

Chapter Seven

Franchising Addiction Treatment: The Keeley Institutes ²³⁴

Addiction cures grew at prolific rates during the last quarter of the 19th century. The drive toward alcohol and other drug prohibition whetted America's appetite for sobriety and opened business opportunities for those who promised aid in achieving this goal. Along with the religiously influenced inebriate homes and more medically oriented inebriate asylums came a growing number of business-oriented addiction cures. These included private sanatoria that catered to alcoholics and addicts, as well as various home cures—medicinal “specifics” that claimed the power to quell the craving for strong drink and narcotics. Newspapers and magazines advertised such treatments as the Fitz Cure, Tiplicuro, and the Bellinger Cure—the last of these promising to cure opium addiction within 24 hours.²³⁵

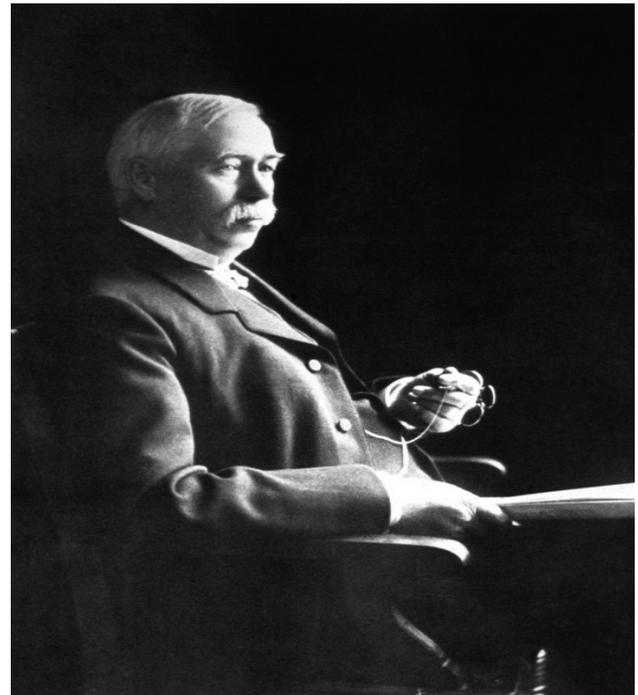
Some of these business-oriented inebriety cures of the late 19th century achieved such popularity that they developed into what today would be called “chains” or “franchises.” There were several such popular chains—the Leyfield Cure, the Hagey Cure, the Empire Institutes, the Oppenheimer Institutes, the Gatlin Institutes, and the Neal Institutes—but none was more famous, more geographically dispersed, more widely utilized, and more controversial than Leslie Keeley's Double Chloride of Gold Cure for the treatment of alcoholism, drug addiction, and the tobacco habit. Between 1880 and 1920, more than 500,000 alcoholics and addicts took the Keeley Cure. This treatment was lauded as a cure of miraculous potential—and at the same time attacked as a fraud. This is its story.¹



Keeley Cure Advertisement

Courtesy Illinois Addiction Studies Archives

Humble Beginnings of a National Phenomenon



Dr. Leslie Keeley

Courtesy James Oughton, Jr.

Dr. Leslie E. Keeley studied medicine with a doctor in Beardstown, Illinois. He went on to complete his medical education at Rush Medical College in Chicago and serve as a surgeon in the Civil War. It was during his military service that Keeley first became interested in the causes of and

¹The work constructing the history of the Keeley Institute was enriched by discussions with James Oughton, Jr. and Mrs. Anne Withrow, and by three unpublished manuscripts by Ben Scott, Paul Weitz, and Mary Sigler. Paul was a bubbling fountain of information and resources on Keeley, and his help is gratefully acknowledged.

potential cures for inebriety. According to oral folklore passed down within the founding families of the Keeley Institute, Keeley organized treatment for alcoholism in an East Coast Union hospital during the war. His cured patients, according to this legend, later sent their friends and relatives with similar problems in search of Keeley's aid.²³⁶

Following his discharge from the military in 1864, Keeley settled in the small rural village of Dwight, Illinois, some 70 miles south of Chicago. Keeley's interest in a cure for inebriety led to a collaboration with Frederick B. Hargreaves, a former minister and temperance lecturer.²³⁷ After some experimentation in Dwight, Keeley and Hargreaves believed they had discovered a cure. The first people exposed to the Keeley cure were a few local alcoholics who were considered "bums" by most of the local folk in Dwight.²³⁸ With some early success under their belt, Keeley and Hargreaves opened the first Keeley Institute in 1879. Proclaiming that "drunkenness is a disease and I can cure it," Keeley publicly announced his discovery of the "Double Chloride of Gold Remedies" for inebriety, tobaccoism, and neurasthenia (nervous exhaustion) and invited people who suffered from these conditions to come and be cured at the Leslie E. Keeley Gold Cure Institute for the Treatment of Inebriates in Dwight, Illinois.

Within a year, the Leslie E. Keeley Company was incorporated, and John R. Oughton, a chemist; Curtis J. Judd, a businessman and Keeley brother-in-law; and Father James Halpin were added as founding partners. The interests of Hargreaves and Halpin were bought out by the other partners in 1886, and the company was reincorporated. Hargreaves, from whom we will hear a bit later, went on to become a Keeley critic and competitor.

The launching of the Keeley Institute was interrupted by two events. In June of 1881, The Illinois State Board of Health revoked Keeley's medical license for "unprofessional" advertising. Governor Joseph Fifer later restored the license on the grounds that the revocation decision had been impulsive and prejudicial.²³⁹ The second event was Dr. Keeley's temporary withdrawal of his treatment, from December of 1885 to June of 1887. This action was taken in response to serious side effects that some patients were experiencing, reactions to ingredients in the Keeley medicines. The Institute re-opened when —according to Keeley—an Irish physician showed him a way to eliminate the build-up of gold that had produced these adverse effects.²⁴⁰

The Keeley Institute underwent rapid growth from 1890 to 1893, and it was during this period that Keeley achieved national and international recognition. In 1890, when the Dwight facilities were bursting with requests for admission, Keeley decided to franchise the treatment by organizing Keeley Branches around the United States. The first branches were opened in Des Moines, Iowa; Atlanta, Georgia; White Plains, New York; and Media, Pennsylvania.²⁴¹ By the end of 1891, 26 new Keeley Institutes had been opened, and 75 new Institutes opened in 1892. By mid-1893, there were a total of 118 Keeley Institutes spread across the U.S., as well as Keeley Institutes in England, Finland, Denmark, and Sweden.²⁴²

The Keeley branches were franchises, owned by private individuals or investment groups who contracted to use the Keeley name and the Keeley methods of treatment. Franchise owners paid the Keeley company a buy-in fee (some as much as \$50,000), paid a percentage of each patient's fees to the Keeley Company, and purchased all medicines used in the treatment from the parent Institute in Dwight. All of the Keeley branches used the Double Chloride of Gold treatment, and the key staff members from each branch were trained by Dr. Keeley in Dwight.



