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## Opium in America: The Early Story

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**NOTE:** The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

### Opium in Colonial America

Opium came to America early and in many forms. There was raw prepared opium (for smoking). There was granulated opium prepared in standard medical doses and taken by mouth, usually to treat diarrhea. There was powdered opium, whose fine granules could be sprinkled into an open wound to relieve pain. There was tincture of opium (opium suspended in alcohol). Representing these various forms of medicinal opium were three opium products that began the history of narcotic addiction in America: Laudanum, Dover's Powder, and Paregoric (Maurer and Vogel, 1973).

Laudanum, originally in the form of an opium pill and later in a liquid combination of opium and alcohol, was developed by Paracelsus, the Swiss chemist, in the sixteenth century. The name itself comes from the Latin, laudanum, which means "something to be praised." In Colonial America, the term "laudanum" was used for a number of preparations that combined

opium with ingredients such as wine, henbane, bone of the heart of a stag, cinnamon, frog's sperm, and orange or lemon juice. The alcoholic preparation of opium that people drank was the most popular (Macht, 1915). It is likely that Laudanum entered America on the Mayflower and continued to arrive with each succeeding ship. Many early Americans, including Benjamin Franklin, were regular users of Laudanum (Musto, 1991).

Paregoric--a mixture of opium, alcohol, camphor, benzoic acid, and anise oil--appeared in the early eighteenth century and was the most common product recommended for diarrhea. Its name comes from a Greek word meaning "soothing" or "consoling." Paregoric was also the one of the most frequently used medicines for children in America, as noted in an early advertising jingle: "Paregoric by the bottle, emptied down the baby's throttle."

Dover's Powder was an opium-based preparation developed by Dr. Thomas Dover of England for the treatment of gout. It

contained a concoction of opium, licorice, ipecac, and other assorted ingredients. Dover's Powder was used as a pain killer, usually taken internally or applied to the skin. It became one of the most widely used elixirs on both sides of the Atlantic. By the late eighteenth century opium was also available, primarily in the form of gum opium, from domestic growers in the colonies.

There are a few early reports of what would later be understood as opium tolerance and addiction. Most people who wrote about this period described the use of these products for every imaginable ailment, but reported little evidence that these drugs were used for their intoxicating properties, or that many people used them often enough to develop physical dependencies. There are, however, some reports of opium addiction. John Huyghen van Linschoten, describing his own opium use on a voyage to the West Indies during the colonial period, noted that:

*He that useth to eate it, must eate it daylie, otherwise he dieth and consumeth himself...He that hath never eaten it, and will venture at first to eate as much as those that daylie use it, it will surely kill him* (Quoted in Livingston, 1959).

During the early 1800s, new opium-based products came into use in America. One popular opiate used in the early eighteenth century was "black-drop," also known as Lancaster or Quaker's Black-drop. In 1814, a Dr. Barton developed a "brown mixture" of opium and licorice that also became one of the opium staples. Consumption of opium-based products was commonplace by the early Nineteenth century.

In his 1832 dissertation at the University of the State of New York Medical School, Dr. William Smith observed that "This drug [opium] is in every day's use, and particularly among the better circles of society, and by the softer sex" (Smith, 1832, p. 21). While opium use was silently increasing, its cultural visibility would soon be enhanced by a small number of literary figures who would begin to sing its praises.

## DeQuincey and his American Counterparts

Thomas DeQuincey's *Confessions of an English Opium-Eater* was published in 1821, marking the beginning of the association of a number of literary figures with the practice of regular opium use. Eventually the list of Nineteenth-Century literary notables known or alleged to have been opium-eaters would include Samuel Taylor Coleridge, Walter Scott, Elizabeth Barrett Browning, Percy Shelley, and Edgar Allen Poe. But it was DeQuincey's *Confessions* that brought opium to the attention of both the English and the American public

DeQuincey described how he had begun using opium in 1804 in the form of Laudanum, to ease the pain produced by rheumatism and toothache. His use had escalated during the following eight years. DeQuincey eloquently recounted the pleasures he found in opium, referring to opium as the "panacea for all human woes" and "the secret of happiness." Comparing opium to wine, he wrote:

*...whereas wine disorders the mental faculties, opium, on the contrary, introduces amongst them the most exquisite order, legislation and harmony. Wine robs a man of his self-possession; opium sustains and reinforces it. Wine unsettles the judgment...; opium communicates serenity and equipoise to all the faculties* (DeQuincey, 1822, p. 157).

DeQuincey followed this song of praise for opium with an account of his opium-propelled decline after 1813, and of his efforts to break free from opium. He described the process of weaning himself from 8,000 drops of Laudanum a day to 160 drops a day, and ended his book in the voice of a reformed opium-eater.

In later postscripts added to the book, DeQuincey confessed his failed efforts to abstain or to find an adequate substitute. Like many books that would follow, DeQuincey's *Confessions* was long on its description of opium's pleasures and short on its description of opium's agonies. Dr.

