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# Pathologizing and Criminalizing Intoxication: Addiction, Psychoactive Drugs, and the Ideological Underpinnings of the War on Drugs

David Korostyshevsky

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**PATHOLOGIZING AND CRIMINALIZING INTOXICATION:  
ADDICTION, PSYCHOACTIVE DRUGS, AND THE  
IDEOLOGICAL UNDERPINNINGS OF THE WAR ON DRUGS**

by

**DAVID KOROSTYSHEVSKY**

THESIS

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by

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**ABSTRACT**

Since the Enlightenment, Anglo-American temperance thinkers—who were usually clergymen and physicians—have expressed broader concerns about intoxication and addiction with rhetoric that simultaneously pathologized and criminalized the unsanctioned use of psychoactive substances. During the first half of the eighteenth century, a period known as the Gin Craze, rising levels of urban drunkenness in England came under the sustained gaze of temperance-minded doctors and churchmen, who used a shared language of contagion, disease, and slavery to problematize intoxication simultaneously as a medical and criminal condition. Building on Enlightenment English temperance thought, which was transferred into the United States by physician Benjamin Rush, American temperance discourses during the nineteenth century increasingly relied on the growing authority of medical science to advance a medico-legal definition of intoxication and addiction based on comparisons between alcohol and opium. The rise of a federal drug control paradigm by the end of the Progressive Era—embodied within the

Harrison Act (1914) and Eighteenth Amendment (1920)—encoded medico-legal definitions of addiction in federal law. Focusing on broader anxieties about psychoactive drug use in American temperance rhetoric and the language with which they were expressed, this thesis informs the emergence and development of the deeply engrained antipsychoactive sentiments that underpin an on-going War on Drugs in the United States.

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## Preface

### Intoxication, Addiction, and the War on Drugs

American society is obsessed with addiction. In a culture of hyper consumption, it has become common to talk about workaholics, binge-watch television shows, and discuss addictions to eating, sex, even the consumption of electronic media. Any fixed meaning of addiction as a discreet concept related to drug use seems to be slipping beyond any possible containment. In this conceptual environment, it is a psychoactive substance's legal status that remains the primary indicator of mainstream social attitudes towards its use. Indulgence in illegal drugs such as cocaine, heroin, and *Cannabis* remains harshly prosecuted under the regulatory regime of an on-going War on Drugs while other psychoactive substances such as alcohol, nicotine, and caffeine are not considered drugs because their use is allowed. By closing the conceptual gap between legal and illegal drugs that characterizes much of the historiography regarding the origins, development, and progress of drug control efforts in the United States, this thesis seeks to better understand the eighteenth and nineteenth-century ideological origins of the modern American state's methods for regulating humanity's desire for altered consciousness.

Understanding the relationship between intoxication, addiction, and the social and economic consequences of the War on Drugs underpinned by them is fundamental for this project. Conceived alternatively as a choice or a disease, the terminology of addiction first emerged to define compulsive recreational drug use over a century ago, contributing to a medico-legal construction of intoxication in which addiction represents both a disease and a crime. As twentieth-century drug control policies gradually displaced the



medical connotations of the term “drug,” concepts of addiction have slipped beyond the its purely drug-related meaning. Today, “addiction” has come to represent more generally human behaviors that are characterized by obsession or compulsion—any inability to control one’s urges—including the desire for altered consciousness achieved through the use of psychoactive drugs.<sup>1</sup> At the same time, the United States continues to be an intoxication-seeking society. Coffee, for instance, is ubiquitous in the American workplace, helping drivers, factory workers, and cubicle dwellers alike wake up every morning and stay alert through their shifts. And after work, working and middle class employees alike crowd into bars and restaurants for happy hour, coming down from their daylong caffeine high by enjoying alcoholic beverages. Simultaneously, illegal drugs such as cocaine, heroin, and *Cannabis* continue to be used despite law enforcement efforts, making the United States one of the primary destinations for the produce of a global drug trade.

The government’s efforts to control certain substances have culminated in a far-reaching domestic and international War on Drugs, which continues to take a tremendous toll on the blood and treasure of the United States.<sup>2</sup> Formally declared in the 1970s by

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<sup>1</sup> William L. White, “The Lessons of Language: Historical Perspectives on the Rhetoric of Addiction,” in *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst: University of Massachusetts Press, 2004), 33–60; John Parascandola, “The Drug Habit: The Association of the Word ‘Drug’ with Abuse in American History,” in *Drugs and Narcotics in History*, ed. Roy Porter and Mikulas Teich (Cambridge: Cambridge University Press, 1995), 156–67; “Addiction,” *Oxford English Dictionary* (Oxford: Oxford University Press), accessed May 20, 2013, [www.oed.com](http://www.oed.com); Timothy A. Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007), 3–4; Janet F. Brodie and Marc Redfield, eds., Introduction to *High Anxieties: Cultural Studies in Addiction* (Berkeley: University of California Press, 2002), 4–5.

<sup>2</sup> My understanding of the War on Drugs is guided by the following works: For an outline of the consequences of the War on Drugs and arguments in favor of adopting public health-based harm reduction strategies, see Eva Bertram, Morris Blachman, Kenneth Sharpe, and Peter Andreas, *Drug War Politics: The Price of Denial* (Berkeley: University of California Press, 1996). On the existence of a War on Drugs before its formal declaration, see Curtis Marez, *Drug Wars: The Political Economy Of Narcotics*

President Richard Nixon, the War on Drugs represents the United State's government's militant domestic and international efforts to control the production, distribution, and consumption of illegal drugs. These efforts have propelled the prison population in the United States to unprecedented levels despite decreasing levels of violent crime.<sup>3</sup> A 2008 report published by the Pew Charitable Trusts estimated that five years into the twenty-first century, the United States incarcerated one percent of all adults in the population. While this figure may seem relatively minor, the report notes that other Western countries incarcerated a much lower percentage of their population. Citing Germany's incarceration rate of less than one tenth of one percent of the total population, the report found that the United States is the "global leader" in incarceration rates, "outpacing nations like South Africa and Iran."<sup>4</sup> No society can endure such incarceration rates without significant socio-cultural consequences. Indeed, the report's statistics illustrated the racial dimension of drug enforcement, a significant example that represents the internal harm sustained by American society under the War on Drugs. For instance, while the incarceration rate for white men was less than one percent of the population, 2.7 percent of Hispanic men and 6.7 percent of black men were incarcerated. For black men

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(Minneapolis: University of Minnesota Press, 2004) and Kathleen Frydl, *The Drug Wars in America, 1940-1973* (Cambridge: Cambridge University Press, 2013). See also Jeffrey A. Miron, *Drug War Crimes: The Consequences of Prohibition* (Oakland: Independent Institute, 2004).

<sup>3</sup> For the link between drug enforcement and the rising prison population, see Nils Christie, *Crime Control as Industry: Towards Gulags, Western Style* (New York: Routledge, 2000).

<sup>4</sup> Jennifer Warren, *One in 100: Behind Bars in America 2008*, Public Safety Performance Project (Pew Charitable Trusts, February 28, 2008), 5, [http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2008/one%20in%20100.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2008/one%20in%20100.pdf). Accessed Feb. 20, 2014. This report aggregated a wide range of official studies published by federal and state government agencies and includes detailed notes.

between the ages of twenty and thirty-four, the incarceration rate was the most dire—11.1 percent of the population.<sup>5</sup>

Unprecedented and unbalanced prison populations that continue to rise are just one consequence of the War on Drugs. Along with rising disproportionate incarceration rates, sociologist Nils Christie also found that the War on Drugs continues to drive the erosion of Fourth Amendment rights, the militarization of domestic police methods, and the development of a crime control industry complete with private prisons, lobbyists, and commodity markets.<sup>6</sup> The War on Drugs also costs a tremendous amount of taxpayer dollars every year. In 2013, the Department of Justice—which operates the Federal Bureau of Investigation, the Drug Enforcement Agency, and oversees the enforcement of ATF (Alcohol, Tobacco, and Firearms) laws—petitioned Congress for a drug enforcement budget of over \$523 million. Most of these funds were slated for domestic enforcement, with only several million dollars set aside for international investigations.<sup>7</sup> Instead, the international arm of the War on Drugs is funded through State Department, military budgets, and secret black operations.<sup>8</sup> Between domestic enforcement, foreign

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<sup>5</sup> Warren, *One in 100: Behind Bars in America 2008*, 6.

<sup>6</sup> See Christie, *Crime Control as Industry*.

<sup>7</sup> *FY2014 Interagency Crime and Drug Enforcement Congressional Budget Submission*, Organized Crime Drug Enforcement Task Forces (Department of Justice, 2013), 4, <http://www.justice.gov/jmd/2014justification/pdf/ocdetf-justification.pdf>. Accessed Feb. 20, 2014.

<sup>8</sup> Comprehensively covering the problematic international dimensions of American drug control policies is Alfred W. McCoy, *The Politics of Heroin: CIA Complicity in the Global Drug Trade*, Revised edition (Chicago: Chicago Review Press, 2003). This exhaustive volume explains how the War on Drugs perpetuates itself when the United States, the leader of international drug control efforts, subverts its own goals by participating in the very trade it seeks to end.

interventions, and running the prisons (\$8.8 billion in California alone in 2013), the toll incurred by the War on Drugs continues to mount.<sup>9</sup>

Despite a growing number of scholars, legal experts, medical professionals, and even law enforcement officers who have come out against militant and punitive enforcement in favor of harm reduction and sensible regulation, the War on Drugs retains its defenders and continues unabated.<sup>10</sup> Clearly then, mainstream American attitudes about psychoactive drugs, their effects, and their users are deeply entrenched in the national culture and individual psychology of large sections of the population. By acknowledging the factors that have contributed to a divided historiography of substance use and regulation, this thesis seeks to unpack the ideological foundation for the powerful emotional, social, and political forces that continue to underwrite the devastating policies of the War on Drugs.

Such a project requires a lucid reflection on the wide variety of connotations that a single word can embody simultaneously. Terms like drugs, intoxication, and addiction can imply different meanings depending on the discourse in which they appear, whether historical, medical, or popular. It is also important to understand that even though disease concepts of addiction using the language of “addiction” emerged during the Progressive Era, Western discourses regarding intoxication and psychoactive drugs began long before the advent of modernity. Indeed, the concepts fundamental to nineteenth and twentieth-century temperance ideologies emerged out of the natural philosophies of the

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<sup>9</sup> The California figure is in Warren, *One in 100: Behind Bars in America 2008*, 11.

<sup>10</sup> See Note 2. The literature defining and characterizing the War on Drugs comprehensively covers supporters and critics of American drug enforcement during the twentieth century. As well, a strange polemical history that argues in favor of continuing the War on Drugs is Jill Jonnes, *Hep-Cats, Narcs, and Pipe Dreams: A History of America's Romance With Illegal Drugs* (Baltimore: Johns Hopkins University Press, 1999).

Enlightenment, which replaced the human soul with the human body as the primary site of disease. Temperance writers often used concepts of slavery and contagion to characterize intoxication before definitions of addiction as a disease were fully developed. Thus, the lexical ambiguity inherent in Anglo-American discourses about psychoactive drugs necessitates a conceptual and theoretical reassessment of intoxication and addiction as socio-cultural constructions. Historicizing these constructions will provide an insightful perspective on the eighteenth and nineteenth-century origins of modern ideologies underpinning the War on Drugs that is needed to inform meaningful changes to drug control policies in the United States.

## Chapter 1

### Drugs, Alcohol, and Language: The Problems and Promise of a Psychoactive History

The classification of something as a ‘drug’ does not simply indicate the presence of a specific chemical substance: it is also determined by non-chemical factors such as the intention behind its use, the method of administration, and the social class of the user.

—Mike Jay, *High Society*<sup>1</sup>

b. Immoderate or compulsive consumption of a drug or other substance; *spec.* a condition characterized by regular or poorly controlled use of a psychoactive substance despite adverse physical, psychological, or social consequences...

—Addiction, *Oxford English Dictionary*<sup>2</sup>

The elevation of drug control to federal law occurred during the Progressive Era when the Harrison Act first prohibited the recreational use of opiates, cocaine, and other drugs while alcohol became illegal in 1920 with the beginning of Prohibition. Since then, a conceptual framework that distinguishes between alcohol, tobacco, and other drugs has separated different psychoactive drugs.<sup>3</sup> Yet the evolution of a discreet addiction concept, demonstrated by the emergence of the term “addiction” as well as the continuation of a far-reaching War on Drugs, suggests that the split between alcohol (and tobacco) and other drugs has not prevented the development of a wider antipsychoactive sentiment in the United States. When did the mainstream cultural consensus against most forms of psychoactive intoxication emerge, develop, and become so entrenched in the United States? Expressing the latest trends in addiction history literature, Timothy Hickman

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<sup>1</sup> Mike Jay, *High Society: The Central Role of Mind-Altering Drugs in History, Science, and Culture* (Rochester: Park Street Press, 2010), 49.

<sup>2</sup> “Psychoactive,” *Oxford English Dictionary* (Oxford: Oxford University Press), accessed September 15, 2013, [www.oed.com](http://www.oed.com).

explained the emergence of addiction as an expression of a cultural crisis of modernity in the United States at the end of the nineteenth century.<sup>4</sup>

Other historians examining the medicalization of addiction in the United States have likewise focused on the Gilded Age and Progressive Era.<sup>5</sup> This periodization tracks two major historical developments: (1) the emergence of the term “addiction” to describe the compulsive use of psychoactive drugs, and (2) the development of federal drug control efforts by 1920.<sup>6</sup> While historians have agreed on when a concept of addiction emerged, a consensus on what drugs to include in historical studies of addiction has been more elusive. The difference in the legal status of alcohol compared to illegal drugs like opiates, cocaine, and *Cannabis* influenced the development of a bifurcated historiography of psychoactive drugs. While one branch focused on illicit drugs and drug control, the other studied only temperance and Prohibition. The very structure of these historical narratives itself, therefore, is a product of the War on Drugs.

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<sup>3</sup> On the history of the paradigm distinguishing between alcohol, tobacco, and other drugs, see David T. Courtwright, “Mr. ATOD’s Wild Ride: What Do Alcohol, Tobacco, and Other Drugs Have in Common,” *The Social History of Alcohol and Drugs* 20 (2005): 105–40.

<sup>4</sup> Timothy A. Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007). See also Janet F. Brodie and Marc Redfield, eds., *High Anxieties: Cultural Studies in Addiction* (Berkeley: University of California Press, 2002) and Anna Alexander and Mark S. Roberts, eds., *High Culture: Reflections on Addiction and Modernity* (Albany: State University of New York Press, 2003).

<sup>5</sup> See Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: The Johns Hopkins University Press, 2005) and Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: The Johns Hopkins University Press, 2005).

<sup>6</sup> For a periodization of the language of addiction, see White, “The Lessons of Language: Historical Perspectives on the Rhetoric of Addiction”; For the first modern history of drug control in the United States, which focused on the emergence of state and federal antidrug laws at the turn of the twentieth century, see David F. Musto, *The American Disease: Origins of Narcotic Control* (New York: Oxford University Press, 1973). Focusing specifically on opiate addiction, the periodization continued in David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 1982).

## Challenging the Bifurcated Historiography of Alcohol and Illegal Drugs

Until David Musto published *The American Disease* in 1973, there was no body of historical scholarship on drug control comparable to the kind of historiography that had developed around the temperance movement. Histories of the temperance movement had been produced since the Maine Laws offered the first glimmer of the movement's success during the early 1850s. Twentieth-century historians developed political, economic, social, and cultural explanations of the temperance in a quest to explain the rise and fall of Prohibition, the movement's ultimate terminus. Writing before it was repealed, John Krout produced the first history of Prohibition, which he interpreted as the result of a religious temperance movement during the nineteenth century.<sup>7</sup> Krout's contemporaries, progressive historians Charles and Mary Beard, although critical of Prohibition, acknowledged the role progressive reform played in its achievement.<sup>8</sup>

By the 1950s, however, the sentiments favorable to drinking that contributed to repeal had transformed Prohibition into an aberration of an American reform tradition, a ridiculous experiment that failed and was rightly overturned. Richard Hofstadter, the eminent mid-century consensus historian, called Prohibition "a pseudo-reform, a pinched, parochial substitute for reform," a "ludicrous caricature of the reforming impulse."<sup>9</sup> Hofstadter's conclusions were later challenged during the 1960s. A new generation of scholars who were critical of Prohibition nevertheless found it at the very center of progressive reform efforts once again. James Timberlake removed any lingering doubt

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<sup>7</sup> John A. Krout, *The Origins of Prohibition* (New York: Alfred A. Knopf, Inc., 1925).

<sup>8</sup> Charles A. Beard and Mary Ritter Beard, *The Rise of American Civilization* (New York: The Macmillan Company, 1927), 765.

<sup>9</sup> Richard Hofstadter, *The Age of Reform: From Bryan to F. D. R* (New York: Vintage, 1960), 289.



that Prohibition represented a progressive reform while Joseph Gusfield introduced the notion that temperance sentiment embodied the status anxiety of an insecure middle class.<sup>10</sup> By the end of the 1960s, alcohol prohibition became “one of the earliest expressions of the reform ‘impulse’” in Robert Wiebe’s seminal thesis that the Progressive Era represented the triumph of a new middle-class and its socio-cultural ideology.<sup>11</sup>

The rise of a psychedelic counterculture during the 1960s, the consolidation of federal drug control laws that followed, and Nixon’s literal declaration of a War on Drugs pushed drugs and drug use into public discourses as never before, inspiring the emergence of scholarship dedicated to analyzing and explaining the history of drug control in the United States. Musto’s *American Disease* remains the definitive historical narrative of federal drug laws during the first half of the twentieth century. He explained the growth of federal drug regulation in the United States by a complex combination of factors that included racialism, rising concern over patent medicines, and an international movement against the global opium trade.<sup>12</sup> Even though Musto relied on Edward Brecher’s compendium *Licit and Illicit Drugs*, which defined alcohol as a legal drug, he did not consider a century of temperance sentiment about alcohol in his analysis.<sup>13</sup> With a

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<sup>10</sup> James H. Timberlake, *Prohibition and the Progressive Movement, 1900-1920* (Cambridge: Harvard University Press, 1963); Joseph R. Gusfield, *Symbolic Crusade: Status Politics and the American Temperance Movement* (Champaign-Urbana: University of Illinois Press, 1963).

<sup>11</sup> Robert H. Wiebe, *The Search for Order, 1877-1920* (New York: Macmillan, 1967), 56, 290.

<sup>12</sup> Musto, *American Disease*, 13–14, 30–40, 219–223.

<sup>13</sup> See Edward M. Brecher, *Licit and Illicit Drugs* (New York: Little, Brown, and Company, 1973).

few exceptions, the trend to separate alcohol from other drugs has dominated the historiography of drug control to the present day.<sup>14</sup>

The 1970s and the decades that followed also witnessed renewed analysis of the temperance movement and the rise of Prohibition. Publishing three years after Musto, historian Norman Clark, produced *Deliver Us from Evil*, which has influenced all historical interpretations of the temperance movement and the relationship between progressivism and Prohibition produced since. Unlike Musto, who did not see any link between temperance and antidrug sentiments, Clark noticed “an apparent congruence” between two distinct movements, what he called an “Antinarcotics Movement” and an “Antidrink Movement.” These two movements were not analogous to each other because “reformers who were so acutely sensitive to national moral problems in the late nineteenth century were...indifferent to the use of opiates.”<sup>15</sup> The prohibition of alcohol, Clark implied, concerned American reformers to a much greater degree than the regulation of other drugs.

Even though alcohol’s problematic aspects continue to be discussed, the fact that it remains legal strips it of the stigma attached to illicit drugs like opiates, cocaine, and *Cannabis*. The repeal of Prohibition makes it easy for historians to relegate it to the past as a cultural blunder and an antiquarian relic of American history.<sup>16</sup> The prohibitive regulation of other psychoactive drugs that began in 1914 with the Harrison Act,

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<sup>14</sup> For examples disregarding temperance and prohibition, see H. Wayne Morgan, *Drugs in America: A Social History, 1800-1980* (Syracuse: Syracuse University Press, 1981); Courtwright, *Dark Paradise*; Jill Jonnes, *Hep-Cats, Narcs, and Pipe Dreams: A History of America’s Romance With Illegal Drugs* (Baltimore: Johns Hopkins University Press, 1999); and Hickman, *The Secret Leprosy of Modern Days*.

<sup>15</sup> Norman H. Clark, *Deliver Us from Evil: An Interpretation of American Prohibition* (New York: Norton, 1976), 220–22.

<sup>16</sup> Clark, *Deliver Us from Evil*, 5–6.

however, is not as easy to dismiss. Throughout the twentieth century, America's War on Drugs has promoted an antipsychoactive propaganda that shrouds opiates, cocaine, amphetamines, other prohibited drugs, and those who use them with an aura of mystery and a social stigma that perpetuates a difference between drinking and the use of other substances. The legal status of illicit drugs automatically defines their use as antisocial: anyone who uses illegal drugs becomes a criminal by default. However, drinking alcohol, which is not prohibited, albeit highly regulated, does not stigmatize the drinker as a criminal even if drunkenness itself is frowned upon by significant segments of the population.

In public discourses, terms like “drugs” and “drug use” have themselves become stigmatized, embodying pejorative social meanings beyond their original association with medical therapeutics.<sup>17</sup> As Mike Jay recently wrote, the “classification of something as a ‘drug’ does not simply indicate the presence of a specific chemical substance: it is also determined by non-chemical factors such as the intention behind its use, the method of administration, and the social class of the user.”<sup>18</sup> As a result, the public does not generally consider drinking alcohol, coffee, and tea or smoking tobacco as a form of drug use even though these substances contain psychoactive ingredients. The perpetuation of this trend in historiography and public discourses alike means that the role played by temperance sentiment preceding the Progressive Era by at least a century has not yet been meaningfully considered in discussions of drug control. At the same time, Prohibition and

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<sup>17</sup> See John Parascandola, “The Drug Habit: The Association of the Word ‘Drug’ with Abuse in American History,” in *Drugs and Narcotics in History*, ed. Roy Porter and Mikulas Teich (Cambridge: Cambridge University Press, 1995), 156–67.

<sup>18</sup> Jay, *High Society*, 49.

temperance scholarship has generally dismissed any meaningful role played by drugs other than alcohol in shaping reform ideologies in the United States.

However, a new wave of scholarship is striking a bold new course that, considering human motivations behind drug use, promises to shatter the obstacles to a unified history of drug control posed by any particular substance's legal status. Recent efforts to understand the history of addiction concepts rather than that of specific drugs unifies the histories of alcohol and other psychoactive drugs by focusing on the social, cultural, and medical constructions of behavior rather than individual drugs. The *Oxford English Dictionary* defines a "psychoactive" drug as one that "that possesses the ability to affect the mind, emotions, or behavior."<sup>19</sup> The user often experiences these effects as euphoric feelings of pleasure that make psychoactive drugs so desirable. Focusing on psychoactivity as a shared property between many different recreational drugs unites alcohol and other drugs under a single analytical frame. More importantly, doing so opens the ideologies and rhetorics of temperance as a source that informs the development of broader antipsychoactive sentiments and legal drug control paradigms.

Historian David Courtwright, who began his career as a historian of opiate addiction, ushered in a new approach to the history of psychoactive drugs in *Forces of Habit* by focusing on the similarities between different drugs. He examined these powerful substances as objects of human desire, some of which became economic commodities, each one at the center of complex webs of interwoven social and cultural meanings. Those drugs that appealed to European desires became the subject of global

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<sup>19</sup> "Psychoactive," *Oxford English Dictionary*. Accessed September 15, 2013.

trade and unprecedented patterns of use—a veritable “psychoactive revolution.”<sup>20</sup>

Moving past familiar twentieth-century assumptions that relate a drug’s utility to its legal status, Courtwright integrated anthropological and psychological theories about the relationship between humanity and altered consciousness that accept the possibility that intoxication-seeking behavior may be an expression of a basic human urge.<sup>21</sup>

After centuries of rhetoric that progressively categorized psychoactive drug use as a form of poisoning resulting in madness, Courtwright’s scholarship is making it possible for scholars to consider the history of psychoactive drugs from a perspective that allows room for legal drugs like alcohol, tobacco, caffeine, and medical pharmaceuticals alongside illicit substances such as opiates, cocaine, and *Cannabis*. In this version of history, the political, economic, and social activities of individuals and empires alike often trace back to the human quest for pleasurable intoxication. Closing the gap between intoxicating substances perpetuated by the War on Drugs resituates alcohol as a psychoactive drug, which suggests new historical questions. What did temperance-minded clergymen and physicians think about other drugs? Why did alcohol seem to take such a central role in temperance philosophy? How does the relationship between alcohol and other drugs conceived by Anglo-American temperance thinkers underpin the twentieth-century approaches to drug control that continue today as the War on Drugs? Answering these questions requires a new historical approach, one that acknowledges

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<sup>20</sup> David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2002), 1–3.

<sup>21</sup> Courtwright, *Forces of Habit*, 91–92. The culmination of twentieth scholarship that Courtwright cited is comprehensively articulated in Ronald K. Siegel, *Intoxication: The Universal Drive for Mind-Altering Substances*, 2nd ed. (Rochester: Park Street Press, 2005).

that intoxication and addiction are intellectual and cultural constructions of subjective somatic events experienced by individuals upon ingesting psychoactive substances.

### **Alcohol, The Western Drug of Choice**

In Western culture, the psychoactive drug that has most often fulfilled humanity's quest for psychoactive intoxication is alcohol. Brewing and viticulture, the first forms of alcohol production, appear at the earliest moments in the historical record of human settlement. Ever since humanity began to engage in these activities, evidence suggests that alcohol also served as a vehicle for the delivery of other drug substances, most often derived from plants that were included in the brewing process.<sup>22</sup> Consequently, interpretations of alcohol are found at the foundations of Judeo-Christian and classical Greek thought, the ideological and cultural pillars of Western culture more generally. The Bible, which contains a narrative of wine's invention in Genesis, includes several expressions that alcoholic beverages can serve as a conduit for joy even if they possess a dark side.<sup>23</sup> Despite ancient understanding that alcohol was potentially problematic, fundamental Christian theology regarding salvation reified alcohol's cultural status through the ritual of communion—wine became a symbol of Christ's atoning blood, its effects a confirmation of the Holy Spirit's presence. In classical thought, the dual character of wine that appears in the Bible was expressed within a broader variety of drugs and their effects. Greek society enjoyed a vibrant pharmacological culture in which

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<sup>22</sup> See Stephen Harrod Buhner, *Sacred and Herbal Healing Beers: The Secrets of Ancient Fermentation* (Boulder: Brewers Publications, 1998).

