THE DOPE EVIL

1. From a Reformer’s Point of View.
   By J. Frank Chase, Secretary of The New England Watch and Ward Society.

2. From a Physician’s Point of View.
   By Dr. Wm. F. Boos, Expert Toxicologist, Massachusetts General Hospital, Boston, Mass.

3. From a Statistician’s Point of View.
   By Lyman F. Kebler, M.S., M.D., Chief of the Drug Division, Bureau of Chemistry, Department of Agriculture, Washington, D.C.
Introduction.

A group of earnest social workers of Chicago, in fighting the awful conditions of white slavery found there, started in motion forces which have placed upon the law books of many states of the Union, statutes which have been efficient in combating that evil.

A group of earnest people in Boston have brought to light the frightful conditions which have resulted from inattention to the spread of the use of habit-forming drugs. It is their earnest hope that their experience may be fruitful in placing upon the statute books of all states of New England at least laws which shall be effective in properly regulating the sale of these dangerous drugs and in suppressing their illegal sale.

Chicago was probably no worse off with respect to white slavery than many other American cities, but it bravely confessed its sins and "brought forth works meet for repentance," Boston was no worse off in regard to the dope evil than any other American city of its size, but it has had at hand efficient means for finding out about it and having learned the truth, it has a duty to warn others. All persons who have the interest of their fellow men at heart will welcome the information contained herein, not because it is exhaustive, but because it deals with a subject about which one cannot learn except he go to the depths.

J. Frank Chase,
Secretary.
I. From a Reformer's Point of View,
by J. Frank Chase, Secretary of
The New England Watch and
Ward Society, 67 Milk St., Bos-
ton, Mass.

Some one has said that this is the age of steam and electricity, and to succeed today, one must work like a steam en-
gine and think like lightning. It is per-
haps the stress of the times which may account for the drug vice, the fight against which has occupied so much of the activity of this Society during the last three years. Since July 28, 1909, of-
icers of this Society have taken into court and convicted 178 persons for the illegal sale and distribution of the hyp-
notic drugs,—opium, cocaine, morphine, heroin and hasheesh. The aggregate fines imposed by the courts in these cases total about $5000 and the time sentences about 200 months in the House of Cor-
rection. In one of our largest day's work during the past year, officers of this Society swore out warrants on 27 complaints for illegal sales of cocaine and morphine against 17 offenders. Of these, 14 were arrested and 3 escaped from the city. Of the 14, 13 were found guilty and sentenced to terms of from 3 to 8 months each in the House of Cor-
rection.

I propose to consider some phases of this dope vice. I do not like that word "dope" any more than you do. It carries with it an objectionable atmosphere and
makes one feel uneasy at the sound. I have spent many hours and much labor to ascertain its respectability, and I find that it is given in our best modern dictionaries as a word in good usage. The objectionable atmosphere of it comes from the fact that it pictures to us one of the ugliest facts of our modern city life. It takes its place along with the words “graft,” “bucket shop” and “obscenity” as words which we hate, but must sometimes use. There is no vice in the whole category which is so insidious, so tenacious and so deadly, as that of the dope habit.

*It is insidious* because the habit is often so unwittingly acquired.

In my judgment few persons would knowingly and voluntarily let this habit get fastened upon them if they realized the awfulness of its consequences. I am not free to relate conversations which I have had with men very prominent in public life who have told me how they began the use of these drugs, as a medicine, while ignorant of their effect, and how they were awakened, before their habit had completed its hold upon them, to the fact that they were almost within its grasp, and in freeing themselves from its hold they realized the truth of the words, “Habits are soon assumed, but when we strive to strip them off, 'tis being flayed alive.” Scientists have told us that when visiting new regions, they have sometimes found themselves walking in soft yielding sands and gradu-
ally sinking deeper and deeper, when the warning suddenly reached them, "This is quicksand," and by good fortune they were able to turn back before the sand had drawn them down to inescapable destruction. The hypnotic drugs are merciless quicksands. In the early stages of the drug habit, one can perhaps turn back and escape, but in its later stages, escape is well-nigh impossible.

When the late Dr. Harrington of the State Board of Health sounded the alarm about cocaine, it was being distributed on the doorsteps of our homes in sample phials in the form of catarrh cure. The instruction upon the phials was to "sniff it as often as the irritation of catarrh occurred." This could result in only one thing,—to make the user a cocaine fiend in an incredibly short time. How many thus acquired the habit will never be known, but it is safe to say that the use of this drug as a catarrh cure is responsible for the sudden and large increase in the cocaine habit which afflicts the community to-day. This distribution of the drug answers the question which is so often asked, "How did the habit come to exist in our midst?"

Of course this entrance to the habit has now been closed by law, but no law can snatch the victims from their unfortunate position. When a vice is started in a community it spreads like the forest fire and it is a fight of years to control it. As the fire burns down into the peat bog, and, when to all appearances it is
extinguished, it will break out again in unexpected places,—so, let a man or woman become corrupt and they are affected for life and become a problem not for days or months but for years. Their corruption infects others. To-day the vice of hypnotic drugs is being passed on from one to another much as tuberculosis is being spread.

