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“THE BOY’S MOTHER”

NINETEENTH-CENTURY DRUG DEPENDENCE IN THE LIFE OF KATE M. CLEARY

SUSANNE GEORGE BLOOMFIELD

Beginning at age fourteen, Kate McPhelim Cleary published voluminously in turn-of-the-century American periodicals and newspapers. The daughter of Irish immigrants, she was born in New Brunswick, Canada, in 1863. Her father died when she was young, and her mother moved the family back to Ireland for a short time before immigrating to Philadelphia. In 1880 the McPhelim family—Kate, her mother Margaret, and her two brothers—relocated to Chicago where they supported themselves by writing. There, Kate McPhelim met and married Michael Cleary. In 1884 the newlyweds,

along with Kate’s mother, moved to recently established Hubbell, Nebraska, where they lived for fourteen years. The Clearys had six children but lost two daughters within a three-month period, one to typhoid fever and the other possibly to polio. The family returned to Chicago in 1898, where they struggled financially to survive.

Throughout her life, Cleary’s writing helped to support her family. Her most memorable stories, essays, and poems describe the Nebraska frontier at the end of the century, especially the lives of small-town pioneers. Although some of her stories and sketches are bleakly naturalistic, others present a comic, often satiric, look at Midwestern society. Her mystery novel, *Like a Gallant Lady*, published by Way and Williams in 1897, stirred controversy in Nebraska over its depiction of the state and its inhabitants.

When Cleary died in 1905 at age 42, Chicago newspapers lauded her as “one of the best-known magazine writers in the country. Her pen products were frequently seen in the leading periodicals and her name was well-established before the public.” However, the subheadlines added a teaser: “Recently Held

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to Be Sane by a Court.”¹ Further reports of her death proclaimed, “For years she had been a victim of the drug habit and had been detained in the Elgin asylum for the insane, but had been released.” Not until the last line of the sensational news story detailing all of the events leading up to her death did the reporter note that “sickness led to the use of drugs and the breaking down of her health.” The sensational accounts of Cleary’s death echo Victorian sentiment against drug and alcohol dependence. These cultural attitudes, as well as the state of late-nineteenth-century medical practices, burdened and eventually destroyed Cleary’s literary career just as it was reaching its full potential.

According to family history, Cleary’s morphine addiction began after the birth of daughter Vera Valentine, her fifth child, on 14 February 1894. Cleary became gravely ill with the dreaded puerperal fever, or childbed fever, the most common cause of maternal mortality. A severe postpartum infection, puerperal fever was often introduced to birthing women through doctors who brought communicable diseases on their hands, clothing, and instruments.² Symptoms that Cleary endured would have included an elevated temperature, inflammation, vomiting, fits of shivering, severe headaches, and, perhaps, delirium.³

Michael wired their friends, Robert and Elia Peattie of Omaha, to send a trained nurse to Hubbell to assist in her recovery. On the Plains, especially in the remote, rural regions, hospitals were mostly nonexistent. Clarkson Memorial Hospital, completed in 1883, and Omaha Medical and Surgical Institute, built in 1891, were the first hospitals to operate in Nebraska. Morrow Hospital in Seward, the only hospital west of Lincoln and Omaha, did not open its doors until 1900.⁴ Fortunately, the Clearys were able to afford a private-duty nurse to minister to Kate’s needs. Elia, who had reported on Omaha’s new hospitals in her position as editorial writer for the *Omaha World-Herald*, would have had good connections in the medical world. By the late 1900s, nursing schools linked to hospitals had be-

come more common, although the label of “private duty nurse” could apply to anyone who chose to assume it. No uniform licensing laws differentiated between those who graduated from a formal training school, those who had once worked at a hospital, or someone with experience but no formal education or hospital connections.⁵

Cleary’s condition worsened, and on 24 February Peattie wrote to Cleary: “the letter I got this morning tells me that you are still suffering from fever, and that bad nursing was the cause. I can imagine the gruesome particulars.” The details to which Peattie alluded could have been a painful delivery, probably with forceps, and the more agonizing, misdirected treatments afterward.

Disagreement and confusion about the causes and cures of puerperal fever was prevalent among doctors around the world in the late 1900s. Many nineteenth-century doctors still mistakenly believed that decaying organic matter within the genital tract could be blamed for the disease, referring to it as “endogenous” or already present in the woman’s body.⁶ For example, in Dr. J. H. Kellogg’s 1883 handbook, *Ladies’ Guide in Health and Disease, Girlhood, Maidenhood, Wifehood, Motherhood*, he wrote that “severe fever following confinement is usually the result of absorption into the system of some of the products of decomposition taking place in the generative passages.”⁷ Many doctors, personally and professionally threatened, supported this popular belief, blaming childbed fever on self-infection.⁸ Thus, the logical treatment was to douche the vagina with powerful antiseptics at or before the onset of labor. However, this not only caused harm to delicate tissues but also “increased the risk of infection and produced the additional risk of poisoning by strong antiseptics, especially mercurial preparations.”⁹ I. N. Reed, in his 1882 *Encyclopedia of Health and Home*, recommended treatments that included hourly vaginal injections of harsh carbolic acid.¹⁰

Other turn-of-the-century doctors, however, such as physician, teacher, and poet Oliver Wendell Holmes, dean of the Harvard

Medical School, believed in the contagion or “exogenous” theory.¹¹ Holmes came to the “plain conclusion that the physician and the disease entered, hand in hand, into the chamber of the unsuspecting patient.”¹² In his now famous but once controversial essay presented at the Boston Society for Medical Improvement and published in the *New England Quarterly Journal of Medicine*, Holmes demanded that “the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but a crime.”¹³

Dr. P. B. Saur, in her 1888 handbook *Maternity: A Book for Every Wife and Mother*, wrote that the major cause of puerperal fever was often a result of “instrumental or difficult labor . . . as conveyed by the persons and dresses of the attendants of the patients, even after the exercise of great caution.”¹⁴ Thus, forceps, invented at the beginning of the eighteenth century, were a major culprit for spreading childbed fever. Some physicians used metallic forceps in half of their deliveries, causing “epidemics” of childbed fever within a community, especially small towns.¹⁵

Alexander Fleming’s discovery of penicillin in 1928 would have a major impact on the treatment of infection, but it was not until after the introduction of antibiotics in 1936-37 and their use in the general population after World War II that deaths from puerperal fever became increasingly rare.¹⁶ Unfortunately for Cleary, this discovery was not soon enough, and by the end of March, she was still dangerously ill.

