

Self-Administered, Hypodermically, Subcutaneously, or Intravenously: Exploring the Cocaine Addiction of Sherlock Holmes[†]

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Abstract

Cocaine use during the late Victorian era was common and encouraged until more was discovered about the drug and its effects. Even then, some physicians, such as Freud, maintained its safety and never fully denounced it as the wonder drug as had previously been thought. However, it is possible, based on the stories' settings and their publication dates that Conan Doyle realized the dangers of cocaine use and changed how he wrote its usage in his characterizations of Watson and Holmes. Through those changing characterizations, their relationship moved from roommates to friends and eventually to a relationship between doctor and patient. Sherlock Holmes was labeled as “a little queer in his ideas—an enthusiast in some branches of science” and this paper will begin with that description of him as an eccentric and continue through how Watson described him as a “self-poisoner of cocaine.” The examination of the eight stories of the Holmesian canon where cocaine use is either mentioned by name or described will show how Arthur Conan Doyle wrote Sherlock Holmes as not only an eccentric but a cocaine addict who gradually kicked, or replaced, his addiction in favor of another.

[†] A shorter version of this paper was presented at the Tennessee Philological Association 2010 meeting at Lee University.

Introduction

Arthur Conan Doyle gave the world Sherlock Holmes in 1887, but at first, only American audiences held any interest in the detective. By 1888, every man, woman, and child in America, and England, knew of the famous detective's art of deduction, as heard from one John H. Watson, M.D. ("Introduction," *A Study in Scarlet*). Conan Doyle describes Watson's first meeting with Holmes to discuss possible lodgings, as Watson begins his famous literary career by observing and chronicling Holmes's outstanding detective work. While reminiscing on the pair's first day residing at 221B Baker Street, Watson interjects the most curious remembrance of his companion:

Nothing could exceed his energy when the working fit was upon him; but now and again a reaction would seize him, and for days on end he would lie upon the sofa in the sitting-room, hardly uttering a word or moving a muscle from morning to night. On these occasions I have noticed such a dreamy, vacant expression in his eyes, that I might have suspected him of being addicted to the use of some narcotic, had not the temperance and cleanliness of his whole life forbidden such a notion. (STUD 13)[‡]

This remembrance is a part of Conan Doyle's first novel, *A Study in Scarlet*, which includes no indication of future Holmes and Watson outings. On first reading, this passage seems to be a remembrance of one of many of Sherlock Holmes's "shortcomings"; however, Conan Doyle's *The Sign of the Four*, the next novel featuring Holmes, reveals what we would now consider the hero's ultimate "shortcoming": the use of cocaine.

This paper will focus on Arthur Conan Doyle's characterization of Holmes and his use of cocaine in eight of the sixty stories of the Holmesian canon analyzing whether Holmes's cocaine use would be considered an addictive behavior or merely periodic experimentation. In exploring Holmes's possible addiction, I will examine how his creator also commented on the acceptability of cocaine use. To determine the severity of Holmes's drug problem and the purpose of Arthur Conan Doyle's medical commentary, I will first establish Sherlock Holmes's idiosyncrasies to Conan Doyle's mention of cocaine. Then, I will examine the Victorian history of the drug, its uses, and its relation to Arthur Conan Doyle and Sherlock Holmes. Finally, I will examine addiction theories related to Holmes alongside his use of cocaine. Throughout this paper, I will relate my findings to Arthur Conan Doyle and his role as a physician who, over time, used Watson to purport a medical agenda against the use of cocaine.

[‡] Further citations of the following Holmes adventures will be parenthetically cited following the accepted canonical abbreviations for the stories: *A Study in Scarlet* (STUD), "The Adventure of the Creeping Man" (CREE), "The Adventure of the Devil's Foot" (DEVI), "The Adventure of the Missing Three-Quarter" (MISS), "The Five Orange Pips" (FIVE), "The Man with the Twisted Lip" (TWIS), "A Scandal in Bohemia" (SCAN), *The Sign of the Four* (SIGN).

