Use of Opium in Influenza and Tuberculosis

EXPERIMENT PROVES NON-MEDICINAL MEASURES MORE IMPORTANT THAN NARCOTICS

DR. JOHN DILL ROBERTSON, former Commissioner of Health in Chicago, interested in statements made in a meeting of the Morals Commission by physicians from various sections of the country who testified to certain facts concerning drug addiction, in 1918 ordered an inspection of druggists' prescription files in Chicago and ascertained that nearly a fourth of the prescriptions for influenza contained narcotics, as follows: chloral, 3,866; opium, 17,504; morphine, 10,003; codeine, 50,081; heroin, 17,812; cocaine, 1,383; other, 3,331; a total of 103,980. Such use of narcotics, it was contended by able sanitarians, is dangerous, some of them going so far as to say that to give opium in influenza was to invite pneumonia. Clinicians do not go that far, but very able clinical authorities are very conservative in recommending opiates in this disease. That all sanitarians did not view the matter in the same light was testified to by the fact that the Government relaxed the narcotic regulations during the influenza epidemic of 1918-'19.

In December, 1918, Dr. Robertson, as head of the municipal tuberculosis sanitarium, which treats over a thousand patients a year, issued an order to discontinue the use of narcotic drugs in the institution in the treatment of the symptoms of tuberculosis, and for three years after that none was used. This order was designed to prevent inmates from becoming drug addicts and to prove that, if physicians studied hard and took trouble with individual cases, narcotics are not necessary in meeting these symptoms.

What Happened

For the first few weeks the patients, accustomed to their narcotics, suffered much general distress and coughing was intensified. The attending physicians were up in arms against the order; but in due time matters improved and most of the patients seemed to get along very well without the opiate medication. Meanwhile the staff was busy devising substitutes, with the following results, which are very suggestive in general practice. Extensive use was made of hot packs and baths, massage, fixation with plaster casts, adhesive plaster splints, dietotherapy, heliotherapy, etc.

Cough

Patients were taught how to cough with the teeth tightly closed and this had a good effect. Drugs used were cannabis, dilute hydrocyanic acid, lobelia and chloroform, always in suitable mixture.

Hemorrhage

Nervousness and restlessness were allayed by psychotherapy and this was thought to reduce the incidence of hemorrhage. Drugs used were thromboplastin, emetin, amyl nitrite, and horse serum.

Diarrhea

Colonic irrigations and proper diet were effective in the great majority of cases. The proper diet for each case was made a study. Drugs used were bismuth subgallate and subnitrate, betanaphthol, kino, gambir, etc.

Pain Due to Laryngitis

The prone, face-down position gives relief, and in this position liquid diet can be taken through a tube. Heat and cold, the ultra-violet and the X-ray, and reflected sun rays were used to relieve the distress. Drugs used were phenol and menthol oily sprays, alcohol injections along the recurrent laryngeal nerve, and insufflations of orthoform and anesthesin.

Pain Due to Pleurisy

Fixation by strapping of the chest, in the absence of effusion, was used, as well as local applications. Benzyl benzoate and lobelia were used when the pain was due to smooth-muscle spasm.

The Results

The principal thing proved by the experiment conducted under Dr. Robertson's orders is that non-medicinal measures are more important than are drugs in the treatment of tuberculosis; and the second thing grows out of it, that is, if the physician is denied the use of narcotics in handling these cases he is forced to use the non-medicinal measures that might be neglected if he depends on the use of opiates to keep the patient comfortable, thus accomplishing better results; and not so much by denying a possibly harmful drug as by actually using something better.

The experiment does not prove that, aside from escaping the incubus of a drug addiction, the advanced or even definitely developed case of tuberculosis lives any longer without opium than with it or that the mortality rate is reduced by omitting narcotic drugs.

Some Comment

While cordially in agreement with the main contention of Dr. Robertson, especially as to the value of non-medicinal measures and the effectiveness of the drugs noted in meeting *most* indications heretofore met with opiates, we venture a word of comment.