According to local historians, Hubbell, Nebraska, had two practitioners, Dr. Ames and Dr. Wilcox. It is not known which of the two was Cleary’s physician, nor what was the medical background of either one. Albert F. Tyler in *History of Medicine in Nebraska* states that “Not all of the men who practiced the healing art here in the early days were graduates of medical colleges.” He interviewed Dr. G. O. Remy of Ainsworth, Nebraska, who explained, “When I arrived in Ainsworth on June 24, 1884, there was one graduate doctor here, one

who had had one term at Iowa City, and one who had received no medical training at all, except what he received behind a drug counter in a store in Omaha.” This, notes Tyler, was typical of the situation in every county in the state.¹⁷

Up until 1881, no medical laws of any kind existed in Nebraska. After that, a person could practice medicine provided that he “had been engaged in practice for a living continuously for ten years,” the last two in Nebraska, or if that person held “a diploma from a legally chartered medical school” and registered that diploma with the county clerk. In addition, anyone who had “attended one course of lectures in a chartered medical college” and had practiced in the state three years could register and receive a certificate. A new bill was enacted in 1891 that provided for a state board of health and mandated that all newcomers “possess a diploma from a legally chartered college requiring three terms of lectures of nine months each.”¹⁸

However, the fact that a doctor had obtained a degree from a medical school did not guarantee adequate preparation. In the 1870s and 1880s, according to Kenneth M. Ludmerer in *Learning to Heal*, “the consequences of the growth of the country’s educational system were still scarcely felt in the nation’s medical schools.” Few medical students were college graduates, and the overall quality of students studying medicine did not improve until the end of the century.¹⁹

Not only did many students arrive poorly prepared in the medical sciences, but they were often poorly taught. In a classic study by Abraham Flexner, *Medical Education in the United States and Canada*, he describes a typical course as late as 1910:

The professor is a busy physician or surgeon. He lectures to ill prepared students for one hour a few times weekly, in a huge amphitheater, showing a bone between his finger-tips or eloquently describing an organ which no one but the professor directly sees. . . . In the afternoon “demonstrators”

supervise the dissecting, where eight or ten inexpert boys hack away at a cadaver until it is reduced to shreds."²⁰

Because of the absence of strong licensing laws, explains Ludmerer, low-quality medical schools continued to exist until 1910, with few safeguards as to who could practice medicine.²¹ Although the better medical schools were improving, "low-grade schools proliferated and prospered in the years immediately before the turn of the century," states William G. Rothstein in *American Physicians in the Nineteenth Century*, because "medicine had become a attractive and popular vocation."²²

Drugs for medical therapy were readily available through the local druggist and by mail order. By the middle of the nineteenth century, morphine had become the preferred treatment for a wide variety of ailments, especially for women.²³ Beginning in the 1860s, doctors commonly prescribed it for nearly everything, including neurasthenia, headache, and "female complaints," particularly dysmenorrhea (difficult or painful menstruation) and uterine and ovarian complications²⁴ as well as for relief during labor.²⁵

With the invention of the hypodermic syringe, the administration of morphine became even more popular. "By 1880 practically every American physician owned a syringe, and the new option of giving a morphine injection, with its powerful and rapid ability to relieve pain and produce euphoria, transformed medical practice."²⁶ Injected hypodermically, most often subcutaneously, the morphine did not cause the unpleasant gastric side effects of the drug ingested by mouth, it was more economical, and it took effect more rapidly.²⁷ More important, pain relief was stronger, producing an almost immediate sense of well being. "A syringe of morphine was, in a very real sense, a magic wand," states David Courtwright in *Dark Paradise*. "Though it could cure little, it could relieve anything; doctors and patients alike were tempted to overuse."²⁸ Many physicians at the turn of the century were wary of the dangers. Dr. H. H. Kane in his 1880 book,

The Hypodermic Injection of Morphia, warned that there was "no plan of medication that has been so carelessly used and thoroughly abused; and no therapeutic discovery that has been so great a blessing and so great a curse to mankind as the hypodermic injection of morphia."²⁹

One curse of morphine injections was that it heightened the risk of dependence. If the patient was administered the drug continuously over a period of ten to fourteen days, addiction would begin. Too often, many nineteenth-century physicians either left the morphine and syringe with the patients or told them the name of the medication. Thus, many would continue the drug after the prescription expired.³⁰

The American public, however, was aware of the addictive properties of morphine. Beginning in 1870, warnings about morphine addiction appeared regularly in speeches, books, and journal articles.³¹ Dr. Kellogg, alarmed at increased consumption of the drug, admonished his readers that "the greatest of all causes of this enormous increase in the habit within the last few years is its reckless and uncalled-for use in medicine."³² The number of morphine addicts in a particular area depended in part on the background and conscientiousness of the local doctor. One Hubbell doctor, local historians state, not only was a morphine addict himself but had a reputation for addicting his patients. In addition, druggists in the nineteenth century were notoriously eager to supply an addict: "opium and morphine were their bread and butter, and there is no steadier customer than an addict."³³

Countless multidrug patent medicines, containing morphine, laudanum, cocaine, heroin, and alcohol, easily purchased through the mail or at any general store, appealed to women living in isolated frontier communities. The nostrums promised to cure every conceivable disease, especially "female complaints." Even as late as 1897, the Sears and Roebuck catalog offered laudanum, a mixture of opium and alcohol, for about six cents an ounce, and endorsed their own "White Star Secret Liquor

Cure,” an opium product to be mixed with a gentleman’s coffee after dinner. On 7 October 1905, *Collier’s Magazine* began a series of fiery articles by Samuel Hopkins Adams that exposed the contents of fraudulent patent-medicine cures for alcohol and drug addiction. His meticulous research showed that most of the purported cures contained large quantities of the substance they were professing to cure. More alarming, the contents of the “cure” were not listed and were sometimes even denied by the manufacturers.

Cleary, gravely ill, had few medical alternatives in her isolated village on the Nebraska-Kansas border. She gratefully accepted the professional care of Nurse Randall from Omaha, and, we assume, the relief-bringing morphine medications of her doctor. William Rosser Cobbe, in the portrayal of his own morphine habit in *Doctor Judas* (1895), describes metaphorically the first morphine injection he received from his doctor when he was ill: “A million years would not eradicate the recollection of the first flash of the truth upon a brain that had been clouded by fever. . . . A noble river flowed through a lovely valley, flashing its brilliants regally as it overrode the eternal rocks that sought to impede its progress.”³⁴ The immediate relief of the morphine not only helped Cleary endure the pain while her body set about healing itself, but it also calmed her anxieties about the well-being of her family.