Meet Sherlock Holmes—The Eccentric

A Study in Scarlet (1887) begins with Dr. John Watson's account of his arrival in London in 1881. He recounts his decision to look for respectful and comfortable rooms on his meager pension. As he searches for new lodgings, he meets an acquaintance from his days as an army surgeon. Stamford, as the gentleman is called, tells Watson of a peculiar individual who is looking for a roommate to split the cost of a suite on Baker Street. Watson jumps at the chance to meet his potential roommate; however, Stamford seems a bit cautious to introduce them. He describes Sherlock Holmes as "a little queer in his ideas—an enthusiast in some branches of science" and "perhaps you would not care for him as a constant companion" (STUD). Watson explains to Stamford that his nerves are still recovering from his service in the Afghan War and requests to meet Holmes. Stamford cautiously reminds him that if the proposed living arrangements do not work, Watson "must not hold me responsible" (STUD). Watson assures him that it will not be a problem if they do not get along, but he demands to know why Stamford is consistently cautious upon the introduction of the two. Stamford's previous description provides the audience with a glimpse of the oddities that make up Sherlock Holmes. Stamford explains that Holmes is not a medical student, yet he beats the cadavers to understand bruising after death. He seems to have a propensity for chemistry, and as far as observations and deduction, Holmes is the best by far. He has an expansive knowledge of most subjects where crimes and criminals are concerned. There is one detail on Holmes's character Stamford enumerates that proves a bit disturbing:

Holmes is a little too scientific for my tastes—it approaches to cold-bloodedness. I could imagine his giving a friend a little pinch of the latest vegetable alkaloid, not out of malevolence, you understand, but simply out of a spirit of inquiry in order to have an accurate idea of the effects. To do him justice, I think that he would take it himself with the same readiness. (STUD 6-9).

From Stamford's description and conversation with Watson, Holmes seems an interesting fellow, definitely a character worth studying. Still, Holmes's evaluation of his own "shortcomings" is invaluable to the study of his behavior where cocaine and Arthur Conan Doyle's medical commentary are concerned: "I get in the dumps at times, and don't open my mouth for days on end. You must not think I am sulky when I do that. Just let me alone, and I'll soon be right" (STUD 11). Although Conan Doyle does not mention cocaine use in *A Study in Scarlet*, he allows Holmes to describe himself when he is in an altered state. Several psychological defects or illnesses could have caused this modified state, but at this early stage in the Holmesian canon and Arthur Conan Doyle's biography and the Victorian history of the drug, cocaine use is more likely the cause.

To grasp why Arthur Conan Doyle wrote Holmes as a cocaine user, the history of the drug relating to Conan Doyle's life and medical studies is relevant. Because the information available on the drug today was not available in the nineteenth century, scientists and physicians experimented on test subjects and on themselves to document the discoveries in science and medicine. The height of the cocaine fervor in the 1880s found Conan Doyle as a practicing physician who also was in the position to study the drug's effects through self-experimentation (Keep 209).

A Victorian History of Cocaine

The discovery of the coca plant was not entirely new to generations of Peruvians, but the Europeans did not scientifically report the full effects, after “tests,” of the drug until the nineteenth century (Boucher 72-3). They discovered the drug-like properties of the coca plant in 1859 when Italian physician Paolo Mantegazza experienced “phantasmagoric images” and “[a] doubling of his pulse rate” after having chewed the leaves (Greenberg 187). The year of Mantegazza’s discovery is significant because this was the first account of the coca leaf for Europeans, but because 1859 was the year of Arthur Conan Doyle’s birth (Rodin 3). This detail is essential in realizing that there was never a moment of Arthur Conan Doyle’s life where there would never be any study on coca or cocaine. By Conan Doyle’s first birthday in 1860, Alfred Neimann, the Viennese biochemist, had successfully isolated the alkaloid, cocaine, from the coca leaf. By his entrance to university studies, physicians in Europe and America conducted studies on the properties of the coca leaf and its alkaloid (“A Study in Cocaine” 125).

