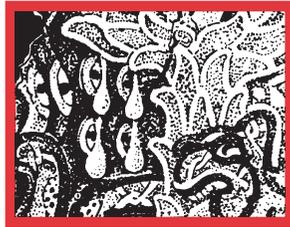


PHARMACOMANIA

PHARMACOMANIA
OR
**MR. JEKYLL AND DR. HYDE:
THE LITERARY CREATION OF
‹ADDICTS› AND ‹ALCOHOLICS›**

JONATHAN OTT



ENTHEOBOTANICA
TLALNELHUAYOCAN, MÉXICO
FIRST EDITION
2028

HALLUCINOGENIC PLANTS OF NORTH AMERICA

[Wingbow Press, Berkeley, CA, USA, 1976,1979]

TEONANÁCATL: HALLUCINOGENIC MUSHROOMS OF NORTH AMERICA

Co-Edited by J. Bigwood. Co-Authored by R.E. Schultes, A. Hofmann and R.G. Wasson.
[Madrona Publishers, Seattle, WA, 1978; Estudiosos del Tema, Barcelona, Catalunya, 2009]

THE CACÁHUATL-EATER: RUMINATIONS OF AN UNABASHED CHOCOLATE-ADDICT

[Natural Products, Vashon, WA, 1985; Entheobotanica, Tlalnelhuayocan, México, 2025]

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Co-Authored with: R. Gordon Wasson; Stella Kramrisch; and Carl A.P. Ruck.
[Yale Univ. Press, New Haven, CT, 1986; Fondo de Cultura Económica, México, DF, 1992]

PHARMACOTHEON: ENTHEOGENIC DRUGS, THEIR PLANT SOURCES AND HISTORY

[Natural Products CO., Kennewick, WA, 1993,1996; Liebre, Barcelona, 1996,2000, ETC.]

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[Natural Products, Ken., WA, USA, 1994; Entheobotanica, Tlalnelhuayocan, México, 2024]

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[Natural Products Company, Kennewick, WA, USA, 1995]

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[Natural Products, Kennew., WA, 1997; Entheobotanica, Tlalnelhuayocan, México, 2028]

SHAMANIC SNUFFS OR ENTHEOGENIC ERRHINES

[Entheobotanica, Solothurn, CH, 2001; Entheobotanica, Tlalnelhuayocan, México, 2024]

THE WORD-LEAF: A COCAFICIONADO'S PHARMACOGNOSTICAL PÆAN

[AT Verlag, Solothurn, CH, 2003 (PART); Entheobotanica, Tlalnelhuayocan, México, 2025]

MUTE WORDS. SILENT SPECTRES OF SPEECH / SIGIL-SKELETONS OF SOUND...

[Entheobotanica, Tlalnelhuayocan, México, 2026]

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DE LUXE First Edition—of 326, signed, and numbered copies—in April 2027.

Printed in Los Estados Unidos de México, upon recycled, acid-free paper.

The books were hand-leather-bound, and boxed, by Leonardo Cruz Parcerero.

Designed by Pablo Moya Rossi; the lay-out and typography are by Jonathan Ott.

Frontispiece: **CHRYSALIS / CRISÁLIDA** (oil-on-canvas: 48.03 x 25.20 IN. [122 X 64 CM]),

by Donna Torres, 2020; photographed by Donna Torres.

ISBN 1-888755-05-9 **PHARMACOMANIA/PHARMACOPHILIA** [BOXED SET: US\$600.00]

JONATHAN OTT BOOKS / PO BOX 784 / Occidental, CA / 95465 / JONATHANOTTBOOKS.COM

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METAMORPHOSIS
Strange Case of Mr. Jekyll and Dr. Hyde

Enough, then, that I not only recognized my natural body for the mere aura and effulgence of certain of the powers that made up my spirit, but managed to compound a drug by which these powers should be dethroned from their supremacy, and a second form and countenance substituted, none the less natural to me because they were the expression, and bore the stamp, of lower elements in my soul.

