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Adventures in Maritime Quackery: The Leslie E. Keeley Gold Cure Institute of Fredericton, N.B.*

MY PAPA'S AWFUL HAPPY NOW, and mama's happy, too,
Because my papa doesn't drink the way he used to do...
[My mama] laughs just like we girls and never cries a mite,
And sings such pretty little songs — since papa's been to Dwight.¹

On 2 October 1894, a respectable sampling of the Frederictonian elite incorporated a joint stock company. These gentlemen had entered into other business and philanthropic ventures previously, including the city's Victoria Hospital and the Deaf and Dumb Institute. What was notable about this meeting was that they were investing in an enterprise which had been condemned by the medical establishment as “unmitigated charlatany” and “quackery”. Yet clergymen, temperance reformers and concerned lay people were heralding it as the saviour of North American society and the harnessing of modern science for the public welfare. This very controversial enterprise was the Leslie E. Keeley Gold Cure Institute for the Treatment of Inebriates. Its establishment in Fredericton was a first for the Maritime provinces. A short 18 months after its incorporation, however, the company was bankrupt, scandal-ridden, and an episode its founders preferred to forget.

The Keeley movement in North America, which provided great riches for its founders, sobriety to some of its followers, and blindness and pain to a few unfortunates, is simple to dismiss as an isolated example of 19th century greed and credulity. However, as even its detractors admitted, the system was successful for a great many alcoholics. This success was due as much to the spontaneous actions of its overwhelmingly male adherents as to the mysterious remedy that contained little, if any, bi-chloride of gold. The socio-emotional satisfaction of mutual support, non-judgmental attitudes, and recapture of lost dignity, which foreshadowed the goals of Alcoholics Anonymous, may have been the true Gold in the Cure.

* The comments of Ernest Forbes and David Frank, and the archival assistance of Mary Flagg and Linda Hansen are acknowledged with thanks. The financial support of the Hannah Institute for the History of Medicine is also gratefully acknowledged.

1 Nixon Waterman, “Since Papa's Been to Dwight”, *The Banner of Gold*, 7 (12 January 1895), p. 23 as quoted in George A. Barclay, “The Keeley League”, *Journal of the Illinois State Historical Society*, 57 (Winter 1964), p. 359.

The 19th century has been termed the “poisoning century”, and justly so.² Prior to the 1830s, therapeutics remained influenced by Hippocrates’ classical systemic approach. Hippocratic theory was based upon the premise that an individual’s health was determined by the four humours present in the body: black bile, phlegm, blood and yellow bile (or choler). Each sign of the zodiac was associated with its particular, dominant humour. A capricorn, for example, was deemed to be controlled by black bile which produced a melancholy temperament. Vestiges of humoral theory remain in the vernacular; a choleric personality — one who is quick-tempered — was believed to be dominated by yellow bile. An imbalance of the body’s four humours was thought to produce a state of disease. Too much blood, for example, would produce fevers.³ Health was achieved by restoring a proper humoral balance to the body through drastically interventionist or ‘heroic’ measures; fevers were attacked and poisons expunged from the organs through blistering, bleeding, and purging with mega-doses of chemicals like calomel. The reckless misuse of ‘King Calomel’ — a mercury derivative — led to countless cases of poisoning characterized by the literal corrosion of the mouth, jaw and digestive tract. By the 1830s, the discomfort and severe side-effects associated with heroic medication were no longer acceptable to the majority of patients, who revolted against heroics, particularly when children were subjected to such measures. The public turned instead to the unorthodox botanical treatment of Samuel Thomson, an American layman. His Thomsonian plan was an immensely popular system of therapeutic remedies which were based upon plants rather than minerals. In effect, the Thomsonian medicines were often no less ‘heroic’ than orthodox remedies; the lobelia plant, for example, the mainstay of Thomsonianism, was a powerful emetic, and earned its advocates the epithet of “puke-doctors”. Thomsonianism was, however, democratic: “Every Man His Own Physician” was Thomson’s motto, and his recipe books and inexpensive nostrums were particularly well-suited to isolated homesteads.⁴

The significance of the Thomsonians, and the homeopaths, herbalists, eclectics and irregulars who followed, was that they accustomed the population of North America to three elements important to the understanding of the Keeley movement: anti-monopolist sentiment with respect to medicine; a self-help mentality among the general population; and the creation of an expectation — finally overthrowing Hippocratic theory — that specific remedies cured specific illnesses. That anti-monopolist sentiment was pervasive

2 The “poisoning century” was so labelled by Johann Peter Frank as quoted in Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women’s Medicine* (New York, 1979), p. 45.

3 Lois N. Magner, *A History of the Life Sciences* (New York, 1979), p. 27.

4 Alex Berman, “The Thomsonian Movement and its Relation to American Pharmacy and Medicine”, *Bulletin of the History of Medicine* [hereafter *BHM*], 25 (September–October 1951), pp. 5, 406-7, 412-3.

in the Maritimes was evident in Nova Scotia in the 1860s and 1870s. The medical establishment conducted a vigorous campaign against “natural bone setters, itinerant eye doctors, and Indian doctors who preyed upon a credulous population’s faith in miracle medicine”. As Colin Howell has noted, however, this campaign was hampered by the dearth of efficacious therapeutics and the subsequent lack of a clear demarcation between orthodox medicine and quackery.⁵ Household healers, who were primarily women, also remained loyal to remedies which were self-administered. As late as 1960, J. Hoyt of New Brunswick recalled “Great Grandmother’s Medicine Ball”; composed of the wood “Lignum Vitae”, its oil was used as a blood tonic, and as a specific for rheumatism, gout, scurvy and scrofula.⁶

The immediate beneficiary of this popular self-help mind-set, and an equally important precursor of Keeleyism, was the patent or proprietary medicine industry. The secret medicine trade pioneered modern advertising and marketing techniques. Lydia Pinkham’s famous face, plastered in newspapers, drugstores displays, and on picture cards, sold more than her Vegetable Compound for Female Complaints; when required, her lithograph did double-duty as the visage of Queen Victoria, Lily Langtry or any other newsworthy lady.⁷ By the 1890s, Frederictonians were inundated with choices for self-medication. The dailies were littered with full and half-page advertisements, pseudo-news releases and helpful hints flogging various cures. *The Daily Gleaner*, for example, derived a significant portion of its income from Hood’s Sarsaparilla Cures, Paine’s Celery Compound, and Dr. William’s Pink Pills for Pale People, which purported to cure scrofula, “breakdown” following influenza, night terrors and general weakness.⁸ More specialized medicines included Nerve Beans, which cured the “worst cases of nervous debility, lost vigour, and failing manhood...caused by the...excesses of youth”.⁹ These nostrums, despite their popular vegetarian names, were composed of opiates, cocaine, strychnine, arsenic, chloral hydrate or alcohol. Mrs. Winslow’s Soothing Syrup, an immensely popular baby pacifier (it sold over three-quarters of a million bottles

5 Colin D. Howell, “Elite Doctors and the Development of Scientific Medicine: The Halifax Medical Establishment and 19th Century Medical Professionalism”, in Charles Roland, ed., *Health, Disease and Medicine: Essays in Canadian History* (Toronto, 1982), p. 106.

6 J. Hoyt, “Great Grandmother’s Medicine Ball”, *Collections of the New Brunswick Historical Society*, 17 (1961), pp. 42-3.

