

**NOTE:** The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

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## **Patent Medicine and Addiction in America**

William L. White

During the 19th and early 20th centuries, both the traditional medical field and the patent medicine industry provided drugs with high addiction potential to medicate a wide variety of physical and psychological discomforts. America's legal drugs came from two institutional sources. The first, referred to as the "ethical" drug companies, have traditionally manufactured, advertised, and distributed medicinal drugs only to doctors, hospitals, and pharmacies. As prescription laws became the rule, the ethical companies were the primary sources of prescription drugs in the United States. The other branch of the rising pharmaceutical industry was made up of "patent" drug companies, which manufactured, advertised, and sold what today we would call "over-the-counter" drugs directly to the American public. Psychoactive drugs--including alcohol, opium, morphine and cocaine--appeared in the products of both ethical and patent companies, but it was through the patent companies that these substances were first most widely distributed to American consumers.

The story of patent medicines begins early in American history. English patent medicines were imported into the colonies regularly until the time of the Revolutionary War. Some English colonists arrived with patents for particular medicines issued by the King of England (Gilbert, 1989). These patents allowed the holders, and no one else, to manufacture and sell particular medicines. The term "patent" comes from the Latin word *patere*, meaning "to be open." The patent process required that the contents of the remedy be made public--a requirement that few of the drug companies were willing to meet (Haller, 1989, p. 520).

Most so-called "patent" medicines in America were really "proprietary" medicines. Few formulas for American-made medicines were patented. Their manufacturers did not own the formula for their contents, but instead owned a bottle shape and color, a product name, or a label design. The term *patent medicine* was usually applied to products that shared two characteristics: 1) their ingredients and formulas for their preparation were kept secret, and 2) they were advertised and sold directly to the public (Young, 1953). Patent medicines were also known as *nostrums* or secret remedies.

### **Opium, Cocaine, and Alcohol as Patent Medicines**

Patent medicines containing alcohol and other drugs came in many forms. They came in their natural form, such as gum opium. They came in tinctures--drugs dissolved in alcohol--such as the Laudanum. They came in syrups like Mother Bailey's Quieting Syrup, concentrated solutions of water and sugar which often contained alcohol and opium. They came as cordials,

aromatic liqueurs that contained opium or cocaine, as did Coca Cordial. There were also balsams (ointments filled with other drugs that were absorbed through the skin), anodynes (pain-relieving agents), and powdered forms of opium and cocaine. Some products also were mixed with tobacco for smoking. The resin-heavy form of opium specifically prepared for smoking was not available in the U.S. until the mid-1800s.

Although opium was available in crude form during the 18th century, it was not until the 19th century that a patent medicine industry arose, with opiate-filled elixirs and nostrums as the centerpiece of its offerings. The industry used crude opium and morphine, as well as another narcotic alkaloid—codeine--isolated by the French Chemist Robiquet in 1832.

During the 18th and early 19th centuries, a number of patent medicines containing opium or opium derivatives became quite popular, including:

- Dovers Powder (ipecac and opium powder)
- Laudanum
- Paregoric Elixir (camphorated tincture of opium)
- Godfrey's Cordial
- Mother Bailey's Quieting Syrup
- Mrs. Winslow's Soothing Syrup
- Allen's Lung Balsam
- Dr. Coles Catarrh Cure
- Jayne's Expectorant
- Hoopers Anodyne, the Infant's Friend
- Dr. Grove's Anodyne for Infants
- Dr. Moffett's Teething Compound
- Perkin's Diarrhea Mixture
- McMunn's Elixir of Opium
- Ayer's Cherry Pectoral
- Professor Hoff's Consumption Cure
- Dr. Fowler's Strawberry and Peppermint Mixture
- Gooch's Mexican Consumption Cure
- Kendal Black Drop
- Perry Davis' Vegetable Pain Killer

So many American patent medicines were loaded with opium, cocaine, or alcohol that Anstie, in his 1865 text on stimulants and narcotics, referred to them as the "inebriant medicines" (Anstie, 1865, p. 85)

### **Source and Availability**

Most of the opium that formed the basis for American narcotic medicines was imported. During the 19th century some producers tried to cultivate poppies in the United States--particularly in the South, but American opium production could never compete with the prices of opium imported from countries such as Turkey.

Beginning in the mid-19th century, patent medicines filled with alcohol, opiates, and cocaine were available from doctors, drugstores (without a prescription), grocery stores, mail-order houses, and traveling peddlers who went from town to town selling their chemical wares. In his autobiographical account of addiction, William Cobbe wrote about buying opiates in drug stores "which sell the poison as indifferently as they sell toilet soap" (Cobbe, 1895, p. 127). Drug products could be ordered in secret and delivered with discretion, in what may have been the first appearance of the "brown-paper wrapping." In advertising, the testimonials to these products called out to those seeking physical and emotional comfort. The fancy bottles, with their government patent and copyright stamps, which really applied only to the bottle or the label, gave the impression of official government endorsement.

