

**The Combined Addiction Disease Chronologies of  
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1900 - 1919**

The first two decades of the 20<sup>th</sup> century witnessed the climax of a prolonged struggle to define the nature of and a solution for America's alcohol and other drug problems. The drive for alcohol prohibition reached its apex with the passage of the Eighteenth Amendment to the Constitution in 1919. Growing concerns with drug addiction led to passage of the Harrison Tax Act of 1914 and a series of Supreme Court decisions that pushed most physicians out of the treatment of addiction for the next fifty years. Rather than treat the victims of addiction by either moral or medical means, America decided in the second decade of the 20<sup>th</sup> century to simply eliminate the source of addiction via the prohibition or aggressive control of nearly all psychoactive drugs.

It should not be surprising that most of the 19<sup>th</sup> century treatment institutions disappeared during this period. Most inebriate asylums and homes closed. The *Journal of Inebriety* ceased publication in 1914 and the American Association for the Study and Cure of Inebriety collapsed in the early 1920s. Most of the patent medicine bottled cures for addiction were driven out of business by the requirement that they label the contents of their products. The treatments of the 19<sup>th</sup> century gave way to new social institutions: the "foul wards" of large city hospitals, inebriate penal colonies (work camps), and a new type of private hospital/sanatoria where wealthy alcoholics and addicts could periodically "dry out."

There were many important milestones in this transition. America witnesses her first experiments with narcotic maintenance (long before anyone had heard of methadone). Forty-four communities operated clinics to maintain incurable addicts. These clinics were run by physicians who were convinced that narcotic addiction was for many addicts a chronic disease best managed by narcotic maintenance. All of these clinics were closed by 1924 under threat of indictment by federal law enforcement authorities. Another milestone was the emergence of psychological models of viewing addiction. Both psychoanalytic treatment (Abraham, 1908) and "lay therapy" models (Baylor, 1919) of addiction and its treatment gained prominence as less purely medical disease models fall out of favor. The new models claimed that addiction was not a primary medical disease but a symptom of underlying psychological disturbance that could be treated with the proper psychological therapy.

As medical models of care of alcoholics and addicts give way to more coercive forms of social control, medical interventions become much more invasive and controlling. To say Mendel's work spawned the eugenics movement can be seen as implying that Mendel himself gave rise to the eugenics movement. Rather, his work in the 1860s was rediscovered around the turn of the 20<sup>th</sup> century and used by some to help justify eugenic idea. Mandatory sterilization laws in many states include incurable alcoholics and addicts. Medical testimony also came to be used to sanction the prolonged sequestration of alcoholics and addicts in inebriate penal colonies or state psychiatric asylums.

1900 Paredes review notes 3 primary elements in the 19<sup>th</sup> century characterization of alcoholism: "1) the biological and behavioral symptoms resulting from damage caused by the excessive ingestion of alcohol, 2) the irresistible drive to drink

(dipsomania), and 3) functional disturbances of the central nervous system which were the postulated causes of the disorder.” (Paredes, 1976, p. 24)

