acid and lupuline materially helps the system in overcoming the immediate effects of the suspension of the drug, and in checking the craving for a further supply; and *thirdly*, that the use of zinc, iron, and quinine, in large doses, assists powerfully at a later period to restore the impaired health and strength of the patient.

Before, however, commencing treatment, I find it well to speak frankly to the patient, to warn him earnestly of his danger, and kindly to encourage him to a great effort and the endurance of considerable suffering with a view to an ultimate cure, which, without such effort on his part, is hopeless; in fact, to call forth, as far as is possible, an exercise of moral courage, which is of the last importance in this disease. When the character is thoroughly weak and self-indulgent, a permanent cure can scarcely be expected.

I feel certain that the sudden and complete suspension of the drug is less trying both to the physical and moral powers, than a gradual diminution of the quantity; because, after every dose (however small) the same reaction takes place, the physical and mental craving remains the same, the temptations to an occasional increase are so many, and the trial is so protracted and exhausting, that very few have the courage to persevere.

We know well that many persons can summon courage to undergo, with a kind of desperate determination, severe suffering for a short time, who could not sustain a protracted struggle against a lesser evil. Then, again, the serious functional disturbance is an assistance, from the very prostration it causes, and from the necessary treatment and surveillance while it lasts. Further, having passed through the ordeal, the system recovers completely its healthy tone, the physical craving is entirely removed, and the delicious sense of returning health is most grateful. These circumstances, combined with the gratifying conviction that a degrading habit is conquered, prove an additional protection against the recurrence of the vice.

This plan of suddenly suspending the opium was most ably enforced by Dr. Christison in 1850; but, so far as I have been able to learn, he has found few followers. I am quite aware that, in bad cases, the severity of the patient's sufferings, and the unequivocal tokens of mental and bodily prostration which he exhibits, have an alarming aspect, and demand no little fortitude on our part to adhere to the plan of abstinence, and to resist the importunities of the patient himself and of those in attendance. It is impossible for me to say that, under all circumstances, there is no risk of danger; but I can state, without hesitation, that in my experience, which includes some very aggravated examples, I have never had cause to depart from the rule of treatment indicated.

Having, therefore, put a stop at once to the indulgence, you must be prepared for a great increase in the mental as well as the bodily suffering of the patient. He is a prey to intense depression, he is sleepless, excessively irritable, full of alarms as to his condition, and will (unless he be a man of unusual strength of mind) pitifully implore you to allow him an opiate to relieve his distress, declaring, if refused, that his life is in danger. At the same time, he suffers much from pains in various parts of the body, but especially in the stomach and bowels; the pulse rises much in frequency—I have seen it as high as 120; the tongue is coated with white fur; there are unceasing thirst, and total loss of appetite; the bowels, which were formerly confined, are now much relaxed, and a state of diarrhoea is established; the skin softens, and finally, sweat pours from the surface.

In one of my patients, this occurred to such an extent, that his night-shirt and bed-linen had to be changed four times daily. Diaphoresis to this extent is, however, exceptional. At the same time there is marked diuresis, and frequent micturition. All the secreting organs, formerly dammed up, are now unloosed; thence one obvious reason of the unceasing thirst. In the severer cases of opium-eating, these symptoms may endure to a greater or less degree for nearly a week; but, in the milder forms, though the symptoms are similar, they last three or four days only. As they begin to subside, the tongue gradually cleans, the thirst diminishes, the appetite slowly returns, the diaphoresis and diuresis disappear; the pulse resumes its normal frequency, and becomes stronger; natural sleep supervenes; the mind recovers its tone; there is a gradual restoration of the bodily and mental functions to their normal standard, and the patient becomes conscious of a grateful sense of returning health and peace of mind, such as he has not known since he became an opium-eater.

Having interdicted all use of opium, and taken the necessary precautions against the patient procuring it surreptitiously, I prescribe the following.

R Acid phosphorici diluti 3 x; tincturæ lupulinæ (D.) ad 3 xxx. M. Of this two drachms are to be taken every four hours, one hour before food, in a large wineglassful of water. This helps to sustain the patient, lessens the force of his suffering, and shortens its duration.

