

## **“We Belt the World”:**

### **Dr. Leslie E. Keeley’s “Gold Cure” and the Medicalization of Addiction in 1890s London**



*“We Belt the World”: A Keeley Company trademark from the 1890s.*

Dr. Leslie E. Keeley, proprietor of the “Gold Cure” for alcohol and drug habits, was the world’s best-known addiction cure doctor at the end of the nineteenth century. Born in 1832, Keeley was an Illinois-licensed, American M.D. who received his degree from Chicago’s Rush medical college in 1864 and immediately served as an army surgeon in the US Civil War. During the war he observed the drunkenness of the soldiers and decided that the drink habit was a curable disease. After the war he took a position as surgeon for the Chicago and Alton Railroad, which brought him to the small village of Dwight, Illinois, 80 miles south of Chicago, where he rode a 400-mile circuit on horseback and began to experiment with cures for habitual drunkenness.

After a long series of unsuccessful attempts, he and a pharmacist partner John H. Oughton, believed that they had found a cure. In 1879 they began to dispense it from their clinic in Dwight where they were joined by a third partner, Curtis J. Judd, who was Keeley’s brother-in-law and served as their business manager. The three of them incorporated the Leslie E. Keeley Company in 1886.

The company identified gold chloride as the active agent of the cure, but because of its side effects, Keeley and Oughton suspended operations in 1885. They reformulated the medication and in 1887 they re-launched the therapy as the 'bi-chloride of gold cure.'

Word of the cure's apparent success spread quickly. Patients poured in and the facilities at Dwight were overwhelmed. In order to cope with the numbers and also to reduce travel costs for patients, the Keeley Company began selling franchises in 1890, establishing the first branch clinic in Des Moines, Iowa. The franchises stipulated that an investor held the clear and exclusive right to operate a Keeley Institute provided that they used Dwight-trained physicians to administer the cure. The home company rarely charged royalties, but it insisted that the medications had to be bought from Dwight. The franchise holder was responsible for running the operation and paying for the clinic's expenses, including the salaries of the Dwight physicians. What the clinic earned beyond these expenses was profit. On that basis, Keeley Institutes opened across the United States and Canada. In 1892 the *Chicago Tribune* and its powerful editor, Joseph Medill, backed the Keeley Company's claim to have found a cure for the alcohol and drug habits, which boosted its popularity still further. The *Tribune* continued to back Keeley throughout the 1890s and soon the Keeley Company "belted the world," selling franchises and opening clinics from Dwight to London to Copenhagen, Sydney and Los Angeles. By June 1893, there were 118 Keeley institutes worldwide.

Most importantly, tens of thousands of patients believed that the Gold Cure worked. As many as 30,000 of them joined one of 370 US chapters of the "Keeley League" after completing the four-to-five-week residential cure.<sup>1</sup> The League spread the word of successful cures via its *Banner of Gold* journal and its members wore

golden pins to signal their membership throughout the 1890s. The Keeley message otherwise came through extravagant advertising pamphlets that wrongly identified Keeley as the first to declare that the alcohol and drug habits are a disease.<sup>2</sup> The ads made abundant rhetorical use of gold as a medicine and they cast Keeley as the cure's heroic discoverer and sole proprietor.<sup>3</sup> Most dramatically, company advertising used effusive patient testimonials to back its assertion of a 95% cure rate.

These claims, and the ads that carried them, were branded unethical by a sceptical, mainstream medical profession that was rapidly gaining power and would soon control American medical practice. US physicians and their colleagues abroad, particularly in Great Britain and Australia, accused Keeley of quackery. His advertising drew their ire, but they agreed that Keeley's greatest transgression was keeping the formula for the Gold Cure medication a secret. As I have argued elsewhere, Leslie E. Keeley was part of an earlier generation of physicians, many of whom viewed the new professionals with suspicion. He argued that he had a right to earn a profit from his life's work and claimed that the world was much improved by the existence of his cure and the expertise with which to apply it. He felt that the compensation he received was a just reward and that secrecy was the only way to protect the cure's integrity and to defend his intellectual property.<sup>4</sup>

Nonetheless, continued controversy, particularly generated by the franchised clinics, which were effectively beyond the control of the home institute in Dwight, along with growing evidence of relapse, caused the company's growth to slow by the mid-1890s. Keeley died in 1900 and the international franchises began to close around the turn of the twentieth century. The North American franchises had also struggled during the economic downturn of the mid-to-late 1890s. The charismatic

doctor's death only hastened the process of their closure in the early twentieth century, but the home clinic at Dwight continued to operate. The company removed the "gold" from the therapy by 1925 and began calling it a treatment rather than a cure. The Dwight clinic worked hard to align itself with medical and scientific orthodoxy, and also developed a close relationship with Alcoholics Anonymous (AA), which was founded in Ohio in 1935. By 1945 the Dwight clinic held weekly AA meetings and in the 1950s and 60s it hosted a yearly "Summer Roundup" barbeque, which attracted thousands of AA members and Keeley graduates. The Dwight facility continued to operate as a moderately expensive, up-scale research and rehabilitation centre until 1966, when it closed in the face of competition from state-run facilities.

Historians have long noted the Keeley phenomenon. Early accounts were descriptive and empirical, but by the late 1970s historians began to explore the company's broader cultural resonance.<sup>5</sup> Cheryl Krasnick Warsh explained in 1988 that a powerful sense of male camaraderie underlay the success of the Keeley Institute in New Brunswick, Canada.<sup>6</sup> William L. White offered the most detailed description of the Keeley treatment in his 1998 book, suggesting that the Dwight Institute's therapeutic success might have come from its creation of an atmosphere that was part science and part evangelical temperance rally.<sup>7</sup> In 2005, Sarah W. Tracy argued that Keeley, despite his "professional quackery," did at least as much as his mainstream rivals to popularise the idea of addiction as a "disease" in the United States.<sup>8</sup> Even the London franchise, which is the subject of this article, has received historical attention. In 1980, John K. Crellin took a biographical approach to the personal correspondence between Keeley and the London Institute's director to examine some of the differences in British and American life and culture in the

1890s.<sup>9</sup> Nonetheless, neither the Keeley story nor this body of fascinating historical research has had the attention it deserves beyond the specialized borders of alcohol and drug history.

This article aims to bring that research to the attention of a broader audience, but also to build its significance through a close exploration of the debate that surrounded the London Keeley Institute in its first years.<sup>10</sup> The London Institute opened in 1892 and was the most successful and longest lived of the international franchises. It was profitable until 1922 and remained in operation until 1928, which places it among the longest lived of any of the Keeley franchises. That outcome is surprising if we consider the British medical establishment's furious opposition to the company's opening. By juxtaposing the British mainstream's emphatically negative description of the Keeley cure with the equally committed language of Keeley's supporters, this article argues that London's mainstream professionals did not have the cultural authority to impose their assessment of the Keeley Institute over and against the popular language of "cure" that followed the Keeley phenomenon around the globe.

While the story of the London Institute's opening is an important episode in the history of addiction treatment, it also has significance for the history of medicine more broadly. It adds to our understanding of "medicalization," which sociologist Peter Conrad helpfully defines as "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders."<sup>11</sup> As Conrad and others have shown, the changing conceptualization of habitual alcohol and drug use epitomised that process.<sup>12</sup> A variety of people had participated in the medicalization of habit during the nineteenth century, from recovered users and moral reformers to scientifically trained physicians, but the debate accelerated

during the 1870s and was perhaps at its most contentious when Keeley's London clinic opened in 1892.<sup>13</sup> The two sides squared off, each brandishing a different therapeutic iteration of medical authority. The Keeley side rallied behind an extravagant rhetoric of cure, while the mainstream grounded its authority in sober adherence to a strict code of professional ethics, but both sides agreed that habitual alcohol and drug use was a medical condition.

The Keeley controversy reminds us that medicalization is not a tidy process. It forces us to consider a variety of ostensibly dissimilar attitudes that, despite appearances, still cohered beneath the broader conceptual umbrella of medicalization. It also draws our attention to other contentious discourses that helped structure and give the debate meaning. The struggle over the Keeley cure in London offers an example, not of science's battle against superstition nor still less of correct vs. incorrect diagnoses, but rather, of the aggressive interplay between two therapeutic iterations of habitual drug and alcohol use as a medical problem, grounded in different rhetorical performances of medical authority. Most importantly and perhaps most surprisingly, we will see that these two attempted medicalizations, despite their mutual hostility, needed and complemented one another. Medicalization did not lie in the victory of one side over the other. It lay within the dynamic interplay of these mutually dependent discourses.