By 1876, Arthur Conan Doyle began his medical studies at the University of Edinburgh (Rodin 8). In that same year, Dr. G. Archie Stockwell in the *Boston Medical and Surgical Journal* praised the properties of coca. At this time, cocaine was added to many beverages and sold freely to the public either as a tonic for sluggish nerves or as an elixir for an added pick-me-up. The tonics, called French coca wines, many made with Bordeaux wine, reached popularity in the 1870s and contained mild amounts of cocaine. Pharmacist John Pemberton’s product was a non-alcoholic version of the wine, most popular with teetotalers (“Why Did Sherlock Holmes Use Cocaine” 215). Upon Conan Doyle’s completion of his university studies in 1881, physicians in America, from Detroit southward to Chattanooga, published numerous praises of cocaine, the wonder drug. During this time, cocaine was regarded as a cure-all for alcoholism, morphine addiction, tuberculosis, dyspepsia, and impotence (“A Study in Cocaine” 126).

Although doctors in America touted cocaine and coca as “wonder drugs,” it was not until Sigmund Freud fully endorsed the drugs’ credibility that they became more readily available to the public. Freud was undoubtedly the most famous physician who championed the use of cocaine by 1884. He noted in his *Ueber Coca*, “I have tested the effects of coca, . . . which wards off hunger, sleep, and fatigue and steals one to intellectual effort, some dozen times on myself.” He continued to say that the side effects were quite minimal and “. . . repeated doses of coca produce no compulsive desire to use the stimulant further” (“America’s First Cocaine Epidemic” 59). Freud’s paper explored all possible ways coca and cocaine could be useful to physicians and the public. David F. Musto reports in his “Study on Cocaine: Sherlock Holmes and Sigmund Freud,” “Freud felt that one of the most important uses of cocaine would be psychiatrists treating melancholia or neurasthenia,” and the drug “filled a need for psychiatrists who had many drugs for calming excited persons but heretofore no safe psychic stimulant” (“A Study in Cocaine” 129).

As a result of Freud’s findings, two drug companies, Parke-Davis & Company in America and Merck & Company in Germany, began producing various cocaine-based medicines and tonics in 1885. The companies made cocaine salves, cocaine for injection, and, as a remedy for hay

fever, cocaine for sniffing (“Why did Sherlock Holmes Use Cocaine?” 216). The American company began marketing the drug to doctors, explaining the properties of coca and cocaine by sending a brief synopsis of the drug’s abilities and introducing it as “a drug which through its stimulant properties, can supply the place of food, make the coward brave, the silent eloquent, free the victims of alcohol and opium habit from their bondage, and, as an anesthetic render the sufferer insensitive to pain, and make attainable to the surgeon heights of what may be termed, ‘aesthetic surgery’ never reached before” (“A Study in Cocaine 129). Cocaine was later available for purchase for public use in the mid-1880s in two forms: cocaine powder for sniffing and cocaine for injections. With the invention of the hypodermic syringe in the mid-nineteenth century, the speed at which medicines became effective increased. There are different forms of cocaine: pure and cocaine-hydrochloride. Holmes’s typical type of cocaine injection was a “seven-percent solution,” but Watson neglects to inform the audience of Holmes’s preferred form (Harrison 155). In America, in 1885, Parke-Davis & Company sold cocaine for injections, complete with needles and cases for storage. However, in Europe, 1891 is the earliest report of hypodermic injection of the drug (Rodin 257).

Between 1885 and 1887, Freud’s fervor over cocaine as a cure for morphine addiction had waned, primarily due to his friend’s development of cocaine addiction while combating morphine addiction. Although Freud never publicized a change in his stance concerning the healing properties of the drug, he did state that it could not cure the addiction to morphine. The reputation of coca and cocaine slowly began to deteriorate in the mid-1880s. While physicians may have noted some seemingly addictive qualities of cocaine, the drug was still valuable in ophthalmological procedures. Other types of surgeries kept the drug’s reputation intact for being useful. As for Arthur Conan Doyle, the practicing physician began his ophthalmological studies in Vienna in 1891, to lighten his patient load. He had been a practicing general physician and surgeon from 1881 until 1890 when he realized that by specializing in ophthalmology, in which cocaine was used as an anesthetic, he could still treat a few patients and write to earn his living. All research into his medical career indicates he took great pains to keep up with the ever-changing medical field, as suggested by his thesis on *tabes dorsalis*—although many of the assertions he made on the condition have since been proven false. Still, given the known practice of medicine and the knowledge of diagnostics, he knew all the information of his day and how to apply his expertise to treatments (Rodin 87-95).