Therefore the most wholesome warning I can give concerns the influence of bad companions, for bad companions explain the spread of the habit in our city at the present time. During the past year we have seen boys from respectable homes in the suburbs made victims of these dread habits in the space of a few months by nightly visits to the city. Though arriving at home in good season, they were in the early part of the night associating with pickpockets, immoral women and drug fiends. It is therefore of the greatest importance that parents should know with whom their boys are associating, and teach them to shun bad companions as they would shun lepers.

In the second place, this habit is tenacious. Dante in his great poem, "The Inferno," pictures hell as a place over the entrance to which is written the words *Lasciate ogni speranza ch'entrare qui*, and the motto "Leave all hope behind, ye who enter here" is the truest inscription which could be placed over the doors of the dope den.

There is no vice in the whole list
which so absolutely destroys both body and soul as the vice of dope. In a short time, it leaves only the devil of a man or woman behind,—I was going to say only the ghost of a man or woman but that is not true, for it magnifies all the evil tendencies of a person's nature and changes him almost into an incarnate devil.

When we first commenced our fight against users of these drugs in this city, we arrested at one time 19 persons who were users as well as peddlers of this drug cocaine. By keeping track of them for one year's time, we learned that during the year one had been convicted of murder in the second degree, one had been convicted of robbery, one had died from his drug habit and seven had served during the year over six months' time each in the House of Correction. Thus over 50 per cent had been practically ruined and made burdens on the community for the rest of their lives. At the end of the second year, of the original 19 all but two were serving sentences in jail, and those two had just been released from a penal institution.

There is hope in some of the other sad facts of life, but there is very little in this. We entered with a search warrant a dope den in our city some time ago and found there a young white woman who was chained with an iron collar about her neck. This collar was soon unlocked and the shackles soon struck off
from her body, but she was still bound in a far worse slavery,—she had become a dope fiend. Since then we have been fighting to release her from this drug bondage, and the last I knew of her she was confined at the Sherborn Reformatory as the only remaining means of releasing her from the relentless chains of the drug habit.

*In the third place, dope is deadly.*

It emaciates the body and leaves it a prey to disease. I am not talking of what I have read but of what I have seen. I have seen a young man of 22 reduced in two months’ time from 186 pounds to 126, and another of 20 years from 150 to 102 pounds. The loss of from 40 to 80 pounds of flesh is a common result of the habitual use of cocaine. This emaciation weakens the body and leaves it particularly susceptible to such diseases as tuberculosis, Bright’s disease, neurasthenia, and all the pack of wolf diseases which quickly attacks the dope fiend.

I have known of seven young men in the past year who have died in the agonies of the drug deliriums, housed in the garrets of cheap lodging places.

And as allied to this emaciation of body is the tendency of some of these drugs to produce blindness. This is especially the characteristic of the drug heroin. Heroin is a product of opium. Morphine, the main constituent of opium, is treated with acetic acid and its hydrogen replaced by the acetyl radical making acetyl ester of morphine or dia-
cetylomorphine. This makes a drug which is much more powerful than mor-
phine and one which can be applied as an errhine or snuff similar to cocaine.
Since the fight has reduced the suppl-
of cocaine in the city, dope users have
turned to this, and as this drug is not
so well known we find apothecaries who
would not sell cocaine who are selling
heroin apparently quite freely. This
drug is on the firing line to-day.
We must show it up and beat it down
for humanity's sake.
I have known of two women who
have been sent to insane hospitals dur-
ing the past year who were rendered by
this drug so blind that they could
scarcely see their hands before their
faces. They had contracted the habit
unwittingly by heroin prescribed origi-
inally by physicians, but secretly in-
dulged in thereafter. I know of a drug-
gist who has paid the husband of one
of these women $2,500 damages rather
than defend a civil suit which had been
brought against him by the husband for
$10,000 for damages to his wife.
The physical ravages of these habits
are awful to contemplate, but dope also
dethrones the reason. It is a significant
fact that the state now commits habitual
users of hypnotic drugs to our insane
hospitals and asylums, and this is far
more frequent than is generally sup-
posed. I have seen in Boston a queenly
woman whose mind has been trained and
cultivated who when not under the in-
fluence of these drugs was a perfect lady, rendered a maudlin maniac, filthy in body, shattered in nerves, clothed in rags, carried out from a lodging house by court officers shrieking, "Give me a hypo, I want a hypo."

And worst of all this habit demoralizes the soul. Shakespeare has eulogized man at his best when he wrote:—

"What a piece of work is man! How noble in reason,
How infinite in faculty! In form and moving how express and admirable.
In action how like an angel, in apprehension how like a God!"

Kipling has described the ruin to which this human being can fall, in language which makes us feel the depth and degradation of it all,—

"A rag and a bone and a hank of hair,
We call her the woman who didn't care,
The fool, he called her his lady fair."

From Shakespeare's man to Kipling's "Vampire" is the measure of the depth of degradation of soul that dope produces. Dope means the evisceration of character, the emasculation of will power, the depletion of courage, the disintegration of purpose and the collapse of manhood.

And what shall we say of the misery of it all. De Quincy, in his "Confessions of an English Opium Eater," out of the agony of his experience with laudanum, wrote of "Levana and Our Ladies of
Sorrow.” These ladies of sorrow he called:—

Mater Lachrymarum—Our Lady of Tears,
Mater Suspiriorum—Our Lady of Sighs,
Mater Tenebrarum—Our Lady of Darkness.