7 Stage, *Female Complaints*, p. 41.

8 Samuel Hopkins Adams, muckraking journalist for *Collier’s Magazine*, recounted the tale of the visit by an agent for Paine’s Celery Compound to the advertising manager of a Chicago newspaper. The agent displayed a full-page advertisement with blank spaces in the center. “We want some good, strong testimonials to fill out with”, he said. “You can get all of those you want, can’t you?” asked the newspaper manager. “Can you?” countered the agent, “Show me four or five strong ones from local politicians and you can get the ad”. James H. Young, *The Toadstool Millionaires* (Princeton, 1961), p. 220.

9 *The Daily Gleaner* (Fredericton), 9 January, 28 February, 6 October 1894.

annually in the United States), contained large amounts of morphia, and was responsible for scores of fatal opium poisonings. The various “catarrh” cures, specified for nasal congestion, bronchitis and hay fever, were based upon cocaine. So too was Vin Mariani (“The Ideal Tonic Wine”), which had been touted as the ultimate stimulant by (and for) many leading physicians, and which was also aimed at the Fredericton market.¹⁰

The medical profession for the most part, however, pursued an ongoing campaign against the “secret nostrums”. Dr. D. Mackintosh of Pugwash, President of the Medical Society of Nova Scotia, lamented in 1900: “Perhaps one of the most common and the most baneful in its effects is the idea that every disease has definite symptoms and is labelled with its antidote and that all the physician has to do is to find out the name of the disease, apply the antidote and cure the malady. Nothing could be further from the truth than this idea”.¹¹ In 1899, Dr. R. MacNeill of Stanley Bridge, P.E.I., President of the Maritime Medical Association, argued that only through the actions of a united profession could legislation be enacted remedying “the evil”. Thenceforth, the drug business would, as “originally intended, be the hand-maid of the medical profession”. The people did not always know their own best interests: “Strange to say”, MacNeill stated, “the public still look upon us with distrust and favor the charlatan or patent nostrum vendor with favor and friendship”.¹² Popular sentiment remained, however, strongly anti-monopolistic. As Dr. Mackintosh complained, “The public charge that the crusade of the regulars against the quacks and the vendors of nostrums is begotten of selfish motives.... Every medical man knows...that if these charlatans were left unmolested the carnage that would follow would add materially to the practice of those that are fighting to suppress them”.¹³

One of the largest markets for the proprietary medicines was in fact the temperance advocates: women and the clergy. Physicians who “frowned on the temperance crusades of women triumphantly reported cases of agitators who daily dosed themselves with tonics that contained a larger percentage of alcohol than the beverages they denounced so ardently”. Similarly, many a “pulpit orator [who displayed] impassioned rhetoric and righteous indignation in the annual temperance sermon” had been cured, “under God’s blessing, by that marvelous discovery, Paine’s Celery Compound [21 per cent alcohol by volume]”.¹⁴ As the *Maritime Medical News* editorialized, “the absurdity of a

10 John S. and Robin M. Haller, *The Physician and Sexuality in Victorian America* (New York, 1974), p. 285; David L. Dykstra, “The Medical Profession and Patent and Proprietary Medicines During the 19th Century”, *BHM*, 29 (1955), pp. 401-19; *Gleaner*, 10 September 1895.

11 D. Mackintosh, “The Mutual Relation of the Profession and the Public”, *Maritime Medical News* [hereafter *MMN*], 12, 7 (July 1900), p. 222.

12 R. MacNeill, “Patent and Secret Nostrums”, *MMN*, 11, 4 (April 1899), p. 118.

13 Mackintosh, “Profession and Public”, p. 230.

14 Haller and Haller, *Physician and Sexuality*, p. 287.

crusade against beer...and other liquors...while the free sale of these abominable nostrums is countenanced, is apparent.... Would it not be more profitable and economic [for temperance preachers] 'to take your whiskey straight!'" The doctors were fighting an uphill battle. A century of mistrust of medical 'monopolies' had inured the public to the profession's claims. The editor of the *Maritime Medical News* further complained that "miners or machinists may form trade unions and shut out 'scabs', but doctors must tolerate every form of quackery".¹⁵

Much of that quackery was aimed at habitual drunkards, of whom New Brunswick had many. In 1875, sufficient temperance pressure had been placed upon the Dominion government to warrant the creation of a Royal Commission to investigate temperance legislation, which resulted in the Canada Temperance Act (or Scott Act) of 1878. The strength of the temperance movement in Fredericton was evident in October 1878; it was the first municipality in the Dominion to adopt the Scott Act. On 16 December 1877, the Temperance Reform Club had organized a torch-light procession in Fredericton in which 1,000 people participated. It was termed "the grandest sight ever witnessed in Fredericton" by observers.¹⁶ Yet, despite the outward support for prohibition in Fredericton, illicit imbibing was frequent. As one lawyer commented in 1892, some men voted for the Scott Act "in order to please their wives", but kept drinking afterwards".¹⁷ The Scott Act, heralded by temperance advocates as the commencement of a dry millennium, proved to be universally unworkable. Its 'local option' structure, whereby each district voted to be 'wet' or 'dry', produced a national checkerboard — with the 'wets' soon discovering the profits to be had in servicing the 'dry'. Even in dry districts, the law was flouted by drinkers and their suppliers. As a Saint John temperance advocate noted in 1879, "the people just drink as much as ever, and many sell it on the 'sly'".¹⁸

Legal penalties failed as deterrents to drinking. At St. Stephen (pop. 2700), 634 out of 763 summary convictions from 1886 until 1891 were for drunkenness. In Fredericton (pop. 6500), fines levied for illicit selling of liquor totalled \$9,600.00 between 1882 and 1891.¹⁹ As Table I demonstrates, alcoholic consumption did drop substantially during the Scott Act years, although New Brunswick was clearly the thirstiest of the Maritime provinces. From Table II, however, it is evident that convictions for drunkenness increased slightly during the Scott Act years, and liquor control act violations tripled. Temperance

15 "Government Promotion of Inebriety", *MMN*, 15, 2 (February 1903), p. 66; "The Patent Medicine Question", *ibid.*, 18, 3 (March 1906), pp. 86-8.

16 E.L. Fanshawe, *Liquor Legislation in the United States and Canada* (London, 1892), pp. 378-9; Ishmael (R.A.H. Morrow), *The Temperance Question Discussed Pro and Con* (Saint John, 1879), p. 205.

17 *Gleaner*, 10 July 1979.

18 Ishmael, *Temperance Question*, p. 90.

19 Fanshawe, *Liquor Legislation*, pp. 378-9.

legislation, far from producing a crime-free millennium, had criminalized a greater proportion of the population. Gentleman drinkers had recourse to bootlegging suppliers. They also had obliging family physicians who issued prescriptions — up to as many as 20 per day, as one diligent Newcastle doctor apparently did — for the legally sanctioned ‘medicinal’ pints.²⁰

