

Just What WAS in Grandma's "Tonic"?

It's been suggested for years that back in the days before prohibition and the beginnings of regulation of foods and drugs in the United States, people who were otherwise teetotalers frequently were, wittingly or unwittingly, secret drunks.

Surely unscrupulous manufacturers of nostrums had much to gain and nothing to lose by lacing their "tonics" with alcohol. Perhaps it was preferable and demonstrated better ethics to spike their nostrums with booze than with some of the other substances they – and other tonic manufacturers -- may have incorporated, including various narcotics and psychotropic herbals and even small quantities of actual poisons.

This article, found in New York State's "Annual Report of the State Board of Charities for the Year 1906" in three volumes, provides some research results about just what several popular tonics of the day included in terms of alcohol.

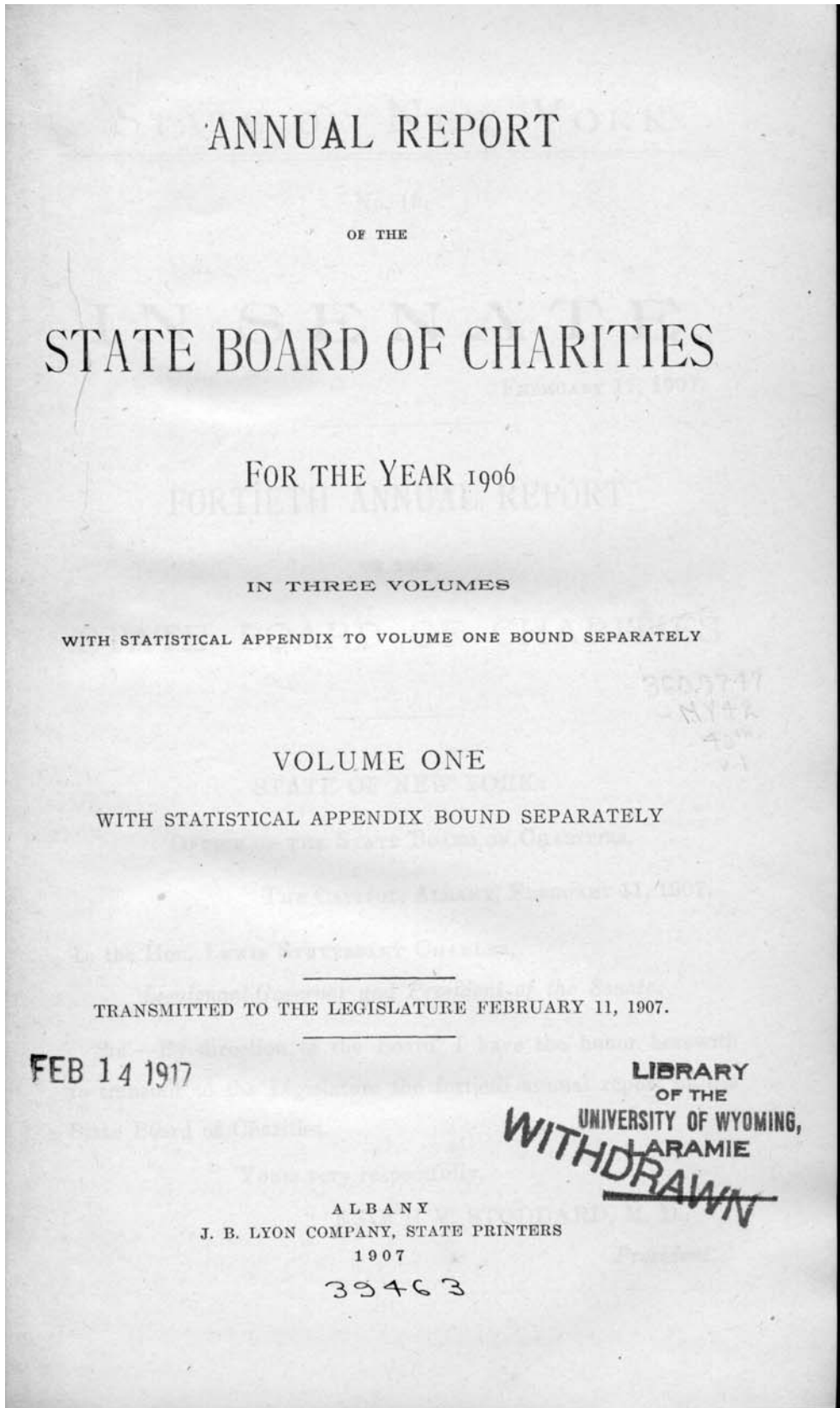
The reason the topic was addressed in these proceedings pertained to the problem – still very much with us – of care for the sick poor. Then as today, critically ill people receive substantially the same level of care in the hospital regardless of personal financial situation. However, once discharged from the hospital, the situation of the sick poor was radically different from that of people with more financial resources, just as the circumstances both groups face today are different.

