

The Use of Indian Hemp in the Treatment of Chronic Chloral and Chronic Opium Poisoning

BY E.A. BIRCH, M.D.

In 1887, at Calcutta, at nearly the same time, I met with two cases, both of them distressing and interesting. The first was that of a European gentleman, who I remembered to have met some two years previously, when he brought his wife from a distant district with a view to placing her under a physician in consequence of her habits as a confirmed chloral drinker. At that time I discovered that she was also a sufferer from valvular cardiac disease; but I need allude no further to her than to state that no power of persuasion or fear of consequences produced any effect. She made no real effort to overcome her vice. When denied her regular dose on two occasions, she became so outrageous, and, in her husband's opinion, so alarmingly ill, that she remained but a few days in town. Her husband then states that his wife had continued her habit, and that she ultimately died. The object of his visit was, he stated, to consult me about his heart. A very careful examination of that organ enabled me to assure him that it was healthy, though it certainly was in an irritable condition. Thus encouraged, he went on, to my amazement, to tell me that he had followed in his wife's footsteps, that he could not live without chloral, that he was utterly miserable, and that he took about forty grains daily. His depression of spirits he described as being terrible; he had frequently contemplated suicide; insomnia was almost complete, no sleep whatever being obtained without the aid of chloral, and then but little. He could take scarcely any food. The patient was a fresh, healthy-looking man, whose occupation was out-door and health-giving. He neither drank nor smoked. Change of air and scene had proved useless, but then he had never been able to release himself from his habit. I could not ascertain,

with any certainty, how long he had been addicted to chloral, but I suspected he commenced it long before his wife's death, though that event was the excuse he offered in extenuation. His organs were healthy, and worked healthily, except the functionally deranged heart.

I prescribed a sea trip, a mixture containing tinct. cannabis *indica* (ten minims), tinct. strophanth., and tinct. chlorof. co., with a bitter infusion, and appealed to him in the strongest language to abandon his vice. Six weeks later he returned, in much the same state, and reported that at first he had improved, but soon became intermittent in the use of his medicine, and he had not given up his chloral. He now agreed voluntarily to place himself under circumstances which admitted of surveillance and restraint. His chloral was peremptorily stopped, and he was prescribed a pill containing half a grain of ext. cannabis ind. with a few grains of the compound colocynth pill, to be taken three times a day. The result *was* an *immediate* improvement. The craving for the chloral had almost vanished in twenty-four hours, natural sleep returned after a few days, and he began to enjoy his food. Eventually he returned to his home and work, a happy man; but much disappointed because the name of the drug used was not communicated to him.

The second case was briefly this: I was requested by his friends to see a young Eurasian gentleman, whom I found to be a most miserable object, aged about twenty-four years, yellow, intensely *anaemic*, and extremely emaciated—an “exhumed corpse,” in fact, lying upon a couch, suffering acute agony in every limb. His liver and spleen were both materially enlarged. His history was shortly this. Occupying a position of considerable responsibility, and compelled to reside in one of the most desolate and depressing regions of Bengal, he became a confirmed and very excessive spirit drinker till, fearing the consequences, he resolved to conquer the habit, and he did so most thoroughly, but with the frightful assistance of opium. Laudanum was the form selected, and for at all events four months prior to his coming under my notice he admitted having consumed not less than two ounces daily. His friends, who had only just rescued him from his isolated position, were quite hopeless of the possibility of recovery. Here there was the well-known train of symptoms—insomnia, anorexia, disordered bowels, conscious

delusions, though there was no confusion of ideas in conversation, and so forth. Again I resorted to cannabis, commencing with only a quarter of a grain of the extract, gradually increasing it to half a grain, one grain, and one grain and a half three times a day, with the happiest result. Ability to take food and retain it soon returned, and after a time an appetite appeared; he began to sleep well; his pulse, which could not be counted at first, exhibited some volume; flesh rapidly accumulated; and after three weeks he was able to take a turn upon the verandah with the aid of a stick. After the lapse of six weeks he spoke of returning to his post, and I never saw him again.

I have never before or since had such typical cases of this class to deal with, but I have lost no opportunity of testing the cannabis in the direction indicated as far as possible, and I am satisfied of its immense value. The chief point that struck me was the *immediate* action of the drug in appeasing the appetite for the chloral or opium, and in restoring the ability to appreciate food. It seems to supply the place of the poison, to stimulate the appetite, to increase the heart's power, and thus to procure sleep indirectly, as well as directly, by its own sedative effect. Moreover, I am convinced that it is a diuretic, and that this action helped in the above cases. I prescribed the cannabis simply with a view to utilising a well-known remedy for insomnia, but it did much more than procure sleep. I think it will be found that there need be no fear of peremptorily withdrawing the deleterious drug, if hemp be employed. I know that the mere withdrawal of chloral will effect a cure, but at the expense of an interval of suffering which need not be incurred; and the same in a different degree holds true of opium. Upon one point I would insist—the necessity of concealing the name of the remedial drug from the patient, lest in his endeavour to escape from one form of vice he should fall into another, which can be indulged with facility in any Indian bazaar in the forms of **gunjah** (the dried flowering tops), **churrus** (the resinous exudation), **bang** or **subzee** (the larger leaves and capsules), or **majoon** (a compound of bang, butter, and flour). Hence the prescription should be made as complex as possible, and at the earliest moment the dose of the extract should be diminished gradually till eventually it is withdrawn altogether from the prescription.
