

The Drug Panic

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It is a long while since I was at school, and I may have forgotten some things, but I remember well that I was taught there to beware of a certain type of fallacy called *non distributio medii*; and this fallacy is at the base of all the recent most baneful, most mischievous, most wasteful and most insolent legislation which we see on all hands, but nowhere more than in the matter of such follies as the Dangerous Drugs Act.

The present writer agrees entirely with the thesis expounded by a New York Specialist in the June issue of *The English Review*. In this matter of the Dangerous Drugs Act Parliament seems to have been inspired by ignorance made deeper by the wildest ravings of that class of newspaper which aspires to thrill its readers—if reading it can be called—with blood-curdling horrors.

And here is where the fallacy I mentioned comes in. We are all laudably busy in "cleaning up" Sin in its hydra-headed and Protean forms. Very good: we hear that a woman abuses morphine, or a man goes mad and destroys his family with an axe.

We then argue that as the morphine and the axe can injure society, it must be made as difficult as possible for any one to buy these engines of atrocity. No! we do not do so in the case of the axe, because it is obvious to everybody that there is a large class of very poor men whose livelihood would be taken away if they could not get axes.

Then why does not the same argument apply in the case of the morphine? Because the public is ignorant of the existence of "a large class of very poor men" who

would die or go insane if morphine were withheld from them.

Bronchitis and asthma, in particular, are extremely common among the lower classes, in consequence of exposure, bad air, and other insanitary conditions. One of my own patients is a most brilliant exponent of electrical science, endowed with a creative genius which would have enriched the world in a thousand ways had he not been hampered all his life by spasmodic asthma. This man cannot live and work at all unless he has a supply of heroin in case he is seized by a spasm. His ill-health had prevented him amassing a fortune; he is, in fact, extremely poor. Now what is the effect of the Dangerous Drugs Act on him—and he is only one of probably 100,000 similar cases in these islands? Only this—that he must trudge round constantly to his doctor to obtain a new prescription: this means time and money which he can ill afford. Also, it might mean danger to his life, if he happened to forget his supply of the drug, and were seized with an attack; for he could hardly explain—in the violence of the paroxysm—to a chance-summoned doctor that heroin, and heroin alone, would relieve him.

Nor does the mischief end here. (It is, to begin with, infernally un-English and unsportsmanlike to spy upon professional men, the pharmacist as well as the doctor.) All prescriptions for dangerous drugs are retained by the dispenser. He can obtain drugs as he requires them from the wholesale houses, and the transfer must be reported to the Central Spy Station. Detective-inspectors then drop in at all hours on the pharmacist, weigh what he has in stock, and see if the amount dispensed tallies with the amount prescribed. Woe to the wight who cannot account for the eighth of a grain! (It is not my business, but it is very much the business of the public, to inquire into the cost of conducting this elaborate infamy.)

And this microscopical meddling with reputable and responsible druggists, while the stuff is being sold all over England in wholesale quantities!

But it does not stop here, even. The spies note the quantities prescribed by each physician, and sherlock him home. The statistics show that Dr Black had prescribed 2 ounces 3 pennyweights 1 scruple and $2\frac{3}{8}$ grains of morphia during the last month, while Dr White has only prescribed $4\frac{1}{6}$ grains in the same period. As Dr White happens to be a kidney, and Dr Black a cancer, specialist, the anomaly is not so remarkable as it appears to Inspector Smellemout, who has no knowledge of medicine whatever, and cares for nothing but the pleasures of bullying and the hopes of promotion. So he goes to Dr Black, and warns him! The D. D. Act has nothing before its eyes but a (largely imaginary) class of "addicts." Dr Black is suspected of selling prescriptions to people who are not in real need of the drug. In America, traps are laid for doctors. A detective, usually a "lady," goes to the doctor with a false story of symptoms read up for the purpose from a medical book. She not improbably adds to the effect by shameless seduction; and if she gets the prescription, one way or another, the unhappy doctor is "railroaded" to jail. We have not reached that height of civilization in England as yet; but we have only to keep on going!

Now what is the effect on Dr Black? He has been, we may suppose, established as a physician, with perhaps an appointment at a leading hospital, for the past thirty years. He has found it necessary to prescribe constantly increasing doses of morphia—as the only palliative—in hopeless cases of cancer. And now an inspector who doesn't know his toe from his tibia is sitting opposite to him, notebook in hand, browbeating him. "Do you mean to tell me that after prescribing morphia daily to Miss Grey for nearly eleven years she has not become an addict?" And so on.¹ Of course she is an addict, as much

* A really self-respecting doctor would simply call his servants, tell them "Throw this gentleman out," and fight the matter in the Courts to the death. Alas! that so few of us can afford the luxury of self-respect; we have too often the spectre of wife and children at our ears, whispering "Compromise! Lie low!"

as we ourselves are addicted to breathing—stop it for one brief hour, and death often ensues! Strange! No law about it yet, either—shameful!