Robert Louis Stevenson
Strange Case of Dr. Jekyll and Mr. Hyde [1886]

Pharmacomania is an obsolescent term for what today we call <DRUG-ADDICTION>; **PHARMACOMANIA** is an *Essay* in LITERARY HISTORIOGRAPHY, centered on the psychophysics of DRUG-HABITUATION. We will see that ADDICTION, or **DEVOTION TO A HABIT**, came to be—through what Szasz rightly called *Ceremonial Chemistry*—ADDICTION **TO A DRUG**; then a metaphorical **DISEASE**, with <pathology>, even <epidemiology>—afflicting <ADDICTS>: an epithet as much criminological as psychopathological, but in no wise scientific. **ADDICT** did not exist as a substantive (noun) in English, until the XX Century, and this mendacious, meretricious linguistic *legerdemain* was key to this transformation of a commonplace **HABITUÉ**, of whatever **BEHAVIOR**—**NOT OBJECT**—into a parlous **ADDICT TO A DRUG**—particularly, to MORPHINE, and/or HEROÏN. I had an intimation, which became a firm persuasion, as I reëxamined certain literature from this perspective, that the conceptual framework behind this singular smokescreen of scapegoating (although certainly *not* the simple-minded linguistics, into which Physicians seemingly had blundered—only to have political Penmen polish and point it) had to be, in origin, A LITERARY CREATION—a flight-of-fancy of some imaginative *Literato*, taken seriously by medical not-quite-science, then crudely midwifed into this World... as some nursling, <NEW AGE>-NOSTRUM.

To be sure, the COCAÏNIC *catholicon* and MORPHEAN *poppy-panacea* were mainstays of the thriving and lucrative Usan <patent-medicine>-trade, which obligingly discovered *a new disease* in the too-assiduous use of its bread-and-butter blockbuster-drugs, the promotion of which was bread and butter, for the incipient advertising industry, and in turn, to periodical publications of all types. Creative energies were focused-upon *promotion* and *sales*, and soon enough, *legal maneuvering*; whereas *new drugs* were not sought, so much as *new diseases*. Based on very sound business-principles, and nothing that charitably could be described as *medical science*, NEW AGE-NOSTRUMS for NARCOMANIA naturally evolved in this crowded and saturated

market, many of which (at least those *effective*) of course contained OPIATES and/or COCAINE, not to say ALCOHOL, and could do yeoman's service as home-cure-HOOCH in Dry States. In time, the bankable «narcotics-*sanatoria*» became a major segment of the hospital-industry, and the most successful companies were among the first service-businesses to attain to a national market-penetration. As the XX Century launched PROHIBITION into the national footlights, the Allopathic Physicians and Pharmacists accepted the yoke of strict licensing and subservience to the States, in exchange for an exclusive federal franchise to the medicinal market, which became a Machiavellian duopoly we now know. In 1919 the US SUPREME COURT decreed NARCOMANIA to be without the province of this concession; indeed, this «cash-cow»-condition of the «Croakers» was coöpted, under the none-too-theoretical threat of criminal conviction and incarceration, and these private narcotics-*sanatoria* were replaced in short order by jazzed-up public jails for the judicially jury-rigged «Junkies».

With the (then only three) federal prisons overcrowded with PROHIBITION- and NARCOTICS-«violators», Congress authorized construction of two new federal prisons at Fort Worth, Texas and Lexington, Kentucky: specifically to warehouse «narcotics-addicts». They were placed not under control of the BUREAU OF PRISONS, but of PUBLIC HEALTH SERVICE in the DEPARTMENT OF TREASURY, under the Surgeon General. At first rather clumsily called «Narcotics-Farms» (too many inmates and visitors asked «where do you grow the NARCOTICS?»), in time they came to be called demagogically ADDICTION RESEARCH CENTER HOSPITALS—but as far as THE BUDGET was concerned were FEDERAL PRISONS. We should bear in mind that the PUBLIC HEALTH SERVICE had held competence only over US ARMED FORCES, and this proved to be a stepping-stone to a far bigger bailiwick; and we must not forget that the BUREAU OF PROHIBITION (whose corrupt Agents also swelled the prison-rolls), and the BUREAU OF NARCOTICS, not to say CUSTOMS and the COAST GUARD, also were under the umbrella of DEPARTMENT OF TREASURY. Tax 'em and wax 'em, then was the order of the day.

Lest I paint too dark a picture, I hasten to add that the PHS-addiction-army, the *Spritzkrieg*-point-men, under the dedicated and astute direction of Dr. Lawrence Kolb at Lexington, conducted practically *the only salient research ever* with HUMAN subjects—into the physiology of OPIOID-HABITUATION, TOLERANCE, and especially the OPIOID-WITHDRAWAL-SYNDROME. What must be unprecedented for any federal prison anywhere, Lexington was forced to admit *voluntary* inmates who spoke kindly of their therapeutic turnkeys (of course, they knew they would be given MORPHINE for a time, and generally left, as soon as their ANODYNE-allotment was exhausted; despite attempts to impose a six-month-*minimum* commitment, which the courts would not countenance, absent conviction and sentencing). Moreover, under the

