

MINOR TRANQUILIZERS AND THE VALIUM EPIDEMIC: PRESCRIPTION DRUG USE  
AND ABUSE IN THE UNITED STATES, 1906-1979

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the thesis of GRANT FRUHWIRTH find it satisfactory and recommend that it be accepted.

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Abstract

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*Minor Tranquilizers and the Valium Epidemic: Prescription Drug Use and Abuse in the United States, 1906-1979* explores the misuse of prescription drugs that followed the emergence of psychotropic drugs in the mid twentieth century. With no government regulation regarding medicinal products prior to 1906, competition between “respectable” drug manufactures and those labeled ‘patent’ medicine manufacturers was fierce. The Progressive Movement and the New Deal Coalition ushered in consumer protections in 1906 and 1938, respectively, creating a division between drugs that could be obtained legally only with a prescription and those that could be purchased over-the-counter.

The new authority granted physicians in the 1950s was coupled with a transformation in the treatment of mental health. Mild depression and anxiety had been treated by psychoanalysis, natural remedies such as getting back to nature, or self-medication in various forms. Emerging minor tranquilizers in the mid 1950s allowed doctors to treat such diseases by prescribing convenient, safe, non-habit forming pills. As these pills became increasingly popular, and with Americans’ anxieties rising from the threat of nuclear war and the rigid, gender specific, obligations of American society, men and women flocked to doctors for help.

Throughout the 1950s, 1960s and 1970s pharmaceutical companies advertised various minor tranquilizers, and later benzodiazepines, to doctors through medical journals. Doctors became more accustomed to the presence of minor tranquilizers, causing the number of prescriptions to increase and provided pharmaceutical companies enormous wealth.

Antidepressants remain a major source of income for pharmaceutical companies. Valium, marketed by Hoffman—La Roche, became the most widely prescribed prescription drug in the late 1960s and 1970s. It was also the most abused, leading people to emergency rooms around the nation.

Awareness of Valium abuse grew throughout the late 1960s and 1970s, earning the label of epidemic. Middle and upper class women comprised the majority of Valium prescriptions. Yet once addicted, physically and psychologically, these users differed from those considered deviant users. The distinctions between prescription drug users as victims, and users as deviant created by Valium remain to the present day, effecting how society perceives, and more importantly treats, abusers of prescription drugs.

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## Introduction

The pill has accompanied humanity on the journey to a healthier life for thousands of years. Pills, stemming from the Latin *pillula*, essentially meaning “little ball,” have been present in societies across time and space. Jim Hogshire, who wrote a brief history of the role of pills in American and world cultures, noted “the origins of the modern pill stretch back beyond ancient Egypt when various constructions were mashed up with bread or clay for easier ingestion.”<sup>1</sup> The presence of pills this far back in history reveals two important facets of the relationship between drug use and the reason one might be attracted to drugs in pill form. First, the development of pills shows the desire to introduce a substance, or combination of substances, to the body in order to create a desirable effect for medical, religious, or recreational purposes. Second, pills show the attraction, and at times necessity, for the easiest route of administration of a particular substance, whatever its purpose.

A pill has many layers: scientific, medical, cultural and political. The crude forms of pills in ancient times were a far cry from the coated, time released and chemically constructed medications that exist today. Medical, including psychiatric, developments have identified symptoms and diseases that are deemed physically and/or emotionally adverse. Culture also plays an important role in attitudes toward pills and their consumption as well as ideas of “sickness,” and “health.” A cultural thread between present day America and ancient Egypt can be teased out by looking at the desire for the quick administration of a substance. In the twentieth century governments have increasingly begun to influence science, medical and cultural attitudes and behaviors regarding the taking of pills. Science, medical discourse, cultural perceptions, and

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<sup>1</sup> Jim Hogshire, *Pills-A-Go-Go: A Fiendish Investigation into Pill Marketing, Art History and Consumption* (Venice, CA: Feral House, 1999), 6.

governmental controls have thus created a multilayered meaning when one uses a particular substance depending on the purpose, frequency, location and legality of that substance at any given time in history.

The commodification of drugs and medications, in the form of tonics, powders, pills and more, allowed for competition in the market place of healthcare for patients, or rather, consumers. Companies heavily advertised these commodities to the public. Jackson Lears, cultural historian of advertising in the United States, commented on the role advertising played, and continues to play, in shaping cultural perceptions when he commented, “They (advertisements) urge people to buy goods, but they also signify a certain vision of the good life; they validate a way of being in the world.”<sup>2</sup> Advertisements of drugs in the nineteenth and twentieth centuries shaped Americans’ perceptions and attitudes toward not only the products themselves, but also toward the diseases and various ailments for which they were produced.