David Musto's exploration of the role of the physician in the spread of addiction suggests that addiction was a harmful side-effect of 19th-century medicine. Musto described three patterns of iatrogenic (physician-caused) addiction: 1) an *inadvertent* role in prescribing a new product like heroin, which was not yet known to be addictive; 2) a *negligent* role prescribing narcotics out of fear the patient would simply seek a new doctor if refused; and 3) an *intentional* role in helped an alcoholic become addicted to morphine on the grounds that morphine was believed to be less harmful than alcohol (Musto, 1985).

The cultural perception of opiates contributed to their widespread availability. Taking an opium-based medicine, for example, was viewed during the nineteenth century as taking an aspirin might be viewed today. It was a part of everyday life, seen as an ordinary form of relief for physical discomfort and pain. The average citizen did not come to consider opium a dangerous and potentially addictive drug until the late nineteenth century. Before then, opium-, morphine- and cocaine-laced products were widely available and aggressively advertised.

## **The Growth of the Patent Medicine Industry**

The patent medicine industry grew in a mutually dependent relationship with another phenomenon: the development of American newspapers. The patent medicine industry needed the newspaper's power of promotion, and the newspaper industry needed the advertising income from the patent medicine makers. The American patent medicine industry boomed in the mid to late nineteenth century, at a time fears were rising of such dreaded diseases as typhoid, yellow fever, and cholera. Newspapers spread the word of public vulnerability and told it readers how to protect themselves or self-treat those diseases--with patent medicines.

The patent medicine industry reached its peak level of profit and visibility between 1870 and 1930. Its growth was explosive. The value of the "proprietary medicine" industry, as it called itself, rose from \$3,500,000 in 1859 to \$74,500,000 in 1903 (Young, 1961). During this period, the traveling medicine show and the patent medicine catalogue served as forms of entertainment and the primary source of health care for many Americans. Medicine shows performed by the Kickapoo Indian Medicine Company or Hamlin's Wizard Oil Company mixed the sale of patent medicines, which were universally referred to as "snake oil," with the high drama of minstrels, bands, animal shows, contests, burlesque, comedy, and Wild West shows.

The patent medicine almanac was a mixture of calendar, advice column, and stories, all mixed with testimonials to the miraculous powers of the sponsor's particular potion. During the last quarter of the 19th century, the manufacturer of Hostetter's Stomach Bitters (which was more

than 80-proof alcohol) distributed between 10 and 13 million copies of each edition of its yearly almanac. The ever-present patent medicine almanac in the local toilet served two purposes, one of which was advertising (Young, 1961).

The best evidence of the growth in American opiate use can be found in the annual figures for importation of opium, figures kept quite carefully for tax purposes. The volume of crude opium and smoking opium imported into the United States rose from 450,925 pounds during the 1840s to more than 6 million pounds during the 1890s. During this period the annual per-capita opium use rose from 12 grains in 1840 to 52 grains in 1890 (Musto, 1973; Mark, 1975; Rankin, 1976).

## User Profile

In 1928, Charles Terry and Mildred Pellens took a survey of what was then known about American opiate use for the Committee on Drug Addiction of the Bureau of Social Hygiene. This classic work, *The Opium Problem*, summarized all available surveys on opium use that had been taken in the second half of the 19th century and the early 20th century. Terry and Pellens came to the conclusion that most opiate users in this period were white, middle-aged women from among the most educated and honored members of society.<sup>1</sup> At the turn of the century, addicts were likely to be found, not in the Northern urban ghettos, but in the rural South. Opiate addiction by Blacks during the 19th century was rare. Most opiate addiction started in response to physical illnesses and physician-provided drugs. The limited access of Blacks to medical services, although it contributed to poor health and shorter life expectancies, protected them from physician-caused opiate addiction.

Opiate addiction was particularly widespread in areas of the South where opium-laced medicines were commonly used to treat malaria and a wide variety of intestinal and tropical diseases. Women like Louisa May Alcott suffered from such diseases and to the subsequent soothing effects of opium and morphine. Alcott used opium and morphine to ease the enduring pain that came from her treatment with the highly toxic, mercury-laden calomel (Palmer and Horowitz, 1982).

The patent medicine industry also supplied a large number of opium-, cocaine-, and alcohol-laced products for “women’s ailments.” Some of these products were emblazoned with the words “Woman’s Friend.” Advertising copy from the patent medicine era used similar tactics to promote these products to women. This begins a saga in which addiction among women is simultaneously promoted and hidden within the culture. The stories of addicted women appeared rarely, in the form of fiction and drama, as in Harper Lee’s story of a woman’s morphine addiction in *To Kill a Mockingbird*, or in Eugene O’Neill’s account of his mother’s morphine addiction in *Long Day’s Journey into Night*. (O’Neill’s mother made many attempts to cure her morphine addiction, in one private sanitarium after another. She finally recovered after her stay at a Brooklyn Convent in 1914 (Jonnes, 1996, p. 18).

