

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1942 - 1955**

The years 1942-1955 saw the further articulation of an addiction disease concept as well as transformation of this concept into disease-based treatment philosophies and interventions.

The oft-cited studies of Jellinek on the phases of alcohol addiction posited the progressiveness of alcoholism and noted the stages of that progression. Not only did the disease of alcoholism (no longer drunkenness or inebriety) take on form and substance during this period, it was also frequently compared to other major diseases of the day (Silkworth, 1947; Reilly, 1950; and Franco, 1951).

The writings of Anderson (1942) and Mann (1944) outlined the kinetic ideas that launched a “modern alcoholism movement.” Mann proposed “alcoholism is a disease” as the lead idea of this movement. In doing so, she pulled the disease concept from the periphery to the center of the drive to simultaneously medicalize and de-moralize alcohol problems. This movement generated early pronouncements on the seriousness of alcoholism from major medical and public health institutions, led to the establishment of state alcoholism commissions, and led to the emergence of new hospital-based detoxification programs and community-based treatment programs. Most prominent among the latter was the emergence of the “Minnesota Model” of chemical dependency treatment that used as the centerpiece of its treatment philosophy the disease concept of alcoholism.

In spite of these more medicalized views of alcoholism, belief that addiction to narcotics was a disease remained a minority view. Punishment of drug addicts became increasingly severe in the years following World War II. The harshness of the Boggs Act (1951) and the increasing concentration of addicts in prison led to the appointment of committees within the AMA and ABA who conducted a more critical analysis of the nature of, and proposed solutions for, the drug addiction problem.

The period ended with Dr. Harry Tiebout, a significant figure in the clinical branch of the modern alcoholism movement, expressing his misgivings about the lack of scientific underpinnings for the oft-proclaimed adage that alcoholism was a “disease.” Tiebout offered a prediction that there would be future challenges to the scientific validity of the disease concept of addiction.

1942 Jellinek, E.M. (1942). *Alcohol Addiction and Chronic Alcoholism*. New Haven: Yale University Press.

“...all [of those whose definitions of chronic alcoholism had just been cited] regard chronic alcoholism as determined by mental or physiological changes following the prolonged use of alcoholic beverages, but not by drinking itself. As Silkworth has expressed it, ‘Alcoholism is not a habit.’” p. 6.

After listing seventeen definitions of alcohol addiction, Jellinek notes that “craving and the inability to resist are contained in all of these definitions...” p. 9

“Although they (A.A.) insist that alcohol addiction is also a physical disease, probably of an allergic nature, they consider the main cause to be emotional maladjustment.” p. 62

Haggard and Jellinek used “alcoholism” to refer to the physical disease produced by drinking, and “inebriety” to refer to a broader cluster of alcohol-related problems. p. 144

“The progress of research has, however, been impeded by two conceptions: the first that all habitual excessive drinking is a disease, and the second that it is the same disease.”

1942 Anderson, D. (Dwight) (1942). Alcohol and Public Opinion. *Quarterly Journal of Studies on Alcohol*, 3(3):376-392

Anderson presents his “kinetic ideas”:

- “1. That the problem drinker is a sick man, exceptionally reactive to alcohol.
 2. That he can be helped.
 3. That he is worth helping.
 4. That the problem is therefore a responsibility of the healing professions, as well as of the established health authorities and the public generally.”
- (Anderson, 1942, p. 392)

“Sickness implies the possibility of treatment. It also implies that, to some extent, the individual is not responsible for his condition. It further implies that is worth while to try to help the sick one. Lastly, it follows from all this that the problem is a responsibility of the medical profession, of the constituted health authorities, and the public in general.” p. 377

“Too frequently the therapist merely regards this (relapse) as evidence of the impossibility of cure, and gives up... ‘Well, I see you=re back in here again...’ Do we chide a tuberculosis patient who relapses? We know he is never cured, that the best we can do is arrest the disease. Is it the attitude of the cardiac specialists to say, ‘nothing can be done’ for the patient with coronary disease because a year after his first attack he has another?” p. 387

Anderson’s language discussion: advocates use of “problem drinker” or “compulsive drinker” over terms of drunkard, alcoholic, and addict.

“Malady” and “ailment” are preferable to “disease” because most people associate the term disease with somatic conditions rather than with problems having an essentially emotional basis.” p. 388

“If the problem drinker is a sick man, as is agreed by most authorities, we should avoid terms which are incompatible with this idea.” p. 389

Compares stigma of alcoholism to what existed before there were campaigns to educate the public about tuberculosis, cancer, syphilis, mental illness. p. 390

“...he (Anderson) suggests that stressing the disease character of alcoholism affords the alcohol science movement a fine central symbol by which the public can differentiate the “new scientific approach” to alcohol from the old warring dry and wet camps.” p. 390

1942 Keller, J. (1942). Book Review: “Nomenclature and Classification of ‘Alcoholic’ Diseases.” Jordan, E.P. (Ed.) *Quarterly Journal of Studies on Alcohol*, Vol 3. Pp.

