

MATTISON (J.B.)

The diagnosis of the
morphine disease

+ + + + + + +

LIBRARY
SURGEON GENERAL'S OFFICE
MAR. 4--1898
601

THE
DIAGNOSIS
OF THE
MORPHIN DISEASE.

LIBRARY
SURGEON GENERAL'S OFFICE

MAR. 4 -- 1898

BY

601.

J. B. MATTISON, M.D.,

MEDICAL DIRECTOR, BROOKLYN HOME FOR NARCOTIC INEBRIATES.

*Read before the American Medical Association,
Atlanta, Ga., 6th May, 1896.*

REPRINT:

Medical Record, 22d August, 1896.

THE DIAGNOSIS
OF THE
Morphin Disease.

BY

J. B. MATTISON, M.D.,

MEDICAL DIRECTOR, BROOKLYN HOME FOR NARCOTIC INEBRIATES.

On first thought, the title of this paper may seem somewhat trite; but a more sober second one will be likely to convince the reader that some cases of the morphin disease—*disease*, not “habit”—involve conditions so obscure as to make the diagnosis by no means easy; and the purpose of this paper is to present certain facts along somatic lines that will clear away doubt in suspected cases.

There are morphinists who, so far as outward symptoms under ordinary conditions obtain, present no proof. Again and again, in my experience, this fact has been noted; and if this be so with one whose professional life is exclusively given to the study of this disease, it goes without saying that it is much more likely to occur with one engaged in general work, by whom minor evidence of this toxic condition might easily be overlooked.

I have known a doctor take morphin fifteen years, and present himself for treatment without showing the slightest sign of his drug disease. He was cured and has been free six years. Of course, this was a very exceptional case, for usually the stamp of this neurosis is soon patent; but such a case is likely to reoccur and possibly involve such

interests along medico-legal lines as to make a correct diagnosis of more than common importance.

This case in point: Nine years ago the wife of a medical man brought suit against him for divorce. He was charged with being a morphinic. The charge was denied, and a countercharge made that she was a morphinist. This was denied, and in proof of denial, she was examined by two physicians, who gave evidence that she was free from the disease. They were mistaken—she had been taking morphin daily for six years! They failed to make crucial test of her true condition, and so erred. She lost her suit, but, *en passant*, it may be said that the outcome was a happy one; for she came under medical care, recovered, was reconciled and reunited to the doctor, has since added to the census, and remained well.

Another case: In the appeal for a new trial for Carlyle Harris—who, you will recall, was killed for alleged murder of his wife with morphin—evidence was offered to prove that she was a morphinist, and so might have died from an overdose self-taken. The appeal was denied, and in his opinion, refusing, Recorder Smyth—the trial justice—laid special stress on his belief that had Mrs. Harris been a morphinist, the fact would have been known to her husband, in whose behalf, on the trial, no such claim had been made.

I have no hesitation in saying that in this part of his opinion Recorder Smyth made a grave judicial error. Why? Because many a case of morphinism in a wife has persisted for years unknown to her husband, or even her doctor. That is a fact—just such a case of morphin-cocainism is now under my care; and, granting that the judge's belief along this line was the main reason for his refusal, if this fact had been properly presented and insisted on by competent counsel, it might have secured a new trial for Harris; which was, in my opinion—the claim as to the morphin being undecided—undoubtedly his due.

Many and varied as are the tokens of this toxic neurosis, it is safe to say there is not a single symptom infallible as a sign of the disease. This statement may be contrary to the general opinion in and out of the profession, but it is true. Anything like a "snap-shot diagnosis" in morphinism may be quite unreliable, and should never be made. The usual various sequelæ—many of which may present in other disorders—are known to you, and details need not detain. The point of most value in this paper is a statement of the fact that we have at command two tests that are certain to detect chronic morphin taking. They are enforced abstinence and urinalysis.

Concerning the first, so imperative is the demand of the system for a sufficient supply of morphin at more or less regular intervals, when it becomes part and parcel of the daily need, that any withholding beyond a certain time is sure to be followed by symptoms that settle the narcotic status beyond dispute.

The length of this abstinence needful to determine the question varies according to temperament and condition; but as patients require the drug daily or usually more often, forty-eight hours' withdrawal will suffice for proof. Possibly, in some extraordinary case, a longer time may be needed; but, as a rule, two days will do.

Regarding the renal test, various methods will serve; but the simplest of which I know is that of Dr. E. H. Bartley, professor of toxicology in the Long Island College Hospital. This is the Bartley process: To the suspected urine add carbonate of sodium to make it alkaline. In this put a portion of chloroform; shake well, allow it to settle, draw off, and add a small amount of iodic acid. If morphin be present, a violent tinge appears.

With a consensus of symptoms usually noted, and the time and urine tests, the diagnosis of the morphin disease need never be long in doubt.