All this was but a picture of the miseries produced by opium.

When the Roman Empire was overrun by the Goths and Vandals centuries ago, an awful destruction of its works of art,—the accumulation of ages of industry on the part of the great architects and painters and sculptors of the preceding ages,—marked the progress of the invading barbarians wherever they marched. With mace and axe, with spur and battering ram, they defaced, desecrated and demolished the choicest buildings, the noblest pictures and the most splendid statues. Their march through Italy was made memorable by the appalling work of destruction which attended every foot of their journey. Cathedrals were sacked, art galleries were pillaged, museums were destroyed and the most beautiful sculptures were broken in pieces with ruthless hand.

The dopes are the Goths and Vandals of modern life pillaging the souls of men. The soul is dismantled by them and like a dismantled ship—a derelict—it is blown about upon tempestuous seas
only to find its last resting place on some strange shore half buried in the sands, a shipwreck.

II. From a Physician’s Point of View, by Dr. William F. Boos, Expert Toxicologist Massachusetts General Hospital, Boston, Mass.

For thousands of years mankind has used the dried juice of the poppy to relieve pain and to produce sleep. Asia Minor is the home of opium. From here it was carried by the Mohammedan invaders in the sixteenth century to Persia and India. Among the followers of Islam in these countries, opium was welcomed as a substitute for alcohol, which the Koran forbids.

In the eighteenth century the British East India company took the Indian opium culture in hand and made it a government monopoly. Beginning with the year 1773, constantly increasing quantities of opium were carried by this company into China, where it had been previously but little known. The Chinese government, however, opposed the introduction of such a dangerous drug most vigorously, and in 1820 the emperor caused a law to be passed which absolutely prohibited its importation into China. This prohibitory law gradually led to a well-organized smuggling trade, which was aided and abetted by the English. The bitter struggle between the
agents of the two governments finally caused the famous opium wars, as a result of which England forced the free importation of opium into China. The opium trade with the Chinese soon attained enormous proportions. Each year more and more opium was poured into unfortunate China, and the drug, with its baneful influence, was widely disseminated, so much so that the year 1873 witnessed an exportation by the British government of more than 13,500,000 pounds to China and the countries employing Chinese labor. In the nineties of last century the value of the annual opium trade with China was estimated at $40,000,000.

In England public opinion finally became aroused to the great harm and wrong which was being done to China, and in 1893 a royal opium commission was appointed to investigate the matter. But since the truth would have worked serious injury to English trade, the commission returned a one-sided report favorable to the government monopoly. This report was discussed at a special mass-meeting, and prominent members of parliament denounced it as full of falsehoods and machinations. No action, however, followed. To add to the evil, China herself has been producing large quantities of opium for three decades, and, in addition to this, considerable amounts of morphine have been imported into China for the last ten years. It is easy to see that, under
such conditions the awakening of China from her sleep of a thousand years is made most difficult.

De Quincey, in his "Confessions of an Opium Eater," called attention to the eating of opium as it is practised in England. Cases are reported of persons who take as many as 8,000 drops of laudanum a day. In this country opium eating is uncommon.

In his last, and unfinished novel, "The Mystery of Edwin Drood," Dickens first apprised the civilized world of opium smoking in Europe. The novel begins with a graphic description of an opium den in the east side of London. This form of opium consumption, in which the user ignites a special preparation of opium called chandu in a kind of pipe, from which he inhales the fumes, is widely spread throughout the United States. In 1881 Kane estimated the number of opium smokers in the United States at from 3,000 to 5,000 persons; eight years later Collins found that the City of New York alone harbored between 8,000 and 10,000 smokers of opium. The habit is common in Australia and the other English colonies, there is much opium smoking in England and the vice is now invading the continent of Europe. In our own city great numbers of young women may be found daily in the Chinese opium dens to the rear of Harrison avenue, the keepers being too shrewd to admit men, who might be agents of the police.
These girls learn to like Chinese ways and Chinese foods in the restaurants on Harrison avenue. The next step, to try the smoking of opium, is an easy one.

On the 20th of March, 1805, Sert-turner, an apothecary in the town of Hameln, Germany, first isolated in a pure state the most important active principle of opium, which he named "Morphine." This event is perhaps the most important occurrence in the history of pharmacology and toxicology, since the discovery of morphine, the first acoholoid to be obtained in the pure state, led directly to the isolation of all the other important acoholoids which we know today.

In 1853 Alexander Wood, of Edin-boro, introduced the use of the hypodermic syringe. However grateful we must feel to him for this great contribution to medical science, we have on the other hand to thank the hypodermic syringe for the untold vice and misery which have followed its more general use. Many physicians and their wives, apothecaries, chemists, nurses, hospital attendants and neurasthenic patients who have once experienced the insidious mor-phine sleep are among the most frequent victims of the unfortunate habit.

The morphine habit is contagious to a high degree. In one case all three assistants and the nurse employed by a morphinistic clinician were hopeless users of the drug. The cases of husbands causing their wives to take up the
habit and of one or both parents passing it on to the children are numerous; I have seen at least one example of each in my practice. Morphine is undoubtedly a greater menace than opium, the ease with which the alcoloid is administered and the rapidity of its action render it a favorite.