<sup>23</sup> Passages like Psalms 104:14 and Ecclesiastes 9:7 reveal the role of ancient wine as a conduit for joy while Proverbs 20:1 and 23:32 reveal conceptions of its darker side. Biblical quotes are from <http://www.biblegateway.com>. Accessed on October 31, 2013.

drugs were used medicinally and in the pursuit of pleasure. Recognizing a potential for medicinal and recreational drug use, classical thought encoded both beneficial and harmful effects of all drugs within a single concept of the *pharmakon*, which simultaneously signified medicine and poison.<sup>24</sup> Despite a potential for harm, the ancient mind accepted alcohol as a vehicle for pleasure and wellbeing.

Despite the variety of Old World drugs known to Europeans since antiquity, foreign favorites like opium were imported from Asia and as a consequence, were not readily available until the early modern psychoactive revolution. During the eighteenth century, when opium became more available through a growing use of medicinal laudanum, pejorative associations with Eastern degeneracy prevented wider patterns of recreational use from developing in the West.<sup>25</sup> Other psychoactive plants native to Europe, like *Datura*, were too unpredictably poisonous for significant patterns of use to emerge. Beer, wine, and later, liquor, allowed European countries like England to enjoy a steady, plentiful supply of fresh alcoholic beverages because they were produced locally. The great availability of beer, wine, and spirits—which were often prepared with other mind-altering herbal infusions—made drinking the archetypal method of intoxication in the West. Through its cultural roots in England, the United States inherited Europe’s historical drinking culture, and by the Civil War, there was no doubt in anyone’s mind that alcoholic beverages were America’s favorite avenue to achieve intoxication.

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<sup>24</sup> Courtwright, *Forces of Habit*, 11, 32, and 40; see also Michael A. Rinella, *Pharmakon: Plato, Drug Culture, and Identity in Ancient Athens* (Lexington Books, 2005).

<sup>25</sup> Courtwright, *Forces of Habit*, 59–60 explains how a complex combination of economic, social, and cultural factors determined whether or not certain drugs developed wider patterns of consumption in the Western world.

Norman Clark's interpretation that the temperance movement represented a cultural crusade to protect middle class values in response to rising levels of drinking inspired historians to enumerate what drinking habits in the United States during the first half of the nineteenth century might have looked like in real terms. In a meticulous study of political and economic records, William Rorabaugh estimated how much Americans, primarily men, actually drank during the first four decades of the nineteenth century. Reaching a crescendo in the culture of extreme individualism, alcohol-soaked politics, and westward expansion that characterized the era of Andrew Jackson during the 1830s, per capita annual drinking had risen to an excess of five gallons of absolute alcohol per person per year, roughly three times higher than drinking levels in post-Prohibition America during the twentieth century.<sup>26</sup> Leading temperance scholars Ian Tyrrell and Jack Blocker confirmed Clark and Rorabaugh's analyses regarding the quantities of alcohol consumed by Americans during the nineteenth century.<sup>27</sup> As a psychoactive substance, alcohol, in a variety of beverage forms, therefore represents the Western (and American) drug of choice.

In Anglo-American society, drunkenness thus represented the most visible specter of intoxication until the second half of the nineteenth century when the use of other drugs began to increase. Therefore, the temperance fixation on alcohol was not predestined. Instead, it was contingent on centuries of choices made by individuals in Western society who preferred alcohol to other drugs as a source of recreational psychoactive

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<sup>26</sup> William J. Rorabaugh, *The Alcoholic Republic: An American Tradition* (New York: Oxford University Press, 1981), 8.

<sup>27</sup> Ian R. Tyrrell, *Sobering Up: From Temperance to Prohibition in Antebellum America, 1800-1860* (Westport: Greenwood Press, 1979); Jack S. Blocker, *American Temperance Movements: Cycles of Reform* (Boston: Twayne Publishers, 1989).



intoxication. Understanding alcohol redefines the temperance movement as a broader discourse on intoxication and addiction.

### **Cultural Studies of Addiction and the History of Psychoactive Drugs**

Twentieth-century scholars of United States history and medical historians who pioneered the first analyses of psychoactive drug regulation have by and large taken the disease concept of addiction for granted as natural category describing a clearly defined mental and physical phenomenon. David Musto, who produced the first modern history of drug control, was a psychiatrist, a policy advisor to Richard Nixon and Jimmy Carter, as well as a historian of medicine at Yale University. As a result, *The American Disease* discussed addiction without defining it, assuming it had a strictly medical meaning. Following a decade later, David Courtwright likewise assumed a medical concept of addiction without questioning its cultural constructions.<sup>28</sup> In 1978, sociologist Harry G. Levine published an essay in which he argued that it was physician Benjamin Rush who discovered the disease concept of addiction in reference to alcohol in the United States at the end of the eighteenth century. Dominating the historiography ever since, Levine's essay has become an especially foundational interpretation, embedding this view by defining addiction as an abstract ontological category of disease waiting for the medical profession to discover and develop into a modern disease model.<sup>29</sup> Even though recent scholarship has begun to question Levine's thesis, the rigid distinctions between drugs

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<sup>28</sup> See Courtwright, *Dark Paradise*.

<sup>29</sup> Harry G. Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *Journal of Studies on Alcohol Law and Human Behavior* 39, no. 1 (January 1978): 143–74.

and alcohol, vice and disease, medical and recreational forms of use, that are embodied in his interpretation remain a prominent feature of addiction scholarship.<sup>30</sup>

Scholars have often conceptualized the medicalization of addiction as a movement from vice, a notion wrapped around traditional religious conceptions of sin, to one of disease, over which the individual addict had no power of choice. However, in *Alcoholism in America*, Sara Tracy blurred these distinctions by suggesting that the medicalization process, which she defined as the advent of an “organized campaign to understand and treat habitual drunkenness as a disease,” was never fully completed.<sup>31</sup> The physicians who sought to medicalize addiction during the nineteenth century did not work in isolation, working together with “reformers of all stripes to reconstruct the social, moral, and political context in which new sociomedical approaches might operate.” Encoding “[c]lass, gender, and ethnic biases” into the construction of disease models of addiction, these physicians did not “jettison their Judeo-Christian interpretations of behavior, free will, and appropriate social roles.” Neither did patients “abandon their Judeo-Christian morals that had framed their condition from the start.”<sup>32</sup> As a result, the medicalization of addiction during the twentieth century has failed to fully destigmatize addicts and their addictions. Instead, the moral dimension of compulsive substance use that had been traditionally defined by religious voices transferred to the medical profession.

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<sup>30</sup> For recent scholarship on the history of addiction in the United States that relies on Levine's thesis, see William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington: Chestnut Health Systems/Lighthouse Institute, 1998); Hickman, *The Secret Leprosy of Modern Days*, 7–9; and Susan M. Zieger, *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst: University of Massachusetts Press, 2008), 5–6.

<sup>31</sup> Tracy, *Alcoholism in America*, 3, 20.

<sup>32</sup> *Ibid.*, 19, 20, and 23. See also Ch. 7.

The incomplete medicalization of addiction described by Sara Tracy is abundantly evident in the medico-legal definitions of addiction that remain at the center of current medical understanding. In the *Diagnostic and Statistical Manual (DSM)*, the standard guide for diagnosing of psychological disorders, addiction is not defined as a strictly physiological category. Instead, the formal medical definitions of addiction embodied within the DSM—itsself a socially and politically constructed document—continue to discern the presence of disorder according to social, economic, and moral criteria.<sup>33</sup>

In the wake of Courtwright's *Forces of Habit*, which transcended the distinction between legal and illicit drugs, cultural studies of addiction have begun to explain why modern concepts of addiction often seem so inconsistent and contradictory. Drawing on the work of twentieth-century critical theorists of the linguistic and post-modern turn such as Eve Sedgwick, Avital Ronnell, and Jacques Derrida, each of whom was intensely interested in understanding addiction as a socio-linguistic construction, a new generation of scholars has begun to expand the cultural studies of addiction. Representative of this new direction in scholarship, Anna Alexander and Mark Roberts attributed the prevailing understanding of addiction to the professional influences that have shaped addiction studies during the twentieth century:

Most of the modern research into addiction and addictive practices has been shaped strictly by the disciplinary rhetorics of medicine, criminology, politics, and social psychology and psychiatry. Hence, the majority of studies and debates on the subject...has focused largely on the practiced, systematic control of addictive substances and their users.<sup>34</sup>

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<sup>33</sup> On the social and moral definitions of addiction in the DSM, see Helen Keane, *What's Wrong with Addiction?* (New York: New York University Press, 2002), Ch. 1 and Ch. 2; For arguments about the DSM as a socially and politically constructed document, see Paula J. Caplan, *They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide Who's Normal* (Reading: Perseus Books, 1995).

<sup>34</sup> Anna Alexander and Mark S. Roberts, eds., Introduction to *High Culture: Reflections on Addiction and Modernity* (Albany: State University of New York Press, 2003), 3.

As a result, the “modern referent of addiction, then, is a necessarily pejorative one.” Addiction becomes by default, “a socially deviant, unacceptable behavior that must... be feared, ferreted out, and contained.” Moreover, “the addict, as the subject of his or her addictions, tends to become largely vilified and eclipsed.”<sup>35</sup>

By intervening “in modernity’s insistent drive to medicalize, discipline, rehabilitate, and contain the subject of drugs within explanatory frameworks,” Alexander and Roberts insisted that cultural approaches to the history of addiction can uncover the “deeply rooted moral and religious fears, values and beliefs or prejudices” that continue to “lock” addiction “into a metaphysics of substance that, paradoxically, has no substance.”<sup>36</sup> This is a difficult task because, as Janet Brodie and Marc Redfield posited, culture and addiction revolve around a common conceptual axis that constitutes them within a complex binary relationship.

Addiction is the sickness, culture the state of health; addiction arrives from outside and elsewhere, as a historical or ontological accident, while culture radiates from the heart of individual, group, or species identity.<sup>37</sup>

Therefore, addiction, which “appears to belong to culture as culture's own proper disease,” represents a grave threat to the individual, society, and the nation state.<sup>38</sup>

The theoretical logic of the linguistic turn unites the concept of culture, addiction, and language under a single analytical frame. As Alexander and Roberts have pointed out, “culture is always shaped by language and by language’s multiple and various

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<sup>35</sup> Alexander and Roberts, Introduction to *High Culture: Reflections on Addiction and Modernity*, 3.

<sup>36</sup> Ibid., 15.

<sup>37</sup> Brodie and Redfield, Introduction to *High Anxieties*, 1.

<sup>38</sup> Ibid., 4.

discursivities.” When viewed from this perspective, the concept of addiction resembles an “operation akin to that of language production itself,” not any fixed set of meanings. Like constructions of meaning attributed to words within a language, addiction dissolves into a “paradox and an enigma” because the “modern lexicon is that one can adopt neither a nominalist nor a conceptualist view of addiction.”<sup>39</sup> This realization destabilizes the idea that addiction is either a vice or a disease, a crime or an illness, habit, choice, or any other fixed meaning in between. Instead, addiction should be understood as a universal sign for any, some, or all of these meanings simultaneously at any given time.<sup>40</sup>

The multivalence of addiction as a sign for a multiplicity of different social and cultural meanings has become a fundamental feature of the medico-legal schema under which the current War on Drugs operates. Addiction is simultaneously a disease and crime. Noticing the operation of cultural and social biases, Caroline Acker has posited that this schizophrenic approach has contributed to the inconsistent treatment of addicts under current drug control paradigms:

We now have in the United States a two-tier system of response to drug dependence: treatment for middle and upper classes and incarceration for most others, including the poor, the uninsured, ethnic minorities, and immigrants. Employment status, race, gender, and class all influence which response an individual encounters.<sup>41</sup>

Describing one of the most pernicious realities of the War on Drugs’ medico-legal approach to addiction and drug control in the United States, Acker recognized these

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<sup>39</sup> Alexander and Roberts, Introduction to *High Culture*, 3–4.

<sup>40</sup> See also Kent Dunnington, *Addiction and Virtue: Beyond the Models of Disease and Choice*, Strategic Initiatives in Evangelical Theology (Westmont: IVP Academic, 2011).

<sup>41</sup> Acker, *Creating the American Junkie*, 9.

policies as a direct legacy of coercive Progressive Era reforms.<sup>42</sup> And while drug control and Prohibition are both achievements of progressivism, the sentiments that contributed to the rise of federal drug laws did not form in a vacuum. The unification of temperance and drug control history under the subject of addiction studies necessitates a reconsideration of how to conceive of discourses that have steadily advanced the antipsychoactive sentiment at the center of the medico-legal War on Drugs since the Enlightenment during the eighteenth century.

### **Antipsychoactive Sentiment, Social Reform, and Drug Control**

Scholars, led by David Musto and Norman Clark—who initiated the bifurcated historiography of psychoactive drugs—have divided movements mobilizing against intoxication during the nineteenth century into a temperance movement, an international antiopium movement, and a domestic antidrug movement, which Clark subordinated to temperance reform. However, more recent interpretations have taken a more nuanced approach to the temperance movement. Jack Blocker, who’s *American Temperance Movements* remains the pinnacle of academic history of the subject, found that there was no unified, monolithic temperance movement. Instead, there were waves of temperance movements, which began early in the nineteenth century as local or regional efforts. Even though these movements reached a national scope during the 1820s and 1830s, their membership often disagreed about the movement’s goals, how to achieve them, and who should be involved in social reform. Thus, Blocker argued that what historians had previously identified as a distinct temperance movement was actually a series of

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<sup>42</sup> Ibid., 3–8, 222.

movements that occurred in cyclical waves, intensifying and becoming more coercive as the century progressed.<sup>43</sup>

Blocker's thesis extends to a unified psychoactive history. Instead of redefining the Antidrink and Antinarcotics Movements, as Norman Clark called them, into a single antipsychoactive movement, an effective unified psychoactive history abandons rigid distinctions between social movements. Such distinctions tend to atomize the broader intellectual influences that motivate the particular goals of any specific organization. The debates over the legacy of Progressive Era reforms in American history illuminate a new way to conceptualize social reform movements more generally. By the middle of the twentieth century, historians Richard Hofstadter, Robert Wiebe, Gabriel Kolko, David Kennedy, and Paul Boyer were engaged in a hotly contested debate about whether progressive reformers were liberals or conservatives.<sup>44</sup> But interpretations of this historical period, constructed rigidly along a liberal-conservative binary, could not account for those reformers and reform efforts that seemed to straddle both ends of the spectrum. Punctuating the disagreement, Peter Filene famously argued that in fact, no Progressive Era ever existed.<sup>45</sup>

Nevertheless, the "Progressive Era" has continued to be a productive periodization for historians studying the United States during the first two decades of the

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<sup>43</sup> Blocker, *American Temperance Movements*.

<sup>44</sup> Hofstadter, *The Age of Reform: From Bryan to F. D. R.*; Wiebe, *The Search for Order*; Gabriel Kolko, *The Triumph of Conservatism: A Re-Interpretation of American History, 1900-1916* (New York: Free Press, 1977); David M. Kennedy, "Overview: The Progressive Era," *Historian* 37, no. 3 (1975): 453–68; Paul S. Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge: Harvard University Press, 1978).

<sup>45</sup> Peter G. Filene, "An Obituary for 'The Progressive Movement,'" *American Quarterly* 22, no. 1 (April 1, 1970): 20–34.

twentieth century. Leading the linguistic turn in American history, Daniel Rodgers provided a useful new framework to conceptualize Progressive Era reformers and their reform efforts. The greatest development of these new trends was “the emergence of a pluralistic reading of progressive politics.” In order to incorporate seemingly disparate branches of progressivism, Rodgers distilled progressive sentiment into “three languages of discontent”—“the rhetoric of antimonopolism,” the “emphasis on social bonds,” and the “language of social efficiency.” What made “progressive social thought distinct and volatile” was the “presence of all three of these languages at once.”<sup>46</sup> Thus, by focusing on the linguistic construction of progressivism, Rodgers created a new lens with which to view the reform impulse, which in turn expanded the range of historical meanings that progressivism could signify.

Building on the cultural construction of addiction proposed by Anna Alexander, Mark Roberts, Janet Brodie, and Marc Redfield, this thesis will apply Rodgers’ methodology and distinctions to deconstruct and historicize the intellectual and cultural building blocks that formed modern constructions of intoxication and addiction between the Enlightenment and the end of the Progressive Era. During this period, temperance writers simultaneously pathologized and criminalized psychoactive substances and their use through a shared language of disease, contagion, and slavery. These discourses united so-called temperance discourses into a common antipsychoactive sentiment in Anglo-American society. By the end of the nineteenth century, the medicalization of intoxication and the emergence of modern disease concepts of addiction transformed these sentiments into a middle-class consensus against psychoactive drugs. In turn, the

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<sup>46</sup> Daniel T. Rodgers, “In Search of Progressivism,” *Reviews in American History* 10, no. 4 (December 1, 1982): 114, 117, and 127.



antipsychoactive cultural consensus was encoded legally in drug prohibition and is expressed today as the War on Drugs.

Beginning in the seventeenth century, Chapter 2 explores how English physician and clergymen during the Enlightenment articulated the first modern arguments problematizing psychoactive intoxication. During the first half of the eighteenth century, rising levels of urban drunkenness came under the sustained gaze of temperance-minded doctors and churchmen in a period known as the Gin Craze, during which they condemned drunkenness through the symbolism of contagion, disease, and slavery. Long-standing associations between disease and contagion pathologized alcohol and drinking. At the same time, the context of Enlightenment philosophy and materialism inserted the concept of reason and liberty into discourses about intoxication. As physicians increasingly conceived of the body as a corporeal mechanism of morality, they defined alcohol as a poison that damaged the nerves and brain, destroying the individual's capacity for reason. The perversion of the natural appetite that followed subjected the habitual drunkard to an inner slavery, the rhetorical foundation for later constructions of addiction. But Enlightenment materialism also contributed to the metaphorical construction of national society as a body politic, within which the individual drunkard became a vector for social contagion, a concept historically associated with criminality. By the end of the eighteenth century, American physician Benjamin Rush transmitted the dual conception of intoxication as crime and disease into the New Republic.

Building on the conceptual foundation that Rush brought to the United States, Chapter 3 demonstrates that English temperance ideology developed during the Gin

Craze became the intellectual foundation for the rhetorical appeals of an organizing temperance movement in the United States. Coinciding with the Second Great Awakening, a religious revival that blended traditional Protestantism with Enlightenment ideals, temperance reformers reacted to a dramatic increase in drinking in a country rapidly expanding on both population and land area. Inspired by political, economic, and social factors, nineteenth-century temperance reformers led by clergymen and physicians relied on Rush's ideas and kept current with contemporary English temperance ideology. Most of them based their views entirely on Rush's work, but some even cited Gin Craze authors directly. Whether they were aware of the provenance of their ideas or not, antebellum temperance reformers marshaled the languages of disease, contagion, and slavery to condemn psychoactive intoxication and define addiction. These discourses advanced and entrenched the dual medico-legal approach to conceptualizing the effects of psychoactive drugs by simultaneously pathologizing and criminalizing intoxication and addiction.

While the Civil War briefly interrupted organized temperance efforts, the end of slavery—which had preoccupied antebellum reformers even more than antipsychoactive sentiment—translated into an immediate resumption of organized temperance efforts. Chapter 4 tracks how pathologized and criminalized constructions of intoxicated addiction underpinned the adoption of a medico-legal approach to drug control that was legally encoded in America's first federal drug control laws. During the Gilded Age and Progressive Era, organized temperance efforts reached new heights with the organization of the National Temperance Society and Publication House, Woman's Christian Temperance Union, and the Anti-Saloon League. At the same time, medical missionaries

in Asia increasingly lobbied against the British opium trade. As the population of the United States continued to rapidly expand, almost unrestricted immigration introduced new specters of psychoactive intoxication in major urban centers like San Francisco, Chicago, and New York.

Meanwhile, by the end of the Progressive Era, professionalizing physicians medicalized intoxication, which had been gradually pathologized through the language of contagion and disease. Constructing modern medical approaches to compulsive intoxication-seeking behavior, American physicians transformed the language of inner slavery into a disease concept of addiction, a novel notion that assumed the complex body of meaning that had coalesced around the nexus of contagion, disease, and slavery. Yet the emergence of a single concept to describe compulsive desire for intoxication could not overcome the dual meanings of addiction that had dominated temperance discourses. Instead, the disease models of addiction were assigned a medico-legal significance. While the medical profession defined addiction as a disease, the rise of federal drug control and Prohibition made satisfying the intoxicated urge a crime punishable by incarceration.

A unifying theme through all of these chapters is a wider focus on temperance as a modern discourse on intoxication and addiction. Since the eighteenth century, temperance thinkers compared alcohol to opium, opium to alcohol, and eventually placed both within a larger spectrum of psychoactive drugs. Doing so reveals a fundamental aspect of Anglo-American antipsychoactive sentiments. Since before the Enlightenment, physicians have enjoyed the authority to prescribe medicine even if it is poisonous while non-medical indulgence, what is now known as recreational drug use, represented

degeneracy, a voluntary abandonment of reason and selfhood—the ultimate abrogation of the social contract. Europeans initially began using opium as a medicine but drinking represented non-medical, indulgent intoxication. How temperance thought developed around this alcohol-opium binary suggests that the historical role of psychoactive drugs in temperance rhetoric provides valuable insight into the origins, emergence, and entrenchment of American antipsychoactive sentiments that underpin the on-going War on Drugs.

## Chapter 2

### Slavery, Contagion, and the National Body: The Enlightenment Origins of American Temperance Discourses, 1635-1784

In addition, we might add to the other acquisition of the civil state that of moral liberty, which alone renders a man master of himself; for it is *slavery* to be under the impulse of mere appetite, and *freedom* to obey a law which we prescribe for ourselves.

— Jean Jacques Rousseau, *Social Contract*<sup>1</sup>

But alas! the Infection [of Drunkenness] is spread so far and wide, that if it continues its destructive Conquests...it [will] in a few Generations, infect the whole Kingdom with its baneful Influence.

—Stephen Hales, *A Friendly Admonition*<sup>2</sup>

During the first half of the eighteenth century, rapidly rising levels of drinking, particularly of distilled liquor, inspired the so-called Gin Craze, a period that historian Jessica Warner has identified as the first modern moral panic about drug use.<sup>3</sup> During this period, English social elites increasingly expressed fears that drinking would bring about social and national decline. The government even passed a total of eight acts of Parliament regulating the production, sale, and consumption of gin during this period. Even though the Gin Craze subsided by the mid-eighteenth century, temperance discourses did not. Clergymen and physicians were influenced as much by traditional religious thought as they were by emerging Enlightenment medicine and science. Problematizing intoxication as an individual and social issue, eighteenth-century

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<sup>1</sup> Jean Jacques Rousseau, *Social Contract* (New York: Simon and Schuster, 2010), 19.

<sup>2</sup> Stephen Hales, *A Friendly Admonition to the Drinkers of Gin, Brandy, and Other Distilled Spirituous Liquors* (London: Printed for B. Dodd, Bookseller to The Society for promoting Christian Knowledge, at the Bible and Ket in Ave-Mary Lane, near Stationers Hall, 1754), 16.

<sup>3</sup> Jessica Warner, *Craze: Gin and Debauchery in an Age of Reason* (Profile Books, 2004), 209–20. For a comprehensive general history of the Gin Craze, see also Patrick Dillon, *Gin: The Much Lamented Death of Madam Geneva* (Boston: Justin, Charles & Co., 2004).

temperance thinkers condemned drunkenness using a variety of rhetorical devices, invoking concepts of sin, slavery, disease, contagion, and crime. Crossing the Atlantic, eighteenth-century English concerns about drunkenness facilitated the construction of conceptual and discursive frameworks that shaped the ideologies underlying the first organized temperance efforts in the United States during the early nineteenth century.

During the eighteenth century, physicians and clergymen problematized intoxication at the level of the individual drinker by characterizing drunkenness as a kind of self-enslavement. As categories of social harm related to drunkenness gradually began to shift during the early-modern period, physicians and clergymen noticed that distilled liquor seemed to exhibit what would be described today as addictive properties.<sup>4</sup>

Combining literal and metaphorical meaning, the concept of slavery bound these distinct yet interrelated conversations together. Historian Timothy Hickman, expressing the dominant viewpoint in the historiography of psychoactive drugs, cautioned against reading too deeply into the nineteenth-century invocation of slavery as a metaphor because it was used to describe a wide range of individual and social problems.<sup>5</sup> It was, however, during the eighteenth century that transatlantic slavery drove the commodification of luxury goods produced by colonial slave labor such as tobacco, sugar, rum, and tea. As these substances became prominent features of metropolitan lifestyles during the eighteenth century, consuming them increasingly came under the condemnation of antislavery activists for whom an appetite for luxury items resembled

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<sup>4</sup> See Jessica Warner, "Shifting Categories of the Social Harms Associated with Alcohol: Examples from Late Medieval and Early Modern England," *American Journal of Public Health* 87, no. 11 (1997): 1788–97.

<sup>5</sup> Timothy A. Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007), 73–74.

the very slavery that produced them.<sup>6</sup> Thus, to eighteenth and nineteenth-century temperance writers, the metaphor of slavery, and more specifically, self-enslavement provided a logical device to describe the loss of control that seemed to accompany the use of psychoactive luxuries by individuals within a national society.

### **Problematizing the Intoxicated Individual in an Age of Reason**

A growing emphasis on reason and the emergence of Enlightenment political philosophies like social contract theory would create the intellectual framework that shaped discourses on consumption and luxury. Defining the differences between natural and acquired desires, Thomas Hobbes, an eminently influential English political philosopher and social contract theorist, distinguished between those “Appetites” that are “born with men; as Appetite of food” and those that “proceed from Experiences.” Moreover, it was the “*Desire, to know*” and the capacity for “Reason” that distinguished humanity from “other Animals; in whom the appetite of food, and other pleasures of Sense...take away the care of knowing causes.”<sup>7</sup> Building on Hobbes’ work, Englishman John Locke later linked the concept of reason and appetite to slavery, tyranny, and the proper mode of government. Legitimate rulers, according to Locke, bound themselves by

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<sup>6</sup> See John R. Oldfield, *Popular Politics and British Anti-Slavery: The Mobilisation of Public Opinion Against the Slave Trade, 1787-1807* (Manchester: Manchester University Press, 1995); Timothy Whelan, “William Fox, Martha Gurney, and Radical Discourses of the 1790s,” *Eighteenth-Century Studies* 42, no. 3 (Spring 2009): 397–411; Timothy Whelan, “Martha Gurney and the Anti-Slave Movement, 1788-94,” in *Women, Dissent, and Anti-Slave Trade Movement in Britain and America, 1790-1865*, ed. Elizabeth J. Clapp and Julie Roy Jeffrey (Oxford: Oxford University Press, 2011), 44–65; Andrea Major, *Slavery, Abolitionism and Empire in India, 1772-1843* (Liverpool: Liverpool University Press, 2012); and John R. Oldfield, *Transatlantic Abolitionism in the Age of Revolution* (Cambridge: Cambridge University Press, 2013).