Keeley Patients in front of the Keeley Laboratory
Courtesy Illinois Addiction Studies Archives

The explosive growth that took place between 1890 and 1893 evolved primarily from an event in 1891 that brought the Keeley Cure into the National limelight and put Dwight, Illinois on the map. The event was a challenge that Dr. Keeley issued to Joseph Medill, the publisher of the *Chicago Tribune*: “send me six of the worst drunkards you can find, and in three days I will sober them up and in four weeks I will send them back to Chicago sober men.” Medill took up this challenge and sent a steady stream of Chicago's worst drunkards to Dwight. When Medill reported on the pages of the *Tribune* that “they went away sots and returned gentlemen,” Keeley's fame spread throughout the nation and beyond. The Keeley treatment also gained public recognition when its cure was positively portrayed by former patients in two books published in 1892-1893: C.S. Clark's *The Perfect Keeley Cure* and Alfred Calhoun's *Is It “A Modern Miracle?”*

Leslie Keeley also responded to the growing recognition of the problem of alcoholism among the disabled veterans of the Civil and Mexican Wars, who filled 28 national and state veterans' homes around the country. When the United States surgeon general wrote to Dr. Leslie Keeley in 1892, Keeley offered to train the physicians of these homes and to offer them the medicines used at the Keeley Institute. Keeley's methods were introduced into several of these homes, and more than 1,500 veterans were treated at the Fort Leavenworth Home, with reportedly good results. This success led to the introduction of the “Keeley Cure” for alcoholic enlisted men at Fort Leavenworth and Fort Riley.²⁴³

These widely publicized events, plus the Keeley Company's extensive use of magazine and newspaper advertising, bold billboards, and touring speakers (including the famed temperance veteran Francis Murphy), injected Keeley into the consciousness of the American public. Dr. Leslie Keeley and his Keeley Institutes became so well known that a Keeley Day was held as part of the official program of the 1893 World's Fair in Chicago. Keeley's financial records also confirm his success during the early 1890s; 1892 was the Keeley companies' most profitable year, with gross earnings of \$727,094 and a net profit of \$508,966.²⁴⁴ Between 1892 and 1900, the Keeley Company generated income of more than \$2.7 million (\$1.6 million profit), with half of this income generated in the peak years of 1892 through 1894.²⁴⁵

Keeley: On the Causes of Inebriety

Dr. Leslie Keeley championed the view that alcoholism and other addictions were diseases whose causes were biological in nature. His opinion about the nature of these biological causes, however, evolved during his career. In the 1880s, he regularly suggested that heredity played a major role in the etiology of alcoholism, but by 1892 he had softened this position.²⁴⁶ Increasingly, Keeley came to believe that the roots of inebriety could be incited by childhood contact with intoxicants. In this view, exposing children to alcohol-laced medicines and giving children alcohol as a beverage created a craving for, and a vulnerability to, alcohol that was then activated by later drinking experiences.²⁴⁷

As early as 1882, Keeley proposed that the chronic ingestion of morphine created an “isomeric change in the structure of the nerve and its action,” which then required the continued presence of the drug for the normal functioning of the nervous system.²⁴⁸ By the mid-1890s, Keeley had begun to attribute the cause of alcoholism and opiate addiction to the poisons found in these substances that altered the character and workings of human cells.²⁴⁹ Keeley proclaimed that his Double Chloride of Gold cured all these forms of inebriety by speeding up the restoration of poisoned cells to their pre-poisoned condition.

The Keeley Patients

Dr. Keeley's penchant for meticulous record-keeping makes it possible to sculpt a general profile of the Keeley patient, particularly of one treated at the parent Institute in Dwight. The Keeley Institute was a predominately male institution. Women were treated at Keeley, but were sequestered through much of their stay and never appeared in early Keeley photos. In Dwight, female inebriates stayed in separate quarters—“the Ladies Home”—some two blocks away from the Livingston Hotel, where most of the male Keeley patients stayed. Female patients used a separate entrance and parlor at the Institute, even though they often received their treatments in the privacy of their own lodgings. Such sequestration ensured that female patients would not have to fear possible public exposure of their condition.²⁵⁰

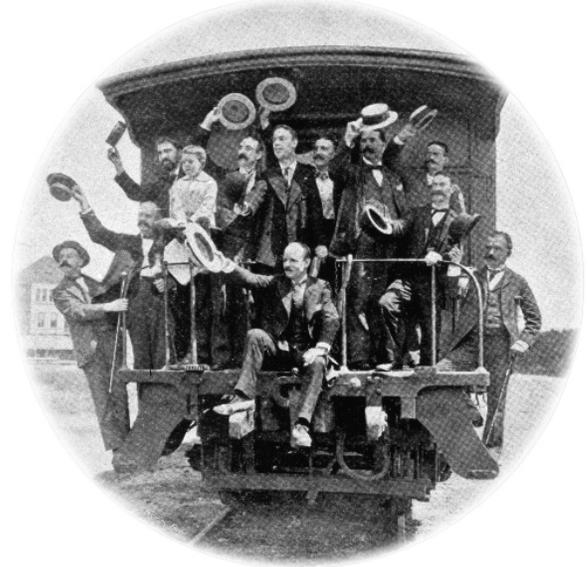


The Ladies Home of the Keeley Institute, Dwight, Illinois

Courtesy Chicago Historical Society

The Keeley Institute in Dwight logged the occupations of those entering treatment, broken down into 55 occupational categories, ranging from capitalists to cooks, from inn-keepers to insurance agents. In the year 1900, the log book noted 795 admissions, with admissions in 52 of the 55 occupational categories. Only the categories for actors, cooks, and sailors showed no admissions during that year. The largest occupational groups represented that year were farmers (111), salesmen (46), clerks (44), housewives (38), mechanics (38), physicians (34), and lawyers (31). Other professional groups included druggists (20), clergy (3), dentists (3), and engineers (3). Only 31 of the 795 admissions were listed as having no employment.²⁵¹ The number of physicians reported to have been treated at Keeley was impressive—some 17,000 by the 1940s.²⁵² Articles and promotional materials on Keeley often made note of the prominence of their patients' status as physicians, judges, senators, and business tycoons.²⁵³

Patients came to Dwight through attraction by Keeley's extensive advertising, through referral by physicians, and—not uncommonly—through recommendation by former Keeley patients.²⁵⁴



Keeley Patients Heading Home on the Train

Courtesy Chicago Historical Society

The Keeley Staff

The Keeley Institutes were staffed by physicians, nurses, and personal attendants. There were also Keeley offices, in which individuals served as agents and public relations representatives for Keeley. These employees screened interested parties and arranged transportation to one of the Keeley Institutes. A significant portion of the Keeley physicians, attendants, and agents were themselves graduates of the Keeley program. The Keeley archives contain references to attendants who had in the Keeley language “reformed,” and J.L. Kenney—the Keeley agent in Chicago during the 1930s—was a self-proclaimed Keeley graduate.

The most interesting dimension of the staffing of the Keeley Institutes involves the unprecedented number of physicians working who had themselves been treated for addiction. Alfred Calhoun's 1892 account of the Keeley cure noted that more than 100 of the physicians working at the Keeley Institutes around the country had undergone treatment for alcohol or opium addiction and been cured.²⁵⁵ Other evidence of the use of recovered physicians at the Keeley Institutes comes from the Leslie E. Keeley Company Physician's Record. This Record, which contains a brief biographical sketch of each physician hired to work at a Keeley Institute between 1891 and 1950, also profiles each physician in a category marked “Addiction.” This category notes whether or not the physician had been

addicted, notes by code the nature of the addiction—such as “D” for drunkenness, “O” for opium, “C” for cocaine—and the time and place the physician was treated. Of 418 physicians listed in the Physician's Record, 131 had been addicted and treated, 226 had no reported history of addiction or treatment, and 61 had no notation after the heading “Addiction.” All of those treated had been patients at one of the Keeley Institutes.

The high percentage of physicians who were former Keeley patients raises the question of whether Dr. Leslie Keeley routinely recruited physician-patients and entrepreneur-patients to spread the establishment of Keeley Institutes across the United States. The highest percentage of recovering physicians worked at the Keeley Institutes during the expansionist phase of the Keeley Institutes, 1891 through 1894. (Fifty-three were hired during 1892 and 1893.) Many of these physicians were hired and trained immediately following their own treatment, and most were hired within one year after they completed treatment.