The use of morphine causes men to become nervous wrecks, who are devoid of any sense of responsibility. Weak in character and purpose, untruthful and unfit for bodily or mental effort, they continue to decline until a large number end in hopeless insanity.

After six months of use the drug begins to produce symptoms of chronic poisoning. These symptoms disappear after each hypodermic injection and give way for a few hours to a sense of well being and happiness, then return with ever increasing intensity. In time the horrible sensations of the morphinist, when the effect of the drug has subsided, compel him, with a relentless and irresistible force, to take refuge from himself and his tortures in another morphine dream. He uses the most remarkable cunning and strategy to secure the drug and he will stop at nothing in his purpose. In the end the morphine user lives from the morphine and in it.

It is not difficult to recognize the victim. His skin is pale and flaccid, and he is emaciated (the high-grade morphinist resembles an exhumed cadaver). The face is covered with an eruption, the
arms show evidence of many needle thrusts, some of them developed into abscesses on account of the septic condition of injection. The eyes are dull, the pupils small, sometimes unequal. The victim is frequently affected with double or impaired vision. The pulse is small and usually slow. When morphine is withheld from them the victims invariably show the serious phenomena of abstinence, which at times resemble a fulminating intoxication. They feel uncomfortable, mentally depressed and fearful. They are extremely irritable; this reflex irritability may at times resemble a true delirium tremens. The face is red and they are subject to profuse cold perspiration. Respiration and the action of the heart suffer and sometimes they seem near a dangerous collapse. A hypodermic injection of morphine acts like magic, instantly dispelling all these symptoms, and giving comfort to the victim.

If the abstinence is continued, the symptoms gradually abate and the victim's condition steadily improves, but the desire for morphine may be felt for weeks and even months.

Treatment: (a) Abstinence carefully watched; (b) gradual withdrawal. In both forms of treatment, relief of symptoms by frequent washing out of the stomach and the administration of alkaline mineral waters, good food and plenty of it, spiritual comfort and sympathy.
Prophylaxis: Less use of the hypodermic syringe. Give morphine by mouth or use other drugs which are very efficient. Warn nurses about too frequent use of morphine to quiet patients. They should try all other measures before resorting to the drug and when they do give it they should administer it by mouth.

Cocaine was first used to fight morphinism and even today many users of morphine become cocainists by bad advice. Cocainism is still on the increase in the United States. Careless prescriptions for its renewal by physicians and dentists, its frequent use in surgery and ophthalmology, and, most of all, its use to relieve catarrh, asthma, etc., have led to many cases of cocainism. Disorderly houses use cocaine as an attraction and here many young men desirous to see life and experience new sensations are given their first introduction to the drug. The cocainist is much worse than the user of morphine because cocaine produces a kind of dementia which is expressed in a persecutinal or suicidal mania. The cocainist will commit violent excesses and even murder when he is in his delirium.

Many of the cocainists commit suicide. If they do not lay hands on themselves they gradually subside into a state of mental and bodily stupor. Eventually they become entirely oblivious to themselves and their surroundings, forgetting even to give attention to the or-
ordinary physiological necessities of the body. They finally die of marasmus.

In advanced cases of cocainism great weakness and prostration are evident. The cocainist resembles the morphinist in appearance, only his pupils are dilated and his pulse is rapid and irregular. Cocainists show a tendency to hallucination. Their bodies are more apt to be covered with abscesses than those of morphinists.

The amount a man may take is shown by the "Confessions of a Cocaine Eater," a physician who writes his own story. He rose to the dangerous height of 98 grains of cocaine daily. But he was cured; there is hope, therefore, for the worst cases.

Cocaine leads to crime because: (a), the drug is expensive and men will steal or rob to get the money; (b), the drug produces maniacal conditions in which homicide may be perpetrated; (c), it causes a complete loss of moral and social sense and the victims consequently fall to the lowest moral level.

What can be done for the cure for cocainism and morphinism in prisons? Today, practically nothing is done. The prisoners often get the two drugs from the outside. Long-term prisoners often find morphine or cocaine their only pleasure or solace. Users of the two drugs who are committed to prison for crime should be treated for their malady and given a chance to return to normal physical and moral health.
III. From a Statistician's Point of View.

"The Present Status of Drug Addiction in the United States" by Lyman F. Kebler, M. S., M. D., Chief of the Drug Division, Bureau of Chemistry, United States Department of Agriculture, Washington, D. C., is the title of a pamphlet issued by the Government in 1910 which aims to show the present status of the drug habit in the United States. The entire pamphlet is filled with facts of startling interest and is well worth the careful reading of all persons interested in this subject. Its body consists of a set of questions proposed to several hundred physicians, to which 151 physicians made reply which Dr. Kebler has very ably collaborated into the following set of tables. We have made extracts of these questions and answers in order to throw light upon the subject.

