

THE MYTHICAL ROOTS OF U.S. DRUG POLICY:
SOLDIER'S DISEASE AND ADDICTION IN THE CIVIL WAR

Abstract

Soldier's Disease -- widespread addiction following massive administration of opiates during the Civil War -- is the earliest and most often repeated example of a drug problem before the narcotics laws. The story exemplifies several basic themes used in support of continued drug prohibition -- addiction is easy to acquire, hard to kick, and is a publicly noticed, i.e. *asocial*, problem. Soldier's Disease, though, is a myth. Not one case of addiction was reported in medical records or the literature of the time; under ten references were made in the Nineteenth Century to addiction the cause of which was the Civil War; and no pejorative nickname for addicted veterans, like Soldier's Disease, appeared in the literature until 1915, and it did not become part of the Conventional Wisdom of drug experts until almost a century after Appomattox.

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myth ... 1: a usu. traditional story of ostensibly historical events that serves to unfold part of the world view of a people or explain a practice, belief, or natural phenomena ... **3 ... b:** an ill-founded belief held uncritically esp. by an interested group.

Webster's New Collegiate Dictionary, 1973

The earliest (and often the only) example of opiate addiction as a social problem which is frequently cited by drug experts is **Soldier's Disease** -- widespread addiction resulting from widespread opiate use in the Civil War. Most writers who report Soldier's Disease devote no more than three sentences to it. It is the brevity, clarity, "catchiness," and conceptual implication of "Soldier's Disease" which accounts for the contemporary significance of such a fleeting reference. Possibly the lengthiest and most graphic description of opiate use in the Civil War, resulting in massive addiction among veterans, was provided by Gerald Starkey, a century after that war:

In 1862 (sic) the Civil War broke out.... They would charge each other, literally pound chains down cannons and fire point blank at the enemy and these young men were presented to their field surgeons with terrible shrapnel wounds ... along with terrible pain.

About all the field surgeon could do was use the two new invented tools that had been presented to him in the previous five or six years I the hypodermic needle and syringe, along with Morphine Sulfate They injected the young wounded veterans with huge amounts of Morphine daily (every four hours) to kill their pain.... It was necessary for the surgeons to do full-quarter amputations -- literally take the arms and legs off right at the start of the body, usually to stop infectious gangrene.

In 1865 there were an estimated 400,000 young War veterans addicted to Morphine.... The returning veteran could be . identified because he had a leather thong around his neck and a leather bag (with) Morphine Sulfate tablets, along with a syringe and a needle issued to the soldier on his discharge.... (T)his was called the "Soldier's Disease."

(Starkey, 1971:482-84)1

The lesson to be learned from "Soldier's Disease" involves four linked hypotheses, phrased as fact, which form a paradigm justifying today's U.S. Drug policy. This paradigm is:

Free access to opiates sooner or later breeds a massive use of opiates.

Widespread use of opiates leads to a lot of addicts.

Addiction is long-term, often enough, forever.

Addiction is a publicly manifest problem.

In sum, free availability leads to a social problem.

The historical record shows, however, that Soldier's Disease is a fanciful reconstruction of the past by writers 100 years or more after the Civil War. There was not, to my knowledge, a single mention of Soldier's Disease, Army Disease, or any other sobriquet referring to addicted veterans, until a half -century after the Civil War; not one addict was noted in any writing or statistic compiled during or immediately after the Civil War; and reports of addicted veterans who began using during that War are only rarely mentioned throughout the rest of the 19th Century.

Soldier's Disease is a modern creation that has very little to do with the facts of 19th Century drug use. Rather, it is an idea which fits, which shores up, modern drug policies. It is an assertion about what opiates are supposed to do, applied to a past situation.

In the next part -- Section I -- of this paper, the relevance of Soldier's Disease to contemporary drug policy is addressed. Soldier's Disease is the only tale of a pre-Harrison Act opiate problem which a self-respecting scholar in recent years could point to as a pre-1914 social problem due to opiates. In Section 2, the modern creation of Soldier's Disease, and its recent popularity among drug experts, is shown by noting the first who mention the concept and when, a generation or two later, it became accepted by scholars of all persuasions. Then the focus turns to the historical evidence which would test, in order, the four steps in the above paradigm. In Section 3 the questions are: "were opiates widely used by soldiers during the Civil War?" and "was addiction among them widespread *during* the war?" In Section 4 the questions are: "was there wide-scale addiction among veterans *after* the war?" and "was this a publicly manifest problem?" What follows is the evidence for answering these four questions: in order, " a tentative yes..... no," "no," and "no." The conclusions will expand further on how the mythic and the actual situation of Civil War opiate use relates to the current Drug policy debate.

1. The Relevance of Soldier's Disease

To Contemporary U.S. Drug Policy

The paradigm justifying U.S. opiate policy -- availability leads to use; use leads to addiction; addiction is long-term; and addiction becomes a publicly manifest problem -- conveys the idea that unavoidable **Social consequences** of free access to opiates justify the enormous costs of contemporary U.S. drug policy. Of all the stories about the "bad old days" when opiates were legal, only Soldier's Disease provides convincing

I. evidence" that opiate availability led to a publicly manifest problem, beyond merely a substantial increase in the numbers of addicts. Thus, only the tale of Soldier's Disease demonstrates Step 4 of the paradigm. The very phrase "Soldier's Disease" connotes a publicly manifest problem. Otherwise, the tales told about opiates before the laws banning them were either too far-fetched to be repeated in modern times, or reflect a social problem only if you believe the paradigm, (and often not even then). During and just before 1914, the type of stories carried by the press about opiates did not indicate a social problem which might lead to a need for prohibition, and the absence of media coverage of the Harrison Act during the year it was passed by Congress further suggests the irrelevance of opiate use to a social problem.