The upshot of the Inspector's visit is to make Dr Black try to prescribe less morphia. In other words, the law tries to compel him, under pain of the possible loss of his reputation or even of his diploma, to violate his oath as a physician to use his judgment and experience for his patients' benefit.

And meanwhile, Dr White, that good man, who prescribes so little morphia, has an even better brother, Dr Snow White, who never prescribes it at all, but, being highly esteemed as a consultant, is often sent for in difficult cases by Continental physicians, and returns to England with a few pounds of various "Dangerous Drugs" safely bestowed and sells them discreetly at enormous prices to his exclusive clientele of "fast" or "ultra-smart" people about town.

My colleague from New York was a thousand times right to insist that the whole question is one of moral education. And what does the D. D. Act actually do? It sets at naught the moral education which no self-respecting physician or even pharmacist can have failed to acquire during his training in science. The Legislature deliberately determines to distrust the very people who are legally responsible for the physical well-being of the nation, and puts them under the thumb of the police, as if they were potential criminals. It makes a diploma waste paper. It drives the patient into the hands of the quack and the peddler of drugs.

Nobody in England—or America either for that matter—seems to have the remotest idea of the enormity of public ignorance. Compulsory education has made every noodle the peer of the greatest knowers and thinkers—in his own estimation. The really educated classes have lost their prestige. The public imagines itself entitled to pronounce with authority on questions which the experts hold most debatable. Yet instead of

"education" having leveled the community, knowledge has advanced so rapidly in so many directions that the specialist has been forced to specialize still further. The gap between (say) the Professor of Organic Chemistry and the yokel is vastly greater than it was in 1872. But the specialist is distrusted more and more, even in England. In America he is not only distrusted, he is hated. There is an epidemic of witch-finding, one is tempted to say. If democracy is to mean that intellectual superiority is a police offence, there seems no reason for not adopting the Bulshevik theories at once. And there is certainly no difficulty in understanding why democracies have in the past invariably led to the extinction of the nations which adopted them. The whole essence of Evolution is to let the best man win: yet our recent theory seems to be that the best man, the "sport," is necessarily a danger to society. The English Constitution is based upon a hierarchical principle; men are to be tested in every respect, and those who succeed are entrusted with power, while the weakest must go to the wall, as Nature intends and insists that they shall. But now, apparently with the charitable design of ensuring that none but the weakest, physically and morally, shall propagate their kind, we send our best men into a type of warfare where neither courage nor intelligence can be of the slightest avail; we make politics impossible for men of high principle or decent feeling; and we end by telling those who have risked their lives time and again in the pursuit of that knowledge which will enable us to prepare a stronger and cleaner race of men for the future that they are not to be trusted to prescribe for their own patients!

We are patient, we physicians, we warriors in an age-long battle against disease, ninety-five per cent. of which is the direct result of ignorance, vice, and stupidity; that is perhaps why we remain quiet under the foul and senseless insult of the Dangerous Drugs Act.

But the inhibition acts in another way. Already, just as the best representatives of English life refuse to go

into politics, we see that the best qualified men and women refuse to be subjected to the ignominy inseparable from the profession of teaching.

Those who are already in the mire prefer to stay there, or feel that there is no way out. But they warn the newcomer against entering.

Similarly, if the prestige of the pharmacist is to go, he will be forced to earn his living as he does in America by opening ice-cream-soda fountains and similar undignified methods of compensating himself for the self-respect which insane legislation has torn from him; and the medical profession will be filled by men who have no true love of knowledge or pity for humanity, but are in a hurry to put up a brass plate, and push their way to the front.

A story to end! The *reductio ad absurdum*—pray pardon the undemocratic phrase—is given by the case of the University of—, one of our six most prominent Universities.

This body ran out of its supply of cocaine; a small quantity was urgently required for research work. Application was made in due form.

It was refused.

Correspondence.

Cross-correspondence.

Counter-cross-correspondence.

Affidavits.

Files.

Dockets.

Pleas.

Cross-pleas.

Etc., etc., etc., for all the world like "a jolly chapter of Rabelais."

The matter eventually reached the Privy Council!!!

It was refused. More correspondence.

Cross-correspondence.

. . . *Etc.* as before.

The Scientific Research Society took up the matter on behalf of the University. *More* correspondence, *etc.*—and there the affair still is. But think of what might have happened! Imagine all those old professors solemnly sitting round their board-table sniffing cocaine in the hope of One Last Jag! And they could have sent a boy to Switzerland and got all they wanted in three days.