The Keeley Institutes' practice of hiring recovering physicians was abandoned at the turn of the century. After 1900, only 12 recovering physicians were hired, and only one of these was hired after 1910. There is no definitive answer to the question of why this practice stopped, but this author would suggest three reasons. First, there were problems related to the performance of some former-patient physicians. Buried within the 60-year record of the Keeley physicians can be found isolated notations such as, “Suicided—drinking heavily,” “gave up because of much impaired memory,” and “relapsed, was rejected for treatment here—dead.” In her study of a Keeley Institute in New Brunswick, Canada, Cheryl Walsh described the scandal that hit the Institute there in 1895. At that time the house physician disappeared, and he was subsequently found “in a badly decomposed state” suffering from “despondency and the excessive use of cocaine.”²⁵⁶ Second, as noted earlier, Keeley's use of “reformed men as asylum managers” was subject to intense professional criticism from such leaders as Dr. T.D. Crothers.²⁵⁷ Third, Keeley records show that after 1895 the supply of physicians applying for work was much greater than the number of available positions in the declining number of Keeley Institutes. It is quite likely that, under these circumstances, Dr. Keeley and subsequent Keeley administrators chose the path

of least controversy in their selection of medical staff.²⁵⁸

The primary role of the physicians was to supervise detoxification, treat acute medical problems, administer the four shots a day to each patient, and conduct patient education in the form of lectures. Personal attendants accompanied newly arriving Keeley patients throughout the day, attending to their needs and monitoring their compliance with Institute rules. Attendants developed quite close relationships with their charges, taking meals with them and sleeping on cots in the patients' lodging rooms. The Keeley Institute “Instructions to Attendants” detailed the proper method of preparing malted milk for patients, demanded confidentiality regarding patient disclosures, prohibited roughness and crudeness, cautioned against over-familiarity, and prohibited the acceptance of gifts from patients. These kinds of instructions—which were common within the inebriate asylums, inebriate homes, and private addiction treatment institutes—constitute the earliest historical remnants of what we now call professional codes of ethics for addictions counselors.²⁵⁹

The Keeley Treatment

Treatment at the parent Institute in Dwight, Illinois was the model for treatment in all the Keeley franchises. Although patients arriving at Keeley Institutes may have experienced the coercive pressure of family, employers, or fear of impending insanity, few came under legal commitment or duress. The atmosphere was informal and friendly, with a marked absence of the bars and restraints that were typical in most inebriate asylums of the period. Patients stayed in Dwight for four weeks (longer for opium addicts), housed in the adjoining Livingston Hotel or boarded with families in this small rural community. Patients entering in a state of intoxication were assigned an attendant, often a recovered alcoholic, who stayed with the newcomer during this most difficult period. There was no confinement, and the requirement most often emphasized was the need to be in line four times a day for injections of the Keeley remedy. In between, patients were left to commune among themselves with a minimum of staff supervision.

This image of laissez faire supervision belies the fact that Keeley patients often entered a total milieu of treatment. The “Rules, Regulations and Instructions” given to each patient upon arrival at the

Keeley Institute noted the times at which the remedy would be administered; required participation in all lectures; and prohibited cigarette smoking, sodas, gambling, the use of cars, and fraternization between male and female patients. The consumption of coffee and tea were permitted only in very limited quantities.²⁶⁰

The town of Dwight was itself an extension of the Keeley treatment milieu. In its earliest years, the Keeley Institute was the largest and most successful industry in Dwight and the heart of the local economy. Widows supported themselves by taking in Keeley patients as lodgers, and the patronage of Keeley patients fattened the coffers of the city's hotels, restaurants, and retail stores. In a town as small as Dwight, it was only a matter of a few days before everyone became acquainted with the latest arrival. There were also former Keeley patients who chose to remain in Dwight, living close to the birthplace of their sobriety. (Some aging former Keeley patients continue to live in Dwight today.) Mrs. Anne Withrow, who worked for the Keeley company for 47 years, noted the following relationship between the town and the Keeley patients.

*The whole town got to know the patients. The town lodged the patients, fed the patients, and watched out for them. Even tavern owners would call the Institute to report a patient who had tried to purchase alcohol. There would be patients and townspeople at the train station every day to greet new Keeley arrivals.*²⁶¹

James Oughton, Jr., who grew up in one of the founding families of the Keeley Institute and worked at the Institute throughout his life, says the following about this special relationship between the Keeley patients and the citizens of Dwight:

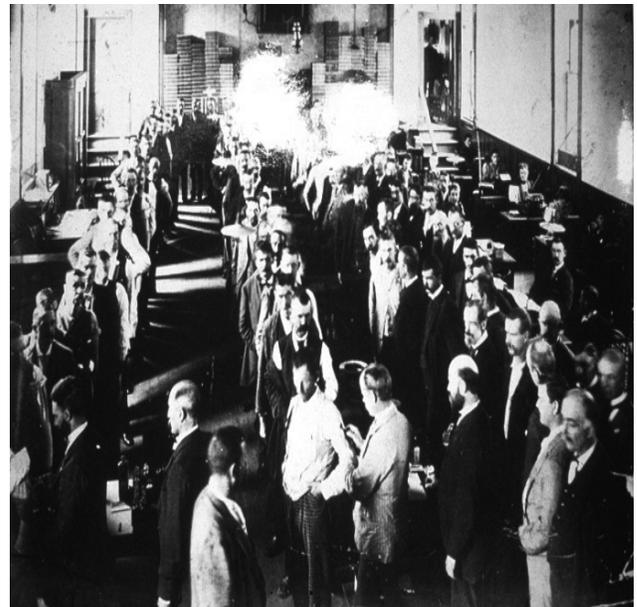
Treatment didn't stop when the someone left the Institute grounds. Keeley turned the whole town of Dwight into a kind of therapeutic community. Treating alcoholism and other addictions became the town mission.This came about because of the Keeley staff who lived in Dwight, former patients who chose to remain in Dwight's protective healing environment, and the townspeople of Dwight who developed a great sympathy for the distinguished

*visitors who came to their city for treatment.*²⁶²

During 1891, patient bills for four weeks' treatment at the Keeley facility in Dwight ran between \$100 and \$200. Housing was an additional \$21 per week, and the assistance of a personal attendant cost \$3 per day. The states of Colorado, Louisiana, Maryland, Minnesota, North Dakota, and the Oklahoma Territory passed "Keeley Laws," which subsidized treatment for indigent alcoholics at the Keeley Institutes.²⁶³

Newcomers were provided all the whiskey they needed or demanded until they lost the appetite for it—usually within three or four days. Those entering addicted to opium were set up on a schedule of decreasing doses of the drug. There was no prohibition against drinking, but smuggling in alcohol, cigarette smoking, and gambling were grounds for dismissal.²⁶⁴

The centerpiece of the Keeley cure was four daily injections of the Double Chloride of Gold remedy, whose content was adjusted slightly for each patient, plus a tonic medicine that the patient had to take every two hours during the waking hours. Patients lined up every day at 8 a.m., 12 noon, 5 p.m., and 7:30 p.m. in a building that patients had dubbed "the shot tower." There they received injections drawn in various quantities from three bottles containing, red, white, and blue liquids.



Keeley Patients Standing in Line for their Injections
Courtesy James Oughton, Jr.

The founders, along with all those who became part of the Keeley franchises, signed a pledge never to reveal the formula of the Double Chloride of Gold treatment. Medical and popular journals and press accounts of laboratory tests of the formula varied widely in their reports of the alleged composition of the cure. They suggested such diverse ingredients as alcohol, strychnine, apomorphine, aloin from the aloe plant, willow bark, ginger, ammonia, belladonna, atropine, hyoscyne, scopolamine, coca, opium, and morphine. While the daily injections may have served to alleviate the discomfort of withdrawal, the elaborate rituals may also have constituted a psychological sleight-of-hand, designed to keep the addict engaged while Keeley's other admonitions—daily rest, nutrition, mutual sharing, and alternative diversions worked to improve the patient's physical and psychological health.

While the Keeley cure is most often associated with alcoholism, Keeley extensively advertised the applicability of the Double Chloride of Gold cure for opium and tobacco addiction. In 1897, he claimed that the product was equally successful in curing "other toxic habits, such as cocaine, chloral, hasheesh, atropia, strychnia, and such others as are formed by humanity."²⁶⁵

Each patient leaving the Keeley Institute was given a pamphlet entitled "To the Keeley Graduate." This pamphlet began with the following proclamation:

You are now numbered among thousands of men and women who have broken the shackles of alcohol and drug addictions by the Keeley method of treatment. Your cure will be as permanent as your life, you will never have any craving for alcohol or other sedative drugs as long as you live, unless you create it by returning to their use, thus re-poisoning your nerve cells.