### **The London Franchise and its Critics**

The process of acquiring a Keeley franchise usually began with the company granting exclusive rights to an agent for a defined period in which to put together the funds to purchase a franchise outright. The agents who approached the company were often (but not always) local to the territory in question. After securing the

company's permission, the agent usually sought investors to join them in the enterprise. Once the investors were in place, the company would complete the sale of the franchise, sometimes on interest-bearing instalments. The London franchise offers a clear example of this system, but also of the challenges that confronted a nineteenth-century medical business that hoped to expand internationally.

On 23 February 1892, the Keeley company granted Londoner J. J. Vickers a 6-month option to complete a contract for the exclusive right to sell and administer the Keeley Gold Cure in Great Britain, with clinics in London and Liverpool. To complete the contract, he needed to appear with 100,000 pounds, payable at Dwight, by 1 August 1892. This was a high-stakes game, which perhaps explains the enthusiasm with which Vickers played it. Among his efforts to find British backers to buy the Keeley rights, he organised a public meeting for June 1892, to be held at London's Westminster Hall, presided over by an assistant Bishop of London and endorsed by the country's most eminent temperance organisation, the Church of England Temperance Society (CETS). This, however, is where the trouble began.

The meeting was billed as the introduction of the Keeley Gold cure to Britain. Keeley himself was to attend. But Vickers' widely distributed circulars and strenuous marketing efforts suggested that the event's main purpose was to find backers for his plan to raise the 100,000 GBP required to purchase the franchise. This financial interest drew unwelcome attention, particularly from Dr. Norman S. Kerr, founder and President of the Society for the Study of Inebriety (SSI) and Britain's most influential medical expert on alcohol and drug habits. Kerr was born in Glasgow in 1834 and received his medical degree from the University of Glasgow in 1861. He was a total abstainer—a "teetotaller"—and a well-known temperance speaker throughout the country. He was an enthusiastic member of the British Medical Association, where

he was the leading proponent of the idea that habitual alcohol and drug use—which he and his colleagues called “inebriety”—was a disease, not a moral failure. He was thus among the early advocates of a “scientific,” medically based temperance movement rather than temperance as a moral crusade.<sup>14</sup>

Kerr and his associates were very much a part of what historian Jim Baumohl identifies as a nineteenth-century movement to establish inebriate asylums based on the model of the insane asylum.<sup>15</sup> The members of the SSI agreed that inebriety was a hereditary disorder that required institutional confinement and restraint, combined with strict medical supervision and treatment. In 1884 the SSI resolved to agitate for the passage of inebriate legislation that included the power to sentence inebriates of any class to confined periods of cure in workhouses or homes.<sup>16</sup> The Society’s activities were notably international, according to historian Virginia Berridge, who finds this particularly in the SSI’s connection to the older *American Society for the Study and Cure of Inebriety*.<sup>17</sup> Probably via the advice of his close associate and friend, Dr. Thomas D. Crothers, the leading figure of the American society, Kerr had, by early 1892, developed an enormous dislike of Leslie E. Keeley.<sup>18</sup> Kerr was very much a representative of Britain’s mainstream medical profession, and in a series of letters to the *British Medical Journal (BMJ)* and also the *Lancet*, he emphasised Keeley’s use of a secret cure as a breach of medical ethics that precluded any contemplation of the cure’s alleged results.

Most pointedly, Kerr intervened in the planning of the upcoming Keeley meeting at Westminster Hall. The story broke in the *BMJ* on 25 June 1892, explaining that Bishop Alfred Barry “had been captured as the chairman” of a meeting that was “most unwisely” announced “in order to set forth the so-called virtues of a notorious proprietary and secret cure for inebriety.”<sup>19</sup> Thanks to Kerr’s



intervention, the journal was “glad to be able to state that at the last moment the authorities of that Society changed their mind as to giving their countenance to [the] meeting.”<sup>20</sup> The *BMJ* was relieved “for the sake of the reputation of the Church of England Temperance Society, no less than the interests of mankind.”<sup>21</sup> The writer explained that Kerr used Vickers’ energetic efforts to find backers to convince Barry that Keeley’s intentions were financial, not medical. The article did not name the London agent, instead suggesting that it was Keeley himself who directly sought backers for the scheme. It stated further that there was no gold in the cure, that it had severe side effects, that American physicians resisted it, and that its supporters were delusional. It suggested that all of these claims would be presented at the next meeting of the SSI, which hints that Kerr was the source, if not the author of the article. Summing up, the *BMJ* declared that “there is no example in the whole history of mankind, so far as we know, in which any secret remedy has ever been found to be of permanent value, except to its inventors and vendors.”<sup>22</sup>

Keeley was in London at the time and he cried foul in a letter to the *BMJ* that appeared one week later, on 2 July 1892. He introduced himself to the journal’s readership, explaining that he was a practicing “American physician of thirty-two years’ standing.”<sup>23</sup> He added that he also held “the important appointment of surgeon to one of the greatest railroads in the United States—the Chicago and Alton.”<sup>24</sup> He was quick to note that he was in London “at the request of Englishmen who have asked me to come over and assist in establishing an institute in London such as that which I have myself carried on at Dwight, Illinois, for thirteen years.”<sup>25</sup> Keeley’s therapy at Dwight—which was to be the model for the London clinic—was “neo-Washingtonian,” according to Baumohl. The Washingtonian Temperance Society was a short-lived American organization of recovering, mostly working-class

male drunkards that emerged in the late 1830s. It had vanished by 1850, but it was influential in its reliance upon the self-help of its members who gathered to tell their stories and to support one another as they quit drinking. The Washingtonians established inebriate homes, which admitted voluntary patients for brief stays in order to sober up. The homes were very different from the asylums favored by Crothers, Kerr and the mainstream inebriety societies on either side of the Atlantic. They were non-coercive, charitable, and relied on the support of reformed drinkers.<sup>26</sup> Unlike most inebriate homes, the Keeley Institute required payment, but like them, it was voluntary and former patients formed a crucial aftercare network. Keeley's reliance on the Gold Cure medication added a "scientific" twist to the Washingtonian model, which was based almost entirely on moral suasion. Keeley's patients were overwhelmingly male. They gathered four times each day for an injection of the tonic, which was the institute's ritualistic centrepiece.<sup>27</sup> A much smaller number of women were treated at Dwight and also in London as we shall see, but they lodged and received their medications in private, separately from the men. Outside of the injection routine, patients were mostly left on their own, but inspirational lectures by Keeley or by former patients were an important part of the Dwight experience.

Back in London, however, Keeley faced the task of answering his mainstream rivals. He argued that the accusations made in the 25 June *BMJ* article were untrue and that his treatment would remove the "drink crave" from habitual alcohol and drug users. He promised that he would soon appeal to the profession as it wished by "publishing my formula in full detail," but "at this moment I only say that my remedies do contain gold, and that your information on that point is as misleading as it is on other points."<sup>28</sup> Keeley then rounded on his accuser. He wrote that he was surprised at Kerr's behaviour because "in July last, when I was in London, Dr.

Norman Kerr did me the honor to call upon me three times; he presented me with copies of his works on the subject of inebriety, and he paid me nothing but compliments.”<sup>29</sup> Keeley accused Kerr of duplicity, of acting behind his back “which is not a course usually taken by gentlemen.”<sup>30</sup>

Before publication, the *BMJ* gave Kerr a copy of Keeley’s letter and asked for a reply. The letters were published together, and Kerr explained in his response that he had acted “after consultation with representative members of the medical profession who, like myself, were deeply concerned for the good name of our esteemed Bishops and of the Church of England Temperance Society.”<sup>31</sup> He claimed that he did not initiate the 1891 meeting with Keeley and that he had never praised Keeley’s methods. Kerr’s letter echoed many American attacks on Keeley and restated the original *BMJ* accusation, declaring that “neither I nor any respectable member of the profession in Britain could have anything to do with a proprietary secret remedy.”<sup>32</sup> Kerr explained that “it was the duty of honourable medical practitioners to place the details of their treatment openly and unreservedly before the profession.”<sup>33</sup> Kerr’s response betrays a very strong sense of personal and professional offense. He was concerned about Keeley’s assertion of duplicity and tried to turn the tables, writing that “the only going behind the back of anyone was when some person or persons used the name of the Church of England Temperance Society, and secured the chairmanship of a prelate ‘behind the back’ of medical members of the society, who surely ought to have been the first persons to be consulted in such a matter.”<sup>34</sup> For Kerr, the defence of three things, church, state and professional authority grounded in ethical practice all demanded the rejection of the Keeley invasion.

