

**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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## **Cocaine in Black and White: The Early Story**

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In this chapter we will explore the early history of coca and cocaine in the United States, with a particular focus on the differences between the drug's most common use in the late 19th century and the public image of the "cocaine fiend." The reader is warned that some of the quoted material in this discussion is quite offensive, but the blatant racism that is the source of this offense is an enduring theme within the history of the social control of intoxicants in the United States. Any effort to hide or soften the intensity of this racism would be a disservice to the reader seeking a true understanding of this history.

### **The Emergence of Cocaine**

Coca leaves have been chewed for their psychoactive properties for more than 4,000 years. The second half of the 19th century began a new era for this plant with the isolation of its active alkaloid, its packaging in new forms, and its increased popularity. The active ingredient in the coca shrub, *Erthroxylon coca*, was isolated by Gaedecke in 1845 and produced and christened *cocaine* by Albert Nieman in 1860. Before that time, cocaine was not used outside the areas in which it was grown because the plant lost its potency in shipment.

The ability to separate the cocaine alkaloid from the plant helped the medical community recognize cocaine's psychoactive and anesthetic properties in the 1870s and led to its introduction into both patent and mainstream medicine in America. In the *Boston Medical and Surgical Journal* in 1876, Dr. G. Archie Stockwell characterized the new drug as "wholesome" and "beneficial" (Musto, 1968, p. 28). By 1880, cocaine preparations--particularly in a solution of Vin Mariani--had quickly begun to fill the shelves of American apothecaries and grocery stores, but it took a Viennese physician to bring the drug to its peak of popularity. His name, Sigmund Freud, is well known to the reader. But for a quirk of circumstance, another well-known figure might also have brought cocaine to the world's attention. Mark Twain disclosed in 1910 that one of his earliest desires, inspired by a book on adventures in the Amazon, was to visit that area and "open up a trade in coca with all the world" (Twain, 1910: in Strasbaugh and Blaine, 1990, p. 149).

*Early Medical Attitudes toward Cocaine*

It was in 1884 that Freud, then a young physician searching for a discovery that could bring him fame and speed his marriage to Martha Bernays, read an account of Theodor Aschenbrandt's use of cocaine to fight fatigue in soldiers of the Bavarian Artillery. Intrigued, Freud ordered a supply of cocaine from the firm of Merck of Darmstadt and began experimenting with the drug on himself. Almost immediately, he developed an intense personal and professional fascination with cocaine. He not only used the drug, but also sent it to his fiancée to "make her strong and give her cheeks a red color." Freud's letters to Miss Bernays during this period were full of cocaine references. He told her he was "busy collecting the literature for a song of praise to this magical substance" and teasingly noted, "You shall see who is stronger, a gentle little girl who doesn't eat enough or a great wild man who has cocaine in his body." Freud shared his fascination--and his cocaine--with colleagues and friends, with such frenzy that his biographer would later suggest he was "rapidly becoming a public menace" during this period (Jones, 1953).

In 1884, the same year in which purified cocaine became available in the U.S., a version of Freud's paper, "Ueber Coca" (On Coca) was published in *The St. Louis Medical and Surgical Journal*. In this paper, Freud set forth his view that cocaine was not only harmless but also a great gift to humankind.

*It seems probable...that coca, if used protractedly but in moderation, is not detrimental to the body....a first or even repeated doses of coca produce no compulsive desire to use the stimulant further; on the contrary, one feels a certain unmotivated aversion to the substance (Freud, 1884).*

He went on to recommend cocaine as a stimulant; an aphrodisiac; an anesthetic; and a treatment for nervous disorders, digestive disorders, diseases of progressive degeneration, syphilis, and asthma.

Freud's first conclusions about cocaine sparked great interest in the drug, but it was Carl Koller's 1884 use of a cocaine solution to anesthetize the eye that marked the discovery of local anesthesia and the dramatic rise in the use of cocaine in medicine. Cocaine's effectiveness as an alternative to general anesthesia was so dramatic, particularly in delicate surgery of the eye, nose, and throat, that American physicians saw cocaine as the beginning of a new era of scientific medicine.