The most powerful effect of morphine on the body is in the way the mind perceives pain. The drug has a “euphoric” sensation, that is, a lessening of emotional distress and an emotional distancing from the immediate environment that usually lasts from three to six hours. Dr. T. D. Crothers explained the symptoms in *Morphinism* (1902): first a “dulness [sic] of the senses, and then obliteration of pain followed by serenity, comfort, and rest. Later a tendency to sleep, and, after a short period of unconsciousness, a quiet wakeful season follows. Later the head begins to ache, and nausea and depression come on.”³⁵ The 1994 American Psychiatric Association

manual describes the effects of morphine intoxication as “initial euphoria followed by apathy, dysphoria, psychomotor agitation or retardation, impaired judgment, or impaired social or occupational functioning” accompanied by slurred speech and impaired attention or memory.³⁶

If Cleary’s early use of morphine was intermittent or in small amounts, these symptoms would not have been as pronounced. Crothers noted that “many persons use morphin [sic] in small and irregular doses depending upon conditions of pain or temporary distress. Used in this way, the addiction may go on for a long time.”³⁷ Virginia Berridge and Griffith Edwards in *Opium and the People* (1987), agree that a moderate, stable addict could live for years without any personal or physical deterioration on the same level dosage of the drug.³⁸

However, many people at the turn-of-the-century believed that moderate addicts were as diseased as uncontrolled addicts were. Since public attitudes often influence individual lives, Erich Goode explains in *Drugs in American Society*, “We must therefore examine the social climate surrounding drug use in order to understand its causes.”³⁹ At the beginning of the nineteenth century, regular users of opiates were accepted in their communities. Rarely classified as deviant and in need of professional treatment, society viewed the drug addict as an unfortunate victim. The popular disease theory of addiction, proclaimed in 1871 by the American Association for the Study and Cure of Inebriety and supported by experts like T. D. Crothers, affected American attitudes. Addiction became defined as a disease and classified in terms of individual personality deviancy and biological determinism.⁴⁰ Suddenly a medical specialization, doctors encouraged the new concept of “scientific” intervention, even if “the addict lived a normal life in every other respect.”⁴¹

When many specialists grouped opium with alcohol under the scientific concept of “inebriation,” the drug began to be viewed in the context of the temperance and prohibitionist

movement, and medicine became linked to morality. Thus, good health depended upon self-control, upon the willpower of the addicts to cure themselves. To some, the inability to overcome addiction indicated a malfunction of the brain, a form of mental illness, even lunacy.⁴² Crothers decreed, "Morphinism is a form of insanity." The next step was the insane asylum!

Opiate addiction increased throughout the nineteenth century, peaking in its last decade. America had approximately 313,000 opiate addicts prior to 1914.⁴³ The majority of addicts were women, usually respectable, white, upper- and middle-class housewives whose addiction began through a doctor's prescription. Among male addicts, physicians lead the way, especially country doctors with their arduous workload and widely scattered patients.⁴⁴

With the help of morphine but without the help of her mother, who had died of pneumonia six months before Cleary's bout with childbed fever, she slowly resumed her responsibilities during the summer and fall of 1894—nursing her baby, caring for her other four children, running the household, and publishing a few stories and poems in *Puck* and the *Chicago Tribune*. Then, in December, ten months after her own near-death, the Clearys' daughter Marguerite, nearly six, died from typhoid fever, probably caused by contaminated water from the Hubbell community well, only eighteen feet deep. The following February 1895, her husband's health problems, presumably tuberculosis, recurred. And to complicate matters the economic depression of the 1890s struck Hubbell. Michael decided to go to Chicago and work for his father, not only to regain his health but also to supplement the family income. He had only been absent one month when little Rosemarie, age three, became ill and died.⁴⁵ Since Michael was unable to return to Hubbell, Cleary nursed her child and made the funeral arrangements alone.

Cleary was devastated. In the previous twelve months, not only had she herself nearly died, but she had lost two daughters and still mourned her mother's death in 1893. The sum-

mer of 1895 proved even more difficult. Her husband remained in Chicago, leaving her alone in Nebraska, in charge of the children, the household, and perhaps even the finances, as her outpouring of publishing suggests. Michael returned briefly in September when daughter Vera Valentine came down with typhoid fever. He only stayed long enough for Cleary to nurse her safely through the bout with the dreaded disease before he returned to Chicago, making an absence from the family that year of nine months.

Apparently, Cleary endeavored to stop her reliance on morphine in the months following her illness, for in her letters to Peattie she complained of experiencing what she termed "heart attacks," "dysentery," "depression," and "weeping," all symptoms of drug withdrawal.⁴⁶ Cobbe, in *Doctor Judas*, described his attempts at self-withdrawal from morphine:

At the end of these one hundred and twenty hours I was in a most deplorable condition. The surface of the body was pricked by invisible needles. If one who has felt the sensation of a single one will multiply that by ten million, he may dimly grasp the intensity of that form of suffering. . . . Every joint of the body was racked with consuming fire, while intermittently from every skin-pore there issued a deluge of sweat. . . . Above all, the soul was oppressed with disquietude, the heart fluttered like a wounded bird, and the brain faltered from irresolution.⁴⁷

Cobbe accurately described not only the physical withdrawal symptoms but also his psychological dependence.

With a morphine addict for a doctor and a husband in Chicago, Cleary's solitary struggle to stop taking morphine must have seemed overwhelming. Apparently, she was able to either withdraw on her own or significantly lower her daily dosage, for the clouds seemed to lift for Cleary over the next few years. In 1897 she campaigned actively for the election of William McKinley for president, she published a novel set in Nebraska, *Like a*

Gallant Lady, and she had another baby, "Teddie." In 1898 the Clearys sold their home and business and moved to Austin, an Irish suburb of Chicago. During the next twelve months, with money in the bank, Cleary was freed to write her most memorable works, short stories like "Jim Peterson's Pension," "An Ornament to Society," and "The Rebellion of Mrs. McLelland."⁴⁸

Meanwhile, as Cleary's husband moved from job to job, relocating the family from one rented flat to another, the money the Clearys had obtained from the sale of their house and business in Hubbell must have run low. Suddenly, in 1900, Cleary stopped writing quality stories and began churning out sentimental stories for the newspaper syndicates for ten to fifteen dollars apiece. The first of these, "The Boy's Mother," appeared in the *Chicago Tribune* on 8 February, and narrates the story of a family whose son had died of grief over his mother's morphine addiction.

