

HISTORY CORNER

Intervention Keeley Style

William L. White*

The most famous and controversial treatment for addiction in the 19th century was the Dr. Leslie Keeley's Bichloride of Gold Cure. Keeley franchised his cure procedures in more than 120 Keeley Institutes scattered across North American and Europe. These Institutes became the preferred drying out institutions for the rich and famous in the 1890s. But the problem then (as today) was this: Even where there are financial resources to pay for such treatment, how can the afflicted person be convinced to enter such a treatment institution?

There were three general resolutions of this dilemma: self-motivation resulting from the accumulated pain of addiction, company pressure upon an alcohol/drug-impaired employee, and pressure from families. The latter sometimes involved processes not unlike what today would be called "intervention" but these processes did not always go as planned, as is revealed in the following account from Alfred Calhoun's 1892 book, *Is It a Modern Miracle? A Careful Investigation of the Keeley Gold Cure for Drunkenness and the Opium Habit*.

As this story unfolds in the early 1890s, a family at its wit's end trying to respond to the chronic drunkenness of one of its members hosts a meeting of all concerned. The upshot of this meeting is that the young man in question, who we shall call Robert, was to be sent to Dwight, Illinois, the Home Keeley Institute, to undergo the Keeley Cure. The family, seriously doubting Robert's ability to make this trip on his own, enlisted the aid of his uncle to accompany him during the travel to Dwight.

On the following day, Robert and his uncle set off for the long trip to Dwight. Robert pleaded with his uncle to stop periodically for alcoholic refreshment on the grounds that this was the only way to stave off the onset of "DTs." The uncle agreed to such stops, willing to humor his young nephew in any manner that would keep them moving toward Dwight. But the additional catch was that Robert refused to drink such medicinal libation unless his uncle would join him. Although quite an abstemious person, the uncle agreed to imbibe with his nephew as long as they could keep proceeding to Dwight.

So at each stop, which seem to increase in frequency as the pair neared Dwight, both Robert and his uncle downed various alcoholic concoctions. By the time the now well-oiled pair reached Dwight, both were in a state of considerable intoxication, although they looked quite different. Robert, whose alcohol tolerance was massive, didn't look too worse for the wear. His uncle, however, whose alcohol tolerance was virtually non-existent, was nearly unconscious by the time they entered the doors of the Keeley Institute.

Upon their arrival, Robert admitted his uncle to the Keeley Institute and absconded with his uncle's prized car. It took several days to get the uncle sobered up and the nephew located, returned to Dwight, and admitted to treatment. Getting someone in treatment then, as now, was not easy. But some of the 19th century treatment centers did find ways to keep people in treatment once they were finally admitted: They took all of their clothes and all of their money!

*William L. White (bwhite@chestnut.org) is the author of *Slaying the Dragon: The History of*

Addiction Treatment and Recovery in America.

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The Drunkard's Club

William L. White*

To many people, the history of alcoholic mutual aid societies brings with the founding of Alcoholics Anonymous in 1935. A.A. history buffs are aware that there was another society, the Washingtonians, that existed almost a century before the meeting of Bill Wilson and Dr. Robert Smith. But few are aware of just how many pre-A.A. alcoholic mutual aid societies existed before 1935. There were early Native American recovery “circles” that date as early as 1750, numerous recovery-focused fraternal temperance societies, many branches of the ribbon reform clubs, the United Order of Ex-Boozers, and the many societies that were linked to 19th and early 20th century treatment institutions: the Ollapod Club, Godwin Association, Keeley Leagues, and the Jacoby Club, to name only a few. A.A.’s survival takes on added historical significance in light of the demise of all of these predecessors.

The fate of one of these pre-A.A. mutual aid societies is detailed in Charles Brace’s 1872 book, *The Dangerous Classes of New York*. Brace tells the story of Orville “Awful” Gardner, a prize fighter, known for his drunken binges and his brutality in and outside the ring. (He once bit off a man’s nose.) Gardner experienced a profound religious conversion through which he became sober and experienced a call to help other “hard cases” like himself. Gardner opened a “Coffee and Reading Room” in a ward in New York City notorious for its drunkenness and vice. This small experiment evolved into what became known as “The Drunkard’s Club.” Braces describes:

The rooms used to be filled with reformed or reforming young men. The great difficulty with a man under vices is to make him believe that change for him is possible. The sight of Gardner always demonstrated this possibility. The place has become a kind of central point for all of those who have become more or less addicted to excessive drinking, and are desirous of escaping from the habit.

According to Brace, more than 700 men were sobered under the influence of the Club. The fate that befell that Drunkard’s Club was not atypical of pre-A.A. mutual aid societies. Gardner’s health began to fail from the “strain of his sins and his reform” and he was forced to retire to a quiet place in the country. Without his leadership, the Drunkard’s Club collapsed.

In an interesting twist of historical continuity, it was this same “Awful” Gardner who inspired the religious conversion of another alcoholic, Jerry McAuley, while both were in Sing Sing Prison. McAuley went on to found the Water Street Mission, the first urban mission that catered its message and services to the late stage alcoholic.

Like the Phoenix rising from the ashes of its own pyre, new addiction recovery mutual aid societies followed the Drunkard’s Club until the first society arrived with the right combination of recovery principles and organizational practices that allowed it to outlive its founding generation.