Question 1.—In your experience what are the most common causes which tend to bring about addiction in the case of each of the drugs named below: Opium, morphine, heroin, cocaine, hydrated chloral, cannabis indica, and other habit-forming drugs?
<table>
<thead>
<tr>
<th></th>
<th>Opium</th>
<th>Morphine</th>
<th>Heroin</th>
<th>Cocaine</th>
<th>Chloral</th>
<th>Cannabis indica</th>
<th>Other Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First used remedially:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Careless prescribing or using by physicians</td>
<td>25</td>
<td>35</td>
<td>23</td>
<td>21</td>
<td>21</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>(b) Careless prescribing by drug clerks, dentists, osteopaths and others</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(c) Physicians’ prescriptions</td>
<td>21</td>
<td>25</td>
<td>15</td>
<td>11</td>
<td>16</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>(d) Self-medication</td>
<td>13</td>
<td>12</td>
<td>6</td>
<td>13</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>(e) Medical use, but whether with or without physician’s sanction not stated</td>
<td>61</td>
<td>60</td>
<td>37</td>
<td>52</td>
<td>39</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>(f) “Patent” medicines</td>
<td>13</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>2. Bad company and dissipation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Degeneracy, hereditary, neurotic temperament, etc.</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Note.—One hundred and fifty-one physicians replied to the questions submitted, but some did not answer all of the questions; others replied to several phases of the same question.
QUESTION 2.—It is commonly reported that the injudicious or incautious use of habit-forming drugs by physicians in the practice of their profession has led to drug addiction in not a few instances.

(a) To what extent do you believe these reports to be correct?

1. In every case ......................... 6
2. In great majority of cases ............ 7
3. In most cases ....................... 13
4. In many cases ..................... 57
5. In some cases ..................... 22
6. To a small extent ............... 19
7. Reports exaggerated .......... 8
8. Reports incorrect .......... 5
9. No reply, or reply indefinite .. 14

(b) In your experience what method of administration will most readily produce addiction?

1. Hypodermic ......................... 89
2. Mouth (or other avenue) ........... 32
3. Physicians’ prescriptions ............ 7
4. Patent medicines ................. 4
5. Spray or snuff (cocaine) .......... 12
6. No reply, or reply indefinite .. 19

QUESTION 3.—(a) In your experience, do you recall any instance in which the use of a patent or proprietary medicine has led to drug addiction?

(b) How many such instances?

(c) Name of preparation or preparations?
(a) 1. Yes ........................................ 88
2. No ...................................... 48
3. No reply, or reply indefinite .......... 15

  151

(b) Only 39 physicians replied definitely to this question. Some reported having observed "many," others "some," and still others "a few." The number of instances seen by these physicians was 217 or more.

(c) Many proprietary remedies were given, and for convenience they are classed under the following heads: chloral preparations; headache mixtures containing acetanilide, antipyrine, acetphenetidin, codeine, etc.; soft drinks containing cocaine and caffeine or caffeine only; alcoholic beverages containing cocaine; carminatives, anodynes and in general opium-, morphine-, and cocaine-bearing products.

**QUESTION 4.**—(a) In your opinion, is drug addiction increasing, stationary or decreasing in case of each of the drugs named below?

(b) Give reason for the change in each case.

(a)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Opium</th>
<th>Morphine</th>
<th>Heroin</th>
<th>Cocaine</th>
<th>Chloral</th>
<th>Cannabis indica</th>
<th>Other drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing</td>
<td>33</td>
<td>54</td>
<td>35</td>
<td>58</td>
<td>13</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Decreasing</td>
<td>37</td>
<td>28</td>
<td>12</td>
<td>25</td>
<td>28</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Stationary</td>
<td>16</td>
<td>14</td>
<td>7</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

No definite reply in regard to any of these drugs—43,
(b) Among the reasons for increase given were increased nerve tension and insomnia due to modern strenuous life, inefficient laws, and careless prescribing and dispensing by physicians and druggists.

For decrease, restrictive legislation, education of the people, decrease in the extent of the alcohol habit, and the exercise of greater caution by physicians and druggists in ordering and dispensing habit-forming drugs.

**Question 5.—(a) In your experience, what occupations have furnished the largest quota of drug habitués?**

(b) About what per cent. of all habitués who have come under your observation have followed each of these occupations?

**Physicians.**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>71</td>
</tr>
<tr>
<td>Prostitutes</td>
<td>18</td>
</tr>
<tr>
<td>Unemployed</td>
<td>11</td>
</tr>
<tr>
<td>&quot;Brain workers&quot; and &quot;professional men&quot;</td>
<td>9</td>
</tr>
<tr>
<td>Sporting class</td>
<td>7</td>
</tr>
<tr>
<td>Laborers</td>
<td>4</td>
</tr>
<tr>
<td>Theatrical people</td>
<td>3</td>
</tr>
<tr>
<td>Teachers</td>
<td>3</td>
</tr>
<tr>
<td>Dentists</td>
<td>2</td>
</tr>
<tr>
<td>Traveling men</td>
<td>2</td>
</tr>
<tr>
<td>Farmers</td>
<td>2</td>
</tr>
<tr>
<td>Skilled mechanics</td>
<td>1</td>
</tr>
<tr>
<td>Photographers</td>
<td>1</td>
</tr>
<tr>
<td>Literary men</td>
<td>1</td>
</tr>
<tr>
<td>Railway men</td>
<td>1</td>
</tr>
<tr>
<td>Criminals</td>
<td>1</td>
</tr>
<tr>
<td>Barbers</td>
<td>1</td>
</tr>
<tr>
<td>Female hairdressers</td>
<td>1</td>
</tr>
</tbody>
</table>
Spinsters ........................................ 1
Singers ........................................ 1
Pharmacists .................................... 31
Nurses .......................................... 12
Housewives .................................... 11
Clergymen ...................................... 7
Lawyers ........................................ 7
Clerks .......................................... 6
Artists .......................................... 4
Bartenders ..................................... 3
Business men ................................... 3
Printers ........................................ 2
Domestics ....................................... 2
Journalists ..................................... 2
Cigarmakers .................................... 1
Dressmakers .................................... 1
Brokers .......................................... 1
Hotel employees ............................... 1
Students of medicine and pharmacy ...... 1
Artisans ........................................ 1
Soldiers ........................................ 1
Drivers .......................................... 1