518-523.

“Alcoholism” listed under subheading “Psychoneuroses,” for use only in mental hospitals when a patient is kept for observation and no diagnosis of mental disorder is made. “The use of the term ‘alcoholism’ is undesirable from another viewpoint. Psychiatrists are now distinguishing, with increasing consistency, between alcohol addiction on the one hand and, on the other, the bodily and mental disorders of excessive users of alcohol, whether addicts or not.”

- 1942 Research Council on Problems of Alcohol decides to open a pilot alcoholism clinic in New York City for purpose of “info dissemination, referral, treatment and clinical research.” (Roizen, 1995)
- 1942 Miller, M.M. (1942). Ambulatory Treatment of Chronic Alcoholism. *Journal of the American Medical Association*, 120:271-275.
According to Smart (1976), this is the first report of spontaneous recovery from alcoholism. p. 279
- 1943 Rinehart, F. (1943). *Confessions of a Booze-Fighter: I Took the Keeley Cure*. Girard, Kansas: Haldeman-Julius Publications.
“Drunkenness is not a disease, but only a symptom. The Keeley physicians can help a man to get on the wagon, but they can’t give him a new nervous system. That’s why a reformed drunkard can never become a moderate drinker. The nervous abnormality which made him a drunkard is still there, and it will make him a drunkard again, unless he avoids alcohol entirely.” p. 21
- 1943 E.M. Jellinek and Raymond Mc Carthy establish alcoholism clinics in New Haven and Hartford that provide group and individual counseling; Beauchamp, p. 12: “the clinics were formed to test the feasibility of rehabilitation in outpatient clinics of large numbers of alcoholics at minimal cost”
- 1944 Haggard, H. and Jellinek, E. (1944). Two Yale Savants Stress Alcoholism as True Disease. *A.A. Grapevine* 1(1):1
- 1944 A committee report of the American Hospital Association declares that the primary point of attack on the problem of alcoholism should be the local general hospital. (Johnson, 1973, p. 94) (See 1957)
- 1944 Anderson, D. (1944). The Process of Recovery from Alcoholism. *Federal Probation*, 8(4):14-19.(October)
“It is one thing for us to acknowledge, academically, that the alcoholic (or compulsive drinker) is a sick man; it is quite another to maintain that belief while in actual contact with his vagaries....It is far easy to conclude that he is just a ‘bad’ person. This discharges us from responsibility. Having failed to help him, we are inclined to protect ourselves from further injury at his hands by rejecting him.” p.

“A large portion of alcoholics are not trying to escape reality as their behavior often has been described...What most of them really are subjectively seeking and insistently demanding is perfection. The need for perfection in everything is itself pathological, and may be a basic compulsion of which disasters of excessive drinking are merely symptomatic.” p. 14

“There must be some somatic factor which accounts for the excessive reaction of some people to alcohol, while others, whose psychic dispositions have comparable needs, are immune. Science and medicine as yet are unable to find it, but...some day this element will be known, and when this knowledge enters the minds of the public all the stigmatic connotations of being a ‘drunkard’ will be expelled.” p. 15

On spontaneous recovery: “A wide variety of ideas, modalities, and even accidental experiences, can and do induce these states in such a way that the need for alcohol disappears.” p. 16

“Until the knowledge has become widespread that the alcoholic is a sick man physically as well as psychologically, there will be neither patients seeking doctors nor doctors prepared to treat patients.” p. 18

“The compulsive drinker is the crux of all the problems of alcohol. This is said without intending to disparage the fact that numerically the normal excessive drinkers present a far greater problem.” p. 19

- 1944 Mann, M. (1944). Formation of a National Committee for Education on Alcoholism. *Quarterly Journal of Studies on Alcohol*, 5(2):354. Mann & Jellinek’s NCEA is announced to the world; Mann outlines the five ideas that will be at its core:
- “1. Alcoholism is a disease.
 2. The alcoholic, therefore, is a sick person.
 3. The alcoholic can be helped.
 4. The alcoholic is worth helping.
 5. Alcoholism is our No. 4 public health problem, and our public responsibility.”
- 1944 Tiebout, H. (1944). Therapeutic Mechanisms of Alcoholics Anonymous. *American Journal of Psychiatry*, 100:468-473.
- Explains recovery in AA within the framework of a sudden or gradual spiritual experience that alters the “alcoholic=s narcissistic egocentric core”; includes case studies of both Marty M. and Bill W. and description of the A.A. program: no reference to disease.
- 1944 Jellinek and Haggard see “disease” as “wheelhorse” of movement to popularize the “scientific approach” to alcoholism and its related problems.
- 1944 Haggard, H. (1944). Critique of the Concept of the Allergic Nature of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, 5:233-241

Haggard reviews available scientific evidence and concludes that there is no scientific foundation for the idea of an allergy that creates a biologically abnormal response to alcohol among alcoholics.