<sup>7</sup> Thomas Hobbes, *Leviathan: Or, The Matter, Forme & Power of a Commonwealth, Ecclesiasticall and Civill* (University Press, 1904), 29, 33.

laws that sought the “good of the public” while despots gratified their “own will and appetite” at the people’s expense, enslaving them through tyranny.<sup>8</sup>

By the middle of the eighteenth century, French philosophe Jean Jacques Rousseau had explicitly stated, “Man loses by the social contract his *natural* liberty, and an unlimited right to all which tempts him” in exchange for “*civil*” and “moral liberty, which alone renders a man master of himself.” “[F]or it is *slavery* to be under the impulse of mere appetite,” Rousseau declared, “and *freedom* to obey a law which we prescribe for ourselves.”<sup>9</sup> Through social contract theory, Enlightenment thinkers normalized the idea that true enjoyment of liberty derived only when individuals subjected themselves to utilitarian laws that make civilized life possible. Indulging unrestrained desires, especially in the pursuit of comfort and pleasure, threatened the social body and represented a breach of the social contract. Thus, social contract theory characterized an eighteenth-century intellectual context in which definitions of humanity and the role of the individual in society joined discourses about the proper gratification of one’s appetites. These discourses, which had been traditionally located firmly in religious discourses about sin, behavior, and the spiritual state of the soul, began to situate consumption and excess in reference to natural laws.

Muted descriptions of drunkenness through the metaphor of self-enslavement existed before Enlightenment antislavery movements propelled abolitionist rhetoric to the forefront of popular discourses. For example, Thomas Heywood described the drunkard as being “addicted” to drink, a word that during the seventeenth century generally meant

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<sup>8</sup> John Locke, *Two Treatises of Government* (London: Printed for Whitmore and Fenn, and C. Brown, 1821), 362.

<sup>9</sup> Rousseau, *Social Contract*, 19.



an intense or habitual devotion to a hobby or activity. This meaning derived from a Latin etymology suggesting a kind of voluntary self-enslavement akin to indentured servitude.<sup>10</sup> Invoking the terminology of “temperance” and “intemperance” in reference to habits, appetite control, and self-conduct, he considered nothing to be “more abject and base, than a man to live as a slave to the pleasures of the mouth and belly.”<sup>11</sup> Even though Heywood used the metaphor of slavery, the lack of appetite control represented degeneration from a human to an animal state. The frontispiece of *Philocothonista* depicted wolf-headed men drinking around the table, a clear bestialization of the intoxication that resulted from excessive drinking.

At a time when the primacy of reason had been elevated as an essential component of liberty in discourses about slavery and appetite, a growing focus on the human body as the natural site of morality and behavior also developed during the first half of the eighteenth century. Andrew Cunningham and Roger French found that the Enlightenment downplayed “the religious dimension of traditional medical theory,” a process that made “the soul...less of a central concern when dealing with the body.” The physical human body “came to be seen less as the ‘instrument’ of the soul and more...as a machine operating according to natural laws.”<sup>12</sup> The emergence of deism relaxed God’s intense grip on temporal events and the new emphasis on reason, a God-given human

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<sup>10</sup> William L. White, “The Lessons of Language: Historical Perspectives on the Rhetoric of Addiction,” in *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst: University of Massachusetts Press, 2004), 33–60; Hickman, *The Secret Leprosy of Modern Days*, 9; Janet F. Brodie and Marc Redfield, eds., Introduction to *High Anxieties: Cultural Studies in Addiction* (Berkeley: University of California Press, 2002), 2.

<sup>11</sup> Thomas Heywood, *Philocothonista, Or, The Drunkard, Opened, Dissected, and Anatomized* (London: Printed by Robert Raworth; and are to be sold at his house neere the White-Hart Taverne in Smithfield, 1635), 85. “Addicted,” “temperance,” and “intemperance” appear throughout the work.

<sup>12</sup> Andrew Cunningham and Roger K. French, eds., “Introduction,” in *The Medical Enlightenment of the Eighteenth Century* (Cambridge: Cambridge University Press, 1990), 2.

ability to discern natural laws, pushed English medical thought to increasingly distinguish between the body and soul. According to Roy Porter, the growing distance between the physical and the spiritual transformed the body into an “eloquent bearer of symbolic values.”<sup>13</sup> Thus, even in an age of growing materialism, the metaphorical meanings contained within the individual body remained as potent as ever.

The medical emphasis on the body facilitated by Enlightenment materialism changed traditional ideas about sin and disease through the idea that the nation was a body whose organs were its citizens. Emerging during the late Renaissance, the concept of a “body politic” was introduced to England on a wide scale through the writings of Thomas Hobbes. The frontispiece *The Leviathan* featured a king whose body is made up of individual human subjects. Against the backdrop of the nation-as-body concept, the individual body became the site upon which English and later, American observers inscribed their concerns about politics, society, and the nation.<sup>14</sup> An individual’s soul, which had represented the site of deviant or sinful behavior before the Enlightenment, was replaced by the physical body, which increasingly began to represent the site of social contagion that threatened the authority of the state and the integrity of society.

Medical materialism and concepts of the body politic had a profound influence on the curriculum at the University of Edinburgh, a primary producer of medical knowledge in Europe and North America during the eighteenth century.<sup>15</sup> Herman Boerhaave, the

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<sup>13</sup> Roy Porter, *Bodies Politic: Disease, Death, and Doctors in Britain, 1650-1900* (Ithaca: Cornell University Press, 2001), 33.

<sup>14</sup> See *Ibid.*, Ch. 9.

<sup>15</sup> See Helen Brock, “North America, A Western Outpost of European Medicine,” in *The Medical Enlightenment of the Eighteenth Century*, ed. Andrew Cunningham and Roger K. French (Cambridge: Cambridge University Press, 1990), 194–216.

celebrated and deeply religious Dutch physician, sought to devise a medical system that could facilitate inner peace and mental calm. In his quest, Boerhaave pioneered a new emphasis on the nervous system and its role in facilitating physical and mental health. Instead of a connection between body and soul, Boerhaave was more interested in the relationship between body and mind, leaving spirituality to clerical supervision. At the point where body and mind met, Boerhaave discovered the nervous system. William Cullen, the leader of an ascendant medical faculty in Edinburgh, adopted Boerhaave's "medicine to calm the mind" in his quest to unify the quarrelling medical factions in his department.<sup>16</sup> In doing so, Cullen promoted the growing importance of nervous health in Anglo-American medical practice through Edinburgh's role in the education of physicians on both sides of the Atlantic.

The changing face of Scottish medicine during the Enlightenment, which integrated Enlightenment political philosophy about reason and liberty, profoundly influenced clerical and medical thought about intoxication during the Gin Craze. Deriving their ideas from the work of Boerhaave and Cullen, eighteenth-century English physicians like George Cheyne and David Hartley—who was also a minister—demystified explanations of irrational human behavior that previously relied on metaphysical explanations like demonic possession by defining the nervous system as an organic mechanism upon which the human body relied for its physical capacity for morality.<sup>17</sup> Through the nerves of the stomach, drugs like alcohol and opium damaged the

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<sup>16</sup> See Andrew Cunningham, "Medicine to Calm the Mind: Boerhaave's Medical System, and Why It Was Adopted in Edinburgh," in *The Medical Enlightenment of the Eighteenth Century*, ed. Andrew Cunningham and Roger K. French (Cambridge: Cambridge University Press, 1990), 40–66.

<sup>17</sup> For example, see George Cheyne, *An Essay of Health and Long Life* (London: Printed for George Strahan, at the Golden Ball over-against the Royal Exchange in Cornhill; and J. Leake, Bookseller at Bath, 1724); George Cheyne, *The English Malady: Or, A Treatise of Nervous Diseases of All Kinds* (London:

entire nervous system, eroding the body's physical capacity for reason, and therefore, moral behavior.<sup>18</sup> The growing role of the nervous system in explaining causes of disease also displaced interpretations of insanity, madness, and derangement from the religious sphere by redefining them as diseases of the mind. As a result, deviant behaviors, including intoxication, increasingly came under the physician's gaze.

Gin Craze rhetoric integrated emerging medical views on alcohol consumption into the philosophical discourse regarding liberty, freedom, and slavery. Physician George Cheyne, an early Enlightenment pioneer of medical temperance ideas, discussed the desire for drinking alcoholic beverages as a craving, a kind of uncontrollable inner urge. "People who have any Regard for the Health or Lives," he declared, "ought to tremble at the first Cravings...for such poysonous [sic] Liquors." Declaring, "Drops beget Drams, and Drams beget more Drams, 'till they come to be without Weight and without Measure," Cheyne described an urge that progressively intensified as a result of sustained consumption. He lamented that intelligent and ignorant, rich and poor, could become equally "bound" in the "Chains and Fetters" of drunken indulgence, which could only be broken through the saving grace of God.<sup>19</sup>

Even though Cheyne was among the first thinkers to discuss the medical dimensions of alcohol consumption, drunkenness, defined as excessive consumption, continued to represent sinful behavior. For example, a 1727 *Dissertation upon Drunkenness* emphatically connected habituation to sin and the condition of drunkenness.

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Printed for G. Strahan in Cornhill, and J. Leake at Bath, 1734); and David Hartley, *Observations on Man: His Frame, His Duty, and His Expectations*, 4th ed. (London, 1791).

<sup>18</sup> James Nicholls, *The Politics of Alcohol: A History of the Drink Question in England* (Manchester: Manchester University Press, 2011), 60–61.

<sup>19</sup> Cheyne, *An Essay of Health and Long Life*, 50, 52, and 53.

Thus, just like with other sins, drunkenness represented a loss of control in the face of an external influence, in this case a physical poison rather than a spiritual temptation.<sup>20</sup> Therefore, when clergyman Thomas Wilson, who cited Cheyne and other physicians, used the terminology of habit and habituation to describe drunkenness, he was clearly referring to the drinker's loss of control over his own behavior. Intoxication inherently represented excessive consumption, the result of an aberrant appetite. In the Errata section at the end of his work, Wilson corrected an instance of "excessive" with "habitual," a change that suggests that public concern emerged in reference to social fears about the consequences of emerging patterns of sustained drinking by urban dwellers, not just individual bouts of acute intoxication that had characterized rural medieval drinking patterns.<sup>21</sup> Moreover, the "growing Vice" of drunkenness, caused by a "bewitching poison," resulted in "Dispiritedness, Want of Appetite, and Longings after repeated Doses," a condition that enfeebled "habitual Drinkers" by "hardening and spoiling the Substance of the Brain, which is the Seat of Life."<sup>22</sup> The sin of habitual drinking and its attending appetites, desires, and urges over which the individual drinker eventually lost all control, therefore began to acquire a distinctly physical dimension.

This emerging perspective on intoxication embodied a dual notion of drunkenness as a sin and disease, a view that is abundantly evident in the seemingly contradictory statements of Edmund Gibson, a Bishop of London. On one hand, Gibson was gravely

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<sup>20</sup> *A Dissertation Upon Drunkenness: Shewing to What Intolerable Pitch That Vice Is Arriv'd at in This Kingdom* (London: Printed for T. Warner, at the Black-Boy in Pater-Noster-Row; and sold by the Booksellers of London and Westminster, 1727), 20.

<sup>21</sup> Thomas Wilson, *Distilled Spirituous Liquors the Bane of the Nation* (London: Printed for J. Roberts in Warwick Lane, 1736), Errata. On changing social fears about urban drinking in early-modern England, see Warner, "Shifting Categories of the Social Harms Associated with Alcohol."

<sup>22</sup> Wilson, *Distilled Spirituous Liquors the Bane of the Nation*, 2, 9, 29–31.

concerned about the “many Aggravations of the Sin of immoderate Drinking,” but on the other, he also relied on emerging material explanations for the hold alcohol seemed to have over the drinker.<sup>23</sup> Situating his analysis in Enlightenment discourses that privileged natural explanations of subjective phenomena, Gibson regarded any activity in which men indulged, “either out of Luxury, and a Desire to please the Appetite and pamper the Body or in Compliance with Custom and a Habit of Indulgence,” as sources of unnatural stimuli. The habitual drinker, “by accustoming Nature to...needless Aids,” caused a perpetual “craving” of “those artificial Spirits: Till, by degrees” the “Power” to “resist...Importunities of Appetite” becomes permanently lost.<sup>24</sup> Natural urges, ordained by God and untainted with the “Custom or Habit” of “Intemperance,” sought “reasonable and moderate Refreshment” while “the cravings of Nature under the Dominion of Habit” were “endless.” The more one indulged in such pathological appetites, “the more eager” they became, continuing until all “the Senses and Understanding are drown’d.” Gibson described the terminal state of this progression as a “Disease” that resembled the “Thirst in a Fever,” another connection to the experience of physical illness.<sup>25</sup>

Having characterized drunkenness as a sin and a disease, Gibson returned to the ultimate eighteenth-century device expressing a loss of control, the metaphor of slavery. Those who “indulged themselves” entered into “a State of the worst Kind of Slavery,” a “Slavery of Reason to Appetite” and “of the Human to the Brutal part,” the ultimate

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<sup>23</sup> Edmund Gibson, *An Earnest Dissuasive From Intemperance in Meats and Drinks*, 2nd ed. (London: Printed and Sold by M. Downing, in Bartholomew-Close, near West-Smithfield, 1740), 14.

<sup>24</sup> *Ibid.*, 8.

<sup>25</sup> *Ibid.*, 16.

bondage of “Luxury and Indulgence.”<sup>26</sup> The writings of Thomas Wilson and Edmund Gibson illustrate that Gin Craze temperance ideology relied on medical materialism. As a result, a tendency to define drunkenness as a pathological state, both of sin and disease, in which the individual progressively lost control over bodily urges emerged during this period. Such definitions of drunkenness characterized an emerging clerical and medical consensus that drinking embodied distinctly spiritual and physical dimensions simultaneously. Stephen Hales, a minister, physician, and gentleman scientist, echoed Cheyne, Wilson, and Gibson, in his not so friendly *A Friendly Admonition to the Drinkers of Gin, Brandy, and other Distilled Spirituous Liquors*. First published in 1734 and republished in 1751 at the height of the Gin Craze, this piece exemplifies the gradual materialization of anti-alcohol sentiments that was well under way by the middle of the Enlightenment.<sup>27</sup>

### **Intoxicated Individuals, Social Contagion, and the National Body**

At a time when urban alcohol consumption seemed to be increasing, Protestant clergymen who were concerned about drunkenness as an individual, medical, and social problem naturally focused on its apparent spread across all segments of English society. For example, Thomas Heywood called drunkenness a “most contagious sinne” because “commonly, one drunkard infecteth another.”<sup>28</sup> As the metaphor of slavery was used to define drunkenness as a state of voluntary self-enslavement on the part of the individual

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<sup>26</sup> Gibson, *An Earnest Dissuasive From Intemperance in Meats and Drinks*, 20–21.

<sup>27</sup> Stephen Hales, *A Friendly Admonition to the Drinkers of Gin, Brandy, and Other Distilled Spirituous Liquors* (London: Printed for B. Dodd, Bookseller to The Society for promoting Christian Knowledge, at the Bible and Ket in Ave-Mary Lane, near Stationers Hall, 1754)

<sup>28</sup> Heywood, *Philocothonista*, 88.

drinker, descriptions of drunkenness as contagion during the Gin Craze expressed clerical and medical fears that society itself was under threat. The rhetoric of contagion to condemn drunkenness relied heavily on the concept of the body politic. Just as intoxication destroyed the organs of an individual drinker, Thomas Wilson remarked that the “City of London is the GREAT STOMACH of the Nation,” a vital organ of the national body susceptible to the disease of intoxication.<sup>29</sup> Concerned that “Great Injury...accrues to the Publick, by making and vending...of Distilled Spirituous Liquors,” Wilson used “infection” to describe drunkenness as a disease spreading through an embodied and personified nation state.<sup>30</sup> The morality of the nation’s citizens, like the health of one’s body, directly influenced the ‘health’ of England.

As ministers and physicians alike increasingly considered alcohol, primarily in the form of distilled liquor, to be poisonous, references to that quality became ubiquitous in medical and clerical literature. Isaac Maddox, a Bishop of Worcester, described the social harm caused by habitual intoxication, which he called a “sore Distemper” and “the most pernicious Pestilence that ever beset this Kingdom.”<sup>31</sup> Likewise, Stephen Hales cited the testimony of unnamed physicians who considered alcohol a “Poison to human Bodies” when he condemned the “Disease of Drunkenness.” Personifying this behavior as a “Pest,” Hales directly equated drunkenness with plague. “But alas!” he exclaimed, “the infection is spread so far and wide, that if it continues its destructive Conquests...in a few

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<sup>29</sup> Wilson, *Distilled Spirituous Liquors the Bane of the Nation*, 13.

<sup>30</sup> *Ibid.*, i–ii.

<sup>31</sup> Isaac Maddox, *The Expediency of Preventive Wisdom: A Sermon Preached before the Right Honourable the Lord-Mayor, the Aldermen, and Governors of the Several Hospitals of the City of London* (London: Printed by H. Woodfall, in Pater-noster-Row, 1751), xxiv, 25–26.



Generations,” it would “infect the whole Kingdom with its baneful Influence,” presumably leading to England’s downfall.<sup>32</sup>

Describing the self-enslavement of drunkenness with the language of contagion and plague linked intoxication both to disease and crime. The expression of social fears with medical signs like contagion fits into a European discursive tradition that began long before the eighteenth century. At first glance, ancient meanings of contagion seem to have metaphorical origins. Margaret Pelling pointed out that these concepts have never been “purely medical,” but rather an “accretion of metaphor and analogy.”<sup>33</sup> Her assessment of contagion as a rhetorical device in both its premodern and modern meanings implies that the literal meaning of contagion can only be medical. This assumption introduces an ahistorical bias that obfuscates the multivalence of disease and contagion concepts before the triumph of modern germ theory at the beginning of the twentieth century. In his analysis of the etymology of “contagion,” Vivian Nutton, the preeminent specialist in the history of classical medicine, found that the Latin word *contagio* is rooted in the Greek verb *epaphe*—“to touch.”<sup>34</sup> But it was not interpersonal touch that spread the disease as Martin Pernick envisioned.<sup>35</sup> In Nutton’s view, “Greek diseases touched the sick.”<sup>36</sup> By the end of the fifth century BCE, Nutton showed that

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<sup>32</sup> Hales, *A Friendly Admonition to Drinkers*, 16, 18, 21, and 28.

<sup>33</sup> Margaret Pelling, “The Meaning of Contagion: Reproduction, Medicine, and Metaphor,” in *Contagion*, ed. Alison Bashford and Claire Hooker (New York: Routledge, 2001), 16–17.

<sup>34</sup> Vivian Nutton, “Did the Greeks Have a Word for It? Contagion and Contagion Theory in Classical Antiquity,” in *Contagion: Perspectives from Pre-Modern Societies*, ed. Lawrence I. Conrad and Dominik Wujastyk (Aldershot: Ashgate, 2000), 139.

<sup>35</sup> See Martin S. Pernick, “Contagion and Culture,” *American Literary History* 14, no. 4 (2002): 858–65.

<sup>36</sup> Nutton, “Did the Greeks Have a Word for It,” 138–39.

Thucydides had noticed that disease spread from patients to physicians through some sort of “contact, direct or indirect, with the sick,” constructing contagion as “a disease of proximity.”<sup>37</sup> Similarly, “infection,” which derives from the Latin word *infectere*, began as a “metaphor that derives from the dying of cloth.”<sup>38</sup> But Pelling, Pernick, and Nutton—all historians of medicine—interpreted the meaning of ancient contagion based only on its relationship to disease, relegating non-medical concepts of contagion to the realm of the purely metaphorical.

However, looking beyond medicine and disease-centered interpretations suggests that ancient concepts of contagion and infection had as much to do with social anxiety about invisible, communicable threats as they did with disease. Nutton and Pelling acknowledged that in addition to disease, early meanings of contagion also signified an ancient sense of pollution and impurity, which always had a metaphysical dimension through concepts of sin and transgression.<sup>39</sup> As Priscilla Wald has pointed out, the “circulation of disease and the circulation of ideas” represented to the ancient mind invisible experiential threats that “displayed the danger of bodies in contact and demonstrated the simultaneous fragility and tenacity of social bonds.”<sup>40</sup> While Wald was also interested in contagion primarily in reference to disease, her insights into its premodern meanings regarding social anxieties suggest that the ancient language of contagion was initially employed to indicate the harmful consequences of social

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<sup>37</sup> Ibid., 142–43.

<sup>38</sup> Ibid., 151; see also Pelling, “The Meaning of Contagion,” 20.

<sup>39</sup> See Nutton, “Did the Greeks Have a Word for It,” 153–54; Pelling, “The Meaning of Contagion,” 20.

<sup>40</sup> Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), 12–13.

influence. In the ancient mind, physical disease was simply one of the outcomes of transgressive social contact. Furthermore, if, as Nutton explained, concepts of contagion and infection began as metaphors for disease, then in the ancient mind, the earliest articulations of disease concepts themselves perhaps began as metaphors for the abstract experience of illness.

What is clear, however, is that since classical antiquity, ideas about impurity, sin, and disease have been intertwined in a complex web of meaning with contagion at its center. Both classical and Judeo-Christian traditions conceived disease as a consequence of sinful behavior, defined as any action that displeased the gods or God. According to the *Oxford English Dictionary*, contagion encoded the communicability of disease, the communicable disease itself, persuasive interpersonal influence, “moral disease,” “corrupting contact,” and more general associations with taint or pollution.<sup>41</sup> Moreover, the OED’s citations of the word’s usage demonstrate that its multiplicity of meanings has remained remarkably consistent across premodern, early-modern, and modern contexts. As well, the definition of infection displays a similar multiplicity of meaning and endurance of usage.<sup>42</sup> Therefore, rather than distinguishing between strictly literal or metaphorical meanings, concepts of contagion and infection should instead be understood as multivalent signs that signify a wide range of simultaneous meanings, not just medical ideas about the spread of physical disease.<sup>43</sup>

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<sup>41</sup> “Contagion,” *Oxford English Dictionary* (Oxford: Oxford University Press), accessed May 21, 2013, [www.oed.com](http://www.oed.com).

<sup>42</sup> “Infection,” *Oxford English Dictionary*, accessed May 21, 2013.

<sup>43</sup> See Justin K. Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean* (Baltimore: Johns Hopkins University Press, 2011).

Such multivalence facilitated the links between sin, contagion, and disease that coincided with the development of a wider discursive framework within European thought that marshaled medical ideas and imagery for rhetorical purposes. In Christian thought, ancient ideas about the divine origins of illness combined with general conceptions of pollution and impurity in the words of Jesus Christ. Questioned one day by the Pharisees about his association with tax collectors and other sinners, Jesus replied, it is not “[t]hose who are well” that have “need of a physician, but those who are sick.”<sup>44</sup> Implying that sinners were spiritually ill, he conceptualized sin as a disease or pollution of the soul. In early Christian writings, Christ’s atoning sacrifice consequently took on a medical connotation. His blood, shed for humanity’s salvation, became the medicine and Christ, a Great Physician to administer it at the sinner’s humble petition. By the fifth century CE, the metaphor of Christ as a Great Physician, or *Christus Medicus*, had become conventionalized through the writings of St. Ambrose, St. Jerome, and Augustine of Hippo.<sup>45</sup> And by the English Reformation, which was well under way by the middle of the sixteenth century, the metaphor had become so ingrained in European consciousness that Protestant ministers continued to use it as a rhetorical device.

Arthur Dent’s 1601 sermon *Plain Man's Pathway to Heaven* remains an exemplar of early Puritan preaching that relied on such medicalized discursive frames. Situating the popular conception of Christ as a Great Physician at the root of his argumentation, Dent preached a theology of individual conversion in which Jesus alone could bring the sinful

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<sup>44</sup> Luke 5:31. All Biblical quotes are from the New King James Version and are available on <http://www.biblegateway.com>. Accessed on October 31, 2013.

<sup>45</sup> Rudolph Arbesmann, “The Concept of ‘Christus Medicus’ in St. Augustine,” *Traditio* 10 (January 1, 1954): 1–28.

soul into a state of spiritual health. Dent pronounced to the sinner that he was “infected” with sin and therefore “extremely soul-sick,” suffering from “the sores disease that possibly can fall into the soul of man.”<sup>46</sup> Assuaging the repentant sinner’s concern, Dent stated, “Christ Jesus will be your physician...he will bind up all your sores” and “heal all your wounds.”<sup>47</sup> In this central Puritan text, Dent recapitulated centuries of meaning that conflated the condition of the soul with that of the body. Dent’s influence would be felt in England and North America through John Bunyan’s wildly popular allegory *Pilgrim’s Progress*.<sup>48</sup> In a cultural environment that relied on allegory and metaphor, George Whitefield, the Great Awakening minister and founder of Methodism, recycled Dent’s rhetoric in his own preaching.<sup>49</sup>

It is worth noting that the Puritan appropriation of *Christus Medicus* to define sin as spiritual disease occurred in the aftermath of the Black Death, a period of dramatic plague outbreaks that transformed European economy, culture, and the ways in which Europeans conceptualized contagion and infection.<sup>50</sup> Before the plague, terms like contagion and infection had referred to disease but primarily signified communicability, not disease specifically. But as a result of the Black Death, Samuel Kline Cohn found that

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<sup>46</sup> Arthur Dent, *The Plain Man’s Pathway to Heaven Wherein Every Man May Clearly See, Whether He Shall Be Saved or Damned*, 50th ed. (Belfast: North of Ireland Book and Tract Depository, 1601), 25, 150.

<sup>47</sup> *Ibid.*, 296–7.

<sup>48</sup> On the influence of Arthur Dent’s sermons on John Bunyan’s beliefs, see Robert Southey, “The Life of John Bunyan,” in *The Pilgrim’s Progress. With a Life of John Bunyan* (New York: Harper & Brothers, 1837), 14. On the popularity of *Pilgrim’s Progress* on both sides of the Atlantic, see Richard L. Greaves, *Glimpses of Glory: John Bunyan and English Dissent* (Stanford: Stanford University Press, 2002), 618 and Galen K. Johnson, “The Pilgrim’s Progress in the History of American Public Discourse,” *A Journal for the Study of the Literary Artifact in Theory, Culture, or History* 4 (2011): 1–31.