The pamphlet went on to emphasize the importance of sustaining the new Keeley habits: regular patterns of sleep, regular and balanced meals, regular consumption of water, abstinence from tobacco and caffeinated drinks, healthy recreation, and care in the selection of personal associates.²⁶⁶ Graduating patients were also expected to participate in a well established Keeley ritual: regularly writing to the Keeley Institute, the Keeley Leagues, and one or two of their fellow patients.²⁶⁷

Treatment at the branch institutes was strictly controlled and monitored from Dwight. All physician-managers of the Keeley Institutes were brought to Dwight for training. All of the Institutes followed carefully detailed procedures regarding all aspects of their clinical operation. Letters from Dwight to the branches reveal how carefully these operations were monitored:

- An October 13, 1894 letter to the Keeley branch in Charleston, West Virginia admonished the staff for failing to conduct clinical examinations of all patients within three days of admission and to forward these reports to Dwight for review.²⁶⁸
- A February 13, 1895 letter to the Keeley Branch in Excelsior Springs, Missouri, chastised staff for their recent practice of shortening treatment from four weeks to three weeks.²⁶⁹

The tone of these letters was quite directive in stating standards and expectations for compliance by branch staff. Some letters went so far as to prohibit admission of particular patients, as was the case in two 1896 letters to Institutes in Benton Harbor, Michigan and Buffalo, New York. The Benton Harbor letter noted the multiple admissions of a particular patient and directed the Institute to refuse the patient all further treatment. The Buffalo letter suggested great care in the treatment of a particular patient, because "evidence from Philadelphia and other points is that he is of no account and is only using our remedies and Institutes for temporary benefit." The use of the Keeley remedy at the Branch Institutes came under particularly strict review. The majority of the letters that went out from Dwight to the branches noted discrepancies between the number of patients the branch treated during the month and the amount of remedy that they used. These letters expressed concern over the use of too few or too many bottles of the remedy.²⁷⁰

The Mail-Order Business

For some time, the Double Chloride of Gold Cure, in addition to being the center of treatment for those who came to the Keeley Institutes, was also sold by mail order. The uniquely shaped and ornately labeled bottle came in pairs, the tobacco cure costing \$5, the neurasthenia cure \$8, the

alcoholism cure \$9, and the opium cure \$10. Keeley defended the mail-order business as a way to help people who could not afford or were too ashamed to seek institutional treatment. The advertised promise for the mail-order cure was bold and unequivocal:

*In four days the habit will be checked, in a week the desire to drink will be gone, in nine days it will be impossible to take alcohol into the system, and the manacles which bound the man for ten, twenty, or thirty years will be shattered and broken forever.*²⁷¹



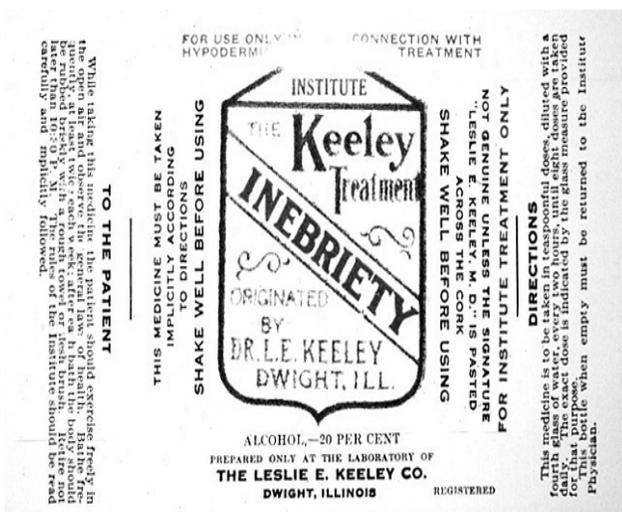
Keeley Bottled Home Cure Products
Courtesy Illinois Addiction Studies Archives

The mail-order business gave the illusion, if not the reality, of individualized treatment. Patients sent in detailed reports of their pattern of daily use and were sent in return numbered bottles, which they were expected to use in careful sequence. At any sign of relapse in the correspondence, patients were admonished to return all unused bottles of the remedy. Whether this admonition was based on clinical or business concerns is unclear. Dr. Leslie Keeley's methods and his remedies extended beyond the more than 100 Keeley Institutes, as the Keeley remedies were sent to many private sanatoria that were not publicly affiliated with the Keeley Institute. The mail-order business to individuals and institutions faded over the years. In a letter to a Professor Gowdy dated January 25, 1895, Leslie Keeley remarked that he was withdrawing the home cure because “fakirs” were using that cure to sober up their patients in direct competition with the Keeley Institutes.²⁷²

The Keeley Leagues

An account of the Keeley method of treatment would be incomplete without a description of what may have been the most influential element of the treatment experience: participation in the Keeley League. By early 1891, the milieu surrounding the Keeley cure in Dwight was reaching critical mass. The numbers of patients had grown rapidly, forcing longer periods of interaction between the patients who were waiting in lines four times a day for their shots. Out of this chemistry of shared vulnerability arose a unique mutual-aid group, birthed within the milieu of a treatment center.

On April 6, 1891 a group of Keeley patients—led by Samuel Moore, a Pittsburgh businessman, Grant Richardson, a journalist, and the novelist Opie Read—organized a club for Keeley patients. Meetings were held daily, with officers serving during the month of their stay. New patients were introduced, patients leaving were asked to make speeches and were bid fond farewell, and letters of encouragement from former patients were read. Religious meetings and social events were also hosted by the club. One of the League rituals in Dwight was to go to the train station each day—as many as 200 strong—to greet the new Keeley arrivals as they walked—and sometimes stumbled—off the train.



Label from Keeley Mail Order Bottle
Courtesy Illinois Addiction Studies Archives



Keeley League #1 in Open Air Session, Dwight, Illinois
Courtesy Illinois State Historical Society

Keeley League meetings quickly spread from Dwight to other Institute communities. In many of the Institutes, the Keeley League activities were centered in clubhouses where patients shared their time when they were not engaged in treatment activities. In 1892, Calhoun described the Keeley League club-house—a former church—in White Plains, New York:

The club is the great point of rendezvous. Often entertainments are given at night, and a meeting is held every morning at nine. At these meetings, men who have finished the treatment have an opportunity to say goodbye to their friends, and then also are read letters from those who have been “graduated” some time. These letters are always encouraging, and their moral effect on the patients, still anxious about themselves, is invaluable.²⁷³

Calhoun went on to describe the genuine affection that developed among patients and the emotional intensity of the Keeley League meetings.

...the names of new members are read and each one is called on for a speech, and then the farewell speeches of men who expect to go home are listened to with

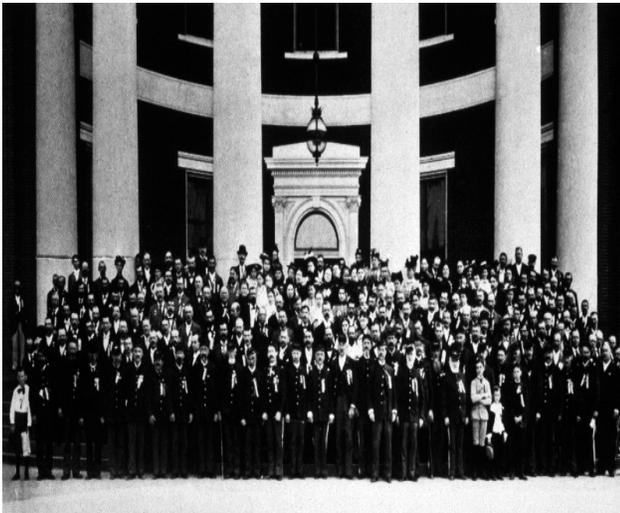
much interest. When the farewell words are spoken and the last good-byes are being said I have seen men break down and cry like babies, while the entire audience would appear to be afflicted with sudden colds; and these are men, too, who only a few weeks ago were all strangers to each other.²⁷⁴

A contagious enthusiasm held sway within the Keeley treatment milieu, and this enthusiasm spread outward when patients graduated. Former members began getting together following treatment to extend the Keeley League's activities to the provision of continuing support for sobriety following their discharge from a Keeley Institute. Former patients wrote letters and articles for their local newspapers, describing their Keeley treatment and Keeley League experiences with effusive praise.

