
America's First Cocaine Epidemic

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Widespread public perception would suggest that cocaine emerged initially as a drug of choice in the 1980s. In this essay, this myth is dispelled with a description of the drug's popularity beginning in the late 1800s. Using several illustrations, the author discusses the three phases of this first cocaine epidemic. He describes the four-decade process in which cocaine initially was readily available and endorsed by the medical community but then was prohibited.

Only a decade ago, many prominent Americans tolerated and even touted the use of cocaine. From Capitol Hill to Wall Street, the young and moneyed set made the drug its favorite "leisure pharmaceutical." Some talked of decriminalizing the "harmless" white powder. But that changed after cocaine overdoses killed several celebrities—including Hollywood's John Belushi in 1982 and college basketball star Len Bias in 1986. Although it is difficult to ascertain the number of cocaine-related deaths that occur annually, we do know that the drug has been implicated in hundreds, if not thousands of fatalities in the United States. Crack, a cheap form of cocaine, has devastated some communities and has been linked to various physical and mental health ailments. Lawmakers clamor for a war on drugs but despair of finding a way to win it. All this has a familiar ring to it, says Yale's David Musto. Here he recalls what happened a century before, when America entered its first cocaine craze.

"I have tested [the] effect of coca," wrote a youthful Sigmund Freud in his famed essay *On Coca* (1884), "which wards off hunger, sleep, and fatigue and steels one to intellectual effort, some dozen times on myself." Like other doctors who had tested the drug, he found that the euphoria it induced was not followed by depression or any other unpleasant aftereffects. "Furthermore," wrote Freud, "a first dose or even repeated doses of coca produce no compulsive desire to use the stimulant further."

With obvious wonder, Freud described the remarkable experiments of 78-year-old Sir Robert

Christison, a world-famous toxicologist at the University of Edinburgh: "During the third experiment he chewed two drams of coca leaves and was able to complete [a 15-mile] walk without the exhaustion experienced on the earlier occasions; when he arrived home, despite the fact that he had been nine hours without food or drink, he experienced no hunger or thirst, and woke the next morning without feeling at all tired."

Freud's "song of praise to this magical substance," as he described it, was only one of many that were sung by various medical authorities

before the turn of the century. Indeed, Freud had become interested in coca because American physicians, the drug's earliest and heartiest enthusiasts, had "discovered" that it could reduce the cravings of opiate addicts and alcoholics. Freud's interest was not academic. He was seeking a cure for the addiction of his colleague, Ernst von Fleischl-Marxow. "At present," Freud observed in 1884, "there seems to be some promise of widespread recognition and use of coca preparations in North America, while in Europe doctors scarcely know them by name."

In America, where the cocaine fad would reach greater heights than in Europe, the ability to cure opiate addictions was regarded as only one of cocaine's marvelous powers. While morphine and other torpor-inducing opiates were beginning to seem positively un-American, cocaine seemed to increase alertness and efficiency, much-prized qualities in the industrializing nation. In 1880, Dr. W. H. Bentley, writing in Detroit's *Therapeutic Gazette*, hailed coca as "the desideratum...in health and disease." The gazette's editors, quoting another medical journal, cheerily endorsed this view: "One feels like trying coca, with or without the opium-habit. A harmless remedy for the blues is imperial. And so say we."

Encouraged by the nation's leading medical authorities, and with no laws restricting the sale, consumption, or advertising of cocaine (or any other drugs), entrepreneurs quickly made cocaine an elixir for the masses. Lasting from around 1885 to the 1920s, America's first great cocaine epidemic went through three phases: the introduction during the 1880s, as cocaine rapidly gained acceptance; a middle period, when its use spread and its ill effects came to light; and a final, repressive stage after the turn of the century, when cocaine became the most feared of all illicit drugs.