<sup>49</sup> George Whitefield, *Christ the Physician of the Soul. A Sermon* (London, 1750).

<sup>50</sup> See David Herlihy, *The Black Death and the Transformation of the West*, ed. Samuel Kline Cohn (Cambridge: Harvard University Press, 1997).

Europeans had begun to define “plague as a ‘contagious disease’” in more concrete terms.<sup>51</sup> By the Great Plague in London, the 1665 outbreak of Black Death in England, associations between plague, disease, and contagion was firmly entrenched in the minds of commoners and the educated alike.<sup>52</sup> According to Alanson and Dorothy Moote, as “[t]alk of plague made the rounds in London's cafes and inns,” there was no doubt in anyone’s mind that terms like “contagion,” “pestilence,” or “*the sickness*” were “code words for plague and plague alone.”<sup>53</sup> By the middle of the seventeenth century, plague and contagion had become related, if not interchangeable, words to describe the disease for elite physicians. This trend would only intensify during the eighteenth century, when Enlightenment medical materialism would shape the work of elite physicians like Richard Mead, a member of the Royal Society, who equated plague and contagion during the eighteenth century.<sup>54</sup>

As contagion came to mean disease in a literal sense, the metaphor of plague reinforced its traditional association with pollution and sin in legal discourses regarding heresy and treason. Since the English Reformation had elevated the monarch to the leadership of the Anglican Church, religious dissent became a political crime, a form of treason. As the spheres of religious and civil authority intertwined, human ability to

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<sup>51</sup> Samuel Kline Cohn, *The Black Death Transformed: Disease and Culture in Early Renaissance Europe* (London: Arnold, 2002), 115.

<sup>52</sup> Alanson Lloyd Moote and Dorothy C. Moote, *The Great Plague: The Story of London’s Most Deadly Year* (Baltimore: Johns Hopkins University Press, 2004), 6.

<sup>53</sup> *Ibid.*, 63.

<sup>54</sup> See Richard Mead, *A Short Discourse Concerning Pestilential Contagion: And the Methods to Be Used to Prevent It* (London: Printed for Sam. Buckley in Amen-Corner, and Ralph Smith at the Royal-Exchange, 1720). This piece, produced as a manual for the English government about how to best contain potential outbreaks in port cities, represents an objective study of plague as a contagious disease during the first half of the eighteenth century.

persuade one another continued to represent a form of social and political contagion, albeit one much more closely aligned with the literal experience of the Black Death. For instance, an unidentified English author described the conviction of Edward Wightman, who had involved himself in the “wicked Heresies of...the Anabaptists, and other Arch-Hereticks.” Standing “adjudged...as a diseased Sheep out of the Flock,” he was to be “cast out and cut off” before “our Subjects he” would “infect by his Contagion.”<sup>55</sup>

Overtly political forms of treason joined religious nonconformance as a form of social contagion, illustrated by the language used to describe the execution of a traitorous earl. The same unnamed author who described Whiteman’s conviction recounted that “as soon as he was come upon the Scaffold,” Robert Devereux, the Earl of Essex, begged forgiveness “for his last Sin...a bloody, crying, and contagious Sin” against Elizabeth I “wherewith so may had been seduc’d to sin against God, their Prince, and Country.”<sup>56</sup> Connecting disease, interpersonal influence, and crime, such descriptions suggest that during the seventeenth and eighteenth century, transgressions against the society and the state, whether religious or political, were perceived as communicable threats resembling the Black Death. As heresy and treason became crimes against the state during the seventeenth century, Gin Craze characterizations of intoxication as contagion simultaneously pathologized alcohol as a disease-causing poison and criminalized drinking, which represented antisocial behavior.

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<sup>55</sup> *The Dying Speeches and Behaviour of the Several State Prisoners That Have Been Executed the Last 300 Years* (London: Printed for J. Brotherton, and W. Meadows, at the Black-Bull in Cornhill; at the Bible without Temple-Bar; C. Rivington, at the Bible and Crown in St. Paul’s Church-Yard; and J. Graves, near White’s Chocolate-House in St. James-Street, 1720), 16–17.

<sup>56</sup> *Ibid.*, 56.

The confluence of European experience with the Black Death, the concept of a national body, the medical emphasis on nervous health, and growing social concern about increasing levels of urban drinking conflated drunkenness, contagion, and disease together. Gin-Craze thinkers justified strict regulation and prohibition because alcohol was a poison that caused disease both of the body and the mind, introducing for the first time a strictly physical dimension to alcohol's deleterious effects. But even as drunkenness began to acquire medical shades of meaning during the eighteenth century, neither did it lose its traditional religious connotations. Medical prescriptions of diet and regimen by physicians like George Cheyne to cure chronic diseases brought about by intemperance resembled religious exhortations that required a spiritual conversion and stressed the cultivation of personal morality. The maintenance of a proper regimen paralleled the pious life, demonstrating the spiritual value of physical health while the pursuit of pleasure at the table terminated in diseases of the body and mind that progressively destroyed the soul.<sup>57</sup>

### **Benjamin Rush: An Intellectual Conduit**

During the second half of the eighteenth century, a new generation of English temperance-minded physicians, all of them deeply religious individuals who were avowed abolitionists, advanced the thesis that sustained alcohol consumption perverted any ability to control drinking. John Fothergill, a Quaker physician and Fellow of the Royal Society whose career spanned the middle of the eighteenth century, spoke of "men addicted to...shameful excess," just as Thomas Heywood did over a century earlier.

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<sup>57</sup> For a representative example, see George Cheyne, *An Essay on Regimen* (London: Printed for C. Rivington, in St. Paul's Church-yard; and J. Leake, Bookseller in Bath, 1753).



Describing intemperance as an “Evil Spirit” that “stalks through the land,” Fothergill regarded the “appetite among the common people for strong liquors” as analogous to “other depraved appetites,” increasing “in proportion as it is indulged.”<sup>58</sup>

The founder of the Medical Society of London, John Coakley Lettsom—also a Quaker, abolitionist, and Fothergill’s protégé—took a decidedly more medical tone by abandoning references to vice, sin, and slavery. Nevertheless, he acknowledged that something in spirituous liquor was “so injurious to the human frame” that he cautioned everyone “from beginning with even a little drop of this fascinating poison, which once admitted, is seldom, if ever, afterwards overcome,” a point he repeated several times.<sup>59</sup> Thus, during the middle of the eighteenth century, Fothergill and Lettsom built upon the conceptual foundation that equated habituation with the loss of control that Cheyne, Wilson, Gibson, and Hales had articulated by the 1750s. Continuing the pathologization of drunkenness that began during the Gin Craze, these physicians condemned habitual drunkenness as a moral problem accompanied by the physical consequences of an unnatural lifestyle.

Shifting the definition of drunkenness even further from religious discourses, physician Thomas Trotter, a Scottish naval surgeon and University of Edinburgh alum, became the first English physician to expressly define drunkenness as a physical disease. Describing “Persons addicted to ebriety [sic],” Trotter used a term that had traditionally connoted self-enslavement, included a single reference to “a slave to intemperance,” and

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<sup>58</sup> John Fothergill, *An Essay on the Abuse of Spirituous Liquors* (Bath: Printed by R. Cruttwell, 1796), 15, 1.

<sup>59</sup> John Coakley Lettsom, *History of Some of the Effects of Hard Drinking*, 6th ed. (London: Printed by W. Darton and Co. No. 55, Gracechurch-Street; and Sold by C. Dilly, in the Poultry, 1789), 9, 11–12.

referred to drunkenness as a “vice” to describe the power of alcohol over the individual drinker.<sup>60</sup> Even though he called it an “evil habit,” Trotter expressed an understanding that habitual drunkenness, which he defined as a disease of the body and mind, was characterized by a progressive increase in “cravings of appetite for the poisonous draught” and “longing” for a drink. Ultimately, Trotter became one of the first physicians to advocate formal medical treatment for the “disease of intemperance” which he characterized by a loss of control over bodily impulses, a physical manifestation of a broader failure of an individual’s will.<sup>61</sup>

The work of these English physicians demands a reappraisal of Benjamin Rush’s role in inventing American temperance ideology. During most of the twentieth century, many authors elevated Rush as the founder of the medical and psychiatric profession in the United States, a veritable American Hippocrates.<sup>62</sup> While the early-modern context of North American medicine has been historicized since then, Rush’s triumphalist legacy persists in the historiography of psychoactive drugs. In scholarly discourses about addiction, it was Harry G. Levine’s 1978 thesis that enshrined the idea that as the

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<sup>60</sup> Thomas Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and Its Effects on the Human Body*, First Philadelphia Edition (Boston: Published by Bradford & Read and A. Finley, Philadelphia, 1813), 199–200. Overall, Trotter used the term “addicted” seventeen times to describe people habituated to alcohol consumption.

<sup>61</sup> *Ibid.*, vii, 190, 195–196, and 197.

<sup>62</sup> For references to Rush as an American Hippocrates, see John Duffy, *The Healers: The Rise of the Medical Establishment* (New York: McGraw-Hill, 1976), 89–97. The twentieth-century body of biographical scholarship on Rush is overwhelmingly hagiographical. For representative examples, see Nathan G. Goodman, *Benjamin Rush: Physician and Citizen, 1746-1813* (Philadelphia: University of Pennsylvania Press, 1934); Sarah Regal Riedman, *Benjamin Rush, Physician, Patriot, Founding Father* (New York: Abelard-Schuman, 1964); Carl Binger, *Revolutionary Doctor: Benjamin Rush, 1746-1813* (New York: W. W. Norton & Company, 1966); David F. Hawke, *Benjamin Rush: Revolutionary Gadfly* (Indianapolis: Bobbs-Merrill, 1971); David Barton, *Benjamin Rush: Signer of the Declaration of Independence* (Aledo: WallBuilder Press, 1999); and Alyn Brodsky, *Benjamin Rush: Patriot and Physician* (New York: Truman Talley Books, 2004).

discoverer of addiction, Benjamin Rush represented the first temperance reformer in the United States.<sup>63</sup> Considering Rush as the founder of the temperance movement is convenient because he did play a significant role in the birth of the New Republic, its medical practice, education system, and temperance movement. However, Rush did not create modern temperance ideology. This realization makes the Enlightenment context in which Rush's temperance ideas evolved newly significant to understanding the origins and development of temperance ideas in the United States.

English ideas about intoxication and the consequences of sustained alcohol consumption had begun to enter the United States before Rush through the writings of abolitionist Anthony Benezet. Born in France into a Protestant family, Benezet was a contemporary of English temperance thinkers like George Cheyne and Stephen Hales. Upon leaving France, he became a Quaker before making his way to Philadelphia in 1731. Benezet was also concerned about alcohol consumption. In his 1774 essay, *The Potent Enemies of America Laid Open*—the first temperance publication in New England—he cited Cheyne, Hales, and other English physicians directly. According to Benezet, the “unhappy dram-drinkers are so absolutely bound in slavery to these infernal spirits that they seem to have lost the power of delivering themselves from this worst of bondage.”<sup>64</sup> Cautioning “moderate” drinkers that they were in danger of “becoming

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<sup>63</sup> Harry G. Levine, “The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America,” *Journal of Studies on Alcohol Law and Human Behavior* 39, no. 1 (January 1978): 143–74. Recent works that continue to rely on Levine's thesis to one degree or another are Hickman, *The Secret Leprosy of Modern Days*, 7–9 and Susan M. Zieger, *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst: University of Massachusetts Press, 2008), 5–6.

<sup>64</sup> Anthony Benezet, *The Potent Enemies of America Laid Open: Being Some Account of the Baneful Effects Attending the Use of Distilled Spirituous Liquors, and the Slavery of the Negroes* (Printed by Joseph Crukshank, 1774), 8. Benezet cited George Cheyne on 5, 30, 35, 38, 47, and 48 and Stephen Hales on 1.

habituated,” Benezet believed that even a minimal consumption of alcoholic beverages led to gradual increases in the strength and dose of the drink until “it proves the ruin of themselves and families.”<sup>65</sup> Thus, Benezet introduced the eighteenth-century English intellectual tradition of blending abolitionist rhetoric and temperance arguments to explain the seeming inability of drinkers to leave the bottle. Benezet’s work thus forms the first link between eighteenth-century Gin Craze ideas and the intellectual foundations of the nineteenth-century temperance movement in the United States.

As Benezet entered the second half of his life, the career of Benjamin Rush, who was also from Philadelphia, was just beginning. A signer of the Declaration of Independence, professor of medicine, social reformer, abolitionist, and temperance writer, Rush began his career at the University of Edinburgh, where he studied medicine under William Cullen and Joseph Black. Even though he found deism disdainful and his personal sensibilities remained staunchly Puritanical, Rush’s Enlightenment education taught him to value reason and systematic thought while exposing him to the most recent medical theories about disease, intoxication, and temperance.<sup>66</sup> It was in Scotland that Rush was first exposed to English temperance ideas. He was impressed by Edinburgh’s “moral order which prevailed among all classes of people,” a factor that made

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His reliance on Cheyne and Hales’ work confirms the influence of Gin Craze discourses on his views regarding alcohol consumption.

<sup>65</sup> Ibid., 38.

<sup>66</sup> Hawke, *Benjamin Rush*, 51. See also Brodsky, *Benjamin Rush*. For a broader interpretation of Rush as an Enlightenment figure, see Henry F. May, *The Enlightenment in America* (Oxford: Oxford University Press, 1976).

intoxication “rarely seen among the common people.”<sup>67</sup> After receiving his medical degree in 1768, Rush traveled across England and France, becoming friends with John Fothergill, John Coakley Lettsom, and David Hartley, a pioneer of mid-century theories regarding the connection between nerves and the capacity for reason and morality.

Rush continued to correspond with these physicians after he returned to New England in 1774, the same year Benezet published his own temperance essay. While it is difficult to find detailed discussions of intemperance in Rush’s correspondence with his friends, it is not difficult to imagine that they did not discuss the effects of drinking in person during Rush’s early career abroad. After his return to America, several years of medical practice, a brief stint as a surgeon and administrator in the Continental Army, and a trip through the Pennsylvania countryside convinced Rush to promote total abstinence from distilled liquor. The *Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind*, the major essay that resulted from his efforts, was first published in 1784 and represents another American expression of English temperance ideology, a culmination of Gin Craze discourses on intoxication that had crossed the Atlantic into the United States.

When placed in Enlightenment context, Rush’s ideas about intoxication clearly reflected the intellectual and ideological currents of the Gin Craze. Explaining habituation as a progressive process, “No man ever became suddenly a drunkard,” Rush posited. Rather, “[i]t is by gradually accustoming” oneself “that men have been led to love” the excessive consumption of alcoholic beverages. Adopting Benezet’s advice

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<sup>67</sup> Benjamin Rush, *The Autobiography of Benjamin Rush: His “Travels Through Life” Together with His Commonplace Book for 1789-1813*, ed. George W. Corner (Princeton: Princeton University Press, 1948), 51.

against moderate drinking, Rush explained that a “habit” of drinking weaker drinks like grog only “increases the desire of more spirits, and decreases its effects.” Those who continued to drink became “addicted” by having acquired an “artificial” desire, which he also called a “love of ardent spirits.”<sup>68</sup> Rush also noticed a connection between intoxication and contagion, commenting that it is “remarkable, that drunkenness resembles certain hereditary, family, and contagious diseases.”<sup>69</sup> Pathologizing the drinking of alcohol, Rush regarded drunkenness as a “disease” even though it was “induced by an act of vice.” The “desire for ardent spirits” was not just medical; it was also “religious” and “metaphysical.” Rush’s “cure” for intemperance was founded upon nursing care of the drinker during a fit of drunkenness, but only the spiritual reformation of inner desires through religious conversion could permanently heal him.<sup>70</sup> Nevertheless, Rush’s materialization of drunkenness as a medical condition strongly resembled the words of his English contemporary Thomas Trotter, who explicitly declared, “In medical language, I consider drunkenness, strictly speaking, to be a disease.”<sup>71</sup>

Despite the distinctly religious language in Rush’s *Inquiry*, it was alcohol’s effect on the bodily mechanisms operating one’s mental states and behavior that ultimately invited his objections to alcohol consumption. Adopting eighteenth-century medical distinctions between acute and chronic diseases, Rush regarded both momentary

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<sup>68</sup> Benjamin Rush, *An Inquiry Into the Effects of Ardent Spirits Upon the Human Body and Mind* (Boston: James Loring, 1823), 25, 34. For references to people “addicted to” drinking, see 12, 24, 36.

<sup>69</sup> *Ibid.*, 8.

<sup>70</sup> *Ibid.*, 29, 31.

<sup>71</sup> Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and Its Effects on the Human Body*, 17; For more on the similarities between Rush and Trotter on the subject of temperance, see also Griffith Edwards, “Thomas Trotter’s ‘Essay on Drunkenness’ Appraised,” *Addiction* 107, no. 9 (September 2012): 1562–79.

intoxication and habitual drinking as differing medical conditions. He characterized drunkenness itself as an acute disease that resulted from alcohol's immediate poisonous effects. Habitual drinking, however, represented a chronically diseased state of being that also predisposed the drinker to "a numerous train" of other disgusting "diseases" and "vices of the body and mind."<sup>72</sup> Moreover, Rush condemned the psychoactive experience of alcohol intoxication as a form of unhinged insanity, a "madness" that resulted from alcohol's poisonous properties on the brain, the bodily site of the mind.<sup>73</sup> Drunkenness, he maintained, often resulted in "[c]ertain extravagant acts which indicate a temporary fit of madness. These are singing, hallooing, roaring, imitating the noises of brute animals, jumping, tearing off clothes, dancing naked, breaking glasses and china, and dashing other articles of household furniture upon the ground."<sup>74</sup> Such behavior, described with the metaphysical language of bestialization, provided the proof that ardent spirits "impair the memory, debilitate the understanding, and pervert the moral faculties," a direct expression of ideas developed by a lineage of physicians represented by Herman Boerhaave, George Cheyne and David Hartley.<sup>75</sup>

The rhetoric of Rush's *Inquiry* therefore strongly resembles the arguments about alcohol that had evolved in England during the eighteenth century. Canadian historian Jessica Warner and British historians James Nicholls have challenged Harry Levine's interpretation of Rush as the progenitor of American definitions of addiction and temperance ideology. The similarities between Rush's work and the wider context of Gin

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<sup>72</sup> Rush, *An Inquiry Into the Effects of Ardent Spirits*, 5.

<sup>73</sup> *Ibid.*, 9–10.

<sup>74</sup> *Ibid.*, 5.

<sup>75</sup> *Ibid.*, 11.

Craze discourses during the Enlightenment support the view that rather than inventing the modern concept of addiction, Benjamin Rush actually transmitted a century of English ideas about psychoactive intoxication into the United States, acting as an intellectual transatlantic conduit between England and North America.<sup>76</sup>

## Conclusions

By the end of the eighteenth century, temperance rhetoric on both sides of the Atlantic relied on concepts of contagion that simultaneously embodied medical and social meanings to condemn intoxication and the intoxicated. Tapping into classical and Judeo-Christian ideas that physical health revealed the internal condition of a person's soul, discourses on intoxication during the Enlightenment straddled religious and medical spheres. Intoxication presented a special problem for clergymen and physicians during the Enlightenment precisely because it simultaneously presented spiritual, mental, and physical dimensions. As alcohol became identified as a poison, concepts of disease, slavery, contagion, and intoxication merged under a single discursive frame that simultaneously pathologized psychoactive drugs as discreet substances while associating their use with criminality. The growing emphasis on reason and natural laws that shaped Gin Craze discourses about alcohol consumption would become the foundation for temperance arguments that developed in the United States during the first half of the nineteenth century.

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<sup>76</sup> See Jessica Warner, "'Resolv'd to Drink No More' and Addiction as a Preindustrial Construct," *Journal of Studies on Alcohol* 55, no. 6 (1994): 685–91 and Nicholls, *The Politics of Alcohol*, 65–66.



## Chapter 3

### America's Gin Craze: Temperance Ideology and Psychoactive Drugs in the United States, 1784-1865

Intemperance is a disease as well as a crime, and were any other disease as contagious, of as marked symptoms, and as mortal, to pervade the land, it would create universal consternation; for the plague is scarcely more contagious or deadly; and yet we mingle fearlessly with the diseased, and in spite of admonition we bring into our dwellings the contagion, apply it to the lip, and receive it into our system.

—Lyman Beecher, *Six Sermons on Intemperance*<sup>1</sup>

We say that we have also been led to look upon Intemperance as an EVIL on a broader scale, and to regard it as one that is universal. OPIUM in the East, and ALCOHOL in the West, seems to have parceled out the race of man between them, as a butcher would a flock of sheep for the shambles. To lay these two enormous evils side by side, is to show that they are in fact identical.

—G. D., *Rum and Opium Compared*<sup>2</sup>

Benjamin Rush was more than a conduit between English and North American thought. The persistence of Gin Craze arguments in temperance literature up to the Civil War suggests that Rush also connected the ideologies of the eighteenth and nineteenth centuries, revealing the lasting influence of the Enlightenment in the United States. Expressing Gin Craze temperance ideas in his *Inquiry*, which ended with a rousing call to action directed at the clergy, Rush's temperance ideas entered public discourse just as the American Revolution ended. The heady mix of revolutionary fervor and republican idealism privileged the foundation of distinctly American institutions during the first two decades of the new nation. During the era of Federalist power between 1789 and 1800,

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<sup>1</sup> Lyman Beecher, *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of Intemperance* (Boston: Printed by T. R. Marvin for Crocker & Brewster and J. Leavitt, 1827), 38.

<sup>2</sup> G. D., "Rum and Opium Compared," *Christian Observer*, April 3, 1852.

which was based in Puritan New England, elites in the United States like Benjamin Rush sought to build medical and educational institutions to serve the needs of a new nation. Rush was so influential in training physicians that a modern biographer remarked that most influential physicians in the United States between 1800 and 1860 had been trained by Rush or one of his students.<sup>3</sup> Clearly, Rush wielded the social and medical influence befitting a New Republic elite.

Advocating compassionate medical treatment of habitual drinkers, Benjamin Rush nevertheless fervently believed in the transforming power of Christianity to preserve the New Republic from excessive drinking and relied on the cultural authority of the clergy to promote temperance. To this end, he actively lobbied ministers to preach against drinking, producing and sending a thousand copies of his *Inquiry* to New England clergymen at his own expense.<sup>4</sup> Naturally, early American temperance reformers, looked to Rush's work for guidance, adopting Gin Craze ideas about the 'bondage' of alcoholic habituation without necessarily being aware of the genealogy of these ideas.<sup>5</sup> As a temperance document, Rush's *Inquiry* also provided a medical rationale for temperance-minded American clergymen organizing the first temperance societies during the

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<sup>3</sup> Alyn Brodsky, *Benjamin Rush: Patriot and Physician* (New York: Truman Talley Books, 2004), 5.

<sup>4</sup> Benjamin Rush, *An Inquiry Into the Effects of Ardent Spirits Upon the Human Body and Mind* (Boston: James Loring, 1823), 26–31; Benjamin Rush, *The Autobiography of Benjamin Rush: His "Travels Through Life" Together with His Commonplace Book for 1789-1813*, ed. George W. Corner (Princeton: Princeton University Press, 1948), 296.

<sup>5</sup> For example, see Heman Humphrey, *Intemperance: An Address, To the Churches and Congregations of the Western District of Fairfield County* (New-Haven: Printed by Eli Hudson, 1813); William Jenks, *A Sermon, Preached before the Massachusetts Society for the Suppression of Intemperance, at Their Annual Meeting, June 1, 1821* (Boston: Printed by Phelps and Farnham, 1821); Warren Abbott, *Address to the Danvers Auxiliary Society, for Suppressing Intemperance and Other Vices, and Promoting Temperance and General Morality* (Salem: Printed by John D. Cushing and Brothers, 1822); Luther F. Dimmick, *Intemperance: A Sermon, Delivered at the North Church in Newburyport, on the Occasion of the Publick Fast, April 1, 1824* (Newburyport: Charles Whipple, 1824).

Jeffersonian era. Rush's social status and active promotion of the *Inquiry* made it a popular text among early temperance reformers.

The emergence of the first organized temperance societies in New England coincided with the beginning of the Second Great Awakening, a period of spiritual revival that began against the backdrop of the Federalists' declining political influence, which became complete in the wake of the War of 1812. This New England-based religious movement, which blended fundamentally Protestant ideologies with Enlightenment materialism, linked national success to individual morality. Consequently, ministers sought to ensure the survival of the United States by urging a return to morality and virtue. Temperance ideology fit within these wider discourses.<sup>6</sup> As the Federalists ceded leadership of the United States to the Jeffersonian Republicans in 1800, American ideas about sin and intemperance were encoded within the language of a larger national conversation about freedom and slavery that, like American republican ideals, emerged from the philosophical currents of the Enlightenment. As Eric Foner has pointed out, after independence, discursive frameworks that relied on the rhetoric of freedom and liberty dominated the American imagination.<sup>7</sup> Thus, even though the Second Great Awakening was a movement of religious revival, it had been profoundly influenced by Enlightenment philosophy and emphasis on reason, which ministers envisioned as a God-given attribute useful in achieving virtue.

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<sup>6</sup> On the relationship between temperance and the decline of Federalist political power, see Ian R. Tyrrell, *Sobering Up: From Temperance to Prohibition in Antebellum America, 1800-1860* (Westport: Greenwood Press, 1979), 33-34, 38-40, 44-45, and 57.

<sup>7</sup> See Eric Foner, *The Story of American Freedom* (New York: W. W. Norton, 1999), especially Ch. 1-4.

While the first regional temperance movements emerged at a time when political power shifted from Federalists to Jeffersonian Republicans, the first national temperance movements emerged during the 1820s, coinciding with an intensifying revivalism of the Second Great Awakening. As the first organized temperance movement sought inspiration from Rush's medical work on alcohol consumption, the distinctly religious character of his conclusions fit perfectly into traditional discourses about sin. Moreover, most early temperance organizers were ministers, particularly from New England. As regional temperance groups evolved into the American Temperance Society, which was founded in 1826, ministers continued to denounce intemperance as a sin. But like their English predecessors from a century prior, they condemned the effects of alcohol by invoking medical and scientific research that relied on the Enlightenment conception that an individual's lack of reason represented an inner slavery.