The dispute intensified three days later, when the SSI met on 5 July 1892. Keeley declined an invitation to attend because he was giving a lecture elsewhere in London. The SSI meeting made special note of Dr. J. E. Usher's about to be published book, *Alcoholism and its Treatment*. Usher, a new member of the society, was visiting from Australia and was its special guest. Kerr, as always, chaired the session. Usher was very handy because the third chapter of his book heaped scorn upon the American Gold Cures and particularly on the originator of the therapy, Leslie E. Keeley. The chapter notes that the current use of drugs in the treatment of alcohol habits was a phenomenon based primarily in the United States where, he argued, it found an eager and gullible audience. Usher wrote that "the age of healing by faith appears to be resuscitated with all the vigour which characterised similar attempts at influencing the body and the mind which were the basis of the alchemists' power in the middle ages."<sup>35</sup> He used the case of Roger Bacon, an English friar who released his "essence of gold" upon a "credulous and not-over intelligent" medieval world to illustrate his point.<sup>36</sup> Usher used more recent historical examples to show how shrewd English physicians had seen through American quackery in the past.<sup>37</sup> Summing up his survey, he wrote that "there is a fascination about the word 'gold' which appeals not alone to the imagination, but also to the 'common sense' of the most practical of mankind."<sup>38</sup> His suggestion was that the "practical" people—the working people—were easily taken in by the rhetoric of "gold."

Usher's obvious target was "the latest modern convert to alchemy... Dr. Keeley of bi-chloride of Gold notoriety, resident at Dwight, Illinois, United States of America."<sup>39</sup> He noted that Keeley had some "good fortune" when a variety of journalists praised the cure but immediately noted that one of them soon relapsed,

was pulled from a gutter, and died in a charity hospital.<sup>40</sup> Usher offered no evidence for his suggestion that many other deaths could be blamed on the Keeley cure. He pointed out that he had visited Dwight in order to investigate for himself, but in a letter to the *Lancet*, Keeley claimed that Usher had visited in the frustrated hope of acquiring a Keeley franchise of his own.<sup>41</sup> Usher could not deny that many thousands of people said that the Gold Cure had helped them, but he speculated that the cure worked in the mind. He further suspected that many of the patients he encountered were not actual drunkards but had come only because the cure was fashionable. He claimed that Keeley appealed to the “psychic or imaginative side of man,” but his strongest point was the same one that all Keeley critics shared. Usher complained that the use of a secret cure placed Keeley beyond “the pale of Aesculapian values” and concluded that the Gold Cure “cannot therefore be recognised.”<sup>42</sup> Before the meeting closed, Kerr presented an analysis of the Gold Cure that he had commissioned. He explained that it found no trace of gold in the medication and that it had a high alcohol content.<sup>43</sup>

The *Lancet* in England, and Ireland’s *Medical Press and Circular*, summarised the SSI meeting and published it for their readers in early July. Keeley immediately hired lawyers and launched a libel suit against both journals.<sup>44</sup> Within this febrile context, London’s Keeley Institute opened its doors in Autumn, 1892, under the supervision of Dr. Oscar C. DeWolf.

### **Keeley’s Supporters**

Up to this point, the story of the Keeley company’s London clinic is colourful, but predictable. The resistance from the British medical profession added a touch of nationalism and perhaps vehemence to what was already a familiar set of American

objections to Keeley and his Gold Cure. Critics like Kerr and Usher challenged the Keeley company's self-declared 95% success rate and even claimed that the Gold Cure harmed some patients, but attacks on the secrecy of the cure were ubiquitous. Keeley himself was perfectly comfortable with secrecy and defended it as legitimate protection of his interests.<sup>45</sup> All of the critics agreed that the recovered inebriates who sang the Gold Cure's praises were gullible, naïve and, in Usher's words, "not overly intelligent."

Britain's newspaper-reading public, however, met a broader range of perspectives in Keeley's nationwide coverage, dating from just before the London Institute's opening. In December 1891 for instance, one writer explained to the readers of London's *Pall Mall Gazette* that on a visit to Chicago she was unable to avoid talk of "the magic cure" for the drink habit on offer in nearby Dwight. She visited the Institute and wrote that the "drunkards" were treated with respect and that they were regarded "as patients, not as sinners." She interviewed Keeley's chemist and partner John Oughton, who defended the secrecy of the formula, saying that "experience has proved [that] the mysterious exercises considerable attraction over mankind." Curtis Judd, Keeley's other partner and business manager told the *Gazette* that the Institute's fee encouraged the patients to take the cure seriously and to quit drinking. The *Gazette* writer was positively impressed, highlighting the Keeley Company's 95% success claim.<sup>46</sup>

The *Gazette* story was illustrated and it ran on the front page. Articles about Keeley did not often receive that sort of attention, but they appeared in papers throughout the country. In June 1892 the Gloucester *Citizen* reported that the London clinic had opened and that "Keeley is no mere enthusiast whose claims cannot be substantiated. His system has done an immensity of good."<sup>47</sup> On 8 April

1893 the *Sheffield Evening Telegraph and Star* hoped that after rigorous testing, the cure would be “universally accepted.”<sup>48</sup> Scotland’s *Dundee Courier* described “the great discovery by Dr. Keeley” whereby thousands of “the most abject and miserable slaves of drink,” drawn from “all classes and conditions” had been “restored to their families and relations with the craving for liquor wholly eradicated.”<sup>49</sup> But not all reports were favourable. The *Manchester Courier*, for instance, wrote in February 1892 that Keeley had been “filling his pockets with gold, by the bi-chloride of gold system.”<sup>50</sup> The equally suspicious *Dundee Evening Telegraph*, however, captured the broader journalistic tone when it maintained that, if the 95% cure rate was true, then the Gold Cure was “worth a more serious trial than we are always willing to give to things American.”<sup>51</sup>

While there are no thorough descriptions of the London Institute in the 1890s, newspaper stories published slightly later supply some of the missing detail. In 1905, journalist Robert Barr interviewed several Keeley patients who told him that “there is no restraint; every man may come and go as he pleases so long as he is present at the hours specified for treatment.” Most strikingly, patients were allowed to drink as much alcohol as they wished, so long as it was done on site. Barr reported, however, that after three days of the Gold Cure medication, patients lost the “craving” and stopped drinking of their own accord.<sup>52</sup> A 1909 article proclaimed that “drunkenness, whether continuous or intermittent, is as much a disease as leprosy or smallpox” and that the Keeley Gold Cure was undoubtedly “the most successful treatment.” The reviewer explained that no patient was accepted for less than a four-week stay, which was “sufficient to cause a complete cure in the case of alcoholism.” Drug cases, they explained, required five or six weeks. The reviewer noted that “ladies are attended at the Institute, where they are entirely apart, and

have a separate entrance from the gentlemen.”<sup>53</sup> Neither the 1905 nor the 1909 article mentioned any aftercare provision.