Cocaine was steadily losing its glamor by 1890 when the second Sherlock Holmes novel was published. Physicians were reporting more cases of cocaine addiction, and eventually, they stopped recommending cocaine as a remedy for any ailment, although the drug was available without a prescription until 1900 (Boucher 73, 75). The eight stories with references to cocaine, *A Study in Scarlet*, and *The Sign of the Four* were published between 1887 and 1927. The mention of Holmes’s cocaine use in conjunction with the publication dates points to the author as a doctor who does not endorse the miraculous medical properties of cocaine.

*Meet Sherlock Holmes and Drs. John Watson and Arthur Conan Doyle—
The Cocaine Addict and His Doctors*

Dr. Arthur Conan Doyle was an activist in the literary and medical communities as well as the religious community. He composed many writings from fiction to numerous pamphlets concerning subjects ranging from spiritualism to more historical writings such as *The Great Boer War* and “The War in South Africa: Its Cause and Conduct” (Jaffe 114). In examining writings other than the Holmes stories, Conan Doyle’s decision to allow Sherlock Holmes to use cocaine is an indicator of how he, as a physician, viewed the safety of the drug.

Based on the publication dates and settings of the later Sherlock Holmes stories, it is probable that, through Sherlock Holmes, Arthur Conan Doyle attempted to put forth a medical agenda on his views of the drug since his stories would reach the public before physicians published articles in medical journals.

The first mention of cocaine use, by name, in the Holmesian canon is in *The Sign of the Four*, published in 1890, the year the mystique of cocaine began diminishing. During his only pointed intervention in the Holmesian canon, Watson speaks as more than a mere chronicler or companion; he speaks as a doctor to a patient regarding an addictive behavior:

Count the cost! Your brain may . . . be roused and excited, but it is a pathological and morbid process, which involves increased tissue-change and may at least leave a permanent weakness. You know, too, what a black reaction comes upon you . . . Why should you for a mere passing pleasure, risk the loss of those great powers with which you have been endowed? (SIGN 4)

In the beginning passages of *The Sign of the Four*, Watson admits to seeing Holmes poison himself at least three times a day for months (SIGN 3). This type of behavior indicates that Holmes has a cocaine addiction. More importantly, Arthur Conan Doyle demonstrates his knowledge of the consequences of the drug and uses Watson’s disdain for Holmes’s cocaine use and admonishment of his “need” to use the drug as a warning to the general reading public. How Watson describes Holmes’s actions regarding his famous “seven-per-cent solution” allows the audience to see the reproachful stance he and the author, Conan Doyle, take on Holmes’s use of cocaine. Watson says, “from day to day I had become more irritable at the sight,” and eventually, he admits to being a bit of a coward about confronting Holmes (SIGN 3-4).

As a physician and ophthalmologist, Arthur Conan Doyle knew the various cocaine solution injections and the many ways of administering the different types of injections. The drug can be administered by three different methods of injection: subcutaneously, intramuscularly, or intravenously. Subcutaneous injections require the use of two hands; one hand must hold the skin while the other injects the drug beneath the skin. Intramuscular injections require both hands and the ability to gain access to large muscles. Today, the use of these types of injections occurs when receiving vaccinations. The final type of injection is the intravenous injection, or I.V. Veins found in the hand or forearm typically work best for this type of injection, which

incidentally is the method of injection Sherlock Holmes prefers for his “seven-per-cent solution” (Pratte 85).