In the early years of the 19th century, people sought any possible way to solve the physical problems that remained after their acute illness was controlled, and the sick poor particularly were apt to turn to "tonics" compounded and sold by the unscrupulous that claimed extraordinary efficacy at restoring health. That the claims made for these products were in many cases outrageous made the sick poor, who lacked other resources, even likelier to seize on the ray of hope the tonics offered.

This article, quoting the Chairman of the Committee on the Care and Treatment of the Sick, addresses these issues, and, even a century later, is an eye-opener.

Although many nostrums are regulated today, one wonders how far we have actually come in more than a century in solving the underlying problems that made these nostrums popular a century ago.

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clerical force placed at the disposal of the conference; to the Rochester Telephone Company for the facilities gratuitously furnished; to the Woman's Union, the Rochester Orphan Asylum, and the Mechanic's Institute for their graceful entertainment; and to the officials, institutions and citizens of the city of Rochester generally for their continued interest in and attendance at the conference and the genial and whole-souled hospitality to its members.

(5) *Resolved*, That this conference hereby expresses its appreciation of the cordial greetings received from the representatives of the united evangelical movement in this city and gratefully acknowledges the assistance and co-operation rendered to all humanitarian movements by the clergy.

Respectfully submitted,

Nathan Bijur,
Homer Folks,
F. H. Briggs.

A DELEGATE: I move the adoption of the report.
Motion seconded.

PRESIDENT MABON: It has been regularly moved and seconded that the report of the Committee on Resolutions be adopted. All in favor signify by saying Aye; contrary, No. It is carried.

Is there any other general business to be transacted? — if not, I will now introduce Dr. Arthur J. O'Leary, of New York, who will present as chairman, the report of the Committee on the Care and Treatment of the Sick.

REPORT OF THE COMMITTEE ON THE CARE AND TREATMENT OF THE SICK, BY CHAIRMAN DR. ARTHUR J. O'LEARY.

LADIES AND GENTLEMEN: As chairman of your committee of this section of the program, it is my duty to make a report on the condition of the sick poor; but, rather than make a report on conditions which already exist and of which we are all more or less familiar, I propose instead to bring to your attention a few facts which may lead to a better understanding of the causes that multiply that already large army of unfortunates known as the "Sick Poor," and to suggest a means that may tend to better their condition and lessen their number. To accurately estimate the

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total number of sick poor in our large cities is well nigh impossible, because those treated in hospitals and dispensaries, from where we receive reports, form only a part of the total number. We have, in addition to those who are taken care of by the above-mentioned institutions, a large number of whom we have no record, who are attended in their homes by the private physician charitably inclined. Finally, we have another class of the sick poor who neither go to the hospital nor to consult a doctor, but who rely on the rose-colored promises of complete and speedy cures made by unscrupulous and conscienceless advertisers of patent nostrums and cure-alls. We will first consider those who enter the hospitals, as they form the largest number, and as their cases are supposedly the more serious. Education has removed from the mind of the poor that dread of the hospital, which not long ago was the most serious obstacle met with by the physician and by the charity worker, in dealing with those whose home surroundings prevented them from receiving proper treatment, and as a consequence there is at present little or no opposition to hospital treatment, either from the patient or from the family. Indeed so willing are the sick poor to take advantage of the opportunity and so many are the cases requiring it, that we now find the hospitals in our large cities taxed to their utmost capacity at all times, rendering it necessary for the hospital authorities to discharge patients at the earliest possible moment, and to refuse to take none but patients suffering from acute diseases. Our large charity hospitals, therefore, treat a vast number of sick poor for all acute diseases to which flesh is heir, keep them till such time as the disease *for which they applied* for treatment is cured and then discharge them to make room for others who are in more urgent need of hospital care. But is the patient who leaves the hospital under such circumstances in a fitting condition to resume his occupation? Is the man who has recently been racked and tortured by an acute disease cured when the symptoms of *that* disease disappear? Is he, whose fevered brain that but a short time previous had been disordered by delirium, in a fitting condition to go forth within a few days, and battle for existence in occupations demanding a clear mind and an active brain? Rather, is not such a one still a subject for further careful treatment? Although he may not have a high temperature, severe pains, or other symptoms or an acute disease,

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yet, he is in such a condition that he may readily invite one of a score of diseases that will render him unfit forever to help, either himself or those dependent on him.