Other, more law-abiding physicians were interested in treating, rather than supplying, their imbibing patients. Paralleling the growth of the temperance movement in the public sphere was increased attention on the pathological aspects of drinking — that is, the etiology, symptomatology, and therapeutics of inebriety. Pre-Enlightenment thought held that alcohol abuse was an act of free will, which was characterized by an excessive love of liquor. That alcohol abuse might also involve an involuntary component and might be, in some cases, classified as a disease, was first advanced by the noted American physician, Benjamin Rush, in 1784. In *An Inquiry into the Effects of Ardent Spirits*, Rush delineated the gradual and degenerative nature of alcoholism. He recognized the “craving” for alcohol, or addiction process, to be irresistible once fixed, and advocated “personal abstinence from hard liquor” (although not teetotalism), “strict sanctions” against drunkards, and the removal of the alcoholic from the community until sober.²¹ One century later, Rush’s disease model was re-introduced in medical circles by Britain’s Norman Kerr, founder of the British Society for the Study of Inebriety (1884). According to his book, *Inebriety* (1888), which went through three editions, Kerr considered alcoholism to be an inherited moral insanity. From his intemperate ancestors, the inebriate inherited “the drink crave itself,...distorted and weakened will power”, and “general nervous instability”.²² An inebriate might never actually touch liquor, but if he did, he would succumb to his inebriety. North American physicians took up the cause of inebriety. T.D. Crothers, the premier American authority, estimated that two-thirds of all cases of inebriety were inherited — citing inebriates, the insane, epileptics or “neurotics” among the ancestors of alcoholics. His Canadian counterpart, Stephen Lett, concurred; “Men drink”, he stated, “because there is pain”: a “feeling of disturbance” caused by an hereditary taint.²³

The role given heredity as a predisposing cause of inebriety offered a fatalistic prognosis for the eradication of alcoholism and minimized both the part liquor

20 Louise Manny, “Notes on the Sons of Temperance”, 28 October 1897, Sons of Temperance Collection, M.G. M127, Box 2, No. 10, U.N.B. Archives.

21 Cheryl L. Krasnick, “Because There is Pain: Alcoholism, Temperance and the Victorian Physician”, *Canadian Bulletin of Medical History*, 3 (Spring 1985), p. 4.

22 William F. Bynum, “Alcoholism and Degeneration in 19th Century European Medicine and Psychiatry”, *British Journal of Addiction*, 79, 1 (March 1984), p. 65.

23 T.D. Crothers, “Some New Clinical Studies on Inebriety”, *British Medical Journal*, 2 (25 September 1897), p. 782; Stephen Lett, “Why Do Men Drink?” *Quarterly Journal of Inebriety*, 19 (1897), pp. 264-5.

Table I: Apparent Consumption of Beer, Wine and Spirits, per capita, 15 years and older, in Canada*

Year	N.B.	P.E.I.	N.S.	QUE.	ONT.	MAN.	B.C.	CANADA
1873	1.09	.44 (1874)	.70	1.43	1.37	1.18	.85	1.29
1883	.75	.32	.47	1.24	1.12	1.65	1.21	1.06
1893	.50	.22	.38	.95	.85	.96	1.36	.81

*No statistics for Alberta and Saskatchewan prior to 1907.

Table II: Convictions for Drunkenness ^(a) and violation of the Liquor Control Acts, ^(b) per capita, 15 years and older, in Canada

Year	N.B.	P.E.I.	N.S.	QUE.	ONT.	MAN.	B.C.	CANADA
1881 (a)	574	390	268	178	4.38	1405	643	366
(b)	46	75	17	48	81	411	117	66
1894 (a)	599	256	428	459	231	518	638	365
(b)	164	124	56	30	75	14	168	67

Source: Addiction Research Foundation, *Statistics of Alcohol Use and Alcoholism in Canada 1871-1956* (Toronto, 1958), pp. 15-24, 54-70

played in its creation and the benefits of temperance. Temperance advocates, as would be expected, objected to these premises. John Ordronaux, for example, an American welfare administrator, deplored the evolution of a system of values which negated individual responsibility for sin by putting “the blame on the Creator”. He also pointed out the weakness of the disease model of alcoholism. If it were a disease, “why can’t it be cured? What kind of disease existed where symptoms can be produced or dismissed at the will of victims?” “Inebriety”, Ordronaux concluded, “is not a disease but a self-provoked temporary perversion of our natural functions, induced for purposes of sinful gratification”. Inebriate experts persevered, however, and lobbied for the establishment of inebriate asylums — since, as Crothers argued, “Only hospital treatment over long periods” would cure the disease.²⁴

The movement for inebriate asylums faced intractable difficulties in Canada, as the moral failure of victims obscured the public’s duty to provide care. A victory in Ontario was overturned in 1874 when the Hamilton Asylum,

24 John Ordronaux, “Is Habitual Drunkenness a Disease?” *American Journal of Insanity*, 30, 3 (1873-4), pp. 431-8; Crothers, “Clinical Studies”, p. 782.

constructed for alcoholics, was converted into an insane asylum prior to completion. Maritime physicians also called, unsuccessfully, for the separate institutionalization of inebriates. "With the confirmed inebriate we can do little", argued William Bayard, President of the New Brunswick Medical Society in 1881, "he pursues his course to degradation and death, regardless of the consequences. Restraint is the only remedy for him".²⁵ In Saint John, Dr. John Waddell, superintendent of the Permanent Lunatic Asylum, had futilely called for a separate inebriate asylum in 1852, as a more appropriate alternative to the lunatic asylum, particularly for middle-class alcoholics. "There is a class of inebriate", he argued, "who would be willing to resist if they could, the cravings of a vitiated appetite...and who would be glad to avail themselves of a respectable retreat where they might avoid an enemy that had proved too powerful for their moral nature, where they might strengthen good resolutions, overcome bad habits, and ultimately reform".²⁶

Waddell displayed less sympathy for other classes of alcoholics, and in fact was vehemently opposed to the admission to the Saint John Asylum of "the wicked and filthy debauchee of the Watch House". "Delirium Tremens patients should be absolutely excluded", Waddell declared in 1858. "They are self-made lunatics, and cannot claim the sympathy which we feel for those, who are directly visited by God with this terrible calamity. The records of the [Asylum] show that...[this] very refuse of society, who deserve punishment for their misconduct, in the Gaol, or Penitentiary, are sent to the Asylum".²⁷ The records did indeed show just that, and this situation continued for the remainder of the century. Of admissions to the Saint John Asylum from 1875 to 1899, 212 patients (193 male and 19 female), were diagnosed insane from intemperance. This was the third largest diagnostic group (following "heredity" and "ill-health") and represented 8 per cent of the total patient population (n. — 2700) for whom the cause of insanity was noted. Furthermore, during this 25-year period, 113 intemperate patients were discharged, which amounted to 11.3 per cent of total discharges.²⁸ These statistics would indicate that, despite the efforts of the Superintendents, the Lunatic Asylum did serve as a *de facto* inebriate asylum. Nor was there an alternative. Prior to the establishment of the Keeley Institute, there were no institutions for inebriates in New Brunswick. Alcoholics were confined in county jails, the penitentiary, or the almshouse, as Waddell deemed

25 Krasnick, "Because There is Pain", pp. 17-8; William Bayard, "An Address upon the Use and Abuse of Alcoholic Drinks", *Canada Medical and Surgical Journal*, 9 (July 1881), p. 706.

26 As quoted in Elinor G. MacNicoll, "A History of the Care and Treatment of Mental Illness in New Brunswick", B.A. thesis, Mount Allison University, 1956, p. 25.

27 *Ibid.*

28 An additional 102 patients were diagnosed insane from "dissipation" which also might have been linked to intemperance. New Brunswick, *Journal of the Legislative Assembly*, 12th Annual Report of the Provincial Board of Health, Fredericton, 1899.

appropriate.²⁹ The Keeley Institute, therefore, would be the first to offer rehabilitation rather than punishment.³⁰

For many middle class Victorians, alcohol was a grim reminder of the fragility of social position, since its abuse could lead to the respected becoming the “debauchee”. Such incidents were faithfully recorded in the sensationalist Victorian press. The “excellent mechanic” from Quebec who had rendered his family destitute and homeless from drink; the Barryville, N.B. drowning victim who had drunkenly driven his horse and carriage off the wharf; and the New York millionaire who had committed suicide after losing his wife, business and fortune were all warnings of the economic and social havoc wrought by alcohol.³¹ But what was to be done for the inebriate? The government had constantly relinquished all responsibility for the victims of the vice.