H.H. Kane called DeQuincey's book "a mass of ingenious lies" and joined other critics in accusing DeQuincey of being responsible for inciting opium addiction through his tales of dreamy opium bliss (Kane, 1881, p. 22).

A most interesting analysis of DeQuincey's opium use was later presented by Terry and Pellens in their classic text, *The Opium Problem*. Since DeQuincey had consumed opium in the form of Laudanum--a 45-percent alcohol tincture, Terry and Pellens calculated the amount of alcohol DeQuincey must have consumed in order to get his required quantities of opium. It turns out that DeQuincey was consuming the equivalent of a pint of whiskey a day, in addition to the wines and cordials he was known to relish regularly. Terry and Pellens conclude that "...the evidence of alcoholism is at least as plain as that of chronic opium poisoning" (Terry and Pellens, 1928, 62-63). DeQuincey's writings led many early addiction authorities to make the mistake of linking opium use with creative achievement. Horace Day, for example, must surely have been inspired by DeQuincey when he wrote the following in his 1868 book, *The Opium Habit*:

*If his vocation be to write, it matters not how profound, how difficult, how knotty the theme to be handled, opium imparts a before unknown power of dealing with such a theme; and after completing his task a man reads his own composition with utter amazement at its depth, its grasp, its beauty, and force of expression, and wonders whence came the thoughts that stand on the page before him* (Day, 1868, p. 217).

It takes little imagination to see how such reports could have led struggling writers "and others of artistic temperament" off in search of Laudanum. For decades following the appearance of *Confessions*, there were reports of people like the social activist Jane Adams, who were inspired to experiment with opium by reading DeQuincey's book (Kandall, 1996).

While the mention of DeQuincey's name calls up images of blissful opium dreams, the rise in narcotic addiction in the

Nineteenth century had more to do with disease and pain than with the search for pleasure. Forces were brewing that would dramatically increase America's vulnerability to narcotic addiction.

### **Setting the Stage for Opiate Addiction: Epidemic Disease and the New Technologies**

When one scans the medical journals and popular literature of the nineteenth century, one is struck by the absence of any significant mention of opiate addiction before 1860. Several factors set the stage for the growth of narcotic addiction in the U.S. after 1860. The most significant of these included the rise in epidemic diseases, the introduction of morphine and the hypodermic syringe into American medicine, the physical and emotional ravages of the Civil War, and a patent medicine industry that gambled its future on the power of advertising (Isbell, 1959).

Of the events that led to the increased use of opiates in the nineteenth century, one of the most significant was a series of epidemics that hit the U.S. in the decades before the Civil War. The increased shipment of crude opium into the United States may have been more in response to disease than to addiction, but it exposed large numbers of people to opiate use for long enough periods of time that addiction may have been the result.

The cholera epidemics of 1832-1833, 1848, and 1854--and the sustained spread of dysentery between 1847 and 1851--were all commonly treated with opiates. David Courtwright suggests that this practice may have played a significant role in the rise in opiate addiction (Courtwright, 1978, 1983). As late as 1913, Dr. George Pettey was reporting that diseases such as chronic rheumatism, migraine, liver and kidney disease, asthma, chronic dysentery, hookworm, pellagra, tuberculosis, cancer, and alcoholism bore the primary responsibility for the spread of narcotic addiction (Pettey, 1913).

Annual importation of opium into the United States rose decade by decade in the

Nineteenth Century, until opium addiction broke into cultural visibility in the 1870s. But the emergence of opium addiction as an American problem was not just a matter of how much of the drug was being consumed. The history of addiction in America was about to be forever altered by new, more potent forms of opium that would enter medicine and the social marketplace.

In 1805, the German chemist Friedrich Sertürner isolated morphine from opium. Sertürner christened his new drug after Morpheus, the Greek god of sleep. While there is no definitive proof confirming the rumors that the hypochondriacal Sertürner was addicted to morphine, there are confirmed reports that he used his own body in experiments with the drug (Schmitz, 1985).

Morphine was introduced into American medicine in 1825, and was in widespread use by physicians in the 1830s (Crothers, 1902). Before this technical breakthrough, opium was available only in its natural form from the poppy plant. People could chew it or dissolve it in alcohol and drink it. But now morphine in a number of forms--pills, ointments, solutions, and tinctures--emerged as the leading antidote to pain.

By the 1850s, morphine-based products filled the shelves of America's drug stores, where the average citizen could buy them without a prescription. Morphine was often used in place of opium, out of the widespread belief that it lacked opium's addictive properties. In its earliest days in use, morphine was even believed to cure opium addiction. This belief was the first of a long sequence of myths, in which nearly every new opium derivative and synthetic narcotic would be considered non-addictive and tried as a cure for addiction to the drugs that preceded it (Macht, 1916).

Morphine was a remarkable innovation. It arrived just in time to respond to the most common medical needs posed by the Civil War: the need to relieve pain, the need to suppress coughs and fever, and the need to stop the relentless dysentery and diarrhea that raged through military camps. But there was also another innovation that

brought about a fundamental shift in the addictiveness of narcotic drugs: the hypodermic syringe.

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