Advertisements played, and continue to play, an integral role in the development of attitudes regarding drugs. Drugs, as cultural historian Richard DeGrandpre argued, have operated under the static properties of pharmacokinetics, while also carrying socially constructed attitudes. Referred to as “placebo-texts,” DeGrandpre wrote:

Because drugs occupy a socially animated realm it is difficult, if not impossible, to know how much of what is observed as a drug effect is due to the drug as a pharmacological agent and how much is due to the drug as an object to which a whole set of beliefs, rituals, and expectations have been attached.<sup>3</sup>

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<sup>2</sup> Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (NY: Basic Books, 1994), 1.

<sup>3</sup> Richard DeGrandpre, *The Cult of Pharmacology: How American Became the World’s Most Troubled Drug Culture* (Durham, North Carolina: Duke University Press: 2006), 17.



In order to address the role drugs play in society, the historian has to look not only at the scientific developments of the drug, but must also consider the complex cultural constructions of particular drugs, as they exist in a given cultural and social context.

Pills of the twentieth century are chemically complex, often times having more than one active ingredient. Available in various shapes, sizes and colors, pills have become a common part of life in America, resulting in the saving of countless lives and the curing of pain and discomfort in some users, while at the same time producing pain, addiction and death among others. DeGrandpre provided a summation of the attitudes toward drugs in modern America as, “Irrational and unpredictable, full of fear and loathing, with a strong theme of commerce running right through the center.”<sup>4</sup>

Irrational perceptions about drugs, and particularly their users, such as the heroin junkie and the cocaine fiend, have constructed vivid perceptions resulting in a division of the “legitimate” and “illegitimate” use of drugs. Society placed those who became addicted to minor tranquilizers, to which Valium was champion, into two main groups: the “patient” who had a fallen victim to pharmaceutical companies’ false or toned down claims of dependency and to doctors overprescribing practices, and the “street user” who abused the drug most likely in conjunction with other illicit drugs. In increasing numbers, Americans began to be view pharmaceutical companies as malicious entities who profited off the selling of addiction to tens of thousands of Americans.

The pharmaceutical industry has profited immensely from the selling of health to the consumer, creating a sense of distrust, at times warranted and at times blindly jaded, toward the

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<sup>4</sup> Richard DeGrandpre, *The Cult of Pharmacology: How America Became the World’s Most Troubled Drug Culture* (Durham, NC: Duke University Press: 2006), vii.

companies that provide the world with what can be life saving drugs. *Minor Tranquilizers and the Valium Epidemic: Prescription Drug Use and Abuse in the United States, 1906-1979* will touch on these facets of drug culture surrounding a group of drugs known as minor tranquilizers. In this thesis, I will argue that the mass consumption of minor tranquilizers occurred at a time in American history when beliefs toward pharmaceutical companies was blinded by faith in doctors and governmental organizations. This, coupled with cultural attitudes of the 1950s and 1960s toward the proper roles of men, women, and children created a desire for conformity among many individuals. For those who could not reach that ideal, or for those who were unhappy with their “perfect” life, minor tranquilizers came about at a time when demand was high. My research reveals the connection between rising anxieties, stemming from various sources in the 1950s and 1960s, to the mass consumption of minor tranquilizers and the ensuing Valium Epidemic of the 1970s. As a result, the story of minor tranquilizers created broader questions regarding prescription drugs and their abuse, a problem that society faces today.

Minor tranquilizers targeted the diseases of anxiety and depression that were prevalent in countless individuals at one point or another throughout the twentieth century. Ataraxic and antidepressant drugs allowed for the treatment of psychiatric diseases, whose symptoms had recently been codified in the Diagnostic and Statistics Manual (DSM) produced by the American Psychiatric Association in 1952 following the wide range of returning GIs and the mental afflictions that accompanied them. Prior to the composition of the first DSM (DSM-1) diagnosis of severe anxiety or depression resulted in the treatment within an institution. Minor tranquilizers allowed patients not only to receive treatment in their homes, offices and anywhere else they could carry a pill, but they also allowed an allopathic treatment of anxiety that swelled the patient base of such diseases around the nation.

