



# Selected Papers of William L. White

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Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

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## HISTORY CORNER

### Believe It or Not: Strange Tales from the History of Addiction Treatment

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Efforts by professionals to “treat” alcoholism and other addictions have a long and colorful history. Alcoholics have been forced to drink their own urine and forced to drink wine in which an eel had been suffocated. They have been surreptitiously dosed with everything from mole blood to sparrow dung and subjected to the “Swedish treatment” in which everything they consumed and even their clothes and bedding were saturated with whiskey. They have been prescribed dietary treatments that included the apple, salt, grape, banana, onion, and watermelon cures. They have been fed gold, iron and bark to quell their appetite for alcohol.

Harm done in the name of good is an enduring theme in the history of addiction treatment. Even Dr. Benjamin Rush, the father of the American disease concept of alcoholism, treated alcoholics by blistering, bleeding, and unknowingly poisoning them with mercury-laden medicines. In the 19th century, alcoholics and addicts were

routinely prescribed alcohol, narcotics, marijuana, sedatives, stimulants, and hallucinogens. Dr. J.B. Bently prescribed cocaine by the pound as a treatment for alcohol and morphine addiction and reported, as a testament to the cocaine=s effectiveness, that his patients were requesting additional quantities of cocaine and that they had completely lost their appetite for alcohol and morphine. There were “bromide sleep treatments” for narcotic withdrawal that killed 20% of patients undergoing the procedure. There was the physician who, noting that alcohol intake decreased among his patients suffering active stages of gonorrhea, recommended medically infecting alcoholics with gonorrhea as a way to save the expense of sanatorium treatment.

Through the first half of the 20th century alcoholics and addicts were subjected to legally mandated sterilization on the grounds that it would prevent the birth of future generations of alcoholics and could

treat the underlying physical causes of alcoholism. There were early 20th century “serum therapies” that involved raising blisters on the addict’s skin, withdrawing the serum from the blisters, and then injecting this serum into the addict during withdrawal. There were also withdrawal therapies in the 1930s utilizing substances that could induce psychoses of up to two months duration.

Alcoholics and addicts were indiscriminately exposed to whatever was in vogue within the broader arenas of medicine or psychiatry. The 1940s and 1950s witnessed addiction treatments that included electroconvulsive and insulin shock therapies and the use of psychosurgery (the prefrontal lobotomy). At least one alcoholic commended the latter, reporting that, following the surgery, he could get “twice as tight on half the hooch.” The 1950s also witnessed the use of methamphetamine as a medically prescribed substitute for alcohol and heroin—a practice that nurtured the subsequent growth of a methamphetamine injection subculture.

It is easy to look back with condescension at the practice of treating morphine addiction with cocaine or alcoholism with practically every other psychoactive drug. It is easy to look back with outrage at the mandatory sterilization of alcoholics or their being blistered, bled, and subjected to invasive interventions from psychosurgery to shock therapies. But an important lesson is that the harmfulness of these interventions was not visible in their own time. History demands that those seeking treatment for addiction to alcohol and other drugs honor the adage, “Let the buyer beware” and demand that treatment providers adhere to the ultimate ethical mandate: “First do no harm!”