*William L. White (bwhite@chestnut.org) is the author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

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Tales from a Jag-House

William L. White*

The affluent alcoholic has always had institutions that catered to his or her needs for periodic detoxification and physical and emotional renewal. When inebriate homes, inebriate asylums and large addiction cure institutes collapsed in the opening decades of the 20th century, a new social institution quietly emerged on the American landscape. This new institution was the small, local “drying out” facility that offered discrete care for the affluent alcoholic. They were known as “dip shops” (a derivative of dipsomania--a medical term for the binge drinking pattern of alcoholism), “jitter-joints,” “jag-farms,” or “jag-houses.” They operated invisibly throughout the United States during the first half of the 20th century. They were known primarily through passing references to them found in the autobiographies of American alcoholics. There is one written work, however, that provides a window into the inner operations of the early 20th century jag-house.

In 1909, a most unusual book was published. Authored by C. and J.A. Jones, the book was entitled, *Opisthophorus: Or, The Man Who Walked Backwards*. The purpose of the book was to better understand “the sufferings and temptations of a drunkard” as well as the “possibilities of his redemption.” It pursues this goal by describing the experiences of “men of fine capabilities who when sober, are often the most refined of gentlemen” during their stay in a jag-house. Jones’ book provides a unique portrayal of the workings of one such institution.

Two physicians are at the center of Jones’ tale: a Dr. Coin who is personally transported by a friendly judge to Ohio where the doctor is to be treated for his alcoholism by a Dr. Car. The jag-house to which Dr. Coin is taken is a large home encircled with shade trees within which a handful of men are in varying stages of recovery from alcoholism. The house itself consists of private bedrooms on the second floor with clubhouse, library and kitchen on the first floor. The home is administered by a middle-age couple and an old-maid who served as a cook and who believed that most of the patients were “drunken fools and not worth the powder and shot it would take to kill them.” The medical and psychological care of the residents was provided by Dr. Car, who made twice-daily visits to all the patients. The care consisted primarily of tapered withdrawal via decreasing doses of whiskey, hypodermic injections of undisclosed (but sedating) content, regular ingestion of medicinal tonics, nourishing food, sober fellowship, and the motivational talks of Dr. Car.

The social attitudes toward alcoholism at the time are revealed in a letter Dr. Coin receives from his father-in-law. The letter castigates Dr. Coin for putting his faith in a quack doctor, admonishes him to be a man and control his drinking and warns him to not attempt reconciliation with his wife.

Following many weeks of treatment, Dr. Coin and his fellow patients are given a certificate of graduation, admonished to remain forever abstinent from all forms of alcohol, and invited to return each year for a reunion of all the former patients and their families. The book ends with Dr. Coins joyous reunification with his family and his resolution to never touch alcohol again.

Dr. Jones' tale was replicated by the thousands in small homes and sanatoria across the country where well-to-do alcoholics sought help outside of the hospitals that would not admit them in these years. The Jones' text illuminates the jag-house as a little-known milestone in the American treatment of alcoholism.

But one mystery remains: What's with this strange title? Jones explains that OPISTHOPHORUS is an alcoholic disease characterized by the inability to walk forward. Jones explains: "When the one so afflicted is told to advance, he may use every effort to do so, but can only succeed in going backward. He sees his shopmates and old acquaintances getting on comfortably, but the poor fellow who is taken with Opisthophoria can never keep up with them." So the next time someone asks you if you are recovering, you can proudly declare your status as a recovering Opisthophoric.

*William L. White (bwhite@chestnut.org) is the author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

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Recovery Advocacy Is Not A Recovery Program

William L. White*

I recently received the heart-rending news that a person prominently involved in many recovery advocacy efforts had relapsed and died of an overdose. It reminded me once again that personal recovery is the foundation of all larger efforts to educate, advocate or counsel in the alcohol and other drug-problems arena.

This is not a new lesson. Consider, for example, the following stories. John Gough got sober in the Washingtonian revival of the early 1840s, but relapsed three times in the early period of his long career as America's most charismatic temperance reformer. The lawyer Edward Uniac always stated that he was more vulnerable to the call of alcohol during extended periods of rest than when he was moving from town to town giving his temperance lectures. But Uniac suffered repeated relapses and died in 1869 of an overdose of whiskey and opium while on a temperance lecture tour in Massachusetts. Luther Benson tried to use his own personal struggles with alcohol in the temperance lecture he gave across the country. His tails of continued relapses while on the lecture circuit were penned while he was residing in the Indiana Asylum for the Insane. His 1896 autobiography was entitled *Fifteen Years in Hell*. He truly believed that throwing himself into temperance work could quell his own appetite for alcohol. In retrospect, he was forced to admit the following:

I learned too late that this was the very worst thing I could have done. I was all the time expending the very strength I so much needed for the restoration of my shattered system.

The stories of Gough, Uniac, and Benson are not unique. Similar tales were told by others who sought to cure themselves on the temperance lecture circuit. This is not to imply that there were not recovering people who got sober and stayed sober working in the 19th century temperance movement and treatment institutions. But it does underscore an important lesson that emerged out of the 19th century recovery movements. That lesson is that service activities, by themselves, do not constitute a solid program for continued sobriety. This same lesson was relearned throughout the 20th century, particularly in the modern addiction counselor movement.

A New Recovery Advocacy Movement is spreading across America leaving in its wake new grassroots recovery advocacy organizations and a fresh generation of recovering people and their families seeking new ways to carry a message of hope to those still suffering. To prepare themselves, this new generation would do well to review the stories of old. The enduring message in all of these stories is clear: Working as an addictions educator, advocate, or counselor does not constitute a program of personal recovery. Those who forget that lesson court injury to themselves and to the very movement to which they claim allegiance. The primacy of recovery cannot be forgotten.

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