Perhaps most surprising, however, was the support that came from distinguished medical figures in Keeley’s London fight. First among these was Oscar Coleman De Wolf, an American physician whose eminence is in inverse proportion to his almost total absence from the historical record. De Wolf, born in 1835, was the director of the London Keeley Institute from its 1892 opening until 1902 when he sold his shares in the company and retired back to the United States. He was an American physician who, most notably, had served as Chicago’s health commissioner for 12 years: from 1876 until 1889. According to an 1889 article in the *Chicago Inter-Ocean* De Wolf took charge of an office in 1876 that “could hardly be called a department of health. It had neither form nor comeliness and was doing nothing in the way of a sanitary work except keeping a registry of the deaths.”<sup>54</sup> Under De Wolf’s leadership, however, “the department has since developed into the most active and efficient health service in the country.”<sup>55</sup>

Like Keeley, De Wolf had been a Civil War surgeon, but unlike him, he had benefited from an elite, international medical education. De Wolf’s father was a physician and also a temperance activist and young Oscar first studied with him. He went on to Berkshire Medical College near his childhood home, but then travelled to France for further study. His time in France may help us to understand his attraction to the new bacteriology of Louis Pasteur, Robert Koch and others, which, by the 1880s, he began to apply in his leadership of the Chicago Department of Health. De Wolf took on the all-powerful Chicago meat packing industry, challenging its practices of dumping animal waste in the streets and particularly into the Chicago



River. He also initiated the controversial practice of tenement inspections in hopes of eradicating Chicago's periodic disease epidemics.<sup>56</sup>

De Wolf thus pioneered what we might think of as a modern, activist public health department and in doing so, he established a national reputation as a leader in the public health movement. De Wolf's work also drew international praise. The British Association for the Advancement of Science awarded him honorary membership in 1882, and in 1883 he received the diploma of the Society of Hygiene of France. Nonetheless, long-standing opposition from the meat packers, combined with the 1888 election of a new mayor, brought De Wolf's 12-year reign at Chicago's Department of Health to an end.<sup>57</sup> He quickly re-emerged, however, as the new medical director of the Keeley Institute's proposed London clinic.<sup>58</sup>

Unlike Kerr, De Wolf kept a low public profile in London, but he had a medical spokesperson that served a role similar to that which Usher had performed for Kerr. That was Dr. James Edmunds, a British physician with a CV that was as impressive as De Wolf's. He was the founding physician and leading light of the London Temperance Hospital from its opening in the mid-1870s until he left in 1891. Like Kerr, he was a total abstainer who was committed, active and very well known in the London temperance cause. Upon his 1891 retirement, the board of the Temperance Hospital noted that "the existence and history of the hospital have been a witness and record of the zeal and labours of Dr. Edmunds."<sup>59</sup> In another meeting the board stated that "the temperance world owes him a debt of gratitude for the noble stand he has taken (at one time almost alone amongst his London Professional brethren) against the use of alcohol in the ordinary treatment of disease."<sup>60</sup> The board noted the words of a London barrister who explained that "Dr. Edmunds, the practical founder of this hospital, is a man whom to know is to respect."<sup>61</sup>

Edmunds appears to have sought Keeley out at the re-scheduled Westminster meeting, which went ahead on 5 July at St. James Hall, Piccadilly, without the endorsement of the CETS.<sup>62</sup> Though not on the payroll, he took an active role in promoting the cure and kept up a vigorous correspondence with Keeley on the clinic and its progress in London. Perhaps his most significant contribution to the Keeley project, however, was his very public defence of the cure that appeared in the 12 August 1892 edition of *Health*, an influential London-based medical weekly. Edmunds objected to what he described as “a rude and untruthful attack... upon an American physician.”<sup>63</sup> He based his authority in the not at all unlikely assertion that he had “probably had more cases of inebriety referred to me professionally, than any other physician in London.”<sup>64</sup> He explained, however, that “of late it has been forced upon my attention that inebriates from all parts of the world were making pilgrimages to Dwight, Illinois, U.S.A., and that morphia users and alcohol-drinkers, with whom no method had ever been useful, were coming back cured.”<sup>65</sup> He added that “investigation convinced me that there was really “something” in the Keeley treatment.”<sup>66</sup> And in support he offered to “produce in London now such cases for professional inspection.”<sup>67</sup> He emphasised that he himself had “advised patients to go to the Keeley Institute, which is now available in London at 5, Portland Place.”<sup>68</sup> He named only one example of a cured patient, but it was a valuable one. Edmunds wrote that “Lord Graves... was taking, by hypodermic injection, twenty-five grains of morphia every day—a quantity which would kill any ten ordinary people.” He had carried that habit for many years, according to Edmunds, despite frequent attempts to abandon it. Upon visiting Dwight, however, Graves was cured in thirty-five days.<sup>69</sup> Edmunds noted that Graves would “be glad to see any one upon this subject if they will call upon him or write to him.”<sup>70</sup>

Edmunds knew how to use aristocratic patronage in support of a London medical enterprise. While the exact identity of Lord Graves is difficult to pin down, his duties are not because he was on the Keeley payroll.<sup>71</sup> In a 17 August 1892 London memo, Keeley gave De Wolf, Graves and a British accountant separate responsibility for running the new institute. De Wolf was in charge and handled all medical issues, but Graves, “by his extensive acquaintance and honourable name, and his well-known connection with the Keeley treatment will be influential in securing patients.”<sup>72</sup> The final agreement stated that Lord Graves was free to “use his own judgement as to such methods and ways as he chooses to adopt to accomplish the best results” and that he would be paid 200 pounds per annum.<sup>73</sup> De Wolf wanted Graves to sit at a desk and do a day’s work if he was being paid, but Edmunds disagreed, writing to Keeley that using him “like a clerk is to cut up a pedigree racehorse for cat’s meat.” He explained that Graves was “ornamental,” that he fulfilled “the role of a benevolent nobleman really grateful to Dr. Keeley and anxious to do all he can to make known the benefits to be obtained by the Keeley Treatment.”<sup>74</sup>

Edmunds’ most arresting claim, however, was to take on the key point made against Keeley by organised, professional medicine everywhere in the world. While noting that “we have a professional rule against the use of secret remedies, and to this rule, in general, I subscribe,” Edmunds emphasised that “eminent physicians do not all adhere to this non-use of secret remedies.”<sup>75</sup> He insisted that what mattered most was the results of the treatment, not blind adherence to a code of ethics, which served “only to enable a profession to prey upon the body politic.” These standards, Edmunds argued “are trades-union devices, dishonest in their intent against the

public, and corrupting in their action upon the profession which they are supposed to serve.”<sup>76</sup> Edmunds did not pull his punches. He went on:

Assuming that the Keeley treatment cures our inebriates, the fact that its nature is kept secret does not invalidate the value of the treatment to the public; it merely prevents Tom, Dick, and Harry in the profession from pocketing the fees which now fall to the inventor of the method. That fact, however much it may vex the souls of Tom, Dick, and Harry, is a matter of no interest to the public, and it does not, by the touchstone of a real professional etiquette, justify the profession in attempting to prevent the use of the method.<sup>77</sup>

Summing up, Edmunds wrote that “careful watching and study of Dr. Keeley’s results have convinced me that Dr. Keeley knows more about handling morphia-men and alcohol-drinkers than all the rest of the profession put together.”<sup>78</sup> It is hard to imagine a more emphatic endorsement from a more qualified endorser. De Wolf had the letter reproduced as a circular and sent it to 15,000 physicians throughout Britain and it seems to have done its work, as a steady stream of patients and curious physicians made their way to the Keeley Institute, beginning in the Autumn of 1892. The letter did not, however, earn Edmunds any new friends in the professional medical circles that were critical of Keeley. In an October 26 letter, De Wolf explained to Keeley that Edmunds’ *Health* letter was “causing much talk in medical circles here and some angry feeling.”<sup>79</sup>

Edmunds’ second major contribution to the Keeley cause was his formation of an independent committee of distinguished British temperance reformers to review and evaluate the results of the London clinic. On 30 November 1892 De Wolf stated the necessity of such testimony, writing to Keeley that “the American literature of all and every kind is of no service here.”<sup>80</sup> For De Wolf, this was at least partly a class

issue: “the only people we can reach and impress here are from an excellent class (I mean educated and intelligent) and they want sober and careful statements from English, not American sources.”<sup>81</sup> Edmunds supplied those sources, drawing upon the friendships he had made in a lifetime of temperance advocacy to assemble a committee that would report upon the results of the cure.<sup>82</sup> The Rev. Canon James Fleming headed the new group, another total abstainer and a long-time temperance campaigner. He was Chaplain in Ordinary to the Queen, to the Prince of Wales and also to the Duke of Westminster. Fleming continued in that role when his friend, the Prince of Wales, became King Edward VII in 1901. He was close to the royal family and was Vicar of St. Michael’s, Chester Square, in the wealthy Belgravia district of London. De Wolf explained to Keeley that “Fleming is a great man here and strongly inclined your way. He has no patience with pretenders and does not approve of the course of the doctors.”<sup>83</sup>