Evidently, Cleary had returned to morphine—or had never quit. Recognizing her problem, Cleary attempted a private sanitarium cure the following year, perhaps like the one in Edison Park, Illinois, advertised in the *Chicago News* which promised: "Drunkenness, morphine, cocaine—cure guaranteed; painless, permanent. New Sanitarium."⁴⁹ Such private institutes proliferated at the end of the nineteenth century. "Inebriety treatment consisted of physicians who ministered to the addict's medical problems and attempted ambulatory detoxification," states William L. White in *Slaying the Dragon*. Many of these treatments involved "protocol whereby patients came for the medicines three or four times a day while they were living at home or being boarded in a hotel."⁵⁰ This would have appealed to Cleary, who needed to care for her children and write to help support the family. The cure, however, was unsuccessful, and in the fall of 1903, after sending the children off to their private boarding schools and arranging for yet another move, she collapsed, bruising both knees. She appeared in Cook County Court on the Lunatic Docket and was

admitted on 13 October 1903 to the Illinois Northern Hospital for the Insane at Elgin for "Mania" caused by morphine and alcohol dependence of four years duration.⁵¹

Widely diverse drug treatments proliferated at the turn of the century, many surrounded by intense controversy, both medical and moral. Most doctors agreed about the necessity of physical confinement for "scientific" treatment.⁵² However, turn-of-the-century temperance leaders, who equated drug use with drunkenness, believed the problem a moral issue that justified some degree of punishment. Ironically, when people in the lower social classes became addicted, the condition was considered a moral vice, indicating irresponsibility or hedonism; in the higher social and intellectual classes, the addiction was characterized as a disease resulting from the stress of modern civilization.⁵³

The Keeley Gold Cure, the St. George Association, the Turvey Treatment, and Dr. Kane's De Quincey home method all offered hope for the addict. In 1898, when the Bayer Company in Germany introduced heroin, a pain-killing derivative of morphine that is twenty-five times stronger, chemists at first proclaimed it as entirely "safe" and recommended it as a treatment for morphine addiction.⁵⁴

Most turn-of-the-century sources acknowledge three modes of withdrawal, although the methods had many variants and were attributed to numerous experts. The most radical was the "sudden method" advocated by Levinstein. Once the patient entered the institution, he or she was wholly deprived of morphine, put to bed, isolated, and restrained. The advantage was in the rapidity of the cure—from four to six days; the disadvantage was "the danger to life of the patient."⁵⁵ At the other end of the spectrum was the "gradual method," supported by Burkart, which extended over a period of several weeks. Although extremely safe, many physicians argued that since this treatment dragged on for weeks, "the sum of discomfort was greater" and the patient was not spared "a

single symptom peculiar to the sudden method except perhaps the collapse."⁵⁶ Dr. Albrecht Erlenmeyer, in his 1889 work *On the Treatment of the Morphine Habit*, proposed a modified method he termed the "rapid method." He believed that the addict could be weaned from morphine in six to twelve days, according to the individual, by gradually reducing the dosage and substituting caffeine, alcoholic stimulants, and narcotics.⁵⁷ However, most doctors agreed that the minimum recuperation time for a patient was six months; for more difficult cases, one or two years would be necessary.

Cleary's specific treatment at Elgin will never be known, for the only record of her four-month stay contains merely admittance and dismissal information. However, what she might have endured can be reconstructed through contemporary medical books and articles,⁵⁸ Cleary's weekly letters to her son Jim, and a book written by Kate Lee, a patient at Elgin from 1899 to 1900, entitled *A Year at the Elgin Insane Asylum*.⁵⁹

From her admittance on 13 October until she was transferred to the "Well Ward" the second week of December, Cleary spent nearly sixty days in the infirmary. Most doctors, whether using the rapid or gradual method, considered a fifty- to sixty-day treatment period as minimum and believed in a preliminary period of "purging" to eliminate all bodily fluids capable of storing the "poison." To achieve this end, doctors employed strychnine and calomel (chloride of mercury), powerful cathartics to empty the intestinal tract; a laxative (consisting of Rochelle powder, a crystalline compound used in making mirrors, sodium bicarbonate, and tartaric acid); and pilocarpine, a poisonous compound used to induce sweating.

Unfortunately, as Stage explains in *Female Complaints*, calomel was not only "therapeutically useless" but was also dangerous, for it "broke down in the intestines into a virulent mercurial poison." Moreover, Stage laments, "doctors quick to see the evils of patent medicines showed a remarkable blind spot when it

came to the misuse of calomel, quinine, alcohol, morphine, and other dangerous drugs they used with abandon. In retrospect, it seems likely that medical doctors in the nineteenth century were responsible for at least as much promiscuous poisoning as the patent medicine vendors they attacked."⁶⁰

The withdrawal of morphine began when the patient was completely dehydrated. Due to the stress of the treatment on the heart, doctors often needed to administer strychnine (a stimulant for the central nervous system), nitroglycerin (to dilate the blood vessels), or digitalis (a cardiac stimulant) to the patient for cardiovascular complications. Respiratory failure was another concern, and to aid or establish respiration, Dr. Kane in 1880 recommended atropia, strychnine, and ammonia as well as artificial respiration with electricity and oxygen. If the heart needed stimulation, he suggested subcutaneous injections of ammonia, whiskey, caffeine or coffee; intravenous injections of ammonia and hot water; and whiskey or ammonia enemas.⁶¹

Once the crisis was over, withdrawal symptoms lasting eight to ten days set in: delirium tremens, acute manias, insomnia, severe diarrhea, intestinal colic, nausea, vomiting, and labored and deficient heart action. To counteract this, doctors prescribed bromides, quinine, strychnine, chloral, opium, cannabis, laudanum, cold showers, and electric baths. Erlenmeyer declared that if a patient is "used to alcohol, let him have it freely. After complete withdrawal of and weaning from morphine, opium may be given in large doses." He also recommended that "whisky and port wine, and strong beer are to be freely given."⁶²

At the end of thirty days, on 14 November 1903, Cleary was able to write her first letter to her son Jim from the infirmary, declaring that she was gaining back the twenty-four pounds she had lost: "I am creeping back and have got up to 96 lbs." By 27 November, although she still remained in the infirmary, Cleary's spirits were high. She wrote to Jim: "Dear boy, the recovery is absolute. I never said that before. Indeed, I wrote the reverse to

the *other* sanitarium the day after you graduated. And I have been told that I am not being detained for any reason concerning my physical or mental conditions, but merely to 'make sure.' The Judge [Dunne] told me this morning that as there was no case on record here of a patient making a complete cure in the time I have, they were unwilling to have me leave. But he also says, that he can imagine nothing more torturing than absolute idleness and now, with a sound mind in a sound body, I am chafing against inaction. I shall not soon take up housekeeping in any case—chiefly for the reason that it will pay me better to write."

On 12 December, Cleary shared more good news with her son: "I was transferred to the 'well' ward last Tuesday. It is much more pleasant than being in the infirmary. You would fancy coming in that you had entered a clean and comfortable hotel. There is a piano, a library, and we have the current magazines." The letter also revealed that Cleary would not be released from Elgin soon, so she settled in and made plans to begin writing. Her health continued to improve, and in her 12 January 1904 letter to Jim, she boasted of gaining forty-one pounds since her arrival at Elgin: "What do you think of that for a well Mamma? And a Mamma who is going to keep well too!"

