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The Role of Recovering Physicians in 19th Century Addiction Medicine: An Organizational Case Study¹

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Abstract

An elaborate network of inebriate homes, inebriate asylums, nationally franchised private addiction treatment institutes, and proprietary home cures for addiction arose on the American landscape between 1850 and 1900. The pinnacle of the movement to professionalize America's first addiction treatment field was the founding of the American Association for the Cure of Inebriety in 1870 and its publication of the first issue of the Journal of Inebriety in 1876. One of the most contentious issues among the various branches of this new professional field was the question of the use of "reformed men" as physicians, managers and attendants within treatment institutions. This article describes the employment of recovering physicians within one 19th century addiction treatment franchise—the Keeley Institutes—and documents the nature of the professional debate stirred by what was then a controversial practice.

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contentious issues among the various branches of this new professional field was the question of the use of “reformed men” as physicians, managers and attendants within treatment institutions. This article describes the employment of recovering physicians within one 19th century addiction treatment franchise—the Keeley Institutes—and documents the nature of the professional debate stirred by what was then a controversial practice.

Recovering Addicts Working in 19th Century Addiction Treatment

The concept of the “wounded healer”—the idea that people who have experienced and overcome adversity might play a role in helping others similarly afflicted—can be traced to early religious and moral reformation movements. “Reformed sinners” throughout history have used their own transformed lives as a springboard for evangelism and activism within personal and social reformation movements. This tradition set the stage for the important role of “reformed inebriates” came to play in the 19th century temperance movement.

The first “wounded healers” in America were men like Samson Occom, Handsome Lake and The Prophet who used their own near-death experiences with alcohol as a springboard for their own personal reformation and their emergence as highly influential Native American Temperance Reformers in the late 18th and early 19th centuries. This role became fully developed following the Washingtonian Revival of the 1840s. John Gough, John Hawkins, Dr. Francis Reynolds, and Francis Murphy created professionalized roles that combined motivational speaking to large groups, personal consultations with inebriates and their families, and the organization of inebriates into local abstinence-based reform clubs.^{1, 2, 3} The autobiographies of some 19th century temperance missionaries provide evidence that this work was not always successful in helping the reformer sustain their own sobriety.^{4, 5, 6} Relapses of prominent reformers led to early controversies over the use of reformed men in this role and to arguments over whether such men should be referred to as “reformed” or “reforming”—a debate that has continued into the modern era in parallel arguments over the use of the terms “recovered” and “recovering.”^{7, 8, 9, 10}

While recovering alcoholics had worked as temperance missionaries and as managers and attendants within some of the early inebriate homes,¹¹ the practice of hiring recovering people to work in direct service roles with other alcoholics became particularly associated with what were called “the gold cure empires” and other private addiction cure institutes. There were many late 19th and early 20th century addiction cure franchises—the Gatlin Institutes, Neal Institutes,

Oppenheimer Institutes, Hagey Cure, and the Bartlet Cure, to name just a few. None of these franchised cures had more institutional sites, were more geographically dispersed, were more profitable, or were more controversial than the Keeley Institutes.

The Keeley Institutes

In 1879, Dr. Leslie E. Keeley of Dwight, Illinois publicly announced, “Drunkenness is a disease and I can cure it.” By 1920, more than 500,000 people had taken the Keeley Cure in one of the 120 Keeley Institutes scattered across the United States, Canada and Europe. The Institutes spread rapidly behind a unique franchise arrangement that attracted many business entrepreneurs, an aggressive program of advertising that boasted Keeley’s claim of a 95% cure rate, praiseful books written by former patients,^{12, 13} and the highly publicized outcome of Dr. Keeley’s challenge to Joseph Medill, Editor of the Chicago Tribune. Keeley challenged Medill that he would sober up any of the worst drunks of Chicago that Medill would send to Dwight. (Medill accepted this challenge and later acknowledged on the pages of the Tribune that the men he had sent to Dwight left Chicago as “sots” and had returned to Chicago as “gentlemen.”)¹⁴

After a period of explosive growth in the 1890s, the Keeley Institutes went into a period of decline. Dr. Leslie Keeley and his treatment methods were bitterly attacked in both the professional and lay presses, and the Keeley empire eventually fell to many of the same forces that led to the virtual collapse of the entire network of 19th century addiction treatment programs. Only a few of the Keeley Institutes survived into the post-prohibition and modern periods of alcoholism treatment. The final blow to the surviving Keeley Institutes was the rise of state and federally funded community-based alcoholism treatment programs in the 1960s. The last Keeley Institute—the home Institute in Dwight, Illinois—closed its doors June 5, 1966, marking the end of 87 years of treating those addicted to alcohol and other drugs.

