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PCP: SHORTCUT TO SUICIDE

Written December 1977, this Feature Essay was published in *Drummer* 21, March 1978

- I. Author's Eyewitness Historical-Context Introduction written June 19, 1996
- II. The Feature Essay as published in *Drummer* 21, March 1978

I. Author's Eyewitness Historical-Context Introduction written June 19, 1996

After discussing with Robert Mapplethorpe—in his Bond Street loft during New Year's 1977-1978—that I was upset that so many gay men had so many diseases from the expected “sexual cold” of gonorrhea to the unexpected epidemic of amoebiasis, I went to the office of San Francisco doctor, Richard Hamilton, with a proposal that he write a *Drummer* health column to be called “Dr. Dick.”

A famous gay-health practitioner, Dick Hamilton, had helped all us friends of Hank Diethelm, the German-born owner of the Brig bar, when Hank in 1977 had accidentally overdosed on PCP or crystal and for six weeks thought he was back in the horrifying last days of World War II. As a child of thirteen, he had been conscripted into the Hitler Youth and at fourteen was ordered to go east to certain death at the Russian front. Instead, wearing his uniform, he and a friend deserted; and after several weeks in hiding, the boys changed to civilian clothes; on foot, they headed west where they was rescued by Allied troops.

On April 10, 1983, Hank Diethelm was tied up and burned in his home where we had cared for him. Most called it was murder; I conjecture, after what I heard Hank say in his unguarded post-drug ramblings, that it could also have been an “assisted” suicide.

From Hank's tortured screaming and suffering as well as from the rest of his increasingly ill gay practice, Dick Hamilton saw the need for a health column, but he said he hadn't time to write it. Our solution was that I would interview him monthly on a topic, and then I would actually write up his information in a voice suited for *Drummer*.

This may have been the first recurring health column in any gay magazine

In the 1970s arm-wrestle between New-York-style gayness and San-Francisco-style ways to be gay, Mapplethorpe's “Manhattan answer” to me, the health nut who always took protein-egg shakes in a thermos to the baths, was, “Oh, Jack, you are so California.”

Richard Hamilton, M.D. and Earl Baxter, M.D. were the two most famous doctors—saints, actually, tending to gay men's health care in 1970s San Francisco. Hamilton's office was on Van Ness Street. Baxter's was in the Marina where his office was famously filled with gay men and young Hispanic women. Hamilton was rarely spotted outside his office. Baxter was a famous face, joyous presence, and a hale fellow on the San Francisco party scene, playing at the Catacombs and hosting wonderful weekend-long sex runs up to working ranches in the redwood forests of Mendocino County north of the Golden Gate Bridge. He knew first hand how we used our bodies and he knew specifically how to care for our health.

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I asked A. Jay to draw the original sketch of “Dr. Dick” that introduced the column.

II. The Feature Essay as published in *Drummer* 21, March 1978

Dr. Dick:

Drummer Goes to the Doctor

(Written from interview with Richard Hamilton, M.D.)

PCP [Crystal Meth]: SHORTCUT TO SUICIDE

Every man wants to be at *ease* with himself, and sometimes some hard facts protect a guy from *dis-ease* with himself. When you're a Big Boy playing Big League Games, you have to take Big Time Care of your body and your head. So if PCP is happening, has happened, or very well might even accidentally happen to you, here's some real dope you ought to know.

WELCOME BACK

If we lived in the best of all possible worlds, PCP would become a thing of the past. We don't. PCP won't—at least for awhile. In the meantime, when at *ease* or at *dis-ease* with yourself, if you must get into this sort of thing, at least take steps to minimize the consequences. By avoiding the PCP fad, you could save your head, your life, or both.

NO DEPOSIT

Simple economics makes PCP a cheap high on otherwise expensive streets. PCP is a manufacturer/dealer's dream: anybody can get the chemical ingredients legally and slap a cheap home lab into a ten-step operation, turning out 50 or 60 pounds of PCP for about \$1,000 total, then peddling it for \$8,000 to \$15,000 a pound. Do your arithmetic. If that kind of expensive mark-up itself fails to turn the consumer off to PCP purchase, then some “pre-first aid” info about PCP may be helpful.