Forty-one physicians did not reply to this question.

(b) The replies to this question were unsatisfactory. Only a few physicians submitted definite data.

**QUESTION 6.**—In your opinion, can addiction due to one or more of the drugs named below be successfully treated by medicine and advice sent through the mail: Opium, morphine, heroin, cocaine, hydrated chloral, cannabis indica, and other habit-forming drugs?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>139</td>
</tr>
<tr>
<td>Possibly in rare cases</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Chloral, yes; morphine and heroin, sometimes; the rest, no&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>
"Opium, morphine and heroin, yes; cocaine and chloral, no" ........................................ 1
No reply, or reply indefinite ........................................ 7

151

**Question 7.**—To what extent in your opinion is the immediate supervision of a physician necessary in the successful treatment of addiction caused by the drugs enumerated in Question 1?

Immediate supervision of physician necessary ........................................ 128
Necessary in almost all cases ........................................ 7
Necessary in most cases ........................................ 3
"Opium, 10 per cent.; morphine, 10 per cent.; heroin, 15 per cent.; cocaine, 5 per cent.; hydrated chloral, 100 per cent.; cannabis indica, 100 per cent."
No reply, or reply indefinite ........................................ 12

151

**Question 8.**—To your knowledge is there any known substance or mixture of substances which can of itself remove the craving and cure addiction in case of each of the drugs named below? If so, give name or names. Opium, morphine, heroin, cocaine, hydrated chloral, cannabis indica and other habit-forming drugs:

No ........................................ 141
Yes ........................................ 1

"Opium, morphine, heroin, *hyoscine*, probably exceptionally; rest, no" ........................................ 1
Hyoscine hydrocarbonate in case of opium in case of opiates) strychnine and vigorous excretion ........................................ 1
"There seems to be a treatment which is successful in case of opium" ........................................ 1
Opium, morphine, heroin, cannabis, and other habit-forming drugs, yes; cocaine and chloral, no .................. 1
No reply, or reply indefinite .................. 4

151

**Question 9.**—In your opinion does the present form of legislation restricting the sale of habit-forming drugs materially check their use by habitués?

- Yes ........................................... 32
- To a large extent .......................... 6
- To a limited extent ......................... 30
- Yes, except morphine ...................... 1
- No ............................................. 64
- No, except cocaine ......................... 2
- No reply, or reply indefinite ............. 16

151

**Question 10.**—In your experience what has been the average length of time which has elapsed between the beginning of the treatment and the complete and final withdrawal of the drug?

- Immediate withdrawal ..................... 1
- One to three months ....................... 3
- Three to six months ....................... 4
- Six to nine months ......................... 2
- Nine to twelve months .................... 2
- “Several months” .......................... 1
- Reply irrelevant .......................... 3
- No reply ................................... 2

**Question 11.**—In what per cent. of cases has your treatment resulted in the complete eradication of the habit?

Per cent.

1. .................. 23.5
2. .................. 30
3. 35
4. 40
5. 50 (Average, 53.85 per cent.)
6. 60
7. 75
8. 75
9. 75
10. 75
11. Large percentage of cases 3
12. No records 2
13. No reply 3

**Question 12.**—What are the most important reasons for the failure of your method in the cases which resulted unsuccessfully?

1. Failure to follow directions 6
2. Lack of co-operation 3
3. Lack of will-power 3
4. Financial disability; giving up treatment too soon 3
5. Intercurrent diseases 3
6. Lack of restraint 1

Note.—Questions 10, 11 and 12 applied to sanitariums giving absertia treatment.

**Question 13.**—Can you suggest any measures, legislative or otherwise, which might be put into effect to eradicate drug addiction?

Among the suggestions offered are the following (the order indicates the importance of the suggestion, those emphasized by the greatest number of physicians appearing at the head of the list):

1. Enact stringent legislation permitting the sale of habit-forming drugs upon physician’s prescription only.
2. Prohibit by law the refilling of prescriptions except on physician’s order.
3. General education of the public, particularly the young.
4. Provide Government and State institutions for habitués.
5. Stimulate physicians and pharmacists to greater efforts at prevention of drug habits.
6. Make illegal sale a penal offense.
7. Continue present laws as to labeling.
8. Banish from trade all patent and proprietary medicines containing habit-forming agents.
9. Permit sale of habit-forming drugs to physicians in person only.
10. Publish prescriptions giving name of user.
11. Revoke license of physicians and pharmacists known to be habitués.
12. Enact legislation requiring physicians and druggists to present to the authorities at stated intervals reports as to the quantity of each habit-forming drug prescribed or dispensed by them.
13. “Governmental supervision and distribution through physicians only."
14. To stop counter-prescribing by pharmacists.
15. “Absolute stifling of all channels of publicity for the sale of nostrums and proprietaries."
16. “Have every prescription for these drugs turned over to the police, or give them the right to inspect pre-
scription files and make provision for care of those given to the habit."