- 1900 George Frank Butler, in the third edition of his *Textbook of Materia Medica, Therapeutics and Pharmacology*, states that opium “perhaps best represents the typical symptom medicine, being used almost invariably for the relief of one or more symptoms of disease, rather than for its specific or direct curative action upon the disease itself.” This statement reflects a dilemma for the prescribing physician: opiates (most specifically, morphine) remain indispensable in medical practice, but their use to treat symptoms rather than causes of disease runs counter to the growing premium on scientific knowledge of disease causation as a foundation for medical knowledge. Opiates’ effects, in textbooks of the period, are grouped in six categories: to relieve pain; to produce sleep; to reduce intestinal irritation; to reduce secretions (including diarrhea and cough); to support the system in low fevers and adynamic states; and to promote sweating. Like other textbook writers, Butler characterizes addicts as liars who cannot be trusted, but he is unusual in describing this moral degradation as secondary to the drug use. (Acker)
- 1900 The work of Gregory Mendel is rediscovered and adds fuel to a growing science of genetics and a eugenics movement. As America transitions from its flirtation with a medicalized response to addiction to criminalizing addiction, a blend of these approaches results in calls for prolonged legal sequestration of addicts and the mandatory sterilization of alcoholics and addicts.
- 1900 French, J.M. (1900). Treatment of Alcoholism as a Disease. *Indian Med. Rec.* 18:100-101.  
“Within the past few years the subject of the disease of Alcoholism and its medical treatment has been brought prominently to the notice of the general public and the medical profession by the rise, progress, and decline of the so-called ‘gold-cure’ of Dr. Leslie E. Keeley. Not the least of the good with which we believe the Keeley cure must be credited, consists in its having brought home to the popular mind the conviction that the drunkard’s unnatural appetite for alcohol can be removed by popular medical treatment.” p. 100
- 1900 Intemperance: Vice or Disease? (1900). *Med. Temp. Rev.* 3: 237-239.
- 1901 The AMA reorganizes such that all members of constituent local medical societies are automatically members of the AMA. The organization becomes more effective in advancing the interests of reform-minded physicians who seek to raise the prestige of medicine, narrow the gateway to an overcrowded profession, and ground medical authority in science. Opiates are important in this context because: they represent old fashion medicine which treats symptoms rather than medicine which reflects the new scientific goal of attacking the cause of disease;

they are widely sold by nostrum purveyors whom the AMA opposes; physicians are widely held, both within and without the profession, to be responsible for most addiction through overprescribing of opiates. (Acker, “Anodyne”; Burrow) (Acker)

- 1901 Kurtz and Kraepelin coin “alcohol addiction” to denote a disorder suffered by those whose will is “not strong enough to abandon the use of alcohol even if drinking causes them serious economic, social and somatic changes.” (Marconi, 1959)
- 1902 Mattison, J.B. (1902). *The Mattison Method in Morphinism: A Modern and Humane Treatment of the Morphine Disease*. New York: E.B. Treat & Company. Mattison’s brief monograph makes numerous references to the “disease of morphinism.”
- 1902 Crothers, T.D. (1902). *The Drug Habits and their Treatment*. Chicago: E. P. Englehard & Company.  
“The popular and common meaning of the word habit is some state or condition of the body, voluntarily acquired and continued at the will of the person. Conducts or acts which can be changed or checked by the will, and are under the control of the person, are called habits. In its broader scientific sense, there is a physiological and psychological tendency to repeat the same acts apparently outside the control of the will. It is this meaning of the word habit which will be used in this study.” p. 9  
“A clinical study of accurately grouped histories of a large number of cases brings ample confirmation of the fact that inebriety or alcoholism is a disease.” p.10. Note use of inebriety and alcoholism interchangeably--one of first such references by Crothers.  
“There is now a well ascertained disease called “opium inebriety” which has an origin, development and termination distinctly defined.” p. 61  
Crothers uses “addiction” to describe inebriety related to cocaine, chloral, ether, chloroform, etc.  
“The delusion that these unfortunates have full possession of their will to abstain or continue is fast passing away. We are now able to recognize in most of these cases well-defined diseases that begin and follow a progressive line on to death or restoration.” p. 94
- 1902 T. D. Crothers’s *Morphinism* appears. Crothers estimates there are 100,000 opiate addicts in the U.S. He says “Morphinism is one of the most serious addictions among active brain-workers, professionals and businessmen, teachers, and persons having large cares and responsibilities.” This statement is a late example of a trend in the second half of the nineteenth century, best typified by the work of George Beard, to posit specific mental diseases of the over-civilized. Crothers is one of the leading figures in the field of inebriety; he manages a sanitarium in

Hartford, Connecticut. Characterizing opiate addiction as a disease of high-status people has clear marketing advantages for those managing private sanitariums. (White 22; Morgan) (Acker)