Given this view, it was inevitable that the medical community would start experimenting with ways of extending cocaine's use beyond anesthesia. At first, the demand for cocaine in medicine far outstripped its availability, resulting in exceptionally high prices for cocaine preparations. By 1887, however, production had risen so high that the price of cocaine dropped from a dollar a grain to two cents a grain. The sheer speed of this transition was remarkable. Coca importation into the U.S. rose from 24,450 pounds in 1884 to 191,568 pounds in 1885 and reached 1,277,604 pounds by 1905 (Spillane, 1994). This first period of widespread cocaine use, like the periods that followed, was profoundly influenced by increased drug availability and lowered drug price.

Parke-Davis & Company of Detroit began producing cocaine preparations in 1885, manufacturing some 15 different cocaine-laced products, including forms specifically designed for smoking, sniffing, and injection. This company even offered cocaine-laced cigars. Cocaine

products of the day also came in the form of pills, candy, gargles, and even suppositories.

The medical use of cocaine was not limited to those conditions for which Freud had recommended the drug as a treatment. American doctors recommended cocaine-laced products to treat a variety of conditions, including vomiting, whooping cough, sore nipples, vaginismus, angina pectoris, asthma, hay fever, neurasthenia, depression, and the common cold. A 10% cocaine solution was even applied to the genitals of boys and girls as a treatment for masturbation (Remarks on Cocaine..., 1886, p. P.757). The advertising of some cocaine-laced products, such as Nyal's Compound of Damina, emphasized cocaine's aphrodisiac effects and promised to restore virility. Other advertisers portrayed cocaine as a brain stimulant that would expand the intellectual powers of doctors, lawyers, teachers, and members of the clergy (Siegel, 1984). The patent medicine industry began to manufacture a large number of cocaine products just as cocaine was being integrated into mainstream medical practice.

Cocaine was available as a 100%-pure alkaloid and in a number of other forms, all legally available without a prescription. Some of the most notable cocaine products of this era included the following (the first six manufactured and distributed by Parke-Davis):

- Wine of Coca
- Fluid extract of coca
- Coca Cordial (cocaine and liqueur)
- Coca cheroots
- Coca cigarettes
- Cocaine inhalant
- Vin Mariani
- Mariaini's Pastille Coca and Cocaine
- Metcalf's Coca Wine
- Roger's Cocaine Pile Remedy
- Coca Beef Tonic
- Dr. Birney's Catarrh Powder
- Allans Cocaine Tablets
- Lloyd's Cocaine Toothache Drops
- Crown Catarrh Powder
- Dr. Tucker's Asthma Specific
- Dr. Cole's Catarrh Cure
- Paine's Celery Compound
- Agnew's Powder
- Peruvian Wine of Coca
- Cassebeers Coca Calisaya
- Keasby and Mattison's Cocaffeine
- Laxakola (a "tonic laxative")

Like Freud's early paper, the promotional material for these preparations suggested that cocaine was a cure for just about everything. Typical claims are found in the following words from the introduction to a Parke-Davis & Company promotional brochure on cocaine:

*Cocaine...through its stimulant properties, can supply the place of food, make the coward brave, the silent eloquent, free the victims of alcohol and opium habits from their bondage, and, as an anesthetic, render the suffer insensitive to pain, and make attainable to the surgeon heights of ..."aesthetic surgery," never reached before (Byck, 1974).*

Mariani Wine used excerpts from Pope Leo XIII's 1899 letter of praise to promote and provide religious blessing for its cocaine-laced product. Mariani's regular users and promoters included the likes of Thomas Edison, Sarah Bernhardt, Jules Verne, H.G. Wells, Alexandre Dumas, at least two U.S. Presidents (McKinley and Grant), and some 8,000 physicians (Restak, 1994; Kennedy, 1985, Gomez, 1984). Cocaine injections were also popular in many circles. As early as 1885, there were medical reports of fashionable women asking their doctors for cocaine injections, hoping to make themselves "lively and talkative" (Whitaker, 1885, p. 177).

Medical practitioners like William Hammond, a noted neurologist and former Surgeon General, promoted cocaine through their writing and speeches. Hammond reported on his own self-experiments with high-dosage (more than one gram) cocaine injections, and concluded:

*...there was none of the horrible effects attributed to cocaine, no disposition toward violence. I acquired no habit; I left off easily (Hammond, 1886, p. 92).*

Hammond's challenge that there was no such medical condition as a "cocaine habit" sparked considerable controversy. Some physicians, like Dr. Leonard Corning, complimented Hammond for quieting the fear of cocaine that was removing a useful remedy from medical practice; while others, like addiction treatment specialist J.B. Mattison, wrote of "pure, primary cases" of addiction to cocaine and called Hammond's pronouncements on cocaine "mistaken," "rash," and "dangerous" (Remarks on Cocaine..., 1886, p.758; Mattison, 1887, p. 1025-1026).