What the state would not achieve, perhaps private enterprise could. If a therapeutic system could be developed which retained the respectability of the concept of inebriety, but without the stigma and pessimism of an hereditary taint; with the advantages of residential care in a private retreat but without the expense and hardships of a lengthy stay; with the logic and medical trappings of a disease model of alcoholism but with the promise of a tangible cure; which employed licensed physicians but also the merchandising techniques of the patent medicine trade — such a system just might meet with the approval of the general public. In fact, this was the basis for the phenomenal and rapid success of the Keeley system.

In 1879, Leslie E. Keeley was an obscure physician in the muddy village of Dwight, Illinois. A graduate of the Rush Medical College of Chicago (1864), he had served as assistant surgeon for the Union Army during the Civil War, and according to an official history, there commenced his observations of alcoholism. In 1866, he settled in Dwight, eventually attaining the post of surgeon for the Chicago and Alton Railroad. He then began experimenting with various drugs for the treatment of drunkenness. According to the account of Frederick Hargraves, a patent medicine salesman and disgruntled ex-partner, Keeley and a young chemist, John Oughton, finally developed an apparently successful formula. Keeley at first “absolutely refused to be known in the matter at all, claiming it would hurt his professional reputation, and his standing with the

29 James M. Whalen, “New Brunswick Poor Law Policy in the 19th Century”, M.A. thesis, University of New Brunswick, 1966, pp. 120-1.

30 The Keeley Institute was not the first inebriate asylum in the Maritime provinces. In 1875, an Inebriates Home was opened in Dartmouth, N.S., and was jointly funded by public aid, private subscriptions, and income from patients. John P. Martin, *The Story of Dartmouth* (Dartmouth, 1957), pp. 366, 395.

31 *Gleaner*, 11 February, 15 March 1894; *The Union Advocate* (Newcastle), 31 May 1911, clipping in Scrapbook, N.B. Teachers Association, 1910-21, Henry Harvey Stuart Collection, M.G. H25, series 2, U.N.B. Archives.

[railroad] if he got mixed up with a ‘patent medicine’”.³² Once a company was organized, however, Keeley insisted that “it would give more tone and prestige to the business if his name was used and those titles given...so we decided to call the firm name ‘Leslie E. Keeley, M.D.’”. The original formula for the remedy, according to Hargraves, was chloride of gold and sodium in pill form, but it “came near killing the poor fellow” who first tested it. After this mishap, Keeley and Oughton developed another formula more efficacious (and less dangerous) than gold — a combination of atropine, strychnine and arsenic — but retained the Bi-Chloride of Gold Cure name (“it was an awful good name, and Keeley hated to part with [it]”).³³

During the 1880s, the Gold Cure company followed the standard patent medicine circuit: blanket advertising, fake testimonials (although genuine ones soon followed), and mail-order ‘personalized treatments’ which encouraged customers to continue purchasing the remedy, at nine dollars for a pair of bottles. Cures for the opium and tobacco habits, and for neurasthenia, soon followed. Keeley also opened a small sanitarium in Dwight, at first drawing patients from the Chicago area. Positive reports from regional newspapers, and the publication in 1890 of a pamphlet, *A Popular Treatise on Drunkenness and the Opium Habit, and their Successful Treatment with the Double Chloride of Gold, the Only Cure*, enhanced the reputation of the Keeley Institute.³⁴

What drew drunkards to Dwight? The Keeley philosophy was a refreshing change from the gloom of hereditarianism and the strident moralism of the temperance movement. In *The Non-Heridity of Inebriety* (1896), Keeley stated that “people do not inherit disease. They inherit a weak resistance and ‘catch’ the disease.... I do not regard inebriety as hereditary. It is a disease that is acquired at some time during life by every individual who suffers from its terrible grasp. But it is most certainly a curable disease”.³⁵ The Keeley remedies, although mysterious in content, were concrete and logical in application. Patients stayed for a three or four week period (far shorter than the open-ended, gradual withdrawal therapies offered at private asylums). During this time, they were free to have as much whisky as they craved, and to wander the grounds and the town — so long as they lined up four times daily at the main building (“the shot tower”) to receive a hypodermic injection (“the shot”). The shot, according to Chauncy Chapman, a former Keeley physician, was composed of strychnine. A dash of gold and sodium chloride was added “for moral effect”: to reassure the

32 “Leslie E. Keeley”, *Dictionary of American Biography*, (New York, 1932), p. 1961; *New York Times*, 22 February 1900; George A. Barclay, “The Keeley League”, *Journal of the Illinois State Historical Society*, 57 (Winter 1964), pp. 342-4; “Inside History of the Keeley Cure”, *Journal of the American Medical Association*, 49, 23 (30 November 1907), p. 1862.

33 “Inside History”, pp. 1862-3.

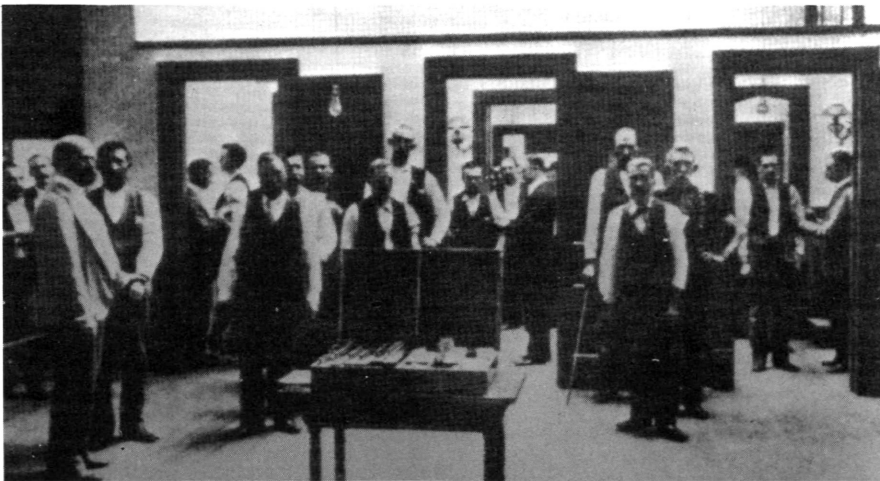
34 *Ibid.*, pp. 1863-4; “Leslie E. Keeley”, *Dictionary*, p. 1961.

35 Leslie E. Keeley, *The Non-Heridity of Inebriety* (Chicago, 1896), pp. 196, 213.

patient, by the yellow stain on his forearm, of the presence of gold in the medication. Every two hours, the patient also took a dram of tonic (the “dope”), which purportedly was composed of gold and sodium chloride, strychnine, atropine, cinchona and glycerine.³⁶

Strychnine and arsenic were medically accepted nerve tonics during the 1890s, while atropine was a highly effective counter-irritant to alcohol. As Chapman conceded, “after getting the system under the effects of this substance, with mouth, throat, and [faeces] dry, a drink of whisky becomes absolutely unpleasant, nay even painful”. For those who came involuntarily, or who resisted the treatment, a “positive disgust” to alcohol was created by giving the patient a drink of whisky, then the bichloride of gold (actually strychnine) solution. At the same time, the patient unknowingly would receive a dose of apomorphine — a strong emetic. The violent vomiting which ensued would subsequently be associated with the whisky, which the patient would no longer be able to retain.³⁷

The photographic images of scores of tough-looking, mustachioed men lined up for their shots manifest part of the secret of the Keeley system’s success: its appeal to manly dignity. In the 19th century, the growth of an industrialized, bureaucratic society diminished potential avenues for the average man to prove his manhood. Population pressures reduced the availability of farm land, so that



1. The Keeley Treatment — Patients in Line — Dwight, Illinois
Leslie E. Keeley, *Opium: Its Use, Abuse and Cure* (Chicago, 1897) .