There were, in the medical as well as the mass media of the late 19th and early 20th Centuries, occasional alarms sounded about other publicly manifest opiate problems, but no scholar in recent years believes that these were real or significant. (For example, the press periodically reported an opium problem, particularly white women smoking opium in Chinatown, with Chinese men. A racist, not an opiate problem). Even the moralistic anti-opium writers of about a century ago, with rare and often unbelievable exceptions, did not point to a publicly noticed problem.²

Today, there are *imputed* social problems, but not a *demonstrated* one, beyond Soldier's Disease. Historians David Musto and David Courtwright (Musto, 1972:2-4; and Courtwright, 1982:16-28) extend a tradition³ of research into the megatonnage of opiates annually imported into the U.S. from well before the Civil War through the early 20th Century. Additionally, opiates were typically a key ingredient in patent medicines, and there was a huge national campaign against them resulting in the Pure Food and Drug Act. Neither the level of imports nor the widespread use of opiates in patent medicines, in the absence of belief in a paradigm such as we noted, suggest anything beyond widespread availability.

The medical literature of the 19th Century is filled with discussions about opiates, many written by experts who believed its use was terrible. To them, a loss of "moral will," perhaps best exemplified by secretiveness, including husbands and wives keeping large scale addictions hidden from their spouses for many years,⁴ was a major problem. Addicts were deemed liars, which was only natural given the opprobrium attached to addiction in much of U.S. society long before there were drug laws. The medical and pharmaceutical literature also had an on-going contest, essentially, to report the oldest, most long-time, addict with the largest habit. None of the above indicates that the behavior of 19th or early 20th Century addicts was a publicly evident problem.

In the years just before national drug prohibition, there was barely a sign of an opiate-caused social problem. Two newspapers, to my knowledge, were indexed for 1906-1912 -- the New York Times and the San Francisco Call.⁵ In each, there were three basic types of stories: recent state laws which were forerunners of the Harrison Act in that they criminalized opiate use; arrests (over half being of Chinese Americans); and international stories. Opiates are assumed to be "evil" but the only allusion to a possible social consequence in any Times story is headlined "Says Opium Aids Music Composers."⁶ The only public problem with opiates recounted in the Call, besides white women in Chinese opiate dens⁷ and problems which result from the local laws, is lethargy among the troops at The Presidio. ("It destroys the vitality of the user, and would in time make the soldier a useless charge.") (S.F. Call, 1910b) ⁸

The year the nation's major opiate prohibition law was passed, the mass media, (at least the New York Times, San Francisco Chronicle, Washington Post, and the Hearst Press), gave virtually no coverage to Congressional discussion or passage of the Harrison Act, or when it was signed into law or took effect. (Aldrich, 1979) Fourteen months after it was signed, a medical journal presented the results of a one-question survey - "In your opinion what are the five most useful and important drugs in the materia medica?" -- answered by teachers at leading medical schools. "Not only did it (opium) receive 102 votes out of 107, but in 60 instances it was named first." (Robinson, 1916)

What the above suggests is not only that the rationales to justify opiate prohibition circa 1914 could not be repeated by self-respecting *scholars* as rationales for continued prohibition today, but that hardly a rationale was offered at all. The Harrison Act crept in on tip-toes, called a tax act, with no fanfare, no public interest or debate. When, a few years later, it became clear that this was a criminal law with considerable consequences, there was a brief flurry of criticism and a rationale provided for continuing opiate prohibition, namely the vileness and criminality of "junkies" and the criminal cartels supplying them. Obviously, the consequences of the law provided the rationale for justifying the law, but there were not that many opiate addicts and it was not that big a social problem for the debate to continue.

"Evidence" of a social problem is needed to justify opiate prohibition only when such prohibition is a significant social issue (which it was not in the years preceding the Harrison Act) and when criticism of drug laws crescendoes. Only then do scholars reconsider the rationales for the drug laws, and turn to the historical record for insights into contemporary concerns. It is only in these periods when the four parts of the paradigm, enunciated above, have to be demonstrated if contemporary drug policy is to be accepted. It is the final step -- the manifestation of a problem, in public -- which makes the other three socially significant. The only currently cited example of the complete paradigm, in the absence of opiate prohibition, is Soldier's Disease ... and it's a myth.

2. Tracking The Development of The MM

A. It's Roots

The earliest portrayal of Soldier's Disease among Civil War veterans appeared as World War I erupted over Europe (also the year the Harrison Act, took effect). In "The Curse of Narcotism in

America -- A Reveille," Marks, a Yale professor, intended to alert the U.S. to an enormous addiction problem among Civil War veterans that would be replicated in another war:

Did you know that there is practically no old American family of Civil War reputation which has not had its addicts?.... (I)t was the "army disease" because of its prevalence?.... (W)ith the war that hangs over us, the drug evil will spread into a giantism of even more terrible growth than the present?.... (T)here are something like 4,000,000 victims of opium and cocaine in this country today?

(Marks, 1915:315)9

Marks feared the return of the "hydra-headed drug-curse" of the Civil War, but others writing during World War I about the consequences of combat upon drug use among servicemen made no reference to the War Between the States. (Crothers, 1916; N.Y. Times, 1917; Stanley, 1918; and Weber, 1918)

In the nine years after World War I, a handful of authors mentioned Civil War-related addiction, though none mentioned Army Disease or any such synonym. (Bishop, 1919 and 1920; Illinois Medical journal, 1921; World's Work, 1924; and Fell, 1924).

