

1917

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Recommended Citation

Alfred Gordon, Relation of Legislative Acts to the Problem of Drug Addiction, 8 J. Am. Inst. Crim. L. & Criminology 211 (May 1917 to March 1918)

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THE RELATION OF LEGISLATIVE ACTS TO THE PROBLEM OF DRUG ADDICTION¹

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The creation of the new law concerning the abuse of narcotic drugs, and known under the name of the Harrison Narcotic Law, had undoubtedly for its object a useful and humanitarian aim. The legislators, unquestionably, were prompted primarily and chiefly by motives of the highest order. But all legislative acts, being formulated by an individual or collective human mind, are likely to present some weak and ineffective features alongside the most powerful ones. Only further experience with a widespread application of a new law will enable one to ascertain its practicability or impracticability. This will be particularly observed when a legislative act is concerned with a matter of medical or other biological principles. Legislators can see only the purely utilitarian side of certain medical questions. When, however, biological principles and principles of a psychological order are to be considered, legislative acts are frequently found to be inapplicable and inadequate because of the failure on the part of legislators to consider the psycho-physical operations of an individual. This remark finds its direct illustration in the creation of the Harrison Law. No doubt the principle underlying the new law is excellent and most commendable. There is no doubt that it aimed essentially to arrest an indiscriminate use or rather abuse of narcotics and thus to prevent the physical, moral and intellectual ravages which the narcotics are likely to produce and actually do produce in the individual and in the community. But after the few past years of experience with the action of this law, can any one say that the desired results have been obtained? Indeed can they be obtained? Is it possible by any law to arrest a craving which is within the individual but which by the nature of its morbidity is not dependable on extraneous factors? Can a pathological mental condition which has created a pathological vegetative life be remedied by a forceful privation of a remedial agent which became a physiological necessity to this morbid life? Have the authors of the Harrison Law considered the untold suffering inflicted on the victims of the disease called "Morphinism" by suddenly withdrawing the drug from them? Have they considered the host of torturing manifestations leading to syncope and even to death because of "abstinence" from the narcotics after the latter have been used by the individual for some time? Has the

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new law provided for the great army of sufferers which are left on our hands because of their helplessness due to compulsory abstinence?

There is no doubt that Congress has no power to legislate directly for the purpose of safeguarding the health and morals of the public, nevertheless, the Harrison Law, as I understand, had primarily in view those very same principles besides the question of a revenue measure. As to the latter, the law had to be drawn as a revenue measure in order that it might be constitutional and enforceable by the courts. But so far, has it accomplished its primary purpose? Has it actually placed in the power of the country a prophylactic measure to prevent moral and intellectual degeneration which, indeed, should be its chief aim?

In order to demonstrate sufficiently the relationship of legislative acts to the great problem of drug addiction, let us briefly review the actual mental and physical condition of our unfortunate morphinists and cocainists. We will then readily see that laws, no matter how well intended, they may be, are, to say the least, not the adequate means to solve a problem whose essential features are intimately associated with the psychological complexes of the individual and dependent upon them.

From a study of 171 cases of morphinomania and cocainomania especially undertaken from a neurologic and psychiatric standpoint, the following observations were made. Among the somatic manifestations: pronounced disturbances of digestion, such as nausea, vomiting, loss of appetite, constipation alternating with diarrhoea; cavities in the teeth, falling out of the hair. They all point to disturbances of nutrition. Emaciation may reach an extreme degree. Arterial tension is below normal; the heart action is enfeebled; respiration is disturbed, dyspnoea is marked. Albuminaria is present and is possibly due to a special action of morphine on the medulla (Levinstein). Sterility in women is frequent, but if pregnancy takes place, premature birth or miscarriage is frequent. The eyes show anemia of the retinae. Disturbances of the general sensibility are often marked: paresthesias and neuralgic pains are common, hyperesthesia is most frequent, and is especially so in the feet; tactile sensibility is frequently abolished.

The most disastrous manifestations are observed in the domain of the psychic sphere. Memory is one of the faculties first involved. Amnesia for recent events is striking. It resembles the amnesia of the parietic or of the senile dement. The mental energy is weakened. The aptitude for work is lessened. There is apathy in the patient's thoughts and acts. The moral sense suffers profoundly. The patient

loses the sense of obligation to his family, he loses all affection for his children; he becomes egotistic. The will-power is decidedly deficient. One of my patients, a married woman, frequented a disreputable house, not for sexual reasons, but for the purpose of procuring money for morphine. Another woman became a kleptomaniac for the same reason. Not infrequently these individuals commit excesses of all sorts and even crimes. Deception and lying are common. Sleep is very frequently disturbed. Hallucinations are frequent and those of sight are always terrifying. Hallucinations of vision are most frequent, next in order of frequency are those of hearing. In 60 patients of my series, some of the morbid mental phenomena were characteristic of some of the classical psychoses. Systematized or unsystematized delusions, mostly of the persecutory type, and also those of the expansive type; incoherence, confusion, agitation, depression—were all present. In the cases in which delusions and hallucinations were absent, dementia was a prominent feature. Here there was a childishness in actions, words and demeanor. When spoken to, the patient looks up astonished; if an answer follows, it has either no relation to the questions asked or it will be considerably delayed. The dementia develops very insidiously and increases with years until a complete decrepitude is established. It is the threatening progressive quantitative diminution of mental power that presents the alarming problem for us when we are called upon to counsel and render assistance to the community.