All the strong bitter tonics have more or less the same action; but the lupuline, in conjunction with the phosphoric acid, in the form indicated, has appeared to me to be decidedly the most efficient. The dose may be either increased or lessened according to circumstances. If the wakefulness be very protracted, and is evidently becoming a serious cause of weakness, I give at bedtime the following draught.

R Tincturæ cannabæ mxxx ad lx; spiritus ætheris 3 i; aquæ sambuci ad 3 ss. M.

This is often followed by as happy a result as we obtain from opium itself in the very analogous condition of delirium tremens.

With regard to diet, the patient is directed to have at first milk and beef-tea alternately every four hours, and gradually, as the appetite improves, chicken, chops, etc., until the stomach can accept the ordinary diet. I also allow Carrara water, or toast and water, at pleasure. If there be very manifest signs of faintness, a little port wine or brandy should be given every four hours, one hour before the medicine; but, in ordinary cases, there is no need whatever for alcoholic stimulants, and their use is injurious, by keeping up irritation of the stomach, and delaying the recovery of the normal appetite.

The surface of the body should be frequently sponged with water, to

which a little nitro-muriatic acid has been added; and the clothing changed, so as to keep the surface dry.

When convalescence is established, the tonic regimen is strictly enforced—abundance of good food, pure air, and a daily sponge or shower-bath, cheerful exercise of both body and mind, and congenial society. This latter is very essential, for opium-eating is eminently a vice deepened by solitude.

As blood-tonics, zinc and iron render valuable service. They must be continued for at least a month, and may be given on alternate days.

R Zinci valerianatis gr. ij; quiniæ sulphatis gr. i; extracti lupuli q. s. M. Fiat pilula. One morning and evening, every second day.

R Syrupi ferri phosphatis 3 xiv; acidi phosphorici diluti ad 3 xx. M. Fiat mistura. One drachm in a wineglassful of water, immediately after dinner and supper every second day.

The pills and the mixture should be taken on alternate days. I have the conviction that, when they are given thus, more advantage is obtained than by giving first the zinc and then the iron for a fortnight continuously.

I will now give you the details of two cases, selected from amongst others, in illustration of the plan of treatment we have been considering.

Some time ago, a gentleman, aged about 34, applied to me for advice under the following circumstances. He had long suffered from both gout and syphilis. Some years before I saw him, the pericranium at the top of the head had been the seat of much pain, often intensified in severe paroxysms. To relieve his sufferings, he had long relied on opium. He acknowledged to having taken at one time, daily, twenty grains of morphia at a dose, usually in combination with a like quantity of extract of hyoscyamus. This dose often occasioned complete speechlessness, dim sight, and loss of power in the upper extremities, with inability to retain his urine, which dribbled from him. These symptoms would continue for about three hours, and gradually subside. It is a remarkable fact, which I am inclined to attribute to the hyoscyamus, that, notwithstanding this practice, the appetite at that time continued unimpaired. He had repeatedly striven to overcome the habit, with partial success; but the intensity of the pain in the head made the effort very difficult. When he placed himself under my care, he was taking one ounce of laudanum daily, and a large amount of brandy, in two separate morning and evening doses. His appetite was then very poor; nausea and vomiting were readily excited. The bowels were open twice daily; the stools were healthy. He had lost weight considerably during the last year, and he looked haggard and worn. In the intervals between the doses, and after the exhilarating effects had subsided, he suffered painfully from physical depression, and from an indescribable feeling of misery, restlessness, and irritability. I suspended the opium and stimulants at once; and, considering the patient's condition at the time, I must confess that the case gave me considerable anxiety. He became very weak; the circulation was enfeebled; there was frequent nausea and bilious vomiting; the tongue was coated with a white fur; the bowels were much relaxed, the stools in the first place being black and very offensive, but subsequently resuming their normal colour. There were severe griping in the belly, and pains and cramps of the legs. The urine, which was alkaline, was passed frequently and in large quantities. The skin softened, and the perspiration literally poured in streams from the surface. There was a good deal of tremor and restlessness, and at times he was delirious. The general plan of treatment which I have to-day indicated was pursued, with such modifications as the constitutional symptoms of the patient demanded, and with the most favourable result. On the fifth day, the sufferings began to subside; the tongue cleaned; the tremor and restlessness abated; healthy sleep returned; the pains subsided; the bowels became quieter; and the appetite improved. As convalescence progressed, the tonic regimen in all its details was enforced, embracing country air, freedom from anxiety, good food, and, in the way of medicine, iron, zinc, and strychnia. The patient's general health became much improved; and I have every reason to believe that, at all events for several years, he continued free from the vice of opium-eating.