Debuting in the late 1950s, minor tranquilizers affected the United States scientifically, medically, culturally, and politically. Minor tranquilizers, once accepted as a treatment of the diseases of depression, anxiety and their accompanying symptoms, provided doctors and psychiatrists with new treatment options, while at the same time offering Americans an easy remedy for their problems. As the number of patients who used minor tranquilizers infrequently or on a regular basis increased, pharmaceutical companies' profits soared, establishing the pharmaceutical industry's economic dominance. This thesis will explore the cultural constructions regarding the use of minor tranquilizers and the changes that occurred in such perceptions throughout the 1950s, 1960s and 1970s.<sup>5</sup>

The most current and authoritative work regarding the group of drugs known as minor tranquilizers is Andrea Tone's *Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers*. Following the conceptions of anxiety throughout American history, but mainly in the twentieth century, Tone effectively establishes that "in the 1950s and 1960s the everyday meanings of anxiety were defined less by committees of psychiatrists, diagnostic manuals, and corporate agendas than by Americans' exuberant response to anti-anxiety drugs."<sup>6</sup> Tone begins by discussing the treatment of the mental illness referred to as anxiety, which was documented as far back as the first century in the Common Era by the Roman doctor Galen. Galen described that families were responsible for the care of mentally disturbed patients, although local institutions established by churches and private parties for the severely deranged.<sup>7</sup> This pattern continued into the nineteenth century, and remnants of it exist today. Asylums to house the afflicted individuals of society became common in the United States throughout the nineteenth

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<sup>5</sup> *Ibid.*, 120.

<sup>6</sup> Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (NY: Basic Books, 2009), xvii.

<sup>7</sup> *Ibid.*, 3.

century. During the late nineteenth and twentieth centuries, however, advancements in medicinal science began to allow the treatment of these patients in a less restrictive setting.<sup>8</sup>

Building on Tone's work, *Minor Tranquilizers and the Valium Epidemic* will show how Americans perceived and treated anxiety through medications advertised as cures to some of the ills of everyday life, as well as how drugs of this nature in the mid twentieth century changed the social, economic, and political landscapes. Chapter I, Legislation and Prescription Drugs, 1906-1951, will present the progression of government legislation regarding medications, along with other consumable products, eventually resulting in a clear divide between drugs that could be obtained over-the-counter and those that required a prescription by a physician. Chapter II, The Fall of Psychoanalysis and the Rise of Psychotropic Drugs, will examine the acceptance of medications among trained professionals (physicians and psychiatrists) as the form of treatment for symptoms of anxiety, nervousness, depression and various other symptoms experienced in everyday life. Chapter III, Marketing and Prescription Practices of Minor Tranquilizers, attempts to explain the social, economic and cultural factors that sent American men and women to their doctors for a prescription for a minor tranquilizer, making the group of drugs the most profitable in which a pharmaceutical company could invest. Chapter IV, The Valium Epidemic and Perceptions of Prescription Drug Abuse, will explore the public perceptions that quickly changed as the minor tranquilizer craze culminated in the Valium Epidemic of the 1970s, placing abusers of Valium specifically, and prescription drugs generally, into a model of the drug addicted patient (victim), or the deviant recreational prescription drug abuser.

Minor tranquilizers, and their various antecedent antidepressant drugs, have been the focus of many studies in science, medicine and culture. Works such as *Before Prozac: The*

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<sup>8</sup> *Ibid.*, 4.

*Troubled History of Mood Disorders in Psychiatry*, by Edward Short, addressed the issue of mood disorders and their classifications and treatments. In his introduction, Short clearly stated, “Most of the antidepressants today don’t work very well. This is in contrast to the 1950s and ’60s, when some truly effective medications for mood disorders were available.”<sup>9</sup> For the historian, the challenge of evaluating the efficacy of the minor tranquilizers, which Short classified as “truly effective,” is challenging. Minor tranquilizers, like Prozac and the antidepressants of the twenty-first century, were undoubtedly successful in the fact that they became the most consumed group of pharmaceutical drugs in history. The body of this thesis does not focus on the efficacy of the minor tranquilizers of the 1950s, 1960s and 1970s, but rather the prevalence of their use, the medical, social and cultural attitudes that contributed to their success as a commodity, and how their use demonized some users while pitying others.

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<sup>9</sup> Edward Short, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry* (NY: Oxford University Press, 2009), 3.