Edmunds also brought in James H. Raper (1820-1897), who was, according to his 1898 biographer, “unquestionably the most popular orator of the temperance movement.”<sup>84</sup> Besides his temperance credentials, the biographer noted Raper’s reputation for “scrupulous fairness of conduct distinguished him throughout his career.”<sup>85</sup> Raper was also well thought of by older temperance campaigners in the United States. James Dunn, editor of the American *National Temperance Advocate* wrote upon his death that “no man in connection with the temperance reform movement ever visited this country who made such a deep impact upon the American people.”<sup>86</sup> Dunn noted that Raper was a close friend of Neal Dow, America’s “Napoleon of Temperance,” and that he had befriended William Lloyd Garrison and Wendell Philips.<sup>87</sup> The final committee places were taken up by W. Hind-Smith Esq., former Superintendent of the YMCA and William Saunders, Liberal

MP for Hull and Vice President of the UK Alliance temperance organisation.<sup>88</sup>

Edmunds himself would serve as the committee's fifth member. Though it was an independent, public committee, it is clear that Edmunds chose its members carefully. De Wolf explained to Keeley that the committee "will be of commanding character, particularly on the temperance side."<sup>89</sup> It is no wonder that De Wolf also declared to Keeley that "we shall ultimately have a good report from that committee."<sup>90</sup>

The report was very good indeed. The committee issued five of them between 1892 and 1897, all written by Fleming. Membership changed slightly over the years as some members came and went. Saunders was too busy to participate and was replaced by Amos Schofield, another total abstainer from the UK Alliance. William Cunard of the shipping line wished to have his name included but was also too busy to be an active participant. In the early summer of 1897, the London Keeley institute had its first five reports printed as a 36-page pamphlet, which it distributed and made available to anyone who inquired. The pamphlet also included a collection of letters and testimonials from the clinic's patients, alongside statements from Keeley, De Wolf and even Neal Dow. Over its five-year project, the committee met a number of times and members visited the clinic frequently. The first report, dated February 1893, explained that the committee had visited the Institute six times in its first two months of existence and had interviewed the twenty patients who were then under treatment or were recently discharged. It concluded that all of the patients "were genuine cases of long standing inebriety," that "in no case have the remedies used produced any pain [or] inconvenience," that "in no case has any patient been put under restraint," and that all patients "affirm positively that, in periods varying from three to seven days, they lost the crave for alcohol."<sup>91</sup>

The next four annual meetings followed the progress of these original twenty patients and added new patients to the review each year. In the second year, it found that of the original twenty, two had relapsed, but the others all remained free from their former habits. That number remained the same for the third annual report in 1895. The committee therefore pronounced the 18, still-sober patients “cured” and noted that 17 of that group had tried and failed at other English “inebriate homes” before they came to Keeley.<sup>92</sup> For the fourth meeting in 1896, the committee met 50 patients and received letters from others who could not attend. It reprinted excerpts from these letters and declared that “the results of the Keeley Treatment justify [the committee’s] most sanguine hopes” and that “the time had come to make such benefits of the Keeley Treatment widely known.”<sup>93</sup>

In this crucial fourth report, Fleming made clear that his committee—composed of elderly men whose long lives had been devoted to the temperance movement—had different interests than the physicians who had been so critical of the Gold Cure. He explained that members were “fully aware that it is a standing rule in the Medical Profession that any man who discovers a remedy for disease is expected to make it known.”<sup>94</sup> That issue, however, did “not fall within the province of this committee” whose job it was “simply to watch the results of the treatment, and to report impartially on them to the public.”<sup>95</sup> Instead, he argued, “these results are intensely interesting to all engaged in Temperance Reformation; for, when cases remain cured for one, two, three, four years, they become irrefutable facts.”<sup>96</sup> By focussing on results rather than method, and perhaps even more significantly, by invoking the older rhetoric of temperance, the committee simply bypassed the medical critique. In comparison, the medical criticism looked petty. It suggested that

Kerr and the SSI were more interested in themselves and the rules of their guild than they were in the suffering of the patients who sought relief from their habits.

Fleming included a report by committee member Amos Schofield in the 1897 pamphlet. It described his visit to Dwight, undertaken with a delegation from the UK Alliance, making clear the attraction of Keeley's approach to temperance reformers. Schofield explained that Keeley, who insisted that his own efforts were strictly medical, "does not for a moment regard his operation as any substitute for moral and religious teaching, and he maintains vehemently that there is no safety for the cured patients... who wilfully and repeatedly place themselves in the way of temptations."<sup>97</sup> Further, Schofield and the other teetotallers on the committee must have felt great personal vindication in knowing that "Dr. Keeley also insists upon total abstinence from all intoxicating liquors as the only safe position for his graduates to assume."<sup>98</sup> The committee's response to Kerr, the SSI and its professional supporters was thus two pronged. In the first instance it prioritised self-reported results—successful cures—over shared ethical practice. Secondly, it emphasized the way that Keeley grounded his claims in scientific medicine but nonetheless accommodated the moral sentiment of the older temperance movement.

We must note, however, an important absence from the committee after its first, 1893 report. James Edmunds was not at the second meeting in 1894 and further meetings did not list the attendees, outside of Fleming. There is no documentary evidence to explain Edmunds' absence, but it comes on the heels of the intense disappointment that he and De Wolf felt at the Keeley company's decision to drop its libel suits against the *Lancet* and the *Medical Press* in late July 1893. Though company managers had informed them on 8 December 1892 that they did not want to pursue the cases if Keeley's personal attendance would be



required, De Wolfe and Edmunds spent the first half of 1893 trying to change the Americans' minds.<sup>99</sup>

The bad news nonetheless came on 7 July, when the *Times* of London reported that the court required Keeley's presence in London for the trial.<sup>100</sup> One week later Keeley wrote to De Wolf, explaining that "The *Lancet* is the oldest medical Journal in the world, and no matter how good a case I might have; how clear I might make my proofs, the court would feel loath to censure such a journal, or to favour an American by so doing."<sup>101</sup> Keeley's attorney in Chicago had advised him to drop the case, but let the final decision rest with De Wolf. In a separate letter to De Wolf, Keeley placed a third, sealed letter from his Chicago attorney to his London attorney with instructions to drop the case. He told De Wolf that "if the *Lancet* suit should be dropped in *your* opinion, deliver the letter enclosed" to the London attorney "and drop it."<sup>102</sup> De Wolf made up his mind very quickly. On 8 August 1893 the High Court of Justice issued a writ dismissing Keeley's suit against *The Lancet* and the *Medical Press*.

### **The Aftermath**

As De Wolf and Edmunds expected, the medical press celebrated its victory over the American "quack," but by November the fuss had begun to die down.<sup>103</sup> Edmunds was neither questioned nor struck off the Medical Register over his adamant defence of Keeley. He eventually moved to Brighton where he was registered year-upon-year until his death in 1911. There were never any restrictions imposed upon his registration and his record remained unblemished. De Wolf remained in London to manage the clinic. The most surprising twist in this story, however, is that, despite the loud claims of victory and vindication by the medical

press, not to mention the unceasing hostility of the mainstream professionals, the London Keeley Institute prospered.

On the one hand, the controversy made the 100,000-pound sale of the franchise impossible and the company eventually handed the operation over to De Wolf in 1894 for the considerably lower sum of 5,200 pounds.<sup>104</sup> This proved to be a wise investment because, as the annual growth in the number of Fleming committee interviewees showed, the institute attracted a steady stream of eager patients through the 1890s. De Wolf took a partner in 1900 and retired back to the United States in 1903, having “prospered beyond his dreams,” according to his 1912 obituary, which reported that he “sold out his place and practice for a fortune.”<sup>105</sup> In 1901, the institute reported 153 patients, but reached a high of 449 patients in 1903. That number did not drop below 205 up to 1908 and, despite the Great War, remained relatively robust until the early 1920s.<sup>106</sup> Between 1901 and 1908, the home clinic at Dwight made between \$1476.00 and \$7142.00 in annual sales of its medications to the London clinic.<sup>107</sup> There is no record of the amount that the London Institute made from patient fees, but its income was undoubtedly proportional to the cost of the medicine it bought from Dwight. This surprising accomplishment begs us to ask how the company survived *despite* the censure of mainstream professional medicine?