ægis of the NATIONAL RESEARCH COUNCIL, and in collaboration with Pharmacologists, from the UNIVERSITY OF MICHIGAN, and Chemists, from the UNIVERSITY OF VIRGINIA, the PHS-researchers at Lexington culminated, and validated, the finest structure-activity-relationship-studies ever conducted on MORPHINE-derivatives, which were tested systematically on relevant HUMAN subjects, who volunteered *eagerly* for the experiments. For all the funds spent on academic research in DRUGABUSEOLOGY, little of significance has been added to the HUMAN pharmacological picture since 1933–1946, when these studies wound-down: in part, because the mandated MORPHEAN MIRACLE-CURE proved to be a MEDICAL MIRAGE, and the *genuine* Epidemiologists of PHS could see clearly that ADDICTION was NO DISEASE, as they understood the term; and Dr. Kolb eventually recommended *outpatient-maintenance* of HABITUÉS, with MORPHINE or HEROÏN. Despite the clearly-stated psychological biases of Physician Kolb at the outset, the fancied *homicidal* HEROÏN-FIENDS of the LITERARY stereotype (and of the bureaucratic bill of take-it-or-leave-it-goods) proved BY THEIR ABSENCE to be a phantom and fugitive figment of this pharmacological *fata morgana*; which is to say that the HOMŒOPATHIC HOSPICE-HOME for these scarce-as-hen's-teeth Mr. Hydes of HEROÏN (indeed, when such prisoners occasionally appeared at Lexington, they promptly were shipped-back to the regular federal prisons whence they came), came rather to house the «Dr. Jekylls» of «JUNK»—all-too-many of whom, once, had been in his profession, and were Criminals, only in the ARBITRARY sense, of being «narcotics-violators». Kolb faced the obdurate facts, and Congress, like a man, and admitted, in no uncertain terms, that PSYCHOTHERAPY, TOO, WAS A COMPLETE WASTE of time and resources; that NARCOMANIA WAS NOT A DISEASE, not even *metaphorically*, NOT some «MENTAL ILLNESS». NO DISEASE... *ergo*, NO CURE... just provide them with what they desire, and this iatrogenic so-called *problem*, at least, would be «cured»... or, at a *minimum*, be controlled, extremely inexpensively... and hence contained.

My *sub-TITLE* is anything but fortuitous... and we shall see that Robert Louis Stevenson's 1886 bestseller, and classic tale, *Strange Case of Dr. Jekyll and Mr. Hyde*, prefigured this development: clothed the *stigma* in hoof and horns, and stereotyped the scapegoats of our times. Showing his incisive psychological insight, Stevenson's sober and proper Henry Jekyll acknowledged, and embraced Edward Hyde, as his repressed, ANIMAL-NATURE... which, in the end, rightly proved to be stronger, more natural and enduring than the veneer of Victorian virtue of the civilized *camouflage*, until Jekyll was no more. It seems to me probable, that Stevenson himself was the model, both for Jekyll and Hyde—the latter embodying, with *literary license*, his liberated and libidinous impulses, under the influence of COCAINE, of which he was fond. Some might appraise his NOVEL, a morality-tale of the swift degradation of

Jekyll, as he becomes «addicted» to his potion, as a *Metaphor* for the thralldom to COCAINE: conducing to complete ruin; to homicide and suicide. But this would be stretching the facts well beyond any comfortable fit—much as diminutive Hyde's togs were far too small for Jekyll. As it happens, Stevenson had written this NOVEL *in six days*—while under the influence of COCAINE. Panned by the Critics, as some insignificant *potboiler*, the *Book* sold 52,000 COPIES in four months, and became a classic, Stevenson's finest literary legacy. I need not tell my fellow Writers—much less Novelists—that writing any money-making-*Book, in six days*, a *Book* destined long to outlive its author, is hardly a tale of some COCAÏNIC CATASTROPHE; it rather is a pæan to COCAÏNIC CREATIVITY, to POËTIC and PHARMACOPHILIC PRODUCTIVITY. Journalists, however, who need no Weatherman to know whence blows the wind, plundered and plagiarized the POËTIC PROPHET OF PHARMACOPHILIA, and force-fit their felonious facts, to Stevenson's STEREOTYPICAL SUIT... OF PHARMACOMANIA.