36 Chauncey F. Chapman, “The Bichloride of Gold Treatment of Dipsomania”, *Chicago Medical Recorder*, 4 (1893), pp. 105-7; Barclay, “Keeley League”, p. 345.

37 Chapman, “Bichloride of Gold”, pp. 106, 109.

property ownership became a less viable option for respectability. The devaluation of traditional skills and the disappearance of cottage industries also reduced the prospect of certain inheritance, which had formerly held generations of sons in deference to their fathers. Subsequently, there were fewer guideposts for the assertion of masculinity. Drink remained the most common "solace for the adult male". A poll of German miners in 1900 found that one-fifth considered drinking to be "indispensable to them" regardless of their state on Monday morning.³⁸ Nor was this attitude limited to the working class. The middle-class man was expected to exercise extraordinary discipline over his emotions and baser drives in the race to accumulate sufficient wealth to be considered respectable and successful. Failure to achieve was uncompromisingly regarded as personal failure. Yet, like the working class, more and more middle-class men were in positions with little control over their work; as clerks, bookkeepers and petty bureaucrats, they were subject to the vagaries of market forces and the whims of employers. Middle-class life became increasingly demarcated into the male public sphere and the female domestic sphere. As Addie Chisholm, Vice-President of the Dominion W.C.T.U., declared, "Home is emphatically the kingdom of woman. Here she is queen, and can order all its belongings as she deems best".³⁹ While limiting options for women, the separate spheres also displaced men from the home and from exercising the type of patriarchal authority their grandfathers had exercised. New guideposts for masculinity were therefore required. A dominant one was the cult of manliness which had its heyday at the end of the 19th century. It was symbolized in the United States by Theodore Roosevelt and found its Canadian counterpart in the introduction of militarism in the Victorian and Edwardian private schools. Drill, cadetship, scouting and games, while preparing Canadian youth for an era of heightening international tensions, also served to differentiate the middle and upper-class school boy from his sister, who was most likely also attending an academy of her own. At King's Collegiate School in Windsor, N.S., for example, a permanent drill instructor was hired in 1877. Rothesay Collegiate School in New Brunswick was also one of Canada's "leading military preparators"; its "disciplined Christian education of mind and body [purportedly] created a host of muscular Christian soldier-athletes".⁴⁰

Masculinity also found expression in the cult of the North. As Carl Berger has concluded in his classic study, the harsh Canadian climate assured its inhabitants of a strong character: "We are a Northern people", said William Foster, proponent of Canadian nationalism in 1871, "the true out-crop of human

38 Peter N. Stearns, *Be a Man! Males in Modern Society* (New York, 1979), pp. 66, 110.

39 Addie Chisholm, *Why and How: A Handbook for the Use of the Women's Christian Temperance Unions in Canada* (Montreal, 1884), n.p.

40 David W. Brown, "Militarism and Canadian Private Education: Ideal and Practice, 1861-1918", *Canadian Journal of the History of Sport* 17, 1 (May 1986), pp. 46-50.

nature, more manly, more real, than the weak...[and] effeminate South".⁴¹ In a world of unsettling, rapid social change, even gender appeared under attack. In criticism of the glad-handing, hypocritical politics of the "new democracy", a correspondent to the businessman's bible, the *Monetary Times*, wrote: "Every time [the candidate] is compelled by custom to adopt such methods, he will feel his manhood shrink; until, finally, it may be entirely extinguished".⁴² Likewise, in satire of a male society columnist in Toronto's *Grip*, journalist Phillips Thompson wrote: "it always seems tolerably safe...to scorn the Female movement.... Many of my [readers] actually inquire whether I am really a lady or a gentleman, and it seems difficult to convince them. Occasionally I am in doubt myself".⁴³ Male expression, therefore, increasingly found outlets in solidly male arenas — like saloons and clubs — where drinking was prevalent, women (except prostitutes) were barred, and drinking prowess was often a measure of achievement.⁴⁴

The association of drink and masculinity was apparent even at temperance rallies. At the founding meeting of the Fredericton Temperance Reform Club in 1877, for example, Henry Chitty, the assistant-secretary, had the "whole audience shaking their sides with laughter" at his "sensible and witty" account of a "bender" he had been on. Having had the misfortune to encounter the Reverend Mr. McLeod, a formidable temperance man, Chitty submitted to coffee and a sermon, never realizing that his precious flask of whisky was being surreptitiously replaced with water. The moral, Chitty concluded, was that "every fellow on a bender [should] give Reverend Mr. McLeod a wide berth".⁴⁵ Clearly, even among all but the most committed temperance advocates, drinking was a significant element of the male sub-culture.

The Keeley Institute was a celebration of male camaraderie, paralleling, to some degree, the saloon sub-culture which had contributed to its patients' downfall. The Institute offered an alternative to the degradation and isolation of the asylum and the drunk tank. "What can be so unfortunate", Keeley wrote, "as to...deprive [an inebriate] of his liberty, place him in charge of a hospital nurse, who is also a guard? ...He is made to feel from the outset that he is a lower animal, incapable of thinking, acting or doing rationally for himself. This blow, struck at his manhood, degrades his self-respect". Not incidentally, Keeleyism

41 Carl Berger, "The True North Strong and Free", in J.M. Bumsted, ed., *Interpreting Canada's Past: After Confederation* (Toronto, 1986), p. 160.

42 As quoted in Michael Bliss, *A Living Profit* (Toronto, 1974), p. 127.

43 Russell Hann, "Brainworkers and the Knights of Labour: E.E. Sheppard, Phillips Thompson and the *Toronto News*, 1883-1887", in Gregory Kealey and Peter Warrian, eds., *Essays in Canadian Working Class History* (Toronto, 1976), pp. 55-6.

44 For more on the saloon sub-culture, see Peter DeLottinville, "Joe Beef of Montreal: Working-Class Culture and the Tavern, 1869-1889", *Labour/Le Travailleur*, 8/9 (Autumn/Spring 1981/2), pp. 9-40.