17. Prosecute physicians prescribing an undue quantity of these drugs.
18. Kill off habitués.
19. Legalize unsexing of habitués.

IV. Remedial Legislation.

The following law has been drafted from the laws now on the statute books of Massachusetts. They are the result of long and careful study of the question of the proper regulation of the sale of habit-forming drugs and the best legal methods of suppressing the illegal sale of such drugs. These laws are borrowed from the law books of many states. They have been tested by experience in hundreds of prosecutions. They have proven enforceable. They have succeeded in greatly reducing the evil in Massachusetts. We can confidently recommend them to those seeking to find a way to suppress this evil.

MODEL LAW.

An Act to Regulate the Sale of Morphine and other Hypnotic or Narcotic Drugs.

Section 1. No person, firm or corporation shall manufacture any so-called catarrh powder or catarrh cure, or any patent or proprietary preparation containing cocaine, or any of its salts, or alpha or beta eucaine, or any of their
salts, or any synthetic substitute for them.

**Section 2.** No person, firm or corporation shall sell, or expose or offer for sale, or give, deliver or exchange cocaine, or alpha or beta eucaine, or any synthetic substitute for them or any preparation containing the same, or any salts or compounds thereof, except upon the written prescription of a physician, dentist, or veterinary surgeon, registered under the laws of the state in which he resides, which prescription shall be dated and bear the name of the person giving it and of the person prescribed for, and the original prescription shall be retained by the druggist filling the same for at least two years and shall not again be filled, except upon the written order of the original prescriber, and shall at all times be open to inspection by members of the state board of health, members of the state board of pharmacy, and their authorized agents, by state officials and their authorized agents, and by the police authorities and officers of cities and towns. But no practitioner of veterinary medicine shall prescribe any of the above mentioned substances for the use of a human being.

**Section 3.** No person shall sell, furnish, give away or deliver opium, morphine, heroin, codeine, cannabis indica or cannabis sativa, or any other narcotic or hypnotic drug, salt, compound or
preparation of said substances, except upon the written prescription or order of a lawfully authorized practitioner of medicine, dentistry or veterinary medicine, which prescription shall be dated and shall bear the name of the person giving it, and the name of the person prescribed for; which original prescription shall be retained by the druggist filling the same for at least two years, and shall not again be filled except upon the written order of the original prescriber. Such prescriptions shall at all times be open to inspection by members of the state board of health, the state board of pharmacy, state officials and their duly authorized agents, and by the police authorities and officers of the cities and towns. But no practitioner of veterinary medicine shall prescribe any of the above substances for the use of a human being. The provisions of this section shall not apply to sales made by a manufacturer or wholesale or retail druggist to another manufacturer, wholesale or retail druggist; nor to sales made to hospitals, colleges, scientific or public institutions, or to physicians, dentists or veterinary surgeons; nor to the sale of cough remedies and other domestic and proprietary preparations, provided that such remedies and preparations are sold in good faith as medicines. and not for the purpose of evading the provisions of this act, and provided further that such remedies and preparations do not contain more than
two and one-half grains of opium, or one-third of a grain of morphine, or one-fourth of a grain of heroin, or one grain of codeine or their salts, in one fluid ounce, or, if a solid preparation, in one avoirdupois ounce; but such provisos shall not apply to liniments and ointments which are prepared for external use only. Nor shall the provisions of this section apply to preparations containing opium or any of its salts, which are sold in good faith as remedies for diarrhoea, cholera or neuralgia, nor to powder of ipecac and opium, commonly known as Dover's powders, provided, that any such preparation is sold in good faith as medicine and not for the purpose of evading the provisions of this act.

Section 4. No practitioner of medicine, dentistry, or veterinary medicine shall prescribe, for the use of an habitual user of the same, opium, morphine, heroin, codeine, or any salt or compound of the said substances, or any preparation containing any of the said substances or their salts or compounds, or cocaine or its salts, or alpha or beta eucaine or their salts, or any synthetic substitute for them, or any preparation containing the same or any salt or compound thereof; nor shall any practitioner of dentistry prescribe any of the said substances for any person not under his treatment in the regular practice of his profession; nor shall any practi-
tioner of veterinary medicine prescribe any of the substances for the use of a human being; provided, however, that the provisions of this section shall not be construed to prevent a lawfully authorized practitioner of medicine from prescribing for the use of any habitual user of hypnotic or narcotic drugs, who is under the professional care of such practitioner such substances as he may deem necessary for treatment, if such prescriptions are given in good faith and not for the purpose of evading the provisions of this act.