North Americans, to be sure, were not the first inhabitants of this hemisphere to discover or extol the powers of the "magical leaf." For centuries before (and after) the arrival of the Europeans, the Indians of the Andes had chewed coca leaves to gain relief from hunger and fatigue. The drug spread beyond South America only after 1860, when an Austrian

chemist named Albert Niemann learned how to isolate the active ingredient, cocaine. When Freud published his first praise of the elixir, pure cocaine, along with the milder coca, was already available to Americans in drug and grocery stores, saloons, and from mail-order patent-medicine vendors. By 1885, the major U.S. manufacturer, Parke, Davis & Co., of Detroit and New York, was selling cocaine and coca in 15 forms, including coca-leaf cigarettes and cheroots, cocaine inhalant, a Coca Cordial, cocaine crystals, and cocaine in solution for hypodermic injection.

Parke, Davis reported that it had repeatedly stepped up production during 1885 in order to satisfy the public's growing appetite. A Parke, Davis advertisement informed doctors of the drug's uses:

An enumeration of the diseases in which coca and cocaine have been found of service would include a category of almost all the maladies that flesh is heir to.... Allowing for the exaggeration of enthusiasm, it remains the fact that already cocaine claims a place in medicine and surgery equal to that of opium and quinine, and coca has been held to be better adapted for use as a popular restorative and stimulant than either tea or coffee.

The American craving for cocaine was not satisfied by domestic producers alone. From Paris came a variety of popular cocaine concoctions manufactured by Angelo Mariani. "Vin Mariani," a mixture of wine and coca, arrived on the drugstore shelf with a raft of celebrity endorsements, including those of Pope Leo XIII, Thomas Edison, Sarah Bernhardt, Emile Zola, Henrik Ibsen, and the Prince of Wales. "Since a single bottle of Mariani's extraordinary coca wine guarantees a lifetime of a hundred years," exclaimed novelist Jules Verne, "I shall be obliged to live until the year 2700." Mariani boasted that Ulysses S. Grant took another of his products, "Thé Mariani," once a day during his last illness in 1885, allowing the ex-president to complete his famous *Memoirs*.

For consumers on a budget, the new wonder drug was available in less exalted forms. Coca-Cola,

for example, contained a minute amount of cocaine—enough to provide a noticeable lift, if not a “high.” The “real thing” began life as a coca wine in 1885. In deference, ironically, to the widespread temperance sentiment of the day, the company replaced the alcohol content of the drink with soda water and flavorings, which allowed it to market Coke as a healthful “soft drink”—a “brain tonic” to relieve headaches and cure “all nervous affections.” With the successful marketing of Coca-Cola and similar refreshers, the neighborhood drugstore soda fountain of late-19th-century America came to serve as the poor man’s Saratoga Springs. There, the weary citizen could choose from among dozens of soda pop pick-me-ups, including Cola Coke, Rocco Cola, Koca Nola, Nerv Ola, Wise Ola, and one with the simple and direct name, Dope.

Cocaine also was offered as an asthma remedy and an antidote for toothache pain. (Other patent medicines contained opiates, such as morphine and heroin.) Dr. Nathan Tucker’s Asthma Specific, a popular catarrh powder, or snuff, considered to be an excellent cure for hay fever and asthma, contained as much as half a gram of pure cocaine per package. Thanks to its remarkable ability to shrink the nasal mucous membranes and drain the sinuses, cocaine became the official remedy of the American Hay Fever Association.

In the six states and innumerable counties that were “dry” during the mid 1890s, workingmen found snuffs, soft drinks, and other cocaine products a cheap substitute for hard liquor. In states where teetotalers had not prevailed, bartenders often put a pinch of cocaine in a shot of whiskey to add punch to the drink. Peddlers sold it door to door. And some employers in the construction and mining industries found practical uses for the drug, reportedly distributing it to their workers to keep them going at a high pitch.