First known as the Bi-Chloride of Gold Club, the Keeley Leagues grew to a membership of more than 30,000 former patients in 370 chapters across the U.S. The majority of the Keeley Leagues were concentrated in the states of Tennessee, Illinois, Pennsylvania, Colorado, Missouri, New York, Iowa, Maine, and Michigan.²⁷⁵ The multiple purposes of the Keeley League, set forth in its constitution, included 1) “curing the drunkard of the disease of intemperance” 2) “preventing the youth of the

country, by education and example, from contracting it,” 3) binding “together in one fraternal bond all who have taken the Keeley treatment,” and 4) “extending public knowledge of the Keeley cure.”²⁷⁶

Between 1891 and 1897, the Keeley Leagues held seven national conventions. Claiming no rivals, the leagues were promoted as the “only organization in the world composed exclusively of men who confess themselves to have been drunkards and cured.” Their motto was an unequivocal invitation: “We were once as you are; come with us and be cured.”²⁷⁷ Their members wore a “K” imbedded in a horseshoe bearing the letters B.C.G.C. on their lapels, as an open sign of their freedom from addiction.²⁷⁸ A newspaper, *The Banner of Gold*, linked the Leagues and their members. In addition to providing mutual support, League members identified and referred alcoholics to the Keeley Institutes, then welcomed them into League membership on their return. In 1897, League chapters referred 831 alcoholics to the Keeley Institutes and raised funds to pay for the treatment of 322 alcoholics.²⁷⁹ The Keeley Leagues were also the primary source of political advocacy supporting passage of “Keeley Laws,” which provided public funds to send indigent alcoholics for the Keeley cure.



Keeley League Members Marching on Pennsylvania Capitol in Support of Keeley Law

Courtesy Illinois Addiction Studies Archives

Separate Women's Keeley Leagues were established for “a band of brave, true-hearted and noble women, some of whom have themselves been delivered from slavery of drunkenness, or opium.” Joining the women who had themselves been treated at the Keeley Institutes were wives, daughters, sisters, and mothers of Keeley graduates.

The Leagues began to dissipate in the late 1890s, as part of the overall decline of the Keeley Institutes. This decline was also hastened by scandal that touched the League through its president, Andrew J. Smith. Smith, manager of the National Soldiers' Home in Leavenworth, Kansas, was the subject of a congressional investigation following highly publicized accusations that he appeared in the Home drunk, coerced patients into taking the Keeley cure, accepted a salary from the Keeley Institute at the same time he was drawing his federal salary, and mixed Keeley funds with The Post fund (the latter fund generated from the sale of beer to patients). Regarding the Post fund, the government report noted, “There seems also a glaring inconsistency that the sale of beer and the administration of the Keeley Cure should both be found running at the same Government institution, and both at a profit....”²⁸⁰ Additional adverse publicity arose in 1894, when the national secretary of the Keeley League, John Kelly, charged that Dr. Leslie Keeley wanted the League to die out because Keeley could no longer control it. Kelly further contended that Dr. Keeley had offered him a bribe to let the League lapse.²⁸¹ Kelly claimed that the focus of the National Keeley League had shifted from mutual support to “a great advertising medium.”²⁸²

Interest in the Keeley League waned in tandem with the declining tides of the Keeley Company. In 1896 the Keeley League received only \$119.30 in membership dues. The last Keeley League National Convention was held in 1897, in Minneapolis, Minnesota.²⁸³

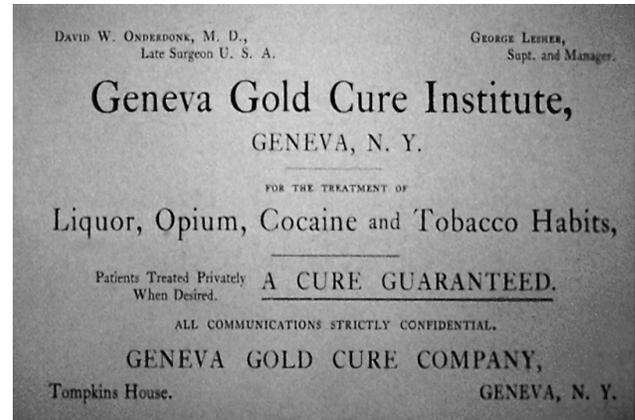
Reported Treatment Outcomes

Dr. Leslie Keeley and the physician-entrepreneurs who were Keeley's primary competitors made incredible claims regarding the success of their addiction cures. (One Keeley competitor, Dr. B.E. Neal, who oversaw more than 60 Neal Institutes, actually provided a signed contract with each incoming patient, promising that the appetite for liquor would be completely destroyed for at least one year after discharge from the Neal Institute.)²⁸⁴ In 1880, Keeley proclaimed that his methods effected “a cure in every instance, provided he [the alcoholic] takes the remedy implicitly according to instructions.”²⁸⁵ Keeley Institutes boasted a 95% cure rate, although Dr. Leslie Keeley suggested in various publications that the rate was actually higher.²⁸⁶ Dr. Keeley made equally remarkable claims for success in the cure of morphine addiction,

proclaiming that “It (The Double Chloride of Gold Opium Cure) is the only antidote known to the world for the opium habit...By the magic of the Gold Remedy the opium habit is cast out easily and permanently.”²⁸⁷ In a follow-up study of 1,000 patients treated at Dwight, reported in Keeley's 1897 treatise on opium, three died while in treatment and 44 left before treatment was completed. Of the 953 addicts who completed treatment, only 4.7% of the opium and morphine cases were reported to have relapsed after treatment—an unprecedented success rate of 95 percent.²⁸⁸

Keeley Competitors

The success of the Keeley Institutes in the 1890s spawned other addiction treatment “Institutes” and other gold cures for treatment of alcoholism, morphinism and tobaccoism. Among Keeley's primary competitors were the Gatlin Institutes, the Garten Cure, Dr. Haines Golden Remedy, the Geneva Gold Cure, the Boston Bichloride of Gold Company, the Kelly Bi-Chloride of Gold Cure, the National Bi-Chloride of Gold Company, the Baker-Rose Gold Cure, and Monroe's Gold Cure.²⁸⁹ One of Keeley's early partners, Frederick Hargreaves, left and started his own inebriety cures known variously as “Dipsocura,” the “Hargreaves Cure,” and the “Dwight Cure.” Many of the Keeley competitors, like the Key Cure that operated in the 1890s out of offices in Chatanooga, Tennessee and Lowell, Massachusetts, mirrored Keeley's use of hypodermic injections and liquid tonics.²⁹⁰



Geneva Gold Cure Institute Advertisement
Courtesy William Helfand Collection

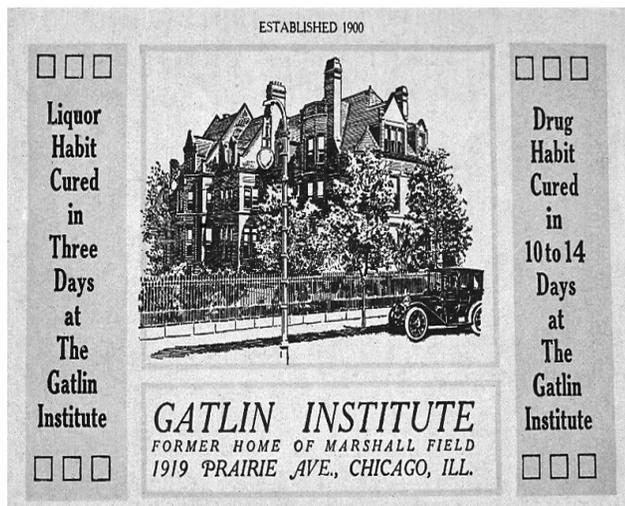


Neal Cure Advertisement
Courtesy William Helfand Collection

Early Controversies and Critics

The pulp image of Dr. Leslie Keeley—that of the country physician who had stumbled onto a revolutionary cure for the inebriety problem that had stumped the best medical scientists—contributed to the early popularity of the Keeley treatment.²⁹¹ Although early criticism of Keeley by his medical peers could be written off as “sour grapes,” the sheer volume and specificity of this criticism began to take its toll. This criticism grew in intensity during 1891 and 1892 and reached a crescendo in mid-1893. Leslie Keeley's critics focused on five broad issues.