Somehow, Cleary had acquired a typewriter during December, and by the middle of January, checks began arriving for stories accepted for publication. On 26 January, she even added a little humor in a letter to her son for the first time since her admission to Elgin: "Dear, it is time to join the motley throng, travel downstairs and out to dinner." By 4 February she wrote to Jim that she had finished ten short stories the week before and had started on a special article for some Chicago doctors.⁶³

Toward the end of February, Dr. Whitman believed Cleary to be cured and ready to leave Elgin after four months of treatment. However, Michael refused to sign for her three-month parole. Such incidents of cured patients not being released were not unusual, Lee stated. "It sometimes happens that . . . when the doctors are willing to let one go, they cannot get

any one to come for her." She wrote of a case of a woman who had been at Elgin for four years, "not insane for the latter part of the time, at least; but she was unable to get any one to take her out. At last some friend, apparently not a relative, came for her." She noted, "With few exceptions the inmates of the Asylum were like birds vainly beating their wings against a cage in the effort to get out."⁶⁴

Peattie relates in her memoirs that Whitman appealed to her "as Kate's nearest friend," saying that "he had done all he could for her, that he regarded her as sane but that she certainly would not remain so if she had to stay in the asylum."⁶⁵ Peattie hesitated to intervene against Michael's wishes until she felt a spiritual presence, "the sweet and beseeching face of Kate's mother, long since in her grave." Elia promised the apparition, "I'll take her out, dear."⁶⁶

Michael's reluctance to sign for Kate's release is a typical reaction, even today, for life with an active addict is like living with a tornado. Family members often have little faith in the addict's ability to stay straight and will do anything to prevent a relapse. Poor coping skills with the erratic mood swings of the addict would also cause them to fear resuming the codependent lifestyle.⁶⁷ Moreover, Michael, who was living with his sisters, would not have received any counseling himself, only biased advice from his family.

On 5 February 1904, Cleary left Elgin and resided with the Peatties for three months where she was "faithful to her parole."⁶⁸ On 5 May, she was officially released and moved by herself into an apartment in the Palace Hotel on the corner of North Clark and Indiana Streets. Although she was concerned about her husband's health, and he visited or telephoned her frequently, she refused to live with him or take money from him.

Cleary's decision to live apart from her husband could have several explanations. First, she accused Michael of not understanding "women and their needs" and of forsaking her: "But it is pretty hard when those you love fail you." And, in the last poem that she wrote,

entitled "Teddie," she alluded to her disappointment in her husband's love: "the love that's worth the winning, / (Not always worth the keeping, sad to say)— / Because of all the sorrow and the sinning, / Like his—who did betray!"⁶⁹ Because Cleary was a strong Catholic, divorce was out of the question.

Or, Cleary's doctors may have urged her to modify her lifestyle to avoid a relapse. In 1902 Dr. Crothers stated that "after-treatment" was often "perilous at home" and recommended a "change of surroundings and conditions of living. The withdrawal of the drug demands a revolution of conduct, act, and thought. New scenes and surroundings are helpful for their diversive effects. The mind must be led out of itself and turned away from old conditions and dependencies."⁷⁰ Returning to housekeeping with Michael would probably have been a physical, financial, and emotional drain on Cleary's strength and limited resources.

Moreover, by the end of the nineteenth century, women had new options and were aspiring to greater independence and personal fulfillment. Many began to desire "a choice among roles different from the traditional one of mother and housekeeper," wrote Carroll Smith Rosenberg and Charles Rosenberg in "The Female Animal."⁷¹ Cleary wanted success as a writer and was willing to sacrifice to achieve this goal. She wrote to her son, "You know how necessary it will be in the future to keep my typewriter busy. If I had done more writing and less housework, I would be better off in every way today."

Cleary was determined to support herself and help finance her children's education at boarding schools, so she wrote until it was too dark to see in the evenings, then fell exhausted into bed. To pay her bills, she often had to pawn personal items, like her mother's wedding ring or her grandmother's earrings, and then write voraciously to redeem them.

Because of her poverty, Cleary did not eat well, which caused problems with her digestion. She began complaining in her letters of pain. Then, in the summer of 1904, the neuralgia that had plagued her throughout her

childbearing years flared up again: "That horrid neuralgia seemed to go to my head—or the place where that romantic disorder is supposed to be located. I tossed around in wretchedness until dawn." Such symptoms were typical, believed Crothers, because the "sufferings reappear which were the original cause of the morphine habit." When "some old neuralgic condition reappears," he advised, "it must be met with tonics and mild sedatives."⁷² Cleary confided to her son, "I've been battling with physical pain for the past week, and it has rather worn in my courage. Neuralgia. Papa [Michael] wanted to get me quinine the other evening, but I've such a dread of all drugs now, I would not take even that."

By the fall of 1904, Cleary's life seemed to improve. She boasted of gaining weight, which renewed her spirits, and she bought a new typewriter. Moreover, her relationship with her husband was warming although she still refused to live with him, preferring instead to move across the street to the Monarch hotel where she could have a larger, warmer room. Her popular stories as well as feature articles continued to appear regularly in Chicago newspapers until the end of April 1905.

Five weeks later, on 6 July 1905, Michael entered a petition in Cook County Court to have Cleary arrested and committed again to an insane asylum. At the courthouse, a doctor testified in writing, "This is to certify that I have examined Kate M. Cleary and that I have found her to be insane." That same day, she stood before a jury of seven men, who acquitted her and sent her home. Cleary returned to her room and stayed in bed for ten days until Michael brought the children to visit her. She went downstairs to the drugstore to meet them, but an argument broke out with her husband and she fainted. When she revived, she started upstairs with her youngest son, Teddie, to give him a poem she had written for him. When she reached the doorway, she collapsed and died.

The coroner's jury examined Cleary in the back room of the drugstore and declared "heart disease" as the cause of death. Her death cer-

tificate lists the cause as “fatty degeneration of the heart accompanied by fatty degeneration of the liver.” This was a typical cause assigned to morphine addicts, and an autopsy was rarely performed.

So, what happened? Had Cleary resumed the use of morphine? Had she attempted a morphine cure that contained morphine itself? Was her husband’s attempt to have her re-admitted to Elgin a desperate and a caring intervention?

Erlenmeyer exemplifies nineteenth-century beliefs about the causes of relapse. Immediately after treatment, he stated, “the patient feels physically well in every respect, and mentally fit for work; his general tone is cheerful and contented.” However, this “buoyant state rarely continues” and relapse occurs because “the physical and mental forces of the patient are not yet enough restored to endure the strain of work.” He suggested that a patient spend at least six months in “recreation and recuperation” before resuming work to avoid “physical weakness and mental dilapidation.”⁷³

Cleary had no choice but to work, and her letters to her son after her release from Elgin began to document the recurrence of health problems that had troubled her throughout her life: “neuralgia,” “congestion of the womb,” “insomnia,” “headaches,” “indigestion,” “nervous ailment due to my age,” and occasions of near blindness that her doctor told her were “induced by chronic heart trouble.” These symptoms, many a consequence of long-term drug use, may have prompted her to return to morphine or patent medicines for pain relief. “The patient remembers the magic power of the morphine of former times,” reported Erlenmeyer. “[H]e makes, with misgivings, the first injection, and if not more than two drops—no matter how small the quantity—the habit is reawakened, he is again its victim.”⁷⁴ Even today, the relapse rate among morphine addicts reaches 40 to 50 percent.⁷⁵

The heart attack Cleary suffered may have been induced by her attempt to stop taking drugs on her own. Peattie, in her memoirs,

confided that “For the three months she lived with me she did not once touch the drug that was her ruin; but the day after the expiration of her parole she returned to it. She died miserably.”⁷⁶ The withdrawal process, which takes from five to ten days, causes elevations in blood pressure and can be life threatening. Crothers in 1902 warned that “few morphin[sic] habitués live longer than ten or fifteen years after the beginning of the addiction. Most of them die in about ten years” (128).⁷⁷ Cleary’s addiction may have lasted as long as eleven years.