### **Artificial Appetites, Slavery, and Addiction**

Early American temperance organizers readily incorporated the argument that psychoactive drugs in and of themselves constituted poisonous substances. They also expressed their belief that intemperance represented a form of self-enslavement in expressly Enlightenment terms. Henry Wadsworth called drinking an "imperious vice" in his 1815 sermon, defining it as sin. But the "habit once confirmed seems to demand indulgence," he continued. Adopting the medical language pioneered by George Cheyne a century earlier, Wadsworth repeated: "the unnatural appetite craves inordinately and incessantly" until it has "obtained...mastery" over the drinker.<sup>8</sup> Expressing a growing

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<sup>8</sup> Benjamin Wadsworth, *Intemperance, A National Evil: A Discourse* (Salem: Printed by Thomas C. Cushing, 1815), 8.

consensus against moderate drinking, Ebenezer Porter preached that even if “occasionally, the appetite is indulged,” then the “lurking propensity grows in strength” until “[w]ith slow, but steady progress, the habit becomes inwrought into the constitution.”<sup>9</sup> Similarly, Gamaliel Bradford preached:

Reason in the habitually intemperate has dropped the reins, and resigned the mind to the absolute control of matter. The drunkard has relinquished his free agency. Instead of being governed by motives, he is obliged to obey the dictates of a blind instinct, or bodily craving.<sup>10</sup>

That American temperance writers retained the link between appetite and reason in their condemnations of intemperance demonstrates the profound effect of Enlightenment materialism on religious social reformers in the United States during the Second Great Awakening.

Early nineteenth-century temperance preachers also inherited from the Gin Craze a dual definition of drunkenness in which the moral dimension of intoxication made it a simultaneously medical and legal issue. The temperance sermons of Lyman Beecher and John Gorham Palfrey, both highly influential Second Great Awakening ministers, display some of the most grandiloquent expressions defining intoxication as a sinful and criminal medical condition. Without doubting its status as a sin, Beecher—a co-founding member of the American Temperance Society—called intemperance a “disease as well as a crime.”<sup>11</sup> But within the overlapping meanings he evoked, Beecher had found a use for concepts that linked desire to an inner compulsion that operated at a physical level. “The

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<sup>9</sup> Ebenezer Porter, *The Fatal Effects of Ardent Spirits: A Sermon* (Andover: Printed for the New England Trace Society by Flagg and Gould, 1822), 171.

<sup>10</sup> Gamaliel Bradford, *An Address Delivered Before the Massachusetts Society for the Suppression of Intemperance, June, 1826* (Boston: Printed for the Society by Isaac R. Butts and Co., 1826), 8.

<sup>11</sup> Beecher, *Six Sermons*, 38.

demand for artificial stimulus... is like the rage of thirst, and the ravenous demand of famine,” Beecher preached, until “nature, taught by habit to require what once she did not need, demands gratification” that “to most men” is as “irresistible” as any “powerful attraction.”<sup>12</sup> Likewise, Palfrey preached that habitual intemperance represented a “depraved the appetite,” characterized by “an unnatural craving, which growing continually as it is fed, hurries the victim on with a strength which is all but irresistible.”<sup>13</sup> As the loose conglomeration of regional temperance societies coalesced into a national movement under the leadership of men such as Beecher, American ministers marshaled the natural philosophy of the Enlightenment to preach loudly and consistently that intemperance was simultaneously a condition of sin, crime, and disease. The result of immoral choices, through continued indulgence, intemperance became inscribed upon the physical body as well as tainting the soul.

Meanwhile, like their eighteenth-century English predecessors, temperance-minded physicians in the United States continued to define the physical body as the site of a diseased appetite created through the consumption of a growing range of psychoactive drugs. As physicians struggled to create an ontological category of disease for alcohol intoxication, they ultimately envisioned a series of “diseases of the will.”<sup>14</sup> Magnus Huss, a Swedish physician who coined the term alcoholism to describe the disease of intemperance in the 1840s, aided the development of an intermediate classification of disease, but the terminology of addiction did not fully emerge until the

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<sup>12</sup> Ibid., 14, 30. For more evidence that Beecher understood intemperance as a progressive condition, see also 25-31.

<sup>13</sup> John G. Palfrey, *Discourses on Intemperance* (Boston: Bowles and Dearborn, 1827), 54.

<sup>14</sup> See Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998).

Gilded Age.<sup>15</sup> Nevertheless historians have increasingly agreed that early medical temperance efforts represent the gradual development of an addiction concept.<sup>16</sup> These diseases of the will were defined in reference to both moral and physical dimensions of compulsive behavior, and, therefore, signified dual meanings. As physicians steadily medicalized drinking during the nineteenth century, the traditionally religious dimension of drunkenness as a sin was slowly being replaced with the “criminality of intemperance.”<sup>17</sup>

The most prolific temperance physicians during the 1820s and 1830s such as Andrew Nichols, Reuben Mussey, William Sweetser, and Daniel Drake increasingly attributed the development of an insatiable craving to consume stimulants or narcotics to the active principles in strong drink, opium, or any other psychoactive substance.<sup>18</sup> In

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<sup>15</sup> See William L. White, “The Lessons of Language: Historical Perspectives on the Rhetoric of Addiction,” in *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst: University of Massachusetts Press, 2004), 33–60.

<sup>16</sup> See David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2002), 100. Moreover, the title of an edited collection of early medical temperance essays, including Rush, Sweetser, and Mussey, supports this view. See Gerald N. Grob, ed., *Nineteenth-Century Medical Attitudes Toward Alcoholic Addiction: Six Studies, 1814-1867* (New York: Arno Press, 1981). More recently, for a dissertation specifically arguing in favor of this view, see Katherine H. Nelson, “The Temperance Physicians: Developing Concepts of Addiction” (PhD Diss., American University, 2006). Finally, the recognition that nineteenth-century temperance reformers were concerned with addiction before the term emerged into common thoroughly guides the approach taken by Susan M. Zieger, *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst: University of Massachusetts Press, 2008).

<sup>17</sup> For example, see Henry Ware, “Criminality of Intemperance,” *Christian Register*, January 30, 1824.

<sup>18</sup> While a comprehensive list of physicians expressing these views is much too long to include here, for excellent influential and representative examples, see Andrew Nichols, “Physical Effects of Stimulants,” *The National Recorder*, October 23, 1819; Daniel Drake, *A Discourse on Intemperance, Delivered at Cincinnati, March 1, 1828, before the Agricultural Society of Hamilton County* (Cincinnati: Looker & Reynolds, 1828); Reuben D. Mussey, *An Address on Ardent Spirits, Read before the New-Hampshire Medical Society, at Their Annual Meeting, June 5, 1827* (Hanover: Printed by Thomas Mann, 1828); William Sweetser, *A Dissertation on Intemperance* (Boston: Hilliard, Gray, and Company, 1829); Harvey Lindsly and Reuben D. Mussey, *Temperance Prize Essays* (Washington: Duff Green, 1835); Reuben D. Mussey, *Prize Essay on Ardent Spirits, and Its Substitutes as a Means of Invigorating Health* (Washington: Duff Green, 1837).

addition to publications produced and promoted by temperance organizations, these ideas slowly began to appear in official medical organs such as the *Boston Medical and Surgical Journal*.<sup>19</sup> As the temperance movement intensified with the Second Great Awakening, the American Temperance Society continued to rely on foreign medical knowledge, evident in the citation of numerous international physicians in its reports.<sup>20</sup> Additionally, the madness or derangement that seemed to accompany withdrawal from heavy drinking, *delirium tremens* increasingly came under medical scrutiny during the antebellum decades.<sup>21</sup>

One of the best insights into the medical understanding of alcohol and other drugs in the United States during this period can be gained by considering Edward Hitchcock's 1830 *Essay on Alcoholic & Narcotic Substances, as Articles of Common Use*. Hitchcock, a professor of chemistry and natural history at Amherst College, rooted his analysis in the latest temperance science of the day, citing Benjamin Rush, Reuben Mussey, and William Sweetser by name. But Hitchcock also cited the work of George Cheyne and Thomas Trotter, demonstrating not only his engagement with recent English temperance thought but with its Gin Craze antecedents as well.<sup>22</sup> Regarding alcohol as well as opium and tobacco to be "fascinating" to the "diseased appetite," Hitchcock's medical treatise,

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<sup>19</sup> For example, see "Physical Effects of Habits of Intoxication," *The Boston Medical and Surgical Journal*, December 29, 1829.

<sup>20</sup> For example, see "Seventh Report of the American Temperance Society," in *Permanent Temperance Documents of the American Temperance Society* (Boston and New York: S. Bliss and J. P. Haven, 1835), 404. Accessed through Hathitrust.org.

<sup>21</sup> On the medicalization of *delirium tremens* during the first half of the nineteenth century, see Matthew Warner Osborn, *Rum Maniacs: Alcoholic Insanity in the Early American Republic* (Chicago: University of Chicago Press, 2014).

<sup>22</sup> Edward Hitchcock, *An Essay on Alcoholic & Narcotic Substances, as Articles of Common Use: Addressed Particularly to Students* (Amherst: Published by J. S. & C. Adams and Co., 1830), 14, 18, 19, 21, 26.



which situated alcohol within a wider psychoactive framework, nevertheless continued to express his concern about habitual drinking through the metaphor of slavery.<sup>23</sup>

In the concepts of freedom and liberty at the center of American constructions of identity and self-worth, slavery represented more than a rhetorical metaphor. As an institution that kept millions of Americans in literal chains, chattel slavery represented an embodiment of metaphysical threats to individual morality and liberty as well as the spiritual health of the entire nation.<sup>24</sup> The language of slavery provided temperance reformers, often abolitionists with a strong moral aversion to slavery, with a powerful conceptual framework with which to discuss the loss of inner control that seemed to follow repeated indulgence in particular substances. Breaking away from scholars like Timothy Hickman, who warned not to read too deeply into the ubiquitous nineteenth-century metaphor of slavery, Susan Zieger found it at the very core of nineteenth century addiction discourses, suggesting that the simultaneous conflation and inversion of temperance and antislavery rhetoric represents nascent discourses about addiction.<sup>25</sup> Thus, the confluence of temperance and abolition rhetorics merged into an intemperance-slavery binary around which reformers continued to problematize intoxication as fundamentally harmful to society.

While slavery represented the power of alcohol over the drinker, abolitionists inverted the binary by likening slavery to drunkenness. In particular, Frederick Douglass, in reference to the practice of chattel slavery, famously declared, “Mankind has been

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<sup>23</sup> Hitchcock, *An Essay on Alcoholic & Narcotic Substances, as Articles of Common Use*, 4.

<sup>24</sup> See Foner, *The Story of American Freedom*, 29–31, 45, and 48.

<sup>25</sup> See Hickman, *The Secret Leprosy of Modern Days*, 73–74 and Zieger, *Inventing the Addict*, especially Ch. 2.

drunk” in a speech in Cork, Ireland in 1845.<sup>26</sup> By constructing an analogous relationship between slavery and drunkenness, Douglass equated intoxication with a system of labor that abolitionists since the eighteenth century had considered one of the gravest violations of Christianity and natural philosophy perpetrated by Western powers. Similar expressions appeared in the literature of the American Anti-Slavery Society and Harriet Beecher Stowe’s iconic condemnation of chattel slavery in the South cemented the intemperance-slavery binary in the popular imagination.<sup>27</sup> According to Susan Zieger, Stowe’s 1852 novel *Uncle Tom’s Cabin* exemplifies the inversion of this binary by portraying an “iconic drunken slave master” alongside “the degraded, intemperate slave”—powerful symbolism that underwrote the concept of addiction through the metaphor of slavery.<sup>28</sup> Perhaps the most powerful expression of the similarities between drunkenness and slavery in the minds of abolitionist temperance advocates in the United States can be found in the words of a young Abraham Lincoln. In 1842, he compared the “temperance revolution” to the “revolution of ’76,” a movement in whose success American society would “find a stronger bondage broken; a viler slavery manumitted; a greater tyrant deposed.” The future president and emancipator longed for a time “when there shall be neither a slave nor a drunkard on the earth,” a clear juxtaposition.<sup>29</sup>

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<sup>26</sup> Frederick Douglass, “Intemperance and Slavery: An Address Delivered in Cork, Ireland, on October 20, 1845,” in *The Frederick Douglass Papers: Series One—Speeches, Debates, and Interviews*, ed. John W. Blassingame, John R. McKivigan, and Peter P. Hinks, vol. 1, 2 vols. (New Haven: Yale University Press, 1979), 55, <http://www.yale.edu/glc/archive/1060.htm>.

<sup>27</sup> For example, see Theodore Dwight Weld, ed., *American Slavery, As It Is: Testimony of a Thousand Witnesses* (New York: American Anti-Slavery Society, 1839), 132.

<sup>28</sup> Zieger, *Inventing the Addict*, 20–21; see also Ch. 2.

<sup>29</sup> Abraham Lincoln, “An Address, Delivered before the Springfield Washington Temperance Society, on the 22d February, 1842,” in *Collected Works of Abraham Lincoln*, vol. 1 (Ann Arbor: University of Michigan Digital Library Production Services, 2001), 278–79, <http://name.umdl.umich.edu/lincoln1>.

The shared discourse of temperance and abolition in the antebellum period compared the condition of the drunkard with that of the slave, but where the slave remained in physical bondage, the drunkard was a helpless subject of an inner dependence on an unnatural substance. In an 1832 sermon entitled *Dependence and Free Agency*, Lyman Beecher preached that dependence on Christ represented true liberty, a state of free agency. On the other hand a failure to submit to Christ's spiritual authority implied a voluntary submission to the forces of darkness, an illusion of free agency in a state of inner bondage.<sup>30</sup> Describing intemperance as a "moral miasma," Beecher summed up the prevailing view with his usual hyperbole and oratory flair:

Yes, in this nation there is a middle passage of slavery, and darkness, and chains, and disease, and death. But it is a middle passage, not from Africa to America, but from time to eternity, and not of slaves whom death will release from suffering, but of those whose sufferings at death do but just begin.<sup>31</sup>

The success of abolitionism became an impetus to continue temperance efforts. For instance, Beecher argued that "like slavery," the manufacture of liquor "must be regarded as sinful, impolitic, and dishonorable."<sup>32</sup> A report of the America Temperance Union expressed similar sentiments:

A distinguishing feature of the age in which we live is a resolution to triumph over moral corruption; a determination to break the chains of the worst slavery, the slavery of degrading and destructive animalism...[until] we and ours will no longer be slaves to the poisonous drug, or the intoxicating cup.<sup>33</sup>

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<sup>30</sup> See Lyman Beecher, *Dependence and Free Agency, A Sermon Delivered in the Chapel of the Theological Seminary, Andover, July 16, 1832* (Boston: Printed by Perkins & Marvin, 1832).

<sup>31</sup> Beecher, *Six Sermons*, 72–73.

<sup>32</sup> *Ibid.*, 64, 66.

<sup>33</sup> "Fourth Annual Report," in *Permanent Temperance Documents* (New York: American Temperance Union, 1852), 187. Accessed through Hathitrust.org.

The invertability of the intemperance-slavery binary suggests that, looming large in the minds of abolitionists and temperance reformers, literal and metaphorical slavery became a way of expressing the fear of losing control over one's own subjective experiences. Thus, in the eyes of reformers, the United States during the first half of the nineteenth century was all but hopelessly addicted to the twin evils of slavery and intemperance.

### **Poison, Contagion, and the Body Politic in Antebellum Temperance Rhetoric**

Temperance rhetoric that equated intoxication-seeking behavior with slavery during the first half of the nineteenth century created the rhetorical foundation upon which physicians and reformers constructed an ontological category of addiction. As a part of this process, the assertion that alcohol was a literal poison underwrote the physical mechanics of intemperance. But even as the connection between alcohol and poison became more literal, it nevertheless retained some of its older connotations of contagion and pernicious influence.<sup>34</sup> In early-modern England, the meaning of poison simultaneously encoded a discreet physical poison as well as more metaphorical connotations about the transmissibility of potentially subversive ideas. For example, William Shakespeare's *Hamlet* expressed the idea that poisons spread through the human body like contagion contaminated a population.<sup>35</sup> These connections are reinforced by

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<sup>34</sup> On the relationship between contagion and poison, see Margaret Pelling, "The Meaning of Contagion: Reproduction, Medicine, and Metaphor," in *Contagion*, ed. Alison Bashford and Claire Hooker (New York: Routledge, 2001), 20. See also Vivian Nutton, "Did the Greeks Have a Word for It? Contagion and Contagion Theory in Classical Antiquity," in *Contagion: Perspectives from Pre-Modern Societies*, ed. Lawrence I. Conrad and Dominik Wujastyk (Aldershot: Ashgate, 2000), 137–162 and Martin S. Pernick, "Contagion and Culture," *American Literary History* 14, no. 4 (2002): 858–65.

<sup>35</sup> William Shakespeare, "The Tragedy of Hamlet, Prince of Denmark," 1602, Act III, Scene VII, <http://shakespeare.mit.edu/hamlet/full.html>.

physician Richard Mead's simultaneous interest in contagion and poison during the Gin Craze.<sup>36</sup>

During the Enlightenment, contagion did not lose its premodern connotation with communicability even though the context of European experience with the plague had associated it closely with disease. At the beginning of the eighteenth century, one unnamed author, named only as a private gentleman, declared that the "Plague certainly is not more contagious, than Ill Company; for it poysons [sic] insensibly."<sup>37</sup> Ministers like John Green, a Bishop of Lincoln, continued to lament that "the principles of sobriety and industry...may be lost by the influence of bad company, and the contagion of evil examples."<sup>38</sup> David Hartley, a friend of Benjamin Rush, similarly considered imitation as a "common contagion of human life" and described enthusiasm as a contagious attribute of human personality.<sup>39</sup> This relationship between contagion and human influence has resonated within the Anglo-American mindset so much that it has endured in discourses on intoxication at least until the Progressive Era. Thomas Crothers, an American physician who contributed to the first medicalized concepts of addiction at the end of the

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<sup>36</sup> See Richard Mead, *A Short Discourse Concerning Pestilential Contagion: And the Methods to Be Used to Prevent It* (London: Printed for Sam. Buckley in Amen-Corner, and Ralph Smith at the Royal-Exchange, 1720) and Richard Mead, *A Mechanical Account of Poisons in Several Essays*, 3rd ed. (London: Printed for J. Brindley, Bookseller to His Royal Highness the Prince of Wales; at the Feathers at New-Bond-Street, 1745).

<sup>37</sup> *An Account of Some Remarkable Passages In the Life of a Private Gentleman* (London: Printed and Sold by Joseph Downing in Bartholomew Close near West-Smithfield, 1708), 24.

<sup>38</sup> John Green, *A Sermon Preached in the Parish-Church of Christ-Church, London, On Thursday June the 3d, 1773, To Which Is Annexed, An Account of the Society for Promoting Christian Knowledge* (London: Printed by J. and W. Oliver, Printers to the Said Society, in Bartholomew-Close; and Sold by John Rivington, Bookseller, at (No. 62) the Bible and Crown in St. Paul's Church-yard, 1773), 24.

<sup>39</sup> David Hartley, *Observations on Man: His Frame, His Duty, and His Expectations*, 4th ed. (London, 1791), 459, 490.

nineteenth century, considered the role played by the “contagion of surroundings” and unsavory “company” in the etiology of addiction as a disease.<sup>40</sup>

At the height of the Gin Craze, English writers who condemned spreading intoxication as a contagious disease ubiquitously invoked the rhetoric of poison to condemn the drink itself. For example, Bishop Isaac Maddox included a letter from his friend and colleague David Hartley, who stated that liquor should be “ranked amongst the Poisons” for “destroying Life and Health,” in the appendix to his sermon.<sup>41</sup> Transmitted to the United States by Benjamin Rush, the view that psychoactive drugs were inherently poisonous substances became a bedrock argument in American temperance rhetoric. David Hartley’s letter was even republished in the United States in 1813.<sup>42</sup> Moreover, what scant temperance materials appeared in formal medical journals during the first two decades of the nineteenth century was often reprinted from English sources.<sup>43</sup>

Second Great Awakening ministers like Lyman Beecher often communicated the idea that psychoactive drugs were poisonous by using classical religious imagery, particularly the serpent. An ancient symbol of medicine, the serpent simultaneously represented the classical definition of *pharmakon* and embodied Christian concepts of

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<sup>40</sup> Thomas D. Crothers, *The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs* (New York: E. B. Treat, 1893), 27; Thomas D. Crothers, *The Drug Habits and Their Treatment* (Chicago: G. P. Engelhard, 1902), 46.

<sup>41</sup> David Hartley, quoted in Isaac Maddox, *The Expediency of Preventive Wisdom: A Sermon Preached before the Right Honourable the Lord-Mayor, the Aldermen, and Governors of the Several Hospitals of the City of London* (London: Printed by H. Woodfall, in Pater-noster-Row, 1751), 35.

<sup>42</sup> For example, see David Hartley, “On Intemperance: A Letter from Dr. David Hartley to Dr. Madox [sic], Bishop of Worcester,” *Christian Disciple*, February 2, 1814.

<sup>43</sup> For example, see “Foreign: On Ingurgitation, and a Convulsive Species of Ebrity, Considered in a Medical, Moral, and Forensic Point of View,” *The New England Journal of Medicine and Surgery, and Collateral Branches of Science*, October 1819; John Cooke, “A Treatise on Nervous Disease,” *The Philadelphia Journal of the Medical and Physical Sciences* 6, no. 11 (January 1, 1823): 149.

evil. Not surprisingly, the serpent became a convenient rhetorical sign with which to condemn the evils of alcohol consumption.<sup>44</sup> Lyman Beecher, for example, condemned the possibility of any “prudent use” of liquor: “[W]e might as well speak of the prudent use of the plague...of poison taken prudently...or of vipers and serpents introduced prudently into our dwellings.”<sup>45</sup> Ministers like Beecher used serpent imagery rhetorically to arouse their audiences, but it also allowed them incorporate the medical connotations of poison into their sermons while retaining a traditional religious focus. As poison and demon, alcohol threatened both life and soul, marking both for destruction.

While a slave to intemperance—suffering from a disease of the will—lost personal moral agency, individuals who had lost the capacity for reason and morality threatened all of society. This existential threat to the United States was expressed with rhetoric identical to that popularized by Gin Craze thinkers a century earlier—intoxication was cast as a contagion infecting the social body. Beecher used the rhetoric of sin and contagion to simultaneously define habitual drinking as criminal behavior and medical condition. One of the Second Great Awakening’s loudest voices and a co-founder of America’s first national temperance organization, Beecher and his views represent prevailing and oft-quoted temperance ideology in the United States before the Civil War. “Intemperance is a disease as well as a crime,” declared Beecher, “Were any other disease as contagious, of as marked symptoms, and as mortal, to pervade the land, it would create universal consternation.” Bewildered that “the plague is scarcely more

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<sup>44</sup> For example, see Luther F. Dimmick, *Intemperance: A Sermon, Delivered at the North Church in Newburyport, on the Occasion of the Publick Fast, April 1, 1824* (Newburyport: Charles Whipple, 1824), 28. Dimmick and other ministers were fond of citing Psalms 23:32, which compares wine to a serpent.

<sup>45</sup> Beecher, *Six Sermons*, 37–38.

contagious or deadly,” Beecher lamented, “we mingle fearlessly with the diseased, and in spite of admonition we bring into our dwellings the contagion, apply it to the lip, and receive it into our system.”<sup>46</sup> In a single statement, Beecher employed concepts of contagion to express his view that drunkenness represented both pathological and criminal behavior. Alcohol, the agent of this contagion, infected the individual drinker, who as a physically sick criminal and sinner infected an otherwise healthy society.

Like their Gin Craze predecessors, American temperance reformers ultimately employed notions of the body politic to express their fears of national and social decline that would naturally result from rising levels of intoxication. Horace Mann, a Massachusetts politician and education reformer, described drunkenness as a social disease, caused by the ingestion of poisonous substances, that threatened to infect the entire nation by injecting “disease into the body politic.”<sup>47</sup> Moreover, for clergyman Charles Barnett, “The mischief resulting from the use of ardent spirits is by no means confined to” the individual drinker. “[F]or as the poison infused into the body by the fang of the serpent flows through the whole system,” Barnett explained, “so this moral and physical venom infects the human race, and spreads through every member of the political body.”<sup>48</sup>

Since the threat to society had profound medical dimensions, temperance reformers often justified taking public health action, pushing the problem of addiction closer to the legal sphere. As elite American temperance physicians like Reuben Mussey

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<sup>46</sup> Beecher, *Six Sermons*, 38.

<sup>47</sup> Horace Mann, *Two Lectures on Intemperance* (Syracuse: Hall, Mills, 1852), 110.

<sup>48</sup> Charles Barnett, “An Address on Temperance,” *Christian Advocate and Journal*, September 25, 1835.



declared that intoxication makes the drinker more susceptible to contagious diseases, ministers utilized social fears of actual contagious diseases to argue in favor of regulation and prohibition.<sup>49</sup> Hyperbolizing that “war, famine and pestilence” were “merciful plagues” compared to the “cup of guilty excess,” John Gorham Palfrey justified segregating and punishing drunkards as criminals based on quarantine laws that had been intended to retard the spread of literal contagion such as smallpox and yellow fever.<sup>50</sup> Evocative use of contagion rhetoric to express physical and moral fears illustrates an unbroken line of temperance ideology that began to emerge in England during the second half of the seventeenth century, intensified during the Gin Craze, and was transmitted into the United States by Benjamin Rush.

### **The Growing Role of Psychoactive Drugs in Temperance Discourses**

Just because they overwhelmingly focused on drunkenness does not mean that temperance reformers were not interested in the negative effects of other drugs, especially opium. The main argument that Rush levied against habitual alcohol intoxication was the charge that alcohol itself was a poisonous, disease-causing substance. His *Inquiry* connected alcohol’s poisonous effects with its psychoactive properties by comparing a lifestyle of alcohol consumption to an overdose of opium, which during the eighteenth century, English physicians had already defined as a kind of

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<sup>49</sup> Mussey, *An Address on Ardent Spirit*, 13–14.

