Introduction

Between 1919 and 1923, a number of cities across the United States experimented with a system in which opiate addicts were offered cheap and legal access to morpynine from state-sanctioned clinics. The state of Louisiana was home to three such clinics: while the clinic in Shreveport is widely known among historians, and a dearth of sources preclude any study of the Alexandria clinic, the New Orleans clinic has received far less attention than its merits would suggest [1–3]. Historian David F. Musto has highlighted how local support aided the Shreveport clinic, and how federal agents were central actors in its demise. ‘They closed down the good clinics with the bad, and ran roughshod over state and local governments’, was the conclusion reached by Waldorf, Orlick & Reinerman in their study of the Shreveport clinic [2]. Similarly, William L. White has argued that the clinic system was ended by ‘administrative fiat’ [4]. Local opposition to the clinic system has received less attention, however, and in New Orleans’ case local opposition grew into a powerful force in its own right. It was especially the influx of out-of-state addicts that angered many New Orleanians, and it helped turn public opinion against the continuation of the clinic system—thus complicating the simple narrative of federal agents meddling in local affairs.

Creating the Clinics

During the winter of 1919, Dr M. W. Swords, the secretary of the Louisiana State Board of Health, was contacted by a number of desperate opiate addicts. ‘My experience with “drug addiction” was very limited’, Dr Swords explained, ‘but this avalanche of suffering humanity so overwhelmed me that I immediately determined that it was the duty of the State, through its Board of Health, to give relief’ [5]. Four years earlier, on 1 March 1915, the Harrison Act had come into effect across the United States, restricting access to opiates to those with prescriptions. According to one estimate, Louisiana was home to some 18 000 addicts—who now struggled to secure a supply of opiates [6]. New Orleans, with its lively vice scene and busy port, soon became a center for drug smuggling, especially as private practitioners became increasingly wary of prescribing opiates [7].
On 6 February 1919, Dr Swords offered three addicts a single daily injection of morphine from the Chartres Street offices of the Board of Health; 2 weeks later, between 300 and 500 addicts came through the offices on a daily basis. However, Dr Swords soon realized that because of morphine’s short duration, his clients still relied upon the illicit market for part of their daily needs. In turn, he began dispensing liquid morphine in special vials, intended to last for a full day.

While Dr Swords was experimenting with morphine dispensed to addicts, the Supreme Court of the United States, through its 3 March 1919 ruling in Webb v. United States, established that individual physicians could not administer drugs to addicts in order to simply maintain their addictions. This meant that private practitioners now risked federal indictment if they continued to prescribe opiates to anyone presumed to be an addict (an exemption was made for old and infirm addicts, however, who would still be allowed a legal supply of opiates [8]). As a result of this change in legal interpretation, agents from the Narcotic Division advocated that cities across the country establish narcotic clinics, taking addicts out of the purview of primary care physicians altogether. Indeed, the opening of a storefront clinic on the corner of Conti Street and Exchange Alley in the French Quarter was supported strongly by the federal agents stationed in New Orleans, several of whom had accompanied Dr Swords to the state capitol in Baton Rouge in order to help secure funding for the project.

The project was not without critics, however. Even before the clinic opened, the local branch of the Red Cross charged that Dr Swords was giving addicts morphine without conducting a proper physical examination first. ‘Many of the seventy-five to 100 men and women I saw in line in Chartres Street two weeks ago were given the drug on the presentation of cards bearing their names’, a social worker complained. ‘None of them had been given medical examinations’ [9]. Staffed by two physicians and a nurse, the clinic’s routines soon came to include both interviews and thorough physical examinations. Potential clients had to be residents of New Orleans and needed to show proof of employment; money gained through illegal means was therefore unlikely to be circulated through the clinic. In line with the Jim Crow policies of the era, the clinic was racially segregated and had a separate entrance for black clients [10].

Public officials in Louisiana found few immediate problems with Dr Swords’ program of morphine maintenance. A. V. Coco, the Attorney General of Louisiana, insisted that the State Board of Health had ‘a perfect right to dispense drugs to addicts’ [11]. Dr Oscar Dowling, the head of the Board, approved the clinic as an emergency measure, hoping the state would also establish an in-patient treatment center. There are a number of these people who are worthy but unfortunate’, Dr Dowling remarked. ‘We are doing all we can to protect them from the peddler and to control illegal traffic’ [12]. In fact, Dr Swords was even more vocal about the program, which he saw as a rational way for the state to target the illicit market for drugs:

“The only thing that keeps the illicit peddler of drugs in business is the enormous price he obtains for his wares... His business is such a risky one that none engage in it except at a big profit on the drugs sold. Where the board [of health] would sell at cost, the peddler very often charges four and five [times], and sometimes a dozen times the value of the drug is changed the unfortunate victim [13].

