

**The Combined Addiction Disease Chronologies of
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1880 - 1899**

Between 1880 and the end of the 19th century, there were many efforts to more clearly elaborate a disease concept of addiction. Attempts to define the essence of this disease tended to focus on the morbid craving for alcohol or other drugs and the loss of volitional control over drug intake. The causes of this disease were most frequently defined in terms of hereditary predisposition, the poisoning effects of the drugs, and the stresses of American society. The disease concept gained momentum alongside the growing knowledge of the pathophysiology of alcohol, opiates and cocaine.

The movement to proclaim addiction a disease generated its own counter-movement. The early 1880s saw many criticisms of the proposition that inebriety was a disease. These attacks came from physicians (Earle, 1880), clergy (Todd, 1882) and even from leaders of some inebriate homes (12th Annual Report, 1884) who all tended to view recovery not in terms of medical intervention but in terms of moral reformation. We see in these debates the roots of many current arguments over the question of whether the disease concept hurts or harms individuals and the society as a whole. Even the most committed disease concept advocates struggled to reconcile the concept of disease with that of personal responsibility--to define the boundary line between the disease of addiction and the vice of drunkenness. One also finds here a quite pointed debate over the question of whether social stigma and shame associated with drunkenness is good (a deterrent) or bad (an obstacle to seeking help).

Finally, we see the growing use of the “disease concept” in the promotion of secret (and often fraudulent) cures for addiction and a growing professional and cultural backlash against the purveyors of such secret “specifics” for the cure of addiction. The 19th century ended in a growing pessimism about the prospects of addiction treatment and recovery and a growing openness to define addiction in moral and criminal terms. In this transition, the focus shifted from the cells of addicts to the character of addicts.

1880 In the late 1870s and early 1880s, there is a vogue for a treatment method developed by Edouard Levinstein. It consists of abrupt withdrawal from opiates, physical restraints, and drugs to control symptoms. Patient resistance to its harsh methods quickly lead to its abandonment. A method of gradual withdrawal of opiates over the course of a week, with other medications to relieve symptoms, becomes standard. Various drugs go through brief periods of popularity as substitutes for morphine, including cocaine and cannabis. (Morgan)

1880 Earle, C.W. (MD) (1880). The Opium Habit. *Chicago Medical Review*, 2:442-446, 493-498.

 “It is becoming altogether too customary in these days to speak of vice as disease, and to excuse the men and women for the performance of indulgence of certain acts which not only ruin themselves and families but brings burden on the community...That the responsibility of taking the opium or whiskey...is to be

excused and called a disease, I am not willing for one moment to admit, and I propose to fight this pernicious doctrine as long as is necessary.”

1881 Kane, H.H. (1881). *Drugs That Enslave: The Opium, Morphine, Chloral and Hashish Habits*. Philadelphia: Presley Blakiston. In Grog, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.

“This is a medical text filled with symptom descriptions and detailed treatment protocol; refers to addiction throughout as a “habit” or “vice” p. 19

“Some persons are undoubtedly born with, and some acquire, this craving for some narcotic stimulant.” p. 33

H. H. Kane: “A higher degree of civilization, bringing with it increased mental development among all classes, increased cares, duties and shocks, seems to have caused the habitual use of narcotics, once a comparatively rare vice among Christian nations, to have become alarmingly common.” This statement typifies one of two strands of thinking about addiction as a mental or psychiatric condition in the late nineteenth century: those who engage the brainwork necessary for an advanced civilization suffer from delicate nervous systems which makes them susceptible to nervousness, breakdowns, or addiction. A separate strain ascribes a tendency to addiction to those who lack finer qualities and whose families pass along a host of heritable negative conditions including addiction. Kane reflects this view as well when he ascribes the tendency of Chinese to achieve a dreamy reverie with opium to racial characteristics. The common thread between these disparate views is that the individual user's makeup or character determines drug effects and susceptibility to addiction. (Morgan) (Acker)

1881 Carl Wernicke describes a psychosis with polyneuritis that results from chronic alcoholism and its accompanying Vitamin B1 deficiency.