<sup>50</sup> John G. Palfrey, *Discourses on Intemperance*, 5, 80–84. For excellent background information about the development of quarantine practices and public health policy in the United States during the nineteenth century, see Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1987).

medicinal poison.<sup>51</sup> Chiding the drinker with rhetoric similar to the kind found in George Cheyne’s writing, Rush declared: “Thou poor degraded creature, who art daily lifting the poisoned bowl to thy lips... Thou art perpetrating gradually, by the use of ardent spirits, what he has effected suddenly by opium—or a halter.”<sup>52</sup> To his friend Jeremy Belknap, the esteemed Massachusetts clergyman and historian, Rush expressed a hope that a century hence, “the use of spirits” would become “as uncommon in families as a drink made of a solution of arsenic or decoction of hemlock.”<sup>53</sup> By associating liquor with medicinal drugs like opium and poisons like arsenic and hemlock—linkages that already existed during the Gin Craze—Rush advanced the idea that because alcohol was poisonous, there could be no acceptable non-medical use for distilled alcohol.<sup>54</sup> Moreover, by the mid-eighteenth century, Carl Linnaeus, the renowned Swedish taxonomist, included alcohol, which he labeled an artificial stimulant, among the known plant-based psychoactive drugs in his landmark study *Inebriantia*, a taxonomy of all known intoxicating substances of the time.<sup>55</sup> Rush’s comparisons revealed that by the end

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<sup>51</sup> For an early eighteenth-century English representation of opium as a medicine and a poison, see John Jones, *The Mysteries of Opium Reveal’d* (London: Printed for Richard Smith at the Angel and Bible Without Temple-bar, 1701).

<sup>52</sup> Rush, *An Inquiry Into the Effects of Ardent Spirits*, 13. See also George Cheyne, *An Essay of Health and Long Life* (London: Printed for George Strahan, at the Golden Ball over-against the Royal Exchange in Cornhill; and J. Leake, Bookseller at Bath, 1724), 59.

<sup>53</sup> Rush, quoted in Carl Binger, *Revolutionary Doctor: Benjamin Rush, 1746-1813* (New York: W. W. Norton & Company, 1966), 201.

<sup>54</sup> For a Gin Craze example associations between alcohol, opium, arsenic, and suicide, see Thomas Wilson, *Distilled Spirituous Liquors the Bane of the Nation* (London: Printed for J. Roberts in Warwick Lane, 1736), 47–48.

<sup>55</sup> Originally written in Latin, a full English translation of *Inebriantia* can be found in Henry Herbin Parker, “Linnaeus on Intoxicants: Pharmacology, Sobriety and Latinity in 18th Century Sweden” (PhD Diss., University of Illinois-Champaign Urbana, 1977).

of the eighteenth century, physicians were beginning to situate alcohol within a wider spectrum of psychoactive substances.

Western physicians had relied on opium to one degree or another as an anesthetic and gastrointestinal medicine since ancient antiquity. Laudanum—opium dissolved in alcohol—was a widely used medication in Enlightenment England. It remained so in the early decades of the United States. After all, two of Benjamin Rush’s heroes, Thomas Sydenham—who popularized its use in England—and Herman Boerhaave, advocated the use of opium for a variety of medicinal reasons.<sup>56</sup> In his autobiography, Rush openly stated that he had taken laudanum to alleviate seven weeks of seasickness during his voyage to Edinburgh as a young medical student.<sup>57</sup> As well, Rush recalled the story of a physician visiting Philadelphia who claimed that he had maintained his health in Asia—which he described as a sickly country—by drinking a “pleasant emulsion made from Poppies.”<sup>58</sup> Rush’s attitude towards the drug, however, therefore that opium use was not problematic before Western society began acquiring wider patterns of non-medical opiate use.

As physicians used opiates medicinally during the eighteenth and early nineteenth centuries, it was in discourses regarding the specter of non-medicinal Asian opium use that intoxication from other drugs was condemned. These comparisons intensified in the clerical and medical writing produced during the Gin Craze. For example, Thomas Wilson feared that habituation to alcohol consumption “may in time prevail as much as

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<sup>56</sup> David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 1982), 43–44.

<sup>57</sup> Rush, *The Autobiography of Benjamin Rush*, 40.

<sup>58</sup> Rush, *The Autobiography of Benjamin Rush*, 306–7.

Opium with the Turks, to which many attribute the scarcity of People in the East.” While he advocated its use for medicinal purposes, Wilson denounced the use of opium in pursuit of “Luxury.”<sup>59</sup> Drunkenness, which Enlightenment discourses had also defined as a selfish pursuit of pleasure and luxury, represented a non-medical use of alcohol—what today would be considered recreational substance use. Erasmus Darwin wrote that “alcohol” had “become the bane of the Christian world, as opium of the Mahometan.”<sup>60</sup> Likewise, influential English physician Thomas Trotter discussed the non-medical use of opium in terms of its effects on Turks and other Easterners, cautioning against indiscriminate medical use.<sup>61</sup>

Likewise, in a very popular travel memoir, Frenchman François Baron de Tott analogized Turkish opium consumption with alcohol intoxication.<sup>62</sup> Eighteenth-century expressions that related Eastern opium use to Western alcohol consumption that first originated during the Enlightenment, such as those of Baron de Tott, were reprinted in American periodicals during the early 1800s. “The Turks who give themselves up to an immoderate use of opium,” according to Baron de Tott, living in “a sort of drunkenness,” presenting “a curious spectacle, when they are assembled.”<sup>63</sup> This description was

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<sup>59</sup> Wilson, *Distilled Spirituous Liquors the Bane of the Nation*, 2.

<sup>60</sup> Erasmus Darwin, *Zoonomia; Or, The Laws of Organic Life* (Dublin: Printed for P. Byrne, and W. Jones, 1794), 353.

<sup>61</sup> Thomas Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness, and Its Effects on the Human Body*, First Philadelphia Edition (Boston: Published by Bradford & Read and A. Finley, Philadelphia, 1813), 40–45. This edition, published in the United States, is significant because it represents continued English influence on early American medical practice and temperance ideology.

<sup>62</sup> François de Tott, *Memories of the Baron de Tott, on the Turks and the Tartars* (Dublin: Printed for L. White, J. Cash, and R. Marchbank, 1785).

<sup>63</sup> “From the Memoirs of Baron de Tott, on the Turks and Tartars,” *The New Haven Gazette, and the Connecticut Magazine*, October 2, 1788. See also “Proofs That the People of the Southern Climes Have a

considered so reputable, that in 1827, one American medical author cited de Tott in a medical article about the effects of medicinal opium.<sup>64</sup> Thus, by the beginning of the nineteenth century, Western drinking and Eastern opium use increasingly began to represent analogous forms of recreational psychoactive drug intoxication.<sup>65</sup>

The main difference between temperance responses to alcohol and opium is that until the 1820s, most observers in the United States did not consider opium to be a recreational drug among Western users in the same way they did alcohol. Its strict association with medicinal use and prescription by physicians did not yet represent a problem on the same level as drunkenness. Nevertheless, temperance proponents did notice that opium's effects gave it a high potential for non-medical abuse. Clergyman John Palfrey believed that people drank alcohol only because opium, a more obscure drug, remained locked away in the apothecary's cabinet, while Lyman Beecher stated plainly that opium represented "another mode of producing inebriation," itself "a temptation to intemperance."<sup>66</sup> Even though laudanum was widely used as a medicine, its medicinal use was not considered as socially problematic or as widespread as alcohol consumption. However, it increasingly came under temperance reformers' scrutiny and

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Much Stronger Propensity to Heating and Intoxicating Liquors and Drugs Than Those of the Northern," *The Literary Magazine, and American Register*, April 1804.

<sup>64</sup> George W. Carpenter, "Observations and Experiments on the Pharmaceutical Preparations and Constituent Principles of Opium," *The Philadelphia Journal of the Medical and Physical Sciences* 5, no. 10 (August 1, 1827): 239.

<sup>65</sup> For further evidence of alcohol within a wider context of psychoactive drugs during the eighteenth century, see "Proofs That the People of the Southern Climes Have a Much Stronger Propensity to Heating and Intoxicating Liquors and Drugs Than Those of the Northern."

<sup>66</sup> Beecher, *Six Sermons*, 41.

condemnation after Thomas De Quincy introduced recreational opium use to a broader American audience in 1821 with the publication of his *Confessions of an Opium-Eater*.<sup>67</sup>

As temperance observers increasingly became aware of recreational drug use beyond just drinking, they placed alcohol within a broader framework of psychoactive drugs without necessarily invoking Orientalist distinctions. Advances in chemistry during the early nineteenth-century redefined alcohol as an active principle that caused the effects of liquor much like morphine—which was first isolated in 1819—represented the active principle responsible for the effects of opium.<sup>68</sup> That same year, Andrew Nichols, a physician, considered “opium, ardent spirits, tobacco, [etc.]” as “substances which” equally “possess intoxicating qualities” and “effects common with other stimulants.”<sup>69</sup> By 1826, religious voices condemned opium eating, which represented a recreational form of drug use compared to taking medicinal laudanum, as an “inveterate habit.”<sup>70</sup> Cyrus Yale similarly preached against the use of all psychoactive drugs, lumping together alcohol, opium, and Old World psychedelics while John Burdell exhorted youth to abstain from using “tea, coffee, alcohol, tobacco, opium...or any other fashionable poison.”<sup>71</sup> Between fashionable tea and deadly nightshade, antebellum temperance reformers advanced a broader antipsychoactive consensus by equally condemning

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<sup>67</sup> On the significance of Thomas De Quincy to American conceptions of opium during the early nineteenth century, see Hickman, *The Secret Leprosy of Modern Days*, 16–20 and Zieger, *Inventing the Addict*, Ch. 1.

<sup>68</sup> On the discovery of alkaloids as active principles during the early nineteenth-century, see John E. Lesch, “Conceptual Change in an Empirical Science: The Discovery of the First Alkaloids,” *Historical Studies in the Physical Sciences* 11, no. 2 (1981): 305–28.

<sup>69</sup> Nichols, “Physical Effects of Stimulants.”

<sup>70</sup> “Inveterate Habit,” *Western Luminary*, May 10, 1826.

<sup>71</sup> Cyrus Yale, “The Worcester Prize Essay: On Intemperance,” *Recorder and Telegraph*, February 19, 1825; John Burdell, “Effects of Stimulants: Addressed to Youth,” *The Family Magazine; Or, Monthly Abstract of General Knowledge*, May 1, 1841.

alcohol and opium in reference to each other as well as within the full spectrum of known mind-altering drugs.

Even though the very idea of recreational opium use was relatively new on the American scene, the Second Great Awakening overlapped with a growing opium trade between India and China. Imperial British commerce drove the commodification of opium that rapidly democratized recreational opium use, propelling it into the popular global reform consciousness. As the United States took its first adolescent steps of nationhood early in the nineteenth century, an industrializing British Empire found itself at the cusp of an explosive period of global expansion. As British colonial reach and imperial trade began to penetrate Asia, English economic might encountered obstacles. The growing demand for tea among metropolitan British citizens contributed to a growing trade deficit.<sup>72</sup> The British East India Company, which represented royal interests, decided to trade opium produced in India for Chinese tea. This solution created a new trade that conserved hard currency, solved the deficit, and generated enough profit to fund the colonial administration. This trade was immensely profitable for the British Empire but the Chinese government vehemently resented the proliferation of opium consumption within its borders. In fact, the trade and use of opium had been outlawed in China by imperial edict since 1729 for concerns similar to those raised by nineteenth century American temperance advocates in their fight against Demon Rum.<sup>73</sup> Resentful of its forced addiction, China's opposition to the opium trade led to two wars in which

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<sup>72</sup> William T. Hanes and Frank Sanello, *Opium Wars: The Addiction of One Empire and the Corruption of Another* (Naperville: Sourcebooks, 2002), 19–20, 293–94; Brian Inglis, *The Opium War* (London: Hodder and Stoughton, 1976), 47, 50, 77, 177; Jack Beeching, *The Chinese Opium Wars* (London: Hutchinson, 1975), 3–4, 43.

<sup>73</sup> Beeching, *The Chinese Opium Wars*, 25; Courtwright, *Forces of Habit*, 34–35.

gunboats of the East India Company and the Royal Navy enforced Britain's imperial right to continue flooding the Chinese market with Indian opium.

Temperance crusaders denounced the active role Western nations played in promoting an opium trade that left what they perceived to be a wake of human wreckage across Asia. Initially appearing in American religious and missionary magazines, antebellum observers expressed their embarrassment that “nominal Christians, men of high worldly respectability, grow, prepare, and smuggle this deadly poison.”<sup>74</sup> Rising interest in Chinese opium consumption, Western culpability in its spread, and its transmission to the United States increased throughout the nineteenth century and ultimately evolved into what would become known as an international anti-opium movement. In 1839, at the outbreak of the First Opium War, Baptist missionaries in “Burmah” regarded “[a]rrack drinking and opium smoking” to be “crying sins” that were “as bad as New England intemperance!”<sup>75</sup> As with alcohol, it was the psychoactive effects of opium that drew the ire of Western observers, who interpreted them as a similar form of madness. Both could equally “stupefy and derange the intellectual powers,” “utterly corrupt the moral sense,” “give to gross appetite the reins of reason,” and “deprave...the hearth.”<sup>76</sup> In the end, regardless of how intoxication was achieved, observers were more concerned that the “human mind may be rendered” equally “foolish

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<sup>74</sup> “British India, Opium, and China,” *Baptist Missionary Magazine*, November 1840, 270.

<sup>75</sup> “Foreign Missions: Notices from the Baptist Missionary Magazine for April,” *Boston Recorder*, May 3, 1839.

<sup>76</sup> “Effects of Opium,” *The Albion, A Journal of News, Politics and Literature*, October 26, 1839.



or entranced” by either “alcohol or opium.”<sup>77</sup> The specific drug in question was secondary to the problem of intoxicated psychoactive experience.

By the middle of the nineteenth century, drinking and opium use represented two different sources of socially problematic intoxication, causing similar, if not identical, states of intoxication, disease, and social harm. The equivalence between alcohol and opium expressed in American temperance rhetoric represents an almost direct restatement of sentiments expressed by European thinkers such as Thomas Wilson, Erasmus Darwin, and Baron de Tott a century earlier. “*Opium in China*,” stated one medical article, “produces the same evils that *alcohol* does in Christian communities.”<sup>78</sup> At the same time, the *Christian Observer* declared that “Opium in the EAST, and Alcohol in the WEST, seem to have parceled out the race of man between them, as a butcher would a flock of sheep...The drug is no better than the liquor: the liquor is no better than the drug.”<sup>79</sup> Opium was even found to cause *delirium tremens*, an early concept of withdrawal that had been traditionally considered the “drunkard’s scourge.”<sup>80</sup> As substances of pleasure, both were equally evil in the mind of American temperance reformers.

Such comparisons of alcohol to opium by domestic reformers joined Western missionaries’ comparison of opium to alcohol established an invertable alcohol-opium binary around which concepts of intoxication and addiction would be constructed during the second half of the nineteenth century. Just as the inversion of the intemperance-

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<sup>77</sup> James B. Harrison, “The Psychology of Opium Eating,” *Littell’s Living Age*, June 24, 1854.

<sup>78</sup> “Opium in China,” *The Graham Journal of Health and Longevity*, April 18, 1837.

<sup>79</sup> G. D., “Rum and Opium Compared.”

<sup>80</sup> See S. A. Cook, “A New Cause of Delirium Tremens,” *The Boston Medical and Surgical Journal* 34, no. 2 (February 11, 1846): 33–34; “The Drunkard’s Scourge,” *New York Observer and Chronicle*, July 1841.

slavery binary created the foundation for what would become concepts of addiction, so the inversion of the alcohol-binary reveals that nineteenth-century moralists were more concerned about intoxication and addiction that attended the indulgence in any drug that was psychoactive rather than any specific substance.

## Conclusions

By reacting to the broader problem of individual psychoactive experience, temperance reformers in the United States had laid the foundation for a modern, unquestioning consensus against intoxication and addiction that by 1860, was well under construction. The antebellum decades, which were preceded by cycles of heightened temperance agitation, were characterized by a growth in temperance society membership, the rise of Washingtonian societies temperance movement, and significant decreases in per capita alcohol consumption. These factors indicate that by the 1840s, the temperance movement had fundamentally begun to transform American society. In 1850, Maine jurist Neal Dow led a successful effort to ban the sale, distribution, and consumption of alcohol under state law.<sup>81</sup> Named after the state in which they were first passed, the so-called Maine Laws were adopted across the North. John Marsh, a president of the American Temperance Union—a later incarnation of the American Temperance Society that had been founded in 1826—celebrated Neal Dow as the Napoleon of Temperance, a symbol of the movement's successes and future potential.<sup>82</sup>

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<sup>81</sup> Ian R. Tyrrell, *Sobering Up: From Temperance to Prohibition in Antebellum America, 1800-1860* (Westport: Greenwood Press, 1979), Ch. 10; Jack S. Blocker, *American Temperance Movements: Cycles of Reform* (Boston: Twayne Publishers, 1989), 45.

<sup>82</sup> John Marsh, *The Napoleon of Temperance: Sketches of the Life, and Character of the Hon. Neal Dow, Mayor of Portland, and Author of the Maine Liquor Law* (New York: American Temperance Union, 1852) and John Marsh, *A Half Century Tribute to the Cause of Temperance: An Address, Delivered at New Paltz,*

Nevertheless, the question of slavery and the Civil War pushed the temperance movement and prohibition efforts into the background of American social reform. By the beginning of the Civil War, the Maine Laws had fallen under judicial review.<sup>83</sup> In China, the Second Opium War took place from 1856–60, but because it occurred right before the beginning of the Civil War in the United States, it went largely unnoticed in American religious presses. Any reform regarding the regulation of psychoactive intoxication, whether from drinking, opium, or any other drug, would have to wait until the Civil War, which preoccupied most, if not all, Americans could be resolved.

Antebellum temperance writers who conflated intoxication, disease, sin, and contagion continued the pathologization of psychoactive drugs as a discreet physical poison, and the individual bodies infected by it that had begun in England regarding alcohol. The continuity between statements made by seventeenth-century English minister and references to drunkenness in antebellum American periodicals is remarkable. In 1635, Thomas Heywood had personified drunkenness itself as possessing a body that could be “Opened, Dissected, and Anatomized,” a depiction of alcoholic addiction that continued to be expressed in American temperance discourses during the Second Great Awakening.<sup>84</sup> In both expressions, the individual body and the intoxication it could experience was systematically objectified and pathologized, a process that defined the desire for intoxication as an aberrant appetite.

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*before the Ulster County Temperance Society, January 8, 1851* (New York: American Temperance Union, 1851).

<sup>83</sup> On the temperance movement during “war doldrums,” see Blocker, *American Temperance Movements*, 71–74; On the decline of the Maine Laws, see Tyrrell, *Sobering Up*, Ch. 11.

<sup>84</sup> Compare Heywood, Title Page of *Philocothonista, or, The Drunkard, Opened, Dissected, and Anatomized* and the title of “Miscellanies: The Anatomy of Drunkenness,” *The New-England Galaxy and United States Literary Advertiser*, June 15, 1827.

Across the centuries, temperance rhetoric on both sides of the Atlantic continued to rely on concepts of contagion and disease to condemn intoxication and the intoxicated, which tapped into traditional ideas that physical health revealed the internal condition of a person's soul. Thus, the moral dimension of appetite, simultaneously shaped by North American religion and Enlightenment thought, closely intertwined the process of pathologization with criminalization. Writing at the end of his life, Neal Dow expressed the simultaneously medical and criminal aspect of intoxication and addiction that developed during nineteenth century. Ascribing agency to the physical substance of the drug itself, Dow believed that "Those on whom the appetite for liquor had fastened its relentless grip would pursue...devious and unattractive ways to obtain the means to quench their unnatural thirst."<sup>85</sup> In the decades before the Civil War, American temperance clergymen, physicians, and growing number of politicians entrenched the dual interpretation of intoxication as disease and crime that would evolve into the modern medico-legal approach to psychoactive drug regulation.

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<sup>85</sup> Neal Dow, *The Reminiscences of Neal Dow: Recollections of Eighty Years* (Portland: Portland, 1898), 380.

## Chapter 4

### From Slavery to Addiction: Prohibition, Drug Control, and the Medico-legal Concept of Addiction, 1865-1920

[T]he inebriate diathesis is... that constitutional proclivity, or neurosis, which impels to the inordinate use of narcotics. This includes the hurtful consumption of opium, chloral, cocaine, etc., as well as of alcohol.

—Thomas D. Crothers, *The Disease of Inebriety*<sup>1</sup>

Just as the craving for drink will make a man sacrifice the happiness and lives of his wife and children to appease his morbid thirst, so the craving for opium leads many a man to starve and even sell his wife and children to satisfy his unquenchable thirst for the drug.

—R. C. Beebe, *The Opium Habit*<sup>2</sup>

Temperance reformers did not wait long after the Civil War ended to resume national temperance efforts, which entered a phase of unprecedented organization during the Gilded Age. Founded, in 1865, the National Temperance Society and Publication House (NTSPH) became the most prolific producer of antipsychoactive literature, publishing over a billion pages during the Gilded Age.<sup>3</sup> Supported by many smaller temperance organizations, the National Temperance Society assumed the leadership of a national movement that had been interrupted by the Civil War. At the same time, the effort of female reformers led to a women's temperance crusade that lasted from 1873 to

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<sup>1</sup> Thomas D. Crothers, *The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs* (New York: E. B. Treat, 1893), 47.

<sup>2</sup> R. C. Beebe, "The Opium Habit," in *Opinions of Over 100 Physicians on the Use of Opium in China*, ed. William H. Park (Shanghai: American Presbyterian Mission Press, 1899), 73.

<sup>3</sup> For an account of the organization's founding and publication efforts, see J. N. Stearns, "National Temperance Society and Publication House," in *One Hundred Years of Temperance: A Memorial Volume of the Centennial Conference Held in Philadelphia, PA., September, 1885*. (New York: National Temperance Society and Publication House, 1886), 447–62; See also Joshua Paddison, "National Temperance Society and Publication House (NTSPH)," in *Alcohol and Temperance In Modern History: An International Encyclopedia*, ed. Jack S. Blocker, David M. Fahey, and Ian R. Tyrrell (Santa Barbara: ABC-CLIO, 2003), 444–45.

1874. The founding of the Woman's Christian Temperance Union (WCTU) in 1873 marked the beginning of organized, international women's temperance efforts during the second half of the nineteenth century.<sup>4</sup> During the Gilded Age, clerical and female reformers began to abandon temperance arguments based on moral suasion in favor of prohibition supported by scientific and medical evidence.<sup>5</sup>

Providing the scientific and medical rationale for the temperance movement, physicians during the Gilded Age organized their own organizations dedicated to the scientific study of psychoactive drug use for the first time. The medicalization of intoxication, a process that led to the development of a disease concept of addiction, achieved an important milestone in 1870, when a group of physicians founded the American Association for the Cure of Inebriety (AACI). Beginning later in the decade, the AACI began publishing the *Quarterly Journal of Inebriety*, a medical journal edited by Thomas Crothers, a vocal proponent of asylum treatment.<sup>6</sup> Interested in psychoactive drug use more generally, physicians during the Gilded Age often discussed the medical treatment of addictions to opiates and other drugs alongside alcoholism in their writing.

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<sup>4</sup> For an account of the WCTU's founding, see Caroline B. Buell, "History of the Woman's Christian Temperance Union," in *One Hundred Years of Temperance: A Memorial Volume of the Centennial Conference Held in Philadelphia, PA., September, 1885* (New York: National Temperance Society and Publication House, 1886), 463–76. On the women's temperance crusade, see Jack S. Blocker, "Give to the Winds Thy Fears": *The Women's Temperance Crusade, 1873-1874* (Westport: Greenwood, 1985). For a more general history of the WCTU and the women's temperance efforts, see Ruth Bordin, *Woman and Temperance: The Quest for Power and Liberty, 1873-1990* (New Brunswick: Rutgers University Press, 1990). The role of women in broader temperance efforts is explored in Jack S. Blocker, *American Temperance Movements: Cycles of Reform* (Boston: Twayne Publishers, 1989), Ch. 3.

<sup>5</sup> Blocker, *American Temperance Movements*, xv. Blocker argued that the temperance movement slowly evolved from a temperance stance based on moral suasion to the coercive ideology that culminated in national alcohol prohibition.

<sup>6</sup> Barbara Weiner and William White, "The Journal of Inebriety (1876-1914): History, Topical Analysis, and Photographic Images," *Addiction* 102, no. 1 (January 2007): 15–23. See also Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: Johns Hopkins University Press, 2005), 2–3 and Timothy A. Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007), 48.

Medical efforts to produce the scientific rationale for the control of psychoactive consumption coincided with an international movement seeking the abolition of the global opium trade. Consisting of an international coalition of primarily Anglo-American missionaries in Asia, this movement sought international and domestic legislation to control the manufacture, distribution, and non-medical use of opium.<sup>7</sup>

The intensification of organized and professional interest in addiction during the Gilded Age occurred against a background of a rapidly changing demography of drug use in the United States. An assortment of new substances and technologies collided with unrestricted immigration and urbanization, which led to unprecedented ethnic and racial mixing in America's growing metropolises. These powerful social forces drove novel patterns of psychoactive intoxication in the United States. According to David Courtwright, "the isolation of and commercial production of psychoactive alkaloids such as morphine and cocaine" and "the development of hypodermic medication, synthetic drugs...and synthetic derivatives like heroin...accelerated the psychoactive revolution and increased anxieties about its social consequences."<sup>8</sup> The syringe was a technology perfectly suited to administer highly concentrated doses of newly isolated psychoactive drugs directly into the bloodstream. Intravenous injection heightened the drug's "potent and euphorogenic" effects by bypassing the detoxification of digestion and taking it

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<sup>7</sup> For an overview of missionary efforts against opium in China, see Kathleen Lodwick, *Crusaders Against Opium: Protestant Missionaries in China, 1874-1917* (Lexington: University Press of Kentucky, 1996). On the impact of the international antiopium movement on American policies and domestic laws, see David F. Musto, *The American Disease: Origins of Narcotic Control* (New York: Oxford University Press, 1973), 24-53.

<sup>8</sup> David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2002), 76.

directly to the brain, the terminal site of psychoactive action.<sup>9</sup> While technological advances drove domestic patterns of opiate use among single white men, Asian immigrants introduced opium smoking into American cities on a wider scale.<sup>10</sup> These new types of intoxication joined drunkenness, the traditional Western referent for intoxication, as modern specters of problematic psychoactive experience.

Temperance during the second half of the nineteenth century, which responded to all forms of psychoactive intoxication, occurred against the backdrop of distinct yet interrelated processes of industrialization, urbanization, and middle-class formation that resulted in an integrated national economy.<sup>11</sup> As a result industry and cities grew together, their fortunes intertwined in an inextricable and dialectical relationship. The new middle class of managers, merchants, clerks, physicians, lawyers and other service specialists that emerged to run this new economy valued higher education, efficiency, scientific management, and professional expertise. Because they envisioned their newfound social position as having emerged from out of the lower classes of society, the members of the middle-class deliberately set standards for membership in exclusive

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<sup>9</sup> Courtwright, *Forces of Habit*, 36–37. see also H. Wayne Morgan, *Drugs in America: A Social History, 1800-1980* (Syracuse: Syracuse University Press, 1981), 22–26 and Hickman, *Secret Leprosy of Modern Days*, 36-42.

