

**The Combined Addiction Disease Chronologies of  
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD  
1920 - 1941**

The 1920s--the first full decade of alcohol and drug prohibition--were marked by the increasingly hostile views toward the alcoholic and addict. Major bodies such as the AMA attacked a disease concept of addiction and the ambulatory treatment of the addict in spite of iconoclastic physicians who continued to advocate the disease position (Bishop, 1920; Williams, 1922). The dominant view of the etiology of addiction shifted from physiological theories to psychological theories (Kolb, 1925). When references to disease did appear it was to portray the addict as having a dangerous, contagious disease that necessitated sustained quarantine to protect the community (Black, 1928; Rowell, 1929). As state and federal prisons began to fill up with addicts in the late 1920s and early 1930s, calls for prison/hospitals to isolate the addicts led to a few state hospitals and then the two federal narcotics hospitals at Lexington and Fort Worth.

The repeal of prohibition marked a shift in focus on alcohol to the question of why certain individuals developed problems with alcohol. Answers to this question ranged from Dr. William Silkworth's "allergy" theory of alcoholism to a growing body of psychoanalytic literature that portrayed alcoholism not as a disease but as a symptom of disturbed character. Most treatment of the alcoholic--what little treatment there was--focused on this emotional/characterological foundation of alcoholism (Knight, 1937; Menninger, 1938). The founding of Alcoholics Anonymous marks a major milestone in this history as it will provide new hope for the alcoholic while being erroneously identified as the source of the modern disease concept of alcoholism. While AA utilizes Silkworth's "allergy" as a useful metaphor, its primary portrayal of the etiology and solution of alcoholism is framed in characterological and spiritual rather than medical language.

- 1920           AMA's Report of the Committee on the Narcotic Drug Situation  
"The shallow pretense that drug addiction is "a disease" which the specialists must be allowed to "treat," which pretended treatment consists of supplying its victims with the drug has caused their physical and moral debauchery..." (White, 1998, p. 111)
- 1920           The AMA's Committee on the Narcotic Drug Situation, citing Pellini's research among other things, rejects a physiological explanation of opiate addiction and implicitly accepts a psychopathic explanation. (Acker)
- 1920s          The AMA collaborates with state and local authorities enforcing the Harrison Act and prosecuting physicians for improper prescribing of opiates; it publishes names of physicians arrested for drug addiction or possession in *The Journal of the American Medical Association*. (Acker)
- 1920s          Opiate addiction treatment options dry up; addicts are increasingly left to fend for themselves on the illicit market, or to quit on their own. Some manage to find sympathetic physicians to help them manage or reduce their use; physicians who

over-prescribe opiates risk arrest and imprisonment. (Acker)

1920

Bishop, Ernest (MD) (1920). *The Narcotic Drug Problem*. New York: The Macmillan Company.

Describes how he considered alcoholics and addicts “jags” and “dope fiends” before working at the Alcoholic, Narcotic, and Prison Service of Bellevue Hospital where these attitudes were replaced by a growing conviction that these patients suffered from a problem that was primarily medical. p 2.

“Is it not possible that instead of punishing a supposedly vicious man, instead of restraining and mentally training a supposedly inherent neuropath and psychopath, we should have been training an actually sick man? Is it not possible that the addict did not want his drug because he enjoyed it but that he wanted it because his body required it?” p. 5

“If long ago we had discarded the word ‘habit’ and substituted the word ‘disease’ I believe we would have saved many people from the hell of narcotic drug addiction.” p. 9

“They [addicts] are thought of as physical, mental and moral cowards who, after realizing their deplorable condition, refuse to exert ‘will-power’ enough to stop the administration of opiates.” p. 15

“Whatever his original status, mental, moral, physical or ethical, and whatever the circumstances of his primary indulgence; once addiction-disease has developed in his body the vital fact of his history is the same--subsequent use of opiate drug means not pleasure, not vice, not appetite, not habit--it means relief of physical suffering and the control of physical symptoms.” p. 20

