

**The Combined Addiction Disease Chronologies of  
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1864 - 1879**

The years 1864-1879 mark the birth of the nation's first inebriate homes and asylums and their beginning professionalization via the American Association for the Cure of Inebriety (AACI). Although the AACI's first founding principle is the proclamation that inebriety is a disease, there is some disagreement within the association on this very point (See Harris, 1874). Papers from the annual AACI meetings and, after 1876, the *Journal of Inebriety*, mark the beginning of a deluge of literature propounding various disease conceptualizations of addiction. The period witnesses growing concern with opiate morphine addiction and the first incorporation of drugs other than alcohol within the emerging disease concept of inebriety. The founding of the Keeley Institutes marks the beginning of private addiction cure institutes (many of them franchised in multiple locations) who will use a disease concept of addiction both as a clinical philosophy and a marketing strategy. New breakthroughs in microbiology lead to discoveries of the causes of many diseases (from anthrax to syphilis) and spawn many theories about the biological causes of addiction.

- 1864            Dr. James Turner, after years of agitating that inebriety is a disease that should be medically treated, opens America's first inebriate asylum in Binghamton, NY.
- 1864            Edward Parrish, in his *A Treatise on Pharmacy* (Philadelphia, p. 172) notes how citizens who would not abuse alcohol take opium until "they become victims to one of the worst habits."
- 1864            The first case of morphine addiction involving the use of the hypodermic syringe is reported. (Petty, 1913, p. 2)
- 1864            Moore, G. (1864). *The Desire for Intoxicating Liquors, A Disease: Its Causes, Its Effects, and Its Cure, with the Danger of a Relapse*. Baltimore.
- 1866            Keller (1975). "It is to the French physician, Gabriel, that we owe the simple and quite adequate term alcoholism, in its correct modern sense, and even the first direct consideration of it as a public health problem." Gabriel's 1866 doctoral thesis was entitled (translated) *Essay on Alcoholism, Considered Principally from the Viewpoint of Public Hygiene*.
- 1867            Ludlow, F. (1867). What Shall They Do to Be Saved? *Harper's Magazine* 35(August): 377-387.  
                    "Now, such a man (opium addict) is a proper subject, not for reproof, but for medical treatment. The problem of this case need embarrass nobody. It is as purely physical as one of small-pox. When this truth is as widely understood among the laity as it is known by physicians, some progress may be made in staying the frightful ravages of opium among the present generation." p. 379

References to “opium disease” throughout the article

- 1867 Day, Albert (1867). *Methomania: A Treatise on Alcoholic Poisoning*. Boston: James Campbell. In: Grob, G. (1981). *Nineteenth Century Medical Attitudes Toward Alcohol Addiction*. New York: Arno Press.  
“I have selected this title as an appropriate general name for that disease which, in its several forms or stages of development, is variously termed Drunkenness, Inebriety, Dipsomania, Methexia....” p. 5 (Original)  
“...that disease which I have ventured to call *Methomania*, with its varied and complex character, and involving as it does abnormal conditions of both mind and body, must demand of the faithful physician all his resources of physiological and psychological science.” p. 43  
“Let it be remembered, that such a man is diseased, and that he is fighting not against temptation only, but against temptation fostered by the morbid elements of his own physical and mental nature.” p. 49-50
- 1868 Marcet, W. (MD) (1868). *On Chronic Alcoholic Intoxication*. New York: Moorhead, Simpson, & Bond, Publishers.  
Chapter entitled, “Chronic Alcoholism”  
“With respect to the use of alcoholic stimulants, if the patient has completely given them up for some time, and entirely lost his taste for liquor, I have been in the habit of recommending about a pint of bitter beer daily.” p. 76; also recommended tea and coffee as substitutes.
- 1868 *Report of a Joint Special Committee Appointed to Consider the Matter of Inebriation as a Disease, and the Expediency of Treating the Same at Rainsford Island*. (1868). Boston: Wright, & Potter, State Printers.  
Governor Andrew, addressing the Legislature of the Commonwealth of Massachusetts in 1863: “I most respectfully, but urgently advise that the Legislature initiate measures to establish an asylum for the treatment of inebriates. Drunkenness is a disease as well as a sin. We have long since legislated for its punishment; let us no longer neglect to legislate for its cure.” p.2  
“...the continued use of alcoholic drinks produces a disease, peculiar and distinct from all other disease; having a distinct pathology, and presenting post mortem appearances unlike those of any other disease, being as characteristic as those of typhoid fever or pneumonia.” p. 4
- 1870 Sir Thomas Clifford Allbutt of Cambridge expresses his alarm at so few warnings about the hypodermic injection of morphine. (Sonnedecker, 1962, p. 28)
- 1870 John Gough: “Drunkenness is a mysterious disease, and the power of the appetite on a nervous susceptible organization is almost absolute, and there is no remedy but total abstinence-total and entire. You cannot make a moderate drinker of a drunkard.” Crowley, 1999, p. 155

