

From Mindless Medication to Reckless Recreation

It may not have been listed on the cargo manifest of the Mayflower; but opium, as a medication and as a trading commodity, was surely an accompaniment of the subsequent ships sailing west on the Atlantic.

Europeans marveled at the mood elevation achieved by crude opium. Educated to believe that a good thing can always be improved upon, Paracelsus (c.1493 – 1541), the eminent Swiss physician and alchemist, then mixed opium resin with wine producing a medication—he called it laudanum—which was swifter and more potent in action. Thomas Sydenham (1624 – 1689), England's great physician, exploiting the solubility of opium in alcohol, and then standardized the mixture as follows: two ounces of opium, one ounce of saffron, a dram of cinnamon and cloves all dissolved in a pint of Canary wine.

Laudanum then became the standard medication used by physicians whether in sophisticated London or prairie villages in America's West. Indeed, the frontier American physician, practicing in the early decades of the 19th Century, typically carried two saddle-bags: one with bandages, catheters and splints; and the other with his four basic oral medications: laudanum (for pain, emotional distress, diarrhea and "women's ills"), quinine (for fevers), calomel (as an emetic and laxative) and whisky. And most practitioners were convinced that this pharmacologic quadrivium would overcome all clinical problems encountered by the itinerant practitioner.

Opium products were freely, excessively, used; and until the religiously based temperance movement, were easily accessible, carried little opprobrium and its use caused no shame.

Things changed, however. In 1804, the German chemist Friedrich Serturmer, realizing that the crude opium was a mixture of many biologically active alkaloids, proceeded to isolate each of them, one being a substance (later called morphine) which presented two great advantages over crude opium: as a pure chemical, its dosage was more easily regulated; and since morphine was soluble in water it could be readily injected thus producing a more rapid and sustained result. The development of the hypodermic syringe, perfected by 1860, combined with injectable morphine, now provided physicians with a ready means of controlling pain.

In 1874, the German drug company called Bayer announced that it had isolated yet another alkaloid from crude opium, a chemical called diacetyl-morphine. In its excitement, Bayer proclaimed that this compound was less addictive than morphine, and further, was more effective in providing breathing relief to children with bronchitis and asthma. And so, Bayer called its new discovery, heroin.

Heroin was then widely employed to bring relief to everything from the pains of infantile teething, the labored breathing of the asthmatic child to the insistent aches of the elderly soul with rheumatism.

By the early years of the 20th century, over-the-counter narcotics, most of them addictive, were widely available, abundantly advertised and extensively used. Narcotics even entered the contents of carbonated sodas. And it was not as though the medical profession was innocently ignorant of the phenomenon

of chemical dependency. The Standard American Dispensary, 1818 Edition, declared: that "habitual use of opium could lead to addiction, tremors, paralysis, stupidity and general emaciation." Still, a Parke-Davis advertisement proudly announced that its narcotic products could "make the coward brave, the silent eloquent and render the sufferer insensitive to pain."

This nation's Constitution assigned such matters as health to the jurisdiction of the various states. By viewing the manufacture and sale of pharmacological agents as within the purview of interstate commerce, however, the first of the Pure Food & Drug Acts was passed in 1906. Its enactments were modest: all patent remedies were required to list its narcotic contents. By 1909, largely advanced by the United States, the first International Opium Commission was convened. The concluding document was an earnest condemnation of the evil of opium but placed no discernible restraints upon its distribution.

The Harrison Act of 1914 represented the first nationwide legislation to place restrictions upon any chemical with narcotic properties. The Act represented the first stringent control of the manufacture, distribution and sale of opium and coca leaf products. It declared that the distribution of these agents be confined to medically appropriate usage.

The Harrison Act coincided with a dramatic change in the nature and mission of the American medical profession. The Flexner Report, a 1910 study of the standards of medical education, declared that this nation's medical schools were woefully inadequate. As a result almost half of America's medical schools disappeared and medical school training then became a more disciplined form of graduate education.

Prior to World War I, chemical dependencies on narcotics were largely caused by legal sales of these drugs as well as widespread permissiveness by the medical profession in employing opium derivatives. And in recent decades an international industry of global proportions now underwrites an epidemic of recreational drug use.

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Disclosure of Financial Interests

Stanley M. Aronson, MD, and spouse/significant other have no financial interests to disclose.

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