1881 Reference in T.S. Arthur's *Saved As By Fire* to alcoholism as a spiritual disease requiring spiritual remedies. p. 217

1881 Hubbard, Fred (M.D.) (1881). *The Opium Habit and Alcoholism*. New York: A.S. Barnes and Co.

“The drug (opium) mislead its victims, regarding their own ability to maintain mastery over it...There is no shadow cast before, as a warning of the coming misery.” p. 4

“Our experience suggests that a constitutional condition exists with some persons which predisposes them to this class of habits, making it necessary for them to exercise their will-power and to keep a continual watch upon themselves to curb all desire for liquor or the narcotics.” p. 195

Frederick H. Hubbard writes, “Many patients feel ashamed of being addicted to the drug, and wishing to retain respect, will tell the physician of some imaginary trouble as the cause of the habit.” The shame felt by addicts, the barrier such shame creates to seeking help or treatment, and the recourse to manufactured

complaints to try to obtain drugs from physicians all become standard features of addict-physician relations. (Morgan) (Acker)

1882

Todd, J.E. Rev. (1882). *Drunkenness a Vice, Not a Disease*. Hartford, CT: Case, Lockwood & Brainard.

“No one doubts that drinking to excess is in its earlier stages a vice, not a disease...The question is, whether in the later stages of drunkenness the act of surrender to drunkenness has a physical origin, in a diseased brain, or a moral origin, in a depraved will, whether it has a physical or moral cause, whether it is a misfortune or a crime.” p. 2

“The prevalent opinion at the present day is, that drunkenness is a disease. Medical authorities are divided on the subject. Many physicians, especially specialists who make treatment of drunkenness a business and source of profit, are positive it is a disease.” p. 2

“I pause here merely to throw out the suggestion that if this [disease] theory is the true one the phrase ‘reformed drunkards,’ or, to adopt the absurd slang of temperance, ‘reformed men,’ is not only inaccurate, but a libel upon the characters of unfortunate beings. The only proper phrase is, ‘cured drunkards’, or ‘cured men’.” p. 3

“...the theory is, that drunkenness induces a diseased condition of the brain and nervous system, which destroys the freedom of the will.” p. 4

“But the question is, not what a man’s condition is when he is drunk, but what is the cause of action in the intervals in which he is comparatively sober. When he is not specifically under the influence of liquor, when he has been perfectly sober for days or weeks or even months, what is it that makes him go to drinking again, though perfectly aware of the ruin that he is bringing upon himself? Is it a diseased brain? Or is it a depraved will?” p. 6

“...the whole policy of getting drunkards to sign pledges is based upon the belief that they *can* stop drinking.” p. 8

“Physicians do not remonstrate and argue with their small-pox patients, and appeal to them to get well; they give them medical treatment. Almost all the methods and operations of temperance reformers are perfectly useless and absurd, and utterly erroneous and unsuitable, if drunkenness is a disease.” p. 9

“I consider it certain that the great multitude of drunkards could stop drinking today and for ever, if they would; but they don’t want to, and they won’t.” p. 9

“Any habit may become a despotic tyrant, an irrefragable chain; but habits are not diseases.” p. 10

“If there is any man on earth who deserves the abhorrence of mankind and the curse of God it is the drunkard.” p. 11

“It [the word of God] deals in no mealy-mouthed language about the disease of alcoholism and the victims of intemperance.” p. 11

“But I must protest vigorously against all this cloaking of the vice of drunkenness with euphemisms; this calling drunkards diseased men, inebriates, victims of intemperance; this throwing of the responsibility and guilt of

drunkenness upon the liquor-sellers, who have guilt enough of their own, instead of upon drunkards, where it chiefly belongs; this coddling and nursing and effusively compassionating and petting and puffing of drunkards; this lifting of men out of the gutter onto platforms and into pulpits and glorifying them and making heroes and saints of them.” p. 12

“Let us call things by their right names. The sooner that the drunkard takes the place in public estimation to which he belongs, the sooner will young men hesitate about applying for the situation...Why should not the drunkard enter the kingdom of God? Because he is wicked; one of the most wicked men alive. That is all.” p. 13

“I believe that a very large part of the effort that is put forth for the reclamation of drunkards is wasted...Aside from the universally acknowledged difficulty of permanently reforming drunkards, I doubt whether, as a class, if they could be reformed, they are worth the powder...Every human soul is worth saving; but what I mean is, that if a choice is to be made, drunkards are about the last class to be taken hold of.” p. 14