In 1864, a lady solicited my advice, stating that she wished to be released from the habit of opium-eating, which she had commenced to obtain relief from uterine pain, of which she complained. She was not a person of much resolution, and what little moral courage she may have possessed had been weakened by continued anxiety. She had repeatedly tried to wean herself of the habit by a gradual diminution of the dose, but without success. Soon after I had commenced the treatment by stopping the use of the narcotic, she was in great distress, and implored me earnestly to allow her a small quantity to relieve her suffering. She had a sharp febrile attack, quick pulse, tongue furred, thirst, anorexia, and much sweating and purging. On the fourth day, these symptoms began to abate; and the tongue, appetite, and bowels recovered their healthy condition. On the restoration of a normal state of

health, the craving for the narcotic had ceased. I give you the details of this case as an illustration of the fact I have before stated, that to some persons a gradual weaning from the habit is almost impossible, the moral strength being too weak to resist the ever present temptation to indulgence.

REMARKS

ON THE

CASES ADMITTED INTO THE LONDON FEMALE LOCK HOSPITAL DURING THE YEAR 1867.

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At the present time, when the propriety of legislative measures for the diminution of venereal disease is beginning to attract the serious attention of the public, some particulars respecting the patients admitted into the Female Lock Hospital during the past year may not be without interest.

The hospital now contains one hundred and thirty beds, thirty of which are allotted to patients admitted in the ordinary way on their own voluntary application, this being the largest number which the funds of the hospital, derived from charitable contributions, enable the governors to support; while the remaining hundred are maintained by the Government, and are appropriated to patients sent from the military districts of Woolwich, Chatham, and Aldershot, after compulsory inspection under the Contagious Diseases Prevention Act. At the beginning of the year, only forty beds were retained by the War Office for this purpose; but the number was increased by degrees, till it reached one hundred in September, and will shortly be still further increased to one hundred and twenty.

The total number of cases admitted during the year was 877, of which 169 were ordinary, and 708 were government patients. The practice of the hospital has, therefore, afforded a good opportunity of comparing these two classes of cases, between which, it will be seen, there are several points of contrast, exemplifying the effect of inspection, or the want of it, on the character of the disease, which are well worthy of attention.

Of the ordinary patients, 158 have been discharged cured or materially relieved; two have died; and nine were still in the hospital when this return was made up (Jan. 31st). Of the two deaths, one was from pneumonia; the other was from a sloughing bubo in an old and broken-down workhouse patient. Of the government patients, all have left the hospital "free from contagious disease", with the exception of four, who were discharged on account of their being in an advanced stage of pregnancy, and two who were still in hospital on January 31st.

The period of residence averaged, on the whole number of cases, 34.5 days; but the average of the ordinary cases was 50 days, while that of the government cases did not exceed 31 days.

The cases may be separated into two principal subdivisions, headed syphilis and gonorrhœa; the former comprising all ulcers of the genital organs, indurated or otherwise, suppurating buboes, etc., together with all secondary or tertiary affections; the latter comprising uterine and vaginal discharges, warts, labial abscess, simple inflammatory swellings and excoriations of the labia, and their attendant non-virulent buboes. This division may not be free from scientific objection; but it seems practically the most convenient for the present purpose. The proportion which these two classes of disease bore to each other in the two sets of patients was strikingly different; syphilis accounting for 80 per cent. of the ordinary, but for not more than 41.5 per cent. of the government patients. The average stay in hospital of the syphilitic cases was, in the ordinary patients, fifty-three days; in the government patients, forty-one days. The stay of the gonorrhœal patients was, in the former, thirty-six days; in the latter, twenty-three days.

The syphilitic cases may be further divided into—

1. Primary syphilitic sores, more or less recently contracted, accompanied or not with suppurating bubo. Of these, there were 56 ordinary and 168 government cases, with an average residence in hospital of forty-nine and thirty-seven days respectively.

2. Chronic ulcerations of the genital organs, of long standing, and occurring for the most part in those who had long been leading a life of prostitution. Of these, there were 6 ordinary and 32 government cases, with an average residence of fifty-five and sixty-seven days respectively.