- 1905 *Collier's* magazine publishes a series of articles by Samuel Hopkins Adams entitled "The Great American Fraud." For Adams, nostrums which contain opiates (and whose labels lie about their contents) are the most dangerous products in an unregulated market for medicines which is rife with shoddy or harmful products. For Adams, the "enslaving appetites" created by opiates undermine the sober and rational judgment necessary to function effectively as citizens in a democracy. This view reflects Progressive Era faith that properly informed citizens will make rational decisions in their best interests and supports labeling requirements as adequate protection against hazards of misuse of medicines. Adams favors such labeling requirements. His articles, along with the 1905/6 publication of Upton Sinclair's novel *The Jungle*, influence passage of the 1906 Pure Food and Drug Act. (Acker)
- 1905 The AMA creates its Council on Pharmacy and Chemistry. One aspect of the physicians' reform platform is to gain control over the medical marketplace by distinguishing scientifically valid medications from worthless or harmful ones. This group tests medicines to determine their effectiveness and the validity of the claims made for them. These actions help divide drug use and drugs into clearly demarcated categories of medical versus recreational; the latter is seen as vice and dependence which originates in this kind of use will increasingly be framed as a marker of psychological defect in the user. (Acker)
- 1905 Elwood Worcester and Samuel McComb of the Episcopal Emmanuel Church organize a tuberculosis clinic under the direction of Dr. Joseph E. Pratt. In 1906, Worcester and McComb with the help of more doctors, notably a psychiatrist, Dr. Isador H. Coriat, expand their work to include a Class for the Treatment of Mental Disorders. This work leads to a specialty in the treatment of alcoholism and the beginning of 20<sup>th</sup> century "lay therapy" movement. While shadows of this existed in 19<sup>th</sup> century, this integration of religion, medicine and psychology may mark beginning of full tripartite treatment of alcoholism. (Kurtz)
- 1906 The Pure Food and Drug Act includes labeling requirements for medicines containing alcohol, opiates or cocaine. This measure reflects the idea that informed consumers will make rational choices in their own best interest. (Acker)
- 1907 The *Journal of Inebriety* incorporates *The Archives of Physiological Therapy*. This marks both the progressive demise of the *Journal of Inebriety* and the AASCI and its absorption into mainstream medicine.
- 1907 Cutten, George (1907). *The Psychology of Alcoholism*. New York: The Walter

Scott Publishing Co., LTD.

Language: "alcoholism" used throughout; no disease references.

- 1907-1913 States pass mandatory sterilization laws that include alcoholics and addicts; their inclusion is based on view of hereditary degeneration--diseased alcoholics will bear impaired children who will be a burden on society. (White, 1998, pp. 88-90)
- 1908 Abraham K. (1926). The Psychological Relations Between Sexuality and Alcoholism. *International Journal of Psycho-Analysis* 7 (January): 2-10. (Originally published in 1908) Johnson attributes Karl Abraham's use of terms alcoholism and alcoholic in his essay on the psychoanalytic view of the disorder as a major milestone in acceptance of the terms. (Johnson, 1973)
- 1910-1911 John D. Rockefeller, Jr., is appointed to a grand jury investigating white slavery in New York. He will later found the Bureau of Social Hygiene that will create a Committee on Drug Addictions. The Bureau of Social Hygiene is founded (1911), with funds from the Laura Spelman Rockefeller fund, for the scientific study of prostitution. In this period, prostitution, venereal diseases (syphilis and gonorrhea), and drug use (including alcohol use) are seen as related problems. (Acker)
- 1911 The American Medical Association publishes *Nostrums and Quackery*, which exposes fraudulent claims and inaccurate labeling of medicines advertised and sold to the public. This work is part of the AMA campaign to increase physician control over access to medicines including opiates. Subsequent volumes appear in 1921 and 1936. (Acker)
- 1912 Charles Terry, director of public health in Jacksonville, Florida, opens a clinic to treat opiate addicts. From this experience, he concludes that addiction is a disease and that addicts deserve humane treatment. (Acker)
- 1912 *The Dope Evil*. (1912). Boston: The New England Watch and Ward Society. In: Grob, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.  
References to the "dope vice"  
"Users of the two drugs (cocaine, morphine) who are committed to prison for crime should be treated for their malady..."
- 1912 Partridge, G.E. (PhD) (1912). *Studies in the Psychology of Intemperance*. New York: Sturgis & Walton Company.  
Mostly moral view of inebriety with a few disease references thrown in.  
"Two types of organisation favour the acquisition of habits of excessive or morbid use of alcohol: the underdeveloped type, and the degenerate, over-sensitive, or otherwise morbid nervous organization." p. 210