- 1944 *A.A. Grapevine*, December, 1944, p. 2: When a letter writer queries whether her son is truly “ill,” the editor responds with a quote from Jellinek’s *Alcohol Explored* -but quote references different types of drinkers and doesn’t specifically include disease references.
- 1944 Powdermaker, F. (1944). “The Relation Between the Alcoholic and the Physician,” *Quarterly Journal of Studies on Alcohol, Vol 2*.
Emphasizes infantilism of alcoholic’s need for dependence. “It is obvious that with the alcoholic, as with all patients, no therapy will be successful unless there is a desire to give up the neurosis.” p. 245-429
- 1944 Wilson, W. The Fellowship of Alcoholics Anonymous. In: *Alcohol, Science and Society*. (1945). New Haven: *Quarterly Journal of Studies on Alcohol*, pp. 461-473.
“I am sure that in this course you have heard that alcoholism is a malady; that something is dead wrong with us physically; that our reaction to alcohol has changed; that something has been very wrong with us emotionally; and that our alcoholic habit has become an obsession, which can no longer reckon even with death itself....In other words, a sort of allergy of the body which guarantees that we shall die if we drink, an obsession of the mind which guarantees that we shall go on drinking.” p. 461-462
- 1945 Tiebout, H. (1945). The Syndrome of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, (June) pp. 535-546.
“...intoxication which, after all, like a fever, is but one of the symptoms of the illness.” p. 535
“...alcohol addiction may be considered an ailment characterized by two chief elements: first, tension states with the eventual emergence of a pattern of remittance; second, progressive deterioration with ultimate somatic involvement.” p. 536
- 1945 *A.A. Grapevine*, February: Dr. Wortis of Bellevue: “alcoholics are sick people.” (Kurtz)
- 1945 *A.A. Grapevine*, March, 1945, p. 1: Article by Dr. Sam Parker-Kings County Hospital.
“Alcoholism is a symptom of an emotional disorder...alcoholism begins as a personality disorder, but may become a serious physical disease.” (Kurtz)
“Philadelphia Story on Hospitalization”: “This recognition that alcoholism is a disease furnished a tremendous impetus to the movement here.” (Kurtz)

- 1945 A.A. *Grapevine* article in June issue refers to alcoholism as a “social disease.”
- 1945 Bishop, J. (1945). *The Glass Crutch: The Biographical Novel of William Wynne Wister*. NY: Doubleday, Doran & Co., Inc.
Lay Therapist William Wister: “When this [overprotection] is carried to an extreme and where the child is overly spoiled and undisciplined it produces a nervous condition that ultimately leads to alcoholism. After all, alcoholism is nothing more than a disease of immaturity.” p. 229
- 1945 First exposure of A.A. on radio--a series of Saturday morning programs in which different A.A. members shared their recovery; the announcer summarized the first show saying, “Alcoholism is a disease...an obsession...an allergy...” *Time*, March 5, 1943, p. 53
- 1945 (June) series, “So You Can’t Stop Drinking,” in *Chicago Herald-American*.
References doctors’ belief that alcoholism is a disease (“or at least an allergy”). Presents A.A. member talking to a pigeon [new prospect] saying, “It’s a disease, and the shame is not in having it, but in failing to do something about it-- especially when a way out is opened. That’s AA -- a way out.” Reference to alcoholism as “incurable disease.” p. 6
- 1945 Johnson calls 1945 “the year American journalism discovered alcoholism.” Significant increase in media coverage between 1945-1949. (Johnson, 1973, p. 134)
- 1945 June 26 article in *Look* entitled “Case History of an Alcoholic”
General AA history story -- “Recognizing themselves as sufferers from a specific illness, their mutual concern is recovery from that illness for themselves and all men and women like them.”
- 1945 Seliger, R. (1945). *Alcoholics are Sick People*. Baltimore: Alcoholism Publications.
- 1945 The movie, *The Lost Weekend*, wins an Oscar for Best Picture. The girlfriend of the alcoholic protagonist in the film proclaims, “He’s a sick person!”
- mid 1940s First state alcoholism commissions organized under rationale that alcoholism is a disease.
- late 1940s Methadone, an opiate analgesic developed in Germany, is brought to the Public Health Service Hospital at Lexington where it is used to detoxify heroin addicts (Acker)

