

A Tripp down memory lane

The prescribing habits of a handful of London doctors led to what some have described as the beginning of the end for the ‘British System’. By Harry Shapiro

The practice of maintenance prescribing had been legitimised in the 1920s by a medical committee chaired by Sir Humphrey Rolleston and formed the cornerstone of what became known as the ‘British System’ for the treatment of addiction. It was distinctly ‘British’ in the sense that nowhere else in the world were doctors given that degree of clinical freedom – although in the truth the only country with a serious addiction problem at the time was the USA. Whether it in any sense could be called a ‘system’ is debatable.

Before 1968, there was no treatment system, just a handful of doctors, some private, some NHS and mainly in London who were prepared to see drug users. They were an odd bunch, some driven by a duty of care for those that nobody else cared about – and some driven by profit – although they were only charging fairly modest amounts for consultations; the drugs were free on the NHS.

One such doctor was John Petro. He emerged on the scene in 1967, when he took over the patients of Lady Isabella Frankau who died that year. She was one of the more notorious of prescribers;

in one year she wrote prescriptions for heroin totalling six kilos – and that for a registered addict population of less than 2000 in 1966.

Petro, a somewhat vain and arrogant individual, had been the subject of tabloid exposure in 1967, and rather stupidly agreed to appear on the David Frost programme in January 1968 after which he was immediately arrested for various controlled drug regulation violations. Struck off by the General Medical Council, he carried on prescribing, writing prescriptions on tissue paper from the back of his car or the tea-shop at Baker Street tube station.

There were also stories of him leaving prescriptions in a patient’s favourite book in Foyles bookshop. A compulsive gambler, he was often to be seen in my father’s betting shop in west London. Despite media portrayals of him as ‘The Doctor of Death’, both users and medical staff regarded him as somebody who genuinely wanted to look after drug users. During the 1970s, Petro became a worker for the Simon Community. Later I visited him in a care home where he died in the early eighties.

In the long defunct magazine *Drugs and Society*, Dr Margaret Tripp, who ran the Addictions Unit at St Clements Hospital in London, wrote this sympathetic account of Petro in 1973, of which this is an edited version.

It was the day after Dr Petro had been in court for the first time and the newspapers were full of the event. It was the main topic of conversation in the clinic [a large drug clinic in Chelsea that Dr Tripp was visiting]. All the addicts present had been his patients in the past and had had heroin from him directly or indirectly, either from their personal prescription or by sharing one he had given to a friend. Months later when the papers really got going and Petro was portrayed as a devil complete with no redeeming features I used to remember their discussion and the care with which they apportioned blame.

“He could hardly have written a prescription if we hadn’t asked him in the first place,” they said, “it stands to reason. ‘Course he gave us too much and got us hooked too fast but like everyone

else we thought it could never happen to us and kept going back for more. Straights are funny about doctors. They think doctors are like God and have only to gaze into our eyes to tell if we're lying and what dose of drug we really need. I'm telling you God himself might have had a problem knowing if some of those cats were lying, they're that convincing. My parents were always looking into my eyes once they knew I turned on. I always stared straight back."

They looked more like a juvenile Oxford debating society or youth at the feet of Socrates than the proof of England's newest social problem – the rising number of young heroin takers. This increasing number of new cases was caused exclusively, according to the recent report of the government sponsored Brain committee, by the over-prescribing of six doctors of whom John Petro was currently the most popular and notorious.

"I remember once," another boy said, "when I was real sick and hadn't got a bean he gave me a script for free. Another time, I'd just come out of prison and was clean, he got mad at me and wouldn't give me a thing. He was right, of course, and I was that fed-up I went straight home and stayed clean for six months till I got across the old man again. But fair's fair, I've seen people on their knees to him and if they don't put the money on the desk they don't get a thing."

"Some people say everything we give him goes straight on the horses," the first boy said "but then addicts will say anything about their doctor. Funny, if it were true, our addiction would be supporting his. Who needs who most then?"

The service [Tripp's own addiction unit at St Clements Hospital in Mile End which opened a few weeks later] was begun as many British innovations are by utilizing existing resources...the offices in the outpatient department of the local psychiatric hospital. The outpatient department was a small intimate one, normally occupied by a group of local women waiting to be seen by their doctors. They sat discussing their neurotic and marital problems while the clerical staff sorted their papers peacefully behind a glass screen at the far end.