On the other hand, Cleary’s death may have simply been caused by a heart attack, for she had suffered from heart problems even before her marriage. While Michael was investigating Hubbell in 1897, he worried about her health, urging, “I hope you take those cactina pellets. *You should never be without them.* Please take care of yourself for your boy.” Cleary’s early use of cactina, a substitute for digitalis, argues for a primary heart disease, perhaps caused by scarlet fever during her youth, and her doctor’s concern that she may not survive her last childbirth may have been a fear of heart failure.

Another intriguing factor complicates the puzzle. During the week that Cleary died, Chicago was experiencing record-high temperatures, and newspapers published lists of heat-related deaths. Cleary lived in a third-floor apartment in the middle of downtown Chicago where, reported the *Chicago Daily News*, “A trail of deaths and prostrations told the story in the blistering streets.” Perhaps, in her weakened state, Cleary died of heat exhaustion.

During the last ten years of Cleary’s life, her typewriter became an important tool for survival and retribution. Cleary’s writing helped her to endure. In 1895 she published humorous poems in *Puck*, realistic sketches about the prairie in the *Chicago Tribune*, and a children’s story in the *Youth’s Companion*. Between 1896 and 1900, Cleary wrote her most humorous stories. The *Chicago Chronicle* included her in its tribute to the three leading

woman humorists in the city, lauding her “kindly and sympathetic gayety” and declaring that “there was never yet the trouble which she couldn’t make one smile over.”

In 1897 Cleary published *Like a Gallant Lady*, taking literary revenge upon the doctor who precipitated her addiction to morphine.⁷⁸ She invented the fictional Dr. Eldridge for her scapegoat and described the Bubble, Nebraska, doctor “driving over the prairies in his ramshackle buggy, glancing from parched sod to pitiless sky . . . being fortified by frequent administrations of morphine” and believing “that there was no God in heaven, no compassion nor supreme intelligence anywhere” (249-50). Throughout the text, Cleary berated him, calling him “a drugged fool” (251) and telling him, “stick to your hypodermic syringe, will you, and leave other people’s affairs alone” (254).

Cleary also exhibited her knowledge of the dangers of patent medicine in *Like a Gallant Lady*. When her heroine discovered that an immigrant family was giving the baby medicines that would even “cure chickens,” Ivera explained to them that it wasn’t “the right kind of medicine. That will not help him any” (121). Even when the stalwart Mrs. McLelland, in one of her short stories, became depressed, Cleary describes the old lady’s black vial of “Composition Tea,” which was “warmin’ and soothin’,” and which probably contained opiates (216).

In 1900, when Cleary turned entirely to writing “potboilers,” short sentimental pieces that she could write and sell quickly to pay the bills, it signaled the lowest point in her addiction. Her first popular piece during this period details the shame caused by drugs. The non-bylined narrative, published on 8 February 1900, in the *Chicago Tribune*, with the sadly ironic title of “The Boy’s Mother,” tells of the ailing son of a brilliant statesman who had just died. Although everyone was sympathetic, only the family knew that the mother was a morphine addict. Because the boy knew his mother’s “case was hopeless,” he did not have the desire to recover. Kate described the

mother’s need for the drug without compassion:

“We don’t know how she got it, sir. She must have bribed one of the nurses—she’s that cunning. I’d suspected something for the last week—she was that quiet. But we caught her with a syringe and an ounce of the drug last night—just as she was going to use it. She’s wild for it now. The doctor has just been here. He says when a case goes on as long as this—five full years—there’s only an institution left.”⁷⁹

Cleary relentlessly described the depth of the woman’s degradation as the mother pleaded, “Give it to me—give it to me! My God, I’ll go crazy if you don’t. The point of the needle is broken off? What do I care? You can tear my arm in pieces—only give it to me! Just a little bit of morphine—you can take my rings for it, Jane! Here—here! Only a few grains! Then I’ll be still—so still.” The verisimilitude of the addictive behavior is heart rending, especially because Cleary’s own case must have paralleled it so strongly. She seems to have been both pleading for understanding as well as asking her son Jim and her husband for help.

Life must have seemed unendurable to Cleary, and death a means of escape. In 1901, shortly after the *Chicago Tribune* reported on the front page the suicides of three women who drank carbolic acid, Cleary penned a similar tale, “The Destiny of Delores.”⁸⁰ Delores, a small-town girl, arrived in Chicago naively believing she could make a living as a famous writer: “I’ve been reading a great deal about women who have succeeded. They almost all went to cities. Many worked hard for a time on newspapers. I can do it—I know I can. It’s my destiny.” However, the young, imaginative but untrained woman did not realize how hard it would be to earn a living by writing. Cleary wrote bitterly that Delores “did not dream that in such work experienced mediocrity counts for more than crude, unpolished talent.” Just as Delores was in the act of drinking carbolic acid, the voice of a former lover

startled her, and the vial symbolically splintered on the sidewalk. Love intervened and saved Delores, just as it did all of the heroines in Cleary's popular stories. She knew such conventional plots would appeal to the public and sell well. Perhaps, too, the sentimental tales helped her escape for a little while into a fantasy world where she, too, might be rescued.

Although Cleary remained silent about her addiction until it overcame her physically, her fiction reveals the progression of her emotions. At first, she lashed out bitterly against her victimization, condemning the doctors and the medicine manufacturers who deceived suffering people. As her addiction advanced, so did her despair, until she suffered not only her own pain but also the pain she caused others. Finally, seeing no recourse and finding no help, she, too, like Delores, must have considered suicide.

"Through the eyes of women," writes Lillian Schlissel in *Women's Diaries of the Westward Journey*, "we begin to see history as the stuff of daily struggle."⁸¹ Throughout much of Cleary's married life, women were idealized as morally superior and expected to devote themselves to their daily duties as wives and mothers. Husbands were to provide economic and physical protection. With the emergence of the "New Woman" at the end of the century, however, women who challenged such traditional roles, whether out of necessity or desire, "found themselves increasingly vulnerable to problems in their relationship with alcohol and other drugs."⁸² Their dependencies were often hidden or denied so as not to risk public exposure. Cleary's economic need to support her family, as well as her personal desire for public recognition as a writer, caused complex conflicts in her life and hampered her ability to free herself from the drug.