45 Ishmael, *Temperance Question*, p. 205.

was removed from the temperance movement, which by the 1890s had become increasingly uncompromising, prohibitionist, and female. The “shot tower”, the “dope”, the heroic aspect of apomorphine reaction were all masculine facets of Keeley care. Even the concept of injecting gold (symbol of the materialist, profit-oriented, 19th century man) ensured that Keeleyism stripped a man of alcohol without stripping him of dignity — something the bible-thumping, female-ridden temperance movement did not.⁴⁶

By 1890, the success of the Institute encouraged the Keeley company to establish franchised branches which administered remedies purchased from Dwight. The branches were concentrated primarily in the frontier territories of the mid- and northwest United States, as well as in northern New England. By 1893, there were 92 institutes in the United States, Canada and Mexico, and Keeley claimed that over 100,000 patients had been cured. The influence of Keeleyism went further still. The U.S. Surgeon-General authorized the employment of the gold cure in the national and state homes for disabled soldiers of the Civil and Mexican Wars. Fifteen hundred were treated, “with gratifying results”, at the Fort Leavenworth, Kansas home alone. Six states also passed “Keeley Laws” which provided public monies for the treatment of indigent inebriates in “recognized institutions”.⁴⁷ Keeley supporters had attempted to introduce the cure into the Ontario prison system by soliciting the support of the Prisoners Aid Association. Largely as a result of this lobbying, Dr. A.M. Rosebrugh of Toronto was commissioned to tour inebriate institutions in the United States. While he was not convinced of the efficacy of the Keeley Cure itself, Rosebrugh became the chief advocate for the establishment of an inebriate asylum in the province.⁴⁸

A significant response to the gold cure treatment was spontaneously developed by the patients themselves. In 1891, a group of Dwight patients organized the Bi-chloride of Gold Club, which was dedicated to keeping its members sober through mutual support. The group met daily after the 8 a.m. shot, heard speeches from new members and read letters from graduates. “These letters were always encouraging”, one member recalled. “Their moral effect on the patients, still anxious about themselves, [was] invaluable”. Each franchise formed its own Bi-Chloride of Gold Club, so that by 1891, 50 branches were

46 Leslie E. Keeley, *Opium: Its Use, Abuse and Cure: or From Bondage to Freedom* (1897, reprinted New York, 1891), p. 89; for more on materialism and 19th century male physiology, see Haller and Haller, *Physician and Sexuality*, ch. 3 and G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Towards Women and Sexuality in 19th Century America* (New York, 1976).

47 William G. Haskell, “The Keeley Cure for Inebriety”, *Arena*, 16 (1896), pp. 223-5; Barclay, “Keeley League”, pp. 346, 357; C.S. Clark, *The Perfect Keeley Cure* (Milwaukee, 1892), p. 1891.

48 “The Treatment of Inebriate Prisoners”, *Dominion Medical Monthly*, 10, 3 (March, 1898), p. 123.

holding Sunday services, band concerts and raising funds for indigent alcoholics. The following year, a national convention was held at Dwight which 300 delegates attended, each wearing a "Bi-Chloride of Gold Club button or pin...with as much pride as if it had been a military decoration".⁴⁹ At the convention, delegates re-named themselves The Keeley League, and created a Women's Auxiliary League for their supportive kinfolk. As the medical establishment carried on a campaign to force Keeley to reveal his secret formula, the Keeley men closed ranks with intense loyalty around their doctor. As one institute graduate stated, "the moment it becomes common property, the usefulness of the remedies will cease.... The public would very soon find Dr. Keeley's Cure...on the bargain counters. Cheap imitations would flood the market, for every conscienceless and characterless manufacturer of patent medicines in the country would feel at liberty to [sell] any spurious, cheap, villainous concoction".⁵⁰

The attempted movement of Keeleyism out of the ranks of charlatanry and into respectable medical practice did not occur without vigorous opposition from the professional establishment. At first dismissed in medical journals with bemused condescension, the gold cure's mounting successes prompted neurologists and general practitioners, village physicians and urban specialists to coalesce into a united critical voice. T.D. Crothers, whose practice was directly challenged by the "bichloride of gold excitement", was one of the first to criticize it openly. Gold, he argued, was a "therapeutic nihility", inferior to iron as a medicine. The treatment was "simply chemical restraint [subduing the patients], which is well understood in all the insane, inebriate and private asylums of the country. The permanent cure or restoration of these complex insanity cases in three [weeks] is startling, to say the least".⁵¹ Dr. Charles Hughes of St. Louis concurred that "no three weeks' treatment will suffice. We may break him for the time of his habit in three weeks and yet leave him a wreck for life". Opponents of Keeleyism emphasized the potentially dangerous side-effects of the gold cure. Patients complained of rashes, extreme fatigue, lethargy and "confusion in the head". Atropine dilated the pupils and occasionally caused temporary blindness. A case of mental derangement, with extreme "prostration" and weight loss, following the Keeley treatment, was reported by Alexander McPhedran at the Toronto General Hospital.⁵² On the other hand, when Dr. Thomas Burgess, a

49 Barclay, "Keeley League", pp. 348-53.

50 *Ibid.*, p. 354.

51 T.D. Crothers, "The Chloride of Gold Cure for Inebriety", *Medical Record*, 40 (14 November 1891), p. 613.

52 C.H. Hughes, "The Successful Management of Inebriety Without Secrecy in Therapeutics", *Alienist and Neurologist*, 15 (January 1894), pp. 1, 6; B.D.Evans, "Keeleyism and Keeley Methods, with some Statistics", *Medical News*, 62 (6 May 1893), pp. 18, 477; Alexander McPhedran, "A Case of Gold Cure: Mental Derangement with Extreme Prostration Following", *Medical News*, 64 (14 April 1894), p. 408.

respected psychiatrist at the Lunatic Asylum in Montreal, was asked by a regular physician if gold treatment could induce insanity, he replied that “such an idea [was] perfectly absurd”.⁵³

Despite their vocal opposition to Keeleyism, both Hughes and Chapman admitted that aspects of the gold cure treatment were efficacious, and in fact recounted their own experiments with it. “I am forced to believe”, Chapman conceded, “that properly used this mode of treatment is valuable”, so long as “the patient should be in a sanitarium or retreat”, and lived up to the motto, “Fear the Lord and Keep the Bowels Open”. Blanket dismissal of Keeleyism was bad for business in private asylums in the 1890s. At the Homewood Retreat in Guelph, Ontario, Stephen Lett was impelled to administer his own version of the formula for inebriates who insisted upon the gold cure. Homewood was so threatened by competition from the gold cure institutes that it faced the brink of bankruptcy due to low admissions and high turnover; patients, swayed by Keeley publicity, could not be persuaded to remain longer than three weeks.⁵⁴

Other Canadian physicians simply co-opted the gold cure completely. Oliver Edwards of Ottawa, Ontario recommended Wyeth’s Hypodermic Tablets of Chloride of Gold and Sodium, to be taken with his own Dr. Edward’s Nervine Pills (composed of quinine, strychnine, arsenic and iron). If his treatment was followed diligently, Edwards insisted, the patient would develop a great repugnance to alcohol. When relapses resulted, “in every case the man or woman admitted he or she was *entirely* to blame”. Edwards was clearly competing with the Keeley Cure. “Any doctor can administer this treatment, and I hope it will become general, and the reproach will be removed from our profession which now stands when we see Gold Cure Institutes saying by their presence: ‘We can render medical help where the old profession is absolutely helpless’”.⁵⁵

It was within this context of criticism and debate that Keeleyism came to New Brunswick. That Fredericton should have a Keeley Institute was the logical culmination of its temperance past. Nor was the acceptance of an American cure very surprising. From their heyday in the 1840s and 1850s, the New Brunswick Sons of Temperance had remained closely associated with the American movement. In March 1894, just prior to the opening of the Fredericton Institute, the neighbouring town of Woodstock, N.B. held a mass meeting in honour of Neal Dow’s 90th birthday.⁵⁶ It therefore seemed appropriate that the Fredericton Keeley Institute was the brainchild of W. Scott Robinson, a gold cure graduate and, like Neal Dow, an import from Maine. Robinson convinced a

53 Oliver Edwards, “Gold A Specific for Inebriety”, *Canada Medical Record*, 24 (1895-6), p. 259.

54 Chapman, “Bichloride of Gold”, p. 108; Minute Book, Board of Directors, Homewood Sanitarium, “Annual Report of the Medical Superintendent”, 1892, Guelph, Ontario.