The simplest answer is that the London Keeley Institute prospered by successfully attracting an upper-class clientele. As we have seen, newspaper reports in 1905 and 1909 described the Keeley experience. In addition to treatment details, the articles noted that patients were brought to the institute by friends and compared the London clinic to a “west end club.” They praised its luxurious furnishings, its “thronged” smoking and billiards rooms and the electric lights in the

bedrooms.<sup>108</sup> The “cuisine” was “in the hands of Harrod’s Limited” which, according to the 1909 review, was “a guarantee of its excellence.”<sup>109</sup> In the company’s 1928 winding-up orders, the clinic’s final manager explained that “the patients formerly treated by the Institute were persons who, before the war, were leisured people in well-to-do circumstances, but whose means have since become so reduced as to render them unable to afford the cost of treatment.”<sup>110</sup> Edmunds’ use of Graves’ testimony had born fruit. De Wolfe’s obituary explained that “patrons flocked to him. Officers of the army and navy, members of Parliament and many from the ranks of the nobility were his patients.”<sup>111</sup>

Historian John K. Crellin first invoked social class to help explain Keeley’s success in 1980, but his work received little subsequent attention and no historian has developed the London story any further. In terms of class, I have built upon Crellin’s point by adding detail, but shifting from empirical to conceptual analysis develops it further by showing that patient choice involved much more than allegiance to one’s class.<sup>112</sup> On the one hand, the appeal to class brought patients, but in choosing Keeley over Kerr, those patients and even their physicians inevitably and often unintentionally took sides in a debate that was larger than most of them knew. Few of the patients will have read the medical press, but as the Fleming committee discovered, many of them had tried other inebriate cures that failed them. They were not ignorant, and their relative wealth broadened rather than limited their therapeutic options. They knew that other options were available, but they nonetheless *chose* the Keeley Institute based on the advice of their doctors, accounts in the popular press, and word of mouth from friends. Networks of association and acquaintance are the cultural lifeblood of any class system, and in that sense, taking the Gold Cure in 1892 London affirmed a particular class position.

But more significantly, it was a rejection of the power of mainstream, professional medicine to define and control alcohol and drug habits in the 1890s.

Paul Starr's influential 1982 discussion of the cultural authority enjoyed by physicians brings out this point's broader significance. Though his book is concerned with the history of medicine in the United States, Starr's exploration of social and cultural authority sheds light on the outcome of this British debate about a controversial American physician. Starr differentiates between a Weberian notion of social authority: "the probability that people will obey a command recognised as legitimate according to the prevailing rules in their society," from what he calls cultural authority: "the probability that particular definitions of reality and judgments of meaning and value will prevail as valid and true."<sup>113</sup> Physicians do not usually have a lot of social authority. They do not give orders and automatically expect to have them followed. Sometimes, however, they do have a measure of cultural authority, or the ability to construct reality "through definitions of fact and value."<sup>114</sup> Starr explains that "by shaping the patients' understanding of their own experience, physicians create the conditions under which their advice seems appropriate."<sup>115</sup>

In the Keeley debate, Kerr and his mainstream colleagues simply did not have the cultural authority to dissuade habitués from taking the Keeley cure. Many patients voted with their feet, signalling that, at least for them, Kerr and the SSI's attempt to define "cure" or to shape patient experience was less convincing than Keeley's. They were unable to create the conditions that might have made their advice more compelling to more people. As the Fleming committee made clear, ends rather than means mattered most to a non-professional audience. The testimony of former alcohol and drug users, both published and by word of mouth, did more to shape patient understanding of "reality" than did Kerr's insistence on

ethical conduct. Openness was important for both groups, but each group understood that in its own way. While Kerr and his associates extolled the virtues of professional openness, the former inebriates' testimonials fashioned a powerful openness between patients. Their testimony, disseminated by Keeley's supporters and by his advertising, both presupposed and helped to create a community of patients and carers whose standards of medical legitimacy differed from Kerr's. The Institute's success confirms the vigor of that community and exposes the limits of professional medicine's ownership of "inebriety" in the 1890s.

Yet the two approaches shared much. In a second reflection on Keeley's London success, Crellin notes that the Institute benefitted from the insistence of Kerr, the SSI and others that the alcohol and drug habit was a functional disease that medical intervention might relieve.<sup>116</sup> Sarah W. Tracy turns the tables, arguing that Keeley outdid the regulars in popularizing their "disease concept" in the United States.<sup>117</sup> These are important insights, but as we saw with class, further conceptual analysis develops them and shifts our attention to the wider stakes of the Keeley controversy. Up until now, I have followed most historians in describing the Keeley debate as a binary opposition between two different approaches to habitual alcohol and drug use. Pushing beyond their apparent opposition, however, means more than noting that each inadvertently helped the other. It requires us to examine the fundamental complementarity of these two iterations of inebriety, grounded as they were in a more thoroughgoing medicalization of habit.

In a recent study of British medical advertising between 1840 and 1914, Legal Historian Anat Rosenberg has placed courtroom struggles over quackery among the most significant debates about advertising during the years surrounding the Keeley debate. She argues that "the quackery debate led to a legal elaboration and

formalization of views of advertising as a field of exaggeration, epistemologically doubtful, but not illegal.”<sup>118</sup> This emergent view of advertising as exaggeration “was part of a conceptual boundary between science and the market” that was equally useful to both sides. “Science was established as a paradigm of modern truth by being associated with restraint. Lack of restraint by advertisers rendered the consumer market an epistemologically inferior but also a freer and therefore attractive realm of activity.”<sup>119</sup> The Keeley libel case never went to court, but the claims and counterclaims of Keeley’s critics and his supporters were embedded in this contentious, medico-legal epistemology.

It is easy to place each group within the rhetorical modes that Rosenberg identifies.<sup>120</sup> Keeley’s support, both medical and popular, was tinged with the inescapable hyperbole of the company’s advertising. His boosters praised an exotic, golden cure, discovered on a distant frontier by a pioneer physician who had every right to keep his medication secret after a life-long search. As we have seen, patient testimonials established the truth of Keeley’s claim that 95% of patients were cured. These were even stronger when the endorsements were drawn from the upper class. Authorized by the testimonials, the presence of gold, and the genius-doctor’s good name, Keeley’s cure took on an air of miracle and magic, of exclusivity and value, of authenticity and purity. His was a language of cure that offered hope to potential patients. The Fleming committee further recognized that Keeley’s epistemology preserved space for the older, sentimental morality favoured by elderly veterans of the temperance movement. Theirs too was a rhetoric of excess—of emotion, empathy and feeling. It was grounded in affective faith rather than logical positivism and it fit comfortably within a conceptual universe shared by Keeley.

Conversely, the regulars, led by Kerr, Usher and the SSI offered a sober language of strict adherence to an ethical code, invalidating any potential cure brought about by a secret formula. Theirs was a rhetoric of caution and restraint, of slow and careful therapeutic progress, of watchfulness, ethical conformity and shared knowledge. Like their mainstream colleagues, they dealt in “observable effects rather than cures” and their authority lay in a medical model “that claimed privileged access to the human body by presenting its knowledge in terms of openness.”<sup>121</sup> Their language is an example of the positivistic minimalism that Rosenberg assigns to the medical regulars. As we have seen, in this instance it was unable to vanquish the therapeutic hyperbole that carried Keeley’s message to an eager public.

The greatest significance of the debate, however, lies in the realization that these aggressively hostile camps did not undermine one another. Rosenberg argues that rhetorics of medical science and the consumer market were “inverse mirror images” of each other.<sup>122</sup> The two modes were mutually dependent because, together, they made more sense than either could on its own.<sup>123</sup> From this perspective the debate between Keeley and Kerr was not a winner-take-all contest, nor did they simply help one another out. This was, rather, a struggle between two iterations of the same paradigm—a boundary exercise based in broader debates about medical authority that nonetheless confirmed and clarified the overarching paradigm of habitual alcohol and drug use as a *medical* problem.

Thomas F. Gieryn’s influential formulation of “boundary-work” offers a final point of reference. He defines it as a “common rhetorical style” in which partisans establish social boundaries between science and “non-scientific social or professional activities.” As such, boundary work, much like a literary “foil,”

establishes identity upon comparative difference. In Gieryn's example, we know Sherlock Holmes because he is not Dr. Watson.<sup>124</sup> Boundary work is a "likely stylistic resource," according to Gieryn, "when the goal is monopolization of professional authority and resources" because it "defines rivals as outsiders."<sup>125</sup> The London Keeley debate was an example of boundary-work on the part of Kerr and the regulars. They attempted to delegitimize the Keeley cure because it broke the rules of a profession whose growing power was based on its status as science. The effect, however, was not to banish alleged apostates like Keeley. It was rather to help define and organize an emerging field of treatment and to confirm the status of habit as a disease. Whichever physician or therapy one chose, mainstream or market, the assumption that underlay both was that "inebriety" was first and foremost a medical problem.