Cleary's fight to live a full life and become a successful writer while battling doctor-induced health problems graphically illustrates the reality for many turn-of-the-century women. Incompetent doctors, a lack of medical facilities, primitive knowledge of women's

diseases, misapplied medications, and deep cultural biases shortened a life that had much left to offer. Her struggles will help us appreciate the heroism of not only her simple life but the unvoiced lives of other nineteenth-century women.

NOTES

1. Unless otherwise noted, biographical facts, news articles, and letters quoted in this text will be taken from this author's *Kate M. Cleary: A Literary Life with Selected Works* (Lincoln: University of Nebraska Press, 1997).

2. Judith Waltzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986), p. 57.

3. A slight fever is not completely abnormal, for an elevated temperature is a common postpartum condition, having various causes, such as hormonal changes. When Elia commented in the first letter that Michael should "not be too alarmed. Kate has wonderful recuperative ability," she was drawing on experience from her own childbirths as well as offering moral support. However, whereas "most postpartum fevers subside spontaneously within a few days and have no adverse consequences," puerperal fever is life-threatening (K. Codell Carter and Barbara R. Carter, *Childbed Fever: A Scientific Biography of Ignaz Semmelweis* [Westport, Conn.: Greenwood Press, 1994], p. 97).

4. Albert F. Tyler, ed., and Ella F. Auerbach, compiler, *History of Medicine in Nebraska* (Omaha: Magic City Printing, 1928), p. 536.

5. Susan Reverby, "Neither for the Drawing Room nor the Kitchen': Private Duty Nursing in Boston, 1873-1920," in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers, 3d ed., rev. (Madison: University of Wisconsin Press, 1997), p. 253.

6. Irvine Loudon, *Childbed Fever: A Documentary History* (New York: Garland, 1995), p. xxx.

7. J. H. Kellogg, *Ladies' Guide in Health and Disease, Girlhood, Maidenhood, Wifehood, Motherhood* (Des Moines, Iowa: W. D. Condit, 1883), p. 478.

8. Although great changes occurred in late-nineteenth-century American medicine, according to Leavitt in *Brought to Bed* (note 2 above), "some physicians ignored or tried to refute bacteriological theories during the rest of the century" (p. 266). The "turn-of-the-century years were also the times when efforts at prevention and control of infection seemed least effective" (p. 154). William Rothstein concurs in *American Physicians in the*

Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1985): "The indifference and even resistance of physicians to developments in bacteriology widened the gap between medical science and medical practice at the end of the nineteenth century" (p. 261).

9. Loudon, *Childbed Fever* (note 6 above), p. xxx.

10. I. N. Reed, ed., *Encyclopedia of Health and Home: A Domestic Guide to Health, Wealth, and Happiness*, vol. 1 (Chicago: I. N. Reed, 1882), pp. 633-35.

11. Oliver Wendell Holmes, "Puerperal Fever as a Private Pestilence." *New England Quarterly Journal of Medicine* (1984-3), 503-30. Scottish physician Alexander Gordon had discovered the theory of contagion as early as 1795, although his work was not publicly acknowledged or practiced until the late nineteenth century. It reached more widespread attention when Ignaz Semmelweis published his important 1858 study, *Etiology, Concept and Prophylaxis of Childbed Fever* (translated and edited with an introduction by K. Codwell Carter. Madison: University of Wisconsin Press, 1983). Semmelweis concluded that organisms from outside the body caused puerperal fever. By 1860 Louis Pasteur identified the streptococcus organism in women suffering from the illness.

12. Loudon, *Childbed Fever* (note 6 above), p. 52.

13. *Ibid.*, p. 55.

14. Mrs. P. B. Saur, *Maternity: A Book for Every Wife and Mother* (Chicago: L. P. Miller, 1888), p. 633.

15. Although the use of forceps increased the chance of damaging the vaginal tissues, many doctors justified their use because it reduced the amount of time women spent in labor (Carter and Carter, *Childbed Fever* [note 3 above], p. 21).

16. *Ibid.*, pp. 112-13; Loudon, *Childbed Fever* (note 6 above), p. xxix.

17. Tyler and Auerbach, *History of Medicine in Nebraska* (note 4 above), p. 36.

18. *Ibid.*, pp. 132-33.

19. Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985), pp. 45-46.

20. Abraham Flexner, *Medical Education in the United States and Canada*, bulletin no. 4 (New York: Carnegie Foundation for the Advancement of Teaching, 1910), pp. 83-84.

21. According to Ludmerer in *Learning to Heal* (note 19 above), "As late as 1906, thirteen states still granted medical licenses to nongraduates" (p. 235).

22. Rothstein, *American Physicians* (note 8 above), p. 291.

23. The isolation of morphine from opium was made early in the nineteenth century. Brought to the attention of the public in 1816 by German pharmacist Frederick William Sertürner, who named the drug after Morpheus, the god of sleep, morphine was first produced commercially in England in 1821. By the early 1840s the drug was widely accepted in medical practice in Europe and America (Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* [New Haven: Yale University Press, 1987], pp. 135-38).

24. David T. Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940* (Cambridge: Harvard University Press, 1982), p. 48.

25. Berridge and Edwards, *Opium and the People* (note 23 above), p. 148.

26. Charles F. Levinthal, *Messengers of Paradise, Opiates and the Brain: The Struggle Over Pain, Rage, Uncertainty, and Addiction* (New York: Anchor, 1988), p. 20.

27. H. H. Kane, *The Hypodermic Injection of Morphia: Its History, Advantages and Dangers* (New York: Chas. L. Bermingham, 1880), p. 24.

28. Courtwright, *Dark Paradise* (note 24 above), p. 47.

29. Kane, *Hypodermic Injection of Morphine* (note 27 above), p. 5.

30. Courtwright, *Dark Paradise* (note 24 above), p. 47-48.

31. *Ibid.*, p. 50.

32. Kellogg, *Ladies' Guide in Health* (note 7 above), p. 222. An inadequate medical education coupled with indolence tempted many practitioners to resort to the quick fix or morphine. "Not only was the graduate of a typical proprietary school ill-informed about the danger of repeated administration of opiates, but his general lack of diagnostic skills tempted him to fall back on blind, symptomatic treatment" (Courtwright, *ibid.*, p. 50).

33. Courtwright, *ibid.*, pp. 51-52.

34. William Rosser Cobbe, *Doctor Judas: A Portrayal of the Opium Habit* (Chicago, S.C.: Griggs, 1895), p. 32.

35. T. D. Crothers, *Morphinism and Narcomanias from Other Drugs: Their Etiology, Treatment, and Medicolegal Relations* (1902; rpt., New York: Arno Press, 1981), p. 96.

36. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, D.C.: American Psychiatric Association, 1994), pp. 249-50.

37. Crothers, *Morphinism* (note 35 above), pp. 127-28.

38. Berridge and Edwards, *Opium and the People* (note 23 above), p. 159.

39. Erich Goode, *Drugs in American Society*, 2d ed. (New York: Knopf, 1984), p. 19.

40. Berridge and Edwards, *Opium and the People* (note 23 above), pp. 154-56. Furthermore, since addiction could also be blamed on the individual's own "constitutional predisposition," biological determinism entered the scene, confirming once more the need for scientific intervention in the form of physician specialists.

41. *Ibid.*, p. 159.

42. *Ibid.*, pp. 152-53.

43. This is a ceiling estimate according to records of the imported supply (Courtwright, *Dark Paradise* [note 24 above], p. 15). However, estimates of opiate abuse in the United States in the 1990s is about 300,000 with a population four times greater (Charles F. Levinthal, *Drugs, Behavior, and Modern Society*, [Boston: Allyn and Bacon, 1996], p. 156).

44. Courtwright, *ibid.*, pp. 36-41.

45. The causes for Rosemarie's physical handicaps and death are not known.

46. Charles E. Terry and Mildred Pellens, *The Opium Problem* (1928; rpt., Montclair, N.J.: Patterson Smith, 1970), pp. 442, 545, 549, 605; *Diagnostic and Statistical Manual of Mental Disorders* (note 36 above), pp. 250-51.

47. Cobbe, *Doctor Judas* (note 34 above), p. 27.

48. Kate M. Cleary: *A Literary Biography with Selected Works* contains the definitive bibliography of Cleary's works (pp. 229-50).

49. "Drunkenness, Morphine, Cocaine-Cure Guaranteed," *Chicago News*, 2 January 1904, p. 12.

50. William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute, 1998), p. 23.

51. If the duration of Cleary's addiction was four years, that would set the fall of 1899 as the beginning of her dependence on morphine, signifying that she had successfully stopped taking morphine around 1895, the years she describes the withdrawal symptoms. However, in "The Boy's Mother" (*Chicago Tribune*, 8 February 1900, 7), the narrator says, "when a case goes on as long as this—five full years—there's only an institution left." That would mark 1895 as the time her dependence escalates, the year her second daughter dies and her husband leaves her to stay in Chicago, making the duration of her addiction eight years. Unfortunately, neither source is reliable. Moreover, Cleary's dependence on alcohol seems surprising, yet this may have occurred later in Chicago when she was desperate to stop taking morphine. However, cross-dependence, in this case the use of alcohol in connection with opiates, is common. When the

effects of the morphine began to wear off, Cleary could have lessened withdrawal symptoms by taking some form of alcohol.

52. Berridge and Edwards, *Opium and the People* (note 23 above), p. 165; White 35 (*Slaying the Dragon*).

53. White, *ibid.*, p. 35.

54. The addictive properties of heroin were not realized until 1910 (Levinthal, *Messengers of Paradise* [note 26 above], p. 21).

55. Dr. Albrecht Erlennmeyer, *On the Treatment of the Morphine Habit*, trans. Carl Meinert (Detroit: George S. Davis, 1889), pp. 11-12.

56. *Ibid.*, p. 5.

57. *Ibid.*, pp. 28-41.

58. Terry and Pellens published *The Opium Problem* (note 47 above) in 1928, and it is still considered the most authoritative compendium on the history of drug abuse and treatment. I have condensed the material from contemporary sources in the text from pages 442-551 as well as information from Crothers's *Morphinism*, 1902 (note 35 above) and Erlennmeyer's *On the Treatment of the Morphine Habit*, 1889 (note 56 above) to arrive at what I consider to be Cleary's probable method of treatment.

59. Kate Lee, *A Year at the Elgin Insane Asylum* (New York: Irving, 1902).

60. Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York: Norton, 1979), pp. 49, 63.

61. Kane, *Hypodermic Injection of Morphia* (note 27 above), p. 193.

62. Erlennmeyer, *On the Treatment of the Morphine Habit* (note 56 above), pp. 37-38.

63. According to Lee's account (note 60 above), writing while at Elgin was almost impossible because the state required most inmates to work one half a day in the kitchen, dining room, or laundry for room and board. Lee lamented, "A few little notes might be made, and carefully looked after, but it is difficult to see how even the doctors could help one to write, without allowing her a room in the Center, which would be a very unusual favor"(103). Cleary's prodigious amount of writing was apparently not typical. Also, she may not have been a ward of the state.

64. Lee, *A Year at the Elgin Insane Asylum* (note 60 above), pp. 78, 91, 113.

65. Qtd. in Joan Falcone, "The Bonds of Sisterhood in Chicago Women Writers: The Voice of Elia Wilkinson Peattie" (Ph.D. diss., Illinois State University, 1992), p. 42.

66. Elia Peattie, "The Star Wagon," ed. Joan Falcone, Mark R. Peattie, and Noel R. Peattie (unpublished manuscript), pp. 301-2.

67. Judy Melius, Dual Diagnosis Therapist (Addiction/Mental Health) at Richard H. Young Hospital, interview by author, Kearney, Nebraska, 23 March 1998.

68. Peattie, "Star Wagon" (note 67 above), p. 250.

69. "Woman Writer's Death Due to Heart Disease." *Chicago Record Herald*, 18 July 1905, p. 5.

70. Crothers, *Morphinism* (note 35 above), pp. 192-93.

71. Carroll Smith-Rosenberg and Charles Rosenberg, "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America," *Journal of American History* 60, no. 2 (September 1973): 354.

72. Crothers, *Morphinism* (note 35 above), pp. 39, 182.

73. Erlenmeyer, *On the Treatment of the Morphine Habit* (note 56 above), pp. 71-73.

74. *Ibid.*, p. 71.

75. Melius interview (note 68 above). The American Psychiatric Association (note 36 above)

states that "Relapse following abstinence is common, even after many years of incarceration"(p. 254).

76. Peattie, "Star Wagon" (note 67 above), p. 250.

77. The American Psychiatric Association (note 36 above) concurs: "Opioid Dependence is association with a very high death rate—at the rate of 10 per 1,000 per year among untreated persons"(p. 253).

78. Kate Cleary, *Like a Gallant Lady* (Chicago: Way and Williams, 1897). Further citations to *Like a Gallant Lady* are given in parentheses in the text.

79. Kate Cleary, "The Boy's Mother," *Chicago Tribune*, 8 February 1900, p. 7.

80. Kate Cleary, "The Destiny of Delores," clipping dated 1901, Cleary family scrapbooks.

81. Lillian Schlissel, *Women's Diaries of the Westward Journey* (New York: Schocken Books, 1982), p. 16.

82. White, *Slaying the Dragon* (note 53 above), p. 42.