The most frequent and troublesome use of cocaine came in the treatment of respiratory disorders, including asthma and sinus conditions caused by colds and allergies. Several cocaine-based "catarrh" powders and sprays included high doses of cocaine and failed to note the presence of cocaine on their labels. People tended to use these products repeatedly during the day and to use them for long-lasting illnesses, which led to increased physical tolerance to the drug and to the need for higher and higher doses. Much of the misuse of cocaine between 1885 and 1910 involved the cocaine-laced catarrh cures (Spillane, 1994).

### *Cocaine and the Soft Drink Market*

Cocaine use also spilled out of the medical arena and into the culture at large through another most interesting medium: Coca-Cola and its competitors. In the last quarter of the 19th century, the line between patent medicines, tonics, and what today would be called "soft drinks" or "energy drinks" was a thin one. Before Coca-Cola arrived on the scene, Hires Root Beer was promoted with the claim that it purified the blood, and peddlers of Dr. Pepper claimed that it aided digestion and could "restore vim and vigor." It was this market that prompted Dr. John Pemberton, an Atlanta pharmacist, to develop the perfect tonic drink. Pemberton had already developed a number of other patent medicines before his first cocaine-laced product was introduced in 1884. Pemberton advertised the product, French Wine Coca (an imitation of the

popular Vin Mariani), as a cure for nervous disorders, impotence, and alcohol and morphine addiction.

When sales of French Wine Coca (an alcohol-based product) were threatened by a political vote that declared Fulton County and Atlanta dry, Pemberton looked for a new temperance (non-alcoholic) version of his product. After more experimentation, in 1886 Pemberton settled on a new product that continued to include cocaine and kola nut but substituted soda water for the wine that his former product had used (Pendergrast, 1993).

The stimulant effects of the original Coca-Cola were provided by caffeine (from the kola nut) and about 60 milligrams of cocaine in each 8-ounce serving. At first, it was promoted, not as a soft drink, but as a "brain tonic" that could "relieve fatigue for only five cents," increase intelligence, and ease menstrual cramps. Two early nicknames emerged for Pemberton's new product. People requested the product by asking for a "coke" or a "dope" (Pendergrast, 1993, p. 104). Addiction experts attacked Coca-Cola and its imitators, suggesting that the path to the inebriate asylum could begin at the soda fountain.

*Children who are allowed to become soda-fountain fiends acquire a taint that, when opportunity presents, leads them to cocaine or other stimulants like a duck to water.* (Petty, 1913, p. 428)

One of the government's chief chemists, Dr. L.F. Kleber, was quoted in early 20th-century popular magazines claiming that the "cocaine habit may be developed by the use of these much lauded soft drinks." According to this view, children who drank coca-laced soft drinks developed a "predisposition towards the cocaine habit." He also suggested that people were becoming addicted to the soft drinks themselves (Moffett, May-1911, p. 596).

Coca- and cocaine-based products were widely used at the turn of the century. Kenney noted of this period that people who felt bad took cocaine to feel good and that people who felt good took cocaine to feel better (Kenney, 1985, p. 86). Crothers called cocainism "a new disease of civilization" and noted that its heaviest users were drawn from the extremes of society: the most and least intelligent, the richest and the poorest (Crothers, 1902, p. 273). In 1902, Crothers also began cataloguing cocaine-related pathologies, including cocaine psychosis which he outlined in remarkable detail: hypervigilance, paranoid delusions (sometimes referred to as "bull horrors"), hallucinations, the feeling of bugs crawling over the skin (formication), and the risk of aggression toward oneself (suicide) or others (Crothers, 1902, p. 282; Flowers and Bonner, 1923, p. 35).

In the early 1900s, public reports of the popularity of Coca-Cola among Blacks and alleged links between cocaine use and Black attacks on Whites generated pressure to "reform" the drink. The cocaine was removed in 1902-1903, a year before Georgia passed a law requiring a physician's prescription for any product containing cocaine. The cocaine in Coca-Cola was replaced by a decocainized extract made from coca leaves, which to this day gives Coca-Cola its slightly bitter taste.