During the year 1904, over 37,000 patients were treated in the large charity hospitals of New York (old city), and of this number over 33,000 were discharged or transferred. Now, were it possible to trace what became of this large number of discharged and transferred patients, it would open the eyes of many of us who believe that when a patient leaves a hospital he is fitted to resume the duties of his position. We would find that, although the acute disease had disappeared, the patient goes forth weak and debilitated, with lowered vitality and a ready prey to one of the many forms of chronic disease that will forever unfit him to become again a bread winner either for himself or for those depending on him. We will take, for example, a typical case of any acute pulmonary disease and contrast the treatment received by one who is unfortunate enough to be numbered among the sick poor and one who has his store of the world's good things. The poor man, after a stay of some weeks in a hospital where he receives just as good medical care as his rich brother, is told that he is cured and that he may return to his home and resume his work—under conditions that would test the resources of one in perfect health. He goes; and with the knowledge that he must quickly make up for the expenses incurred during his illness, attempts to do more than his poor disease-racked body will endure. Day by day he grows weaker; his friends tell him he is getting thinner, but he bravely struggles on, hoping against hope, yet loathe to confess, even to himself, that he is being beaten in the race. He finally gives up when it is too late, and finds that the only place left for him now is in a hospital where consumptives *alone* are treated. After his death his wife struggles on, but finds that, with the added burden of several small children, she also is unable to keep the family together, and then comes the sending of the children to various institutions, there to become a charge on the State. The other side of this picture shows our man of means making the same kind of a recovery from his acute disease, but now the difference. He is not compelled to return to work, but starts for a protracted stay in the mountains, and there, amid the most healthful surroundings, receives from Mother Nature a bounteous supply of renewed vitality. What, then, is the remedy to be applied to such cases as described? It cannot be that a longer

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time should be spent in the hospital—for the end which has been sought for is accomplished, namely, the curing of the acute disease; nor can it be that home treatment will benefit the sick poor on their return from the hospital. But there is a remedy, and one which will do more good for sick humanity than any measure yet brought forward for the amelioration of those who, unable to take care of themselves, become charges of the State.

During the year 1904, the Great White Plague claimed 8,512 victims in New York City, this despite the many measures that have recently been taken to check the ravages of this dread disease. Our various health boards and others interested in combating tuberculosis have worked hard and faithfully to stamp it out; and, whereas, their propaganda of education and their incessant labors have borne some fruit, yet to-day they are sick at heart over the ever-increasing number of deaths reported from this cause. Curative measures have been discovered, sanitariums have been established, the people have been educated, yet the victorious army of death marches on in triumph, claiming most of their victims from those who have been weakened by disease and who have attempted to try with weakened bodies tasks at times too much for strong and lusty individuals. The conclusion to be drawn from the above facts which I have endeavored to bring to your attention is that some sort of institutions should be established to take care of those who have been unfortunate enough to contract a serious illness, and whose slender purse strings make it necessary for them to return to work before they have completely convalesced. Call such an institution what you will, a Convalescent Home or a Recuperative Hospital, but let us have it at no matter what cost. This last word, however, touches the keynote to the situation. Yet, why will we hesitate at the cost? Can we not see that the amount of money expended in building and maintaining such institutions as I have suggested will be more than compensated for by the correspondingly lessened cost of maintaining other institutions which at present provide for those who are made dependents by the absence of such convalescent homes. So, rather than wait till it becomes necessary to cure the evils resulting from a too sudden return to work of the sick poor, let us provide a means to prevent such evils by establishing such homes. It is not, I take it, in the scope of this report to suggest ways and means to start this project, but I sincerely hope that some one in authority will take up the question and push it to a fruitful end, as there can be no doubt of

The "Great White Plague" Dr. O'Leary alludes to was tuberculosis. In an age before antibiotics, a convalescent home or sanitarium was the only real "cure" for this disease – one that was far more prevalent among the poor than any other segment of the population.