The Sign of the Four begins with Watson alluding to Holmes’s use of an intravenous injection: “With his long, white, nervous fingers he adjusted the delicate needle, and rolled back his left shirt-cuff. For some little time his eyes rested thoughtfully upon the sinewy forearm and wrist, all dotted and scarred with innumerable puncture-marks” (SIGN 3). This description informs the reader of more than the type of injection; it also describes a person who knows the risks of injections and uses them frequently. His recurrent need for cocaine injections to stimulate his “stagnant mind” indicates an addictive behavior.

Pierre Pratte discusses four steps to addiction: first-time use, occasional use, regular/frequent use, and dependency. Pratte states the path of addiction as “initially he [the drug user] tries the drug and then proceeds to use it not infrequently, but with no regularity.” From this point, Pratte acknowledges the choice a cocaine user must make regarding his drug use. Either he can follow the path that leads to dependency or stop when he believes the drug is controlling him (Pratte 87).

From Holmes’s standpoint of the drug, he finds “it . . . so transcendently stimulating and clarifying to the mind that its secondary action is of small consent” (SIGN 4). Holmes acknowledges that he knows how the drug affects his body, but he also states the high is of more importance to him. If Pratte’s views are applied to this quote, Sherlock Holmes admits the drug controls him since he would rather have the high than worry about the long-term harm to his mind and body. That admission alone, according to Pratte, would classify Sherlock Holmes as an addict. However, there is one curious quote from Sherlock Holmes on why he takes cocaine. He states, “My mind . . . rebels at stagnation. Give me problems, give me work, give me the most abstruse cryptogram or the most intricate analysis, and I am in my own proper atmosphere. I can dispense then with artificial stimulants . . . I crave for mental exaltation” (SIGN 4). Holmes admits to using cocaine for its stimulating properties for the sake of boredom.

As he published future Holmes stories, Arthur Conan Doyle described Holmes’s moods and characteristics in relation to cocaine use rather than providing specific examples of Holmes’s drug use or acknowledging the drug by name. By the publication of “The Devil’s Foot” in 1917, he speaks through Watson’s description of proposed drug use: “Holmes’s iron constitution showed some symptoms of giving way in the face of constant hard work of a most exacting kind, aggravated, perhaps, by occasional indiscretions of his own” (DEVI 68). Avid readers of the Holmesian canon can infer to what “occasional indiscretions” Watson describes.

Later acknowledgment of Holmes’s use of the drug falls directly into place with the medical consensus of cocaine use. While the publication years may be somewhat inconsistent with physicians’ recanting of the “wonder drug,” the years the stories took place fit perfectly. In Sherlock Holmes’s world, 1887 through 1903 were the most troubling concerning cocaine use. *A Study in Scarlet*, set in 1881, introduces Holmes as an eccentric and as an individual who experiences dark, depressive states. By 1887, the setting for “The Five Orange Pips,” Watson

recounts to Holmes an essential list of Holmes's character traits from his observations during the pair's early days at 221B Baker Street:

Philosophy, astronomy, and politics were marked at zero, I remember. Botany variable, geology profound as regards the mud-stains from any region within fifty miles of town, chemistry eccentric, anatomy unsystematic, sensational literature and crime records unique, violin player, boxer, swordsman, lawyer, and self-poisoner by cocaine and tobacco. (FIVE 115)

Watson speaks rather candidly of the "self-poisoner" and his cocaine use, which brings an amused expression to Holmes as he remarks on his belief in keeping "his brain attic stocked with all the furniture that he is likely to use, and the rest he can put away in the lumber-room of his library, where he can get at it if he wants it" (FIVE 115). The events of "The Five Orange Pips" occur just one year prior to the events of *The Sign of the Four*. 1887 is one of the earliest instances of Holmes's cocaine use that Watson mentions (Tracy 80). *The Sign of the Four*, set in 1888, marks Watson's absolute disdain for Holmes's drug use throughout Holmes's career. During the case, Watson falls in love with Holmes's client and decides to marry, which means the doctor will be moving out of the Baker Street suite he shared with the detective. In his last few remarks on the case, he notes the gains for the parties involved and asks Holmes, "Pray what remains for you?" Holmes can only reply, "For me, there still remains the cocaine-bottle" (SIGN 119).