3. Secondary affections; viz., mucous tubercles, cutaneous eruptions, superficial ulcerations of mouth and fauces, iritis, etc. Of these, there were 54 ordinary and 77 government cases, with an average stay of fifty-six and thirty-seven days respectively.

4. Tertiary affections; viz., ulcerative skin-disease, deep ulcerations of the throat, affections of bone and periosteum, gummatous tumours, etc. Of these, there were 19 ordinary and 17 government cases, with an average stay in hospital of fifty-two and fifty-five days.

	Proportion per cent. of admitted cases.		Average number of days in hospital.	
	Ordinary patients.	Government patients.	Ordinary patients.	Government patients.
Syphilis	80	41.5	53	41
Gonorrhœa	20	58.5	36	23

Further analysis of the syphilitic cases.

	Proportion per cent.		Average number of days in hospital.	
	Ordinary patients.	Government patients.	Ordinary patients.	Government patients.
Recent primary sores	41.5	57.1	49	37
Chronic ulceration	4.5	10.9	55	69
Secondary disease	40.	26.2	56	37
Tertiary disease	14.	5.8	52	55

It seems tolerably clear, from the facts above stated, that venereal diseases in women subjected to compulsory inspection are so far less severe than in women applying voluntarily, that they require only an average of thirty-one days' hospital treatment for their cure; whereas the latter require the much longer period of fifty days. But the difference is really greater than this; for the ordinary patients frequently leave the hospital by their own wish when their severer symptoms have subsided, or are made out-patients, in order to make room for others, in consequence of the urgent demand for in-patient accommodation; while the government patients cannot leave, under penalty of imprisonment, until their surgeon certifies them as being perfectly free from contagious venereal disease.

It is also evident that, under a system of inspection, a very large number of women suffering from gonorrhœa—i. e., vaginal and uterine discharges—are isolated and placed under medical treatment, who, if left to themselves, would be pursuing their vocation, and spreading disease in all directions. Thus, of the government patients, 58½ per cent. were suffering from gonorrhœa, while of the others only 20 per cent. were so classified; and the latter were for the most part admitted in consequence of some complication, such as warts, excoriations, or inflammatory bubo, and consequently required an average of thirty-six days' treatment, instead of twenty-three days, which was found sufficient for the government cases. In the government cases, these complications were much less frequent—the majority of them being, with the exception of their discharge, in perfect health; and many were not aware that anything at all was the matter with them, until they were required by the police to submit themselves to examination. In fact, purulent discharges in the female are, as a rule, attended with so little pain or inconvenience, that the patient has but slight inducement to apply spontaneously for relief; or, if she does apply, she is treated as an out-patient, either by her own choice, or in consequence of the paucity of in-patient hospital accommodation. On the other hand, the much greater severity of gonorrhœa and its complications in the male render it of the greatest importance that females suffering from this form of disease should be discovered at an early period, and not only be subjected to proper treatment, but be prevented from doing mischief while their treatment is going on.

Further, by an analysis of the syphilitic cases, it will be seen that recent primary ulcers formed a larger proportion of the government than of the ordinary cases, constituting 57 per cent. of the syphilitic admissions in the one, against 41 per cent. in the other class. With respect to constitutional syphilis, on the other hand, the preponderance was largely the other way; secondary disease forming in the ordinary patients 40 per cent. of the syphilitic cases, as compared with 26.2; and tertiary disease 14 per cent., as compared with 5.8.

The primary sores were decidedly milder in character in the government than in the other patients. This is sufficiently evidenced by the shorter period required for their cure—viz., an average of thirty-seven days, as compared with forty-nine. It is also especially worthy of remark, that phagedæna, a complication arising for the most part from destitution or neglect of treatment, has been rare in the government wards; while in the general wards it has not only been more frequent, but also much more severe, and in one instance fatal. Suppurating buboes, again, have been much less frequent in the government than in the other patients.

With respect to the chronic ulcerations of the genitals, which I have separated from ordinary primary sores, these occurred more frequently in the government than in the other patients, in the proportion of 10.9 to 4.5 per cent. Cases of this kind were an exception to the general rule, in being more severe in the government than in the other patients, occupying sixty-seven days, as compared with fifty-five days, for their treatment. They were characterised by extensive ulcerations about the