Section 5. A manufacturer or jobber of any or all of the drugs enumerated in sections 2 and 3 of this act, a wholesale druggist, or a registered pharmacist may sell any drug mentioned in said sections 2 and 3 to a manufacturer, jobber, wholesale druggist, or to a pharmacist, physician, veterinarian, or dentist, qualified to practice under the laws of this state, or to an incorporated hospital, but only upon a written order duly signed by such manufacturer, jobber, wholesale druggist, registered pharmacist, registered physician, registered veterinarian, registered dentist, or the superintendent of such incorporated hospital, which order shall show the article or articles ordered and the date of delivery. The said order shall be kept on file in the laboratory, warehouse, pharmacy or store from which it was filled by the proprietor thereof, or his suc-
cessor, for a period of not less than two years from the date of delivery, and shall at all times be open to inspection by officers of the state board of health, members of the state board of pharmacy, or their authorized agents, state officials and their authorized agents, and the police authorities and officers of cities and towns; and such order shall not contain items of any drug not mentioned in sections 2 and 3 of this act.

Section 6. A person not being a physician, dentist or veterinary surgeon, qualified to practice in this state, or not being a manufacturer or wholesale or retail dealer in drugs, who has in his possession opium, morphine, heroin, codeine, cannabis indica, cannabis sativa or any other hypnotic or narcotic drug or salt, compound or preparation of said substances, cocaine, alpha or beta eucaine or any synthetic substitute for them, or any preparation containing the same, or any salts or compounds thereof, except by reason of a physician, dentist or veterinary surgeon qualified to practice in this state, shall be punished as provided in section 8 of this act. The provisions of this section shall not apply to a person, firm or corporation while transporting any of the above mentioned drugs from or to a manufacturer or jobber, wholesale druggist, registered pharmacist, registered physician, registered veterinarian,
registered dentist or incorporated hospital, nor to persons who may have the above mentioned articles in their possession in connection with the enforcement of the provisions of this act or with the trial of cases arising thereunder. Possession of any of the drugs mentioned in this section shall be prima facie evidence that such possession is unlawful.

SECTION 7. No practitioner of medicine, surgery, dentistry, or veterinary medicine shall dispense, furnish or give away opium, morphine, heroin, codeine, cannabis indica, cannabis sativa, or any salt or compound of said substances or any preparation containing any of the said substances or their salts or compounds, or cocaine or its salts or alpha or beta eucaine or their salts or any synthetic substitute for them, or any preparation containing the same or any salt or compound thereof except in good faith as medicines for diseases indicated, and the aforesaid practitioners shall keep a record in a book kept solely for that purpose of the name and address of the patient treated and the name of the disease indicated and the quantity of the drug dispensed, furnished or given away on each separate occasion which record shall be made within 48 hours of the dispensing or furnishing or giving away and shall be preserved for at least two years and shall at all times be open to inspection by members of the state board of health, members of the
state board of pharmacy or their authorized agents, by state officials or their authorized agents or by the police authorities or officers of cities and towns.

**Section 8.** A person who violates a provision of the foregoing sections or aids or abets another in the violation thereof, shall be fined not more than one thousand dollars nor less than fifty dollars, or be imprisoned not more than one year, or both. Justices and municipal and county courts shall have concurrent jurisdiction of offenses under this act.

**Section 9.** If a person makes complaint under oath to a police, district, or municipal court, or to a trial justice or justice of the peace authorized to issue warrants in criminal cases, that he has reason to believe that opium, morphine, heroin, codeine, cannabis indica, cannabis sativa or any other hypnotic drug or any salt, compound or preparation of said substances is kept or deposited by a person named therein in a store, shop, warehouse, building, vehicle, steamboat, vessel or place other than by a manufacturer or jobber, wholesale druggist, registered dentist, registered nurse, employees of incorporated hospitals, or a common carrier or porter when transporting any drug mentioned herein between parties here-inbefore mentioned, such court or justice, if it appears that there is probable cause to believe that said complaint
is true, shall issue a search warrant to a sheriff, deputy sheriff, city marshal, chief of police, deputy marshal, police officer or constable commanding him to search the premises in which it is alleged that such opium, morphine, heroin, codeine, cannabis indica, cannabis sativa or any other hypnotic drug or any salt or compound or preparation of said substances or any preparation containing the same is kept or deposited, and to seize and securely keep the same until final action, and to arrest the person or persons in whose possession it is found, together with all persons present if any of the aforesaid substances is found, and to return the warrant with his doings thereon, as soon as may be, to a court or trial justice having jurisdiction in the place. Whoever is so present where any of the aforesaid drugs is found shall be punished by a fine of not more than $50 or by imprisonment in the House of Correction for not more than 3 months. Whoever is so found in possession of any of the aforesaid drugs except by reason of a physician’s prescription shall be punished by a fine of not more than $100 or by imprisonment for not more than 6 months in the House of Correction.

Section 10. The state board of health shall make a chemical analysis to determine the composition and quality of any substance mentioned in this act on application of the States Attorney of any county of the state and
shall furnish a certificate certifying to the composition or quality thereof. The certificate under seal of the state board of health which shall be affixed by the chemist thereof making the analysis shall be prima facie evidence of the composition and quality of the substance analyzed.
Advisory Committee for the State of New Hampshire

BISHOP EDWARD M. PARKER
Concord, N. H.

REV. CHARLES H. PERCIVAL
Rochester, N. H.

DR. ROBERT V. SWEET
Rochester, N. H.

REV. LUCIUS H. THAYER
Portsmouth, N. H.