1870 Annual Report of the Board of Commissioners of Charities and Correction (Quoted in Hargreaves, 1884, p. 276)  
“Habitual drunkenness is a moral disease (also physical), for which, as in other forms of licentiousness, there is no specific, except the resolute determination of the patient.”  
“Those addicted to drunkenness are in general too infirm, in purpose to persist in their resolution of amendment, and this infirmity of purpose is one of the sad consequences of this vice.” p. 278

1870 An association of inebriate homes and asylums, the American Association for the Cure of Inebriety, is founded on the principle: “inebriety is a disease.” The Association bylaws posit that:

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.*
- (*Proceedings*, 1870-1875)

The legacy of the inebriate asylum movement is a biologically based approach to understanding addiction, the corollary claim that addiction is the special province of medicine, the notion that successful treatment requires legal coercion, and the assertion that treatment is both a responsibility of government and a commodity to be sold on the private market.

The inebriate asylum period distinguishes between “treatment” -- alleviation of acute intoxication, the medical management of withdrawal and care of acute medical problems, and “cure” -- the elimination of the morbid craving for the drug. The later rediscovery of this distinction by Jolliffe will mark the beginning of the modern alcoholism movement.

1870 Dodge AACI paper  
“May we hope the day is not far distant when this disease (which is now universally acknowledge to be a disease by the profession), will be thoroughly investigated, and firmly established on a scientific foundation, and a treatment adopted that will place it in the list of diseases, that are quite as well understood, and as successfully treated as insanity or typhoid fever.” (*Proceedings*, p. 52)  
“At the present day the principal remedy prescribed for this disease is abstinence-TOTAL ABSTINENCE is the heroic remedy in all cases of inebriety.” (*Proceedings*, p. 52)

1870 Albert Day AACI Paper

“One of the earliest results of the establishment of these Asylums, was the discovery, after treatment of a very few cases, that inebriety was a disease rather than a vice...” (*Proceedings*, p. 65)

1870

AACI Minutes

Definition of hereditary: “...some persons are born with temperaments and tendencies, which predispose them to seek such exaltation or relief, as is obtained from alcoholic stimulants.” (*Proceedings*, p. 27)

“the diseased portion of the mind in such cases (inebriety) is chiefly of the *will*, *not the intellect*.” p. 37 (Italics in original)

1870s

forward

Physiological study of effects of morphine administration, including animal studies, is carried out in American and European laboratories. Doses, duration of action, and route of administration are correlated with physiological effects such as respiratory depression. Warnings about addictiveness of morphine and a shifting cluster of other drugs begin to be common in the medical literature. (Acker)

1870s-90s

Physicians prescribe morphine for wide ranging indications, reflecting the range of morphine’s physiological actions and prevailing ideas about disease. Morphine is known to relieve pain, promote sleep, ease anxiety, combat diarrhea, reduce coughing. Humoral models of disease favor medications with a broad range of systemic effects. In the competitive American medical scene, “regular” physicians distinguish themselves by prescribing drugs, like morphine, which produce clear physiological effects. As all medications are available for purchase without prescription, people medicate themselves to relieve symptoms, according to popular notions of disease. Examples: Women take morphine to relieve menstrual cramps, and mothers teach their daughters to do this. Women take morphine to ease the anxieties and pressures connected with their social roles. (Rosenberg; Acker, “Anodyne”; Courtwright) (Acker)