NO RETURN

The Street Drug Identification Program at LAC-USC Medical Center warns that these days PCP may be laced into other, gentler drugs of choice. PCP is often substituted for, or added to, mescaline, psilocybin, LSD, MDA, MDM [aka MDMA, Kryptonite, Ecstasy], grass, hash, coke, and even heroin. A street-drug analysis service can test your sample stash for actual content. This is not a bad idea since “cottage chemists” have little or no quality control.

“One set of figures places the range of PCP strength in powder forms from 2.1% to

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90.3%. Joints range from 0.2 mgm. to 75.0 mgm. Depending on your body size, physical condition, mental state, out-side stresses, etc., anything over 10 mgm. of PCP in your bod will probably give you a bad time. Even as little as 5 mgm. can cause some unpleasant effects. There is little difference between smoking and snorting to dropping, except in the length of time the PCP takes to start acting. If your average snort is, for example, 20 mgm. by weight of the PCP itself, with the wide variation in potency, you might get anything from 0.5 mgm. to 18 mgm. in your snort. Using PCP in combo with other drugs, especially alcohol, makes PCP-reaction more severe. Also, there are people who are quite normal, but who have a latent mental disorder which can be triggered by an all too easy overdose.”

STARDUST

Mike Guy, a narcotics expert, says of PCP: “It’s a much stronger and more dangerous drug than LSD. As far as common drugs of abuse, this is the worst there is. It makes heroin look good. It doesn’t even produce a high like other drugs. It produces a void, complete disorientation.”

PCP is phencyclidine, a relative of ketamine (Ketalar) [Eyewitness: very popular as an injectable at fisting events where needles were sometimes shared], a drug that separates the mind from the body in a hallucinatory way. PCP, tested on humans as early as 1957 as an anesthetic, was quickly abandoned by Parke Davis as unfit for the human system. PCP’s intro to the drug culture was a mistake. Animal studies show PCP to be retained in the fat tissue of the brain up to three years after regular use of one year. Many casual users require from two weeks to six months to experience relief from PCP’s various effects: rapid heart beat, high blood pressure, sweating, redness of the skin, loss of some degree of motor control, dizziness, inability to talk, and distorted vision.

PCP often renders the user’s mind incapable of decoding information such as the significance of a freight train moving at 60 mph toward the spot on which he is standing. Chronic users have a high accident rate: death by fire, drowning, or auto seems to result either from the inability to perceive danger, or the lack of coordination or mobility needed to get away from it. Large PCP doses (one gram) can cause coma, epileptic seizures, death by stopping the heart and/or breathing, and stroke from ruptured vessels in the brain during the high blood pressure episode.

ANGELS FEAR TO TREAD

Under PCP influence, a quiet and well-mannered person can do a Jekyll/Hyde number, becoming homicidal, suicidal, amnesiac, kleptomaniac—you name it. Sure as gates come off hinges, PCP users run high personal risk.

Current PCP ALIASES are: THC, angel dust, dummy dust, stardust, dust, peace, cozmox, mist, tic, cannabinoil, aurora borealis, crystal, crystal joint, marijuana booster, synthetic marijuana, rocket fuel, TTI-1, TTI-3, goon, and whatever kicker names the pusher-man can think

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up next. When you buy street drugs, you buy a pig-in-a-poke, and the pig is most likely these days PCP.

WHEN THINGS GO “BUM” IN THE NIGHT

Ingested, snorted, smoked, shot up, PCP can produce in the user these serious symptoms: alternating asleep and awake; vomiting or severe nausea; trouble breathing, or not breathing at all; muscle rigidity or spasm; agitation; wild or belligerent behavior; staring, unresponsiveness to visual stimuli; inability to move arms or legs, or to talk coherently; fever; seizures; unconsciousness. Call a knowledgeable, empathetic doctor.

Valium is the only chemical that should be used to relieve PCP agitation.

FIRST-AID

For mild bummers lasting under two hours, PCP experts advise that if it's you yourself, there isn't much you can do without help from someone else. If your partner bums out with a mild reaction, try the following: Keep the person in a quiet, softly lit place, where he can't hurt himself. Avoid unnecessary stimulation by sight, sound, and touch. Such external stimuli can make some bummers worse. Be reassuring. Keep an eye on things to see that the condition doesn't worsen. If the symptoms persist more than two hours, you probably need to get some help.

Don't be shy. Don't delay. Give the doctor or the paramedic a description, or better yet, a sample, of what was taken, when, and how. Analysis can help treatment.

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