Although Coca-Cola was without question the most famous of the cocaine products of this era, a large number of tonics and soft drinks containing cocaine (reports range from 20 to 69) were manufactured and widely distributed during this era. Some of Coca-Cola's competitors whose products also contained cocaine included Delicious Dopeless Koca Nola, Kola-Ade, Kos-

Kola, Rococola, Celery Cola, Inca Cola, Wiseola, and, perhaps the most audacious, Dope Cola. (Kennedy, 1985; Gomez, 1984). As late as 1926, these products were still being charged with "paving the way to addiction" (Graham-Mulhall, 1926, p. 90). While a modern mythology has our 19th-century ancestors taking in massive quantities of cocaine in their soft drinks, Joseph Spillane's studies have shown that most of these products used a fluid coca extract with only one milligram of cocaine (Spillane, 1994, pp. 210, 218).

Much of the Coca-Cola/cocaine story has worked its way into popular cultural knowledge, but Mark Pendergrast's 1993 history of Coca-Cola suggests a hidden side of this story. According to Pendergrast's research, Coca-Cola's inventor, John Pemberton, was addicted to morphine. His interest in cocaine may have been stimulated by its early reputation as a cure for morphine addiction. Pemberton made many pronouncements on this potential role for cocaine, including the following 1885 remarks to a reporter:

*I am convinced from actual experiments that [coca] is the very best substitute for opium. . . that has ever been discovered. It supplies the place of that drug, and the patient who will use it as a means of cure, may deliver himself from the pernicious habit without inconvenience or pain.* (Quoted in Pendergrast, 1993, pp. 27-28)

### *Cocaine in the Fiction of the Day*

Cocaine also made its appearance in the popular literature of the 1880s. In the 1886 story, *A Scandal in Bohemia*, Sir Arthur Conan Doyle first writes about Sherlock Holmes's periodic use of cocaine (a 7-percent solution injected intravenously), although the drug effects he describes more closely resemble the effects of morphine. By 1888, in *The Sign of the Four*, Doyle's knowledge of cocaine's effects is clearly evident when Holmes complains of the dull routine of existence and explains his use of cocaine for "mental exaltation." What is surprising in this story is the disclosure that Holmes also used morphine from time to time. The hypodermic technique is also shown in graphic detail when Dr. Watson describes the ritual he has seen Holmes perform three times a day for many months.

*Sherlock Holmes took his bottle from the corner of the mantelpiece, and his hypodermic syringe from its neat morocco case. With his long, white, nervous fingers he adjusted the delicate needle, and rolled back his shirt-cuff. For some little time his eyes rested thoughtfully upon the sinewy forearm and wrist, all dotted and scarred with innumerable puncture-marks. Finally, he thrust the sharp point home, pressed down the tiny piston, and sank back into the velvet-lined arm-chair with a long sigh of satisfaction.*

Sherlock Holmes was supposedly killed in his confrontation with the evil Professor Moriarty at Reichenbach Falls, but due to popular demand for the stories, Holmes was resurrected. In the later stories, Holmes has been rehabilitated from his cocaine habit. Holmes enthusiasts are left without a clue regarding any role that Dr. Watson may have played in this rehabilitation. In *The Missing Three-Quarter*, Holmes is said to have been "weaned" from his "drug mania" and refers to the hypodermic syringe as an "instrument of evil" (Tracy and Berkey, 1978, 14; Musto, 1968, p. 126). The fact that Doyle chose to remove cocaine from the life of his

protagonist reflected the changing cultural attitudes toward cocaine. It was not in his best interest to continue to link Holmes with a drug that was being increasingly demonized in the popular press.

One of the most remarkable cocaine stories of this era involves the true-life experiences of the writer Robert Louis Stevenson. Stevenson suffered from tuberculosis and received a wide variety of drugs to treat this condition. According to the investigations of Dr. Myron Schultz, these drugs included cocaine. While under this treatment in October, 1885, Stevenson wrote the first draft of a book in three days, burned the draft, and rewrote the book in another three days--a total of almost 60,000 words in less than a week. The book in question was *The Strange Case of Dr. Jekyll and Mr. Hyde* (Schultz, 1971).

### *America's First Generation of Cocaine Addicts*

Clinical reports of cocaine toxicity and cocaine addiction began to appear in the medical literature of the 1880s, and these reports became more common in the 1890s. In 1885 and 1886, articles in the *New York Medical Record* and the *Journal of the American Medical Association* warned of the risk of cocaine addiction by medical personnel and reported recent case studies of cocaine-induced insanity in doctors. Reports of this pattern of addiction among physicians continued during the next decade. By 1888, warnings about cocaine were already appearing in hygiene textbooks:

*Cocaine is a dangerous therapeutic toy not to be used as a sensational plaything. If it should come into as general use as other intoxicants of its class, it will help to fill the asylums, inebriate and insane* (Steele, 1888, p. 224).