1889 brings a clear and heavy caseload for the consulting detective. Looking at the canonical stories, Watson chronicles eleven adventures. Of those eleven, Watson acknowledges Holmes's cocaine use in three of them. Those three, "A Scandal in Bohemia" (March 1889), "The Yellow Face" (Spring 1889), and "The Man with the Twisted Lip" (June 1889), contain explicit references to cocaine by name (Tracy 81). The earliest case, "A Scandal in Bohemia," provides a look into Holmes's continued use of the drug. Watson states that his marriage "drifted us away from each other," and he remarks that Holmes had been living by "alternating from week to week between cocaine and ambition."

"The Yellow Face" continues with Watson's brief mention of cocaine in 1889. Watson rationalizes Holmes's drug use with the line, "Save for the occasional use of cocaine he had no vices, and he only turned to the drug as a protest against the monotony of existence when cases were scanty and the papers uninteresting." This rationalization is quite different from Watson's disgust at his companion's addiction, as seen in *The Sign of the Four*, mentioned in the 1890 publication. Watson's rationalization indicates the growing apart he mentioned in the opening pages of "A Scandal in Bohemia." Finally, in "The Man with the Twisted Lip," Watson reveals a lighter side of Holmes's cocaine use. Holmes follows clues in a case straight to an opium den. Watson sees Holmes exit the den and immediately puts on a face of concern. Holmes sees Watson's reaction to the sight and immediately laughs with the remark, "I suppose . . . that you imagine that I have added opium-smoking to cocaine injections and all the other little weaknesses on which you have favoured me with your medical views" (TWIS 127). From 1889 to 1896, Watson claims to have "gradually weaned him [Holmes] from that drug mania which had threatened once to check his remarkable career" (MISS 243). Presumably, by 1896, Holmes was free from his addiction to cocaine.

Dr. John Watson and Dr. Arthur Conan Doyle know the behaviors of the “bored” Holmes as those of an addict. Conan Doyle writes, and Watson “reports” in “The Missing Three-Quarter,” after his “weaning Holmes of his drug mania,” that he:

knew under ordinary conditions he no longer craved for this artificial stimulus; but I was well aware that the fiend was not dead, but sleeping; and I have known that the sleep was a light one and the waking near when in periods of idleness I have seen the drawn look upon Holmes’s ascetic face, and the brooding of his deep-set and inscrutable eyes. (MISS 243)

Watson’s thorough chronicles of Holmes’s behavior point to addiction. Michael Harrison notes the many behaviors of Sherlock Homes briefly as “the restlessness, the ability to work for days without adequate sleep, and even without rest at all; the abrupt changes of mood; and the equally abrupt collapse into a somnolence not far removed from . . . coma.” He further states these behaviors align themselves with a “prolonged indulgence” to some type of drug (Harrison 155). As Harrison focuses on Holmes’s behaviors, he echoes Freud’s observations in noting the sleepless nature and mood swings Holmes exhibits while under the influence of cocaine.

Watson’s descriptions of Holmes’s “restlessness” and his “black moods” are prevalent in other stories throughout the canon. In “The Creeping Man,” Watson remembers a message he had received from Holmes requiring assistance on a case. In thinking back to the case, Watson recalls how he felt as if he were one of Holmes’s habits and implies that he has replaced a specific bad “habit”: “As an institution I was like the violin, the shag tobacco, the old black pipe, the index books, and others perhaps less excusable. When it was a case of active work and a comrade was needed upon whose nerve he could place reliance, my *role* was obvious . . . I was a whetstone for his mind. I stimulated him” (CREE 50). Watson’s addiction therapy for Holmes’s cocaine habit may have weaned the detective from the drug, but to ensure Holmes did not suffer a relapse, Watson inserts himself as Holmes’s “artificial stimulation,” just as Freud observed morphine addicts who substituted their addiction to morphine for cocaine (“A Study in Cocaine” 129).