“The worst evils of the narcotic drug situation are not rooted in the inherent depravity and moral weakness of those addicted. They find their origin in the opportunity for commercial exploitation of the suffering resulting from denial of narcotic drugs to one addicted...Such exploitation would become unprofitable on any large scale if the disease created by continued administration of opiates were recognized as it exists and its physical demands comprehended and provided for in more legitimate and less objectionable ways.” pp. 122-123

Antitoxin theory of addiction: “...in narcotic drug addiction some antidotal toxic substance has become the constantly present poison, and the narcotic drug itself has become simply the antidote demanded for its control.” p. 42

1921

Raymond B. Fosdick urges John D. Rockefeller, Jr., to address the problem of addiction. A Committee on Drug Addictions is created within the Rockefeller-funded Bureau of Social Hygiene, a body founded by John Rockefeller, Jr., for the scientific study of prostitution. Charles Terry is hired to oversee the research. The Bureau will work closely with the League of Nations in the latter body’s attempts to determine national levels of legitimate need for opiates for medical uses and restrict worldwide opiate manufacturing to those levels. As part of this effort, Charles Terry will conduct surveys in 7 American cities to determine

amounts of opiates being administered and prescribed for medical uses. The Bureau will also fund research at several university laboratories and the Philadelphia General Hospital (the latter is described below at 1926-8). Although the Bureau does not take a clear stand on the disease status of addiction, its actions support a supply-side approach to drug control. (Acker)

- 1922 Dr. E. H. Williams, a leading advocate of humane treatment of addicts, publishes *Opiate Addiction: Its Handling and Treatment* (New York: MacMillan Company). (Acker)
- 1922 The Committee on Narcotic Drugs, Medical Society of New York, states in a report: “Your committee does not consider drug addiction as a disease entity, but rather as a habit. . . . Functional disturbances of the internal organs follow acute excesses or prolonged use of these drugs. These conditions can be cured by cutting off the drug, hence a relapse to the former habit when opportunity offers.” (Acker)
- 1923-1929 A second wave of mandatory sterilization laws include alcoholics and addicts. See 1907 annotation.
- 1924 Somerville, William G. (1926). Who is Responsible for the Drug Addict? *Southern Medical Journal* February, pp. 108-112.  
“We know that drug addiction is a disease, a pathological condition...drug addiction, or the craving for opium or its derivatives, is as much a symptom of disease as pain is of peritonitis and pleurisy and as headache is of meningitis.”
- 1924 The AMA passes a second resolution opposing ambulatory treatment of opiate addiction. (The first was passed in 1919.) (Acker)
- 1924 Lawrence Kolb and A. G. DuMez, working for the Public Health Service, estimate there are 246,000 opiate addicts in the U.S. This figure is much lower than the 1,000,000 addicts warned of in 1919 by the Special Committee of the Treasury Department. (Morgan) (Acker)
- 1924 The anti-immigration National Origins Act reflects rising nativist sentiment, another sign that mainstream Americans have grown intolerant of difference in the 1920s. This hardening climate is part of the context for increasingly harsh views of opiate addicts. (Acker)
- 1924 The Bureau of Social Hygiene’s Committee on Drug Addictions formulates a research plan. A focus on determining the legitimate medical needs for opiates reflects an ongoing belief that physicians’ prescribing practices have been the main factor causing addiction. This concern also links the committee’s work to the work of the League of Nations’s Opium Advisory Committee, which is

seeking to create a world-wide control system for the production and distribution of opiates. Charles Terry undertakes surveys in six American cities to determine amounts of opiates administered by physicians and dispensed by pharmacists; from these results, national estimates of the amount of opiates needed for legitimate medical practice will be derived. (Acker)