As the 1890s began, more than 400 cases of toxic reaction to cocaine and more than a dozen cocaine-related deaths had been reported in the medical literature. In 1893, Dr. J.B. Mattison, Medical Director of the Brooklyn Home for Habitueés, reported 17 cases of cocainism. In ten of these cases the patients were physicians (Mattison, 1893).

An 1897 confessional account of cocaine addiction that appeared in the *Scientific American* is remarkable for its clinical detail of cocaine intoxication and the problems associated with cocaine addiction. The author noted that his compulsive attraction to cocaine had cost him \$8,000 in 1890. The article shows the early practice of what will later be called "speedballing" (injecting a mixture of morphine and cocaine) and graphically describes cocaine psychosis and formication (hallucinating "cocaine bugs" and other vermin on the skin). The article also gives an early observation on the effects of cocaine on sexual functioning.

*It (cocaine) stimulates also the sexual appetite, though, later on power is lost while desire remains.* (Confessions, 1897, p.1)

Another cocaine confessional is also noteworthy. This is the 1902 confessional account, *Eight Years in Cocaine Hell*, detailing Annie Meyer's descent from a "proper Christian woman" to cocaine addict. It is the first confessional book about drug addiction written by an American woman.

What we know about America's first generation of cocaine addicts is that most of them came from the working and professional classes, with doctors composing the largest professional class. Most were white men in their thirties. They began using cocaine for medical reasons. They used cocaine by injection or through a cocaine solution sprayed into the nose, and they often used cocaine and morphine in combination. According to the investigations of Joseph Spillane, this first generation of cocaine casualties aroused "sympathy rather than scorn" from the medical community and the public at large (Spillane, 1994, p. 101, 107).

This discussion might lead to the conclusion that cocaine addiction and the use of the drug for pleasure were widespread in late 19th- and early 20th-century America. But the fact is that much of America's cocaine use at the time took place in response to medical conditions; involved very low, non-intoxicating doses; and lasted only short periods of time. These low-dose products were unlikely to bring on a cocaine "habit," and they would not be an attractive choice for a regular cocaine user, whose growing tissue tolerance rendered the low-dose products useless. Even when their patients developed cocaine toxicity, doctors tended to be more careful in their choice of dosage and method of use, but continued to look favorably on cocaine's therapeutic powers. The fact that most cocaine use generated few if any toxic reactions, including dependence, is remarkable in light of what was then the public image of the cocaine user (Spillane, 1994, pp. 7, 36, 83)

### **Cocaine "Fiends" and Cocaine Laws**

While cocaine was being distributed widely in the form of medicines, tonics and soft drinks--and a number of professional people were developing problems with cocaine addiction--a "dope fiend mythology" very much like the one associated with opium arose and took its place in the American psyche. In a very short period of time, the public's view of cocaine shifted from that of a medicinal "brain tonic" to that of a "depraved" drug that could spark insanity and violence. Their image of cocaine use moved from the home and the doctor's office to the urban vice district. Their picture of cocaine users shifted from the middle and professional classes to poor Blacks and the criminal underworld. Some of the core beliefs of this new cocaine mythology were that 1) cocaine causes crime, 2) cocaine makes criminals more efficient, 3) cocaine causes violence, 4) cocaine incites Black men to sexually assault White women, and 5) cocaine intoxication could spark a Black uprising against White society.

While the media association between cocaine and Blacks was not the only way of stigmatizing cocaine, it was the most prominent, particularly in the South. At the turn of the century, cocaine was linked with African Americans in the South in the same way opium was linked with the Chinese in the West. (There were reports of Black cocaine use in the North as well, but these reports lack the fiery rhetoric of alarm typical of reports from the South. For a sample of such reports from the North, see Simonton, 1903.) Between 1898 and 1914, media images of cocaine consistently associated the drug with the threat of Black violence. In 1910, Hamilton Wright gave Congress the following warning about cocaine:

*It was been authoritatively stated that cocaine is often the direct incentive to the crime of rape by the Negroes of the South and other sections of the country.*



The association of cocaine with race was equally common in the professional literature, as in the following 1914 report by Edward Huntington Williams, M.D., in *The Medical Record*:

*Once the Negro has reached the stage of being a 'dope taker' [dope here referring to cocaine]. . . he is a constant menace to his community until he is eliminated. . . Sexual desires are increased and perverted, peaceful Negroes become quarrelsome, and timid Negroes develop a degree of "Dutch courage" that is sometimes almost incredible. (Williams, 1914, Medical Record, 247)*

Williams then went on to suggest that the effects of cocaine were even more dangerous because the drug made the user insensitive to shock and pain.