1871

Physician J. H. Etheridge warns of the chloral hydrate habit. (Morgan) (Acker)

1871

George M. Beard estimates there are 150,000 opiate addicts in the U.S. Beard becomes famous for elaborating the concept of neurasthenia, a condition he believes to afflict those engaged in the complex mental tasks associated with an urbanizing and industrializing civilization of growing complexity. He remains the chief exponent of the view that higher types bear a special susceptibility to nervous conditions, including addiction. This idea contrasts with (a) an increasingly common tendency in the U.S. to associate opiate use with stigmatized groups and (b) a view of addiction disease as occurring independently of individuals’ social status or character. (Morgan) (Acker)

- 1871 AACI issues statement that the morals of the inebriate--their presence or absence--are not relevant to the fact of their diseased state.  
Dr. William Wey AACI Paper  
“The question is asked, what do you treat? A habit independent of control; a disordered mind and a perverted will; or a diseased body, whose crowning honor, the brain, is the seat and centre of pathological change? The proper and successful treatment of inebriety includes all of these conditions and much besides.” (*Proceedings*, pp. 27-28)
- 1871 AACI Paper of W.C. Lawrence Supt, Boston Washingtonian Home. “I am inclined to believe that intemperance is a disease of the mind rather than the body.” (*Proceedings*, p. 86)
- 1871 Parrish AACI address  
“If intemperance is not a disease, how come it that so many tens of thousands of people die from it every year?”  
“Disease, too, that may be both the result of present excess, and likewise a cause of the tendency to inordinate indulgence.” p. 4  
“What percentage, indeed, of other diseases are cured so that we can say they will never return?” (*Proceedings*, p. 9)  
“Truth is never injured by fair criticism, and science cannot be blinded by more light. We are not struggling to maintain pet dogmas, but to reach good results to our fellow men. Let us be honest to confess errors if we find them, and bold enough to re-assert what we have already declared, if we are satisfied that the interests of morality and science demand such re-assertion.” (*Proceedings*, p. 11)
- 1871 The American Association for the Study and Cure of Inebriety passes a resolution stating that drug effects are “the same in the virtuous, as in the vicious” and insisting on the centrality of a disease explanation of inebriety. Proponents of the inebriety concept argue that there is a scientific basis for the inebriety disease model. Several aspects of this model contrast with the disease model that will dominate from the 1920s to the 1970s. Inebriety is essentially the same disease no matter what drug is involved (although cause and appropriate treatment might vary depending on what drug is taken). It rejects explanations based on defects of character. Inebriety is also understood as a progressive condition; this aspect resembles Jellinek’s later construction of alcoholism. Abstinence is seen as the only acceptable treatment goal. (White 35 lc, 36 rc) (Acker)
- 1872 Brown, H. (1872). *An Opium Cure: Based on Science, Skill and Matured Experience*. New York: Fred M. Brown & Co. (Advertising Book for Antidote and Restorative) In: Grob, G. (1981) *American Perceptions of Drug Addiction*. New York: Arno Press.  
Described “Chronic Opium Disease” as a new and “intricate” disease. p. 17  
“Opium is often taken for the relief of suffering from chronic diseases until the

opium habit has become confirmed and the two diseases reign together.” p. 38  
Note habit and disease used interchangeably.

