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Sarah W. Tracy. *Alcoholism in America: From Reconstruction to Prohibition*. Baltimore and London: The Johns Hopkins University Press, 2005. 357 pp. \$48.00 (hardcover). ISBN 0-8018-8119-6.

Forces advocating the medicalization and criminalization of severe alcohol and other drug problems have co-existed and clashed in America over the past forty years, leaving unanswered the question of whether the addiction treatment industry or the criminal justice system will achieve ultimate cultural ownership of these problems. Sarah Tracy offers historical insight into the sources and solutions to alcohol-related problems by exploring an earlier period of similarly intense clashes.

Alcoholism in America traces the evolving conceptualization of alcohol problems through their moral roots to the newly created diseases of “inebriety” and “dipsomania.” The heart of Tracy’s story begins with the founding of the American Association for the Cure of Inebriety (1870) and ends with the inauguration of American Prohibition (1920). Chapters span the rise of the conceptualization of chronic drunkenness as a medical disease through the rise and later fall of institutions for the social and medical treatment of the inebriate. While parts of this broad story have been explored before (Baumohl & Room, 1987; Baumohl & Tracy, 1994; White, 1998; Crowley & White, 2004), this book is at its very best in the chapters that detail the histories of inebriate asylums in the states of Massachusetts and Iowa, and in a chapter that uses patient correspondence to explore how people being treated in the inebriate asylums made sense of their own addiction and recovery processes. The details in these chapters break new ground regarding the history of addiction treatment and recovery in America.

This book will find many appreciative audiences, including those interested in the history of American medicine, the history of addiction treatment and those interested in the way in which broad cultural and historical forces influence ideas, social policies and social institutions. Those working in today’s addiction treatment facilities will also be transfixed by elaborate inebriate classification schemes and by the treatment methods used in these early institutions. All readers will appreciate the meticulous

research upon which this book rests and the engaging language in which the central story is told.

The book concludes with a brief summary of the post-Repeal rise of a modern alcoholism movement, the rebirth of addiction treatment institutions and new resistance to disease conceptualizations of alcohol and other drug problems. As Tracy suggests, history doesn't literally repeat itself, but it does come close.

Medical and criminal definitions of chronic drunkenness are often portrayed as dichotomous views out of which grow radically different institutions. What Tracy's research reveals is that the earliest treatment facilities were really hybrid institutions, mixing moral, medical and criminal views of drunkenness and mixing medical treatments with compulsory confinement and harsh punishments. Such hybridization left many inebriate asylums looking as much like prisons as hospitals. Today's addiction treatment agencies, increasingly dominated by criminal justice referrals, will likely view this finding as a cautionary tale.

References

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