"Army Disease" was next noted in [The Opium Problem](#). Terry and Pellens' encyclopedic work of 1928, which became "regarded as the single most comprehensive work in the field" only several decades later.¹⁰ (Ball, 1970) For Terry and Pellens, "the Civil War gave it (chronic opium intoxication) a considerable impetus (which) seems definitely established." (Terry and Pellens, 1928: 5) Between 1928 and the late 1950's, only a handful of scholars noted "Army Disease" (Terry, 1931; Woods, 1931; Dai, 1937; Barnes, 1939; and Lindesmith, 1947), and even in the early 1960's it was infrequently mentioned (Isbell, 1960 and 1963; Kolb, 1960 and 1962; Clausen, 1961; Maurer and Vogel, 1962; and Sonnedecker, 1963), though prior to the drug explosion of the mid- 1960's there were few scholars in the drug field. For the experts who the past quarter century have claimed Soldier's Disease, if they cite any reference it is typically Terry and Pellens.

B. The Contemporary Conventional Wisdom

Since 1964, Soldier's Disease, in essence, was mentioned in about 100 works by drug experts, half of these since 1973.¹¹ It was also mentioned in several studies by prestigious government agencies and Drug and Crime Commissions.¹² Among the experts are many renowned critics of U.S. drug policies -- including Edward Brecher, Alan Dershowitz, John Kaplan, Arnold Trebach and Norman Zinberg. In the early 1970's a few writers questioned the factuality of Soldier's (Kramer, 1971 and 1972; Swatos, 1972; Musto, 1973; and Quinones, 1975), but shortly thereafter they were rebutted in a detailed historical analysis. (Courtwright, 1978 and 1982)¹³ Since the mid- 1970's the mention of Soldier's Disease has diminished, maybe because the critics had an impact or because most experts stopped probing the roots of U.S. drug policy after the early 1970's.

Soldiers Disease is, however, still mentioned by many experts ... and no one, yet, has responded to Courtwright.

Though briefly stated, a consistent theme involving three components is reiterated by almost all the cited drug experts, the only variation being in the synonyms used. First, morphine in particular, and opiates in general, were administered by naive doctors "indiscriminately" (also termed "promiscuous", "imprudent", "uncontrolled", "overdosage", "ignorant", etc.). Second, as a consequence of such medical naivete, addiction among soldiers was massive (also termed "prevalent", "commonplace", "thousands", "wholesale usage", "rampant", etc.). Third, so widespread was the addiction among soldiers and veterans that it became known as Soldier's Disease (also termed "army disease", "soldier's illness", or "soldier's sickness."),¹⁴

The only clear disagreement is the few who estimate the number of addicted Civil War veterans. Some claim 45,000 (Ashley, 1972 and 1978; Geis, 1973; Health PAC, 1970; and Kenny, 1972); others 400,000. (H. Jones and Jones, 1977; Lingeman, 1969; Schwartz, 1980; Starkey, 1971; Summers et. al., 1975; and Westin and Shaffer, 1972) Since no writer in either camp provides one clue for their claim, the possibility that both estimates arose out of the thin air circa 1970 is not ruled out.

Is today's conventional wisdom about Soldier's Disease an intellectual version of the children's game of Telephone where a simple message, after innumerable repetitions, becomes distorted and a new "catchy" message takes on a life of its own ... or have recent writers captured the essence of opiate addiction in a past era? That depends on the evidence during and just after the Civil War.

3. Opiate Use and Addiction During The Civil War

A. The Need For and Use Of Opiates

During the Civil War, and at least until 1914, opiates were considered the best medicine for controlling dysentery and diarrhea and for containing the pain from war wounds. The Surgeon General's history of the just ended Civil War was often lavish in its praise of opium.

"Opium -- this medicine merits first place among these remedies. It was used almost universally in all cases of severe wounds, and was particularly useful in penetrating wounds of the chest, in quieting the nervous system and, indirectly in moderating hemorrhage.

(US Surgeon General, 1870 :645)

But, how great was the need? How widely was it used? Given the need, and the use, of opiates then, how many soldier addicts were there in the Civil War?

Official records from the Civil War show more incidents of severe illness for which opiates were the main remedy than there were wounds. More died from disease than were killed in battle or succumbed to wounds (For Union troops, 62% "disease," 19% "battle," and 12% "Wounds" of 360,000 deaths among Union troops). (Duncan, 1912:397) Union medical records (for medical

problems, not deaths) show approximately 1,400,000 acute and 200,000 chronic cases of diarrhea or dysentery, 250,000 wounds, and 300,000 cases, combined, of typhoid, typhus, continued fever, venereal disease, scurvy, delirium tremens, insanity and paralysis. (Brooks, 1966:127) There were 30,000 amputations reported performed by the Union's doctors. (US Surgeon General, 1883) Among Confederate prisoners, 32% of the almost 19,000 who died in captivity in the north succumbed to diarrhea or dysentery. (Brooks, 1966:126) In Andersonville prison from February 1864 to April 1865, of 12,541 recorded Union soldier captives who died, 45% did so from diarrhea or dysentery, and only 7% from wounds, gangrene or "debility." (US Surgeon General, 1879:32) There was obviously a great need for opiates.

Civil War physicians frequently dispensed opiates. The Secretary of War just after 1865 stated the Union Army was issued 10 million opium pills, over 2,840,000 ounces of other opiate preparations (such as laudanum or paregoric which, by weight, were well under half opium), and almost 30,000 ounces of morphine sulphate. (Courtwright, 1978:106-7 and 1982)

B. Not One Report of Addiction In The Field

Yet for all the quantities dispensed, there was not one report from 1861-1865 of an addicted soldier.