Two months after the opening of the New Orleans clinic Dr Willis P. Butler, the medical examiner of Caddo Parish, received a call from Dr Dowling, who encouraged him to open a similar clinic in Shreveport. After visiting the clinic in New Orleans, Dr Butler received approval from the Shreveport Medical Society to establish a narcotic clinic in Shreveport. While the New Orleans clinic was new, and to a certain extent operating ad hoc, Dr Butler integrated a maintenance program into his already existing institution to treat venereal disease.

Compared to its counterpart in New Orleans, the Shreveport clinic served a broader range of purposes. By funneling the profits from his sale of morphine into an in-patient detoxification unit, Dr Butler could claim legitimately to have ‘cured’ hundreds of patients, and not simply having maintained addicts. Furthermore, the clients at the Shreveport clinic seem to have been generally better off than their brethren in New Orleans. ‘Many of them were the most prominent people—financially and socially and politically—in this whole community’, Dr Butler noted, ‘including two previous United States district attorneys, preachers, lawyers, doctors, nurses, real estate people’ [3]. With an average age of 35 years, there were few young patients at the Shreveport clinic: only 1.3% was under the age of 21 years, while the clinic’s oldest patient was an 82-year-old Civil War veteran.

In New Orleans, the clients were overwhelmingly working class; job titles such as porter, laborer and clerk dominated Dr Swords’ ledgers. ‘Many were prostitutes and roustabouts, but some were people of means and responsible positions’, observed Dr Cassius L. Clay, an analyst for the Board of Health. ‘One woman used to drive up in a big car with diamonds and furs. She must have been buying a lot on the side because her diamonds and furs gradually disappeared’ [14]. A substantial number of the female addicts at the clinic were sex workers. A study of 85 ‘delinquent women’ in New Orleans showed that 23 of the women in question—approximately 27%—were
drug addicts [15]. Women represented only a small minority of the clients, however: 71.1% of the clients were male and 79.77% were white [16].

THE CLINIC AND ITS DISCONTENTS

To many New Orleanians their clinic seemed like the most ethical way to deal with addiction. A police officer remarked that since the opening of the clinic, his interactions with addicts had been reduced dramatically. ‘You have eliminated at least 75% of petty larceny since the furnishing of this drug to addicts’, the officer told Dr Swords. ‘You have given them the opportunity to escape from the clutches of the traffickers and dope doctors who were charging them outrageous prices’ [15]. Frederick W. Evans, the president of D. H. Holmes Company, the largest department store in New Orleans, was also happy to see the clinic open. The clinic, Evans argued, helps ‘destroy the old belief that all narcotic addicts were low criminals, degenerates and unworthy [sic] of any assistance’ [15].

Soon after, Evans invited Paul W. Kearney, a professor of Public Affairs at New York University, to visit New Orleans; Kearney, who was deeply impressed with the work of Dr Swords, published a paper in which he referred to the clinic as a ‘master-stroke’ [17].

The New Orleans clinic soon gained a national reputation, hailed as one of the best examples of a humane approach to addiction anywhere in the United States. Dr Ernest S. Bishop, a professor of medicine at the Polyclinic Medical College of New York, noted to an audience in New Orleans that their clinic was ‘years ahead of anything of its kind in the country... the narcotic clinic here is the only real piece of constructive administration in reference to drug addiction that has been undertaken anywhere on this continent’ [18]. Similarly, Dr Charles E. Terry, one of the country’s leading addiction experts, noted that the New Orleans clinic was ‘the finest thing that has ever been done in the country as an attempt to reach a solution of this grave problem’ [18].

As newspapers and magazines published stories about the successful clinic in New Orleans, addicts from other states began to drift into Louisiana. Initially, this was not seen as a problem; in fact, federal agents sometimes actively encouraged out-of-state addicts to seek out the clinic. ‘I would be very glad indeed, if you were able to secure the minimum amount [of morphine] that will enable you to hold jobs that I am informed you boys have secured here’, agent Thomas J. Taylor told two newly arrived addicts from San Antonio, Texas. ‘I am sure that you fellows are as good as any addict under treatment’ [19].

Despite the initial optimism, support for the clinic began to wither during the summer and fall of 1920. At its annual meeting held in New Orleans in April 1920, the American Medical Association (AMA) decided to oppose the clinic system, as did the Orleans Parish Medical Society [20]. At the meeting of the Louisiana State Board of Health on 1 May 1920, a new set of guidelines was implemented with immediate effect. ‘No narcotics shall be dispensed except by hypodermic injection at the dispensary’, the Board decided, effectively guaranteeing an almost perpetual line of addicts outside the French Quarter clinic [21].