- 1925 The last of the municipal clinics is closed, in Knoxville, Tennessee, ending maintenance treatment for several decades until the work of Dole and Nyswander in the 1960s. (Acker)
- 1925 Public Health Service psychiatrist Lawrence Kolb publishes a landmark set of articles which consolidate the psychopathic view of addict. His classifications of addict types, and his view that addiction is explained by pre-existing, inherent defects of personality, are consistent with the rising trend in the 1920s to rely on diagnostic categories and triage to specialized institutions to deal with individuals exhibiting socially troubling behavior. Such psychiatric diagnoses as “constitutional inferior” and “psychopathic personality type” are widely used to characterize such individuals. (In this period, “psychopathic” merely means displaying some form of psychopathology and does not include the later connotations of complete lack of conscience. As the concept of psychopathy becomes harsher over the ensuing decades, so will the idea that addicts’ psychopathology is so severe as to resist almost any form of treatment.) (Acker)
- 1925 Public Health Service pharmacist A. G. DuMez and Lawrence Kolb publish “Absence of Transferable Immunizing Substances in the Blood of Morphine and Heroin Addicts,” *Public Health Reports*, 40:548-58, adding further disproof of Bishop’s and Pettey’s autoimmune model of addiction. (Acker)
- 1925 In *Linder v. U.S.*, the Supreme Court reverses the conviction of a physician who prescribed a small amount of cocaine and morphine, consistent with the presenting complaint of abdominal pain, to an undercover agent of the Narcotic Division. (Acker)
- 1926 Mildred Pellens, working for the Bureau of Social Hygiene’s Committee on Drug Addictions, surveys leaders in pharmacology, physiology, psychiatry and sociology around the country, asking them what they believe are the most important research problems regarding opiate addiction. The answers are wide ranging and yield no consensus. This lack of consensus leaves the committee without clear direction; for the next two years, it continues its process of funding diverse and unrelated projects, including animal studies of the physiological effects of opiates and of the withdrawal syndrome. (Acker)
- 1926-8 Research on opiate addicts is carried out at Philadelphia General Hospital by Arthur B. Light and Edward G. Torrance under the auspices of the Philadelphia

Committee for Clinical Study of Opium Addiction. This research is funded by the Bureau of Social Hygiene's Committee on Drug Addictions. Light and Torrance demonstrate that withdrawal from opiates is not life threatening and usually not dangerous; this finding bolsters idea that medical management of withdrawal is not necessary and adds justification for withholding medical care from addicts. (Acker)

- 1927 Kolb, L. (1927). Clinical Contributions to Drug Addiction: The Struggle for Care and the Conscious Reasons for Relapse. *Journal of Nervous and Mental Disorders*, 66:22-43.  
Argues that the relapse rate in addicts has increased in shift from traditional medical addict to the new psychopathic addict.  
Claims that relapse is not due to physical aspects of addiction but to the psychological makeup of the addict.  
"Though the sincerity of addicts who seek cure is for the time being beyond question, the motives which prompt many of them are fundamentally inadequate and therefore usually ineffective." p. 27  
"A very large portion of these addicts deliberately addicted themselves with full knowledge of the difficulties incident to a life of addiction."p. 36  
"...the force of physical dependence is insignificant as a cause of relapse to this drug [cocaine]." p. 41
- 1928 Black, Winifred (1928). *DOPE: The Story of the Living Dead*. New York: Star Company.  
"...for after drug addiction has reached a certain stage, it is not a habit but a disease..a wasting, loathsome, hideous, cruel disease." p. 48  
"A dope addict is a disease-carrier, and the disease he carries is worse than smallpox, and more terrible than leprosy...Why not isolate him, as you would a leper?" p. 57
- 1928 Solomon Solis-Cohen and Thomas Stotesbury Githens, in *Pharmacotherapeutics, Materia Medica and Drug Action*, characterize addicts as liars who cannot be trusted. (Acker)
- 1928 The Bureau of Social Hygiene publishes Charles Terry and Mildred Pellens' work *The Opium Problem*, the result of their exhaustive survey of research on opiates in the American and European medical and scientific literature. The work reflects current consensus on several issues, especially among scientists and physicians. These points include long term use of morphine does not result in serious organ damage, and physician over-prescribing is the chief cause of the prevalence of addiction. Terry and Pellens also make a strong argument in favor of addiction maintenance as the most appropriate treatment for addicts who are not able to sustain abstinence. Although largely ignored in the immediate aftermath of its publication, this work is now recognized as one of the classics in the field of