The real victor of the Keeley debate, therefore, was the medicalization of habit itself. The habitual use of alcohol and even of opiates was a familiar, indeed ancient, complaint, long understood in mostly moral terms. The mid-to-late nineteenth century transformation of habit into a disease challenged those older ways of thought and was far from settled when the Keeley controversy erupted in London. Reconnecting with that debate reminds us that the medicalization of habit—the slow construction of what came to be known as addiction—was an unstable, contested process, that was tangled in other contentious discourses. The London controversy emerged from a struggle between two competing iterations of habitual alcohol and drug use as inebriety. One version was expressed in the language of professional ethics and the other relied on the popular semantics of cure. In this case cultural authority lay with the latter, but their interplay helped to confirm the broader paradigm and thus exemplified the process of medicalization. Keeley's combination



of sentimental and scientific rhetoric endorsed by upper-class patient testimonials ensured that the London clinic would survive among the longest lived and most successful of all the Keeley franchises. Its struggles with mainstream medicine helped to confirm and organize a contentious paradigm—the disease concept of addiction—that soon became unavoidable in any discussion of habitual intoxication.

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#### Notes

<sup>1</sup> George A. Barclay, "The Keeley League," *J. of the Illinois State Hist. Soc.*, 57 (Winter 1964): 341-65, quotation found on 416.

<sup>2</sup> Keeley was not the first to call habitual drunkenness a disease. In *On the Effects of Spiritous Liquors Upon the Human Body and Mind* (Philadelphia: 1784), the American physician Benjamin Rush called drunkenness an "odious disease." Likewise, the Scottish physician Thomas Trotter had called it a medical condition since at least the late 1780s, publishing his analysis in *An Essay, Medical, Philosophical, and Chemical, on Drunkenness and its effects on the Human Body* (London: 1804). In 1849, Swedish physician Magnus Huss coined the term "alcoholism." See Huss, *Alcoholismus chronicus eller chronisk alkoholssjukdom* (Stockholm: 1849). For a fuller discussion of the emergence of the disease concept, see Levine, H.G., "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *J. of Stud. on Alcohol*, 39, No.1, (January 1978): 493-506.

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<sup>3</sup> For a discussion of the rhetorical use of gold in Keeley's advertising, see Timothy A. Hickman, "'Mania Americana': Narcotic Addiction and Modernity in the United States, 1870-1920," *J. of Amer. Hist.* 90 no. 4 (March 2004): 1269-1294.

<sup>4</sup> Timothy A. Hickman, "Keeping Secrets: Leslie E. Keeley, the gold cure and the 19<sup>th</sup>-century neuroscience of addiction," *Addiction* 113, (September 2018): 1739-49.

<sup>5</sup> Besides Barclay (1964, n. 1) the earliest historical treatments include David F. Musto M.D., *The American Disease: Origins of Narcotic Control*, third edition (New York: Oxford University Press, 1973). For an early cultural approach, see H. Wayne Morgan, *Drugs in America, A Social History 1800-1980* (Syracuse: Syracuse Univ. Press, 1974). See also Ben Scott, Jr., "Keeleyism: A History of Dr. Leslie E. Keeley's Gold Cure for Alcoholism," unpublished M.S. thesis, Illinois State University, 1974.

<sup>6</sup> Cheryl Krasnick Warsh, "Adventures in Maritime Quackery, The Leslie E. Keeley Gold Cure Institute of Fredericton, N. B.," *Acadiensis*, vol. 27, no. 2 (Spring, 1988), 109-130.

<sup>7</sup> William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, Ill.: Chestnut Health Systems, 1998). For another, highly detailed, treatment-oriented study, see Paul C. Weitz, "The Keeley Treatment: A Description and Analysis," unpublished M.S. thesis, Governor's State University, 1989.

<sup>8</sup> Sarah W. Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: The Johns Hopkins University Press, 2005), 84-91.

<sup>9</sup> John Crellin, "Alcoholism and Drug Addiction in the 'Nineties': An American in London," *Brit. J. of Addiction* 75 (1980): 153-62.

<sup>10</sup> This article is based on unpublished, personal correspondence and manuscript sources from the Papers of the Leslie E. Keeley Company, Abraham Lincoln Presidential Library and Museum (ALPLM), Springfield, Illinois. The archival material regarding Dr. James Edmunds

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came from the papers of the National Temperance Hospital (NTH), University College Hospital, London. The National Library of Scotland, Edinburgh holds a very useful collection of British medical journals that appear below. The general newspapers used in this article are held at the British Library.

<sup>11</sup> Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: The Johns Hopkins University Press, 2007), 4.

<sup>12</sup> Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* exp. ed. (Philadelphia: Temple University Press, 1992). Sarah W. Tracy, "Medicalizing Alcoholism One Hundred Years Ago," in Elizabeth Lunbeck, ed., *Harvard Rev. of Psychol.* 15 no. 2, (March, 2007), 86-91.

<sup>13</sup> On the British debate, see Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* rev. ed. (London: Free Association Books, 1999), 150-170. Also Carl May, "Habitual Drunkards and the Invention of Alcoholism: Susceptibility and Culpability in Nineteenth Century Medicine," *Addiction Res.* 5 no. 2 (1997), 169-187. For the American side, see Levine, "The Discovery of Addiction," (n.2); David Courtwright, *Dark Paradise: A History of Opiate Addiction in America* (Cambridge, Mass.: Harvard University Press, 2001) and also Timothy A. Hickman, "*The Secret Leprosy of Modern Days*": *Narcotic Addiction and Cultural Crisis in the United States, 1870-1920* (Amherst: University of Massachusetts Press, 2007). For the development of the "inebriety" concept, see Tracy, *Alcoholism in America* (n.2), 25-91. "Addiction" became the dominant anglophone medical term for habitual drug use by the 1910s. See Timothy A. Hickman, "'Dangerous' Drugs: From Habit to Addiction," in Paul Gootenberg, ed., *Oxford Companion to Global Drug History* (New York: Oxford University Press, forthcoming, 2021).

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<sup>14</sup> Virginia Berridge, "The Society for the Study of Addiction 1884-1988," *Brit. J. of Addiction* 85, no. 8 (August 1990): 991-1003.

<sup>15</sup> Jim Baumohl, "Inebriate Institutions in North America, 1840-1920," *Brit. J. of Addiction* 85 (September 1990): 1187-204, 1189.

<sup>16</sup> Berridge, "The Society" (n. 14), 998.

<sup>17</sup> *Ibid.*, 996.

<sup>18</sup> Hickman, *Secret Leprosy* (n. 13), 48-52.

<sup>19</sup> "The Church of England Temperance Society," *Brit. Med. J.* 1, no. 1643, (25 June 1892), 1370.

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*, 1371.

<sup>23</sup> Leslie E. Keeley, "The Gold Cure," *Brit. Med. J.* 2, no. 1644 (2 July 1892): 48-9, quotation on 48.

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

<sup>26</sup> Baumohl, "Inebriate Institutions" (n.15), 1189.

<sup>27</sup> White, *Slaying the Dragon* (n.7), 54.

<sup>28</sup> Keeley, "The Gold Cure" (n.28), 48.

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

<sup>31</sup> *Ibid.*, 49.

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

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<sup>34</sup> Ibid.

<sup>35</sup> J. E. Usher, *Alcoholism and its Treatment* (London: 1892), 120.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid., 120-121.

<sup>38</sup> Ibid., 121.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Leslie E. Keeley, "To the Editors," *Lancet* 2, no. 3596 (30 July 1892): 285-286, quotation on 286.

<sup>42</sup> Usher (n.35), 123.

<sup>43</sup> "The Keeley 'Gold Cure' for Inebriety," *Brit. Med. J.* 2, no. 1645 (9 July 1892): 85-6, quotation on 85.

<sup>44</sup> *Keeley v. Jacob, Norton, et. al.*, (1892), 761 QBD.