“The abnormal dipsomaniac is a diseased person, and he requires the attention of the specialist in nervous disorders.” p. 253

“Whatever convinces a man that he will drink no more is certain to facilitate the cure, whereas the belief that the craving for alcohol is rooted in the structure of the body helps to keep up the suggestions which lead to a breakdown of the will.” p. 254

“...it is futile to expect the drunkard to reform himself. It is the work of others to furnish the resources of control for the drunkard, and teach him how to develop inner strength.” pp. 256-8

“Some of these cases [men cured at the McAuley Mission], it must be said, however, are very morbid, and their cures seem rather a change in the form of their disease than a real cure. They become intemperately religious and moral, and show signs of weakness of mind and character in everything they do. Many too are at the time of life when sudden cessation of the habit of intoxication is likely to occur, or when the power of the habit is declining.” pp. 259-60.

1913 Ernest S. Bishop and George E. Pettey independently offer autoimmune theories of addiction. This model explains tolerance by hypothesizing that the body develops an antitoxin to protect from the toxic effects of morphine. Steadily increasing doses are then necessary for the effects of morphine to supercede the blocking effects of the antitoxin. When morphine administration is stopped, the antitoxin exerts its own toxic effects on organs. This idea is based on current thinking about disease and immunology. Although the hypothesis is based on clinical observation, the precision and consistency with which withdrawal symptoms reflect a user’s customary dose of morphine seem to validate the status of dependence as a scientifically explicated disease. (Acker)

1913 Bishop, Ernest (1913). Narcotic Addiction-A Systemic Disease, *Journal of the American Medical Association*, February 8. (See 1920 annotation)

1913 Pettey, George E. (MD) (1913). *Narcotic Drug Diseases and Allied Ailments*. Philadelphia: F.A. Davis Company.

“The term ‘morphinism,’ or morphine disease, is used ...to include all forms of opium disease.” p. 3

“The author considers it very unfortunate that the terms ‘morphine habit’ and ‘opium habit’ have been, and are still, so universally employed when referring to narcotic addiction (disease). They are misleading and do not, in any wise, accurately describe the condition present.” p. 5

Habit implies something that can be corrected by an exercise of the will. “This is not true of narcotic disease; therefore, it is not a mere habit and should not be spoken of as such.” p. 6

“The essential pathology of narcotic drug addiction (disease) is a toxemia.” p. 10-11

“The man who is addicted to a narcotic drug is as truly a diseased man as one

who has typhoid fever or pneumonia.” p. 192

“Any physician who regards narcotic addiction as a mere vice, a perversion, and holds all addicts to be liars, fiends, perverts, degenerates, etc., is unfit to treat such a patient.” p. 194

Quotes and then attacks Alexander Lambert’s reference to the “indulgence” in morphia as a “vice” and then attacks Lambert’s proposed treatments, including the Towns Cure. p. 401

“Chronic alcoholism is not only a disease itself, but in many instances it springs from other diseases and it is certain that other diseases grow out of it.” p. 435

1913

Cooper. J.W. (1913). *Pathological Inebriety: Its Cause and Treatment*. New York: Paul B. Hoeber.

The true inebriate “has not the power to take alcohol and remain sober, nor when intoxicated has the power to stop drinking and become sober so long as he is able to obtain and retain alcoholic liquors.” p. 2

He [the true inebriate] has honestly struggled to lead a sober life but has “failed in a struggle against a defect or weakness, the magnitude of which a normally constituted individual is utterly incapable of fully realizing.” p. 3-4

Notes the difficulty in distinguishing “inebriety the vice and inebriety a symptom of a psychoneurotic disease.” p. 6

“...we think all forms of pathological inebriety may be properly called ‘alcoholism’...” p. 9

Notes that inebriety can be directly or indirectly inherited. p. 16-17

“Dipsomania may be either inherited or acquired.” p. 33

“A few, very few, periodic inebriates would seem to be able to take alcohol in strict moderation” but such patients are “playing with fire” and are at higher risk of continued addiction than those who totally abstain. p. 47