“...drunkards as a class are very inferior men, aside from their drunkenness.” p. 14

“As a rule, the victims of intemperance are those whom the world can spare...nature has secured the obliteration of the worthless breed.” p. 16

“Attempts to reform drunkards are generally failures.” p. 16

“But, apart from such religious reformations, reformation of confirmed drunkards is rare...it is one of the most difficult things in the world to reform a drunkard.” p. 17

“Every community among us has its graduates from these [inebriate] asylums, who are living testimonials of their worthlessness. Discharged as cured, many of them have been drunk when they arrived home.” p. 19

“Why have these [inebriate] institutions proved failures? Because they have been based upon a false principle. Hospitals for well people cannot succeed; asylums for sane people cannot prosper; institutions for the cure of burglars would not accomplish anything; and yet an asylum for the cure of thieves would be as reasonable as an asylum for the cure of drunkards. Inebriate asylums cannot cure drunkards, because apart from its more physical effects, there is nothing in drunkenness to cure.” p. 19

“The very incurableness of drunkenness shows its real nature. Every disease is controllable, and, to a large extent, curable by medical skill. If drunkenness were a disease, there would be a very considerable percentage of cures; but the large percentage once boasted by inebriate asylums have shrunk into lamentable insignificance, with the enlargement of experience and the tests of time, and the asylums themselves are fast passing away as failures.” p. 20

Jersey City. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.

Refers to opium addiction as “dreadful habit”

Reproduces letter from husband of a woman who became addicted following use of morphine for stomach disorder. He reports that “morphine was found to be palliative, and as such was continued until the drug produced its *own disease...*” (Italics in original) p. 4

Uses “inebriety” and “alcoholism” interchangeably

1883

Parrish, Joseph (1883). *Alcoholic Inebriety: From a Medical Standpoint with Cases from Clinical Records*. Philadelphia: P. Blakiston, Son & Co.

“It [inebriety] is a question of nerves, a neurosis, the issue being between soundness and unsoundness of structure and function...It is a disease...This disease, however, is not to be regarded as an entity that approaches and invades the human organism from without, but rather as a variation of natural function, having its source in the system itself.” p.10

Parrish notes the difficulty defining the boundary between vice and disease but argues that what most distinguishes the latter from the former is the presence of a “physical longing, or deep-seated appetite or craving...” p. 12-13

The essence of “disease” for many 19th century inebriety specialists (see quotes p 22-23) is the presence of an irresistible craving that the individual cannot control in spite of repeated consequences and resolutions to stop hurting themselves and others in this manner.

“*An ungovernable craving!* That is the pathological state, whether it originates in the nerves of the stomach, in the brain, or elsewhere. Whether it is the result of inheritance, of imprudence, or of accident.” p. 45

“It is not through power of will, resolution, superior wisdom, foresight, caution or merit, that this exemption is manifested. Such persons could not become drunkards if they were so disposed. A certain moral and physical predestination, if I may use the word, protects them from the hazards of inebriety.” p. 77

Parrish argues that recognizing the hereditary influences on inebriety is not fatalistic but actually provides one with a weapon of resistance.

“I am satisfied that among the chief hindrances to recovery from a life of inebriation to a life of sobriety, is the false teaching of those, who overlook the aspects of disease, and limit their labors and appeals to the domain of morals and ethics. When society comes to learn that the cause of inebriety is primarily in the disturbed relations between different organs, and the functions of the human system, and especially that children come into this world, bearing with them the vestiges of disorders that have lingered through one or more previous generations, light will begin to reflect its brightness upon new and improved practical methods.” p. 84

“His disease is an irrepressible longing for the state of drunkenness; not so much for liquor that produces intoxication; and he is just as much an inebriate, -- diseased, -- when he is able to control for the time his desire, as when he indulges.