Could opiate addiction pass unnoticed, and have no consequences, among troops living in raw conditions and often moving from one place to another? Could so much morphine and opium preparations get used without generating a single addict?

The 30,000 ounces of morphine is most easily explained. Probably, most of it was *dusted* or *rubbed* into wounds or, during anesthetization, *rubbed* into raw tissue. (Adams, 1952; and Brooks, 1966) In the campaign of Fredericksburg in December of 1862, "hypodermic syringes were unknown, such drugs as morphine being doled out on the point of a knife" by surgeons. (Duncan, 1985: 200) By the end of the war, the hypodermic needle was beginning to be used, in places -- "roughly 19 per cent of Union Army physicians were capable of administering morphine hypodermically.... and even fewer Confederate physicians were (so) capable." (Courtwright, 1978:105) Whether the hypodermic administration of morphine during the Civil War was extremely rare as some have claimed (US Surgeon General, 1888:547) or as others have implied by their failure to note such use in medical histories of the war (Courtwright, 1978:104-105), or was frequent as one neurologist noted (Courtwright, 1978:106), there is not one case mentioned where morphine was injected for pleasure, or to stave off withdrawal pains.

The Civil War lasted four years, with 1,500,000 three year enlistments on the Union side. Thus, those ten million opium pills dispensed by Union doctors average roughly two per soldier per year (assuming the pills survived combat conditions). Prior to amputations or other battlefield surgery, the patient routinely expected and was routinely given one of these pills. Similarly, the 2,841,000 ounces of opiate preparations works out to about a half -ounce per Union soldier per year. Though physicians argued about the benefits of opiates for the relief of pain which accompanied "the fluxes" (diarrhea and dysentery), "the partisans of opium were very much in the majority" and used opium for dysentery and other forms of flux including "chronic fluxes." Army physicians "united opium with almost every medicine employed to check the progress of

the disease," and despite typical failure to cure returned "almost always to opium as the drug which at least alleviated, if it did not cure." Where the sufferings of the patient were very great and continuous, and where sleeplessness and restlessness had become a medical danger, opiates were highly recommended, even by the otherwise skeptical physician. (US Surgeon General, 1879: 743-747) Again, applying basic arithmetic, and taking into account that there were many more than the *reported* 1.6 million cases of dysentery and diarrhea, it is easy to understand why there were periodic shortages of opiates. As with morphine, there is not a single report during the Civil War of a soldier rising opium for pleasure, and the single claim of opiates used to stave off withdrawal pains (published 16 years after the War) was the "confession" of an officer charged with "deserting in the face of the enemy, and sentenced to be shot."¹⁵ (Nolan, 1881)

Though modern writers have accused the military doctors in the Civil War of not fully appreciating the addictive qualities of opiates, one historian of Civil War medicine writes that physicians in the field did not fully appreciate the benefits of opium.

Tincture of opium and paregoric were always available, but nowhere in the records does one get the impression that they were used routinely in the management of the fluxes.

(Brooks, 1966:117)

Morphine, too, may well have been underused, to judge from a leading, albeit unusual, neurologist at the time, S. Weir Mitchell, who:

(S)colded the medical profession for its reluctance in using this mighty painkiller, pointing out that some patients' agonies were so severe the choice must lie between Morphine and amputation.

(Adams, 1952:138)

The naivete of military physicians regarding the negative effects of opiates, often noted shortly after the Civil War, had to do basically with their misunderstanding the medical effects of opiates, not the addictive properties of the drug.¹⁶ (US Surgeon General, 1879:735-750)

There were no reports of addiction in situations which, a century or so later, generated numerous such references. For the Civil War, one virtually never reads of a soldier suffering withdrawal pains, or dying of an OD; or a physician in the field besieged for an opiate for feeding a habit (as distinct from easing pain or controlling diarrhea). In Wait Whitman's description of the 80,000 to 100,000 sick and wounded he saw in 600 hospital visits during three years of the Civil War, he notes that many patients craved tobacco, sweets, or alcohol, yet he never once mentions opium. (Whitman, 1895) The sickness form submitted by physicians to the Surgeon General from mid- 1862 to the end of the war listed 152 categories of disease, including "serpent bite," "apoplexy," "insanity," "night blindness," "poisoning," "inebriation," "delirium tremens" and "chronic alcoholism", but not addiction or opiate deprivation. (US Surgeon General, Pt. 1, V. 1). In the Surgeon General's history of the Civil War, "nostalgia ... army itch poisoning alcoholism and venereal disease," but not opiate use, are singled out for special comment. Under "nostalgia" the problem of boredom is given prominence and smoking tobacco, drinking alcohol,

and gambling are singled out for their "sedative influence," to "pass the dull hours" in lieu of satisfying the craving for excitement. (US Surgeon General, 1888: 886) In sum, there is no hard evidence of addicts during the Civil War, and it is hard to believe it would have been missed had addiction been significant.