55 Edwards, “Gold A Specific”, pp. 257-8. Italics in original.

56 *Gleaner*, 22 March 1894.

significant segment of the city's elite that the venture would bring great social welfare benefits and profits. These gentlemen were not unfamiliar with philanthropic endeavours and, in fact, many of them had been instrumental in the creation of the Temperance Reform Club 16 years earlier. Archibald Fitz Randolph, for example, was Fredericton's leading wholesale merchant and founder of the People's Bank of New Brunswick, of which he was also president for 40 years. Born in Digby, N.S., in 1836, Randolph was a founder of Victoria Hospital, a director of the Fredericton Electric Light and Gas Company, and a trustee of the city's Board of Education. He also served as a member of the province's Legislative Council. Randolph was known to be a generous benefactor. When he pledged 100 dollars towards the construction of a building for the Temperance Reform Club, "such a shout as went up from the audience was never before heard in that hall. Mr. Randolph never goes half way when he does things".⁵⁷

Fifty dollars was pledged at the same meeting by George Frederick Gregory, also a future Keeley director. Born in Fredericton in 1840, Gregory developed a "large and lucrative" law practice with Andrew Blair, future Premier of New Brunswick, until personal and political differences led to a dissolution of the partnership. Gregory served as Mayor of Fredericton for five years, and ran in two provincial elections as an opponent of the Blair government. He was elevated to the Supreme Court of New Brunswick in 1898. Other Keeley directors included John James Fraser, New Brunswick's Lieutenant Governor; Charles Nelson Skinner, Q.C., of Saint John, who served as a member of both the provincial and federal legislatures, and as probate Judge of Saint John; and Willard Kitchen, also a Mayor of Fredericton, who operated the largest furniture emporium in the city. Even Fredericton's physicians supported the Institute; George E. Coulthard, a graduate of Harvard Medical School, Boston City Hospital, and the University of Edinburgh, served as a trustee of Victoria Hospital, Vice-president of the Maritime Medical Association, Chief Health Officer of New Brunswick — and director of the Keeley.⁵⁸ Certainly Scott Robinson, an ex-alcoholic American with little capital, possessed a silver tongue in prompting these gentlemen and others to part with their money. The backers clearly expected substantial profits, if not a bonanza, from the Gold Cure Institute. They purchased "the sole right to use the Dr. Leslie E. Keeley remedies within the provinces of New Brunswick, Nova Scotia and Prince Edward Island" from the Dwight company and from George Parent of Montreal (owner of the Canadian rights) for 14,000 dollars. The fact that Parent had purchased the Montreal Institute and rights upon the foreclosure of the previous owners

57 *Prominent People of the Maritime Provinces* [hereafter *PPMP*], (Saint John, 1922), p. xxvi; Ishmael, *Temperance Question*, p. 205.

58 *PPMP* (Saint John, 1937), pp. xxxi, xxiv, xxii; *ibid.*, (1922), p. 100; I. Allen Jack, ed., *Biographical Review...of Leading Citizens of the Province of New Brunswick* (Boston, 1900), p. 496.

126 *Acadiensis*

was an omen the Fredericton group preferred to overlook. They assumed that with their combined prestige and business acumen, and under Robinson's skillful management, the Institute could not fail.⁵⁹

The group purchased the elegant Elmcroft property located on the Saint John River, just outside the city. Robinson, who received a royalty for every patient over 120 per year, was particularly diligent and adept at publicity. He travelled throughout Nova Scotia promoting the Institute, and held public meetings in New Brunswick, which were well received. At one such event at the Moncton Opera House, Robinson described the gold cure as the logical extension of



2. The Keeley Institute, Fredericton, N.B.
Saint John, N.B. and Vicinity (Saint John, 1895?).

“moral suasion and temperance propaganda”. Also on the programme was Fredericton’s Judge Steadman, who, pointedly commenting that he himself was not a Keeley graduate, challenged any alcoholic in Moncton “to place himself under this treatment and I am sure he will be cured”.⁶⁰ The Keeley Institute was closely allied to the New Brunswick WCTU. Judge Steadman’s wife, who had served as Treasurer for the Dominion WCTU in 1883, participated in a

59 “Application for Incorporation”, 2 October 1894, transcribed in Minute Book, Keeley Institute Collection, M.G. H27, U.N.B. Archives; “Board of Directors Minutes”, 10 October 1894, *ibid.*

60 In Louise Hill’s antiquarian history of Fredericton, she states that Elmcroft was “always the dignified home of a prominent family”. *Fredericton, N.B., B.N.A.* (Fredericton, 1968), p. 107. See *Gleaner*, 28 March 1894; “Directors Minutes”, 29 October 1894.

Fredericton meeting advertising the Keeley cure.⁶¹ Robinson also strategically spoke at the Maritime WCTU convention, held in Fredericton in 1894, which received extensive coverage in the newspapers. Following appeals for suffrage work, aid to “Hindoo” widows, and opposition to public novel-reading, Robinson asked his audience to direct, “by a few well-chosen words”, those friends who had “fallen under the curse of drink” to a Keeley Institute, so that their lives would be “made a blessing to themselves and to all connected with them”.⁶² The Institute’s most important supporter was Reverend Joseph McLeod, perhaps one of the best known Frederictonians of his generation. Pastor of the Free Baptist Church, he was known as “The Apostle of Temperance”. McLeod had served on the Royal Commission on the Liquor Traffic in 1892 and in 1895 he was asked and declined to run for public office on behalf of the Prohibition party.⁶³

The Keeley Institute initially was successful in drawing a steady stream of patients from the Maritime region. As an indicator of its solid reputation, an editorial in *The Daily Gleaner* (a paper which, it should be noted, sold extensive advertising space to Kitchen Furniture, Randolph Wholesalers, and other Keeley board members) chided the Good Templars, a gospel temperance society, for the promotion of the Bellinger Cure — a competing treatment for inebriety. The disaffection of the Templars from the Fredericton Keeley Institute likely had much to do with the fact that the Templars were not composed of the city’s elite, and therefore had been ignored with respect to its organization and management.⁶⁴

What sort of individual entered the Keeley Institute? While patient records unfortunately have not survived, supporting evidence would indicate a middle-class clientele. Cliff A., a general merchant from Kouchibouguac, N.B., entered the Portland, Maine Keeley Institute in 1917.⁶⁵ Cliff had been a government customs scaler and was possibly involved in petty corruption, which might have been associated with his alcoholism. In a manner typical of Keeley men — and later of participants of Alcoholics Anonymous — he openly discussed his

61 *Gleaner*, 29 June 1894.

62 *Ibid.*, 28 August, 26 September 1894.

63 Frank Baird, ed., *The Story of Fredericton: 1848-1948* (Fredericton, 1948), pp. 58-9; H.H. Stuart to Sheldon Pride, Fredericton, 18 March 1895, Letterbook, H.H. Stuart Collection, U.N.B. Archives.

64 *Gleaner*, 28 March, 6 June, 20 July 1894; “The Bellinger Cure”, 31 August 1894. See also “Rev Mr. Thompson’s Methods”, 6 October 1894. Other cures included the Murphy Gold Cure Institute, Toronto, Ontario, and the Double Chloride of Gold Cure, Lakehurst Sanitarium, Oakville, Ontario.