<sup>10</sup> On the relationship between Asian immigration, opium smoking, and the first local laws prohibiting opium use, see Musto, *American Disease*, 91–120 and Edward M. Brecher, *Licit and Illicit Drugs* (New York: Little, Brown, and Company, 1973), Ch. 6. For an analysis of increasing opiate use by white men, see David T. Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 1982).

<sup>11</sup> On the emergence of a new middle class during the second half of the nineteenth century, see Robert H. Wiebe, *The Search for Order, 1877-1920* (New York: Macmillan, 1967).



groups in a twin effort to garner social prestige and preserve their socio-economic status.<sup>12</sup>

Physicians in search of social and cultural authority professionalized during the nineteenth century as never before. At the beginning of the nineteenth century, physicians in the United States enjoyed little public trust. By the end of the Progressive Era, however, elite physicians had succeeded in imposing standards on medical practice by controlling access to the profession through education and licensing standards. The prevailing historical interpretation of the significance of medical professionalization maintains that by the end of the Progressive Era, the establishment of scientific medicine finally conferred upon the medical profession an unprecedented degree of public trust and social prestige.<sup>13</sup> As well, the medicalization of insanity that began during the first half of the nineteenth century intersected with the rise of scientific medicine to construct a mainstream culture of therapy characterized by a love of comfort, aversion to physical pain, and willingness to seek relief from medical professionals.<sup>14</sup>

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<sup>12</sup> On the intersection between middle-class formation and professionalization, see Burton Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: Norton, 1976).

<sup>13</sup> On the professionalization and emergence of scientific medicine in the United States, see William Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972); John S. Haller, *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981); Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), Book One; and James H. Cassedy, *Medicine in America: A Short History* (Baltimore: Johns Hopkins University Press, 1991).

<sup>14</sup> Two classic texts on the medicalization and professionalization of mental health in the United States are David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, 2nd ed. (Boston: Little, Brown, and Company, 1990) and Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973). Early nineteenth-century trends in the treatment of mental illness are well covered by Mary Ann Jimenez, *Changing Faces of Madness: Early American Attitudes and Treatment of the Insane* (Hanover and London: Published for Brandeis University Press by University Press of New England, 1987). For the concept of a “therapeutic world view,” see T. J. Jackson Lears, *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920*, 2nd ed. (Chicago: University of Chicago Press, 1994), xvii and 47-58.

Historians of temperance and drug control have agreed that the medicalization of addiction during the Gilded Age and Progressive Era was integrated into a larger context of medical professionalization.<sup>15</sup> Moreover, the intersection between addiction and the quest for medical authority fit into the larger relationship between professionalization and rapid urban and industrial growth. These dramatic changes inspired middle-class social and economic anxieties about the stability of the city that fed a progressive reform impulse. In an effort to solve urban problems like disease, poverty, and overcrowding, progressives often resorted to coercion in order to achieve social reforms—including psychoactive regulation.<sup>16</sup> Thus the modern medicalization of intoxication through the construction of an ontological disease concept of addiction emerged from the confluence of Progressive Era reform, the growing prestige of the medical profession, and what Timothy Hickman has called a middle-class cultural crisis of modernity.<sup>17</sup>

### **Medical Missionaries, American Physicians, and the Medicalization of Addiction**

As newly isolated and synthetic drugs such as morphine, cocaine, and heroin began to emerge in the West, the British opium trade had spread opium smoking

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<sup>15</sup> Musto, *American Disease*, 13–14; Courtwright, *Forces of Habit*, 179–82; Tracy, *Alcoholism in America*, 5, 8, 10, and 13; Hickman, *The Secret Leprosy of Modern Days*, 9–10 and 94–95; and Susan M. Zieger, *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst: University of Massachusetts Press, 2008), 133. See also Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998).

<sup>16</sup> My understanding of Progressive Era urban reform is especially guided by Wiebe, *The Search for Order*; Paul S. Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Harvard University Press, 1978); and John W. Chambers, *The Tyranny of Change: America in the Progressive Era, 1890-1920* (New Brunswick: Rutgers University Press, 2000).

<sup>17</sup> Hickman, *The Secret Leprosy of Modern Days*, 4–7. On the prohibition of alcohol and other drugs as a Progressive Era reform, see Chambers, *Tyranny of Change*, 162–65 and Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: The Johns Hopkins University Press, 2005), 2–5.

throughout China. During the second half of the nineteenth century, opium in the Celestial Kingdom continued to represent an Eastern counterpart to Western drinking problems for Western missionaries in China. Conceptualizing the effects of opium against an alcohol-opium binary that had emerged during the first half of the nineteenth century, they often drew comparisons between different psychoactive drugs similar to those that used by their American temperance counterparts. One of these missionaries declared, “opium smokers are like the alcohol drinkers, the opium smoking houses are like beer-houses and gin-palaces, the opium merchants are like wine merchants, and brandy, gin, and rum importers, and opium producers are like the vine and hop growers, maltsters, brewers, and distillers.”<sup>18</sup> Inverting the relationship between these two drugs, such discourses illustrate the growing stability of the alcohol-opium binary during the Gilded Age.

Moreover, missionary discourses regarding the harmful effects of opium use reveal the overlap between medical and religious spheres of thought that continued during the Gilded Age. At a time when professionalizing physicians—even if they were often religious—increasingly relied on the rhetoric of science, the missionaries engaged in these discourses were often trained as both clergymen and physicians. While they focused on the spiritual harm associated with opiate addiction, these writers incorporated the latest medical testimony about the consequence of sustained, non-medical opium use described by Victorian and Gilded Age physicians. Benjamin Broomhall included the testimony of a physician who found that “those who smoke opium are...ever ready” to

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<sup>18</sup> T. T. Meadows, “Chinese and their Rebellions” in Arthur E. Moule, ed., *The Opium Question: A Review of the Opium Policy of Great Britain, and Its Results to India and China* (London: Seeley, Jackson, & Halliday, 1877), 42.

drink liquor, “more especially when they cannot get opium.”<sup>19</sup> While medical missionaries in China, who witnessed more opium smoking than alcohol consumption, often regarded opium use much more pernicious than drinking, comparisons between alcohol and opium became one of the central themes in their writing.<sup>20</sup>

While they argued just how to characterize the relationship between alcohol and opium, physicians nevertheless denounced opium in the same terms as domestic temperance reformers condemned alcohol. J. G. Kerr declared that like alcohol, “opium vitiates and debases the moral sense” of any person who became its “slave.” Deprived of the drug, “his craving for it overrules all considerations of morality and religion,” destroying natural appetites and corrupting family life.<sup>21</sup> Decrying the effects of psychoactive intoxication on families, R. C. Beebe compared the “craving for drink,” which “will make a man sacrifice the happiness and lives of his wife and children to appease his morbid thirst,” to a “craving for opium,” which likewise “leads many a man to starve and even sell his wife and children to satisfy his unquenchable thirst desire for the drug.”<sup>22</sup> The problem of an opium-addicted China was not just a missionary matter. Chinese opium use began to represent a direct threat to the United States for domestic

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<sup>19</sup> W. Lockhart quoted in Benjamin Broomhall, ed., *The Truth About Opium-Smoking* (London: Hodder & Stoughton, 1882), 73.

<sup>20</sup> For comparisons of alcohol and opium, see William H. Park, ed., *Opinions of Over 100 Physicians on the Use of Opium in China* (Shanghai: American Presbyterian Mission Press, 1899) and 32–33; William H. Park, “Opium and Alcohol Compared,” in *Opinions of Over 100 Physicians on the Use of Opium in China*, William H. Park, ed. (Shanghai: American Presbyterian Mission Press, 1899), 81–84.

<sup>21</sup> J. G. Kerr, “Opium in China,” in *Opinions of Over 100 Physicians on the Use of Opium in China*, ed. William H. Park (Shanghai: American Presbyterian Mission Press, 1899), 71.

<sup>22</sup> Beebe, “The Opium Habit,” 73.

observers such as physician Harry Hubbell Kane, a preeminent Gilded Age author on the subject.<sup>23</sup>

While missionaries fought against opium smoking in the East, physicians in the United States were developing modern disease concepts of addiction in the West. However, the reports of medical missionaries in China informed domestic research. The medicalization of addiction, like early international antiopium sentiment, began before the Civil War. While American physicians began problematizing opium use before the Gilded Age, their efforts primarily centered on concerns about rising levels of alcohol consumption. As the mental health profession developed during the first half of the nineteenth century, calls for the construction of inebriate asylums increased, led at first by religious voices. Benjamin Rush articulated the idea of an inebriate asylum as early as 1810.<sup>24</sup> During the Jacksonian Era, the movement picked up steam with the efforts of Samuel Woodward, the superintendent of a hospital in Worcester, Massachusetts who published an essay arguing in favor of the therapeutic institutionalization of intemperance drinkers in 1838.<sup>25</sup> The medicalization of *delirium tremens* increasingly situated it as a form insanity that fit within the larger context of a growing mental health profession. By mid-century, inebriate asylums were increasingly available to heavy drinkers.<sup>26</sup>

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<sup>23</sup> See Harry H. Kane, *Opium-Smoking in America and China: A Study of Its Prevalence, and Effects, Immediate and Remote, on the Individual and the Nation* (New York: G. P. Putnam's Sons, 1882).

<sup>24</sup> Benjamin Rush, "Sober House (1810)," in *The Autobiography of Benjamin Rush: His "Travels Through Life" Together with His Commonplace Book for 1789-1813*, ed. George W. Corner (Princeton: Princeton University Press, 1948), 354–55.

<sup>25</sup> Samuel B. Woodward, *Essays on Asylums for Inebriates* (Worcester, 1838).

<sup>26</sup> Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973), 189. On the medicalization of *delirium tremens*, see Matthew Warner Osborn, *Rum Maniacs: Alcoholic Insanity in the Early American Republic* (Chicago: University Of Chicago Press, 2014).

The work of Thomas Davison Crothers, a particularly influential researcher and proponent of asylum treatment, exemplifies the medical discourses on psychoactive intoxication that drove the emergence of modern medico-legal concepts of addiction during the Gilded Age and Progressive Era. A prolific author, Crothers defined addiction as a disease in reference to the alcohol-opium binary. Stating that morphine led to “addiction” every bit “as toxic and dangerous as that from alcohol,” Crothers situated it within a specialized lexicon denoting diseased behavior. He defined it as an “inebriate diathesis,” a condition he defined as a “constitutional proclivity, or neurosis” that “impels” the user “to the inordinate use of narcotics.” As a disease, addiction constituted a “hurtful consumption of opium... as well as of alcohol.” Mirroring the opinions of physicians and missionaries earlier in the nineteenth century, Crothers believed that drinkers were as likely to use opiates as opium smokers were to drink; addiction to either was “rapidly interchangeable.”<sup>27</sup>

The struggle to conceptualize the similar condition attending the use of many different drugs including alcohol is evident in the multiplicity of terms Crothers used. He discussed “an addiction to the excessive use of alcohol,” “alcoholic addiction,” “opium addiction,” “alcoholic narcotism,” and “narcotism from opium” as analogous conditions. Ultimately, he concluded that the “use of alcohol is a narcomania of the same class as that of opium.”<sup>28</sup> Like alcoholism, Crothers regarded the “psychosis of opium” as a form

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<sup>27</sup> Crothers, *Inebriety*, 351; Crothers, *The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs*, 47, 320; and Crothers, *Inebriety*, 345.

<sup>28</sup> Thomas D. Crothers, *The Drug Habits and Their Treatment* (Chicago: G. P. Engelhard, 1902), 16, 63; Thomas D. Crothers, *Inebriety: A Clinical Treatise on the Etiology, Symptomology, Neurosis, Psychosis and Treatment and the Medico-legal Relations* (Cincinnati: Harvey Publishing Company, 1911), 128; Thomas D. Crothers, *The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs* (New York: E. B. Treat, 1893), 326–27, 361; and Thomas D. Crothers, *Morphinism and Narcomaniacs from Other Drugs* (Philadelphia: W. B. Saunders & Co., 1902), 340–41.

of “intoxication,” which he defined as a “chronic poisoning of the psychological [sic] centers of the brain.” Compulsive intoxication defined this way represented a “disease which has an origin, development and termination.”<sup>29</sup> Crothers’ struggle to incorporate drugs other than alcohol into the emerging medical lexicon of addiction reinforces the notion that physicians like Crothers were more interested in the general compulsion to intoxication, not in any particular drug. By the second decade of the twentieth century, Crothers conspicuously used “drug addictions,” “drug addicts,” and “alcoholic addictions” interchangeably in the titles of his articles, suggesting that by the end of the Progressive Era, these terms were becoming more or less synonymous.<sup>30</sup>

Crothers’ views also reveal prevailing medical constructions of addiction as an intoxication-seeking behavior, not just the habitual use of a particular drug. While they often disagreed on how to treat addicted patients, most professional physicians situated alcohol and opium together within discourses on addiction.<sup>31</sup> Charles Towns, known for his efforts within the international anti-opium movement, frequently referred to “alcoholic poison” alongside the “opium evil” while C. A. McBride considered the “the question of inebriety caused by other forms of drugs than alcohol,” the most important of which was “opium [and] its derivatives.” Lamenting that “[t]he opium eater or smoker is as common in the East as the alcohol inebriate in the West,” he clearly believed that the

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<sup>29</sup> Crothers, *Drug Habits and Their Treatment*, 61. See also Crothers, *The Disease of Inebriety*, 313, 317 and Crothers, *Morphinism and Narcomaniacs from Other Drugs*, 71.

<sup>30</sup> For example, see Thomas D. Crothers, “The Significance of a History of Alcoholic Addiction,” *Medical Record* 79, no. 17 (April 29, 1911); Thomas D. Crothers, “Medical Studies of the Alcoholic Problem,” *Medical Record* 81, no. 26 (June 29, 1912); Thomas D. Crothers, “Drug Addictions and Their Treatment,” *The Lancet-Clinic* 114, no. 17 (October 23, 1915); and Thomas D. Crothers, “Drug Addicts and Their Treatment,” *Medical Record* 90, no. 6 (August 5, 1916).

<sup>31</sup> For example, see Felix L. Oswald, *The Poison Problem: Or, The Cause and Cure of Intemperance* (New York: Appleton, 1887). Oswald included psychoactive drugs more generally in his discussion of “intemperance.”

recreational use of either drug equally terminated in addiction, a medical condition requiring treatment by an emerging class of mental health specialists.<sup>32</sup> Indeed, a 1917 temperance sermon referred to physicians as the “Knights of the Pill,” an expression that supports the conclusion that by the end of the Progressive Era, professional medicine had gained a level of social prestige that positioned doctors as agents of cultural authority, including on matters of mental health and addiction treatment.<sup>33</sup>

While slavery remained an important metaphor to describe habituated psychoactive consumption in many medical texts, the emergence of medical articulations of addiction had finally created a single term that could encompass a range of meanings that before had been expressed by multiple words. Physician J. B. Mattison, a medical contemporary of Thomas Crothers, likewise considered the simultaneous habituation to multiple drugs as a compounded form of addiction.<sup>34</sup> References to alcoholism, a term first coined in 1848, now came to represent a specific form of addiction rather than a distinct condition. Intemperance, inebriety, dipsomania, alcoholism, and other specific terms that had been built backdrop of slavery as a metaphor merged under the unified concept now called addiction, a distinct ontological category of disease.<sup>35</sup> The emergence

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<sup>32</sup> Charles B. Towns and Alexander Lambert, *Habits That Handicap: The Menace of Opium, Alcohol, and Tobacco, and the Remedy* (New York: The Century Co., 1916), 123, 156, 285; C. A. McBride, *The Modern Treatment of Alcoholism and Drug Narcotism* (New York: Rebman Company, 1910), 128–29.

<sup>33</sup> John H. Stoody, “The Case Against Rum,” in *Temperance Sermons*, ed. Clarence T. Wilson (New York: The Methodist Book Concern, 1917), 62.

<sup>34</sup> For example, see J. B. Mattison, “A Case of Double Narcotic Addiction—Opium and Alcohol. Imbecility. Recovery,” *Medical News* 46, no. 12 (March 21, 1885): 321–23 and J. B. Mattison, “Triple Narcotic Addiction: Opium, Alcohol, Cocaine,” *Times and Register*, November 29, 1890.

<sup>35</sup> The emergence of a unified concept of addiction does not mean that debate did not continue among physicians and other social observers about the idea's specific meanings. For a body of scholarship that unpacks the full complexity of such discourses during the late nineteenth and twentieth centuries, see White, *Slaying the Dragon*; Valverde, *Diseases of the Will*; William L. White, “The Lessons of Language: Historical Perspectives on the Rhetoric of Addiction,” in *Altering American Consciousness: The History of*



of a disease concept of addiction represented the ultimate expression of medical and clerical discourses that had pathologized psychoactive drugs and intoxication since the Enlightenment.

But these same discourses, which had criminalized the act of satisfying the intoxicated desire by associating it with social contagion, retained traditional religious ideas about the disorder. During the Gilded Age and the Progressive Era, the moral dimension of psychoactive indulgence was expressed within the larger context of moral hygiene, a movement that sought to eliminate all forms of social contamination, including intoxication, miscegenation, and prostitution. By creating a scientific rationale for definitions of morality, the moral hygiene movement medicalized deviant behaviors by recasting them as diseases to be treated by doctors.<sup>36</sup> Nevertheless, the antisocial behavior that accompanied this disease was still defined as crime. Physicians like Thomas Crothers defined this quandary as the “medico-legal questions related to inebriety,” an expression that expressed the both the moral and medical dimensions of addiction within society.<sup>37</sup>

As physicians grappled with medico-legal definitions of addiction, they distinguished between medical and recreational addiction to psychoactive drugs.

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*Alcohol and Drug Use in the United States, 1800-2000*, ed. Sarah W. Tracy and Caroline Jean Acker (Amherst: University of Massachusetts Press, 2004), 33–60; Tracy, *Alcoholism in America*; Acker, *Creating the American Junkie*; and Hickman, *The Secret Leprosy of Modern Days*.

<sup>36</sup> The thesis regarding the medicalization of deviance during the nineteenth century was pioneered by sociologist Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992). For a broader synthesis of medicalization of behavior, see Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Johns Hopkins University Press, 2007). See also the significant contribution to the historical understanding of moral hygiene by Heidi Rimke and Alan Hunt, “From Sinners to Degenerates: The Medicalization of Morality,” *History of the Human Sciences* 15, no. 1 (2002): 59–88.

<sup>37</sup> Thomas D. Crothers, “Medico-Legal Problems of Inebriety, Illustrated by the Swift Case,” *Alienist and Neurologist* 10, no. 4 (October 1, 1889). See also Thomas D. Crothers, “Some New Medico-Legal Questions Relating to Inebriety,” *Alienist and Neurologist* 11, no. 3 (October 1, 1890) and Crothers, *Inebriety*.

Medicinal use of these substances, while on the decline, was nevertheless different in the eyes of the law than non-medical intoxication achieved purely for pleasure. The solution was articulated, according to Timothy Hickman, in the medico-legal distinctions between juridical and volition views of addiction. Juridical addicts, those who had acquired their habit from medical prescription, were eligible for medical treatment of their condition while volitional addicts, those who sought intoxication for pleasure, became criminals, and therefore, deserved legal punishment. The adoption of federal laws by the end of the Progressive Era that prohibited the use of various psychoactive drugs legally encoded this dual definition of addiction by prohibiting only non-medical psychoactive drug use.<sup>38</sup>

### **Moral Suasion, Scientific Temperance, and Psychoactive Regulation**

During the Gilded Age, the moral hygiene movement displaced moral suasion that characterized the early nineteenth-century temperance efforts, replacing it with scientific temperance. Yet moral suasion had not disappeared from clerical temperance texts. Even though the eminently influential Gilded Age orator Henry Ward Beecher invoked medical arguments and the testimony of medical experts in his temperance sermons, his primary concern was persuading the youth to abstain from any psychoactive drug use, thereby preventing addiction in any form.<sup>39</sup> As well, Presbyterian minister Theodore Cuyler, who had helped found the NTSPH and became one of the most prolific temperance preachers after the Civil War, still clung to moral suasion. Like Benjamin

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<sup>38</sup> On the intersection of medico-legal addiction discourses and medical authority during the Progressive Era, see Hickman, *The Secret Leprosy of Modern Days*, Ch. 4.

<sup>39</sup> Henry Ward Beecher, *Common Sense for Young Men on the Subject of Temperance* (New York: National Temperance Society and Publication House, 1871).

Rush, he believed that unless men's hearts' changed from within, no law could stop addiction.<sup>40</sup> But when Cuyler denounced the "chain-shot" of alcohol for its affinity to destroy the brain—"just that spot where the mind and body meet"—he demonstrated that even the old moral suasionist was not immune to the rise of scientific temperance reasoning.<sup>41</sup> And like the medical missionaries in Asia, Cuyler condemned the African rum traffic and Chinese opium trade in the same stroke.<sup>42</sup>

The cultural context of the moral hygiene movement most strongly influenced American society through the efforts of female reformers during the Gilded Age. Influenced by the ideal of republican motherhood that situated women as the guardians of the domestic sphere, women had been involved with temperance since the movement first organized in the first half of the nineteenth century.<sup>43</sup> By mid-century, women who had entered the public arena with their support of antislavery efforts were active in organizations such as the Daughters of Temperance, which had begun as an auxiliary group of the Sons of Temperance. Other groups like the Order of Good Templars had even allowed women to become members.<sup>44</sup> After the Civil War, women's temperance

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<sup>40</sup> Theodore L. Cuyler, "Deeper Down Than Prohibition," *New York Evangelist*, April 10, 1884.

<sup>41</sup> Theodore L. Cuyler, "The Brain and the Bottle," *New York Evangelist*, November 2, 1882, 502; Theodore L. Cuyler, "Shot Through the Brain," *The Youth's Companion*, December 29, 1881.

<sup>42</sup> Theodore L. Cuyler, *Recollections of a Long Life: An Autobiography* (New York: The Baker & Taylor Co., 1902), 254.

<sup>43</sup> On the ideal of republican motherhood and its role in establishing American women as guardians of morality in the private sphere, see Nancy F. Cott, *Bonds of Womanhood: "Woman's Sphere" in New England, 1780-1835* (New Haven: Yale University Press, 1977); Linda F. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America* (Chapel Hill: University of North Carolina Press, 1980); and Mary P. Ryan, *Cradle of the Middle Class: The Family in Oneida County, New York, 1790-1865* (Cambridge: Cambridge University Press, 1981).

<sup>44</sup> Carol Mattingly, *Well-Tempered Women: Nineteenth-Century Temperance Rhetoric* (Carbondale: Southern Illinois University Press, 1998), xiii and Ch. 1.

efforts, bolstered by the success of abolition, became an organized national political movement during the Gilded Age.<sup>45</sup> The activists of the Woman's Christian Temperance Union like Frances Willard, Mary Hunt, and Julia Colman blended moral suasion with emerging medical opinion about psychoactive drugs. These efforts promoted a cultural consensus against psychoactive drug use through public political action and Scientific Temperance in American schools, an educational movement developed by female reformers before 1900.

One of the most influential female social reformers of the Gilded Age was Frances E. Willard, who became the president of the Women's Christian Temperance Union in 1889. Often called "Saint Frances" and the "Queen of Temperance," her opinions were so influential that upon her death in 1898, one newspaper eulogized her as the most influential woman next to Queen Victoria.<sup>46</sup> Reflecting the context of Gilded Age medical science on addiction, Willard emphatically believed that all psychoactive drugs, including alcohol, equally "craze and cloud the brain," destroying the nuclear family, the fundamental unit of civilized society. Protection of the domestic sphere could only occur when reformers achieved the "total prohibition of" alcohol and opium, the "twofold curse of civilization."<sup>47</sup> Denouncing drinking as an American "poison habit," Willard traveled through China and Southeast Asia, where she also witnessed the

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<sup>45</sup> Blocker, *American Temperance Movements*, Ch. 3, which is entitled "Women take the Lead."

<sup>46</sup> Ruth Bordin, *Frances Willard: A Biography* (Chapel Hill: University of North Carolina Press, 2001), 5.

<sup>47</sup> This quote is from a speech entitled "The Polyglot Petition for Home Protection." The text appears in Frances E. Willard, *Glimpses of Fifty Years: The Autobiography of an American Woman* (Chicago: Woman's Temperance Publication Association, 1889), 434–435 and Anna A. Gordon, *The Life of Frances E. Willard* (Evanston: National Woman's Christian Temperance Union, 1914), 157–158.

consequences of Britain's opium trade firsthand.<sup>48</sup> And having seen "the opium curse in San Francisco alongside the alcoholic curse" upon her return to the United States, Willard adopted a broader view of psychoactive intoxication.<sup>49</sup> That Willard justified prohibition by invoking the alcohol-opium binary supports the view that the WCTU promoted an antipsychoactive sentiment beyond an interest merely in the control of alcohol consumption.

Since its earliest days, the WCTU actively promoted the development of a temperance curriculum to be adopted by public schools, a movement that has become known as Scientific Temperance education.<sup>50</sup> Julia Colman, who would become a prolific author of Scientific Temperance schoolbooks, first stressed the need for the education of school children about stimulants and narcotics in 1869.<sup>51</sup> By the 1880s, the WCTU organized a Department of Scientific Temperance Instruction, headed by Mary Hunt. Supported by Willard, their efforts ultimately achieved compulsory education regarding the effects of alcohol, opium, and other drugs in many American public school systems. Ruth Bordin called the WCTU's crusade to insert Scientific Temperance curriculum into schools across the United States the "most successful...political campaign waged by the

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<sup>48</sup> Frances E. Willard, ed., *Woman and Temperance: Or, The Work and Workers of the Woman's Christian Temperance Union* (Hartford: Park Publishing Co., 1883), 550; Frances E. Willard, "The Temperance Centennial: Centennial Address, by Frances E. Willard," *Christian Union*, October 1, 1885, 6; Willard, *Glimpses of Fifty Years*, 312, 396, 414, 450.

<sup>49</sup> Willard, *Woman and Temperance*, 494; *Glimpses of Fifty Years*, 314, 340.

<sup>50</sup> On the scientific temperance instruction movement's influence on temperance curricula in public schools, see Jonathan Zimmerman, *Distilling Democracy: Alcohol Education in America's Public Schools, 1880-1925* (Lawrence: University Press of Kansas, 1999).