C. Not One Report of Addiction Immediately After The Civil War

If addiction among Civil War veterans was significant, it should have been most noticed in the immediate post-War years. There were 63,000 soldiers whose chronic diarrhea carried on after the war, (Adams, 1889) and over 20,000 survivors of amputations reported by Union doctors. (US Surgeon General, 1883) When the Civil War ended, and veterans filled the prisons, New York State prison keepers at Auburn and Sing-Sing told of contraband smuggled into prisons, such as "whiskey, tobacco... yellow covered literature.... sugar, tea, coffee, butter, pies, cakes, liquor, looking glasses, combs, brushes, etc.", yet opiates were not mentioned. (North American Review, 1867:572-74) In the Mississippi State Hospital, whose admission records of the mentally ill go back to 1855, the first narcotism case was recorded in 1884. (Jaquith, 1965) The edition of the United States Dispensatory, (the enormous physician's desk reference of the time), which appeared just after the Civil War devotes 27 pages to "opium" without noting the Civil War. (Wood and Bache, 1868) Surely a significant minority of those 63,000 diarrhetics and 30,000 amputees were advised to take opiates by their physicians, and willingly took what at the time was the best relief of their problems. Yet only two references to veterans who began using opiates during the Civil War were published before 1880. (Day, 1868; and Oliver, 1872) (A third pre-1880 case-history of an addicted veteran, cited by some as demonstrating Soldier's Disease, started using opiates after the war). (Anon, 1876)

D. The Logic For Claiming The Existence of Many Civil War Addicts

How, then, could recent experts agree on massive addiction during the Civil War? Almost certainly it has to do with trust in the statements of Terry and Pellens without bothering to check the original sources. The one exception -- the one historian who has checked those sources and maintains the validity of addiction during the Civil War -- is Courtwright, who believes that addiction must exist ... even though it is not in evidence. For morphine, Courtwright cites S. Weir Mitchell's claim that 40,000 morphine injections were given at one army hospital in one year. This number is far beyond any other -- in fact, except for it there would be no consideration of the *widespread* use of morphine other than what was rubbed and dusted into wounds. Courtwright considers the claim "puzzling, to say the least," (and there are reasons for doubting Weir, personally),¹⁷ but he concludes if that number "is even half correct, it seems impossible that a substantial portion of the patients ... did not end the war as addicts." "Impossible" as it seems, not a single addict was reported during the Civil War.

Courtwright also notes "the frequency and casualness with which opiates were administered" and states that "vast quantities of opium preparations other than morphine were dispensed under circumstances (such as to those with chronic diarrhea, dysentery or malaria) which could very easily lead to addiction." The only trouble is "very easily" did not occur.

Disregarding the lack of documentation on a single addict during the Civil War, Courtwright contends "that the war contributed to the spread of addiction," and "offer the fighting, sick and wounded veterans greatly expanded the pool for iatrogenic addiction." (Courtwright, 1982:55-56, emphasis added) Since opiates were widely administered in the early as well as last years of the Civil War, it is hard to imagine why addiction would only develop after the war. Nonetheless, accepting Courtwright's contention for the moment, the test of the validity of Soldier's Disease thus depends on analysis of post-war addiction among veterans.

4. Reports of Addicted Veterans Through the 19th Century

Were it not for Horatio Day's The Opium Habit, published in 1868, the modern day notion of Soldier's Disease might never have developed. The latter of these two sentences by Day (quoted by Terry and Pellens) is, by far, the most widely cited writing on Soldier's Disease:

The events of the last few years [Civil War] have unquestionably added greatly to their [confirmed opium eaters'] number. Maimed and shattered survivors from a hundred battlefields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers made so by the slaughter of those who were dearest to them, have found, many of them, temporary relief from their sufferings in Opium.

(Day, 1868:1)

This remark, quoted by several modern writers,¹⁸ is the only reference to the Civil War in Day's 335 page tome. Day recounts many types of persons who were addicts, but not one specific case of a soldier or veteran.¹⁹ In context, Day's two-sentence allusion to the Civil War suggests an extremely minor problem recounted by an encyclopedic problem-seeker.

A. Courtwright's Evidence Is Skimpy

Courtwright recognizes that "army disease" was not an "epidemic," but still concludes: "It is possible to document numerous references to addicted veterans both as a class and as individuals." (Courtwright, 1978:111) Using the same evidence, and more, I reach opposite conclusions. Why?

In Dark Paradise: Opiate Addiction In America Before 1940, Courtwright cites 118 books and articles published between the Civil War and the end of the century (Courtwright, 1982) yet in his studies of Soldier's Disease he lists nine references to addicted veterans, and only five appeared in the 19th Century²⁰ and were to veterans who had used opiates during the Civil War. Adding two more which I uncovered (Earle, 1880; Nolan, 1881), and including two other brief and vague references (Crothers, 1892 and 1893), this averages one reference every 4 years between 1865-1899. The overwhelming majority of articles about opiate use written in the fifteen years following Appomatox, including several by writers who presented lists of the types of people who were addicts, do not single out the Civil War,²¹ nor can I find such a reference in newspapers of the time.²²

None of these nine sources demonstrates that opiate addiction by Civil War veterans was of social significance. In addition to those previously quoted (Day and Nolan, who writes of the alibi used by a deserter), there were three references by the most prolific writers of the period, Mattison and Crothers (twice).²³ Mattison's sole mention appears at the end of his career, 3 years after the War ended. (Mattison, 1898) Crothers wrote prolifically. If a "drug problem" could be unearthed, trust Crothers to lead the digging party.²⁴ In the context of his encyclopedic writings, Crothers' few mentions of the Civil War suggests its role in subsequent addiction was miniscule. (Crothers, 1892 and 1893) Further, when World War I broke out in Europe, Crothers urged combat physicians to use opiates liberally, and fears of a subsequent addiction problem were groundless. (Crothers, 1916) Two other references are of tone addicts, one -- of a long-time successful minister -- demonstrating the difficulty of detecting addiction at the time. (Russell, 1887; and Keeley, 1981)

B. "Only Your Pharmacist Knows For Sure"

The two other references suggest that for a while, in some places, there were some addicted veterans ... reported by those who would notice addicts even if the general public did not recognize them -- i.e. the apothecaries who sold opiates. Terry and Pellens, reviewing an 1878 study, noted that even physicians did not recognize the extent of addiction:

Druggists were in a much better position to know the truth when counter sales were legal, and as a matter of common practice, physicians were called upon only by those opiate users seeking (cure).