The indulgence may be regarded as the second stage in the manifestation of his disease.” p. 91

“It is well known that there are some drunkards who ‘recovery naturally,’ that is of their own unaided efforts. They ‘work out their own salvation’ in this matter, and are among the heroic men of the times.” p. 126

“It is the internal craving for alcoholic liquors, and for their intoxicating effects, that constitutes the disease, and not the fact of drunkenness.” p. 180

1884 C. H. Hughes writes, “The friends and family of an opium habituate are most familiar with the degrading character of the slavery of the mind and nervous system which opium entails. They realize how lost to the family circle as a real member of the household he or she has become, and whether it be father or mother, sister or brother, it is but natural that they should strive to reclaim that which is lost, or if not lost, at least estranged in many of those familiar mental traits with which are blended family love, esteem and reverence.” This statement reflects the impact of addiction on family members and other intimate associates of the addict. Families’ despair over the addict’s behavior, including that which places drug seeking and drug use over family obligations, is a frequent precipitant of the decision to seek treatment for drug problems. (Acker)

1884 *Twelfth Annual Report of the Franklin Reformatory Home for Inebriates, of Philadelphia: Located at Nos. 911 913 and 915 Locust Street. (1884). (Organized April, 1872) Philadelphia: Treager & Lamb, Printers.*

“...the chief difficulty the Home had, and still has, combating the ‘Disease Theory,’ which is not only a weak apology for the sin of drunkenness, but removes the responsibility from where it properly belongs, and would make the Home useless, except for hospital treatment.” p. 18

The Home rejects this idea of “disease” as a “pernicious and dangerous fallacy” and a “blasphemy against God.” p. 23

“It [disease theory] is destructive to the idea of free will by relieving man from all moral obligation and responsibility.” p. 23

“The ‘disease theory,’ or inherited tendency to alcohol, necessitates the acceptance of the fact, that this diseased appetite for liquor is part of a man’s birthright, from which he can no more escape than from the color of his eyes...” p. 23

“...the Home denies that science ever accepted or endorsed the theory that intemperance is an ‘inherited’ disease. Twenty years of discussion and investigation, without results, shows that it has not secured the sanction of science.” p. 27

Discussion pp 28-29: The objection to disease reflects the struggle over who will own the problem of intemperance: science or religion.

“The Home, therefore, took the broad ground that the inebriate was primarily the victim of society; that wholly unconscious of the dangers attending the use of alcohol, by conforming to the usages and customs of society in the seemingly

harmless practice of ‘moderate drinking,’ he had acquired a taste for intoxicants; that taste soon became an appetite; that the indulgence of that appetite developed into a confirmed habit, and this habit made him a slave.” p. 29

“...there is no possibility of escaping the personal responsibility for the sin of drinking.” p. 40

Intemperance is a “debasement and sinful habit” that “results from his own acts” p. 41

1884 *Journal of Inebriety*, January, p. 46: Quoting a sermon by the Chaplain of Harvard: “The only hope of successful treatment of inebriety is to make it infamous, to increase the severity of the punishment and make it more loathsome and disgusting.”

1884 Hargreaves, W. (1884). *Alcohol and Science*. New York: National Temperance Society and Publication House.

“...intemperance may become a disease in every sense of the term.” p. 274

“...intemperance is as much a disease, as a sin...The habit once established in the constitution, like any other disease, works independently of the *will* of the victim; and though he may, for a time, refuse to gratify his appetite, he cannot control the cravings that give rise to it.”

“...the intemperate use of strong drinks is a disease, and one that can only be cured by entire abstinence from the alcohol that produced it.” p. 274

“The disease being established by the use of alcoholics, the victim is impelled to drink to allay the intense cravings; hence the use of liquor is the effect, as well as the cause of the disease.” p. 274

1884 Crothers, T.D. (1884). Facts Concerning Inebriety. *Journal of the American Medical Association* 2:5-7.

“...inebriety is always a positive physical affliction, with distinct etiology and symptomatology.” p. 5

1885 J. M. Hull reports to the Iowa State Board of Health that a survey of druggists revealed 235 opiate addicts. These include 18 physicians; 26 who use morphine hypodermically; 86 are males; 129 females. (Acker)

1885 Meyerlet, Asa (1885). Notes on the Opium Habit. New York: G.P. Putnam’s Sons. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.

Refers to “opium habit” throughout; no disease references.