First, they quite rightly challenged Keeley's claim that he had originated the treatment of drunkenness as a disease and from a medical standpoint.²⁹² These critics noted that an association of inebriate asylums based on the premise that inebriety was a disease and curable with proper medical treatment had been founded nearly a decade before Keeley's announcement of his new cure.



Gatlin Institute Advertisement
Courtesy William Helfand Collection

Second, the critics argued that the Double Chloride of Gold was not a specific cure for inebriety and that no such “specific” had ever existed or was likely to exist in the future. Such criticisms attacked the theoretical foundation of the Keeley cure: that inebriety was caused by a singular biological process that could be reversed by a medicinal “specific.”

Third, the critics objected to the secrecy surrounding the Keeley remedy. They argued that, if the Keeley cure really was a cure for alcoholism, then withholding the nature of the formula—so that the cure could not be subjected to scientific peer review, replication studies, and, if warranted, wide dissemination—was a gross breach of medical ethics.²⁹³ Keeley’s response to this argument:

*....my cure is the result of a system, and cannot be accomplished by the simple administration of a sovereign remedy. It involves the intelligent use of powerful drugs, gradations to suit the physical condition of particular patients, changes in immediate agents employed at different stages of the cure and an exact knowledge of the pathological conditions of drunkenness and their results.*²⁹⁴

Keeley argued that the release of the general formula would, therefore, lead to its misapplication and oversimplified use.²⁹⁵

A fourth professional and public criticism was that the Keeley Double Chloride of Gold contained no gold but contained powerful and potentially harmful drugs including, according to various analyses, strychnine, atropine, cocaine, codeine, and apomorphine. The critics contended that the Double Chloride of Gold produced serious side effects. Among the data cited was a report of 88 cases of insanity, allegedly the results of taking the Keeley remedy.²⁹⁶ Medical critics argued that it was unethical to have Keeley Institute physicians administering powerful drugs with potential adverse reactions, when the physicians were unaware of the medicine’s contents and thus stymied in their treatment of adverse symptoms. Dr. Leslie Keeley countered such arguments by denying the presence of these substances in the Keeley cure and denying that the Double Chloride of Gold remedy produced any toxic side effects.

One of the most strident critics of the Keeley cure was Dr. T. D. Crothers, a leader in the inebriate

asylum movement. Crothers attacked the gold cures for inebriety as quackery.

*There is no gold cure for inebriety. There are no facts to show that gold has any value in this disease. All the assertions and statements concerning gold as a remedy are delusions, and will not bear the test of critical examination.*²⁹⁷

The fifth and final theme of the Keeley critics was that the Keeley cure was a fraud intended only to make money. After a stinging 1893 indictment of the Keeley cure in *The Chicago Medical Record*, Dr. Chauncey Chapman concluded:

*I desire to state in a most emphatic manner that the Keeley cure is a shameless, bare-faced, money-making scheme, as practiced, and the men engaged in it are totally devoid of ethical honor.*²⁹⁸

There is little question that many of Keeley’s critics may have been reacting out of financial as well as scientific interest. Keeley defenders, such as J. Gilmer Speed, were quick to point out that many critics of the Keeley cure operated asylums that were in direct competition with Keeley. Their criticism, he suggested, stemmed from the fact that Keeley’s success was hurting them financially.²⁹⁹ However, criticism of Keeley and the gold cure went far beyond those who could be accused of reacting out of self-interest.

Keeley spent considerable time on the lecture circuit responding to his critics. The Keeley Company also responded to attacks by filing lawsuits against its critics. This tactic made journals leery of articles attacking Keeley, so they softened the tone of their criticism. However, when the Keeley Company developed a pattern of dropping these suits for unstated reasons before going to court, Keeley’s credibility was further called into question.³⁰⁰

Former Keeley patients were also quick to come to the defense of Dr. Keeley and the Keeley treatment. When four highly respected physicians attacked the gold cure as a fraud in a series of 1891 articles in *The North American Review*, J.F. Mines, a well known author and Keeley graduate, launched a notable defense. Mines used his own life story as proof of Keeley’s methods, claiming that he had lost all desire to drink as a result of the Keeley cure. After depicting the depths of alcoholic depravity to

which he had sunk, Mines proclaimed that he had “conquered the black lion of the desert” and now possessed a “sense of freedom and happiness no man can paint.”³⁰¹ This highly visible gesture of support backfired when Mines later relapsed and died—events covered heavily by the American press.

Some journalistic bystanders in the debate over the Keeley cure thought they could settle the controversy by polling Keeley graduates to assess the effectiveness of the Keeley treatment. When the Rev. James Buckley, editor of the *Christian Advocate*, polled 534 Keeley graduates, he found that 51% had remained free of alcoholism; the remaining graduates were reported to have relapsed, died, or gone insane.³⁰²

Given the extensive media coverage of the Keeley debate, one is compelled to wonder what it must have been like for potential consumers of addiction treatment services in the 1890s. It must have been difficult and confusing for the person seeking a place to go for treatment to sort out the charges and counter-charges publicly thrown about by the addiction experts. While the Keeley cure was being depicted as a fraud, Keeley himself was writing eloquently about addiction cure frauds:

*The market is literally crowded with nostrums of all kinds, which contain as active principles, coca, cocaine, chloral, morphine, atropia, the various so-called hypnotic remedies, etc., all of them concealed under seductive names and guaranteed to cure obstinate cases. Many of these preparations are employed by quasi-sanitariums as substitute remedies for the opium habit, the patient being finally dismissed as “cured,” but taking more morphine or cocaine than when he entered for treatmentSuch unfairness tends to dishearten the patient and causes him to lose faith in all remedial agencies.*³⁰³

Of all the charges and countercharges that filled the newspapers and lay and professional journals of the mid 1890s, the strangest story of the Keeley Institute surfaced after the most intense period of public controversy. In 1902, The Keeley Company filed a breach-of-contract suit to prevent the Memphis Institute (formerly a Keeley Branch) from continuing to advertize that they were using the Keeley remedies to treat alcoholism and drug addiction. The suit is irrelevant to our story except

for the exceptional testimony of Frederick B. Hargreaves, noted earlier as a former partner of Keeley and subsequent competitor in the inebriety cure business. In his Memphis testimony, Hargreaves first established his involvement in the very beginnings of the Keeley cure by revealing a partnership agreement that predated the participation of Dr. Keeley’s existing partners, Oughton and Judd. Hargreaves’ remaining testimony, which was excerpted and published in the *Journal of the American Medical Association* in 1907, contained the following claims drawn from his early involvement with Dr. Keeley at Dwight.

- The only patient who ever received Keeley medicine that actually had gold in it almost died. A far superior ingredient was found, but the use of gold in the product name was kept to enhance sales.
- Although Hargreaves would not name the ingredient that was found to replace gold in the Keeley remedy, he did report that he and Keeley had discovered its potential use from a newspaper article in which it was mentioned.
- Hargreaves and Dr. Keeley spiked a few bottles of Double Chloride of Gold and had them tested, so they could show laboratory verification that the product did contain gold.
- The early patient testimonials that appeared in the Keeley Institute advertisements were written, not by patients, but by Hargreaves and Dr. Keeley.
- Dr. Keeley's early books and articles were not written by Keeley, but were written by Hargreaves and a Dr. R.J. Curtis of Joliet, Illinois.
- The hypodermic injections given at the Keeley Institutes were a placebo designed to keep patients in residence for the three to four weeks of treatment; only the oral tonic actually contained ingredients that Dr. Keeley believed would suppress the craving for alcohol.³⁰⁴

Amidst the controversies surrounding the Keeley methods, there seems to be one unarguable fact, acknowledged even by Keeley's most vociferous critics, and that is “the undisputed fact that a large proportion of the Keeley patients do lose their appetite for liquor.”³⁰⁵ What baffled all of Keeley's critics was the apparently large contingent of sober Keeley graduates who loudly sang the praises of the Keeley treatment and its effect on their

lives. We will shortly return to a discussion of this point.