Conclusion

Does the fact that Watson only reports Holmes’s drug use those times show the ability of Holmes to control his self-poisoning when he worked on a case or does it show Arthur Conan Doyle attempting not to glorify Holmes’s drug use? Conan Doyle, and Watson, remind the readers of how Holmes periodically slips into depression and black moods, particularly when he does not have the mental stimulation required. I maintain that during the publication years of the Holmesian canon, ranging from 1890 to 1917, Arthur Conan Doyle inserts the drug use to match the thoughts of the day on the drug, and by mentioning direct drug use by name less frequently in later published stories, he manages to downplay what the 21st century deems Holmes’s character flaw.

As for the question of whether or not Arthur Conan Doyle was only furthering his medical agenda on the evils of cocaine, the following letter to the editors of *The Lancet*, published in November 1890, could verify Conan Doyle's role as a medical activist:

Sirs,

I have a patient who suffers from cocaine craving. I find it impossible to keep cocaine out of his reach. This habit has brought him into a very low state of health. Perhaps some of your readers might be able to give me some suggestion as to treatment. I have tried the usual remedies in vain. He suffers from great nervousness, sleeplessness, and has become very thin.

I am, Sirs, yours truly,

Irene Oct. 28, 1890 ("Study in Cocaine" 127)

In this letter to *The Lancet*, it is possible Dr. Arthur Conan Doyle provides a plea for a patient afflicted with cocaine addiction. By signing "Irene" to this particular note of concern, the author was able to provide the readers of *The Lancet* with a clue as to the identity of the addict, the beloved Sherlock Holmes, since "Irene" could be none other than Irene Adler, or as fans know her—*the* woman.

It is important to recall Arthur Conan Doyle's years as a medical professional when discussing cocaine and its medical properties. After trading his general practice for ophthalmology, Conan Doyle consistently dealt with newly discovered information on cocaine. Just as in the late 1800s to early 1900s, cocaine solutions are still in use today for certain ophthalmological procedures. His self-experimentation to study the effects of cocaine was common in the late Victorian era and not viewed as a problem; with his access to psychoactive substances, no evidence has been presented that Arthur Conan Doyle was an addict or even what we in the twenty-first century would call a recreational user of any drug, unlike some modern healthcare professionals who also have access to psychoactive substances. Medical professionals with substance abuse problems are typically those who work in high-stress specialties and/or have easy access to certain addictive drugs. Intravenous drug use is relatively high among anesthesiologists, with "40% of anesthesiologists enrolled in Physician Health Programs" whereas "only 10% for alcohol abuse" (Kaliszewski). Studies performed within the last thirty years have shown an increase in substance abuse through medical and nonmedical self-medicating (McAuliffe 35; Cousin 2). Physicians and scientists who self-experimented during the years Arthur Conan Doyle practiced medicine did so in the name of science and discovery. In the twentieth and twenty-first centuries, drug use among medical professionals followed social trends. In the 1960s, marijuana use was high among professionals. By the 1980s and 1990s, one hundred years after Arthur Conan Doyle wrote *The Sign of the Four*, cocaine was the popular drug of choice despite all of the known dangers (McAuliffe 35).

When remembering Sherlock Holmes's "seven-per-cent solution" and how his "mind rebels at stagnation," could there be a connection, that Conan Doyle uncovered in his studies and observation of drug use and addiction, to the substance abuse found in medical professionals today? Does that high-stress environment need to be simulated by artificial stimulants when the emergency room slows down? In the late 1880s, cocaine was easily obtained and legal, and while not a physician, Holmes did work in a high-stress environment was a product of a

cocaine-using society. Sherlock Holmes had an addiction to cocaine, and Arthur Conan Doyle used his character's weakness for a dangerous narcotic to press a medical agenda, one must remember the use of cocaine was legal during Arthur Conan Doyle's medical practice, and it was legal during Sherlock Holmes's lifetime. Conan Doyle created Holmes simply as a product of a cocaine-using society, and he provided audiences with Watson—the recorder of Holmes's adventures, addiction, and his addiction therapy.

