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Opium, Morphine, and the Civil War

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NOTE: The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

The Civil War was a war of almost unfathomable human destruction. In addition to unprecedented numbers of casualties--battles in which thousands of men were killed in a matter of minutes--there was the trauma of battlefield wounds, and the diseases that caused two out of every three deaths in the war. Measles, mumps, typhoid fever, pneumonia, dysentery, and diarrhea proved as deadly as the new "Minié ball" bullets introduced in the war. Some 644,000 men died during the Civil War, and the number of those wounded and diseased was astounding--more than 5.82 million treated in the Union alone. By the end of the war, the Union operated hospitals with a total of more than 135,000 beds (Beller, 1992).

Medicines available during the Civil War were primitive by modern standards. There was no knowledge of bacteria and viruses and, of course, none of today's vaccinations and antibiotics to prevent and treat disease. Chloroform was used as an anesthetic during the war, but not nearly as frequently as alcohol. There was quinine for

malaria, paregoric for diarrhea, and alcohol, opium, and morphine for pain. The latter could cure nothing, but could relieve every form of physical and emotional distress. It would seem that the large numbers of wounded and diseased men, combined with the widespread availability of opiate drugs, would have produced a fertile field for the spread of addiction. However, the extent to which the Civil War contributed to the rise of narcotic addiction in the United States is still a question of considerable debate.

The traditionalist view is that the Civil War played a major role in the spread of narcotic addiction, which became known as the "soldier's disease." According to this view, narcotic addiction was spawned by the isolation of morphine, the introduction of the hypodermic syringe, the indiscriminate use of morphine injection during the war, the widespread distribution of morphine and syringes to disabled veterans following the war, and increased domestic growth of opium, particularly in the South. Most texts on addiction support this view, with some

reporting that as many as 400,000 opiate addicts were created as a result of the war (O'Brien & Cohen, 1984, p. 178).

Memoirs of some veterans, such as the 1876 *Opium Eating: An Autobiographical Sketch*, support the traditionalist position, as does a later 1895 autobiographical account of opiate addiction called *Doctor Judas*. In the latter work, William Cobbe describes his nine-year addiction to morphine, which was brought on by the treatment of his physical illnesses, along with the general weakening of his health in prison during the war. Cobbe's book underscores the shame, moral degradation, and paranoia experienced by veterans who were secretly addicted. One does wonder about the extent to which sympathetic physicians and a rapidly growing patent medicine industry may have quietly supplied morphine to those veterans whose sickness and painful disabilities continued after the war.

More recent investigations, particularly those of David Musto (1974, 1985) and Mark Quinones (1975), have challenged this traditional notion of the Civil War's contribution to the rise of narcotic addiction in the U.S. They contend that the hypodermic syringe was not widely used until after the war, references to addiction in the medical literature of the immediate post-war period do not identify veterans as a specific population, and that opium imports into the U.S. did not increase until the decade after the war.

In his text on Civil War medicine, Stewart Brooks (1955, pp 22, 65) reports that most physicians at the time they entered the Civil War had never even seen a syringe, let alone used one. However, he also confirms the widespread dusting of opium powders and morphine sulphate into wounds and the oral use of these same compounds during the war. Norman Howard-Jones' meticulously researched papers (1947, 1971) on the history of hypodermic injection note that Wood's new invention wasn't widely known until his 1858 paper was published, and that hypodermic injections used in medical practice and for self-care spread slowly until the mid-1860s, after

which the practice became more common. This would suggest that the extent of morphine injection and its role in the spread of addiction during the War may have been exaggerated.

Dr. T.D. Crothers, the noted nineteenth century inebriety specialist, added two interesting observations to this debate. First, he noted that many of the veterans who were addicted during the war carefully hid their addictions in fear that knowledge of their addiction could threaten their pensions. A second observation, made in 1902, was that many veterans did not become addicted to morphine until after the war. Crothers believed that their nervous systems, weakened by the pain and deprivation they had experienced in the war, left them vulnerable to addiction in their later years during times of physical or emotional crisis.

Crothers writings are perhaps one of the earliest American references to the onset of drug use related to war-induced post-traumatic stress disorder (Crothers, 1902, p. 76). Other writers of the post-Civil War era, including Horace Day, reported another way in which the war creating a rise in addiction. Day (1868) noted that anguished relatives of those who died or were disabled in the War were also vulnerable to the opium habit.

David Courtwright (1978) offers a carefully documented middle position in the controversy over the Civil War's contribution to the rise of narcotic addiction in America. While Courtwright agrees that casting nineteenth century morphine addiction as the "army disease" is unjustified, he also believes the critics have overstated their case. He names the Civil War as one of many significant factors that contributed to the rise of opiate addiction in the late nineteenth century.

Courtwright's research (1978) reveals that the Union Army alone used more than 10 million opium pills and 2.84 million ounces of opium powder. He believes, however, that the spread of addiction in the late nineteenth century had more to do with the post-war medical preference for morphine injection as a cure-all than from morphine use in medical practice during the

War. Although the hypodermic syringe was not available to all physicians during the war, it played an increasingly important role in the later rise of narcotic addiction. The war did create a large pool of people whose continued medical treatment left them highly vulnerable to narcotic addiction.

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The Second Opium War began and ended in 1856 over western demands that opium markets be expanded. The Chinese were again defeated and opium importation to China was legalized. In the United States during the 19th century, opium preparations and 'patent medicines' containing opium extract such as paregoric (camphorated tincture of opium) and laudanum (deodorized opium tincture) became widely available and quite popular. In the 1860s morphine was used extensively pre- and post-operatively as a painkiller for wounded soldiers during the Civil War. Civil War physicians frequently dispensed opiates. Morphine, along with opium and laudanum, was widely used in the Civil War to relieve soldiers after surgical procedures were performed in field hospitals. Despite the side effects of using morphine, it is still a commonly used analgesic and is held up as a comparison for all other acute pain relievers. Morphine was first discovered by Friedrich Wilhelm Adam Serturner when he managed to isolate the alkaloid in the opium poppy in 1805. He often experimented with his discovery on himself, noting both the benefits and the negative aspects of morphine. Although not much interest was shown in his di

After the civil war, even more potent drugs entered the market, including the opiate heroin (introduced by Bayer around the same time as aspirin) and the stimulant cocaine, which was used in everything from cough syrups to Coca-Cola (despite the company's stringent denials). Opium imports hit their peak in the 1890s, right around the rise of the temperance movement, perhaps because of the demonization of alcohol, or perhaps because opiate use was easier to hide. After the second world war, opioids – synthetic opiates – began to enter the market in greater numbers, including drugs formulated using Hydrocodone (later popularized in the 1970s as the narcotic in Vicodin) and Oxycodone (the opiate best known today as an ingredient in Oxycontin).