Turn-of-the-Century Decline

As criticism of the Keeley cure mounted, Dr. Leslie Keeley attempted to sell the company to a New York syndicate. After this transaction fell through, Keeley spent most of his time defending his methods and medicines. The decline of the Keeley institutions began in the mid 1890s, first with a consolidation of branches and then with a closing of nearly all the branch offices. A loss in public confidence in the Keeley methods contributed to this decline. The loss in confidence came from a recognition of higher-than-proclaimed relapse rates among Keeley patients, a public backlash against Keeley's exaggerated claims of success, and the relentless medical criticism of the gold cure. The number of Keeley Branch Institutes declined from 118 in 1893 to less than 50 at the turn of the century.³⁰⁶

After 1893, as the Keeley Institute went into a progressive decline, Leslie Keeley spent more time traveling and writing. As his energy and health declined, Keeley spent more and more time away from Dwight. He died February 21, 1900 of a heart attack at his winter home in California. He died a millionaire. Shortly afterward, Curtis Judd retired, leaving the Keeley legacy in the hands of the Oughton family.

At the time of Dr. Leslie Keeley's death, more than 400,000 men and women had been treated at 126 Keeley Institutes scattered across the United States.

The Later Keeley Years: 1900-1966

Most accounts of the Keeley Institute read as if the Institute folded with the death of Dr. Leslie Keeley in 1900. Paul Weitz has provided one of the few accounts of the continuing story of the Keeley Institute. Following Keeley's death in 1900, John Oughton, the surviving founding partner, became president of a shrinking Keeley empire. The medical direction of the Keeley Institute was turned over to Oughton's son, James H. Oughton. A 1902 fire destroyed the Keeley Laboratory and Office Building, along with the adjacent Livingston Hotel, where the majority of Keeley patients resided during their treatment. A new hotel, laboratory, and general offices were built and opened in June of 1903. At that time the Keeley Institute still retained enough

influence to have President Theodore Roosevelt present at the ceremony to open the doors of the new facilities. Along with new facilities in Dwight, which continued to treat a steady stream of alcoholics and addicts, 44 Branch Institutes were operating in the U.S. in 1907. As more states passed state alcohol prohibition laws, the demand for alcoholism treatment declined. This resulted in a further decrease in the number of Keeley Institute Branches. From 44 Branches in 1907, the number had fallen to 35 in 1916, and to just four in 1935.³⁰⁷ One of the strangest stories of the Keeley Institute closings of this era came out of Kansas City, where the former Keeley Institute building was raided and found to have hidden in its basement a large bootleg liquor manufacturing operation.³⁰⁸

On the assumption that the demand for services would decline as a result of prohibition, the Keeley facilities in Dwight were sold in 1920 to the Veteran's Administration for use as a hospital for World War I veterans.³⁰⁹ However, the home Institute in Dwight—perhaps as a result of the closing of the other Institutes—continued to receive demands for treatment throughout prohibition. To provide these services, the original Oughton family home was converted into a “lodge,” a new administration building was erected, and an old carriage house (known as “the Clubhouse”) was used as a recreation, treatment, and meeting room.³¹⁰ Eighteen patients at a time resided in the former Oughton Home, while other patients were housed in private residences in Dwight. Weitz's analysis of admission figures for the years 1920 to 1933 reveals steadily increasing admissions throughout these prohibition years. Admission to the Keeley Institute in Dwight rose from 186 patients in 1920 to a peak of 869 admissions in 1930.³¹¹

The treatment of alcoholics at Dwight continued after prohibition, under the direction of Dr. James Oughton, who had taken over the Presidency of the Keeley Company from his father in 1925. Dr. Oughton eliminated the use of the Double Chloride of Gold remedy at the Institute. While he believed that the original treatment was a beneficial specific in the treatment of alcoholism, he became concerned that the body's inability to metabolize the heavy metals in the medicine might have long-term medical effects on Keeley patients. The formula was changed for the third time in Keeley history, but the contents of this final formula were also never revealed. Dr. Oughton was shot and killed in a burglary in August, 1935, and administration of the Institute was taken over by his

son, James Oughton, Jr., who had just graduated from Dartmouth. James Oughton, Jr. served in this role for the next 31 years.³¹²

During the 1930s and 1940s, most of the male Keeley patients continued to stay in the lodge, which today is a restaurant in Dwight. Readers learning of an addiction treatment institution located in an all-white rural community might wonder if African Americans had access to such private facilities during a prolonged era of racial segregation in America. When questioned, former staff reported that African Americans were treated at Keeley, and with a minimum of special accommodations. While African-American patients were housed in private residences rather than in the lodge, they participated fully in all the regular dining, social, and treatment activities of the Institute. In response to the further query about whether or not there were any difficulties arranging accommodations for African-American patients in a rural, white community in the middle decades of the 20th century, I was told, “Oh my, no. You see they [the African-American patients] were almost all doctors and lawyers.” It seems the main criterion for temporary inclusion in Dwight was one of social class, rather than race. While it is not possible to ascertain the number of African Americans treated at the home Keeley Institute, the numbers could not have been high. The group pictures of patients throughout the Keeley years are filled with white men. Female patients during the 1930s and 1940s were housed at a cottage near the Institute. Most of their treatment activities occurred at the cottage, which continued the long tradition of minimizing their contact with male patients.³¹³

Treatment of alcoholism and other addictions at the Keeley Institutes during the 1940s and 1950s was very similar to the early Keeley treatment. The Institute’s head attendant, anywhere from six to ten patients, and a few townspeople met arriving patients each day at the train station. Fully detoxified patients seemed to relish viewing the horrible condition of the new arrivals—a condition that reflected their own status just a few days earlier. There was also always the possibility of the unexpected at the train station, such as the time a famous model arrived wearing her fur coat and nothing else. Each arriving patient was still assigned an attendant—a “jag boss”—who stayed with him or her day and night through the first few days. These attendants, mostly middle-aged men and many of them former Keeley patients, administered decreasing doses of whiskey mixed in malted milk

to detoxify the new patients. Detox did not always go well, as reflected in the story of the famous football player who had to be strapped to his bed, but who a few hours later came down the stairs of the lodge with the bed still strapped to his back.

When detox was completed, continued responsibility for the patients remained with the two or three full-time Keeley physicians. Patients were given three physicals during their stay at Keeley, were given three to five individual consultations (counseling sessions), and received daily medications. Although the Double Chloride of Gold was no longer used, patients still received injections of a pink solution four times a day—then called “tonic medicines”—and consumed a bitter yellow fluid in water every two hours (in bottles numbered from one to three), which patients were told was “a laxative tonic which eliminated the poisons produced by alcohol.”³¹⁴ Daily life for a patient at Keeley included attendance at a morning lecture presented by one of the physicians; receiving the four injections; leisure activities such as exercise, tennis, and volleyball, planned by an athletic instructor; and large quantities of good food. Patients also spent a good deal of their free time talking with one another and going for walks in downtown Dwight. Attendance at church services was recommended but not required. One change in this later era was the introduction of A.A.

During the 1940s, A.A. members approached Keeley Institute leaders about integrating A.A. into the Keeley treatment. By 1946, Keeley patients were actively encouraged to affiliate with A.A. in their home communities, and by 1950, the two remaining Keeley Institutes (in Dwight and in Greensboro, North Carolina) worked closely with A.A. The first regular A.A. meetings at Keeley began in 1956, and Keeley hosted A.A.’s Midwest Summer Round-up from 1958 to 1966.