Cough may induce hemorrhage in tuberculosis; it may seriously embarrass a weak heart, and it may make the terminal stage of the disease exceedingly distressing. Ordinarily narcotics should be avoided, but in the conditions noted above their use may be entirely justified. It is our opinion that small doses of codeine, even though long used, will do less harm than will cannabis, lobelia, chloroform or hydrocyanic acid. Codeine rarely induces an addiction, and it is effective in the cough of tuberculosis if the case is not spoiled by first using morphine or heroin. The latter drug, we feel, should not be resorted to and morphine should be avoided except in the presence of serious cardiac lesions aggravated by cough.

The ordinary hemorrhage in tuberculosis does not require the use of an opiate, the remedies suggested by Dr. Robertson serving every purpose; but we see alarming hemorrhages with the patient wrought up and exceedingly nervous, and in such cases we would hesitate in denying a hypodermic dose of morphine as an emergency measure. It is also true that the ordinary diarrhea, just as in other diseases, does not justify the use of an opiate; but when a diarrhea gives rise to intense pain nothing serves the purpose of relief as does a dose or two of an opiate.

Then, too, take an acute pleurisy arising in the course of tuberculosis, an opiate may be urgently indicated. Laryngeal cases have persistent pain that is relieved only for a time by opiates unless given in ascending dosage, and orthoform or other anesthetic agent may be preferable to morphine.

It is, unfortunately, the case that many physicians, regarding tuberculosis as an incurable disease, are too free to start their patients on opiates, masking the symptoms and neglecting the non-medicinal measures so useful in all cases. Many of these cases would recover under proper treatment.

No one knows better than the writer how opiates are abused, as it is his duty to enforce the narcotic laws in Pennsylvania; but he fails to see why a serious disease like tuberculosis should be made the shining mark for a no-narcotics propaganda that is lived up to despite the condition of the patient. If it is necessary, or logical, to do away utterly with narcotics in the treatment of tuberculosis it is equally logical to do away with them in nearly all other diseases. Who is to draw the line? Then, too, think of the patient! Let us not be extreme with our propagandas.—T. S. B.

Coming

Turn to pages 874, 5, 6, and 7, further over in this issue. Here you will find the annual announcements for the coming year.

A year of exceedingly practical, useful service is in store for *you* in the 1923 issues of THE AMERICAN PHYSICIAN. Read over the list of papers to be published. It is one of the best lists we have ever announced.

A *vital* service must be performed in medicine, and performed *now*. To reassert the fundamental importance of the *general physician*. He is the *key* man in medicine. Medical service must be built *around him*. Read in this annual announcement the position of this journal in this important matter.

We are with *you* and after reading this announcement we know you're going to say—"And by the eternal I'm with them. The 'A. P.' is one journal I simply can't do without." Turn *now* to pages 874, 5, 6 and 7.

Infectious Diseases a Combination of Units

L. PANETH, in one of the German medical journals, differentiates between the systemic and local processes in diphtheria, the former yielding to antitoxin but the latter streptococcic local sepsis requiring separate treatment. He asserts, therefore, that the problem of diphtheria is not as simple as many assume it to be. Furthermore, he asserts that infectious diseases are seldom pure units, but represent a combination of biologic units.

Some years ago this journal presented an editorial entitled "Tuberculosis Plus," taking the view that Paneth now enunciates. Experience has served to confirm us in the view that mixed and cross infections are common, not only in tuberculosis, but also in other infectious diseases.

We apprehend the matter to be of importance in clinical medicine and occasion is here taken to emphasize the point that so-called specific treatment has distinct limitations, the at-present neglected symptomatic medication being required in many cases, and, as well, a case-management involving several factors. Certainly we see this matter constantly illustrated as regards syphilis.

The so-called complications of measles, scarlet fever, etc., may not be complications, as such; they may be manifestations of a combination of biologic units producing an illness that must be viewed *in toto* and not as a complicated case of some infectious unit.

All of this tends to confirm the older school of clinicians in the view that we are treating diseases too much and sick people too little.

Advertising Standards—"A Service of Truth, from Cover to Cover"—page 904