

Louria D B, Hensle T & Rose J. The major medical complications of heroin addiction. *Ann. Intern. Med.* 67:1-22, 1967.

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This report analyzed the major medical complications of heroin abuse. These included overdose, pulmonary edema, endocarditis, pneumonia, hepatitis, tetanus, cellulitis, and abscesses. The endocarditis was often manifested by recurrent pulmonary emboli, and the organism most often implicated was *Staphylococcus aureus*. [The SCI® indicates that this paper has been cited in over 385 publications.]

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The research for this paper took place at Bellevue Hospital in New York City at a time when society at large was uninterested in the heroin addict and the medical complications of intravenous drug abuse. This indifference in the 1960s, soon to be shattered, was based in part on the fact that heroin abuse was largely confined to urban, black or Hispanic, economically deprived communities. However, the epidemic of cannabis, LSD, and stimulant abuse that spread illicit drug use throughout society resulted in intensive public concern.

In the early 1960s I had started a decade as an infectious disease clinician at Bellevue Hospital, an extraordinary, constantly embattled institution with a marvelous esprit among the doctors and nurses who worked there. I had been convinced for many years that individual physicians should strive for direct involvement

in political and social issues facing our society; in particular, it seemed to me that we should seek out medical issues that impinged on public policy. The medical complications of drug abuse offered that opportunity; at Bellevue we were inundated with the medical consequences of both alcohol abuse and intravenous (or subcutaneous) use of heroin, alone or together with stimulants, tranquilizers, or barbiturates. Interestingly, at the adjacent New York City Medical Examiner's Office, Milton Halpern, one of the world's leading forensic pathologists, would walk around his domain making a diagnosis of narcotic overdose by a quick glance at the opened chests of those who had died of that contretemps.

As this article was completed, we began seeing the psychiatric (and occasionally the medical) complications of LSD use. This involvement in the medical complications of drug abuse led me sequentially to (1) become a member of the New York County Medical Society Public Health Committee, (2) chair that committee, (3) become a member of the New York State Council on Drug Addiction, and (4) chair that commission for seven years (I was appointed by then-governor of New York Nelson Rockefeller). I then became involved in the national debate on the burgeoning drug scene and went on to write three books for the public on the nature of this problem. Finally, I left internal medicine to take the position I have held for 17 years as the chairman of the Department of Preventive Medicine and Community Health at the New Jersey Medical School in Newark, a job I enjoy more with each passing year.

The *Classic* paper appears to have played a useful role in delineating a major problem for the medical profession. I believe it helped encourage other clinicians and investigators to become involved in the multiple problems created by drug abuse: I know it completely changed my career in medicine.

[See references 1, 2, and 3 for recent work in this field.]

1. Crane L R, Levine D P, Zervos M J & Cummings G. Bacteremia in narcotic addicts at the Detroit Medical Center. I. Microbiology, epidemiology, risk factors, and empiric therapy. *Rev. Infec. Dis.* 8:364-73, 1986.
2. Levine B P, Crane L R & Zervos M J. Bacteremia in narcotic addicts at the Detroit Medical Center. II. Infectious endocarditis: a prospective comparative study. *Rev. Infec. Dis.* 8:374-96, 1986.
3. Sheagren J N. Endocarditis complicating parenteral drug abuse. (Remington J S & Swartz M N, eds.) *Current clinical topics in infectious diseases*. New York: McGraw-Hill, 1981. Vol. 2. p. 211-33.

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