- 1946 Mann attacks McCarthy's use of phrase "drinking habit" in his *Quarterly Journal of Studies on Alcohol* article on the grounds that habit implied that one voluntarily entered into the problem and that term also implied that alcoholism is something that can be overcome with will-power alone. She suggested substituting the word "problem" for "habit". (Johnson, 1973, p. 294)
- 1946 Tiebout, H. (1946). Psychological Factors Operating in Alcoholics Anonymous. In: Glueck, B. *Current Therapies of Personality Disorders*. New York: Grune & Stratton, pp. 154-165.
A.A. recovery discussed exclusively in psychiatric and spiritual terms; no disease references.
- 1946 Jellinek, E.M. (1946). Phases in the Drinking History of Alcoholics. Analysis of a Survey Conducted by the Official Organ of Alcoholics Anonymous. *Quarterly Journal of Studies on Alcohol*, 7:1-88. Based on 98 A.A. questionnaires (expands to 2000 in 1952);
Portrayal of uniform progression of alcoholism as a single disorder; later replaced with a more complex portrayal of clinical subtypes.
- 1946 Mann, Marty. "Alcoholics Anonymous: A New Partner for Hospitals." *Modern Hospital*, 66.1 (Jan. 1946).
No mention of "disease," but describes need for hospitals and how AA-hospital collaborations could be developed.
- 1947 Silkworth, W. (1947) Slips and Human Nature. *A.A. Grapevine*, January.
"The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well—that is to say, his disease is arrested."
"...the symptoms and much of the behavior of alcoholism are closely paralleled and even duplicated in other diseases."
"But slips may also occur after an alcoholic has been a member of A.A. for many months or even several years, and it is in this kind, above all, that often finds a marked similarity to other diseases." Silkworth goes on to compare alcoholism relapse to cardiac and tuberculosis relapse--problems of thinking that manifest themselves in failed compliance with recovery maintenance activities.
"In both cardiac and tubular cases, the acts which led to the relapses were preceded by wrong thinking. The patient in each case rationalized himself out of a sense of his own perilous reality. He deliberately turned away from his knowledge of the fact that he had been the victim of a serious disease. He grew overconfident. He decided he didn't have to follow directions." p. 2
"The psychology of the alcoholic is not as different as some people try to make it...there is no more reason to be talking about "the alcoholic mind" than there is to try to describe something called the "cardiac mind" or the "TB mind." I think we'll help the alcoholic more if we can recognize that he is primarily a human being--afflicted with human nature."

- 1947 A.A. *Grapevine*, January, letter from Linda, Vista, CA “Alcoholism is a disease, not a symptom of a disease.” (Kurtz)
- 1947 Wilson. W. A.A. *Grapevine*, (May), article on “Adequate Hospitalization”
 “Most of us feel that ready access to hospitals and other places of rest and recuperation borders on absolute necessity.” (Kurtz)
- 1947 Seldon Bacon, sociologist, feels emphasis on physical disease blunts the awareness of the need for a variety of treatment approaches. (Kurtz)
- 1947 Anton J. Carlson speech: public opinion polls over the previous two years showed an increase from six to forty percent of those surveyed who saw problem drinking as a sickness B published by RCPA (Page) Prof. John. W. Riley of Rutgers found that the number of persons supporting the disease conception had jumped from 5-6% in 1943 to 36% by 1946. (Kurtz)
- 1947 Congress passes the Alcoholic Rehabilitation Act that calls for the establishment of alcoholism treatment clinics in Washington DC but funds to operate the clinics weren’t approved until 1966. (Johnson, 1973, p. 104)
- 1947 Howard Haggard, May *Federator* article
 “Misbehavior in general is not excused because misbehavior is based on illness, and all drunkenness is not to be forgiven on the basis that drunkenness is an illness...only alcoholism--or if you prefer compulsive drinking, is an illness.” (Quoted in Johnson, 1973, 291-292)
- 1947 Alfred Lindesmith’s *Opiate Addiction*, based on his dissertation research at the University of Chicago in the 1930s, is published. Lindesmith rejects criminal and medical explanations addiction. He argues that continued opiate use by addicts is reasonable behavior intended primarily to stave off or relieve symptoms of withdrawal. He insists that the fundamental characteristic of addiction is the addict’s own knowledge that taking opiates will relieve withdrawal, since the addict will not continue drug use without this knowledge. This insistence on a cognitive aspect of addiction as definitional reflects his interest in respecting the subjective experience of the addict rather than in explaining addiction as the result of psychopathology. He poses this model as an explicit rejection of Lawrence Kolb’s theory of psychopathic addicts. (Acker)
- 1947 Duncan, R.E. (1947). Alcohol as a Medical Problem. *Kansas City Medical Journal*, 23(6):9-12.
 “It is frequently stated that the excessive use of alcohol is a disease. I cannot agree. A problem drinker is a sick person suffering from a disease -- but the disease is *not* alcohol. Excessive use of alcohol comes through habituation

although at times it may become a quasi addiction.” p. 9

“...excessive drinking of alcoholic beverages is basically habituation.