- 1873 AACI --Dr. Parrish  
“Men become drunkards from very different causes, and require very different treatment to effect a cure.” (*Proceedings*, p. 54)  
An 1870 report of the Commissioners of Charities and Corrections for the city of New York refers to inebriety as a “moral disease” that should be classed with other forms of “licentiousness.” (*Proceedings*, p. 91)  
“Upon the subject of inebriety, I think the following may be regarded as facts: 1) That it is a disease of the constitutional character, involving the entire organism in its consequences, 2) that the true disease is the morbid craving for alcohol, of which the act of drinking is but an effect.” (Parrish, *Proceedings*, p. 94)
- 1874 Heroin is invented but is not marketed until 1898. (Acker)
- 1874 George Beard Address AACI  
“The great predisposing cause of the disease (chronic alcoholism) is civilization, which, by its constant brain-work and flurry of in-door life, brings the nervous system to that state of susceptibility when alcohol, acting on it for a long time, can excite a functional disturbance.” (*Proceedings*, p. 52 and p. 64)
- 1874 AACI Paper of Dr. George Burr of NY State Inebriate Asylum  
“It is this condition of the nervous system, calling for alcoholic stimulants that is essentially the disease.” (*Proceedings*, p. 78)
- 1874 AACI Paper of Dr. Robert Harris, Franklin Reformatory  
“As we do not, either in name or management, recognize drunkenness as the effect of a diseased impulse; but regard it as a habit, sin, and crime, we do not speak of cases being cured in a hospital, but ‘reformed’.” (*Proceedings*, p. 80)
- 1874 McKenzie, D. (1874). *The Appleton Temporary Home: A Record of Work*. Boston: Published for the Benefit of the Home.  
Quote supporting the work of the home by Alexander Rice, the Governor of Mass., references the purpose of the home being the “cure of alcoholic disease,” title page.  
McKenzie refers to inebriety as a “disease of the very machinery of volition” p. 72  
“The inebriate must be considered, not as a criminal, but as a sick man.” p. 139  
“The *moral* susceptibilities of the slumbering inebriate must, in some manner, be awakened from their abnormal state, and made to assume a healthy condition, then the soul is prepared to receive *spiritual* food...” pp 281-282.
- 1874 Ordronaux, J. (1874). Is habitual drunkenness a disease? *American Journal of*

*Insanity*, April, p. 439.

“The problem if self-abasement or self-redemption is entirely within his control, provided he exercise a continuous determination of his will not to partake. The key to the riddle of this alleged disease lies in man’s own will, and without this will effort, no physician can cure or even relieve him.” (Quoted in Valverde, 1997)

- 1875 ACCI Paper “The Distinction between Disease and the Morbid Anatomy of Disease Applied to Inebriety.” *Proceedings*, p. 71-84  
“It is this condition of the nervous system, calling for alcoholic stimulants that is essentially the disease.” p. 78
- 1875 At the June meeting of the Association of Medical Superintendents of American Institutions for the Insane:  
“Resolved further that the treatment in institutions for the insane of dipsomaniacs, or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants, and the immediate effect of such excess, is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established an maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates.” (Quoted in Parrish, 1883, p. 121
- 1875-1877 Eduard Levinstein publishes a series of articles in Germany that call attention to the problem of morphine addiction. His was one of first studies on narcotic addiction relapse (a rate he estimated as high as 75%). (Sonnedecker, 1962, p. 31)
- 1876 Dr. J. B. Mattison on the cause of addiction: “we strongly suspect it to be largely akin to that peculiar diathesis so strikingly manifested in most cases of genuine neuralgia, the main element of which is a well-marked hereditary tendency towards a debilitated state of the nervous system, either special or general.” This statement exemplifies a trend in psychiatric thinking in the late nineteenth century which posits a hereditary susceptibility to a broad range of mental and nervous conditions, including various forms of insanity, milder conditions including propensity to worry and nervousness, and neurological conditions such as epilepsy. The idea of diathesis, or inborn predisposition to a condition like addiction, remains influential in psychiatric thinking for several decades. (Morgan) (Acker)
- 1877 Foote, G.F. (1877). *Inebriety and Opium Eating: In Both Cases a Disease. Method of Treatment and Conditions of Success*. Portland, Maine. (Foote began treating alcohol and opium addicts in his private medical practice in 1848 and then opened the Dr. Foote’s Home in Stamford, CT)  
“It should be assumed on the part of the physician, that the habitual use of the alcoholic or narcotic element has diseased the system...in other words, has

produced a physical and functional derangement of the organism, and that such has reduced the digestive, pulmonic, urinary, and nervous systems, to a condition that is thoroughly morbid. This is ever accompanied with a desire for alcohol or opium...which in the first instance was but slight, but grew stronger and stronger by indulgence, until it has been made absolutely irresistible.” p. 4

1877

Willet, J. (Rev.) (1877). *The Drunkard's Diseased Appetite: What is It? If Curable, How? By Miraculous Agency or Physical Means--Which?* Fort Hamilton, NY: Inebriates Home, Fort Hamilton, Kings County, New York. (Read before the annual meeting of the American Association for the Cure of Inebriates, 1877) (Willet was the Superintendent of the Inebriate's Home, Fort Hamilton, Kings County, NY)