(Terry and Pellens, 15)

A Massachusetts study of 1871 "consulted" 20-30 druggists and got mailed responses from 125 physicians. 40 of these physicians did not know of a single case of "opium eating," and of 46 who commented on whether "the injurious use of opium has increased of late years," 61% answered it had not and another 13% answered it was diminishing. Only one physician, but at least two druggists, stated that opiate use begun during the late war was an important cause for addiction. (Oliver, 1872) Without denying the significance of this report, these mentions of addicted veterans had no ramifications in the drug literature at the time. It was a state publication with very limited circulation, the few summaries or reviews of the report in the medical literature at the time did not mention the Civil War,²⁵ and save for Terry and Pellens' lengthy excerpt from it in 1928 we might never have known that some pharmacists, at least, recognized that addicted veterans, as a class, were among the ranks of addicts.²⁶

In Chicago in 1880, 50 pharmacists were surveyed about the cause of addiction of their regular opiate using customers. The most mentioned were "rheumatism and neuralgia" (38 each); "some" respondents, (but less than four), believed addiction was caused by sickness and pain and/or the "loss of property and position in society" due to the recent war. (Earle, 1880) (On another government survey, of doctors in Michigan in 1878, the Civil War was not mentioned). (Marshall, 1966)

In toto, these surveys indicate that there was a small, temporary phenomenon of addicted veterans, which was not a social problem in the sense that anyone but a few pharmacists recognized it in the quarter century after the Civil War.

C. "Any" Vs. "Many"

No one doubts that all the opiates used to alleviate the pain from all the chronic diseases and continuous pain resulting from the Civil War resulted in some soldiers using and becoming addicted to opiates. The issue, however, is not whether there were any addicted veterans but if there were many. Courtwright's contention that "**a substantial** number of them (veterans) eventually became addicted to opium or morphine," and that "two events, the Civil War and the spread of hypodermic medication, triggered a **massive** increase in iatrogenic opium and especially morphine addiction," (emphasis not in the original). (Courtwright, 1982) is unwarranted.

In arguing that the importance of Soldier's Disease should not be discounted, Courtwright stresses the importance on later 19th Century addiction of the wrenching impact that War had on society as a whole, such as the loss of loved ones, property, fortunes and social position. By such reasoning, any social event or condition which occurs in reasonable proximity before an increase in drug use can be considered a "cause." Ergo, the iron horse can be blamed for late 19th century addiction, or movies and television for the increased drug problems of the last few decades. (In the Massachusetts study noted above, more pharmacists reported state restrictions on the use of alcohol a "cause" of recent opiate use than reported the Civil War). However, Soldier's Disease is cited in the drug literature the past few decades to imply something quite specific -- namely, the presence of opiates, outside of strict and knowledgeable medical control, ipso facto causes massive publicly noted addiction, Nothing less.

5. Soldier's Disease and Drug Policy

In sum, Soldier's Disease proves to be another myth. In reality, the widespread use of opiates during the Civil War generated so infinitesimal a problem that only two or three apothecaries, and two or three of the most encyclopedic drug experts, even speculated on the possibility of addicted soldiers from that War for almost half a century. Soldier's Disease did not become the Conventional Wisdom until almost a century after that war.

Implicit in the concept of Soldier's Disease are four aspects of addiction which, together, are a paradigm used to justify current opiate laws -- easy access leads to widespread use, addiction is easy to acquire, hard to kick, and its consequences are powerful and publicly obvious. In the popular contemporary idiom, the paradigm consists of "it's so good, don't even try it once"; "once an addict, always an addict"; and in the image of the "junkie". (Belief in this paradigm, in the early 1970's, led many experts, and particularly critics of U.S. military policy, to sound the tocsin about opiate use by GIs for inevitably this would lead to a huge problem of addicted veterans ... which it didn't)²⁷ Since each aspect of the paradigm is contradicted by the historical evidence, Soldier's Disease is a mythic reconstruction of the past to make it coincide with contemporary assumptions.

How significant is the paradigm in justifying opiate laws? Each year over the past two decades the nation has spent billions in drug law enforcement, resulting in an annual average of over a half million drug arrests, and has spent billions for trying those arrestees and incarcerating scores of thousands of them. Until the mid-1980's, when cocaine replaced opiates as the most often used and most frightening "hard drug," the dangers of opiate addiction formed the core of the nation's perceived drug problem and most of the prisoners serving drug sentences had been convicted on opiate charges. Additionally, drugs are a major economic alternative for young poor people, as well as a major source of police corruption. None of this -- neither the public money, arrests, incarcerations, the competitive illegal economy, and police corruption -existed regarding drugs until there were prohibitory laws.

How significant is Soldier's Disease for the paradigm which shows opiate availability ipso facto causes a massive social problem? As noted in Section I of this paper, there is no other pre-Harrison Act example of a currently believable social problem. Though an ancient and seemingly minor issue, addiction among Civil War veterans functions as a lynchpin or cornerstone. Strip away Soldier's Disease, and the only problem suggested by the paradigm are the medical consequences of addiction, which occurs in a large percentage of opiate users. The facts about addiction among the Civil War's soldiers and veterans indicates that widespread addiction, too, is a natural result of free access to drugs.

The facts about Civil War drug use indicate open availability and no recognizable negative consequences; the facts, the past few generations, show extremely limited access to opiates and an immense "drug problem." It is in the illegal context that the modern "opiate problem" arises, rather than in a legal context such as the Civil War. The chemistry lesson of the Civil War is that opiates per se do not cause the problem, the context does.