Dr John Petro, leaving GMC hearing, May 1968

THERE WERE ALSO STORIES OF HIM LEAVING PRESCRIPTIONS IN A PATIENT'S FAVOURITE BOOK IN FOYLES BOOKSHOP. A COMPULSIVE GAMBLER, HE WAS OFTEN TO BE SEEN IN MY FATHER'S BETTING SHOP

The addicts changed all that. Arriving in droves, they took over the waiting room driving the regulars away. Since I was the only person who could see them they had to wait a long time. This did not bother them as in the past they had often spent all night in the rain waiting for Petro; they were used to waiting. They brought their total possessions with them in cardboard boxes and carrier bags, littering the floor with bottles of fizzy drinks and orange peel. In the presence of this evidence of the addicts'

disordered lives, the clerical staff behind the glass screen united in their dislike of their new patients.

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Dr Petro entered the chaos about a month later. Returning from lunch I found him with a companion sitting together against one of the pillars slightly apart from the other patients. I took them into the privacy of the office where Petro explained that while he had told the majority of his patients to make their own arrangements with the new clinics, he had a handful of patients whose daily dose of heroin was so high that he was personally assisting them to make the changeover. The gentleman who was with him had a name that had been famous in the arts for many years and his dosage was indeed astronomical even by British standards.

In the following months while he was our patient he always spoke well of his doctor, saying how Petro would come to the house at weekends if he ran out of drugs. “Sure he charged me,” he said, “but, hell, I could afford it on what I was earning, and it was a damn sight less than the wife was giving her gynae man in Harley Street.”

After the first interview with him and Petro, all the junior doctors in the common room asked me, “Well, with all that notoriety, what was remarkable about him?”

“His voice,” I replied, “It was a beautiful voice. Not just the product of our best education, it was more than that. It was like a trained actor’s, an instrument, melodious and vibrant. Apart from that, nothing special; he was smaller than I expected and his face was heavily lined like one of the monkey gods.”

Several months later I sat drinking tea next to my patient Barry. “I see your trade union has finally removed Petro’s licence,” he observed. His feet on the table, he had finished checking on which of his acquaintances had gone to prison that week from the local Hackney Gazette.

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It was a long time before I saw or heard of Petro again. Addicts care for today’s drugs and therefore today’s source and we had to keep up with both in self defence. The press, for whom addiction was still a hot issue, was unable to campaign any longer for medical facilities since they now existed. Instead they started a series of articles on barbiturate users and how they were caused entirely by the clinics not prescribing enough heroin and methadone. The fault as usual lay with the medical profession.

According to the media not only was central London now full of aggressively intoxicated users whom the clinics would not help but they were being badly treated in the casualty departments where they went with the abscesses and gangrene caused by injecting drugs intended for oral use. The casualty staff retaliated by saying they were impossible patients, swallowing antibiotics by the handful instead of six hourly as instructed, and picking at their dressings to see how their abscesses were getting on. It was the clinics’ fault for not controlling them properly.

“Your colleague Dr Petro is at it again, I see,” said the local policeman who had stopped by for a cup of tea. “He’s taken his medical bag and set up shop inside the entrance to the subway at the Dilly. Of course he can’t prescribe any more but he’s treating their abscesses and giving advice. Why can’t you control him better?”

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The Reverend Kenneth Leech had started his ministry in a diocese just north of the Mile End and through his association with a local club had become one of the first people to recognise heroin users in the East End. Forced into local prominence as a drug expert he was now promoted to the parish of Soho where his working day started at ten in the evening and his clients were deviant as a matter of course. His view of the geography of the Dilly was unique.

Consider Piccadilly Circus, not as the

Mecca of London tourists, nor the bright lights after the children’s Christmas pantomime, but as the face of a clock. Divided into its quarters, 12 and six lie north and south respectively while Eros – that much-abused winged god – replaces Mickey Mouse at the centre of the hands.

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Entering from Shaftesbury Avenue at 12 o’clock the ground to the right round the last quarter belongs to the male prostitutes who stand under the covered arches round the top of the subway. Their often beautiful faces have an inhuman quality like carved stone. Their watchful eyes belong to the hunting rather than the hunted.

To their left in the first quarter is the territory of the kids on the run; running from parents, from schools and from prisons. They are not addicts but drifters, the remains of the original beats. They sit all day in the cafeteria and adjoining penny arcade, their culture unique and their own, and their conversation not of drugs or sex but composed of endless circular tales of police brutality and their courage in surviving it and not grassing on their friends.

The third quarter, between six and nine, had no interest for Ken Leech, being used still by housewives for innocent appointments at Swan and Edgars for tea. We would find the addicts, he said, between three and six on the south-east corner, round the entrance to the underground inside which most of the buying and selling was done. He would willingly take me and show me everything, but first we had to wait for John Petro who had heard I was coming and wished to join us.

