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A Photographic Essay

Addiction Treatment in the United States: Early Pioneers and Institutions

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Between 1780 and 1830, a near-tripling of annual per capita alcohol consumption and a related rise in alcohol problems in America (Rorabaugh, 1979) led to what Levine (1978) has christened the “discovery of addiction.” The speeches and tracts of early American social activists, physicians, and clergy, (Benezet, 1774; Rush, 1784; Beecher, 1828) mark the crystallization of a shift from exclusively moral to medical conceptualizations of habitual drunkenness.

It is in the writings of these reformers that one finds the emerging elements of the about-to-be-christened disease, *inebriety*: genetic and biological predisposition, pharmacological tolerance and toxicity, symptom progression, and the erosion of human will (compulsion). These sources chronicled the medical, psychological and social effects of habitual drunkenness, and were followed by works depicting the chronic effects of opium, morphine, cocaine, chloral and ether as variants of this same disease. Dr. Benjamin Rush (1810) (Plate One) and Dr. Samuel Woodward (1838) pushed this medicalization of alcohol- and drug-related problems to its logical conclusion by calling for the creation of specialized institutions for the care of the inebriate.

Concerns about alcohol problems and the elevation of sobriety as a social value spawned sobriety-based mutual aid societies and a multi-branched field of addiction treatment. The former included Native American religious and cultural revitalization movements, the Washingtonians, the fraternal temperance societies, the ribbon reform clubs, and early moderation societies (White, 2001). Treatment was provided in inebriate homes, inebriate asylums, addiction cure institutes, and in the private practices of the nation’s first addiction medicine specialists. There were also bottled home cures for the “alcohol, tobacco, and drug habits” that were aggressively promoted by a flourishing patent medicine industry (Baumohl and Room, 1987).

Early inebriate homes, such as the Washingtonian Homes in Boston (1857) and Chicago (1863) (Plate Two) and Chester Crest in New York (Plate Three), viewed moral/religious reformation combined with mutual surveillance and support as the best antidote to drunkenness. These homes provided brief, voluntary stays that mixed non-medical detoxification, isolation from drinking subcultures, moral suasion, and enmeshment in

new sobriety-based social fellowships. In the 1870s and 1880s, urban missions and rural inebriate colonies provided more explicitly religious pathways of alcoholism recovery.

The first medically oriented inebriate asylums were modeled after state-operated insane asylums. They differed from inebriate homes in their emphasis upon legal restraint, prolonged institutionalization (1-3 years), and more physical methods of treatment. The first of these institutions, the New York State Inebriate Asylum (Plate Four) opened in 1864 under the leadership of Dr. James Edward Turner (Plate Five). Other facilities like Walnut Lodge Hospital for Inebriates (1880) (Plate Six) followed that were run as private hospitals.

The inebriate homes and asylums received financial support from state legislatures, liquor license revenues, religious and temperance organizations, private philanthropists and from patient fees.

The leaders of the inebriate homes and asylums came together in 1870 under the leadership of Dr. Joseph Parrish and founded the American Association for the Cure of Inebriates (AACI). The AACI’s founding principles declared:

1. *Intemperance is a disease.*
2. *It is curable in the same sense that other diseases are.*
3. *Its primary cause is a constitutional susceptibility to the alcoholic impression.*
4. *This constitutional tendency may be either inherited or acquired.*

The principles went on to call for the legal recognition of intemperance as a disease and the creation of inebriate homes and asylums throughout the country (Proceedings, 1870).

In 1876, the AACI began publishing the *Journal of Inebriety* (Plate Seven) under the editorship of Dr. T.D. Crothers (Plate Eight). The conceptualization of addiction as a treatable disease during the late nineteenth century pervaded such addiction medicine texts as Albert Day’s *Methomania* (1867), Robert Parrish’s *Alcoholic Inebriety* (1883), and T.D. Crothers’ *The Disease of Inebriety from Alcohol, Opium and other Narcotics* (1893).

The pages of the *Journal of Inebriety* reveal sustained controversies about the nature of inebriety, the value of

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liberty versus restraint in its treatment, the merits of rapid versus gradual withdrawal, and the best methods of managing the asylum (Crothers, 1912). There were even controversies over who could best provide services to the inebriate. In 1897, T.D. Crothers castigated those who advocated for the use of “reformed men” as asylum managers on the grounds that such men were “incompetent by reason of organic defects” and would likely relapse if they chose to work with inebriates.

The most controversial branch of nineteenth century addiction treatment in America encompassed the proprietary addiction cure institutes and proprietary home cures. The best known of these institutes was founded in 1879 by Dr. Leslie Keeley (Plate Nine), who went on to franchise more than 120 Keeley Institutes in North America and Europe. Dr. Keeley also sold the bottled Double Chloride of Gold Cures for drunkenness, opium addiction and the tobacco habit by mail order. The for-profit addiction treatment franchises—the Keeley, Gatlin, Neal, Empire, Oppenheimer, Key Institutes, among the most prominent—claimed they could cure addiction faster, cheaper and more successfully than the inebriate homes and asylums. These widely advertised institutes (Plate Ten) often recruited their patients through the promise of a medicinal specific that could quickly destroy all craving for alcohol, morphine or cocaine. The institutes often combined hypodermic injections (Plate Eleven), oral tonics, and participation in patient-run support societies such as the Keeley Leagues (Plate Twelve) (White, 1998, 2001).

Inebriate homes and asylums, and proprietary addiction cure institutes, briefly flourished in America in the 1880s and early 1890s, but were never able to garner sustained public support or scientific credibility. Inadequate clinical technologies, exposés of ethical abuses in the field’s clinical and business practices, economic depressions, and the larger stigmatization, demedicalization and criminalization of alcohol and other drug problems led to the virtual collapse of America’s first era of addiction treatment. Of the hundreds of nineteenth century treatment institutions, few survived the first two decades of the twentieth century. *The Journal of Inebriety* ceased publication in 1914 and its parent organization disbanded without notice in the early 1920s (White, 1998). When recovery mutual aid societies and new treatment programs were re-birthed in America during the middle decades of the 20th century, its leaders knew little of this earlier era. It is only in recent years that the historical reconstruction of this lost period has begun.

America was not alone in its discovery of addiction and some have argued that she was not the first to discover this phenomenon (Porter, 1985; Warner, 1994). The medicalization of alcohol and other drug problems gained similar prominence in Europe in the nineteenth century. There were more than sixty European facilities specializing in the treatment of addiction founded in the late nineteenth century, and such institutions also operated in Australia, China, India and Africa. Professional societies for the study and treatment of addiction were established in England, France, Switzerland, Germany and Sweden, and the first International Congress of these

societies was held in London in 1887 (Crothers, 1893). In future photo essays, we will attempt to visually portray this global story of the rise of addiction and its treatment.

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