*In the language of the police officer, "The cocaine nigger is sure hard to kill"--a fact that has been demonstrated so often that many of these officers in the South have increased the caliber of their guns for the express purpose of "stopping" the cocaine fiend when he runs amuck (Williams, 1914, Medical Record, p. 247).*

In a separate article that appeared in the *New York Times* on December 6, 1914, Williams described an even more intriguing effect of cocaine: improved marksmanship.

*The list of dangerous effects produced by cocaine. . . is certainly long enough. But there is another, and a most important one, this is a temporary steadying of the nervous and muscular system, so as to increase, rather than interfere with good marksmanship. . . the record of the "cocaine nigger" near Asheville, who dropped five men dead in their tracks, using only one cartridge for each, offers evidence that is sufficiently convincing.*

But Williams saved his most lurid images for his articles in the popular press, such as the following from the *Literary Digest*, March 28, 1914:

*Under its [cocaine's] influence are most of the daring crimes committed. . . Most of the attacks upon white women of the South are the direct result of a cocaine crazed Negro brain (Williams, 1914, Literary Digest)*

The image of the "cocaine fiend" constructed in the medical and popular press was a Black man whose "immunity to shock, together with the fearlessness, hallucinations, and homicidal tendencies" made him an "object of special dread" to the White race--and to White women in particular (Williams, 1914, *Medical Record*, p. 248).

These alarmist articles played on social class biases as well as racial ones. Williams often added that the effect of cocaine was the same on "poor whites," who in his view "occupy about the same social and intellectual plane" as Blacks (Williams, 1914, *Medical Record*, p. 247). As if flaming the fires of racial and class prejudices were not enough, a *New York Times* article on the cocaine "menace" during this period tapped the anti-Semitic audience by claiming that "every Jew Peddler in the South carries the stuff."

The constant media association of cocaine with crime and violence by Blacks and unruly poor whites may account for the fact that, between 1887 and 1914, laws were passed in 46 States regulating cocaine, while only 29 States had enacted laws to regulate the opiates (Ashley, 1975).

### *The Lack of Historical Evidence*

What is remarkable about these accounts, other than their blatant racism, is the lack of data to support the claim that high numbers of African Americans were even involved in cocaine use or any other drug use during this period of history. The Blacks who were reported using cocaine did so in order to be able to work 70 or more hours at a stretch, rather than to become intoxicated. Courtwright (1983) reports that Black stevedores in New Orleans were first introduced to cocaine to bolster their strength during marathon sessions of loading and unloading steamships, and that the practice spread to other laborers in the South in the 1890s. While there are some stories of Black laborers fortifying themselves with cocaine and reports of labor bosses spiking the food and drinks of their workers with cocaine to increase their endurance, there is little evidence that cocaine use was widespread among Blacks between 1890 and 1914 (Towns, 1912, Towns, 1915).

A 1902 report that "Negro cocaine fiends" were filling the insane asylums is not supported by psychiatric hospital admission data from this era. E.M. Green's study of 2,119 Black psychiatric asylum admissions from 1909 to 1914 noted only two Blacks who had used cocaine, and in neither of these cases was cocaine use a factor in their admission (Helmer, 1975). Black access to drugs was limited by poverty and by their lack of access to mainstream medicine--the main source of cocaine and opiates in their purest forms.

Dr. George Pettey is one of the few addiction experts of the day who made any reference in his writings to cocaine use by Blacks. In a 1913 report, Pettey noted, "The power of cocaine to sustain one under a prolonged strain is well understood by the laboring class of negroes." Pettey goes on to explain how Black laborers used cocaine when their work demanded long periods of unrelieved effort, then slept for two to three days, not returning to cocaine use until the next period of heavy demand. What is conspicuously missing from all of these accounts is any report of the use of cocaine by Blacks as an intoxicant or of long-term use that led to addiction or related problems (Pettey, 1913, p 426).

