

*Not sent
revised by me Aug*

July 23, 1923.

Doctor Alexander Lambert
43 East 72d Street
New York, N.Y.

Dear Doctor Lambert:

I am in receipt of your letter of July 7th in further reference to obtaining data as to our legitimate narcotic needs by surveying hospitals of the country in order to determine how much they use per patient, and then applying this result to the entire country on the assumption that a certain percentage of the population is sick during the year. Since my last letter to you I have thought a great deal on the subject and some doubts have arisen in my mind as to the reliability of the method and the value of the data after they are secured.

We could by surveying the hospitals find within a small margin of error how much narcotics they use in a given year. This would be one fact upon which to work but all the other factors to be considered in drawing conclusions would be indefinite and intangible, or mere guesses. If, for instance, we could find how many people were sick outside of hospitals and assumed that they had conditions which for narcotic needs, compared with those treated in hospitals, we would still be at sea unless we also knew the average length of time spent by patients in hospitals as well as the average duration of illness for those treated on the outside. It would probably be possible to find how long the average patient remains in the hospital but for those ill on the outside we can neither find their number nor the average duration of their illness.

It is reasonable to assume that 50 or 60% of the population are sick during the year because it has been shown that this proportion of workers in certain places are given sick leave, but we have to remember that workers are usually a selected class from the standpoint of health and for the entire population the index of sickness might be larger.

It is generally believed by those of us who have studied the subject, that patients outside of hospitals receive more opium than hospital patients and we know that some of this excess is due to unnecessary prescribing; but we might well stop to consider whether or not the greater proportion of chronic invalids are treated at home. I have no statistics to support me but I am rather inclined to believe they are, especially if we do not for this study include among chronic invalids the insane who are in hospitals and presumably need very little opium.

In contrast to the uncertainties of the method we have discussed, are the very definite figures furnished by the Bureau of Internal Revenue. They show how much narcotics is released each year to physicians, dentists, druggists, etcetera; and it is known that very little of this finds its way into illegitimate channels, no larger proportion than would be the case if the amount allowed were arbitrarily reduced.

The amount now released represents as you know the equivalent of about 136,000 pounds of opium, and the more I think of it the more I am convinced that when the yearly amount is averaged up over a period of four or five years we will have a nearer approximation of legitimate needs than any consideration of indefinite values could give.

If the Porter resolution succeeds in its purpose and no more opium is smuggled in, the addicts will necessarily be cured; they will then no longer come over and over again for treatment requiring a certain amount of legitimate prescribing, and the quantity of opium needed will to that extent be reduced. This together with the continued operation of our present laws and better informed medical men will gradually reduce the legitimate requirements until, on the basis of our present population, it might be about 45,000 pounds- as you have suggested.

I am assuming here that any prescription for narcotics given in accordance with our present laws and regulations is legitimate. This does not mean that such prescriptions are always necessary or useful; in fact we know that some of them show gross ignorance or carelessness on the part of physicians. But it is difficult to see how by arbitrarily reducing the amount of opium allowed the profession senseless prescribing would be done away with. If 45,000 pounds now represents actual useful needs and the medical profession had to get along with that quantity, a tremendous machinery would have to be set up in order to prevent the ignorant and careless physicians from

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using up nearly all the available stock and leaving an insufficient supply to relieve actual suffering.

Our physicians in private practice prescribe more opium than is necessary just as they do with drugs in general. The whole thing is a reflection of our American prosperity and extravagance and it is done partly because the doctor so often feels he must give something to satisfy his patient. This is unfortunate-but the remedy is education and not restrictions beyond those imposed by our present laws. These restrictions have an educational value and they prevent the giving of opium to addicts over long periods of time under the pretext of treatment. The medical profession would resent any law beyond this which interferred with their personal opinions as to when opium or any other drug is beneficial. If the amount of opium released is suddenly reduced to what is actual scientific medical requirements, our laws and regulations will have to say it shall be prescribed for certain conditions, in certain amounts, over certain periods of time and it shall not be prescribed for any other conditions; and each doctor would have to be checked up three or four times each year. Otherwise physicians who needed opium to relieve biliary or renal colic would not have any because others would have already used up the available supply for what some of us would consider unnecessary purposes.

136,000 pounds of opium would supply about 52,000 addicts for one year if used entirely by them. The prescribing of this much by our physicians for legitimate medical purposes can, therefore, cause very little addiction. The remedy for the situation is not to attempt by law to regulate medical opinion. This would do more harm than good. The remedy lies in the continued enforcement of our laws as they stand and the prevention of smuggling by an international agreement limiting production to what doctors actually prescribe, and not to what we might think they ought to prescribe. If a survey of hospitals tended to show that thirty or forty thousand pounds should satisfy all real needs, a regulation might be enforced limiting our supply to that amount. This, for the reasons I have given, would be extremely unfortunate. It is conceivable that by law or regulation the physicians' supply might be reduced even if limitation of production fails. The addict would then continue to thrive while the sufferer would often because of a shortage of drug continue in discomfort and pain.

With the foregoing objections and possibilities in my mind I feel that a survey of hospitals ought not to be made at the present time, but I would like to hear further from you about it.

Although a general survey of hospitals does not seem advisable, we have not entirely given up the idea of surveys. The Service has for some time been making a health study of Washington County, Maryland. Part of the work includes a

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sickness survey of several thousand families over a period of one year, and we are now considering making a complete narcotic survey of the entire county in such a way that most of the objections to a mere hospital survey would be eliminated. This county contains a mining, industrial and agricultural population and it might be considered fairly representative of conditions throughout the country.

Very truly yours,

H.S. Cumming
Surgeon General

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