- opiate addiction. (Acker)
- 1928      Approximately a third of federal prisoners are violators of narcotics laws. (Musto) (Acker)
- 1928      SpadraBCalifornia Narcotics Hospital (1928-1941) opens.
- 1929      Rowell, Earle Albert (1929). *Battling the Wolves of Society: The Narcotic Evil*. Mountain View, California: Pacific Press Publishing Association.  
             “The addict is really a very sick man; addiction is actually a terrible disease, just as cancer is a terrible disease. True, addiction may still be classed as a vice, a habit, but it is also a dread disease.” p. 11
- 1929      Porter Bill: enabling legislation for Lexington and Ft. Worth federal narcotic “farms”; some medicalization arguments for public health service involvement but major impetus was federal prisons filling up with addicts.
- Late 1920s      Profound therapeutic pessimism regarding the possibility of curing addicts further discourages physicians from accepting them as patients. (Acker)
- 1930s      Electrical and chemical shock therapies and psychosurgery introduced in treatment of schizophrenia and depression. They will subsequently be used in the treatment of addiction.
- 1930s      Oxford Group uses “disease” as a metaphor for “sin” that requires “soul-surgery.” (Steffen, 1993, p. 131)
- 1931      The American Medical Association publishes *The Indispensable Use of Narcotics*, a book containing guidelines for physicians on prescribing opiates. The aim is to reduce prescribing to an irreducible minimum, in terms of indications, doses, and length of courses of treatment. The publication of this book reflects a growing medical consensus that physicians must take proactive responsibility to avoid exposing their patients to the risk of addiction through the prescribing of opiates. (Acker)
- 1931      Worcester, Elwood and McComb, Samuel (1931). *Body, Mind and Spirit*. Boston: Marshall Jones Company.  
             Loss of control description: “....such a sufferer often believes that he can limit himself to a single drink. But as soon as this is taken he becomes “automatic,” which means that he will go on drinking as long as his money or credit holds out, or he can guide a glass to his lips.” p. 226  
             “I can point to but a few real recoveries from this state (dipsomania) and even in these isolated cases there may have been an error in diagnosis.” p. 228  
             Presents essentially psychoanalytic interpretation of alcoholism: inner conflicts,

inferiority complex, “mild homosexuality,” inner conflicts, etc. p. 229

- 1932 Towns, C. (1932). *Drug & Alcohol Sickness*. New York: M.M. Barbour Company. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.  
“One of the greatest mistakes generally made in the treatment of those who use narcotics and alcohol is the failure to realize that addicts are sick people.” p. 1  
“...the continued use of drugs is simply in response to the horrible cry of the cells for more of the poison which has produced the addict’s pathetic state...” p. 4  
“I do not believe that there is anything to be gained by the purely mental treatment of this disease--except in very rare instances.” (Disease refers here to alcoholism.) p. 33
- 1933 The Eighteenth Amendment, which prohibited the sale of alcohol, is repealed. In subsequent years, as Americans reclaim alcohol as a social beverage, high levels of drinking are considered acceptable; the staggering drunk becomes a staple of slapstick comedy; and there are few social norms promoting moderate use of alcohol. (Acker)
- 1933 Rado, S. (1933). The Psychoanalysis of Pharmacothymia. *Psychoanalytic Quarterly*, 2:1-23.  
Drug craving is a “psychologically determined, artificially-induced illness.”
- 1934 Richard Peabody’s *The Common Sense of Drinking* presents alcoholism as a “psychological malady related to escapism, feelings of inferiority...all the products of a spoiled childhood. The explanation of excessive drinking lies in the field of abnormal psychology rather than that of physiology or ethics.” p. xii; “alcoholism is a disease of immaturity...the drunkard is not only a child, but a spoiled child.” p. 177; does refer to those with an “abnormal reaction to drinking” (p. xi); those who inherit a “nervous system which proves to be nonresistant to alcohol...” (p.15); “...the real causative factors are those which induce a nervous condition first, and...this condition in turn induces alcoholism.” (p. 58)  
“Suffice it to say, once a drunkard always a drunkard--or a teetotaler! A fairly exhaustive inquiry has elicited no exceptions to this rule.” (p. 82)  
Notes Worcester’s 100% failure in getting alcoholics to “drink like gentlemen,”
- 1934 Dr. William Silkworth presents allergy concept to Bill Wilson while Wilson is hospitalized at Towns Hospital. Silkworth defines alcoholism in terms of physical allergy, obsession and compulsion.
- 1934 Public Health Service physician Clifton Himmelsbach develops the Himmelsbach Abstinence Scale, a means of assessing severity of addiction by measuring severity of withdrawal syndrome. (Acker)