<sup>51</sup> On the progress, influence, and significance of the WCTU's scientific temperance instruction, see Ruth Bordin, *Woman and Temperance: The Quest for Power and Liberty, 1873-1990* (New Brunswick: Rutgers University Press, 1990), 135-38 and Norton Mezvinsky, "Scientific Temperance Instruction in the Schools," *History of Education Quarterly* 1, no. 1 (March 1, 1961): 48-56.

WCTU” during the Gilded Age. Scientific Temperance owed much of its success to the broad support it received from all camps of the Gilded Age temperance movement. Professional medicine agreed with the WCTU’s programs as early as 1882 when the American Medical Association came out in favor of Hunt’s methods.<sup>52</sup> Clergymen still clinging to moral suasion as a method to control intoxication like Theodore Cuyler as well as cutting edge addiction physicians alike supported the WCTU’s agenda on scientific temperance instruction.<sup>53</sup> In 1885, Michigan became the first state to require its public schools to teach that “alcohol, narcotics, and stimulants” were similar in their harmful effects. Under these laws, teachers were required to demonstrate their knowledge of these substances and their effects. During the same year, nine more states adopted similar laws and by 1903, only Georgia remained free of them.<sup>54</sup>

The WCTU’s ideology of complete abstinence and total prohibition closely aligned scientific temperance and moral hygiene, a relationship that derived from the education of the female reformers who led the organizations efforts. Frances Willard, Mary Hunt, and Julia Colman were all teachers. Educated in nineteenth-century women’s institutions, they had studied moral science, a subject that included physiology and chemistry. Willard attended Northwestern Women’s College, becoming a teacher there after graduation. Similarly, Hunt, having trained at the Amenia Seminary and graduated with honors from the Patapsco Female Institute, began her career as a science teacher,

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<sup>52</sup> Bordin, *Woman and Temperance*, 135. See also Frances E. Willard, “Scientific Temperance Instruction in the Public Schools,” *The Arena*, March 1895.

<sup>53</sup> For example, see Theodore L. Cuyler, “A Bed-Rock for the Temperance Cause,” *New York Evangelist*, April 26, 1883 and Thomas D. Crothers, “The Scientific Temperance Federation,” *Medical Record* 72, no. 2 (July 13, 1907).

<sup>54</sup> Bordin, *Woman and Temperance*, 135–36.

“foreshadowing,” as Willard put it, her future role as the WCTU’s “superintendent of scientific instruction.”<sup>55</sup> Like Willard and Hunt, Colman also received religious training as a teacher, demonstrating a special aptitude in moral science.<sup>56</sup> These women’s educational background injected moral hygiene into their work. One of Colman’s first textbooks was entitled *Alcohol and Hygiene*, and the concept of hygiene, both physical and moral, appears throughout Hunt’s work.<sup>57</sup>

While the WCTU failed in many of its political efforts, the work of the scientific temperance instruction wing of the organization was not only successful in establishing mandatory antipsychoactive education in public schools, but it promoted the scientific rationale behind total abstinence and prohibition to the wider public. Authors like Hunt and Colman sought to combine the religious moral suasion developed by temperance clergymen with the emerging science of addiction medicine. By 1900, authors like Colman convinced wide segments of the American public that psychoactive drugs including alcohol, opium, tobacco, *Cannabis*, and cocaine were “nerve poisons, intoxicants, which hurt the most precious physical possession of man—his brains and nervous system—and deceive him while doing it, so that he does not know how much he is injured.”<sup>58</sup> After Mary Hunt’s death in 1906, her legacy of temperance education

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<sup>55</sup> Willard, *Woman and Temperance*, 249.

<sup>56</sup> Helen E. Brown, “Life and Work of Julia Colman,” in *Woman and Temperance: Or, The Work and Workers of the Woman’s Christian Temperance Union*, ed. Frances E. Willard (Hartford: Park Publishing Co., 1883), 517.

<sup>57</sup> Bordin, *Woman and Temperance*, 135. The rhetoric of moral hygiene is ubiquitous in Mary H. Hunt, *A History of the First Decade of the Department of Scientific Temperance Instruction in Schools and Colleges of the Woman’s Christian Temperance Union: In Three Parts*, 3rd ed. (Washington: G. E. Crosby & Co., 1892).

<sup>58</sup> Julia Colman, *The Beauties of Temperance: A Practical Guide for Young People’s Societies: In Two Parts* (New York: Eaton & Mains, 1899), 62.

continued with the work of the Scientific Temperance Federation, which split off from the WCTU.

Through the efforts of the Gilded Age and Progressive Era temperance movement, much of the growing middle-class in the United States developed a deeply felt aversion to all forms of psychoactive intoxication. The rhetoric of physicians, clergymen, and female reformers had entrenched the view that *any* exposure to any of these drugs would automatically lead to addiction. These sentiments were embodied within the rhetoric of a temperance movement that increasingly privileged science as an important source of knowledge even if they continued to maintain concepts of morality based on Christian principles. Scientific explanations of intoxication and addiction became a growing theme in temperance literature more broadly.<sup>59</sup> The Scientific Temperance movement would profoundly influence political efforts to enact prohibition and drug control during the Progressive Era by democratizing an underlying medical ideology for prohibition.

As physicians and temperance reformers defined the medico-legal implications of psychoactive intoxication and addiction, their efforts ushered in a dual approach to drug control based on the alcohol-opium binary that was ultimately encoded in federal law. This movement began at the local and state level, where politicians achieved alcohol prohibition and drug control in municipalities and counties. By the end of 1914, the Harrison Act banned the non-medical use of opiate and other psychoactive drugs while

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<sup>59</sup> For example, see Julia Colman, "The Science of Health: Beer and Bread," *The Phrenological Journal and Science of Health* 71, no. 4 (October 1880): 203; *The Voice of Science on Temperance, By Various Authors* (London: National Temperance Publication Depot, 1881); Alonzo B. Palmer and Mary Ashton Rice Livermore, *The Temperance Teachings of Science* (Boston: D. C. Heath & Company, 1886); Edwin Ralph Barrett, *The Truth About Intoxicating Drinks: Or, The Scientific, Social, and Religious Aspects of Total Abstinence* (London, 1889); "A Scientific Sermon: On Alcoholism," *Christian Observer*, September 11, 1907.



alcohol was similarly outlawed in 1920. Despite two centuries of Anglo-American temperance rhetoric that increasingly classified alcohol as just another psychoactive drug, alcohol's status as the country's drug of choice made federal prohibition much more difficult to achieve than with substances like opium, which were associated with racialized concepts of addiction.

Some historians have blamed the WCTU's failure to achieve prohibition on Frances Willard's broad approach to reform, a program that sought to achieve women's suffrage, suppress prostitution, and enact the prohibition of alcohol. K. Austin Kerr pioneered this explanation by contrasting the WCTU's scattered efforts with the singular focus of the Anti-Saloon League (ASL), an organization that finally achieved the passage of national prohibition during the Progressive Era. While the WCTU distracted itself with other goals like suffrage, the ASL maintained its focus on achieving prohibition in its attacks on the saloon and alcohol consumption. Kerr explained the organization's success by situating it within the context of progressivism, the "managerial revolution" and the expansion of "specializing associational activity."<sup>60</sup> Ultimately, the WCTU could not achieve its political goals such as electing a Prohibition Party presidential candidate Neal Dow, the standard bearer of prohibition since his active promotion of the Maine Laws during the 1850s. These failures created a power vacuum within the temperance movement that was filled by the ASL.<sup>61</sup> Kerr's explanation expanded Peter Odegard's

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<sup>60</sup> K. Austin Kerr, *Organized for Prohibition: A New History of the Anti-Saloon League* (New Haven: Yale University Press, 1985), 3–8.

<sup>61</sup> *Ibid.*, 50–65.

thesis that the ASL represented the first special interest group, achieving success through modern tactics of pressure politics.<sup>62</sup>

However, more recent interpretations have stressed the continuity between the temperance reform efforts led by the WCTU in the closing decades of the nineteenth century and the ASL, which became a powerful political lobbying group during the opening decades of the twentieth. In these interpretations, the efforts of the WCTU during the Gilded Age actually built the rhetorical and political foundation for the very emergence of the ASL. While Jack Blocker acknowledged the internal political divisions within the temperance movement that contributed to the political failures of the Prohibition Party in national elections, he nevertheless considered the ASL as an ideological successor of the WCTU.<sup>63</sup> Ruth Bordin went a step further, arguing that the “WCTU developed lobbying techniques” in the Gilded Age that were used successfully by the Anti-Saloon League in the twentieth century. Unlike Kerr, who considered the ASL as the first political pressure group, Bordin credited the WCTU for having developed the methods that undergirded “special-interest lobbying” throughout the twentieth century.<sup>64</sup> This view is further supported by Kerr’s findings that the ASL fully supported Scientific Temperance instruction in schools, the WCTU’s signature achievement.<sup>65</sup>

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<sup>62</sup> Kerr cited Peter H. Odegard, *Pressure Politics: The Story of the Anti-Saloon League* (New York, 1928) in *Organized for Prohibition*, 4.

<sup>63</sup> Blocker, *American Temperance Movements*, 93–94.

<sup>64</sup> Bordin, *Woman and Temperance*, 136.

<sup>65</sup> Kerr, *Organized for Prohibition*, 157–58.

Nevertheless, the ASL's laser-like focus on prohibition represented a new approach to achieving national temperance reform, one that according to Jack Blocker sought to attack alcohol consumption "without disturbing any other institution in American society."<sup>66</sup> The ASL concentrated on state-level prohibition through local option laws because the failures of organized temperance during the 1880s and 1890s convinced leaders that national prohibition remained much too controversial to pass at the federal level until the eve of World War I.<sup>67</sup> Through its promotion of local legislation, the ASL succeeded in mobilizing voters to elect so-called dry candidates to local and state office. By 1913, nine states enacted the prohibition of alcohol while thirty-three others had gone dry through local option laws. Only then did the ASL launch a national campaign for federal prohibition.<sup>68</sup> The context of progressive nativism, which intensified with the United States' entry into World War I, also contributed to a political climate more favorable for the passage of national alcohol prohibition, which began in 1920 when the Eighteenth Amendment and accompanying National Prohibition Act (also known as the Volstead Act) went into effect.<sup>69</sup>

Meanwhile, the passage of drug prohibition in 1914 with the Harrison Act proceeded along the same trajectory as temperance efforts to ban alcohol. As noted earlier in this chapter, throughout the Gilded Age, the same activists who sought national alcohol prohibition included narcotics, stimulants, and other kinds of drugs as well within the discourse of scientific temperance. These discourses established a moral and medical

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<sup>66</sup> Blocker, *American Temperance Movements*, 102.

<sup>67</sup> This assertion is based on the analysis in Bordin, *Woman and Temperance*, 56, 133–34.

<sup>68</sup> Blocker, *American Temperance Movements*, 115–17.

<sup>69</sup> *Ibid.*, 119–25.

rationale for the prohibition of all psychoactive drugs. As a result, the first laws against psychoactive drug use were often adopted at the local and state level.<sup>70</sup> Pennsylvania adopted a law against morphine use as early as the 1860s, and the first laws against opium smoking, which explicitly targeted the Chinese population, began in San Francisco during the 1870s.<sup>71</sup> Rising anti-Chinese sentiment led to the Chinese Exclusion Acts in 1882, which represented the United States' first ever immigration restrictions. In 1909, Congress passed the Opium Exclusion Act, a ban on the importation of opium prepared for the purpose of smoking.<sup>72</sup> Meanwhile physician Hamilton Wright and clergyman Charles Brent, an Episcopalian bishop, who were both active on the international antiopium scene, agitated for domestic federal drug laws. Congress, fearing that it had no power to marshal the police power of the state for the purposes of drug control, finally passed the Harrison Act as a tax law.<sup>73</sup>

By the end of the Progressive Era, clergymen, female reformers, missionaries and physicians actively promoted an antipsychoactive sentiment based on an alcohol-opium binary that evolved into a broader mainstream cultural consensus. The growth of a temperate, antidrug middle class is demonstrated by the explosive growth of temperance organization membership throughout the nineteenth century.<sup>74</sup> Ultimately, the

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<sup>70</sup> On the passage of the Chinese Exclusion Acts, see Chambers, *Tyranny of Change*, 11. For an account of the Smoking Opium Exclusion Act of 1909 and a discussion of local and state-level narcotic control during the Gilded Age and Progressive Era, see Musto, *The American Disease*, 26-28 and 91-120. Similarly, the lead up to the passage of federal *Cannabis* prohibition in 1937 began with a rise in regulatory legislation at the state level. For an explanation of these developments, see Musto, *American Disease*, 219-24.

<sup>71</sup> On the laws against morphine use in Pennsylvania, see Musto, *American Disease*, 91. On the first laws prohibiting opium smoking, see Brecher, *Licit and Illicit Drugs*, Ch. 6.

<sup>72</sup> Chambers, *The Tyranny of Change*, 11; Musto, *American Disease*, 26-28.

<sup>73</sup> Musto, *American Disease*, 54-68.

<sup>74</sup> Blocker, *American Temperance Movements*, see especially Ch. 3 and 4.

associations between aberrant appetites, contagion, and slavery that began before the nineteenth century terminated in the medico-legal approach that characterizes federal drug control policy, which is enforced by the police power of the state. In this way, the War on Drugs is a coercive legacy of three centuries of discourses in which the slavery of intoxication transformed into addiction—a disease characterized by the criminal behavior of drug use.

## Afterword

### Rethinking the War on Drugs

Despite the successes of organized temperance in convincing Americans to abstain from any form of drinking through the rhetoric of slavery and contagion, social reformers could never fully overcome alcohol's status as the Western drug of choice. The love of drinking that remains so deeply engrained in Western cultures of altered consciousness made Prohibition difficult to achieve and sustain. While organized temperance efforts struggled against centuries of recreational Western drinking culture, recreational opium use most often represented an Asian degeneracy threatening to invade civilized society. Increases in white opium use during the Gilded Age intersected with the cultural logic of Orientalism through which middle-class observers expressed fears of socio-economic decline.<sup>1</sup> Drug addiction represented gender inversion and racial suicide. As the antipsychoactive cultural paradigm came of age during the Progressive Era, racist conceptions of opium had primed Western culture against the drug and its non-medical users.

As a result, the Harrison Act easily passed with little public fanfare while Prohibition, a highly controversial measure, barely passed, lasting a brief thirteen years until it was repealed in 1933. However, it would be a mistake to dismiss Prohibition as a failure, an unfortunate aberration of America's reform tradition. The repeal of Prohibition did not undo the intense cultural aversion to psychoactive intoxication promoted by

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<sup>1</sup> On the definitions and significance of juridical and volitional categories of addiction, see Timothy A. Hickman, *The Secret Leprosy of Modern Days: Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007), 9–10, 41, 99–101, and 126–27. On the influence of Orientalism on constructions of addiction, see also 60–72.

middle-class social reformers for over a century. Since 1933, the federal government has strictly regulated the manufacture, sale, and consumption of alcohol. As well, drinking patterns in the United States changed forever, decreasing between thirty to fifty percent during the 1920s. Even though Prohibition could not overcome alcohol's privileged status as America's favorite drug, temperance ideology fundamentally altered the relationship between drinkers and their beverages in the United States.<sup>2</sup> The antipsychoactive cultural consensus lives on in laws dictating a minimum drinking age, the legal sanction against intoxicated driving, the regulation of Sunday alcohol sales, and, of course, the War on Drugs.

While alcohol remains tightly regulated, the War on Drugs effectively applies a prohibitory paradigm to opiates, cocaine, *Cannabis*, and other psychoactive drugs. Even though Gilded Age and Progressive Era physicians were often concerned with legal aspects of addiction, many of them developed disease concepts of addiction with their patient's best interest in mind. The medicalization of addiction promised the potential to remove the mantle of stigma surrounding crime by redefining the subject as a patient.<sup>3</sup> And Timothy Hickman correctly noticed that the Harrison Act legally encoded professional medical authority even though the medico-legal approach to drug control embodied a contradictory dual definition of addiction.<sup>4</sup> Since the Eighteenth Amendment

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<sup>2</sup> Norman H. Clark, *Deliver Us from Evil: An Interpretation of American Prohibition* (New York: Norton, 1976), 145–48, 150, 155–56, and 210; K. Austin Kerr, *Organized for Prohibition: A New History of the Anti-Saloon League* (New Haven: Yale University Press, 1985), 276–77.

<sup>3</sup> On the relationship between disease models of addiction and social stigma, see Caroline Jean Acker, "Stigma or Legitimation? A Historical Examination of the Social Potentials of Addiction Disease Models," *Journal of Psychoactive Drugs* 25, no. 3 (1993): 193–205; William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington: Chestnut Health Systems/Lighthouse Institute, 1998).

<sup>4</sup> Hickman, *The Secret Leprosy of Modern Days*, Ch. 4.

allowed medical exemptions for alcohol consumption, Hickman's thesis concerning medical authority should be extended to Prohibition as well. Nevertheless, the seeming triumph of medical authority encoded in the first federal drug laws was incomplete. Soon after the passage of the Harrison Act, the Supreme Court decided that addiction maintenance, a popular form of addiction treatment, was illegal, undermining medical authority.<sup>5</sup> As a result, the approach to drug control in the United States transitioned from a medical treatment paradigm to a criminalized punitive paradigm during the 1920s even though during the twentieth century, the disease model of addiction seemed to dominate medical discourses about alcohol and drug use.<sup>6</sup>

Ideological, nativist, and racist fears continued to undergird punitive approaches to drug control from the 1930s to the 1960s. After the repeal of Prohibition, increased concern about migrant Mexican labor during the Great Depression led to the first laws prohibiting *Cannabis* in the Southwest. Like local option prohibition laws and the first laws against opium smoking, local and state laws eventually gained momentum until the the Marijuana Tax Act placed *Cannabis* under strict tax laws that made it all but illegal in 1937.<sup>7</sup> Under the direction of Harry Anslinger, America's "first drug czar," the Federal Bureau of Narcotics (FBN), a division of the Internal Revenue Service, used Supreme Court precedents to zealously prosecute drug users as criminals, not treat them as patients.<sup>8</sup> After World War II, growing fears of communism in an era of McCarthyism

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<sup>5</sup> David F. Musto, *The American Disease: Origins of Narcotic Control* (New York: Oxford University Press, 1973), 121–50.

<sup>6</sup> Eva Bertram et al., *Drug War Politics: The Price of Denial* (Berkeley: University of California Press, 1996), Ch. 4.

<sup>7</sup> Musto, *American Disease*, 210–29; Bertram et al., *Drug War Politics*, 78–87.

<sup>8</sup> Bertram et al., *Drug War Politics*, 79.



provided the impetus for further expanding the scope and severity of drug enforcement. Anslinger, who remained at the head of the FBN until the 1960s, successfully lobbied for mandatory minimum sentencing laws under the Boggs Act (1951) and an accompanying Narcotics Control Act (1956), using charged, anticommunist rhetoric directed at the Soviet Union and China.

The social and cultural upheaval of the 1960s would fundamentally transform cultures of drug use and government approaches to regulation. The reemergence of an active women's movement, the growing momentum of the civil rights movement, and the rise of an antiwar movement overlapped with changing demographic patterns of drug use.<sup>9</sup> The seeds of rebellion had been planted during the 1950s with the emergence of the beat movement. Iconic beat writers Jack Kerouac and Alan Ginsberg, notorious early counterculture figures, had written their major works under the influence of stimulants like amphetamine. Led by a new youthful generation of Americans, the social movements of the 1960s—like the beats a decade earlier—continued to rebel against middle-class values through drug use. In addition to the changing demographics of drug use, new types of psychoactive drugs gained prominence. Lysergic acid diethylamide (LSD) and psilocybin mushrooms—drugs with powerful psychedelic, mind-altering properties popularized by outcast Harvard psychologist Timothy Leary—became popular recreational sacraments of a counterculture that sought alternatives to the experience of mainstream American life during the twentieth century.<sup>10</sup>

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<sup>9</sup> For a comprehensive overview of American politics, economy, and society during the mid-twentieth century, see James T. Patterson, *Grand Expectations: The United States, 1945-1974* (Oxford University Press, 1997).

<sup>10</sup> See David F. Musto and Pamela Korsmeyer, *The Quest for Drug Control: Politics and Federal Policy in a Period of Increasing Substance Abuse* (New Haven: Yale University Press, 2002).

The social consequences of the 1960s prompted the federal government to reassess its drug control policies. The drug-using habits of a new generation of American youth led to a dramatic rise in young, white, middle-class individuals, often college students, appearing before courts and ending up in prisons under the harsh minimum sentencing laws passed during the 1950s. This process, an “embourgeoisement” of drug use as Kathleen Ferraiolo called it, contributed to the first major reorganization of the federal drug control schema since it had begun during the Progressive Era.<sup>11</sup> Completing a complete overhaul of drug control legislation in the United States, Richard Nixon signed into law the Controlled Substances Act (CSA) in 1970, which established a schedule of drugs according to their medicinal potential. The CSA’s schedule of controlled substances continues to guide law enforcement to this day. Congress also passed the Drug Abuse Office and Treatment Act, resurrecting a more medical approach by the federal government to understanding addiction. Nevertheless, Nixon famously declared a War on Drugs and consolidated federal drug enforcement bureaus within a unified Drug Enforcement Agency under the jurisdiction of the Department of Justice, a vast new expansion of the federal law enforcement bureaucracy.<sup>12</sup> In the wake of Nixon’s policies, succeeding presidents, whether Republicans like Ronald Reagan and George W. Bush, or Democrats like William Clinton and Barack Obama have by and large perpetuated a punitive application of the CSA and continued to wage the War on Drugs both domestically and internationally.<sup>13</sup>

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<sup>11</sup> Kathleen Ferraiolo, “From Killer Weed to Popular Medicine: The Evolution of American Drug Control Policy, 1937–2000,” *Journal of Policy History* 19, no. 2 (2007): 157–58.

<sup>12</sup> Musto, *American Disease*, 245–93; Bertram et al., *Drug War Politics*, 78–101.

<sup>13</sup> Bertram et al., *Drug War Politics*, 102–50.

The conceptual dualisms inherent in the War on Drugs result from the construction of medico-legal definitions of addiction around the alcohol-opium axis. Within these binaries, there is a constant tension between medical concepts of disease and legal concepts of crime. There is also a tension between more acceptable patterns of drug use in the West versus those that reformers perceived as decadently foreign. These tensions reinforce the social stigma that surrounds psychoactive drugs and their use regardless of whether addiction is defined as a disease or a crime. That the use of illegal drugs is understood to result in the medical condition of addiction does not change the fact that satisfying the urge to use illegal drugs constitutes a crime usually punishable by incarceration. Likewise, even though alcohol consumption is legal, drunkenness and alcoholism are regarded as medical conditions, but driving drunk or committing a crime under the influence is defined as criminal behavior. These examples illustrate that within the social control apparatuses of the state, medical and legal ideologies share social and cultural authority to regulate subjective individual experiences like psychoactive intoxication.

The tension between disease and crime that operates within the medico-legal paradigm of the War on Drugs also prevents a complete destigmatization of psychoactive drug use and the users of such drugs. While disease models of addiction that have been developed since the 1970s have come a long way in redefining the addict as patient once more, questions about morality and crime will certainly dominate the conversation as long as the federal government continues waging the War on Drugs. Moreover, professional medicine often confers upon patients suffering from disease its own kinds of

social stigma, especially in the treatment of mental illness.<sup>14</sup> Breaking through the stigmatizing influence of legal and medical ideology requires a more unified approach to the understanding of psychoactive drugs and the social movements that organized to create the legal foundations for today's War on Drugs.

From their emergence in clerical and medical thought during the eighteenth century to their logical conclusion in the federal drug control laws of the twentieth century, Anglo-American temperance sentiments condemned all recreational psychoactive drug use. Seen from this perspective, it becomes clear that temperance reformers responded to socially problematic dimensions of intoxication beyond the immediate concern caused by widespread drunkenness or increasing opiate use. Clergymen and physicians, the intellectual leaders of an emerging middle class, consistently articulated arguments that problematized psychoactive experience by developing medical definitions of intoxication and later, medico-legal concepts of addiction. In its quest to improve the moral fiber of American society, organized temperance movements responded primarily to alcohol because as the national drug of choice, it represented the biggest threat to middle-class family and society—the most visible specter of psychoactive intoxication.

Discovering the strong associations between alcohol and other drugs within temperance writings, the development of addiction concepts around the metaphor of slavery, and emergence of a medico-legal approach to drug control reveals that distinguishing between an Antidrink Movement and an Antinarcotics Movement—as

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<sup>14</sup> Exploring how the medical profession itself often stigmatizes disease and those experiencing it, see Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992) and Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007).

Norman Clark called them—is rather futile.<sup>15</sup> The construction of medical, social, and cultural meanings around the scaffold of an alcohol-opium binary demonstrates that nineteenth-century reformers condemned all psychoactive intoxication, not just drunkenness. Therefore, there is no separation between the nineteenth-century temperance movement and an antidrug movement in the United States. Instead of differentiating between Prohibition and drug control, a unified approach to psychoactive history reveals patterns of historical continuity, contingency, and gradual evolution that underpin the emergence and persistence of the complex dualisms at the heart of the War on Drugs.

The influence of the alcohol-opium binary in shaping the medico-legal approach to psychoactive regulation in the United States represents the ultimate *telos* of Western thought regarding psychoactive drugs. From this angle, it is not Prohibition that appears as an aberration of social reform efforts in the United States. Rather, it is the repeal of Prohibition that seems to go against the modern trend to pathologize and criminalize intoxication and addiction. Since the mid-seventeenth century when English discourses first began to criminalize and pathologize the human desire for intoxication with the language of contagion, the Enlightenment values of reason and liberty have informed legal and medical discourses about addiction. Thus, dualistic approaches to drug control in the United States continue to stigmatize psychoactive drug users because they are fundamentally rooted in centuries of rhetoric conflating psychoactive drugs with poison, slavery, and contagion. Only by understanding the complexity of modern medico-legal addiction ideology, which can only be found at the nexus of three centuries of

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<sup>15</sup> Clark, *Deliver Us from Evil*, 220–22.

medicalization and criminalization, can a new generation of socially conscious medical, legal, and policy experts begin to overcome longstanding pejorative views of humanity's pursuit of altered consciousness. Transcending the automatic equation of psychoactive intoxication with disease and crime is a necessary first step in the revision of the ideological and conceptual paradigms underwriting the disastrous War on Drugs.

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