1885 Wright, T.L. (1885). *Inebriism*. Columbus, OH: William G. Hubbard.

Dipsomania or “oinomania” defined as “an insatiable desire for intoxicating liquors” or more precisely “an overpowering desire for intoxication” p.42-43

“The neurotic call for intoxication is constitutional, and it involves all the senses. It is also when fully developed irresistible, because the whole being, physical and mental, is absorbed by it.” p. 44

“...the constitutional proclivity to intoxication exists in different persons in varying degrees of intensity. Hence in some instances, the power to refrain, not being wholly overborne by disease, can be enforced.” p. 107

- 1887 Sergei Korsakoff describes a psychosis induced by chronic alcoholism: confusion, memory impairment, confabulation, hallucinations and stereotyped and superficial speech. This condition becomes known as Korsakoff’s psychosis or Korsakoff’s syndrome. (Jellinek, 1942)
- 1887 Collins, Samuel B. Dr, (1887). *Theriaki: A Treatise on the Habitual Use of Narcotic Poison*. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.
Advertising essay for his “Painless Cure for the Opium Disease”
- 1887 Crothers reports a 20% cure rate for inebriate homes and asylums; down from the 70% figures reported in the 1870s and 1880s. (Wilkerson, 1966, p.153) (potential milestone in the rise of therapeutic pessimism)
- 1887 Crothers, T.D. (1887). *The Disease of Inebriety and its Treatment*. *International Congress of Medicine* 1:188-193.
- 1888 Edward P. Thwing, M.D., argues that Americans are particularly susceptible to inebriety because the conditions of American life create intense pressures on individuals. He warns that continued immigration of Europeans of the low type will worsen this problem in America. (Acker)
- 1888 Mann, E. (1888). *The Treatment of the Disease of Inebriety and the Morphine Habit, with Clinical Cases*. *Brooklyn Medical Journal* 1:299-308.
“The great diagnostic point attending alcoholic inebriety is the *irresistible impulse* by which the patient is compelled to gratify his morbid propensity, being blind during the paroxysm to all the higher emotions and pursuing a course against which reason and conscience alike rebel ... His will is overcome by the force of the disease...It is a true disease, and one that exists to an alarming extent today...”
“...they (friends) are apt to view inebriety as a more of a bad habit than a disease. This is not the case, however; it is a disease, and has to be cured -- not reformed.@ p. 301
“...we know of no disease that requires more careful study of each individual case and more systematic treatment than does alcoholic inebriety.” p. 303

- 1888 Clum, Franklin D. (M.D.) (1888). *Inebriety: Its Causes, Its Results, Its Remedy*. Philadelphia: J.B. Lippincott Company.
 Language: “addicted to drink” p. 89, “this morbid craving, this lack of willpower, this ungovernable appetite” p. 4, “irresistible impulse” p. 121
 “Drunkenness is spoken of by some persons as a vice, by others as a crime, and by still others as a disease. It may be either...” p. 101
 “The fact that the desire for alcoholic drinks is often a disease, which may be either inherited or acquired, is often overlooked by those who condemn the drunkard.” p. 114
 “It is the internal craving for alcoholic liquors, and for their intoxicating effect, that constitutes the disease dipsomania.” p. 120
 “What would reform one inebriate may aggravate another, but the first object to be obtained, in all cases, is the personal consent of the inebriate to assist in his own reformation.” p. 161
 “Inebriety is a disease that feeds upon itself...” p. 204
- 1888 Dr. Norman Kerr coins the term “narcomania” to capture the frenzied drug-seeking behavior of the addict.
- 1888 Dr. J. Edward Turner, in recounting history of first inebriate asylum declared that “dipsomania is truly a *national* disease.” (Turner, 1888, p. 195)
- 1888 Mann, E. (1888). The Treatment of the Disease of Inebriety and the Morphine Habit, with Clinical Cases. *Brooklyn Med. J.* 1:299-308.
- 1888 Medico-Legal Journal Association (1888). *The Medical Jurisprudence of Inebriety: Being Papers Read Before the Medic-Legal Society of New York and the Discussion Thereon*. New York: The Medico-Legal Journal Association.
 From Preface: “the Medico-Legal Society would be ready to decide by a very large vote, that there was such a disease as Alcoholism, that one of its forms is Methomania, and that it was an hereditary and, of course, transmissible disease.” p. v-vi
 From “The Status Ebrietatis in our Courts” by Dr. C.H. Hughes of St. Louis: “There are, undoubtedly, elements of disease in inebriety, as there are elements of crime in it. It should be the duty of the law...to inquire diligently how much is crime and how much disease.” p. 26
 “Alcohol entails disease of the brain as certainly as it vitiates morals and fosters vice.” p. 27
 From “The Attitude of Legal Medicine vs. The Disease of Alcoholic Inebriety” by Dr. Edward Mann, Medical Superintendent of Sunnyside Private Hospital for Inebriates, the Morphine Habit and Diseases of the Mind and Nervous System. Brooklyn, NY