In addition, the growing influx of out-of-state addicts began to annoy many locals. In August 1920, the New Orleans Police Department received a telegram from Senator A. Owsley Stanley of Kentucky—the grandfather of Owsley Stanley, the ‘LSD-cook’ of the 1960s counterculture—notifying them that his opiate-addicted nephew was believed to be in New Orleans. A few days later, the 18-year-old was found lined up outside the clinic, ‘sick and half-clad’ [22]. This finally prompted New Orleans’ Superintendent of Police, Frank T. Mooney, to speak out, arguing that the clinic was ‘not a good thing; it has brought considerable addicts here from other places’ [23]. Another critic, Dr William Edler, complained that he had witnessed ‘many of the patrons of this clinic injecting morphine into themselves and each other on the street corners, swapping drugs on the street and selling it and what not’ [24].

As the political attacks on the New Orleans clinic intensified in August 1920, public officials in Shreveport voiced their support for their clinic. ‘I wish to say that from a police standpoint the city of Shreveport is greatly benefited by the [narcotic clinic] being here’, proclaimed R. L. Stringfellow, Shreveport’s Commissioner of Public Safety, in a letter to Dr Dowling. ‘It has practically eliminated the bootlegger who deals in narcotics, and in this way alone has reduced the number of possible future dope users’ [25] A one-time critic, Stringfellow once told Dr Butler: ‘I think it’s a shame the way you’re taking care of these hopheads, drug addicts, and scum around here in Shreveport’ [26]. In response, Dr Butler quietly informed him that Mrs Stringfellow, the Commissioner’s own mother, was one of the clinic’s patients. ‘The clinic here has been a success because it has received the co-operation of state, federal and city authorities’, Dr Butler attested; ‘In New Orleans the reverse is true’ [27].

While local opposition to the clinic was brewing in New Orleans during the fall of 1920, the federal government also had a change of heart. Agent Thomas J. Taylor was reprimanded by his superiors and ordered to stop referring new addicts to the clinic [28]. More importantly, Prohibition Commissioner John F. Kramer wrote a letter to Dr Dowling in which he warned that the Louisiana clinics had to close or face federal prosecution [29]. The threat of federal indictment loomed over the Board of Health when it called for a
meeting to discuss the clinic on 26 November 1920. At the meeting in New Orleans, local critics were given ample opportunity to voice their views: Charles Patterson, of the Charity Organization Society, complained that the clinic attracted addicts from other states to New Orleans; the United States District Attorney’s office claimed that it made federal prosecutions of drug smugglers more complicated—an opinion shared by Superintendent of Police Frank T. Mooney, who argued that he found it difficult to arrest drug peddlers while the State Board of Health is engaged in a business similar to the peddlers’ [30]. Dr Dowling came out of this meeting thoroughly opposed to the continuance of the clinic system.

Despite Dr Dowling’s intent to close the clinics, he could not act without the support of the Board of Health—a proposition complicated by the well-known toxic relationship between Dr Swords and Dr Dowling [31]. ‘This board is, as you are aware, composed entirely of physicians’, a federal agent informed his superiors. ‘The majority of whom are entirely in sympathy with Dr. Swords and antagonistic toward Dr. Dowling’ [32]. States’ rights was also a potent factor in the battle over the clinics. Louisiana’s Attorney General opined that the clinics were ‘exempted institutions’, and as such the federal government was ‘powerless to compel their discontinuance’ [33]. In addition, Governor John M. Parker came out in support of the clinics, giving them another lease on life. ‘There are a large number of returned soldiers who claim they contracted the habit in hospitals’, Governor Parker proclaimed after a visit to the clinic, ‘and of both men and women who advised they contracted the habit entirely through medical treatment for various ailments’ [34].

While the Board of Health discussed possible alternatives, federal agents produced two reports based on investigations of the clinic. The first report, published in late 1920, tried to paint the clinic’s clientele as simple criminals. ‘The addicts applying at this dispensary appear from personal investigation and observation to be the average type of dope fiends found in any large city’, the report stated [35]. The second report, produced in February 1921, pointed out several small irregularities: six clients were found to have addresses in other states, and it was rumored that several clients had resold their morphine. Although these were relatively minor transgressions, the reports nevertheless highlighted the fact that the federal government would go lengths in order to criticize the clinics. As no further treatment center had been approved, the Board of Health closed the narcotic clinics on 15 March 1921.

