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MORPHINISM AMONG PHYSICIANS

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MORPHINISM AMONG PHYSICIANS.¹

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IN 1890 I was appointed chairman of a committee to collect and study statistics of the prevalence of alcohol and opium inebriety. During this interval of nine years a large number of statistical observations and data have been gathered. From these facts I present a preliminary report confined exclusively to the study of morphinism among physicians. I shall give conclusions rather than tables, and general facts rather than exhaustive studies. These data came almost exclusively from physicians who were requested to ascertain the number of medical men of their acquaintance and vicinity who used alcohol and opium, also to give a percentage of the whole number.

In this way a history of thirty-two hundred and forty-four physicians residing in the Eastern, Middle, and some of the cities of the Western States was obtained, of whom twenty-one per cent. were found using spirits or opium to excess. Six per cent. of this number used morphine or opium persistently. Ten per cent. were using opium or other drugs secretly outside of this number. Over twenty per cent., including this number, used spirits in so-called moderation. In another study of one hundred and seventy physicians, seven per cent. used opium or morphine, and six per cent. were secret drug takers. From the personal observation of a number of city physicians who have a large acquaintance with medical men, from eight to

¹ Read at the meeting of the New York State Medical Association, October 25, 1899.

ten per cent. were found to be either secret or open drug and morphine habitués.

These figures appear to be approximately correct, and show that from six to ten per cent. in this country are opium inebriates. This is considered a conservative statement, considering the fact that drug takers, and physicians in particular, are secretive and conceal their use of drugs, especially when it implies weakness and reflects on their social standing.

There are many reasons for the support of the statement of Dr. Elain that a large percentage of physicians suffer and die from drug treatment of themselves. They begin to use spirits, opium, and other drugs for functional and transient disturbances, and later contract serious organic disease, the early drug-taking having been a contributing cause. A physician who in middle life is excessively neurotic and neurasthenic, or who is rheumatic, has organic heart disease or neuritis, or chronic gastritis, is often suffering from the results of excessive spirit or drug taking in early life. The early user of morphine, chloral, cocaine, and other drugs of this class, who after a time stops all use of them, suffers later from varied and complex neuroses. In the same way the spirit drinker finds in later life serious organic diseases springing up without any apparent cause. In reality they are traceable to the poisonous effects of drug taking early in life, although a period of abstinence may have intervened. Such cases are not uncommon, and occur in persons by whom this drug taking is concealed to a large extent. There is no doubt a great deal of invalidism, diseases, and failures among medical men that are due directly or indirectly to secret drug taking. Morphine among physicians is usually associated with the use of the drug by the needle. Opium in the tincture and gum is also used, but less prominently. The effects are the same, only varying in intensity and rapidity. The opium users are often alcoholic inebriates switched

on to a parallel road. After a period of so-called moderate or excessive use of beer, wine, or strong spirits, either secretly or openly, they turn to the tincture or powdered opium. From this time their career is one of progressive organic degeneration. The tendency is toward imbecility, and, although they may be active for years, a low form of invalidism follows, and acute, fatal inflammations are always impending.

The physician who uses opium is always somnolent, serene, and meditative in manner. Except an increasingly defective memory and degenerating ethical sense, and irregularities of conduct, with a certain lividity of face, there is little to indicate his condition.

On the other hand, the morphinomaniac shows great extremes of emotion. At times he will be talkative, and sensitive to his surroundings; then silent, indifferent, irritable, or violent in his impulses and talk. He will at times be very brilliant, make a clear diagnosis, perform a difficult operation, and even deliver a lecture with spirit and energy. The same impaired memory and ethical sense appear, although more concealed.

Morphinomania tends toward acute mania and suicide, with the same impending acute inflammations. A certain number of morphinists have been wine, beer, and spirit drinkers, and while suffering from the effects of excesses have found quick relief from morphine. Later they have in part or altogether given up spirit and used morphine. Periodical drinkers not infrequently find the same relief from morphine and use it to break up the drink storm or lessen its effects. They begin at intervals to use morphine and continue it steadily. Another class suffer from some neuralgic affection or spasmodic pain, for which morphine gives instant relief, and use it afterward as a specific remedy. A class quite as numerous find in morphine a supposed stimulant when exhausted, but in reality a narcotic which covers up the protests of nature. They

continue its use until it is difficult to stop. Insomnia, strains, and drains, and all the complex symptoms of exhaustion and poisoning, find most fascinating relief in using morphine by the needle.