- 1934 Himmelsbach visits Walter Cannon at Harvard; he becomes convinced that addiction is a disorder of homeostasis. (Acker)
- 1934 “Drug Addiction” appears as diagnostic category for first time in American Psychiatric Association's Standard Classified Nomenclature of Disease. (Acker)
- 1935 The U.S. Public Health Service Narcotic Hospital at Lexington, Kentucky opens. Lawrence Kolb is its first Medical Director. The first patients arrive on June 29. (Acker)
- 1935 AA Founded (See 1939; and Kurtz, 2000)
- 1935 Shadel Sanitarium begins systematic use of aversive conditioning; teaches all patients that alcoholism is an illness.
- 1936 Strecker and Chambers create multidisciplinary team that includes a psychiatrist and lay therapist.  
Chambers taught his patients that their abnormal relationship with alcohol was a result of their having inherited a nervous system that was “non-resistant” to alcohol, and that they should be no more ashamed of their inability to drink than diabetics should be ashamed of their inability to eat sugar. (White, 1998, p. 103)
- 1937 Durfee, C. (1937). *To Drink or Not to Drink*. Boston: Longmans, Green.  
Alcoholism is the result “not of sin but of sickness . . . not a sign of moral degradation but the pathological expression of an inner need, a deeper lying mental trouble, which requires professional treatment like any physical disease.”
- 1937 Silkworth, W. (1937). Alcoholism as a manifestation of allergy. *Medical Record* 145:249-251. March 17<sup>th</sup>. (See 1934 and 1950 annotations)  
“...true alcoholism is a manifestation of allergy.” p. 249  
“...alcoholism is not a habit...drunkenness and alcoholism are not synonymous...p. 249  
“...true alcoholism is an allergic state, the result of gradually increasing sensitization by alcohol over a more or less extended period of time.” p. 251  
Compares hay fever in terms of progressive exposure and then full emergence of disease  
“The patient can not use alcohol at all for physiological reasons. He must understand and accept the situation as a law of nature operating inexorably. Once he has fully and intelligently grasped the facts of the matter he will shape his policy accordingly.” p. 251
- 1937 Seliger, R. (1937). The Problem of the Alcoholic in the Community. *American Journal of Psychiatry* 95(3):701-716.  
“For many years, American psychiatry, with few exceptions, has looked upon

the alcoholic with more or less hopelessness.”

Describes multiple etiologies of excessive drinking: 1) an escape from life’s problems, 2) manifestation of a maladjusted personality, 3) evolution of social drinking into pathological drinking, 4) symptom of a major abnormal mental state, 5) escape from incurable physical pain, and 6) manifestation of the constitutionally inferior-psychopath. p 704

uses allergy as metaphor; “his ‘psychobiological sensitivity’ explanation of the inability to handle alcohol is a distinct aid in therapy”; “there is reason to expect that all the successfully treated patients will continue their contacts with the psychiatrist for life, making one or two visits to his office yearly.” p. 712