## Chapter I

### Legislation and Prescription Drugs, 1906-1951

The undercurrent of fear toward centralized, authoritative bodies has flowed throughout politics in the United States since its inception as a nation. Throughout the nineteenth century the United States federal government held little to no authority regarding the regulation of production of foodstuffs, personal items and “medicines.” As industry expanded, unregulated production of foods and medicinal products posed a real threat to an increasing number of people. As products became available regionally, and sometimes nationally, more people became exposed to the risks of unsanitary foods and ineffective, if not dangerous, medicines. Throughout the twentieth century, however, waves of reform came to sectors of the United States economy that transformed how companies developed, produced, advertised, and distributed products for their customers. This chapter will look at the legislation passed throughout the periods of reform in the twentieth century commonly referred to as the Progressive Era and the New Deal. The regulations and controls placed on the advertising of medicines throughout the first half of the twentieth century created rigid categories of “quack” remedies and the “respectable” group of medicines (tested and prescribed by doctors) as well as the division between a consumer and a patient. The various pieces of legislation detailed below stemmed from two sources. The first was professionals calling for a control of the burgeoning foodstuffs using preservatives, cosmetics containing chemicals and dyes, and medicines mixing alcohol and narcotics that made fallacious, and at times outrageous, claims regarding their efficacy. But the second, and strongest, influence in shaping public policy was the public itself. Public support, scientists discovered, had to be won in order to overcome the fear held by so many people. News reports

and works that offered social commentary presented to readers the fact that businesses placed their priorities on profit, rather than on consumer safety. As more citizens became aware of the issues surrounding their foods and drugs, Congress served as a tool of change. That change, however, had to compete with opposing interests and as so many times in United States political history, there was a level of dissent which forced political concessions. The Progressives and the New Dealers were no different.

The Progressive movement, exercising political power at local and national levels during the first quarter of the twentieth century, pushed for a government that was pro-active in the protection of consumers, specifically consumers of foodstuffs and “drugs.” Prior to 1906, with the establishment of the Food and Drug Administration (FDA), no federal regulatory agency held jurisdiction over consumable necessities for a healthy life in a modern industrial society: food and medicinal drugs. The FDA evolved in the scope of its power through legislative action and reform from its establishment in 1906 to 1951, and continues to expand today. Economic and cultural attitudes formed Progressives' perceptions toward the role of government and the politics employed to meet their goals, some of which were met and some of which were abandoned until another day. The Progressive Era, however, held implications for the economic, cultural and political lives experienced in the United States for the rest of the twentieth and into the twenty-first centuries by laying the groundwork for governmental regulation on food, medicine and other industries that produce consumable products.

Historians and political scientists tend to view political eras as coalitions of interest groups that change throughout time. During any given time period, politicians draw on an ideological base from which they can gain support and attempt to enact public policy. As Steve

Fraser and Gary Gerstle have noted, “The major parties had a fixed relationship to an electoral coalition; the size of the parties’ respective coalitions, in turn, determined the relationship that prevailed between the two parties.”<sup>1</sup> At times a coalition can be weak, creating a stalemate if either side is unwilling to compromise, but other times a coalition can be strong and enact bold legislation based on some level of consensus. The Progressive Era, beginning in the late nineteenth century and continuing into the 1920s, served as a political coalition with the goal of expanding the role of the federal government regarding issues of labor, women’s rights, and public safety. The Progressives wanted to foster public opinion and garner support, creating a driving force behind the issues taken up by the movement. With fears that an unregulated industrial economy was destroying the fabric of society, leading some women, as well as some men, to prostitution and creating the urban vice districts where excessive drinking and drug use occurred. Progressives looked to the government as a tool to enact public policy and control both big business and the individual.

Medicines sold prior to 1906 could be comprised of a number of substances. Most medicines contained alcohol, but others contained various amounts of cocaine and opiates. Patent medicine companies advertised their products in broad terms. One of the most famous patent medicines, Carter’s Little Liver Pills, produced by the company Carter, was heavily advertised throughout the late nineteenth and early twentieth centuries. An advertisement for the pills appearing in the *New York Times* claimed, “Carter’s Little Liver Pills have no equal as a prompt and positive cure for headache, biliousness, constipation, pain in the side, and all liver troubles.”<sup>2</sup>

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<sup>1</sup> Steve Fraser and Gary Gerstle, Ed. *The Rise and Fall of the New Deal Order, 1930-1980* (Princeton, New Jersey: Princeton University Press, 1989), x.

<sup>2</sup> “Carter’s Little Liver Pills,” *New York Times* (New York) 8 April 1884, 8.



