

Alcoholism in America: From Reconstruction to Prohibition, by Sarah W. Tracy. Baltimore: The Johns Hopkins University Press, 2005. xxiii, 357 pp. Notes, index. \$50.00 cloth, \$23.00 paper.

Reviewer Rachel E. Bohlmann is director of public programs at the Newberry Library in Chicago. Her dissertation was "Drunken Husbands, Drunken State: The Woman's Christian Temperance Union's Challenge to American Families and Public Communities in Chicago, 1874-1920" (University of Iowa, 2001).

In *Alcoholism in America: From Reconstruction to Prohibition*, Sarah W. Tracy examines the history of alcoholism in the United States. She describes the processes by which people in the late nineteenth and early twentieth centuries slowly and incompletely came to consider inebriety a disease rather than a moral failing. Using a history of science perspective, Tracy argues that immediately after the Civil War doctors took the lead in defining inebriety as a physical ailment. Even so, nearly 50 years later and on the eve of Prohibition, Americans still held no consensus on whether heavy drinking was an illness; even doctors who treated inebriates used a mixture of medical and social or behavioral approaches. Tracy finds that over the course of the Gilded Age and Progressive Era the question of what inebriety was became more complex as medical men asserted their professional authority to combat alcoholism as a public health issue, but found their treatments ineffective and the goal of finding a cure elusive. This is a fascinating story of incomplete medicalization. Tracy dispenses with a top-down narrative of the history of alcoholism in the United States by showing that doctors interested in the alcohol problem competed with other public health experts, taxpayers and voters, drinkers, drinkers' families, quack healers, and temperance and religious reformers in their efforts to define, diagnose, treat, and prevent alcohol-related disease.

Through seven chapters, Tracy tells a story that begins as a history of disease and turns to analysis of institutional care, through which she examines public and private attempts to treat people, mostly men, with drinking problems. In the last portion of the book she focuses on two case histories, one in Massachusetts and the other in Iowa. To trace the medicalization of inebriety, imperfectly as it occurred, she relies on meeting notes, proceedings, reports, and publications from the American Medical Association, and of course, the American Association for the Cure of Inebriates, as well as on the copious amount of secondary literature in alcohol studies, the history of temperance reform, and the history of science. For the case study chapters Tracy relies on patient case files, correspondence files, annual reports, and newspapers. The depth of her reading in the field of alcohol studies shows in the footnotes, which comprehensively display the literature.

One of the strongest aspects of Tracy's book is the way she complicates our understanding of alcoholism. Although physicians in the 1870s defined it as a physical disease, Tracy demonstrates that their treatments for inebriates drew on social as much as medical models. Physicians drew on older traditions of self-help, religious discipline, moral persuasion, and social control in addition to modern medicine and physical therapies. In Iowa, for example, inebriates admitted to the state hospital were given medical examinations, medicines (strychnine was frequently used as a digestive aid), tonics, and physical therapies (including hydrotherapy and massage). As patients improved physically, doctors placed them on regimens of light exercise and vocational therapy, as well as a program of entertainments, lectures, and general socializing. Not everyone considered inebriety a medical problem, however; in 1906 the Iowa state legislature, as a punitive measure, provided patients with wheelbarrows and offered their labor to area farmers during harvest time. Such incidents suggest how people found it difficult to think about problematic drinking outside of moral frameworks.

If the book has a weakness, it is the author's too heavy reliance on an organizing binary between "moral" and "medical" models for inebriety over the course of the period. That contrast can indeed be drawn quite clearly in the 1870s and 1880s, but by the turn of the twentieth century and the rise of prohibition reform, it becomes difficult to use "moral" to describe how Americans summed up the social problem of inebriety. With the rapid rise of the prohibition reform movement and Progressivism, drinking was seen less as a personal moral failure and more as part of larger social, economic, and even legal processes that went beyond individual drinkers. Drinking was criminalized in new ways during the Progressive Era, as Tracy points out, but Progressives placed crime and criminals within social and economic contexts rather than an exclusively moral one.

Tracy treats the significant problem of alcoholism sympathetically. She tells new and important histories of people's efforts to find a cure for themselves or others and provides examples of heartbreaking failures. Her book enriches our reading of reform in this period. One can only wish that her study extended through the Prohibition period, when people's struggles with alcohol addiction continued, even though states stopped providing public health care for drinkers. Unfortunately, the sources she uses to such good effect for the period before 1920 disappear for the next decade. What she shows, however, through careful and thorough readings of medical and institutional records, are people's potent struggles with a human condition—addiction—that is dramatic, tragic, and, it seems, a fundamental part of being human.