In Shreveport, however, strong local support would award the clinic a second life. On 16 March 1921, the city council of Shreveport unanimously passed an ordinance allowing the clinic to continue operating. In fact, a few days after the reopening, the US District Attorney for Louisiana’s Western District promised Butler his support; the Assistant Attorney General of Louisiana was also supportive. Nevertheless, after sustained pressure from federal agents, Dr Butler disbanded the Shreveport clinic in 1923, marking the definitive end of the clinic era. ‘The majority of the inspectors sent in here were just such crooks and scum and scalawags’, Dr Butler complained. ‘There was nothing they wouldn’t do’ [3]. While his views on the matter were understandably critical, Dr Butler’s narrative of federal oppression is not directly transferable to New Orleans, where many were glad to see their clinic close.

THE DEATH AND LIFE OF ADDICTION MAINTENANCE

The end of the clinic system marked the beginning of what historian David T. Courtwright has called the Classic Era of Narcotic Control. A period of ‘simple, consistent, and rigid’ drug laws, the Classic Era saw American drug policy pushed in an increasingly punitive direction and addiction maintenance was effectively banned [26]. Despite their short life-span, however, the clinics would inspire the next generation of addiction maintenance. ‘If the clinics had been continued’, Marie Nyswander reasoned in 1957, ‘addiction today would be a simple medical problem and not the complicated sociologic problem it has turned out to be’ [36]. A few years later, Nyswander and her colleague Vincent Dole advocated a return to addiction maintenance through the use of methadone. In their first paper, published in the Journal of the American Medical Association (JAMA), Dole and Nyswander noted the similarities between methadone maintenance treatment and the clinic system of the 1920s:

A medical use of short-acting narcotic drugs would require dispensaries staffed to give thousands of injections per day, with rooms or park benches in the neighborhood for addicts to wait between shots. Alternatively, physicians would have to yield control of drug administration to the addicts themselves. Neither alternative is acceptable. With methadone, however, the situation is much different since patients can be stabilized with a single daily dose, taken orally, under medical control [37].

On 11 January 1968, Eddie L. Sapir, a member of the New Orleans City Council, and Andrew G. Bucaro, a Municipal Court Judge, flew to New York City to witness the work of Dole and Nyswander. As the crime rates in New Orleans had skyrocketed in the mid-1960s, Bucaro and Sapir were impressed by what they witnessed in New York. ‘It’s fabulous, the things they’re doing’, Councilman Sapir
announced upon his return to New Orleans, ‘and they do have a problem. We walked down the streets of Harlem and were continually confronted with addicts asking us to buy typewriters, suits of clothing and other stolen goods’ [38]. The public memory of maintenance had waned, however, and many Americans believed, as did one New Orleans journalist, that the clinics had been ‘complete failures’ [9,39].

Nevertheless, in response to their soaring crime rates, cities such as Chicago, New York and Washington, DC all embraced the use of methadone in the late 1960s [40]. Commissioner Henry L. Giordano of the Federal Bureau of Narcotics (FBN), however, opposed maintenance programs, just as the Narcotic Division had oppose the clinics of the 1920s [41]. In Louisiana, the Orleans Parish Medical Society voted unanimously to reject the establishment of an experimental methadone program in New Orleans [42]. Despite the opposition, Dr James T. Nix, a private practitioner in the Carrollton neighborhood of New Orleans, opened the first methadone program in the Deep South during the spring of 1968 [43]. ‘We must give the addict back to the medical field’, Judge Andrew G. Bucaro argued, ‘where he belongs and where he was until 1920’ [44].

CONCLUSION

The history of the narcotic clinic in New Orleans highlights the importance of local support for maintenance programs. In Shreveport, because of its powerful local backers, the clinic managed to operate for longer and more effectively than its counterpart in New Orleans. While this difference in Shreveport was managed to operate for longer and more effectively than its counterpart in New Orleans. While this difference

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CONCLUSION

The history of the narcotic clinic in New Orleans highlights the importance of local support for maintenance programs. In Shreveport, because of its powerful local backers, the clinic managed to operate for longer and more effectively than its counterpart in New Orleans. While this difference can be ascribed to the Shreveport clinic’s different set of clients—they were generally better off socio-economically than their brethren in New Orleans—it is also important to note that the narcotic clinic in Shreveport was established within an already existing structure; conversely, in New Orleans, the clinic was new and struggled to gain acceptance. Thus, while the historical narrative explains the decline of the clinics as a result of overzealous federal agents, local opposition was a powerful force in its own right.

Declaration of interests

None.

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