<sup>45</sup> Hickman, "Keeping Secrets" (n.4).

<sup>46</sup> Florence Balfour, "The Drunkard's Elixir: A Lady's Visit to the 'Keeley Cure' at Dwight," *The Pall Mall Gazette* (London), 3 December 1891, 2.

<sup>47</sup> "The Gold Remedy for Drunkenness: Institutes in England," *The Citizen* (Gloucester), 22 June 1892, 4.

<sup>48</sup> "Dr. Keeley's Inebriety Cure," *The Evening Telegraph and Star* (Sheffield), 8 April 1893, 2.

<sup>49</sup> 'The Weekly News Expedition,' *Dundee Courier*, 23 September 1893, 6.

<sup>50</sup> "From our own correspondent: An American 'cure' for drunkenness," *Manchester Courier and Lancashire General Advertiser*, 24 February 1892, 5.

<sup>51</sup> "Gold Against Alcohol," *Evening Telegraph* (Dundee), 29 April 1892, 4.

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<sup>52</sup> Robert Barr, "Literary Extracts: Curing Drunkenness," *Evening Telegraph* (Dundee), 1 September 1905, 6.

<sup>53</sup> "The Cure of Inebriety," *Dundee Courier*, 19 October 1909, 6.

<sup>54</sup> *Chicago Inter-Ocean*, quoted in Margaret Garb, "Health, Morality, and Housing: The 'Tenement Problem' in Chicago," *Amer. J. of Pub. Health* 93, No. 9 (Sept. 2003), 1420-1429. Quotation on 1422.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> De Wolf's involvement with the Keeley company extends at least from his unfulfilled interest in founding a charitable Keeley Institute in Chicago. See Crellin (n.9), 156.

<sup>59</sup> National Temperance Hospital Annual Reports, National Temperance Hospital (NTH) archive, University College Hospital, London 11/2. Nineteenth Annual Report, 3 March 1892, 3.

<sup>60</sup> NTH Minute Books, NTH archive, University College Hospital, London 1/4. Board Meeting, 22 February 1892, 327-8.

<sup>61</sup> H. S. Schulters-Young M.A., Barrister at Law, quoted in National Temperance Hospital Minute Books, NTH archive, University College Hospital, London 1/4. Special Board Meeting, 7 March 1892, 347.

<sup>62</sup> "Multiple Classified ads.," *Morning Post* (London), 23 June 1892, 1.

<sup>63</sup> James B. Edmunds, "The Keeley Treatment for Inebriety," *Health*, no. 494 (23 September 1892), 402-403. Quotation on 403.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

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<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

<sup>71</sup> Ibid., Several people bore the title “Lord Graves,” but the person here referenced appears to be Lord Clarence Edward Graves, 4th Baron Gravesend, 1847-1904. He is listed in the Irish peerage, but the family seems to have been based in Yorkshire.

<sup>72</sup> Leslie E. Keeley, Memorandum of Agreement (draft) (17 August 1892), 2. Ms Box 20, Papers of the Leslie E. Keeley Co., Abraham Lincoln Presidential Library and Museum (ALPLM), Springfield, Illinois.

<sup>73</sup> Leslie E. Keeley Company, Memorandum of Agreement (19 August 1892), 2. Ms. Box 20, Papers of the Leslie E. Keeley Co., ALPLM, Springfield, Illinois.

<sup>74</sup> Ibid.

<sup>75</sup> Edmunds, “The Keeley Treatment” (n.63), 403.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> De Wolf to Keeley, 26 October 1892, 1. MS Box 1, ALPLM, Springfield, Illinois.

<sup>80</sup> De Wolf to Keeley, 2 February 1893, 2. MS Box 1, ALPLM, Springfield, Illinois.

<sup>81</sup> Ibid.

<sup>82</sup> De Wolf to Keeley, 30 November 1892, 1. MS Box 1, ALPLM, Springfield, Illinois.

<sup>83</sup> De Wolf to Keeley, 30 November 1892, 1-2. MS Box 1, ALPLM, Springfield, Illinois.

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<sup>84</sup> J. Deane Hilton, *A Brief Memoir of James Hayes Raper: Temperance Reformer, 1820-1897* (London: 1898), 11.

<sup>85</sup> *Ibid.*, 13.

<sup>86</sup> James B. Dunn, quoted in Hilton, *A Brief Memoir* (n. 84), 116.

<sup>87</sup> *Ibid.*, 109-110.

<sup>88</sup> The UK Alliance was among the most influential British temperance societies. See Brian Harrison, *Drink and the Victorians: The Temperance Question in England 1815-1872*, 2<sup>nd</sup> ed. (Keele University Press: Staffordshire, 1994).

<sup>89</sup> De Wolf to Keeley, 22 November 1892, 4. MS Box 1, ALPLM, Springfield, Illinois.

<sup>90</sup> De Wolf to Keeley, 30 November 1892, 2. MS Box 1, ALPLM, Springfield, Illinois.

<sup>91</sup> James B. Fleming, *Inebriety: Its Treatment and Cure by Dr. Keeley's Method* (London: 1896), 5-6.

<sup>92</sup> *Ibid.*, 8-9.

<sup>93</sup> *Ibid.*, 11, 13.

<sup>94</sup> *Ibid.*, 11.

<sup>95</sup> *Ibid.*

<sup>96</sup> *Ibid.*

<sup>97</sup> *Ibid.*, 28.

<sup>98</sup> *Ibid.*

<sup>99</sup> Judd to De Wolf, 8 December 1892. MS Box 1, ALPLM, Springfield, Illinois.

<sup>100</sup> "Queen's Bench Division," *Times* (London), 7 July 1893, 14.

<sup>101</sup> Keeley to De Wolf. 15 July 1893. 1. MS Box 1, ALPLM, Springfield, Illinois.

<sup>102</sup> *Ibid.*, 4.

<sup>103</sup> Crellin (n.9), 158.



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<sup>104</sup> "Physicians Record," 133. BV 267, The Papers of the Leslie E. Keeley Co., ALPLM, Springfield, Illinois.

<sup>105</sup> *Bulletin of the Soc. Of Med. Hist. of Chicago*, 1; no. 2 (August 1912), 109-113. Collected in Howard A. Kelley and Walter L. Burrage, *American Medical Biographies* (Baltimore: Norman, Remington, 1920), 312.

<sup>106</sup> "Institute Record," BV 256, The Papers of the Leslie E. Keeley Co., ALPLM, Springfield, Illinois. See also Crellin, 161.

<sup>107</sup> "Ledger re. Branch Institutes," BV 268, The Papers of the Leslie E. Keeley Co., ALPLM, Springfield, Illinois.

<sup>108</sup> Robert Barr, "Curing Drunkenness," *The Evening Telegraph and Post* (Dundee), 1 Sept. 1905, 6.

<sup>109</sup> "The Cure of Inebriety," *The Courier* (Dundee), 19 October 1909, 6.

<sup>110</sup> Winding up order, High Court of Justice (United Kingdom), no. 00343 1928, 7. Ms. Box 21, Papers of the Leslie E. Keeley Co., ALPLM, Springfield Illinois.

<sup>111</sup> Kelley and Burrage (n.105), 312.

<sup>112</sup> Crellin (n.9), 161.

<sup>113</sup> Paul Starr, *The Social Origins of American Medicine* (New York: Basic Books, 1982), 13.

<sup>114</sup> *Ibid.*

<sup>115</sup> *Ibid.*

<sup>116</sup> Crellin (n.9), 159.

<sup>117</sup> Tracy, *Alcoholism* (n.8), 84-91; 115.

<sup>118</sup> Anat Rosenberg, "Exaggeration: Advertising, Law and Medical Quackery in Britain, c. 1840-1914," *J. of Legal Hist.*, forthcoming, (September 2021): 1-26, quotation on 1-2.

<sup>119</sup> *Ibid.*, 2.

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<sup>120</sup> Ibid., 7.

<sup>121</sup> Ibid.

<sup>122</sup> Ibid., 2.

<sup>123</sup> Ibid., 26.

<sup>124</sup> Thomas F. Gieryn, "Boundary-Work and the Demarcation of Science from Non-Science: Strains and Interests in Professional Ideologies of Scientists," *American Sociological Review* v. 48, No. 6 (Dec., 1983): 781-95, quotation on 791.

<sup>125</sup> Ibid., 791, 792.