Therefore, it is a chronic affair; chronic conditions must be approached on a long range basis.” p. 11

“The method of the treatment is not the important factor; the drinker must be motivated within himself or no treatment will be successful.” p. 12

1948 Brown, C. (1948). We Can Lick Alcoholism: Clinic Plan Offers Hope for World’s Least Understood Sick People. *Science Illustrated*, July, pp. 44-48, 62-65.

Review of Yale and RCPA activities

“To scientists concerned with the problem, the alcoholic is a sick person, no more deserving of moral blame or ridicule than sufferers from any illness.” p. 45

Dr. George Lolli: “The most important thing I have learned about alcoholics is that you can’t say one thing that characterizes all of them.” p. 48

Dr. Lolli: “...we consider him a patient, not a sinner.”

After noting Williams’ belief that alcoholism may be a metabolic idiosyncrasy: “This does not mean that alcoholism is a hereditary disease--an old-fashioned bugaboo that has been thoroughly scouted by genetic science.” p. 48

Emphasizes psychological treatment but closes with the following Lolli quote: “And the best approach is a combined one--medical, psychological, religious, social. The time will come when the physiological bases of alcoholism will be found. Then we will be able to put a finger on predisposing conditions, perhaps correct them medically or at least convince people with these conditions that alcohol is poison for them.” p. 65

1948 Mann, “The Alcoholic in the General Hospital.” *Southern Hospitals* (Nov.); Presents standard complaint regarding hospitals excluding alcoholics; notes this is now changing. Cites Jellinek (1942) that “an average of 12,000 people a year die, with alcoholism given on their death certificates as either the primary or secondary cause of death.” Blames not medical profession or hospital administrators but public opinion.

“It is our belief that the general hospital is the proper place for alcoholics in the acute stage of their illness. Hospitalization need not be of long duration -- in most cases five days is found to be sufficient. Hospitalization for acute alcoholism is in no sense the same as the treatment of alcoholism itself, which may be, and usually is, a protracted affair.”

Describes Knickerbocker Hospital program, wing for alcoholics opened April 1945, in first three years has handled over 3000 patients. Admission is via A.A.

1948 A.A. *Grapevine*, May 1948, p. 5: Article entitled “Some People are Sicker than Others.” Includes following: “When most of us came to AA we were relieved to learn that we had a disease.” And “But guilt is entirely foreign to the concept of alcoholism as a disease.”

- 1948-1950 Pioneer House, Hazelden, Willmar State Hospital alcoholism treatment programs founded; out of their synergy will emerge the Minnesota Model.
- 1949 Tiebout, H. (1949). The Act of Surrender in the Therapeutic Process, with Special Reference to Alcoholism. *Quarterly Journal of Studies on Alcohol*, 10:48-58.
Surrender compared to religious conversion experience; no disease references.
- 1949 National States Conference on Alcoholism, which later became the Alcohol and Drug Problems Association of North America (ADPA) founded at Yale Summer School; purpose: to support changes in public policy regarding treatment of addicts and alcoholics. Pushed for leadership from the federal government in diagnosing and treating alcoholism.
- 1949 Smith *Quarterly Journal of Studies on Alcohol* article on alcoholism as “a metabolic disease tied to certain ethnic groups.” (Kurtz)
- 1949 Only 20% of Americans perceive the alcoholic as a sick person. (Riley, 1949)
- 1949 Delehanty, Edward J (MD). Alcoholism. In: *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.
“No recovered alcoholic on record has ever been able to resume social drinking.” p. 329
- 1950 Mann, M. (1950). *Primer on Alcoholism*. New York: Rinehart & Co.
“Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is a progressive disease, which, if left untreated, grows more virulent year by year...” p 3
“The statement that alcoholism is a disease has provoked widespread discussion during the past five years. It has been asserted, questioned, debated, denied and defended. On the whole, it has been accepted. Furthermore, that acceptance has grown and spread through every segment of the population.” p. 3
“The alcoholic, who is also aptly known as a ‘compulsive drinker’ *does not choose*. He has lost the power of choice in the matter of drinking, and that is precisely the nature of his disease, alcoholism.” p. 8
“It is this inevitable progression, along with the striking similarity of the signs and symptoms marking the progression, both of which appear in identical forms in all kinds of highly differentiated individuals, which mark alcoholism for the disease it is.” p. 10
- 1950 Reilly, Hugh (1950). *Easy Does It: The Story of Mac*. New York: P.J. Kennedy & Sons. With a Foreword by William D. Silkworth.
“...alcoholism is more than just the result of a physical allergy like hay fever; along with that there is an obsession, a mental quirk that makes him want to drink so badly that he will make anything and everything an excuse for doing so.” p. 69

