

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.

White, W. (2014). Multiple drug use in the 1880s. Posted at www.williamwhitepapers.com

Multiple Drug Use in the 1800s

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Many people believe that multiple drug use is a relatively recent phenomenon--that until the past few decades most alcoholics and addicts developed a taste for a particular drug (a “drug of choice”) and stayed with that drug until recovery or death. The medical literature of the last century does not support this belief. According to an 1878 report on the opium habit prepared by the Michigan Board of Health:

Opium inebriates do not confine themselves entirely to one form of the drug. Opium-eaters become morphine-eaters, and vice versa. Not infrequently alcohol, chloral, and chloroform are added by the advanced opium-eater. (Marshall, 1878, p.47)

This same report noted that many reformed drunkards had become opium-eaters after the passage of laws banning the sale of alcohol.

Articles from *The Quarterly Journal of Inebriety* in the 1880s report that alcoholics had a tendency to substitute cocaine for alcohol and to self-medicate their alcohol-induced sleep disturbances with chloral hydrate. Writings of that time also describe opium eaters and cocaine users who developed alcoholism after their drug cures. As early as 1881, Dr. Fred Hubbard wrote that opiate addicts tended to develop later problems with alcohol.

In their [opium addicts'] desperate efforts to sustain the system with opium, on the one hand, and to allay dangerous symptoms of narcotism by liquor, on the other hand, victims of the habit greatly increase the amount taken of both stimulants, creating deplorable complications. (Hubbard, 1881, p. 13)

Addiction expert H.H. Kane described the multiple drug users he encountered in the 1880s:

I have known persons . . . who are habituated to the use of narcotics, and who, to avoid being enslaved by either one, alternate between morphia, chloral, whiskey and the bromides, with the result of rest and composure from each in its turn. They are not opium or chloral habitués, nor inebriates from alcohol, but they are habituated to artificial narcotism. (Kane, 1881, p. 153)

In 1912 Charles Towns, founder of a hospital for addiction treatment in New York City, noted the way in which his addicted patients tended to use drugs one after another.

When cocaine gives out, its victim invariably resorts to alcohol for stimulus; alcoholics, however, when deprived of alcohol, generally drift into the use of morphine. (Towns, 1912, p. 586)

As today, there were regular reports of old and new drugs discovered or believed to have intoxicating properties: arsenic, Jamaica ginger (alcohol mixed with ginger), cologne (used primarily for its alcohol content), lavender, gelsemium (a pain killer), and quinine (Kerr, 1894). While reports of exotic intoxicants appeared from time to time, the drugs that captured public attention at the turn of the century were alcohol, tobacco, cocaine, and opium and the drugs derived from it--with particular attention shifting to a newly developed morphine derivative: heroin. The fixation on addiction to these individual substances as discrete phenomena obscured, and continues to obscure, the fact that multiple concurrent and sequential drug use has been the norm for more than a century.

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