Twenty-six years passed, and in 1912, at first serialized in *The Saturday Evening Post*, Usan Novelist Jack London (whose stock-in-trade, like Stevenson's, included seafaring «swashbucklers») published *John Barleycorn* {*or, Alcoholic Memoirs*}, an even bigger, blockbuster-bestseller. PROHIBITION was jumping-upon the national stage, and that LEGENDARY LITERARY LUSH became one of its Champions. But such bad company (whom London certainly would not have invited to his California-ranch) does him an injustice: for London frankly, and forthrightly, with neither apology nor shame—nor any kneeling at the confessional—flew his dirtiest laundry from the foremast. Without frivolous filigrees... no frilly furbelows... nor any gratuitous grandstanding, London coolly dissected and laid-bare the skeletal psychophysics of the CLOCKWORK OF CRAVING—the psychology of PHARMACOMANIA, which aptly he dubbed the «White Logic». This is a brilliant and brutal *Book*, beautifully written and transcendental—albeit not in the sense of Dr. Jekyll's «Transcendental Medicine». *John Barleycorn* has received far too little attention of late, and as far as I am aware, is unique, in its unstinting focus on the PSYCHOPHYSICS OF PHARMACOMANIA—at least until now... until publication of this *Book* you now read—PHARMACOMANIA.

John Barleycorn is another signal literary milestone, in my HISTORIOGRAPHY OF HABITUATION—which commences, naturally enough, with Thomas De Quincey's 1821 major classic, *Confessions of an English Opium-Eater*; and culminates some 140 years later with William S. Burroughs' first two NOVELS, *Junkie* [1953], and its 1959 sequel, *Naked Lunch*. Burroughs, a misanthropic and misogynistic misfit, a *troubador with a trust-fund* turned New Age-Novelist, portrayed *himself* as Protagonist, after the fashion of Marcel Proust and James Joyce—so much so, that *he created himself* as Character, and in fact he personified and protagonized Stevenson's stereotype.

Seemingly all unawares, he clothed himself hide, hoof and horn in the habiliments of Hyde the Heroïnomaniac, the jazzed-up Junkie-jetsam of Dr. Jekyll. Burroughs copped-out, on the dead-and-buried *disease-model* of «ADDICTION»; unlike London, who grudgingly did lend it credence, but manfully (or wisely) disdained to lean-on so flimsy a crutch. And so we had come *half-circle*: from the perspicuous philology and philosophy of De Quincey, concerning his *devotion* (or *addiction*) to the HABIT of eating OPTÛM... through pharmacological science-fiction; and all the way to the Novelist as needlenicked *nemesis*, like Frankenstein animating a makeshift MONSTER, breathing deadbeat-life... into the febrile pharmacological fantasy of Stevenson's.

No, my *sub-TITLE* is in no wise fortuitous, nor is there any typographical error in reference to *Mr. Jekyll* and *Dr. Hyde*: for in *this* tall tale, the real MONSTERS... are the Doctors! And it is long past time we came *full circle*, and so kept faith with Thomas De Quincey, who had made such a promising start. Thomas De Quincey... who was no Novelist, nor would have had time for one; the Philosopher as Protagonist, and one of the greatest English Prosists ever. I intend here **TO CLOSE THE CIRCLE**, and **TO KEEP FAITH WITH** De Quincey. If I be judged harshly for this ambition... so long as I be judged in that context... I shall not feel ill-used, but rather as any Writer probably must feel, when raked over the coals by some Critic—vindicated!

Be not beguiled into *believing* my pharmacomaniacal flight-of-fancy; nor take trouble *to trash it*. Take it for a tall tale... or leave it languish. Historiography hopes to be *halfway-true*; but *the other half* truly is HOGWASH. Whole hog or whole cloth? How should I know? Howbeit, it be a handy and high-on-the-hog-hook, to hang my hat on. Hat in hand, from beneath which have I hauled and held-up a story, as hard to swallow as any, fetched-forth a farfetched fish-tale that fain would flummox and flabbergast. Pray pretend it were true. In truth, it is *the only truth* I know: not HISTORY, hang me, here is MYSTORY. I have *a habit*, of *having habits*, even at times *have been had* by *habits*. Let others bemoan *bad habits*, make sport of *fad-habits*, shake their heads over *sad habits*, or make money, ministering to *mad habits*: give ME the *glad-habit-gleanings* when they go. *Glad habits*, at times, have a *bad habit*, of holding HABITUÉS hostage, trapped in their thrall, captives of craving. Some run for their lives, live life «on the lam». Others slip into submission, yet still survive. At worst, HABIT is all one has... and a few fight to the finish, with a faceless foe, to whom they have forfeited their lives. Life has a *habit* of holding death at bay, and *habitually* has a last stand. Here is Life, so happy a *habit*, determined to die another day. HABITS aren't for DYING, HABITS are for LIVING. MY HEAVIEST HABIT IS LIVING.

JONATHAN OTT