The original Keeley treatment consisted of both institutional and clinic treatment as well as bottled home remedies that could be ordered by mail by those who couldn’t afford treatment at one of the Keeley facilities. The Keeley Institutes offered a four to six week treatment consisting of a banishment of tobacco, rest, exercise, good food, and warm fellowship via participation in Keeley League meetings—the Keeley patient mutual aid society.¹⁵ While these aspects of treatment did not differ significantly from care in many of the inebriate homes or inebriate asylums, what made the Keeley Cure unique was the administration of a medicinal

specific—the Double Chloride of Gold Remedy—that Dr. Keeley argued could unpoison the cells and cure those addicted to alcohol and other drugs of their morbid cravings. Each Keeley patient received four hypodermic injections a day plus oral tonics every two hours. While the contents of these injections and oral medications were closely guarded secrets and changed over time, Keeley’s medicinal specific in the 1890s is thought to have contained individualized mixtures of strychnine, atropine, apomorphine, cinchona, aloin, and ammonium chloride. Keeley graduates were expected to publicly declare their newfound sobriety, continue participation in the Keeley Leagues, and boldly wear their Keeley League pin on their person as a daily affirmation of their cured status.¹⁶

The Keeley Physicians

To administer Keeley’s elaborate medical protocol required physicians who were responsible for conducting physical examinations, supervising detoxification, treating acute medical problems, administering the four shots per day to each Keeley patient, conducting patient education in the form of lectures, and maintaining written correspondence with would-be patients and family members. There is much that was controversial and noteworthy within the Keeley treatment method and the ways the Keeley Cure was promoted, but buried within this broader controversy was the fact that the Keeley Institutes hired more recovering physicians in professional treatment roles than any addiction treatment institution before or since.

There are two sources of information on the employment of recovering physicians within the Keeley Institutes. The first is Alfred Calhoun’s 1892 book on the Keeley Cure which notes that there were than 100 former patient/physicians that were working as physicians within the chain of Keeley Institutes. The second, and more definitive source, is the *Leslie E. Keeley Company Physician’s Record*, that resides today in the Keeley Archives at the Illinois State Historical Society.

The *Physician’s Record* provides a brief biographical account of each of the 418 physicians hired at the Keeley Institutes between 1891 and 1950, including notations of where and when they had completed their education, internships, and prior employments. There was also within each physician’s resume a heading marked “Addiction.” Following this heading were notes indicating whether each physician had a prior history of addiction and, if so, the nature of that addiction. The type of addiction was indicated by one or more letters: “D” for drunkenness, “M” for morphine, “O” for opium, and “C” for cocaine. Of the 418 physicians with resumes in the record, 131 were reported to have had a history of addiction,

226 were noted to have had no history of addiction, and the “Addiction” category was left blank for 61 of the physicians. For the 131 physicians with a noted history of addiction, there were additional notes indicating when and where the physician had been treated. All 131 of the recovering physicians hired by Dr. Keeley had been treated in one of the Keeley Institutes—some more than once.

The resume of each physician within the *Physician's Record* also indicated when each physician had come to Dwight, Illinois for his initial orientation and training by Dr. Keeley and his staff and when he had assumed his position within one of the Keeley Institutes. By comparing the treatment dates and these training and placement dates, an estimate of the maximum length of sobriety for each physician can be determined. Nearly all of the patient/physicians hired to work in the Keeley Institutes assumed these roles within one year of their own treatment and many did so within a few weeks or months. An extensive review of Dr. Leslie E. Keeley's correspondence did not provide an answer to the question of whether he and his staff directly recruited physicians and business entrepreneurs while they were in treatment, but the close proximity between the patient/physicians' treatment at a Keeley Institute and their recruitment to work as physicians within the growing chain of Keeley Institutes suggests the presence of some direct recruitment method.¹⁷

The Controversy

There were many sources of strain between the inebriate asylum institutions and such proprietary addiction cure purveyors as the Keeley Institutes. While both tended to conceptualize inebriety as a disease and call for its medical treatment, the treatment philosophies were quite different. The inebriate homes were allopathic in their medical orientation, while the addiction cure institutes tended to be homeopathic, with many of the latter offering medicinal specifics that they claimed could cure addiction. The inebriate asylums called for involuntary and extended (1-4 year) institutional care; the addiction cure institutes offered brief (3-4 week), voluntary inpatient or clinic care in which each patient would visit the institute several times a day for the administration of medicines while living freely in local hotels or boarding houses. The inebriate homes and asylums viewed themselves as primarily public institutions and sought public (liquor tax revenue) funding to supplement their patient fees; the cure institutes were profit making ventures supported by investors who expected to make a profit from the fees patients paid for their cure.

The inebriate asylums and the cure institutes were competitors both in terms

of their financial existence and in terms of their medical credibility. There were many broadside attacks on the cure institutes, but the Keeley Institutes, because of their national spread and their financial success were the subject of particularly bitter attacks.^{18, 19, 20, 21, 22} It was within this broader context that the debate arose over who was qualified to treat the inebriate.