Citing the frequent practice of students drinking heavily for a period of time but then moderating their consumption, Cooper observes that it takes “something more than careless and long-continued custom...to bring about the condition of mind and body necessary to produce chronic inebriety...” p. 51

“Chronic alcohol inebriety, then, may be regarded as the result of alcohol usage by an individual in some way predisposed to abnormal effects of alcohol action and reaction...” p. 52

“If other disease came under treatment at such a late stage, the hope of recovery would be poor indeed.” p. 97

“A cure may, in a few rare instances, reach such a perfection that the patient is once more able to take alcohol constantly in moderation and remain sober. Such cures exist...but they are extremely rare.” p. 97

1913

Reynold Webb Wilcox, in *Materia Medica and Therapeutics*, Eighth Edition, cautions that opiates should not be given for pain, as in peritonitis, until the underlying cause of the pain has been determined. Such a caution contrasts with recommendations to prescribe opiates freely for pain that characterized such

textbooks around 1890. Similarly, by this time, physicians are urged not to prescribe opiates for cough until the cause of the cough has been determined. Wilcox cautions that addiction is a risk whenever opiates are prescribed for a significant length of time, regardless of the condition for which they are prescribed. This language contrasts with narrower warnings regarding the risk of addiction which characterize such textbooks in the 1890s. Wilcox characterizes addicts as liars who cannot be trusted. (Acker)

- 1913 C. C. Wholey, M.D., describes types of addicts, including neurotic and psychopathic types; but he maintains that anyone can become addicted and that majority of addicts became so accidentally. He urges humane treatment and warns of the negative effects of stigmatizing addiction. (Acker)
- 1914 Kennedy, Foster (1914). *The Effects of Narcotic Drug Addiction*. *New York Medical Journal* pp. 20-22.  
“...morphinism is a disease, in the majority of cases, initiated, sustained and left uncured by members of the medical profession.”  
“Thus morphinism is not an unmoral or demented, but a physical condition, a diseased state, of the inception of which the sufferer is usually innocent...”
- 1914 Walter A. Bastedo, in the first edition of *Materia Medica: Pharmacology, Therapeutics, Prescription Writing*, characterizes addicts as liars who cannot be trusted. (Acker)
- 1914 The *Quarterly Journal of Inebriety* ceases publication and the American Association for the Study and Cure of Inebriety collapses sometime in the early 1920s. (White, 1998) This event helps mark the waning of the inebriety concept as the nation moves toward prohibition of alcohol (and thus the idea that there will be no more alcoholism) and a psychopathic view of the opiate addict (to be established in Lawrence Kolb’s work). (Acker)
- 1914 Perry M. Lichtenstein warns in the *New York Medical Journal* that opiate addiction is overtaking levels of alcohol addiction.
- 1914 Congress passes the Harrison Anti-Narcotic Act. This is the first federal act to restrict the sale of any drug (with the exception of the 1909 act that prohibited importation of opium for smoking). Opiates and cocaine are included in the list of drugs that can be obtained only from a physician or from a pharmacist as authorized by a physician. The AMA favors the bill as it increases physicians’ control over access to these problematic categories of drugs. Because the act is framed as a revenue bill (because the federal government is prohibited from usurping the states’ right to regulate the practice of medicine), it is enforced by the Treasury Department (Acker). While promoters of the law promise that it will not infringe on physician treatment of addicts, subsequent interpretations of the law



will make it a benchmark in the demedicalization and criminalization of drug addiction.