“...physical appetites...are the manifestation of diseased conditions of the body.” p. 3

Willet noted that religious teachers have been misled by so-called “reformed toppers” who claimed to have been cured of an appetite for strong drink (which they never had) by religious conversion. “...religious teachers who, possessing more zeal than knowledge, undertake to proclaim to the inebriate, both from the platform and the pulpit, this strange and dangerous delusion.” p. 4-5

A distinction is made between problem drinkers and those who truly have a morbid appetite for alcohol. p. 5

“Whence comes this consuming thirst which this class of drunkards exhibits? There must be, somewhere within the man, a deep-seated diseased condition of the physical structure, which feeds upon and is intensified by the absorption of these fiery liquids.” p. 5

Quotes an experienced physician: “The desire for stimulants may be constant or paroxysmal--an irresistible and insatiable craving is either developed by ever so small an indulgence or is ever present. Persons with this predisposition lose their power of self-control as soon as they feel the influence of alcohol...the seeds of morbid appetite are transmissible to their children.” p. 6

Refers to a “certain class of inebriates who are irresistibly impelled by the force of a diseased appetite to drink to excess...” p. 11

Characterization of progression: “In these cases which we have already given in illustration ... the disease must proceed either to recovery or death, for there is no discharge in this war.” p. 14

Quoting the Rev. Charles Warren on religious conversion as a remedy for inebriety: “It is difficult to conceive that any man, in such a state of voluntarily-induced imbecility, too drunk to hold intelligent converse with men, can be competent to transact business with God...” p. 16

1877

The *New York Times* cites a medical expert opinion on addicts: “It is not a vice which afflicts them, but a disease, which presents as marked and as specific a symptomatology as do many of the better known diseases, and requiring, as they do, proper medical aid and systematic treatment to effect a cure.” This statement

characterizes repeated attempts to characterize addiction as a disease according to disease-definition standards of a given period. Examples include defining addiction as a functional disease when the idea of functional disease becomes important in psychiatry and neurology (early 1900s) and Bishop's and Pettey's attempts to explain addiction with ideas derived from immunology (1913). (Morgan) (Acker)

- 1877-1906 Microbial causes are discovered for anthrax (1877), gonorrhea (1879), typhoid fever (1880), tuberculosis (1882), cholera (1883), diphtheria (1883), tetanus (1884), diarrhea (1885), pneumonia (1886), meningitis (1887), botulism (1896), dysentery (1899), syphilis (1903) and whooping cough (1906). (Thagard, 1997, pp.10-11). These discoveries add momentum to search for biological foundation of inebriety.
- 1878 Morris, F. Baldwin (1878). *The Panorama of a Life, And Experience in Associating and Battling with Opium and Alcoholic Stimulants*. Philadelphia: Geo. W. Ward. In: Grob, Ed., (1981) *American Perceptions of Drug Addiction*. New York: Arno Press.  
Refers to "opium and alcoholic inebriacy" and opium and alcohol "habits" interchangeably.  
Includes chapter entitled "Alcoholism" p. 80
- 1878 Eduard Levinstein's *The Morbid Craving for Morphia* is published in Germany, noting an "uncontrollable desire" for morphine and that the injudicious use of morphine produces a "diseased state."
- 1878 The *New York Times* estimates there are 200,000 opiate addicts in the U.S. It warns of a dangerous fad, especially among society women, of injecting morphine; it terms this behavior a vice. (Morgan) (Acker)
- 1879 Dr. Leslie Keeley announces: "Drunkenness is a disease and I can cure it." Contends that the disease results from poisoning of the cells and that his Bi-Chloride of Gold cured alcoholism by unpoisoning the cells. Marks beginning of franchised addiction cure institutes that use a disease concept of inebriety as a marketing slogan and treatment philosophy. (White, 1998)
- 1879 Crothers, T.D. (1879). Editorial: Practical Value of Inebriate Asylums. *Journal of Inebriety*, 3(4): 249  
"The Permanent cure of inebriates under treatment in asylums will compare favorably in numbers with that of any other disease of the nervous system which is more or less chronic before the treatment is commenced."