Correspondence

Letters to the Editor should not exceed 500 words.

Restrictions on Doctor in South Africa

SIR,—No doubt readers of the *B.M.J.* are aware of the recent "banning" orders served on Dr. R. Hoffenberg, a senior lecturer in the Department of Medicine, University of Cape Town. He is also a consultant at Groote Schuur Hospital, Cape Town, and a research worker of international standing.

Some of Dr. Hoffenberg's closer colleagues have discussed the more general aspects of the ban in the correspondence columns of *The Times*,¹ but we wish to refer here to the matter as it affects the medical profession. Dr. Hoffenberg's passport was confiscated in 1965, so that he was prevented from contributing to or learning from international conferences. Now his "banning" orders mean that he will not be allowed to teach students at the medical school or in the hospital; he will not be allowed to publish scientific material nor to attend any gathering whether academic or social.

We wish to remind the medical profession in this country that these punitive measures have been taken against Dr. Hoffenberg by the South African Government without any charge being brought against him, and he has no possibility of appeal. Dr. Hoffen-

berg's medical integrity is not in question, and we must therefore assume that he is being persecuted for his humanitarian work.

We trust that medical men in Britain will give all the support they can to professional bodies in South Africa should they decide to challenge the ban with the limited means available to them. Professor J. F. Brock, professor of medicine in the University of Cape Town, has already issued a statement in the strongest terms, which was published in the *Cape Times* of 2 August 1967. We have seen this statement and support Dr. Brock in his protest against the restriction of a valued member of the profession.—We are, etc.,

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PLATT.
ARNOLD SORSBY.
JOHN WATERLOW.

REFERENCE

- ¹ *The Times*, August 9 and 12.

A Case for Cannabis?

SIR,—The marihuana psychosis reported by Dr. P. J. Dally (5 August, p. 367) is known in the literature as oneiric delirium or oneiric fantasy. I originally encountered it during my childhood in the Orange Free State, where our employees grew dagga (*Cannabis indica*) illegally and smoked the flowering tops. One of them was what contemporary marihuana smokers would call a "pot head," and was "stoned out of his mind" through smoking dagga constantly. I remember him as my first experience of a drug addict, by turns hilarious and feebly shaking, irrational, incapable of earning a living, ending his life as a grey shadow who emerged from his bundle of rags only when his wife offered him food or he needed more dagga. It is surprising to me that this condition, clearly described by various workers,¹⁻³ has never been mentioned in the numerous statements made by my colleagues in the popular press.^{4,5}

During the past three years I have taken histories of the effects of cannabis on 40 people: some patients, and some habitués, either anxious to impress me as to its virtues or alarmed and shocked by their own physical and mental changes induced by the drug.

A pregnant girl of 16, who had taken small doses of amphetamine intermittently, smoked reefer from time to time. On one occasion she was offered black conga, a resin from North Africa, and smoked a quantity. She described herself as having felt as if she had been kicked by a horse, had terrifying nightmares, and was

semiconscious the whole of the next day. She became violently antagonistic to the drug, and was taking nothing at all during psychotherapy.

Another boy left his public school at 16, and became in appearance and manner a typical junkie. He was afraid of other drugs than cannabis, but appeared to be a chronic schizophrenic during the whole period of three years' exposure to the drug. Following probation for drug possession he is in a steady job, and has lost his emaciated neglected appearance and abandoned his grandiose flights of fantasy. He does not appear to be still hallucinated.

A boy of 20 was given his first reefer outside a pub two years previously. While working as a painter and decorator he smoked a particularly strong reefer to ward off symptoms of influenza, and remained semiconscious for three days. During his exposure to the drug he behaved like a chronic mild schizophrenic, but came off the drug after being on probation and entered steady employment. Later, however, he deserted his pregnant wife to join the "Flower People."

Intermittent cannabis-smoking causes slight bronchitis, injection of the conjunctivae, and voracious appetite. Confusion, apathy, and bad temper last for two or three days, during which period barbiturates, alcohol, and phenothiazines produce quite atypical effects. The desire to work is lost, because the subject becomes sure that the job has already been mastered even if it was not really begun. Argument over this produces either a crushingly arrogant response or an extremely paranoid reaction. This change in personality trait is one on which cannabis-taking can be

diagnosed in a school or a club; it is extremely striking, and takes up to two weeks to be reversed. More chronic subjects look ill and are emaciated in spite of their enormous appetites and thirst. Though they state that the drug can be easily given up, the psychic dependence appears to be similar to that of cocaine. Even a similar smell, let alone a whiff of the drug itself, excites a strong desire for a reefer. The "come down" lasts two to three weeks, and includes depression about losing the self-confidence and fantasy the drug induced.

In the early 1950s European doctors were warned by the Japanese that the amphetamine habit could produce psychosis, suicide, and major social problems.⁶ Our literature has only recognized this psychiatric state recently. This is probably because the amount of habituation to this drug has only risen gradually, but also because the psychosis takes a few years to establish on the small doses of amphetamine which were normally used in Britain. Ten tablets of dexamphetamine-amyl mixture are now taken where one was taken five years ago; for this reason the psychosis develops more rapidly and is more obvious.

The original *Lancet* article "Pop Pot"⁷ and the broadcast on "Today," which are quoted by pedlars to prove the harmlessness of marihuana, appeared in 1963. Dr. Dally's experiences and my own may indicate the beginning of a crop of cannabis psychotics which can increase the young population of our mental hospitals and slow down the estimated halving of this by the 1970s. Not unnaturally I become acutely apprehensive when I read authoritative articles in the popular press, signed by my colleagues, stating that this drug is less harmful than alcohol or tobacco. Until we, as doctors, can resolve our differences, we would be wise to confine our polemics to our professional journals.—I am, etc.,

London W.1.

ELIZABETH TYLDEN.

REFERENCES

- ¹ Bouquet, J., *Bull. Narcot.*, 1951, 3, No. 1, 22.
- ² Chopra, I. C., and Chopra, R. N., *ibid.*, 1957, 9, No. 1, 4.
- ³ Cardero de Farias, R., *ibid.*, 1955, 7, No. 2, 5.
- ⁴ Stafford Clark, D., *The Times*, 11 April 1967.
- ⁵ Andrews, G., and Vinkenog, S. (editors), *The Book of Grass*, 1967, London.
- ⁶ Nasaki, T., *Série de Rapports Techniques*, 1966, No. 10, W.H.O., Geneva.
- ⁷ *Lancet*, 1963, 2, 989.

SIR,—I am reluctant to add to all the ill-informed comments on drugs, but I am at a loss to understand why the therapeutic value of a drug should be considered in relation to its social usage. I am sure that Dr. D. Stafford-Clark does not intend in his letter (12 August, p. 435) to imply that because a drug has some therapeutic value this in some way makes it possible to free it from restriction, but I have no doubt that the "pot" lobby will fall upon his statement and draw from it quite disastrous inferences.—I am, etc.,

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