The intensity of this debate is revealed in an 1897 Editorial in the *Journal of Inebriety* by Dr. T.D. Crothers, the Superintendent of Walnut Lodge Hospital and long-time Editor of the *Journal*. Crothers' editorial was unequivocal about the inadvisability of hiring recovering people within addiction treatment institutions.

*It is confidently asserted that a personal experience as an inebriate gives a special knowledge and fitness for the study and treatment of this malady. While a large number of inebriates who have been restored engage in the work of curing others suffering from the same trouble, no one ever succeeds for any length of time or attains any eminence.*²³

Crothers' article provided two reasons why "reformed men" should not assume professional roles in the treatment of inebriety. First, he contended that reformed inebriates failed the competency test.

*Physicians and others who, after being cured, enter upon the work of curing others in asylums and homes, are found to be incompetent by reason of organic deficits of the higher mentality.*²⁴

Second, he argued that work in the treatment business was a threat to the continued sobriety of the reformed inebriate.

*The strain of treating persons afflicted with the same malady from they formerly suffered is invariably followed by relapse....Usually they will break down and return to spirits or drugs after a time....In the history of the asylums in this country, no reformed man has ever continued long in the work, or succeeded as a manager and physician in the medical and personal cure of inebriates.*²⁵

There were two major sources for Crothers' criticisms. The first was a desire by Crothers and others within the medically-oriented inebriate asylums to fully professionalize the practice of addiction treatment and achieve the recognition of

addiction medicine as a legitimate medical specialty. It is quite clear that they saw the use of personnel with a history of personal impairment as a threat to this professionalization movement. Similar strains were evident when the modern addiction treatment field evolved from an essentially “paraprofessional” workforce to one that moved toward professionalization.²⁶

The second source of Crothers’ concerns—that physicians whose addiction had left them with sustained impairments in professional functioning or left them vulnerable for continued relapse—seems to have had some validity. The literature of this period—even the *Leslie E. Keeley Company Physician’s Record* itself—offers evidence of this potential. Buried within the resumes of patient-physicians hired by the Keeley Company are such notes as, “gave up because of impaired memory,” “suicided—drinking heavily,” and “relapsed, was rejected for treatment here—dead.” Cheryl Krasnick Warsh found similar problems of physician relapse in her study of the Keeley Institute in New Brunswick, Canada. She noted one such physician who was declared insane in 1895 from “despondency and excessive use of cocaine.”²⁷ Nearly a century later, similar concerns were expressed about the relapse of recovering people working in a reconstituted field of addiction treatment.^{28, 29, 30, 31, 32}

It is somewhat surprising that Dr. Leslie Keeley, a prolific writer, did not formally respond to this issue in his many professional articles and books. Keeley, in addition to failing to defend this practice of hiring recovering physicians, actually seems to have changed this practice in response to professional criticism, an increasing supply of physician applicants, and a dramatic slowing of the demand for, and growth of, addiction treatment. The majority of recovering physicians were hired between 1891 and 1894 when the Keeley Institutes were experiencing explosive growth. Of the 131 recovering physicians hired to work within the Keeley Institutes, only 12 were hired after the year 1900, and only one between 1910 and 1950. The use of recovering physicians faded alongside the broader demise of addiction treatment in America between 1900 and 1920. It would take more than fifty years to rebirth a national system of addiction treatment in which physicians would again return in large numbers to care for alcoholics and addicts in specialized treatment settings.

Postscript

The use of recovering people to work with alcoholics rose again in the early 20th century under the influence of the lay therapists of the Emmanuel Movement, but there were few recovering physicians caring for alcoholics and addicts during

this period.³³ When a fully developed and professionalized field of addiction medicine was reborn in the second half of the 20th century, recovered physicians again entered the field in significant numbers—more than 200 by 1982.³⁴ While issues of technical competence and relapse continue to be of concern in isolated cases, recovered physicians in the modern era operate under quite different circumstances than their 19th century counterparts. Most enter the field having had their own addictions interrupted at a much earlier stage of physical and emotional deterioration. They begin work in addiction medicine with substantially longer periods of treatment and sobriety behind them. They have the benefit of both greater levels of professional training in addiction medicine prior to working in the field and superior models of clinical supervision. Today's recovered physicians are more likely to have their sobriety and their professional practice monitored by the larger medical community. They also have greater access to addiction recovery mutual aid societies, including groups specifically for recovered physicians.

A debate raged in the 19th century between those who believed that recovering addicts brought special knowledge and sensitivities that could enhance their work in addiction treatment, and those who believed that the recovering addict brought vulnerabilities that outweighed any such assets. On a clear day, the century long echo of this debate can still be heard.

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