Works Cited

- Boucher, Douglas H. "Cocaine and the Coca Plant." *BioScience*, vol. 41, no. 2, 1991, pp. 72–76. JSTOR, <https://doi.org/10.2307/1311558>.
- Conan Doyle, Arthur. "The Adventure of the Creeping Man." 1923. *The Case-Book of Sherlock Holmes*. Oxford: Oxford UP, 1993.
- . "The Adventure of the Devil's Foot." 1910. *His Last Bow*. Oxford: Oxford UP, 1993.
- . "The Adventure of the Missing Three-Quarter." 1904. *The Return of Sherlock Holmes*. Oxford: Oxford UP, 1993.
- . "The Five Orange Pips." 1891. *The Adventures of Sherlock Holmes*. Oxford: Oxford UP, 1993.
- . "The Man with the Twisted Lip." 1891. *The Adventures of Sherlock Holmes*. Oxford: Oxford UP, 1993.
- . "A Scandal in Bohemia." 1891. *The Adventures of Sherlock Holmes*. Oxford UP, 1993.
- . *The Sign of the Four*. 1890. Oxford: Oxford UP, 1993.
- . *A Study in Scarlet*. 1887. Oxford: Oxford UP, 1993.
- . "The Yellow Face." 1893. *The Memoirs of Sherlock Holmes*. Oxford: Oxford UP, 1993.
- Cousin, Lorraine et al. "Perceived stigma, substance use and self-medication in night-shift healthcare workers: a qualitative study." *BMC Health Services Research*, vol. 22, 698. 24 May 2022, doi:10.1186/s12913-022-08018-x
- Greenberg, Joel. "The Lore of Cocaine." *Science News*, vol. 114, no. 11, 1978, pp. 187–91. JSTOR, <https://doi.org/10.2307/3963538>.
- Harrison, Michael. *In the Footsteps of Sherlock Holmes*. New York: Frederick Fell, Inc., 1960.
- Jaffe, Jacqueline A. *Arthur Conan Doyle*. Boston: Twayne Publishers, 1987.
- Kaliszewski, Michael. "Substance Abuse in Doctors According to Physician Specialty." *American Addiction Centers*, 14 Sept. 2022, americanaddictioncenters.org/healthcare-professionals/substance-abuse-in-doctors-according-to-physician-specialty.
- Keep, Christopher and Don Randall. "Addiction, Empire, and Narrative in Arthur Conan Doyle's *The Sign of the Four*." *NOVEL: A Forum on Fiction*, vol. 32, no. 2, 1999, pp 207-21. JSTOR, <https://doi.org/10.2307/1346223>
- McAuliffe, William E. et al. "Psychoactive Drug Use by Young and Future Physicians." *Journal of Health and Social Behavior*, vol. 25, no. 1, 1984, pp. 34-54. JSTOR, <https://doi-org.csc.idm.oclc.org/10.2307/2136703>
- Musto, David F. "America's First Cocaine Epidemic." *The Wilson Quarterly*. 13 (1989): 59-64.
- . "A Study in Cocaine: Sherlock Holmes and Sigmund Freud." *JAMA*. 204.1 (1968): 27-32.
- . "Why Did Sherlock Holmes Use Cocaine." *The Baker Street Journal: An Irregular Quarterly of Sherlockiana*. 38.4 (1988): 215-16.
- Pratte, Pierre. "Cocaine and the Victorian Detective." *The Baker Street Journal: An Irregular Quarterly of Sherlockiana*. 42.2 (1992): 85-88.
- Rodin, Alvin E. and Jack D. Key. *Medical Casebook of Doctor Arthur Conan Doyle: From Practitioner to Sherlock Holmes and Beyond*. Malabar: Robert E. Krieger Publishing Company, Inc., 1984.
- Tracy, Jack and Jim Berkey. *Subcutaneously, My Dear Watson: Sherlock Holmes and the Cocaine Habit*. Bloomington: James A. Rock & Company, 1978.
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