FOOTNOTES

1 The imagery of the "leather thong around his neck and a leather bag" is, to my knowledge, unique to Starkey.

2 Occasionally a moralistic author of the late 19th Century cited a social problem with opiates which no-one else ever noticed, but two problems were repeated enough to warrant comment. T.D. Crothers in several articles claimed that morphine, in particular, led to crime. According to one scholar who studied the period, "No other writer ... asserts the strength and ubiquity of this association (and) it is extremely difficult to accept the validity of his position." (Swatos, 1972), though at least one other expert claimed, as an alibi in a trial for a property crime, (Kane, 1882b), that the cost of opiates forced some persons with huge habits to steal. Still, before the laws all but the extremely poor could easily afford any size habit. Crothers' unique assertions about opiate-caused crime can not justify a policy which generates the extraordinary drug-related crime of today.

There were also occasional reports that addicts were lethargic and neglectful of personal hygiene and business. However, the types of people on 19th Century lists of addicts, were typically in demanding jobs. That, said the experts at the time, was why they sought the "stimulating" effects of opiates. The many reports of people not knowing their spouses were long term addicts

suggests that the lethargy and inattentiveness to business was hardly blatant. Aside from the racist comments about opiate use in Chinatowns, the allegation that opiates effected the performance of a class of persons, such as impeding the performance of soldiers (S.F. Call, 19 1 Ob), was rare.

3 Terry and Pellens, in their encyclopedic classic *The Opium Problem*, also report import statistics, as does Kane, the author of the longest scholarly work in the early 1880's. (Terry and Pellens, 1928:50-5 1; and Kane, 1880).

4 "It has been reported that for many years husbands and wives, to say nothing of other members of a family, have lived in complete ignorance of the existence of this condition in one or the other." (Terry and Pellens: 2)

5 The S.F. Call index is on index cards at the University of California, Berkeley library.

6 The full headline of this story is:

Says Opium Aids Music Composers

Jean Laporte Declares Many Owe Much of Their Fame to Smoking The Drug

Colleagues Support Him

Two Well Known Musicians Say a Few Pipes a Day Are No Worse Than Cigarettes - Doctors Contradict Them (N.Y. Times, 1912)

7 The obvious racism manifest in such headlines as "Crafty Chinese Are Doubly Accused" (S.F. Call, 1910a), becomes a "social problem" when white women are involved, as suggested by the following headline:

200 Seized In 62 Drug Dens

Police and Detectives Sweep Chinatown, Battering In Doors of Opium Places

Two White Women Are Captured In Dragnet. (S.F. Call, 1911b)

The S.F. Call on occasion linked opiate use to crime or lunacy, but each time the details indicated the problem was a result of the law. (S.F. Call, 1910c and d, and 1911a) New York City's Commissioner of Corrections said that if addicts are deprived of opiates on arrest, "normal persons ... very frequently go insane." (N.Y. Times, 1914)

9 Estimates of the number of opiate addicts and "cocaine fiends" circa 1915 varied enormously. Marks' estimated 4,000,000; a U.S. Public Health Service expert estimated a minimum of 70,000 and, elsewhere, " I 18,000.... (and) granting (a) somewhat improbable assertion ... a maximum not more than 187,000 users of opium," (Marks, 1915; Wilbert, 1914 and 1915).

10 Had [The Opium Problem](#) gained earlier recognition as a classic, Soldier's Disease might have been the conventional wisdom of drug experts before the late 1950's. The original 1928 printing of 400 copies not sold out for decades. A 1970 reprint sold much better.

11 Soldier's Disease citations attributable to specific authors, starting with 1973, are: Abel, 1982; Ashley, 1978; Bean, 1974; Bedworth and D'Elia, 1973; Bellis, 1981; Blaine, Bozzetti and Ohlson, 1973; Brown, 1973; Califano, 1982; Conrad and Schneider, 1980; Coombs et. al., 1976; Courtwright, 1978 and 1982; M. Cox, 1984; Cuskey, Johannes and Premkumar, 1973; Dershowitz, 1973; Ferguson, 1975; Finlator, 1973; Fuqua, 1978; Geis, 1973; Goode, 1984; Hofmann and Hofmann, 1975; Jacobs and Fehr, 1987; H. Jones and Jones, 1977; Kaplan, 1983; King, 1974; Kittrie, 1974; Levine, 1973; Milby, 1981; Morrell, 1973; Muuss, 1974; Pike and Goldstein, 1973; Rice, 1980; Roffman, 1973 and 1976; Rublowsky, 1974; Rydell, 1980; Saper, 1974; Schwartz, 1980; Seymour and Smith, 1987; Shroeder, 1980; Smith and Seymour, 1986; Spain, 1975; Stephens and Slatin, 1974; Stimmel, 1975; Summers et. al., 1975; Trebach, 1982; Weinswig, 1973; Young et. al., 1977; and Zinberg, 1984.

12 Soldier's Disease was cited in publications by several influential government agencies and prestigious commissions created to address the drug issue. Starting with 1973, references to Soldier's Disease can be found in: Los Angeles Sheriff's Department, 1974; National Commission on Marihuana, 1973; Organized Crime Task Force, 1984; President's Commission on Organized Crime, 1986; Strategy Council, 1975; U.S. Attorney General, 1984; and U.S. Department of H.E.W., 1975.

13 Despite my many criticisms, I respect Courtwright's judiciousness and his willingness to grapple with the issue (which no other expert who claims Soldier's Disease has done), He recognizes and responds to contrary evidence, and criticizes simplistic recitations of Soldier's Disease.

14 Of the authors the past 30 years who report widespread addiction by Civil War veterans, over a third mention Soldier's Disease, a third denote Army Disease, an occasional author labels it Soldier's Illness or Soldier's Sickness, and the others describe the phenomenon without noting a sobriquet.