“True dipsomaniacs are totally irresponsible for acts committed immediately before, during and after attacks, just as epileptics are...The great reason why the dipsomaniac is not responsible is, because *he is not master of his desire to drink.*”

“Morbid organic conditions, therefore, lie at the root of this disease [alcoholic inebriety].” p. 31

“Inebriates should be forbidden marriage always, both by public opinion and by law, for the disease will breed its like. *We need to stamp out the hereditary descent of organically defective persons.*” p. 33

From “The Medico-legal Treatment of Common Inebriates” by L. W. Baker

“A distinction must be made between the self-controlling vice of drunkenness, or acute alcoholism, and the irresistible impulse of disease.” p. 43

“Inebriety is not a crime to be punished, but a disease to be treated.” p. 44

“Fines and imprisonment have thus far failed to cure or check the evils of alcoholism.” p. 45

From “The Influence of Methomania Upon Business and Criminal Responsibility” by Dr. Stephen Rogers

Quoting Dr. Ray of New York State Inebriate Asylum: “As a disease, its (inebriety) character is most complex and obscure, involving as it does abnormal conditions of both body and mind, and varying in every case with individual temperament and characteristics.” p. 155

From “Methomania” by Dr. James J. O’Dea: “The disease under which the methomaniac labors deprives him...of his self-control.” p. 1790

1890s Addiction to opiates and, to a lesser extent, cocaine, has become a widely recognized problem. Many states pass laws restricting sale of these drugs except as authorized by a physician. Loopholes exist in exemptions allowing amounts below a certain dose threshold to be sold without restriction. (Musto)(Acker)

1890 Materia medica and therapeutics textbooks typically couch the addiction risk as associated with particular medical indications, such as prolonged neuralgia, rather than as a risk present whenever opiates are prescribed for lengthy periods. The long courses of treatment and typical hospital stays of up to three months create risks of addiction for patients. The textbooks also typically characterize opiate addicts as liars who have lost all moral sense. Such statements represent a growing shift from sympathetic to punitive views of addicts that will parallel the demographic shift of opiate addiction from quasi-medical use by middle-aged, middle-class women to recreational use by young men connected to the vice districts of American cities. They also reflect the problematic nature of addicts as patients to physicians in general practice. The view that addicts are liars and cannot be trusted typifies materia medica and therapeutics textbooks through the 1920s. (Acker)

1890 Brownson, W.G. (1890). The Disease Theory of Intemperance. *Proc. Conn. Med. Soc.* 4(3): 60-72.

“The drink custom of mankind has become one of the most serious and intricate problems of our age...The wisdom of the philosopher, the impetuous zeal of the reformer, the acute researches and deliberations of statesmen, the speculations and theories of specialists and scientists, the prayers and pleadings of moralists, all enlisted in the inquiry, ‘Men and brethren, what shall we do?’” p. 60

“That intemperance...is, in and of itself, a disease is a misnomer.” p. 60

Quotes disease advocates who allege: “The extent of this disease can not be gauged by the amount of drunken manifestations, as the disease is an unhealthy state of nervous organization, which may or may not be manifested in the phenomenon of intoxication.” p. 62

Quoting Dr, Conrad, head of the Maryland State Hospital: “We have one hall devoted to inebriates or dipsomaniacs...I do not know of a single case where a cure has been effected...” p. 65

Presents several case studies of spontaneous remission as an argument against the disease concept: “Shall that be called a disease, which, by a supreme effort of the will, is thus promptly corrected or cured without medical aid?” p. 67

“Let it not be forgotten that motives of self-interest are to be taken into the account in weighing the evidence in favor of any new theory...the voluminous literature in support of the disease theory of intemperance has been evolved mostly from the brains of those who were associated with, or interested in, the so-called inebriate homes.” p. 68

“If the mass of habitual drunkards drink because they are diseased and can not help it, then all forms of repression, confinement, punishment for crimes committed, become a species of oppression and cruelty...The acceptance of the disease theory will necessitate a revision of all criminal law and legislation....Will not the drunkards themselves laugh at us for relieving them of penalties we impose upon the industrious, sober classes?” p. 70