- 1937 Knight publishes his “Dynamics and Treatment of Chronic Alcoholism” in the *Bulletin of the Menninger Clinic* in which he rejects the disease conceptualization of alcoholism: “Alcoholism is a symptom rather than a disease.”
- 1938 Menninger, K. (1966). *Man Against Himself*. NY: Harcourt, Brace & World, Inc.  
“...alcohol addiction can be thought of not as a disease but as a suicidal flight from disease, a disastrous attempt at the self-cure of an unseen inner conflict.”
- 1938 A report of the Scientific Committee of the Research Council on Problems of Alcohol include the following:  
“An alcoholic should be regarded as a sick person, just as one who is suffering from tuberculosis, cancer, heart disease, or other serious chronic disorder.” (Johnson, 1973, p. 244)
- 1938 Parkhurst, G. (1938). Drinking and Alcoholism. *Harper’s Magazine*, 177:468-469 (July).  
Alcoholism “not a vice but a disease... [The alcoholic is] tragically ill with a mental malady.”
- 1938 Strecker, Edward and Chambers, Francis (1938). *Alcohol: One Man’s Meat*. New York: The Macmillan Company.  
“...the man or woman who has been seduced by the false promises of alcohol is definitely a sick person. He or she is just as sick as the patient with tuberculosis or pneumonia, or any other physical disease.” p. xiii  
“The term ‘alcoholic’ has become as vague and meaningless as the words ‘nervous breakdown,’ or the feminine ‘vapors’ of the 19<sup>th</sup> century.” p. 21 – Strecker and Chambers prefer “normal drinker” and “abnormal drinker.”  
Caution about using “alcoholism” to designate the large number of conditions that can involve the over-indulgence in alcohol. p. 23  
Reference to those individuals who have a “psychic allergy” to alcohol. p. 37  
Title is significant; shift from toxicity of the product to the vulnerability of the individual, e.g., meat for one, poison for another.

- 1938 Seliger paper to APA, June: chronic drunkard is a victim of a “psychobiological allergy” (Kurtz)
- 1938 USPHS Narcotic Hospital at Fort Worth, Texas, opens. (Acker)
- 1938 Eldin V. Lynn, in the first edition of *Pharmaceutical Therapeutics*, calls opiates “the most important class of all drugs” even as he cautions that they should be prescribed only as a last resort because of risks of addiction. This position reflects an ongoing dilemma for the practicing physician, as the production of new medicines that can cure disease (rather than relieve symptoms) has lagged behind important discoveries in disease pathogenesis. Medicines which grow directly from the scientific understandings of disease that began with the bacteriological discoveries in the late nineteenth century include biologicals (i.e., medical products derived from animals) such as diphtheria antitoxin and insulin, and Salvarsan, the product of systematic pharmacological research. The first effective treatment for infectious disease, sulphanomide, was produced in 1936. Penicillin, a profusion of other antibiotics, and important new classes of drugs to treat a variety of diseases, are on the horizon; their availability will reduce the physician's need to resort to symptom palliation with opiates. Nevertheless, morphine will remain an essential analgesic until the present day. (Acker)
- 1939 Silkworth, W. (1939). The doctor’s opinion. In: *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Service. (pp. xxi-xiv)  
 “We believe...that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any for at all...” p. xxvi)
- 1939 *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Service (page numbers from second edition).  
 From it stem all forms of spiritual **disease**, for we have been not only mentally and physically ill, we have been spiritually sick. p. 64  
 : An **illness** of this sort - and we have come to believe it an **illness** - involves those about us in a way no other human sickness can. p.18  
 But not so with the alcoholic **illness**, for with it there goes annihilation of all the things worth while in life. p. 18  
 We are convinced to a man that alcoholics of our type are in the grip of a progressive illness. p. 30  
 If that be the case, you may be suffering from an **illness** which only a spiritual experience will conquer. p. 44  
 Continue to speak of alcoholism as an illness, a fatal malady. p. 92  
 Had we fully understood the nature of the alcoholic illness, we might have behaved differently. p. 107

While you need not discuss your husband at length, you can quietly let your friends know the nature of his illness. p. 115

At such moments we forget that alcoholism is an illness over which we could not possibly have had any power. p. 118

At this point, it might be well to explain alcoholism, the illness. p. 142

But urge upon a man's family that he has been a very sick person and should be treated accordingly. p. 100