Carter's Little Liver Pills, like many patent medicines, baselessly claimed to cure a number of diseases ranging from aches and pains.

The Carter company tried to set their products apart from the deluge of medications in one advertisement by stating, "Carter's Little Liver Pills are free from all crude and irritating matter. Concentrated medicine only; very small; very easy to take; no pain; no gripping."<sup>3</sup> Quick, easy, "effective" remedies were a common thread throughout patent medicine advertising, and many consumers bought and, naturally, consumed them. As a result, some people were pleased with the results and continued to purchase the medications. Others received no relief from the symptoms they sought to cure, and some had adverse reactions exacerbating symptoms, sometimes resulting in death.

Literature and a series of investigative reports regarding the issues of food and drug product safety served as a contributing factor to the mobilization of the public. A series of articles appeared in *Colliers* in late 1905 that attempted to bring the reading public into the debate that had been going on in state legislatures, but which received little, if any, daily newspaper coverage. On March 15, 1905 the Massachusetts state legislature met during which a debate was held "on a bill providing that every bottle of patent medicine sold in the State should bear a label stating the contents of the bottle."<sup>4</sup> Yet, as the article explained, no coverage of this debate was provided by the daily papers the following day. In a political climate where recaps of legislative sessions were common features in newspapers, the article offers some details regarding the financial connection to the patent medicine industry and the written press.

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<sup>3</sup> "Carter's Little Liver Pills," *New York Times* (New York) 27 December 1883, 5.

<sup>4</sup> "The Patent Medicine Conspiracy Against the Freedom of the Press," *Colliers Magazine*, 4 Nov 1905, 13.

The article looked to the example of patent medicine company “Dr. Humphrey’s,” described as “one of the best known patent medicine makers,” to have their profits far surpassed by the revenues newspapers received from patent medicine advertising. Patent medicine companies spent approximately one-third to one-half of their revenues on advertising their products.<sup>5</sup> *Colliers* called into question the self-interests of various newspapers regarding the issues of patent medicine reform, making readers question the sources of the information to which they were exposed. But articles in newspapers and magazines were not the only way to garner public support for the issue of food safety and control. Literature also served as an important medium.

Upton Sinclair’s *The Jungle*, published in 1906, focused on the working conditions and the lives of workers in the meat industry in Chicago. While the primary goal was not to draw attention to the conditions by which food was prepared, but rather to the social conditions people lived in overall, the portrayal of the meat packing and production process captivated the public. Chapter 14 of *The Jungle* focused on the conditions and process of meat preparation, of which Sinclair painted a vivid picture. As one character in *The Jungle* recounted,

There would be meat stored in great piles in rooms; and the water from leaky roofs would drip over it, and thousands of rats would race about on it. It was too dark in these storage places to see well, but a man could run his hand over these piles of meat and sweep off handfuls of the dried dung of rats.<sup>6</sup>

These conditions troubled many readers due to the fact that meat sold from the Chicago stockyards went throughout the Midwest and cities to the east. With the expansion of the railroad hub cities, such as Chicago, suppliers could provide the nation with products from one central

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<sup>5</sup> *Ibid.*, 13.

<sup>6</sup> Upton Sinclair, *The Jungle*, with an introduction by Ronald Gottesman (NY: Doubleday, Page & Company, 1906; reprint NY: Penguin Books, 1985), 136.

distributor. Meat was not the only product sold this way. More and more products became available in a national market as the nineteenth century ended. William Cronon, writing on the prominent status Chicago held as a distribution center at the end of the nineteenth century, commented on the methods of distribution for catalogs featuring various products for sale. As he noted, “By the end of the 1880s, Ward’s catalog measured eight by eleven inches, contained 540 pages, and offered over 24,000 items to its readers.”<sup>7</sup> The railroad, along with the United States Postal Service made this method of advertising and distribution economically advantageous to companies looking to expand geographically and economically.

The rise in direct-to-consumer advertising, a product of the increasing efficiency and decreasing cost of the postal service, created a widening consumer base for products to reach. “Quack remedies,” more commonly referred to as patent medicines, provided some of the first products to take advantage of this new advertising medium. As a result, substances people took for their health became further removed from trained professionals such as doctors and local pharmacists. Philip Hiltz, a contributor to the *Washington Post* and author on the history of the FDA, commented on this dynamic when he noted, “Medicine was one of the first fully national markets that used nationwide advertising. Quack medicines, of which there had always been a trickle, suddenly became a flood as tradesmen, not doctors, saw the possibilities for profit.”<sup>8</sup> Pharmacists, patent medicine manufacturers and those engaged in crafting advertisements for patent medicines possessed more power in terms of presenting medicines to “patients,” who the companies perceived more as consumers, than trained doctors.