Responding when asked what impressed him about his first A.A. meeting:
“That I was suffering from a disease...because no one before then had ever had the brains to tell me that...They told me that alcoholism is a physical allergy to alcohol with a mental obsession to drink.” p. 88-89

“I think there is a reasonable assumption that an alcoholic is an alcoholic from birth to death.” p. 127

“Some people like to get away from the fact that alcoholism is a physical as well as mental disease...they consider that if the alcoholic believes himself a physically sick person, he will use this malady as an excuse for further drinking and as a solicitation for sympathy and a demand for pampering. But this is no reason for hiding the proper truth from the vast number of alcoholics to whom this knowledge would be beneficial.” p. 130

“And the disease (of alcoholism) is progressive.” p. 130

“Alcoholism is a disease that can be arrested if properly diagnosed and treated.” p. 142

“The alcoholic is the only one who can arrest his disease. But in this he can be and usually must be helped.” p. 210

“You must impress upon the family, in every way you can, that there is absolutely no disgrace in harboring an alcoholic among them. No more disgrace than if one of their number were suffering from tuberculosis, hay fever, diabetes, anemia, or a chronically bad gall bladder. And there’s no more reason why the alcoholic should feel shame, humiliation, or embarrassment than if he were afflicted with one of these diseases...” p. 213

“Alcoholism is a disease. We know at long last that it is a complex disease of the body and mind. And when we say mind, inevitably we mean the psyche, the spirit, or the soul...” p. 271

“It is no more an insult to call a person an alcoholic than it is to call him a diabetic or a cardiac. To think otherwise is to harbor a hangover from the provincial opinion that drunkenness was a mark of a weak and depraved character.” p. 276

1950 *A.A. Grapevine* (July)

Article on “AA and Hospitalization”; mentions Saul Clinic in Philadelphia, St. Thomas in Akron, but mainly describes Knickerbocker Hospital program “formal and outright relationship enjoyed between the hospital and AA”

1950 Both parties in New York State have platform statements that alcoholism a disease. (Kurtz)

1950 Silkworth, W. (1950). *The Prevention of Alcoholism, A Challenge to the Catholic Clergy*. In: *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.

“alcoholism is a disease, essentially physical in its origin, a manifestation of an allergy.” p. 208

- 1950 Wilson, William G. "Alcoholics Anonymous." *New York State Journal of Medicine* 50 (July 1950) ("W.G.W."): after usual telling of AA's story, questions by physicians about hospital practice, relations of AAs to clinics, use of sedatives.
- 1950 WHO's Expert Committee on Mental Health publishes a report defining alcoholism ("A chronic behavior disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social uses of the community and to an extent that interferes with the drinker's health or his social and economic functioning.") and emphasizes that alcoholism should be considered a disease. This is the first such declaration by a major medical body.
- 1951 The Boggs Act creates the first mandatory minimum sentences. Stiffening penalties for trafficking and possession deepen the stigma associated with opiate users, who are increasingly seen as irredeemable criminals and psychopaths. (Acker)
- 1951 Wexberg, L. (1951). Alcoholism as a Sickness. *Quarterly Journal of Studies on Alcohol*, 12(June), 217-230.
 "The emotional impact of the statement, "Alcoholism is a sickness," is such that very few people care to stop to think what it actually means." p. 217
 Reviews potential multiple meanings of phrase "Alcoholism is a sickness."
 "It is my opinion that this...malignant habit of addiction deserves to be classified as a disease..." p. 221
- 1951 Tiebout, H. (1951a). The Role of Psychiatry in the Field of Alcoholism; With Comment on the Current Concept of Alcoholism as Symptom and as Disease. *Quarterly Journal of Studies on Alcohol*, 12:52-57 (March).
 Tiebout's first article that references disease. He refers to alcoholism as a "symptom that has taken on disease significance."
 Describing A.A.: "Instead of an operation to cut out the disease, they have a program which seems to remove the pressure to drink." p.55
 "The alcoholic must be brought to accept that he is the victim of a disease and that the only way for him to remain healthy is to refrain from taking the first drink..." p. 56
 Describes alcoholism as a "runaway symptom..." p. 57
- 1951 Charles Franco, "Chronic Alcoholism as a Medical Problem in Industry": calls for recognizing alcoholism "as much a disease as diabetes or tuberculosis." (Kurtz)
- 1951 February article in *Fortune Magazine* entitled "A.A.: A Uniquely American Phenomenon" references alcoholism as a "progressive, incurable and fatally terminating disease." (Kurtz)