We were in the bare downstairs room of the church house, which was used

during the day as a counselling centre for drifters. I experienced a confusion of feelings in which social unease was mixed with anger against Ken Leech for having trapped me into a situation from which I could not withdraw. I had never met a struck-off doctor before, nor had my training in medical etiquette considered the possibility. I was about to enter a social situation with no guidelines and no preconceived picture of how I would behave. With vague ideas of flight I turned towards the door and saw that the cause of my anxiety was already present.

The man who stood in the doorway was smaller than I remembered. He seemed to have shrunk. More than anything, he gave the appearance of having been damaged. This ill-defined aura of damage seemed associated with society's need to punish in excess of merely curtailing the harm his behaviour had been causing. Implicit in it was the feeling that somehow the majority had got satisfaction out of his debasement.

Into the limbo of my indecision, anger entered in a solid wave. I heard myself call him doctor and since I was his junior I waited until he sat down first. The observing portion of myself which had been around too long to feel anger separated itself and taking up a delinquent pose against the wall made profane suggestions on how, now I had solved that one, I should consider in advance my behaviour towards unfrocked priests and policemen caught selling grass.

We all went out together and sat in the penny arcade belonging to the drifters and drank coffee. Petro explained to us how he was writing his autobiography which a leading Sunday newspaper had commissioned. He carried the rough draft everywhere with him in his briefcase and spread out the papers over the counter for us to see. Still in the early chapters, he had yet to describe his time as a ship's surgeon and the famous who had been his patients.

From his point of view, drugs had played only a small part in his total life and would take up a couple of chapters at the end. I had not the heart to say, "But that is the only bit the editor wants for his readers. They want those nice middle-class girls depraved by their craving on their knees to you, prostituting themselves to buy your drugs; sex and drugs with their Sunday

bacon and eggs, not the time you did an appendectomy at sea." I remembered Profumo and the avid hunger of the entire public for each tidbit while they stripped the man of his titles. Any ideas Petro might have of restoring the balance of his reputation were unrealistic. They would not make good copy.

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It was about one in the morning when we went out onto the Dilly. It was raining. With no moon or starlight the surface of the road and pavements were black with an oily glitter reflecting the electric lights and neon advertisements. The pile of Eros rose dense and unilluminated in the centre of the circle. The curve of the pavement lay like a wheel round the central hub of the God. We walked round the edge to the south-east corner and stood in the shelter of some scaffolding surrounding the entrance to the subway. I leant against the wall with my hands in my pockets. Gazing upwards I saw the rain invisible in the surrounding darkness enter the beam of one of the adjacent lights and transfigured fall towards us in illuminated straight lines.

Next to me Petro was greeting addicts as they came up through the subway or stopped to buy a paper from the stand next to us. I stopped looking at the rain and started to observe what I had come to see.

The papers were right; these were barbiturate users on the Dilly, but not hordes of them. Circling round on their own business they stopped off under the shelter to talk about their problems, to gossip and to show us their abscesses. After a bit the first lot came round for the second time and then for the third. They formed a small group, mainly Scots and

Irish and all troubled with a peculiarity of the Celt – a strange combination of uncontrolled aggression alternating with servility which makes equal loving relationships practically impossible to sustain. Separated from friends and family, the Dilly was their endpoint, there was nowhere else for them to go. The papers were right that we were not helping them but I did not know of anyone that could.

In addition there was a small group of people who had been Petro's patients for many years and addicts for even longer. He introduced me to each one and told me the long and complex story of their life. Bizarre though some of them were, there have always been aberrant characters wandering round central London in the early hours of the morning; de Quincey used to meet them in an earlier period, and they still did not constitute an army.

The rain had stopped and Petro stood on the edge of the pavement talking to them. Standing next to him I perceived the closeness of their relationship. There was no doubting the genuineness of the affection of the addicts for him. Calling him by his first name, congratulating him on the successful conclusion of his last lawsuit, there was no reserve in their replies to his questions. The barrier always present between themselves and clinic staff was gone. He was both their doctor and one of them. Listening to him I realised for the first time how total was his addiction. His committal to the life style was as great as any user in the clinic. He had reached the position where nothing else is as interesting and everything else seems less real in comparison.

I perceived that although I stood next to him he was in a different place where, for many reasons, I could not join him. Barry was right about the difference. Since I was not prepared to pay the price whose reward was total acceptance, it seemed only just that I could not have the relationship either.

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Later we all went home. At least I went home, Ken Leech went to his rooms in the Church House and Petro to his bedsitting room. I never saw him again. A few weeks later they found a technical reason for stopping him going on the Dilly and after that I do not know what happened to him.