Tropical diseases and the tricks of the patent medicine industry are not the only explanations offered for the vulnerability of women to narcotic addiction. Early addiction specialists linked the increased use of drugs in women to their physical and psychological

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<sup>1</sup> The only major exception to this addict profile was an 1880 study by Earle noting an over-representation of Blacks among Chicago’s opium and morphine users.

character, often noting that women were more susceptible to drug use because of their more highly refined nervous systems. Explanations like these continued well into the 20th century (Towns, 1915).

The patent medicine industry also targeted children, and medicines for children were as likely to contain opiates as were those designed for their mothers. Some opium- and cocaine-laced patent medicines were promoted specifically for use with babies. Dr. J.C. Fahey's Pepsin Anodyne claimed to "pacify the most fretful child." Promising that the product contained "no laudanum or injurious article," the Fahey preparation contained both chloral hydrate and morphine (Holbrook, 1959, p. 51)

Opiate-laced preparations in products like Mrs. Winslow's Soothing Syrup, Godfrey's Cordial, Children's Comfort, Mother Bailey's Quieting Syrup, Steedman's Teething Powders, Atkinson's Infants' Preservative, Paregoric Elixir, and Hoopers Anodyne ("The Infant's Friend") were so popular for calming infants and children that warnings began to appear about their deadly possibilities. When the caps were left off products like Laudanum or other alcohol-based opiate preparations, the alcohol evaporated. This left a potent narcotic preparation in the bottom of the bottle that could prove fatal to a baby who was given even a "normal" dose. And products like Dover's Powder used a heavy sulphate of potassa that could sink to the bottom of the bottle, leaving the dangerously potent opium at the top, where it could easily be poured off for the child's medication (Pollard, 1858; Haller, 1989).

Babies also were born dependent upon opiates after their mothers' sustained use of opiate-laced medicines during pregnancy. In his study of the history of addiction among American women, Stephen Kandall notes the first report of "congenital addiction" in America: F.B. Earle's 1888 report of an infant's death three days after being born to an opium-addicted mother (Kandall, 1996, p. 51). That same year, Hubbard reported the case of a mother secretly addicted to morphine. After her first child died of morphine withdrawal only days after delivery, she regularly dosed her second child with Laudanum, to keep from losing this child to withdrawal. Mother and child continued their secret addiction until both were successfully treated by Hubbard--beginning when the child was seven years old (Hubbard, 1881)

In 1894, the prominent pediatrician Dr. Louis Fischer warned that nursing by addicted mothers--and the practice of quieting children with soothing syrups and teething cordials--were creating life-threatening addictions in infant children (Fischer, 1894). Dr. J.B. Mattison, America's foremost 19th-century authority on narcotic addiction, regularly voiced his conviction that morphinism in babies and children was far more widespread than people believed and that this condition played a hidden role in infant mortality (Mattison, 1896).

Women and children were not the only groups who were over-represented among 19th-century drug casualties. Nineteenth-century medical literature contains regular references to the occupational vulnerability to addiction of nurses, doctors, and doctors' spouses. In an 1883 article on opium addiction among physicians, Dr. J.B. Mattison blamed this vulnerability on their access to the drug, their intimate knowledge of the hypodermic, and the weary days and sleepless nights in the typical physician's life (Mattison, 1883). Mattison also introduced into the medical literature the confessional account of a morphine-addicted doctor whose story showed how easy it was for a physician to become addicted to narcotics (Mattison, 1883). In 1899, Dr. T.D. Crothers estimated that 10 percent of American physicians were addicted to narcotic drugs (Crothers, 1899, 784-786).

Alcoholics were also known to be vulnerable to opiate addiction in biographical accounts and in clinical books of the day. In 1895, William Cobbe reported that “double and multiple addiction slaves are prone to switch off from one drug to another of their drugs, in the vain hope of finally banishing all from their lives” (Cobbe, 1895, p. 154). In 1896, the *American Textbook of Applied Therapeutics* noted the alcoholic’s tendency to develop morphinism after the ravages of the body from alcohol demanded a “stronger and speedier narcotic” (Quoted in Terry and Pellens, 1928, p. 105). This was confirmed by Crothers in his 1902 treatise on morphinism, in which he described how “broken down alcoholics” used morphine injections to relieve the physical and emotional pain of their latest binge (Crothers, 1902, 30). In 1893, the noted addiction expert J.B. Mattison coined the term “multiple inebriety” to describe doctors who were addicted to rum, morphine, and cocaine (Mattison, 1893).

### **Pressure for Reform**

As the public was exposed to stories of the respectability of those who were falling victim to addiction--the socially affluent, the highly educated, and religious and medical leaders--and of the danger that these substances presented to children and youth, they began to demand stricter controls. The controls took two early forms: the passage of state prescription laws (or laws requiring that pharmacists sell drugs only for “legitimate” purposes) and the passage of the federal Pure Food and Drug Act of 1906, which required that products containing alcohol, opium, and cocaine be so labeled.

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