- 1951 American Hospital Association passes resolution on “Admission of Alcoholic Patients to the General Hospital.” While not referring to alcoholism as a disease’ it refers to alcoholism as a “serious health problem.”
- 1951 Parsons, T. (1951). Illness and the Role of the Physician: A Sociological Perspective. *American Journal of Orthopsychiatry*, 21(July):455-456.
 “The sick person is, by definition, in some respect disabled from fulfilling normal social obligations, and the motivation of the sick person in being or staying sick has some reference to this fact.” p. 453
 “...the sick person is, in a very specific sense, also exempted from a certain type of responsibility for his own state...He cannot reasonably be expected to ‘pull himself together’ by a mere act of will, and thus decide to be all right. He may have been responsible for getting himself into such a state, as by exposure to accident or infection, but even then he is not responsible for the process of getting well, except in a peripheral sense.” p. 456
 “No one is given the privileges of being sick any longer than necessary but only so long as he ‘can’t help it’...The sick person is thereby isolated, and by his deviant pattern is deprived of a claim to appeal to others.” p. 456
 “...being sick is also defined, except for the mildest cases, as being ‘in need of help’. Moreover, the type of help which is needed is presumptively defined; it is that of a person qualified to care for illness, above all, physicians...he incurs certain obligations, especially that of ‘cooperating’ with his physician--or other therapist--in the process of trying to get well.” p. 456
- 1952 Jellinek, E.M. (1952). The Phases of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, 13:672-684.
 Distinguishes between excessive drinking that is and is not amenable to medical-psychiatric treatment; he designates the former as alcoholism.
 “With the exception of specialists in alcoholism, the broader medical profession, representatives of the biological and social sciences, and the lay public use the term ‘alcoholism’ as a designation for any form of excessive drinking instead of as a label for a limited and well-defined area of excessive drinking behaviors. Automatically, the disease conception of alcoholism becomes extended to all excessive drinking irrespective of whether or not there is any physical or psychological pathology involved in the drinking. Such an unwarranted extension of the disease conception can only be harmful, because sooner or later the misapplication will reflect on the legitimate use too and, more importantly, will tend to weaken the ethical basis of social sanctions against drunkenness.” p. 356-357
 “Strictly speaking, the disease conception attaches to the alcohol addicts only, but not to the habitual symptomatic excessive drinkers.” p. 357
 “The disease conception of alcohol addiction does not apply to excessive drinking, but solely to the loss of control which occurs in only one group of alcoholics and then only after many years of excessive drinking. There is no

intention to deny that the non-addictive alcoholic is a sick person; but this ailment is not the excessive drinking, but rather the psychological or social difficulties from which alcohol intoxication gives temporary surcease.” p. 357

“The fact that this loss of control does not occur in a large group of excessive drinkers would point towards a predisposing X factor in the addictive alcoholic.” pp. 357-358

“The onset of loss of control is the beginning of the ‘disease process’ of alcohol addiction which is superimposed over the excessive symptomatic drinking. Progressively, this disease process undermines the morale and the physical resistance of the addict.” p. 365

- 1952 A.A. *Grapevine*, March, article “Stethoscope and Periscope: The Doctors Look at Alcohol”: “That there is a strong new beat to the pulse on the medical profession’s recognition of alcoholism as a disease is indicated by even a casual survey of current medical journals.” (Kurtz)
- 1952 A.A. *Grapevine*, May, Bill W.:
“It was a little doctor who loved drunks, the late William Duncan Silkworth, who first told me that alcoholism was a disease, and gave me thereby an indispensable basis for AA’s later developed therapy.”
Same issue, “The Problem Drinker”: “Alcoholism is now recognized as a form of illness. As such it is medicine’s responsibility to study, treat, and attempt preventative measures in this disorder of human behavior.” (Kurtz)
- 1952 The first edition of the *American Psychiatric Association’s Diagnostic and Statistical Manual (DSM-I)* is published. Alcoholism and drug addiction are subsumed within the category of Sociopathic Personality Disturbances. This placement reflected the view that alcoholism was an outgrowth of a particular cluster of personality traits.
- 1953 Howard Becker’s article “Becoming a Marijuana User” appears in the *American Journal of Sociology*. This is a seminal work in portraying drug use as a social behavior, connected to identity and social roles. (Acker)
- 1953 Lemere, F. (1953). What Happens to Alcoholics? *American Journal of Psychiatry*, 109:674-682.
Study of life course of 500 untreated alcoholics. One-fifth were in remission, (half [or one-tenth] of these abstinent; half [or one-tenth] drinking asymptotically); three-fifths abused alcohol until they died; one-fifth stopped drinking late in life from severe illness.
- 1953 Smith, James J. (MD--Bellevue Medical Center). Recent Therapies in Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.