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its necessity. Another fact to which I wish to draw your attention to-night in relation to the subject of this section of the program, and one which will readily appeal to all here on account of the publicity which has been given it during the past year in various newspapers and magazine articles, is what has been designated by Mr. Samuel H. Adams as the "Great American Fraud." The sick poor have many miseries with which they must contend — to be poor is bad, to be sick and poor is worse, but, to be sick, poor and defrauded, is filling the cup of bitterness rather full. I have in the beginning of this paper referred to the condition of the sick poor as they come from the hospital, broken in health and spirit and willing to grasp at any and every straw that will give them back strength enough to resume their various duties. The appalling statement that seventy-five million dollars are spent annually in America in the purchase of patent medicines must make us pause and ask what class of our people spend this enormous amount of money. It is not the rich, nor the well off middle class, it is not the well off of any class — it therefore must be spent by those whose care are our concern to-night. Nor is it the money alone that is wasted in such a way that we must consider, but also the moral effect of the use of these drugs, for, despite our liquor laws, despite high license laws and despite our temperance workers, alcohol enters into the manufacture of these drugs more than any other one ingredient. This is not an idle or unfounded statement, but one which has been proven on more than one occasion. In the official report of the Massachusetts State Board of Health, will be found on examination of many of the tonics and bitters sold as cures for inebriates, and highly recommended as remedies for various diseases affecting the stomach; many of them advertised as purely vegetable and non-alcoholic. I will read you a few of them with the percentage of alcohol contained and let you judge for yourselves with what the sick poor have to contend.

The following is a list of the articles examined with the percentage of alcohol contained in each:

	Per cent of Alcohol.
1 Best Tonic	7.6
2 Carter's Physical Extract	22.0
3 Hooker's Wigwam Tonic	20.7
4 Hoffman's German Tonic	29.3
5 Hop Tonic	7.0
6 Howe's Arabian Tonic (not a rum drink)	13.2

To better understand the percentages, it's helpful to compare them to modern alcoholic beverages, and to realize the "proof" is twice the alcoholic percentage. Thus, to select an example from the short list above, "Carter's Physical Extract" would have been 44 proof. Most gin and vodka are bottled today at 80 proof (40% alcohol) – so the person who consumed a few ounces of Carter's would actually have imbibed a stiff cocktail.

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	Per cent of Alcohol.
7 Jackson's Golden Seal Tonic	19.6
8 Leibig Co. Cocoa Beef Tonic	23.2
9 Mensman's Peptonized Beef Tonic	16.5
10 Parker's Tonic, purely vegetable, "recommended for inebriates"	41.6
11 Schenk's Seaweed Tonic, entirely harmless	19.5
12 Atwood's Quinine Tonic Bitters	29.2
13 L. T. Atwood's Jaundice Bitters	22.3
14 Moses Atwood's Jaundice Bitters	17.1
15 Baxter's Mandrate Bitters	16.5
16 Boker's Stomach Bitters	42.6
17 Brown's Iron Bitters	19.7
18 Burdock's Blood Bitters	25.2
19 Carter's Stomach Bitters	17.6
20 Colton's Bitters	27.1
21 Copp's White Mountain Bitters, "not an alcoholic beverage"	6.0
22 Drake's Plantation Bitters	33.2
23 Flint's Quaker Bitters	21.4
24 Goodhue's Bitters	16.1
25 Green's Nervura	17.2
26 Hartshorn's Bitters	22.2
27 Hoffman's German Bitters, "entirely vegetable and free from alcoholic stimulants"	25.6
28 Hop Bitters	12.0
29 Hostetter's Stomach Bitters	44.3
30 Hoffman's Sulphur Bitters, "contains no alcohol," as a matter of fact it contains no sulphur, but does contain	20.5
31 Kingsley's Iron Tonic	14.9
32 Langley's Bitters	18.1
33 Liverpool's Mexican Tonic Bitters	22.4
34 Paine's Celery Compound	21.0
35 Pierce's Indian Restorative Bitters	6.1
36 Puritana	22.0
37 Porter's Stomach Bitters	27.9
38 Pulmonine	16.0
39 Rush's Bitters	35.0
40 Richardson's Sherry Wine Bitters	47.5

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Note that Hostetter's Stomach Bitters weighs in at 44.3 percent alcohol – the person who drank two ounces of this nostrum would have drunk the equivalent of about 2 ½ ounces of 80 proof gin or vodka.