Morphinism is clearly built up from a foundation of neurasthenia, anæmia, hyperæmia, and from hereditary nerve defects; also from drug taking and intoxicants, nutrient derangements, and the complex injuries to the nerve centres. To this are added the varicous disturbances which come from irregularities of life and living and from the nerve shocks of failures, successes, and emotional strains. Following these states are both physical and psychical pains, brain and nerve perturbations, muscular and organic weariness, with depressions. For these the needle is a panacea.

There is a painful fascination in the rapid, complete change and transition which follow the needle. To the psychopath, inherited or acquired, this is a revelation, and no other form of administering morphine can be compared with it. This actually develops a needle mania, and nearly all morphinists are hypodermatic maniacs. The withdrawal of the morphine is unnoticed as long as the needle is used. In a certain case, a physician used the needle with water, supposing it to be morphine, for two years after the withdrawal of the drug, under the direction of his partner.

It is the common experience to keep up the use of the needle for its mental effect long after the morphine is abandoned. Even then it is difficult to break up the mania for this form of drug using. It has been stated, with some basis of fact, that the constant administration of drugs by the needle, and particularly morphine, is a prominent symptom of a morphinomanic physician. The observation is often made that some of the most enthusiastic defenders of the use of morphine by the needle were confirmed users of the drug. Two therapists and authors who praised this form of medication died from the excessive use of the

drug. Thus the needle delusionist is often his own doctor and patient. This is true of other drugs, in which the physician's personal experience is reflected in his enthusiastic use of the same drug upon his patients.

The medical morphinist may succeed in concealing his use of morphine for a variable time, but its effects on his thoughts and conduct cannot be long covered. He will early begin to show carelessness in conduct, neglect of duty, loss of personal respect, and emotional changes. Along with this appear a childish egotism and a disposition to criticise and to expose the weaknesses of others. A recent incident of this nature was the sudden slanderous disposition manifested by a quiet physician, who was previously reticent as to the faults of others. For two years he created a good deal of bad feeling by his foolish criticisms and falsehoods. He was arrested for slander, and his morphinism was discovered. The egotism grows, and becomes a veritable delusion that his condition is concealed and unknown to others.

In some cases intense aversion exists to acknowledging the fact of using morphine, and keen pleasure in concealing and denying its use. This low regard for the truth is an ethical defect common to nearly all cases of morphinism. It usually is childish and apparent, but often extremely subtle and cunning. In most cases it applies to all the relations of life; in others it is partial, and confined to the morphine addiction. It shows the damage to the sensory and reasoning centres as well as the effect on the higher psychical brain. The defect also grows, and the danger of his condition is minimized, while his ability to stop and to treat himself increases in his own opinion. Credulity alternated with distrust follow each other, and at one time a good physician will accept and use secret drugs, and do many unreasoning things. Later, he will doubt everything, and be suspicious of every condition of his surroundings and his relations

to them. This erratic conduct will be seen in his indorsement of new and strange theories. His former politics and religious views will change, and he will show distrust, and deceive his nearest friends. He will make strange acquaintances, write eccentric papers for the journals, or read them to the local society. A study of papers in medical journals will show the writing of concealed morphinomaniacs and cocaine takers. The one will be startling, inconsistent, and assertive; the other will be a continuous, monotonous flow of words, pointing in every direction, and never ending. A voluminous medical writer under my care for morphinism has never written a line since his recovery. Before, he wrote from one to two papers a week, and read them before all the societies in his neighborhood. Often morphine and opium are the subjects of their writings, and while they may read voluminously on this subject, they write strangely and erratically. The proportions are distorted. Insignificant parts of the subject are exaggerated, and central truths minimized.

Morphinists are also prominent as writers on several topics in medicine, and report extraordinary gynaecological cases and many startling conclusions. In their personal intercourse they are boastful, and have marvellous experiences, and lead all others in business and mental activity. With these mental changes there is increasing abruptness and coarseness of manners and language, and neglect of personal appearance. The untruthfulness merges into deceit and dishonesty and often senseless stealing. There is increasing suspicion and distrust. Physically, there is general anæmia, with digestive disturbances, and neuralgias, both general and local, are prominent.

After a time the medical morphinist will accede to the pressure of friends and try to stop its use. He may succeed, but soon relapses. Then he will try again with the same results. Or he will turn to spirits

or other drugs, and after a time give them up, only to return to morphine. All sorts of plans and specific remedies are tried, but all fail. The gradual reduction, extending over months, ends in disgust and a return to large doses. All this experience increases his egotism and confidence in his ability to escape by his own powers, if he can only have his own way and control the conditions. Finally, after trying various means and measures, he consents to go to an institution for legitimate treatment. He is either skeptical and suspicious, and secretes morphine in his clothes for emergencies; or he is credulous, and has exaggerated notions that the morphine can be taken away without the slightest discomfort, or even without his knowledge or without his feeling it.