At a time when cocaine use was overwhelmingly White, the public image of the cocaine user was overwhelmingly Black--a phenomenon that was to be repeated again almost 100 years later. The highly publicized accounts linking cocaine with Black violence came from a small number of sources who were known for their use of flamboyant exaggeration and misstatement of fact to support their political purposes. Most of the accounts of cocaine use by Blacks can be traced to two sources, Hamilton Wright and the above-quoted physician, Dr. Edward Huntington Williams, who used Wright as the primary source of his stories. Commenting on the lack of substantial evidence confirming the Black cocaine use that these two men reported, John Helmer and Thomas Vietorisz conclude:

*The plain fact is that Wright, the chief authority for the claim of a black cocaine problem and later the virtual author of the Harrison Bill legislation to ban it, was reporting unsubstantiated gossip and quite dishonestly misrepresenting the evidence before him.*

In his landmark investigation of the history of cocaine use in America, Joseph Spillane concludes that some Blacks did use cocaine to stay alert during long episodes of manual labor, but that charges of cocaine-inspired violence by Blacks against Whites had no basis in fact (Spillane, 1994).

### *Forces behind the Cocaine Fiend Mythology*

If evidence of significant cocaine use by Blacks during this period is lacking, then we are forced to wonder where the rumors of widespread Black use came from--rumors that went far beyond the circle of prohibitionist speakers. How do we account for anti-cocaine campaigns of the late 19th and early 20th centuries, with their images of cocaine-driven Black violence? If we look at the history of the times, and the conditions that gave birth to these images and the resulting drug control laws, we can find striking similarities to the 1875 anti-opium ordinance in San Francisco.

In the late 19th and early 20th centuries, many Blacks began to assert themselves, both individually and collectively. Black land ownership was rising in the South. This period saw the rise of many new Black institutions, including banks and business organizations like the National Negro Business League; institutions of higher learning, such as Howard and Atlanta Universities; and modern social and political organizations, such as the National Association for the Advancement of Colored People--all organizations run by and for Blacks. Blacks everywhere seemed to be using the services of the teachers who had come south after the Civil War to set up schools to educate the former slaves. A Black professional class emerged, filled with teachers, preachers, lawyers, doctors, dentists, journalists, actors, and artists. Only a handful of years after the War, Blacks were asserting themselves in ways that would have been unthinkable a few years earlier.

This new spirit challenged the traditional racial mythology that held Blacks as inferior, passive, docile, and humble. Those who embraced the old mythology found the social, economic, and political rise of Blacks in the post-Civil War South frightening and impossible to understand. Charges of cocaine use, and the periodic charge of interference from outside foreign agitators, helped them explain and understand the new behavior. In his research of this period, Kennedy noted that the image of cocaine inciting Blacks to "rise above their station" was a constant theme in the anti-drug literature of this period (Kennedy, 1985, p.94).

The post-Civil War restructuring of relationships between Whites and Blacks was a time of intense conflict, growing more intense at the turn of the century. Conflict escalated over shifts in social relationships and over competition between Black and White workers. The Ku Klux Klan and other such organizations were determined to reverse the gains that Blacks had achieved during the early years of reconstruction. These organizations tried to enforce their view of proper roles for and between Blacks and Whites by unleashing a reign of terror across the countryside.

This was an era of incredible violence: beatings, lynchings, and racial riots occurred in many areas of the country. White-initiated racial riots occurred in large cities like Atlanta (1906) and in smaller cities like Statesboro, Georgia (1904) and Springfield, Illinois (1908). It was also a time of economic and political disenfranchisement. Literacy tests, property tests, and poll

taxes were used to screen out potential Black voters. It was the era of the "Jim Crow" laws that forced the legal separation of the races in every area of life--from transportation to hospitals, to sports, to cemeteries. It was a time in which Whites feared Black rebellion and retaliation.

In this context emerged a state-by-state war against cocaine, a drug that, as the myth went, made "peaceful negroes become quarrelsome and timid negroes develop a degree of 'Dutch courage' that is sometimes almost incredible." The mythology of the "cocaine fiend" provided one more rationale for the many cruel and repressive measures enacted against Black people. The public preoccupation with Black cocaine use may also have served to mask the real drug problem of the South: White opiate use. Weaving dope-fiend mythologies around opium and cocaine misrepresented the true nature of America's drug problem and added fuel to rising social movements that collectively sought to criminalize alcohol, tobacco, and other psychoactive drugs in the American culture.

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