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	Per Cent of Alcohol
41 Secor's Cinchona Bitters	13.1
42 Shonyo's German Bitters	21.5
43 Job Sweet's Strengthening Bitters	29.0
44 Thurston's Old Continental Bitters	11.4
45 Walker's Vinegar Bitters, "contains no spirits"	6.1
46 Warner's Safe Tonic Bitters	35.7
47 Warner's Bilious Bitters	21.5
48 Wheeler's Tonic Sherry Wine Bitters	18.8
49 Wheat Bitters	13.6
50 Faith Whitcomb's Nerve Bitters	20.3
51 William's Vegetable Jaundice Bitters	18.5
52 Whiskol, "a non-intoxicant stimulant, whiskey without its sting"	28.2
53 Golden Liquid Beef Tonic "recommended for treatment of alcohol habit"	26.5
54 Ayer's Sarsaparilla	26.2
55 Thayer's Compound Extract of Sarsaparilla	21.5
56 Hood's Sarsaparilla	18.8
57 Allen's Sarsaparilla	13.5
58 Dana's Sarsaparilla	13.5
59 Brown's Sarsaparilla	13.5
60 Corbitt's Shaker Sarsaparilla	8.8
61 Radway's Solvent	17.9

As this examination appears under the seal of the Health Board of the State of Massachusetts neither its truthfulness nor its accuracy can be questioned. In further elucidation of this subject, I wish to describe an interesting experiment performed by Dr. A. J. Read, of the Battle Creek Sanitarium. He took four cans and into the first he put one tablespoonful of Hostetter's Stomach Bitters, into the second the same amount of Peruna; into the third a similar amount of Lydia Pinkham's Vegetable Compound, and in the fourth one tablespoonful of beer. The cans were connected by rubber tubes to an ordinary burner and mantel, heat was applied under the cans to set free the vapor, which gave bright illumination as follows: Can No. 1, Hostetter's Bitters, the vapor burned four minutes; Can. No. 2, Peruna, burned two minutes, forty seconds; Can No. 3, Lydia Pinkham's Vegetable Compound, burned two minutes, thirty-five seconds; Can No. 4, Beer, burned 20 seconds. This speaks for

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itself and should make plain to our legislators and temperance reformers that the licensed seller of alcoholic beverages is not alone responsible for all the inebriety with which we have to contend. Nor is it with alcohol alone that the proprietors of these Nostrums ruin the health and destroy the morals of their foolish and gullible patrons, but other, even more harmful drugs are freely put in the hands of those who do not realize the danger that surrounds them by the use of such drugs as Cocaine, Opium, etc. Much has been written and said on this subject of Patent Medicines, and we are indebted to Mr. Samuel H. Adams, of "Colliers," and to Dr. Ashbel P. Grinnell, of New York City, for their valuable work in exposing to the American public this great fraud which when applied to the sick poor becomes criminal. It not only robs them of their money but also of their health and many times it is the last dollar which is spent in the vain hope of curing a sick father or dying mother. These facts I bring to your attention with the hope that some way may be devised to curb these rapacious wolves and in order that some legislative means may be placed at our disposal to guard those who are placed under our care.

I have endeavored to-night to bring to your attention facts which I trust will help to ameliorate the condition of the sick poor by, first, advocating the establishment of Convalescent Hospitals or Homes, wherein the good work done by our hospitals may be brought to a successful termination. And, second, by suggesting legislative enactment whereby we may secure a wise supervision over the manufacturers of those patent medicines which our poor so eagerly, though unwisely, use.

The paper entitled "Care of the Indigent Sick in Their Homes with Special Reference to Tuberculosis," was to have been read by Dr. J. A. Miller, of Bellevue Hospital, New York. Unfortunately, Doctor Miller is not present to-night, but his paper is here and is to be read to you by Doctor Howard, of Rochester.

"CARE OF THE INDIGENT SICK IN THEIR HOMES WITH SPECIAL REFERENCE TO TUBERCULOSIS," BY J. A. MILLER, OF BELLEVUE HOSPITAL, NEW YORK CITY.

The home treatment of tuberculosis patients has developed from the very wide interest in tuberculosis as a problem and from the more certain knowledge of the possibilities of a cure of the disease.