When you have carefully explained to such people that he is a sick person, you will have created a new atmosphere. p. 115

Of course, this chapter refers to alcoholics, sick people, deranged men. p. 149

An illness of this sort - and we have come to believe it an illness - involves those about us in a way no other human sickness can. p. 18

If this presents difficulty, re-reading chapters two and three, where the alcoholic sickness is discussed at length might be worth while. p. 140

We are equally positive that once he takes any alcohol whatever into his system, something happens, both in the bodily and mental sense, which makes it virtually impossible for him to stop. p. 22-23

Yet he had no control whatever over alcohol. p. 26

Remember that we deal with alcohol - cunning, baffling, powerful! p. 58-59

Some men have been so impaired by alcohol that they cannot stop. p. 114

It relieved me somewhat to learn that in alcoholics the will is amazingly weakened when it comes to combating liquor, though it often remains strong in other respects. p. 7

*The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink.* p. 24

Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. p. 31

We have heard of a few instances where people, who showed definite signs of alcoholism, were able to stop for a long period because of an overpowering desire to do so. p. 32

This is the baffling feature of alcoholism as we know it - this utter inability to leave it alone, no matter how great the necessity or the wish. p. 34

We are not cured of alcoholism. p. 85

Our so-called will power becomes practically nonexistent. p. 24

He may start off as a moderate drinker; he may or may not become a continuous hard drinker; but at some stage of his drinking career he begins to lose all control of his liquor consumption, once he starts to drink. p. 21

He has lost control. p. 23-24

Yet he had no control whatever over alcohol. p. 26

The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker. p. 30

We alcoholics are men and women who have lost the ability to control our drinking. p. 30

We know that no real alcoholic *ever* recovers control. p. 30

All of us felt at times that we were regaining control, but such intervals - usually brief - were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization. p. 30

If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. p. 31

Once he started, he had no control whatever. p. 32

If, when you honestly want to, you find you cannot quit entirely, or if when drinking, you have little control over the amount you take, you are probably alcoholic. p. 44

If he sticks to the idea that he can still control his drinking, tell him that possibly he can - if he is not too alcoholic. p.92

Some time later, and just as he thought he was getting control of his liquor situation, he went on a roaring bender. p. 155

That may be true of certain nonalcoholic people who, though drinking foolishly and heavily at the present time, are able to stop or moderate, because their brains and bodies have not been damaged as ours were. p. 39

Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. p. 31

Show him, from your own experience, how the queer mental condition surrounding that first drink prevents normal functioning of the will power. p. 92

Normal drinkers are not so affected, nor can they understand the aberrations of the alcoholic. p. 140

Most of us have believed that if we remained sober for a long stretch, we could thereafter drink normally. p. 33

Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. p. 30

The delusion that we are like other people, or presently may be, has to be smashed. p. 30

1939 Anonymous (1939). Can the alcoholic become a normal drinker? *Mental Hygiene*, 23:80.

Anonymous alcoholic confessional; brief disease and allergy reference -- no AA reference.

Plea for problem drinker to understand the need for complete and permanent abstinence.

1939 Research Council on Problems of Alcohol shifts its research focus from alcohol problems to alcoholism. (Roizen, 1995, p. 4)

1939 Morris Markey's article in *Liberty Magazine* -Sept. 30-"Alcoholics and God"-reference to hypothetical alcoholic being surrounded by AA members "telling him the true nature of his disease." Reference to AA's mission being that of