According to Weitz’s interview with a former patient (and the Keeley literature of this era), the Keeley treatment during the mid-20th century was quite similar to that given in the early days of Keeley, with a few modern twists: medical detoxification, shots four times a day, a fixed daily schedule (rising early and retiring early), a ban on smoking (tobacco treatment was included at no extra charge), nourishing food, vitamin supplements, physical exercise, lectures, a weekly visit with a psychiatrist, and participation in a weekly A.A. meeting. By 1960, the Keeley Institute had lowered its claim of success from the 95% repeatedly quoted by Dr. Keeley at the turn of the century to a claim

that “50 percent of the patients adjust permanently to their new life without beverage alcohol.”³¹⁵

Admissions to the last two Keeley Institutes declined in the 1960s in tandem with the rise of state-operated and community-based alcoholism treatment facilities. The Institute in Greensboro closed in 1965, and the original Keeley Institute at Dwight stopped accepting patients for treatment in 1966.

The Keeley Company continued to be active in the state and national alcoholism movement during these later years through the activities of James H. Oughton, Jr. Oughton stayed involved in the alcoholism field after the Keeley Institute closed and, until his death in 1996, regularly regaled visitors to Dwight with stories of the days when the rich and famous came to take the “Keeley Cure.”

The Keeley Legacy

So what shall we make of one of the most publicly recognized and controversial alcoholism and addiction treatments in American history? Do we christen Dr. Leslie Keeley an entrepreneur, a pioneer, or a predatory charlatan—or something in between? Plotting the truth is difficult, because the majority of the surviving literature comes from four distinctly biased sources: 1) the Keeley literature itself, which some might suggest is as much promotional mythology as historical fact; 2) a body of confessional literature from a small number of Keeley patients, effusive with their praise and gratitude; 3) a body of highly critical literature from the medical establishment, written mostly by competitors objecting to Dr. Leslie Keeley's homeopathic philosophy, his financial success, and his public acclaim; and, finally, 4) the charges of an embittered former employee and competitor. Having sorted through all of this literature, the author would suggest the following conclusions.

First, the remedy: Dr. Leslie Keeley died without ever revealing the contents of the Double Chloride of Gold and the tonics used at the Institutes, and he never confirmed any of the varied analyses of these products that were published.³¹⁶ (He did specifically deny that the Double Chloride of Gold contained strychnia, atropine, or apomorphine.)³¹⁷ While John Oughton acknowledged after Keeley's death that the injections contained antagonists, emetics, and tonics, the exact composition of the Double Chloride of Gold has never been revealed. Many of Keeley's medical con-temporaries noted that the symptoms³¹⁸

that patients described while first taking the Double Chloride of Gold were consistent with the symptoms of atropine intoxication.³¹⁹

Leslie Keeley claimed he had discovered a “specific”—a drug protocol that cured inebriety by permanently eliminating the morbid craving for intoxicants at the cellular level. The Keeley treatment did initiate many recoveries, but no such “specific” existed. If such a specific had existed, Keeley's refusal to disclose the formula would have been an unconscionable breach of medical ethics, justifying all of the criticism ever aimed at him. The likely ingredients of the Double Chloride of Gold remedy and tonics—alcohol, atropine, strychnia, apomorphine—did aid detoxification, and the shots did engender a revulsion for alcohol (at least among those whose shots came from the mysterious and greatly feared blue bottle).³²⁰ The Keeley cure was one of many 19th-century alcoholism cures that—often without the patient's informed consent—relied upon the power of aversive conditioning to destroy the appetite for alcohol. Keeley introduced an approach that carried an aura of scientific truth and all the emotional support and intensity of a revival meeting—a combination to which many addicts continue to respond today.

It is unfortunate that the controversy surrounding the Keeley approach focused on the nature of the Double Chloride of Gold treatment, because Dr. Keeley's true legacy lay in other areas. He shares credit or blame (depending on the reader's philosophical orientation) for setting forth physiological explanations for the etiology of inebriety. These ideas helped build a foundation for what would emerge in the next century as a modern “disease concept of alcoholism.” In a similar manner, Keeley's advocacy of what might be called a disease model of narcotic addiction anticipated ideas that would be set forth nearly a century later as the theoretical foundation of methadone maintenance.

The Keeley story has many unique aspects. Keeley was remarkably successful in enticing large numbers of alcoholics and addicts into treatment. By declaring that their condition was a product of disease rather than vice, by promising to alleviate the physical discomfort of sobering up, and by allowing them freedom from constraint, the Keeley Institutes brought unprecedented numbers of alcoholics and other addicts into treatment. Leslie Keeley's aggressive marketing campaigns also helped educate the public. These campaigns served to decrease the stigma of addiction and provided a

counterbalance to the demonization of the addict that was occurring within the drug prohibition movements of the same era. At a time when addiction treatment was focused on long-term institutional care, the Keeley Institutes provided a large-scale day treatment/intensive outpatient model—a legacy of some importance in light of recent trends in the field. The Keeley Institute also was among the first treatment systems to manage quality control at multiple facilities through centralized training of key staff, monitoring of clinical procedures, and clinical documentation. And then there was the treatment milieu itself.

The Keeley Institutes were among the first prominent treatment institutions that hired recovered alcoholics and addicts to work in the treatment industry, and the Keeley Institutes employed more recovered physicians than any program in history. This fact alone should ensure the Keeley Institute a most fascinating footnote in the history of addiction medicine. From its beginning in 1879 to its closure in 1966, Keeley treated hundreds of thousands of alcoholics and addicts with a staff that never included a counselor. During all those years, the activities we would today define as counseling were performed by Keeley's full-time physicians.

Keeley's creation of a supportive atmosphere in which addicts were treated with trust and respect and encouraged to support one another predated modern uses of the "dynamic milieu" by nearly a century. The Keeley Institutes combined the home-like atmosphere and effusive optimism of the Washingtonian homes with the physical methods of treatment of the inebriate asylums. The Keeley critics often referred to the general enthusiasm of the patients—which gave the place the feel of a camp meeting or revival—as a way of suggesting that it was this power of positive suggestion that accounted for the cures, rather than the mysterious medicines that were administered.³²¹

The long-term sobriety-based support structure, through which his graduates across the United States could experience mutual support, would be one of the largest of such networks between the collapse of the Washingtonian movement in the mid-1840s and the rise of Alcoholics Anonymous in the 1930s. The Keeley Leagues and the patient clubs and aftercare associations of other treatment programs historically link the fraternal temperance organizations and reform clubs with the later involvement of alcoholics in the Oxford Group and the emergence of Alcoholics Anonymous.

Dr. Leslie Keeley's legacy is to be found, not in his medical elixir, but in the social milieu that surrounded his remedy. A special chemistry occurred in the relationships among those standing in line four times a day for their shots, and between those getting and giving the shots: As we now know, many of the physicians were themselves recovered. Jim Baumohl and Cheryl Walsh have independently suggested that part of the effectiveness of this milieu was its appeal to male camaraderie and manly dignity. Keeley men were coached to face their shots courageously, then to publicly proclaim in the boldest manner their recovery from alcoholism. In the Keeley milieu, men were challenged to restore their identity and personal pride as men—Keeley men—by heroically casting off the curse of drunkenness and engineering their own personal reformation.³²²

The spirit of mutual support born within the Keeley Institutes and formalized in the Keeley Leagues was the source of many permanent recoveries. Keeley put together elements that continue through this history: medically supported detoxification, the conceptualization of addiction as a disease, a milieu of mutual support among those being treated, the guided restoration of physical and emotional health, and, not insignificantly, a gimmick that engaged addicts' propensity for magical thinking and helped them through the early weeks and months of recovery. So much attention was focused on the mysterious medium of Keeley's cure—the Double Chloride of Gold formula—that most critics failed to appreciate the healing power of the treatment milieu within each Keeley Institute. In the end, it was the milieu, not the medicine, that was Dr. Leslie Keeley's greatest legacy.