How much cocaine did Americans consume? Judging from its wide legal availability, and given its seductive appeal, it is safe to assume that they were using substantial amounts by the turn of the century. The limited import statistics for the leaf and manufactured cocaine suggest that use peaked

shortly after 1900, just as cocaine was being transformed in the public mind from a tonic into a terror.² Legal imports of coca leaves during that period averaged about 1.5 million pounds annually and the amount of cocaine averaged 200,000 ounces. (Today, the United States has roughly three times the population it did in 1900 but consumes more than 10 times as much cocaine—perhaps 2.5 million ounces annually.)

At first, there were few reports of chronic cocaine abuse. Confronted with one example in 1887, Dr. William A. Hammond, former Surgeon General of the Army, and one of the most prominent cocaine advocates of the era, dismissed it as a “case of preference, and not a case of irresistible habit.” However, by 1890 the *Medical Record* cited some 400 cases of habit mostly among people being treated, as Freud and others had recommended, for addiction to morphine and other opiates.

In fact, Freud himself watched his friend Ernst von Fleischl-Marxow disintegrate into a state of “cocainist” delirium before he died in 1891. Freud claimed that he had not intended for von Fleischl-Marxow to inject the drug, and he withdrew his support for its use as a treatment for morphine addiction. But he never publicly renounced other uses of the drug.

By the turn of the century, cocaine was becoming more and more suspect. A thorough investigation by a committee of the Connecticut State Medical Society in 1896 concluded that cocaine cures for hay fever and other ailments had been a major cause of drug dependency, and “the danger of addiction outweighs the little efficacy attributed to the remedy.” It recommended that cocaine be made available only to physicians, for use as a local anesthetic. Scattered newspaper reports—“Another Physician a Victim To The Baneful Drug”—books such as Annie Meyers’ *Eight Years in Cocaine Hell* (1902), word of mouth, and articles in *Ladies’ Home Journal*, *Collier’s*, and other popular magazines brought more bad news. The debilitating effects of Sherlock Holmes’s cocaine habit were familiar enough to earn a place in an 1899 Broadway play bearing the name of the brilliant British detective.

Once the miracle drug of upper-class professionals, cocaine came to be considered a curse of both the American demimonde and pathetic middle-class victims of patent medicines. The "Report of Committee on the Acquirement of Drug Habits" in the *American Journal of Pharmacy* (1903) declared that most users were "bohemians, gamblers, high- and low-class prostitutes, night porters, bell boys, burglars, racketeers, pimps, and casual laborers." That year, reflecting the public's growing suspicion of cocaine, the Coca-Cola company replaced the stimulant with a milder, more acceptable one, caffeine—the first, one might say, of the "new formula" Cokes.

A 1909 *New York Times* report on "The Growing Menace of the Use of Cocaine"—published even as use was declining—noted that the drug was used at lower-class "sniff parties," destroying "its victims more swiftly and surely than opium." In the *Century Magazine*, Charles B. Towns, a national anti-drug activist, issued a grave warning: "The most harmful of all habit forming drugs is cocaine. Nothing so quickly deteriorates [sic] its victim or provides so short a cut to the insane asylum."

As early as 1887, the states had begun enacting their own (largely ineffective) laws against cocaine and other drugs. In 1913, New York passed the toughest statute to date, completely outlawing cocaine, except for certain medical uses. By the beginning of World War I, all 48 states had anti-cocaine laws on the books. Fourteen states also inaugurated "drug education" programs in the public schools.

And what role did the federal government play? A small one, at first. According to the Constitutional doctrines of the day, Washington had virtually no power to police the drug trade directly. The federal Pure Food and Drug Act of 1906 merely required labelling of any cocaine content in over-the-counter remedies. But official Washington was jolted by the effects of the cocaine "epidemic" in its own backyard, much as it has become alarmed today by hundreds of crack cocaine-related killings in the Federal District. For years, the District of Columbia's chief of police, Major Sylvester, had

been warning Congress (which then governed the city directly) of cocaine's horrifying effects. "The cocaine habit is by far the greatest menace to society, because the victims are generally vicious. The use of this drug superinduces jealousy and predisposes [sic] to commit criminal acts," he declared. In 1909, President Theodore Roosevelt's Homes Commission presented the testimony of Sylvester and other officials to an alarmed Congress, which promptly restricted legal drug sales in the nation's capital.