- rescuing “allergic alcoholics.” (Kurtz)
- 1939 First A.A. collaboration with state psychiatric facility at Rockland State Hospital, Orangeburg, NY. (White, 1998, p. 170)
- 1939 Silkworth, William D. “Psychological Rehabilitation of Alcoholics.” *Medical Record*, (19 July 1939); allergy and craving, once established, prevents alcoholics from using in moderation. Refers to earlier (March 1937) *Medical Record*, 145: 6:249, article on “the allergic nature of true alcoholism” (Kurtz)
- 1940s Studies indicate 80% relapse rate following treatment for heroin addiction; the “80% relapse rate” becomes a standard feature of claims that opiate addiction is virtually incurable. These studies, however, included such problems as considering a single episode of post-treatment heroin use an example of treatment failure. (O'Donnell) (Acker)
- 1940 Nossen, Herbert Ludwig Nossen, M.D. (1940). *Twelve Against Alcohol*. New York: Harrison-Hilton Books.  
 “The incontrovertible fact is that the alcoholic is a *sick* individual who, contrary to an extensive and stubborn delusion, in most instances can be rehabilitated and restored to a constructive role in society.” p. 9  
 Patient: “I was only able to bring myself to consult a specialist by arguing that I was suffering from a disease--that is, a mental disorder, and that it was as logical to see a doctor for dipsomania as it was for some malignant growth.”  
 Patient: “...he (psychiatrist) said that to view alcoholism as a problem in moral behavior was preposterous and hypercritical. The immediate reason it was necessary for me to cease drinking was closely analogous to the reason some people stopped eating strawberries--they broke out in a rash, or why some people didn't eat beans, because it induced stomachaches. This appealed to me as fundamental good-sense, and the issue thereafter of moral behavior never arose.” p. 231  
 “I have had to acknowledge that I belong to a class of people for whom alcohol is poison-mental as well as physical.” p. 234  
 Nossen uses a disease metaphor throughout this book although he defines alcoholism as a psychological disorder.
- 1940 February 19 *Time Magazine* article on AA: “Psychiatrists now generally consider alcoholism a disease, specifically a psychoneurosis.” pp. 56-57
- 1941 March 1 *Saturday Evening Post* article on AA by Jack Alexander. Presents core etiology of alcoholism as “emotional immaturity”; no references to “disease”
- 1941 Kolb, L. (1941). Alcoholism and Public Health. *Quarterly Journal of Studies on Alcohol* 1(4): 605-621.

Written while Kolb was Assistant Surgeon General, US Public Health Service  
“Many of these people could be saved if, in the early stage of their chronic alcoholism, they were handled like sick people instead of being treated like criminals or allowed to shift for themselves.” p. 620

- 1941 September *Harper's Magazine* article by Genevieve Parkhurst “Laymen and Alcoholics.”  
References allergy theory;  
Referring to AA: “They recognize alcoholism as a ‘fugal’ disease, meaning that it is made up of several strains, each of which is involved in the other.” (Kurtz)
- 1941 Bowman and Jellinek. “Alcohol Addiction and its Treatment.” *Quarterly Journal of Studies on Alcohol*, 2 (1941): 98-176: distinguish between “chronic alcoholism” [changes resulting from prolonged use of alcohol] and “alcohol addiction” [a disorder characterized by an urgent craving for alcohol]. Literature on treatment outcome: few report better than 30% after two years. (Kurtz)
- 1941 Edward Spencer Cowles (1941). *Don't Be Afraid*. New York: McGraw-Hill Book Co., Inc.  
“Chronic alcoholism is not a crime. It is a definite brain-chemistry disease. It can be diagnosed with chemical precision, and it can definitely be cured. It is not a matter of morals or will power any more than hay fever can be said to be. It is caused by a diseased condition of the brain covering—not an infection but an irritation—that produces an excess of brain fluid.”  
“...the meninges of the brain set up an allergic reaction to blood. The dose of alcohol necessary to bring about this allergic response varies with the individual. Some individuals are more susceptible than others.”  
“The treatment is done by a series of lumbar punctures, ten days apart, and by allied medical treatment.”  
“After the first lumbar puncture, relieving the pressure on the brain somewhat, the patient usually loses the desire for drink. Many patients report that the sight and the smell of alcohol become repugnant to them. No effort is required to keep from drinking.”  
“1. Chronic alcoholism is not a sin. It is a brain chemistry disease. 2. Moral suasion, psychoanalysis, and religious conversations cannot alter the facts of the brain chemistry any more than they can cure tuberculosis. 3. Lumbar punctures that reduce the fluid pressure on the brain are the only means that will change the brain chemistry and give the patient the chance of a scientific cure.”