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David Courtwright Dark paradise: opiate addiction in America before 1940 Cambridge: Harvard University Press. 1982. \$20.00

The typical opiate addict of the nineteenth century was a middle-aged, middle-class woman — Mary Tyrone of O'Neill's Long Day's Journey into Night — outwardly respectable, secretly addicted and maintained by an understanding (or ignorant) physician. In 1914, the U.S. government passed the Harrison Narcotic Act, which required the registration of all narcotics dispensed by physicians and pharmacists. The Act was interpreted by government officials and the courts to prohibit the maintenance of drug addicts. As the legal narcotic supply diminished, addicts were forced to turn to petty crime to support expensive black-market habits. Subsequently the typical twentieth-century addict — the "hustling, poker-dealing junkie of Nelson Algren's Man With the Golden Arm" — was seen to be an "unnecessary tragedy" arising from a repressive anti-maintenance policy.

This interpretation of the history of narcotic addiction, advocated

by Charles Terry, Alfred Lindesmith, Edward Brecher and other liberal critics of the state policy, found widespread credence among supporters of methadone maintenance programmes during the 1960s and 1970s. Yet, according to David Courtwright in Dark Paradise: Opiate Addiction in America Before 1940, this interpretation is overstated and generally inaccurate. The transformation of the addict from housewife to hustler took place not after 1914, but before the turn of the century. Courtwright presents a compelling argument that opiate addiction increased throughout the nineteenth century, peaked in the 1890s, and thereafter declined, related not so much to regulation as to medical practice. Narcotic addiction was iatrogenically created particularly in chronic conditions; women, who were more likely to seek the advice of a physician, were most susceptible to opiate abuse. With increased awareness of opium's addictive qualities and the advent of alternative pain-killers, fewer patients were introduced to opiates. As older medical addicts died, a "core" of recreational users, evolving from the Chinese opium-smoking subculture, remained.

This was the group against whom the American narcotic laws were directed — laws which, according to Courtwright, were "passed and interpreted on the basis of misleading and fraudulent information" disseminated from the Treasury Department and Bureau of Narcotics. Hamilton Wright, a physician and delegate to the Shanghai Opium Commission of 1909, prepared a Report on the International Opium Commission for the U.S. Senate, employing scare tactics (e.g. the danger to white women posed by black cocaine users) in his lobby for narcotic traffic legislation. Of more lasting influence was his creation of the "statistical illusion" of a constant increase in opiate consumption over a 50-year span, rather than presenting a true portrayal of a rise over thirty years and subsequent decline. Wright's misleading statistics resurfaced in a Presidential message, a public health bulletin, and were critical in assuring the passage of the Harrison Act. Wright also was important

in the promotion of "drug fiend" hysteria and the popular image of the criminal junkie.

Physicians dealing with addicts were not immune to the hardening of attitudes towards them. Prior to 1920, authorities such as J.B. Mattison, Charles Terry and Willis Butler provided withdrawal therapy for what they believed to be "a disease of psychologically normal and usually blameless persons". By the 1920s and 1930s however, the "junkie" was viewed as an individual suffering from a psychopathic disorder, requiring compulsory institutionalization. Lawrence Kolb was most important in popularizing the mental disease of addiction, although by 1962 he admitted, "we should keep in mind that this country suffers less from the disease than from the misguided frenzy of suppressing it".

While Courtwright's arguments concerning the earlier transformation of the addict and the ramifications of government policy are convincing, his evidence, particularly for the nineteenth century, is at times less than compelling. He bases his findings on statistics compiled from surveys taken of physicians and pharmacists, records of maintenance programmes, military medical examinations and opiate import statistics. However, as he admits, there are limitations to all his source statistics, some of which appear to be guesswork on the part of their authors. The figures Courtwright derived from these sources cannot be accepted with absolute certainty. Given the ephemeral nature of the data, Courtwright might have incorporated other sources (such as the mass of nineteenth century medical literature on addiction treatment written by the physicians mentioned, too briefly, in the final chapter) to support his quantitative findings. The narratives and personal recollections of addicts interspersed in the text provide tantalizing glimpses of the actors behind the statistics, and more of the same would have produced a more complete portrait of the addicts being transformed.

Dark Paradise is a significant contribution to a growing body of literature on addiction, which includes works by Virginia Berridge, Terry Parssinen and Wayne Morgan, and which situate drug use in the realm of domestic life.

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