NOTE: The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

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The Hidden Alcoholics: The Early history of Alcohol in Medicine

While the growing visibility of the public "drunk" offended many early American citizens, another group of heavy alcohol consumers was hidden behind the mask of medicine. Throughout early American history, people who were injured or ill went through three progressive steps for treatment: self-treatment with home remedies, treatment with patent medicines, and, depending on availability and preference, treatment by a doctor or a folk practitioner. The patient who consulted any of these sources was likely to be given alcohol in some form.

American home remedies have long contained alcohol, and the presence of alcohol in patent medicines increased in tandem with the growth of the 19th-century temperance and prohibition movements. People who would not consider entering a saloon regularly took alcohol-laced "medicines." Where alcohol was outlawed as a beverage, one's appetite for alcoholic stimulation could be satisfied by drinking high proof bitters--all in the name of health (Young, 1961)! This new "medicinal" source of alcohol gave rise to new terms, such as "Peruna drunk," to describe someone who had a habit of using these products. (Holbrook, 1959, p. 16)

Alcohol-laced medicines became more and more common throughout the 19th and early 20th centuries. The following were some of the most popular early patent medicines, and their alcoholic content (Furnas, 1985, Cherrington, 1926, Holbrook, 1959):

Richardson's Sherry Wine Bitters (47.5%)
Hostetter's Stomach Bitters (44.3%)
Boker's Stomach Bitters (42.6%)
Parker's Tonic (41.6%)
Warner's Safe Tonic Bitters (35.7%)
Atwood's Quinine Tonic Bitters (29.2%)
Dr. Hartman's Peruna (28.5%)
Sarsaparilla (26%)
Flint's Quaker Bitters (23%)
Drakes Plantation Bitters (23%)

Faith Whitcomb's Nerve Bitters (21.5%)
Lydia Pinkham's Vegetable Compound (21%)
Paine's Celery Compound (21%)
Faith Whitcomb's Nerve Bitters (20.3%)
Hood's Sarsaparilla (18.8%)
Luther's Temperance Bitters (16.6%)
Hooker's Wigwam Tonic (13.2%)
Dr. Kilmer's Swamproot (8.5%)

Patent medicines that claimed to contain no alcohol often contained a considerable percentage of alcohol. Even products that would later be known as temperance drinks had high alcohol content. Take for example the aggressively marketed Lydia Pinkham's Vegetable Compound. (Young, 1953, 1961). The Pinkham compound, first commercially distributed in 1875, started out at 18% alcohol by volume--with claims that the alcohol was used only as a "preservative." The percentage of alcohol rose to 21% and then dropped to 15% in 1915 as prohibition looked more and more likely. The presence of alcohol in the compound did nothing to stop its highly visible and ironic endorsement by members of the Woman's Christian Temperance Union (Burton, 1949).

Some advertisers blatantly lied about the contents of their product. Hooflander's German Bitters, with its 25%-alcohol content, was advertised as "entirely vegetable and free from alcoholic stimulant" (Furnas, 1965, p. 181). The Great Sulphur Bitters distributed by A.R. Ordway and Company warned the public about "cheap rum drinks which are called medicine" but then featured temperance leaders to promote a product that was 21% alcohol (Holbrook, 1959, p. 159). Paine's Celery Compound at 21% alcohol content was often promoted by testimonials from members of the clergy (Calhoun, 1976).

Alcohol was also approved for use in mainstream medicine, but perhaps not as much as the popular image of the time would suggest. In her study of the use of alcohol as a medicine between 1790 and 1860, Sarah Williams suggests that the popular image of early doctors regularly dosing their patients with alcoholic remedies has been exaggerated. While alcohol was used as a medicine, it was nowhere near as popular as calomel (which contained the highly toxic mercury), opium, or treatments designed to flush sickness out of the body, including bloodletting and the use of medicines that would induce vomiting or diarrhea (Williams, 1980).

Alcohol was used in different ways in early American medicine. The first American Pharmacopoeia, published in 1820, contained formulas for nine wine-based medicines. These included Wine of Ipecac, Wine of Opium (Sydenham's Laudanum), and Wine of Tobacco. In 1850, brandy and whiskey preparations were officially added to the Pharmacopoeia (Lucia, 1963). Alcohol was also used as a base in tinctures—other drugs suspended in alcohol--such as tinctures of opium and quinine. It was recommended by itself to aid digestion, prevent goiter, ward off fever, and to relieve pain. It was also recommended as a remedy for certain diseases and injuries. An 1855 medical journal tells the tale of a man who drank six quarts of whiskey, successfully warding off the effects of snakebite. (Fleming, 1975)

Alcohol was given to women after childbirth to help stimulate the flow of milk, until this practice came under heavy criticism by physicians. The practice of dosing children with alcohol-laced medicines also earned a bad reputation during the second half of the 19th century (Williams, 1980).

By the mid-19th century, the growing awareness of alcohol-related problems called into

question the use of alcohol in medicine. For more than a century, the medical field debated whether or not alcohol had an appropriate role in medicine. The use of alcohol in medicine came under increasing attack during the drive toward prohibition. Between 1872 and 1886, the American Medical Association's (AMA) House of Delegates passed four separate resolutions discouraging the use of alcoholic beverages in medicine. Still, a 1922 AMA poll of physicians showed that alcohol continued to be used as a medicine for conditions ranging from heart attack and diabetes to snake bite (AMA, 1922, 47-57).

The widespread use of medicines that were really alcoholic drinks in disguise created a problem quite different from that of the highly visible Skid Row alcoholic. It created a population of hidden alcoholics whose problems weren't recognized until they were far advanced. These circumstances created a need for places where people could be discretely dried out and treated, with the assurance that their true condition would not be revealed. This hidden population of self-medicated alcoholics (and opium addicts) created a market for the private sanitarium that could treat alcoholism and other addictions.

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