Such have a fixed conviction of mental strength equal or superior to others regarding the use of morphine, particularly from experience enabling them to decide on the measures and means for successful treatment. Like many alcoholists, they assume superior knowledge of their own case and how they should be treated, and constantly review their own symptoms and reason out the means for successful treatment. As the symptoms change, the diagnosis and treatment should change; the result is that they soon become disappointed or dissatisfied, and secrete morphine for possible emergencies of the future, or go away condemning the asylum and its management for their failures. In this way the deceptive egotism and secretiveness, with delusional reasoning, make the medical morphinist a most difficult patient to treat.

The removal of the morphine and the restoration of the functional derangements are practically simple with the full control of the patient and his surroundings. The treatment and after-care require far more skill and tax on our therapeutic resources. The abandonment of the needle at the start, and the change to some other form of opium or other narcotic to lessen

the acuteness of the withdrawal symptoms, then the slow or rapid withdrawal of the drug, are the most practical means. The hot-air bath with massage daily, and more frequently if necessary, is the most valuable. Strychnine, acids, and some of the bitter tonics are useful. The bromides of sodium, cannabis indica, hyoscyamine, and the milder sedatives, such as valerian and lupulin, may all be used to relieve the acuteness of the withdrawal symptoms.

The mental effect of remedies and efforts are often more effective than in any other disturbance, and constitute a very important means of treatment. The power of suggestion, and faith in certain drugs, will overcome the most distressing symptoms. An unknown drug has often broken up the insomnia and the reflex disturbances. One of the specific opium drugs, which has brought great wealth to the proprietor, contains only lupulin and acid, but is given with great minuteness of direction, and sustained by a large book of most extravagant certificates of former cures.

A boisterous, emphatic clergyman impressed a morphinist doctor that he would be lost if he did not give up morphine at once. He went to bed, and from the dominance of this idea overcame all the common symptoms, and made a good recovery. A physician under my care, on the eve of marriage, gave up at once the use of ten grains of morphine daily, and had none of the common after-symptoms from some mind effect. The hypersensitiveness, both mental and physical, requires mental means in the treatment as well as exact surroundings and exact care.

The medical morphinist is dangerous to himself and to others, and should place himself under treatment at once. It is folly to attempt to do this at home and under his own care. He may succeed in withdrawing the drug; but relapse will be certain, and the failure will leave him worse than before. He should go under the care of some one in whom he has confi-

dence, where special surroundings and special means can be used, and where the work of recovery can be made exclusive. Then he should give up all ideas of self-treatment, and trust to others without question or doubt. The morphine can be removed in a few days, and then the real treatment will begin; and this can be carried on in lines familiar to the patient, and with his full co-operation. The morphinist will discover the damage done to his system only when the drug is removed, and with a good adviser may do much permanently to repair it and be a healthy man in the future. As in other cases, permanent restoration depends upon an early recognition of his trouble, and the prompt use of exact means under the control of the best men, in the best surroundings, carried on for a sufficient length of time to insure permanent results. Particularly the causes for the using of the morphine must be removed.

I cannot stop without calling attention to the fact that morphinism is increasing among physicians. The reports from private asylums and public hospitals show that within five years medical men form a considerable part of their inmates. Specialists of nervous diseases sustain the same fact. The young and the middle-aged men are the most common victims. Often they are from that class of delusional therapeutists who want to prove everything by personal experience, or who have exalted conceptions of the power of drugs, and believe that researches in that direction will open the road to a physical millennium.

Perhaps morphinism among physicians is rather a sign of the stress and nervous strain in the world incident to civilization, or common to the overcrowding and overwork demanded of the successful man. At all events it is one of the most fascinating and serious modern diseases which can come to the professional man. Teachers of therapeutics by their graphic descriptions have roused a morbid curiosity which has been fatal to the student in after-life. I have collected a number

of instances of this kind, showing that the danger of making morphinists in this way is not only possible but is a reality to an unknown extent.

I conclude with a caution which cannot be stated in words too strongly: Never use morphine by the needle on yourself, and never use it except by the counsel of a trusted medical adviser. Never give morphine to a neurotic or psychopathic physician until you are satisfied that it is the best remedy that can be used. If you are using morphine, abandon it at once, or make every effort to do so at the earliest moment.