In connection with the main subject of my thesis it will be entirely apropos to say a few words on the morbid manifestations of abstinence. Twenty-six of morphin and five of the cocain habitués were kept under observation while the drugs were entirely and suddenly withdrawn. The following symptoms were noticed: both categories of patients presented a picture of extreme suffering; they were restless, full of anxiety, agitated and incapable of listening to others, of reasoning or of reflecting. Delirium and hallucinations were present. Some patients would be taken suddenly with chills, accompanied by twitchings. Others showed a tendency to faint. Insomnia was common and persistent. Some had morbid impulses with a desire to attack. The physical condition of the majority of my patients became quite alarming.

This brief account of the physical and intellectual disintegration in the drug habitués is sufficient to emphasize the disastrous effect of the drugs which constitute a genuine menace to society. In attempting to remedy the growing menace it should be borne in mind that a

longing and craving for the drugs develop after a more or less prolonged period of use. Interference at the proper time, therefore, may be of great utility in certain cases. Legislative acts which have for their object to prevent at the proper time the propagation of this most pernicious habit are most praiseworthy and to be encouraged. A law limiting the prescribing physician to a certain dose of the drug or to a certain number of renewals will be useful provided it does not interfere with the administration of the drug in cases in which human suffering is intense. A law that will impose a heavy penalty with imprisonment on those who sell or give away the drug without regular prescriptions or on those who forge a physician's prescription—is laudable. This is as far as legislative prophylaxis can go. It may by material force interfere with partaking of the drug by individuals who are but in the developmental period of the pernicious habit. Can it actually arrest its development? After a few years of continuous enactment did the Harrison Law succeed fully in this particular respect? I fear it did not. This is the experience of every close observer.

But besides a legislative prophylaxis there is a medical prophylaxis whose aim is by far more important and more effectual than the first one. Its object is to investigate the physiological and especially the psychological factors which are at the very foundation of the acquirement of habit. It delves into the conscious and particularly the sub-conscious world of the individual to discover and bring to the surface those repressed wishes and thoughts, which as we know now, are constantly at work, and which are capable of directing or disorienting our acts during out entire life, and so govern our conduct as a whole. Is it possible that any legislative act and even the best one will have the power to render any assistance in this endeavor? Morphinism usually occurs in individuals with a special make-up of their nervous system. Such persons present deficiency of the intellectual and moral faculties. In them the inhibitory power becomes an easy prey for all abnormal tendencies, particularly for alcoholism, morphinism or cocainism. The latter are result of a neurophatic constitution, the fruit of hereditary tendencies. In handling such individuals one should remember Ball's dictum, to wit: "Morphinomania is entered by the door of pain, of sexual passion, of sorrow, but also by the door of contagion, viz., imitation."

It is therefore evident that no law established as a revenue measure or as a matter of a policy can pretend to modify in the least degree the foundation upon which the drug addicts' psychological

processes have grown and developed. It would be utterly absurd to foster such expectations. A legal regulation in matters of this sort is naturally narrow in its aims and application. It can attack only the superficial side of the problem. Speaking particularly of the Harrison Narcotic Law, there cannot be any doubt as to its usefulness, despite the many inconveniences it has created, but its usefulness does not extend beyond the limitations outlined above. It cannot aspire to remedy conditions which are out of its control. As it stands, it possesses several provisions which have been misconstrued and which therefore have led to misunderstandings and abuse. The time has arrived, I believe, when a revision of the law would be useful and for this a commission of competent medical men should be appointed to analyze each paragraph of the new law, especially those features of it which have been differently interpreted, as one may judge from contradictory decisions of various courts. Alcoholism, morphinism, cocaineism are deeply rooted individual and social evils, nay, calamities. No effort should be spared to attack them from every possible angle. Laws and other regulations should be frequently revised and corrected in accordance with the deficiencies discovered in their practical applications. The menace is growing and spreading to all classes of societies. Medical science will continue its investigations into the underlying causes of these diseases and render its valuable assistance in formulating biological and therapeutic laws for an intelligent manipulation of the grave problem of drug addiction.