“...this euphonious term, inebriety, has been shorn of its meaning in the modern efforts to clothe it with respectability, that it seems loath to recognize its brother synonyms.” p. 71

“The drunkard with moral sensibilities feels keen remorse and sense of shame for a condition he has voluntarily brought upon himself. Tell him he has cancer, phthisis, or club-foot; there may be sorrow, there is no feeling of remorse. The one is a disgrace, the other a defect or a disease.” p. 72

1891 One of first facilities devoted exclusively to treating addiction to drugs other than alcohol--Jansen Mattison’s Brooklyn Home for Habitues--opens.

1892 Enfield, A. (1892). Alcoholism. A Disease. *Journal of the American Medical Association* 18:287-289

Refers to alcoholism as “a disease that has produced more misery, sickness and death, than all other diseases combined.” p. 288

“Dipsomania must be recognized as a disease, and not as a habit.” p. 288

“...if inebriety is a disease, then its cure rests with the physician.” p.288

“The same principles apply in the treatment of this disease (alcoholism) that apply in all chronic nervous diseases.” p. 288

“...we may then state with perfect confidence that inebriety is a disease and not a habit, and being a disease is therefore curable; and in order to intelligently treat it, we must study the nature and character of the disease as it manifests itself in different individuals.” p. 289

1892 Usher, J. (1892). *Alcoholism and its Treatment*. NY: G.P. Putnam’s Sons.

Described 3 types of alcoholism: 1) inherited form, 2) acquired form (panacea for physical or emotional ills), and 3) infantile form (resulting from medicinal dosing of infants and children).

1892 Keeley, L. (1892). Drunkenness, a Curable Disease. *American Journal of Politics*, 1:27-43.

“...it is the analogy of some of these diseases to drunkenness that has finally suggested to the medical mind that drunkenness is a disease and is curable.” p. 27

“If a person inherits a weak resistance to alcohol, and begins drinking, from any cause, he will become a drunkard.” p. 29

“...drunkenness is also a self-limited disease...The duration of drunkenness is, however, very long in most cases, and incurable without treatment; but in a large percentage of cases is self-limited. Almost any middle-aged man can recall people whom he has known for twenty-five years, who were in youth, or early life, drunkards, but who stopped drinking without cure or any particular moral influence. The disease ‘spontaneously’ came to an end.” p. 41

“I believe drunkenness is a disease, that it is curable, and that hereafter it will always be cured.” p. 43

1893 Crothers, T. D. *The Disease of Inebriety from Alcohol, Opium and Other Narcotic Drugs* published. The cover says “Diseases” and the inside plate “Disease” raising interesting question of whether inebriety is one disease or a collection of diseases.

1893 Crothers, T.D. (1893). *Inebriate Asylums*. In: Stearns, J.N. Ed., *Temperance in All Nations* New York: National Temperance Society and Publication House.

“The asylum treatment, like the quarantine for contagious disease, isolates the victim from all exciting and predisposing causes and thus places him in the best possible condition for returning health.”

1893 Mattison, J. (1893). The Modern and Humane Treatment of the Morphine Disease. *Medical Record*, 44:804-806 (December 23).

1894 The AMA rules that medication advertisements will not be accepted for the *Journal of the American Medical Association* unless they include full listing of the products’ ingredients. Such actions undermine purveyors’ ability to claim

efficacy of “secret formulas.” They also support scientists’ need to publish the results of their research. Such moves are aimed in part at the indiscriminate sale of opiates, which the AMA targets as an important cause of addiction. (Acker)