- 1915 Treasury Decision 2200 interpreting the Harrison Act: physicians must prescribe narcotics to addicts only in decreasing doses or face arrest.
- 1915 Lambert, Alexander (MD) (1915). The Intoxication Impulse. *Medical Record* February 15. 87:253-259  
“Morphinism is still looked upon as a vice, deliberately acquired, not as a misfortune sometimes accidentally inflicted on the patient by the physician.”
- 1916 White, W.A. (1916). Alcoholism, a Symptom. *Interst. Med J*, 23:404.
- 1916 Williams, T.A. (1916). The pathogenesis of Alcoholism and Narcotism and the Treatment of their Causes. *Interstate Medical Journal*, 23:455-462  
“The conditions that make inebriates are of many kinds, for inebriety is not a disease itself, but merely a habit of psychic reaction. However, in whatever way it originates, it eventually becomes a craving...the result of preceding impressions constituting memories.” p. 155
- 1916 C. B. Towns’s *Habits that Handicap* appears. Towns says, “...the great majority of drug-users wish nothing so much as to be freed from this slavery, while at the same time they fear nothing so greatly as sudden deprivation of their drug. In the interaction of these two major impulses lies the key to the addict’s psychology.” Towns and Alexander Lambert, a leading physician reformer and future president of the AMA, team to offer the Towns-Lambert treatment of opiate addiction. The treatment consists of large doses of atropine-like compounds (hyoscyne and belladonna) as an anesthetic to mask withdrawal symptoms and of cathartics to relieve the severe constipation that results from chronic opiate administration. This treatment method reflects the transitional nature of this period in the treatment of opiate addiction. Atropine-like compounds had been used for some time in the management of asylum patients and were becoming discredited for this use, but scopolamine was enjoying a vogue as an anesthetic safer than ether or chloroform in the management of the pain of childbirth; the need to monitor the delirium induced by the drug was one factor helping move childbirth among middle class women from the home into the hospital. Thus it echoed earlier symptomatic treatments while appearing in a new guise as an anesthetic consistent with the transformation of the hospital as a site for the practice of the new scientific medicine. Lambert’s willingness to work with Towns, who made extravagant claims for the success of his formula, also marks a transitional time. Early optimism about being able to cure addicts just as implementation of Harrison was making them increasingly visible quickly faded. (Acker)
- 1917 Charles Towns declares: “Medical men have been largely responsible for making

the alcoholic believe that alcoholism is a disease. Stop and think for a moment and you will see how ridiculous this is!” Yet he purports that the basis of alcoholism is a systematic poisoning of the cells and that the basis of his cure was to “unpoison him physiologically and thus set him free psychologically.”

- 1918 Dana, C.L. (1918). Problems of Drug Addiction. *Medical Record*, February 2.  
“In drug addiction there is a morbid condition of metabolism which arouses a very uncontrollable need for opium. This may be called a disease or not according to one’s fancy in the use of words...Drug addiction is a vice, or moral or mental defect, in the sense that the condition is often deliberately or stupidly acquired and persisted in.”
- 1918 The Treasury Department surveys local health officials regarding their views on addiction. Four hundred and fifteen (415) say physicians in their areas believe addiction is a disease while 542 say physicians in their area believe addiction is a vice. (Terry & Pellens) (Acker)
- WWI The Medical Department of the United States Army screens incoming soldiers for fitness to serve, including mental fitness. Psychiatrist Pearce Bailey, deeply familiar with the heroin use scene in New York City, is one of the architects of the World War I psychiatric screening effort. The descriptions of the opiate addict provided for screeners characterize the addict as belonging to a recognizable subculture with its own argot. The addict is one of a number of types that are loosely characterized as psychopaths, individuals whose eccentric behavior and difficulty in getting along with peers or authority figures mark them as potential liabilities on the battlefield and therefore as unfit for service. (Acker)
- WWI New intelligence tests, originally conceived of as aids in diagnosing feeble-mindedness, are deployed to assess aptitude of Army inductees. Following the war, they are implemented in public school systems. They exemplify the growing deployment of classification systems in psychology based on an essentialist view of human nature, human ability, and psychopathology. Following this trend, in the two decades following the war susceptibility to opiate addiction will be portrayed as a form of innate psychopathy. (Acker)
- 1919 Laase, C.F. (1919). Practical Application of the Facts of Narcotic Addiction Disease. *Medical Record*, August 9.  
“It is no longer justifiable to speak of drug addiction as being a habit, a vice, a degeneration or perversion of the mind. It is a distinct, definite physical disease condition...These signs and symptoms are as constant, uniform and recurring as those of any other disease.”
- 1919 Dr. Ernest Bishop extensively quoted in *The Drug Disease* (1919). *Literary Digest* 61:29-30.