At the same time, the drug problem took on an international dimension. Roosevelt's State Department, under Elihu Root, had assumed the lead in attempting to regulate the free-wheeling international opium trade. Root's motives were mixed. By siding with the Chinese against Britain and other European powers that were reaping large profits in the Chinese opium market, Root hoped to gain trade concessions from the Chinese. Moreover, Root hoped, like some officials in Washington today, that he could solve America's drug problem by stamping out the cultivation of opium poppies and coca bushes abroad. But a nation that led such an international moral crusade, Root realized, would have to have exemplary anti-drug laws of its own.

In 1910, President William Howard Taft presented a State Department report on drugs to Congress. Cocaine officially became Public Enemy No. 1:

The illicit sale of [cocaine]...and the habitual use of it temporarily raises the power of a criminal to a point where in resisting arrest there is no hesitation to murder. It is more appalling in its effects than any other habit-forming drug used in the United States.

The report also stirred racist fears, adding that "it has been authoritatively stated that cocaine is often the direct incentive to the crime of rape by negroes of the South, and other sections of the country." (Likewise, opium was considered to be a special vice of the nation's Chinatowns.) Terrifying rumors told of criminals who gained superhuman

strength, cunning, and efficiency under the influence of cocaine. Convinced that black “cocaine fiends” could withstand normal .32 caliber bullets, some police departments in the South reportedly switched to .38 caliber revolvers.

By December 1914, when Congress passed the Harrison Act, tightly regulating the distribution and sale of drugs, the use of cocaine and other drugs was considered so completely beyond the pale that the law itself seemed routine. The *New York Times* did not even note the passage of the Harrison Act until two weeks after the fact. The vote was overshadowed by a popular crusade against a more controversial target, Demon Rum, a crusade which brought thousands of temperance demonstrators to Washington that December. From the gallery of the House of Representatives, temperance advocates hung a Prohibition petition bearing six million signatures.

But the public's adamant anti-cocaine sentiment, which had reduced the drug's appeal after the turn of the century and resulted in legal restrictions, now facilitated operation of the laws. Unlike Prohibition, which was not backed by a public consensus, the Harrison Act—which Congress made more restrictive over the years—was largely successful.

What happened to cocaine? Of course, some Americans continued to acquire and use it, but their numbers eventually shrank. Peer pressure and the threat of punishment combined to drive

cocaine underground. Only occasional—and often negative—references to it appeared in movies and popular songs during the 1920s and 1930s. Cole Porter announced, “I get no kick from cocaine” in his 1934 musical, *Anything Goes*, and an impish Charlie Chaplin, in the movie *Modern Times* (1936), gained such superhuman strength from sniffing “nose powder” that he was able to break out of jail.

By the time I was in medical school, during the late 1950s, cocaine was described to medical students as a drug that used to be a problem in the United States. It was news to us.

The people who had lived through the nation's first cocaine epidemic and knew that the euphoria induced by the drug was a dangerous delusion had grown old and passed from the scene. Cocaine's notorious reputation died with them. By the 1960s, America was ready for another fling with this most seductive and dangerous drug.

Notes

1. Coca-Cola's cocaine content was .0025 percent in 1900, and may have been greater during the 1880s.
2. It is also difficult to determine how many Americans were addicted to cocaine. Because they can live with their addictions for 20 or 30 years, opium addicts (of whom there were perhaps 250,000 around the turn of the century) are a relatively stable population, and thus easier to count. Cocaine addicts, on the other hand, do not live long if they do not quit, so their ranks are constantly changing.