15 The officer confessed at his trial that he was "suffering for want of the drug (opium) ... (and) so great was the craving that he temporarily deserted his post to ... obtain it, though knowing that his life would thereby be forfeited." (Nolan, 1881). This smacks of tales from the 1930's of murderers caught red-handed who, desperate to avoid the electric chair, claimed marijuana "caused" their crime.

16 The failure to note opiate addiction as a significant problem was not due to the absence of the concept of addiction during and just after the Civil War, The commissioners of the Prison Association of New York in 1866 reported that men "of a low order of morals ... (were) addicted to habits of profanity and intemperance." (North American Review, 1867:570)

17 An article on opiates by Mitchell -- on the effects of opiates on birds -confirms him as an eccentric scientist. (Boston MSJ, 1870) Weir found that morphia did not induce sleep "beyond a

slight tendency to quietude, which we can never be sure is not due to the habit of the wounded or sick pigeon of seeking a remote corner and remaining at rest," but "used hypodermically in excessive amounts ... act as excitants (and) in the duck they approach nearest to the typical strychnic spasm." Weir also found "great difficulty with which pigeons, especially old birds, are poisoned by opiates."

In All or part of Day's two sentences on the Civil War are quoted by five 20th Century writers, (Brecher et. al., 1972; Courtwright, 1978; Cuskey,

Premkumar and Sigel, 1972; Quinones, 1975; and Terry and Pellens, 1928), and closely paraphrased without attribution by some others.

19 Calkins, Day's contemporary, refers to over 200 cases in Opium and the Opium Appetite, but not one soldier who began opiate use between 1861-65.

20 Courtwright and Terry and Pellens cite addicted Civil War veterans who came to public attention in the 20th Century as evidence of that war's impact on subsequent addiction. Besides lending credence to the phenomenon they also demonstrate that such addiction was benign and unnoticed. The octogenarians cited in 1928 by Terry and Pellens ("today in more than one old soldiers' home are cases of chronic opium addiction which date from this (Civil War) period") (Terry and Pellens, 69), or the 82 year old Confederate veteran who "had been shot in the head during the Civil War" and "had been addicted 55 years" under medical supervision since then, (Waldorf, 1973), reveal that the addiction of veterans was not *a social problem*, and not even a *medical problem* until prohibition of opiates.

21 Apart from Courtwright's citations, of the 29 books or largest articles about opiates, published between 1865-1879, which I have located, there is not an original reference to soldiers addicted during the Civil War. (Brown, 1972: Calkins, 1867 and 1871; Chaille, 1876; M.D., 1878; Frost, 1870; Gibbons, 1870; Gould, 1878; Harrington, 1878; Ingals, 1877 and 1878; Layard, 1874 and 1878; Lippincott's, 1868; Ludlow, 1867; Mattison, 1876 a and b, and 1878 a and b; McFarland, 1877; National Quarterly Review, 1870; Parrish, 1869 and 1873; Popular Science, 1875; The Probe, 1869 a and b; Richet, 1878; R.S., 1869; and Warren, 1867). Several times as many articles were shorter pieces, and likewise made no mention of addiction linked to the Civil War.

22 Four lengthy newspaper articles during the 1870's, about non-Chinese opiate use, do not mention soldiers or veterans of the Civil War. (New York Daily Herald, 1877 and 1878; and New York Times, 1877 and 1878).

23 Two of the four 20th Century sources cited by Courtwright were also works by Crothers. (Crothers, 1900 and 1902).

24 Headings of 7 of the 18 chapters in Crothers' book Morphinism and Narcomanias From Other Drugs are "Chloralism Chloroformism Coffee Addiction Tea Inebriety Tobacco Inebriety Ether Inebriety (and) Addictions From Other Drugs," these "others" including arsenic, ginger, cologne and lavender. (Crothers, 198 lb)

25 Three reviews of the 1872 Massachusetts study appeared in medical journals at the time. None mentioned the Civil War (Amer. J of Medical Sciences, 1872; and Lancet, 1873), and one even considered the reports of opiate habituation "exaggerated a piece of scandal," witness that in its subsequent annual report the Massachusetts Board of Health made "no allusion whatsoever to the subject (of opiates)" (Medical Times, 1873).

26 Morgan provides a lengthier excerpt of the 1872 Massachusetts study than did Terry and Pellens, but omits the physician's, and two pharmacists', comments. The single sentence relevant to the Civil War -- "The taste for opium eating among soldiers retired from the army is alluded to by a few of our correspondents" -- follows a listing of other causes of addiction, (injudicious prescribing, depressed nervous systems, overwork with deficient nutrition, a vicious mode of life, and intemperance).

27 In several fundamental respects, the opiate use of soldiers and veterans of the Vietnam War is not analogous to the Civil War situation, though the fears about what widespread opiate use among GIs would engender once they were mustered out exactly parallels the fears implicit in Soldier's Disease. The soldiers who used opiates in the Civil War did so to alleviate the pain from wounds, and to help cure "the fluxes," but using such drugs "to get high" or to reduce stress were the essential reasons for opiate use by Vietnam era GIs. In so far as a few veterans continued regularly using opiates in the 1970's and 1980's, they contributed to a social problem because, in the context of illegality, any regular opiate use tends to be a financial burden and criminal problem. The counterparts of these GIs, a century earlier, went unnoticed. Further, the fact that so many GIs abandoned opiate use once out of Vietnam can be argued as a demonstration of the effects of the U.S. approach of massive treatment opportunities and massive enforcement. The handful of addicted veterans after the Civil War would suggest that suppression is not the root cause of why regular opiate users quit before becoming addicted.

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