“The drug habit is a disease pure and simple.” p. 29

“The most urgent problem of the present narcotic situation is the problem of securing intelligent, competent, and human advice and treatment faced by the addict himself.” p. 29

“There have been altogether too much talk given to various special ‘treatments’ and ‘cures.’ The man who understands narcotic drug-addiction disease as he understands other diseases can handle it in a majority of cases.” p. 29

He notes that the hope for the future lies in changing the question, “What shall be done to the narcotic addict to make him stop using drugs?” to the question, “What can be done for the narcotic addict, so as to relieve him of the physical necessity of using drugs.” p. 30

“The great mass of addicts...need something done for them. They are clinical problems of internal medicine, victims of definite disease, controllable, and are stable.” p. 30

- 1919 A Treasury Department Special Narcotic Committee estimates there are 1 million addicts in the U.S. This extreme exaggeration, based on alarmism and hastily assembled estimates, adds to a sense of urgency about dealing with the threat of addicts. This occurs just as the Red Scare is creating a climate of fear of subversion and deviance. (Acker)
- 1919 Webb vs. United States. For a physician to maintain an addict on their usual and customary dose is not good faith medical practice as defined in the Harrison Act and is an indictable offense. Through the Doremus and Webb cases, the Supreme Court interprets the Harrison Anti-Narcotic Act as forbidding addiction maintenance. The Treasury Department sees these decisions as mandate to close the municipal clinics and move against any attempt to treat addicts through maintenance. The ban on maintenance opens what Courtwright calls the classic era of narcotic control, a period in which drug laws are harshly enforced and addicts have virtually no recourse to community-based or ambulatory treatment. This era ends with the advent of methadone maintenance treatment in the mid-1960s. (Acker)
- 1919-1924 Physicians in 44 communities operate morphine maintenance clinics, all of which will close under threat of indictment.
- 1919 Willis Butler opens the Shreveport Clinic in Shreveport, Louisiana to provide morphine to addicts. Butler is one of the leading proponents for maintenance as a humane means of managing opiate addiction, and his clinic is one of the last to be closed by the Treasury Department. (Acker)
- 1919 New York City’s Worth Street Clinic opens. It is poorly managed. For example, addicts discover means of showing up repeatedly with different identifications to receive multiple doses of drugs. As these problems are exposed, the clinic is cited

prominently as an example of why maintenance cannot work. (Acker)

- 1919 The France Bill comes before Congress. It proposes federal support for community-based treatment for addicts. If fails to pass. (Acker)
- 1919 The Volstead Act, the legislative expression of the Eighteenth Amendment, inaugurates national prohibition of alcohol. The newly created Prohibition Unit in the Department of Treasury contains a Division of Narcotics to enforce the Harrison Act. (Acker)
- 1919 E. J. Pellini refutes the claims of Bishop, Pettey, and others that morphine addiction results in the production of an antitoxin or any other special substance in the blood. Those opposed to maintenance treatment seize on this finding to reject the idea that opiate addiction is a physiological disease. (Acker)
- 1919 The AMA passes a resolution opposing ambulatory treatment, in effect opposing maintenance as treatment. At a time when the AMA is establishing its absolute authority to control the practice of medicine, it implicitly accepts the Supreme Court's definition of the boundary of professional practice when it accepts the ban on maintenance as a treatment method; and in a period when many conditions are being redefined in medical terms, thus expanding physicians' social authority, ambivalence about accepting addiction as a disease reflects continuing concern about the role physicians have played in causing addiction through prescribing practices with opiates. (Acker)
- 1919 Baylor, C. (1919). *Remaking a Man* New York: Moffat, Yard & Company.  
“Every case of alcoholism has behind it what might be called an alcoholic or neurotic atmosphere...This environment must in its turn be ‘cured’.” p. 3  
“ ‘mental tenseness’ is the underlying cause of this neurosis (alcoholism)” p. 20  
“The instructor’s aim is to bring about in a sick man permanent relaxation and re-education.” p. 25