“...in speaking of alcoholism we very often confuse the manifestations with the disease.” p. 213

- 1954 Edward McGoldrick’s (founder, Bridge House) *Management of the Mind* is published.
“Alcoholism is no more a disease than thieving or lynching.” p. 3 He considered the notion that alcoholism was a disease “pernicious” and an “excuse for excessive drinking.” (White, 1998, p. 218)
- 1954 Fleming, Robert (MD) (1954). A Psychiatric Conception of Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.
“...anybody who drinks enough can get involved in addictive drinking....once a person gets caught in this, the cure seems to be total abstinence.” p. 360
- 1955 The Academy of Medicine of New York calls for maintenance clinics. (Musto p. 232) (Acker)
- 1955 The American Bar Association and the American Medical Association form a joint committee to study the narcotic drugs situation. (Musto 232) (Acker)
- 1955 Menninger, Karl (MD) (1955). The Psychoanalytic Approach to Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.
“One can look at alcoholism as a disease in the sense that something seems to have gone wrong...I am not too sure that calling it a disease and looking on it as such is as helpful as it ought to be. At least I would suggest to you that we look beyond merely the word *disease* that may have different meanings. For many people the implication of disease is something that represents a visitation by some external force. They look on disease as something from without taking possession of the individual.” p. 376
- 1955 Lolli, G. (1955). Alcoholism as a Medical Problem. *Bulletin of New York Academy of Medicine* 31:876-885.
“...there are three types of excessive drinkers: the addictive drinkers, the habitual symptomatic drinkers, and the irregular symptomatic drinkers,” p. 876
“Nor is it true that in the alcoholic the first drink is always followed by more drinks. There are instances when the alcoholic is able to stop after a drink or two. These are instances when the concentration of alcohol present in the blood stream is either lower or higher than the concentration causing the blended pleasure of body and mind which the addictive drinker seeks.” p. 876
“The basic goal of treatment is total and permanent abstinence from the use of alcoholic beverages.... Experience has abundantly shown that even those alcoholics who have undergone a thorough and successful analysis cannot drink in

a controlled way. In other words, there is at present no psychiatric or other treatment which might enable the alcoholic to drink moderately.” pp. 880-881

1955 Lewis, J. (1955). Summary of Federal and State Alcoholism Programs in the U.S. *American Journal of Public Health*, 45:1417-1419

Notes phenomenal growth of the public health attack upon alcoholism: “Ten years ago, not a single state had a formal program for alcoholism. Now there are thirty-four.” (But Room, 1980, says 38 by 1952.) Note ideas on alcoholism: “Our over-all approach in the Public Health Service is based on the assumption that alcoholism is a symptom complex, a reaction syndrome related to deeper problems of the individual personality, his emotional maturity, psychological and physiological functioning, and his interactions with significant other persons... Treatment and rehabilitation are conceived broadly to include any combination of measures, medical, psychological, social, economic, taken collectively which are useful in assisting the patient to achieve continued sobriety and adjust more successfully to his family and community, with greater satisfaction for himself.”

1955 Use of “Alcoholism” to label chronic drunkenness appears for first time in a standard reference text in America—the *Encyclopedia Americana* (The article is written by Keller and Efron) (Kurtz)

1955 Tiebout, H. (1955b). Perspectives in Alcoholism. *Selected Papers Delivered at the Sixth Annual Meeting National States= Conference on Alcoholism, Miami Beach, Florida, October 30-November 2*. Portland, Oregon: The National States’ Conference on Alcoholism, pp. 1-7.

“In a psychological sense, he (the alcoholic) is ill; he has a disease.” p. 1

Referring to the mid-1930s: “By the mid-thirties, the concept that behavior has its pathological or disease aspects had been generally accepted. It was quite logical for the new group to stress that excessive drinking was a sign of illness and that problem drinking could be a manifestation of a disease.”

Notes that slogan “alcoholism is a disease” guided alcoholism field for past 20 years.

“...the idea that alcoholism as a disease was reached empirically by pure inference. It had never been really proved nor does there seem to be much disposition to validate the concept or to round out the picture...I cannot help but feel that the whole field of alcoholism is way out on a limb which any minute will crack and drop us all in a frightful mess. To change the metaphor, we have stuck our necks out and not one of us knows if he will be stepped on individually or collectively. I sometimes tremble to think of how little we have to back up our claims. We’re all skating on pretty thin ice.” p. 2