65 The Portland Institute was one of the oldest to survive. By the 1920s, there were only 11 institutes left in North America. That Portland should be one of them is not surprising, given its history of prohibition activity, commencing with the Maine Law campaign of Neal Dow in the 1840s and 50s. Mark Lender and James Martin, *Drinking in America: A History* (New York, 1987), pp. 42, 124.

problem. “Lately [the whisky] has begun to take charge. I was not satisfied unless I was half full of the stuff all the time and it commenced to make me deathly sick and I saw I soon would be down and out and so I came up here to get fixed up.... I know a man can go back to this thing if he wants to but he need not”.⁶⁶ In a public meeting of the Fredericton Institute, Robinson described Keeley graduates as railroad employees and lawyers. The facilities were clearly aimed at a prosperous clientele. A Maine journalist described the Institute as “one of the loveliest places he ever saw, thoroughly equipped for business. The patronage is large and first class and the feed equal to any hotel in Maine”.⁶⁷

The fortunes of the Gold Cure Institute, however, fell as quickly as they rose. It soon became evident that, whatever his talents as publicist, Scott Robinson had not been the wisest choice for manager. By June 1895, Robinson was defending the Keeley’s rate of relapses. Only eight patients of the original 50 graduates had relapsed, he argued, and of these eight, five had repudiated their fees owing to the Institute — “a fact that is suggestive to a good business man”. Robinson admitted that he could not usually guarantee cures, but he would do so “any time when you will guarantee the manhood and sincerity of the man”.⁶⁸ Robinson was apparently falling into the same judgmental trap as earlier temperance movements; failure of the cure which allegedly ensured the manliness of all alcoholics diminished that manhood as well.

In June 1895, Charles Clark, a former patient, brought charges of “mismanagement and immorality” before the Board of Directors. He alleged that the drugs were not being administered carefully; whisky patients were sometimes treated for morphine habits and vice versa. The manager was also charged with making false promises as inducements for admission; in one instance, a patient had been promised that his chronic sciatica complaint would be cured in three days. Clark himself, upon leaving the Institute, had had his tonic repossessed at the door for the use of another patient, and had subsequently “collapsed in the road”. He then entered the Montreal Keeley Institute where he received “proper treatment”.⁶⁹ Clark proceeded to describe actions he had seen about the house “not calculated to give the best impression...to respectable people”. The Institute had become a “rendezvous for all the college boys who choose to come Sunday”, resulting in “inconsiderate exposure of the patients”. Clark also observed Robinson’s daughter and a friend “shut up in [the] parlor with a patient. The ladies practicing high kicking — the patient marking the height of the kicks”. Robinson himself had been caught for indiscretions, although within the context

66 Cliff A., Portland, Maine to C.E. Fish, Kouchibouguac, N.B., September 1917?, William Fish Collection, Provincial Archives of New Brunswick. Many thanks to Bill Parenteau for this reference.

67 *Gleaner*, 29 June, 20 July 1894.

68 *Ibid.*, 8 June 1895.

69 “Directors Minutes”, 20 June 1895.

of the Victorian male sphere, his peccadilloes were not particularly unusual; he had visited Mary O'Brien's "place of assignation" and opium den in Saint John. When questioned about these activities, Robinson declared that "his business [took] him to such places", and that he had written a letter which he "would gladly read...to the directors and to his wife", advising a female acquaintance "to abandon that course of life".⁷⁰

The Board of Directors attempted to take a more active role in the Institute's management, but matters went from bad to worse. The stockholders withheld their payments, while Parent, hearing of the careless management of the Fredericton branch, demanded the balance owed to him and the Dwight company. A further setback occurred with the well-publicized disappearance of the house physician, Dr. Labelle, in September 1895. Labelle was a cocaine addict (reports of his disappearance were juxtaposed with advertisements for the cocaine-based Vin Mariani) who had sometimes been "in no condition to administer the medicine". As the Directors quietly canvassed for a replacement, Labelle suffered bouts of severe depression, and finally wandered away from the Institute. The Saint John River was dragged and the woods searched, and reports followed of his strange, sad visits to homesteads in the valley. He was finally discovered, three weeks after his disappearance, "in a badly [de]composed state", near Lincoln, Maine. Publicly declared insane from "despondency and the excessive use of cocaine", Dr. Labelle was surely not the best publicity for a home for inebriates. Robinson was dismissed, and a feeble attempt was made to resuscitate the Institute, but the heart had gone out of the Fredericton movement.⁷¹

The North American Keeley movement outlived the Fredericton debacle by a few years, but collapsed as relapses mounted and as a result of the concerted opposition of the medical profession. A serious setback was the attempt to set up Keeley Institutes in the British Isles. Keeley had problems entering the British market when he faced authoritative criticism from the nation's leading inebriate experts, including Norman Kerr. Kerr reported that the medicine contained alcohol, sugar, but no gold. The professional establishment successfully obstructed the endorsement of the Cure by the Church of England Temperance Society in 1892. Despite this opposition, the London Keeley Institute, founded in that year, did meet with some success. Its patients included physicians, army officers and "a cousin of Lord Tennyson". Confronted with constant diatribes from the British medical press, Keeley sued the *Lancet* and *Medical Press and Circular* for libel, which resulted in much adverse publicity. Even worse, despite the sincere and strenuous efforts of its superintendent, Dr. Oscar DeWolf, Keeley dropped the libel suit, admitting that "I am, indeed, very anxious to get

⁷⁰ *Ibid.*, 20-1 June 1895.

⁷¹ *Ibid.*, 20-1 June 1895; *Gleaner*, 15-20 September, 7, 31 October 1895.

Great Britain off my hands".⁷² Leslie Keeley retired to California and died there in 1900, leaving an estate of one million dollars.

Despite its ignominious end, the Keeley movement cannot be dismissed merely as quackery. Aversion therapy — including the antagonist Antabuse, for example — remains a legitimate medical tool. Keeleyism brought alcoholism into the open in a positive way, during a period when prohibitionist fervour and the uncompromising disease model of Norman Kerr rendered inebriates somewhat less than equal citizens. The revivalist atmosphere at Dwight and at the Keeley meetings anticipated the spirit of Alcoholics Anonymous, which remains unsurpassed in addiction treatment. Even the Fredericton branch, although fueled by excessive greed and incompetence, was touched by the Keeley spirit. In 1898, seven of its graduates met for an oyster dinner at the CPR restaurant, to reminisce about Elmcroft days and to congratulate one another on their sustained sobriety. The gold cure treatment was expensive, potentially dangerous quackery, but its rewards were respect, dignity, and a possible escape from "The Drunkard's Progress".⁷³

72 The London Institute, however, did survive past 1904. John K. Crellin, "Alcoholism and Drug Addiction in the Nineties: An American in London", *British Journal of Addiction*, 75 (1980), pp. 156-9. See editorials "The Gold Cure Abroad", *Medical Record*, 42 (23 July 1892), p. 102, and "The Keeley Cure in London", *ibid.*, 42 (20 August 1892), p. 218 for British professional reaction to Keeleyism.

73 *New York Times*, 22 February 1900; *Gleaner*, 8 June 1895. For a fascinating account of the spiritual benefits of A.A., see Ernest Kurtz, "Why A.A. Works: The Intellectual Significance of Alcoholics Anonymous", *Journal of Studies on Alcohol*, 43, 1 (January 1982), pp. 38-80. The graduate reunion was cited in Austin Squires, *History of Fredericton: The Last 200 Years* (Fredericton, 1980), p. 121.