- 1894 Key, B. (Circa 1894). *Good Advice and Practical Hints Relative to the Opium, Morphine, Chloral, Whiskey, Cocaine and Kindred Habits (or Diseases) and Their Treatment and Cure*. Chattanooga, Tennessee: Dr. Bailey P. Key (Advertising Pamphlet).
- 1894 Kerr, Norman (MD) (1894). *Inebriety or Narcomania: Its Etiology, Pathology, Treatment and Jurisprudence*. London: H.K.Lewis.
“...let me define inebriety as a constitutional disease of the nervous system, characterized by a very strong morbid impulse to, or crave for, intoxication.” p. 41
“I propose to call this abnormal state...by the comprehensive name -- NARCOMANIA. In other words, a mania for narcotism of any kind, an inexpressibly intense involuntary morbid craving for the temporary anaesthetic relief promised by every form of narcotic.” p. 42
“Inebriety is so varied in form, so subtle in operation, so intricate in development, and so complex in causation, that its treatment is no easy task.” p. 316
- 1894 Taylor, C. (1894). Alcoholism: The Treatment and Cure of the Disease. *Therapy Gazette* 10:238-240.
“That alcoholism is a disease, ...there is no longer any doubt, especially after the long and continuous or excessive use of liquor.” p. 238
“I recognize and have found it convenient to divide the disease into three classes, --viz., acquired, hysterical, and hereditary.” p. 238
“One must treat alcoholism as a disease, and must use caution and judgment in the management of the case at hand as would be expected or required in the treatment of any other case.” p. 240
- 1895 Samuel Potter, in his textbook *Materia Medica, Pharmacy and Therapeutics*, says “Probably no drug in the Materia Medica is so useful as Opium, or has so wide a range of application. At the same time, no drug requires such careful handling, by reason of the many influences which modify its action and uses.” This statement exemplifies a beginning trend among writers of materia medica and therapeutics textbooks to shift from broad indications for opiates to progressively narrower indications and increasingly stringent cautions regarding the drugs’ addictive potential. (Acker)
- 1895 Fobes, Walter K. (1895). *The Alcohol, Tobacco, and Opium Habits: Their Effects on Body and Mind and the Means of Cure with Temperance Songs and Hymns*. Boston: Walter K. Fobes. In Grob, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.

Use of “habit” throughout

- 1895 Henry G. Cole ascribes the prevalence of opiate and alcohol addiction to the quickening pace and growing complexity of industrial life. (Acker)
- 1896 Wilson, J.C. and Eshner, A.A. (1896). *American Textbook of Applied Therapeutics*.
“Morphinism is a disease both of the body and the mind, caused by chronic poisoning by morphin. When the disease is developed there exists an irresistible craving for the drug, and it is this artificial appetite that is the difficulty to overcome in the treatment.”
- 1898 Palmers, Charles (1898). *Inebriety: Its Source, Prevention, and Cure*. New York: Fleming H. Revell Company.
...the so-called moral treatment of the inebriate has been the greatest obstacle in the proper treatment of his case. The instances in which reproaches, imposed mortifications, insults, scoldings, contempt, criminations and recriminations, imprisonments, and other punishments have done other than to aggravate all the morbid manifestations...are so exceptional as to make them unworthy of consideration...This injudicious conduct is the result of regarding the victim of a neurosis as having gone deliberately to work, through criminal self-indulgence and love of degrading vice...to make himself a drunkard, to continue a drunkard for the very love of it, and to refuse to be other than a drunkard, rather than exercise the self-control necessary to become a temperate man.” p. 28
“...we do not regard all drunkards as subjects of the disease inebriety.” p. 29
- 1898 The Bayer company puts heroin on the market as an antitussive. As a sniffable powder marketed as a cough remedy, it quickly gains favor as a recreational drug among young men (and, to a lesser extent, women) in urban neighborhoods. (Acker)
- 1898 The U.S. enters and quickly wins the Spanish-American War and gains new territories, including the Philippines. Missionary observers are appalled at the levels of opium addiction they find there and see this problem as an obstacle to economic modernization for the islands. Similarly, missionaries portray the prevalence of opium use in China as a sign of China’s backwardness. These concerns help launch the international missionary movement which sparks domestic efforts to pass federal legislation banning opiates, on the grounds that American missionaries could hardly urge other countries to pass prohibitive legislation when the U.S. lacked such laws. (Acker)
- 1899-1903 An antibody theory of alcoholism stirs interest in the potential for an alcoholism vaccine. A resulting product developed from horse blood—Equisine--proves to have little effect as a treatment for alcoholism. (White, 1998) p. 93

1899 W. Hale White, in the fourth edition of his *Materia Medica: Pharmacy, Pharmacology and Therapeutics*, characterizes addicts as liars who cannot be trusted. (Acker)

Late 19th
Century The term “addiction” as applied to drugs comes to mean surrendering oneself to a master. (Sonnedecker, 1962, p. 30)