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<sup>7</sup> William Cronon, *Nature's Metropolis: Chicago and the Great West* (NY: W. W. Norton, 1991), 336.

<sup>8</sup> Philip J. Hiltz, *Protecting America's Health: The FDA, Business, and One Hundred Years of Regulation* (NY: Alfred A. Knopf, 2003), 23.

While Upton Sinclair engaged the populace through *The Jungle*, some wanted to employ science in order to provide a basis, if not a need, for the regulation of foods and drugs. Dr. Harvey Wiley, the chief of the Division of Chemistry, took the issue of food safety upon himself and his organization to provide a scientific basis for reform. With congressional funding, Wiley put advertisements in the newspaper to attract volunteers and assembled his research plan to test preservatives in foodstuffs. On July 16, 1902 one such advertisement appeared in the New York Times. Its call for volunteers stated, “Healthy young men who are willing to eat free food that may or may not have deleterious ingredients will be in demand.” The article continued, “If Dr. Wiley can get permission to experiment on college students they will be his preference.”<sup>9</sup> College students might be lured by free food, but the idea of young, physically fit male subjects only added to the authority of Dr. Wiley’s suspected findings on the “deleterious” effects from certain food products.

Dr. Harvey Wiley understood the importance of human subjects over animal testing because of the wide range of reactions these substances could generate, from mild discomfort, to nausea, to death. Hiltz quipped about the use of human subjects: “The animals, after all, could not complain of anything subtler.”<sup>10</sup> After collecting urine and bile samples from the test subjects, Wiley quickly determined that uncontrolled substances in food proved injurious to people’s health. Wiley took his findings to Congress in hopes of spurring reform.<sup>11</sup> The “Wiley Poison Squad,” as Dr. Wiley's group became known, brought empirical evidence to Congress

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<sup>9</sup> “Government Food Tests,” *New York Times* (New York) 16 July 1902, 8.

<sup>10</sup> Hiltz, *Protecting America’s Health*, 39.

<sup>11</sup> *Ibid.*, 43.

hoping to show a *necessity* for regulations on food for the safety of the nation grounded in science, as opposed to a populist reaction to a novel.

Government officials like Wiley were not the only groups calling for reform. Many physicians saw the untested and uncontrolled ingredients in foods as dangerous, along with false statements regarding the efficacy of medicine to be a threat to their profession. Selling of patent medicines through brochures, pamphlets and newspapers by manufacturers directly to the consumer undercut doctors' authority by letting people feel they could take an advertisement at face value. However, doctors still held high levels of social prominence. Educated in established institutions, doctors were still an elite group and in high demand. So were medicines produced by "respectable drug companies." These "respectable" companies, unlike their patent medicine competitors, advertised medicines tested for safety and efficacy directly to doctors and pharmacists. Advertisements in publications, such as *United States Pharmacopoeia (USP)* and *National Formulary (NF)*, provided a list of medications and their uses that doctors gave to their patients, medications which doctors did not perceive as "quack remedies." The *USP*, first published in 1820, contained a list of effective medications which professionals updated continually. By the end of the nineteenth century, the list included morphine, aspirin and quinine (used to treat malaria). The *NF*, first published in 1888, was maintained by pharmacists and acted as a supplement to releases of the *USP* by listing drugs not yet initiated into the *USP*, therefore providing names of the most current medications. Like many things in a growing consumer

culture, new typically means better, and therefore the *NF* allowed doctors and pharmacists to keep up to date on the most recent manufactured drugs.<sup>12</sup>

The American Medical Association (AMA) established organizations, such as the Council on Pharmacy and Chemistry, shortly before the establishment of the Pure Food and Drug Act in 1906, in order to test the efficacy of such drugs and delineate between patent/quack remedies and effective, relatively safe, medicinal drugs. FDA policy historian Peter Temin commented on the limited and behind the scenes role the AMA played in the legislative process by stating, “The FDA was mainly concerned with the food supply—despite the generality of its title—and the AMA’s publicity appeared to have little impact.”<sup>13</sup> While the FDA wanted to protect the health of consumers, the efficacy of medicines played a subservient role to the additives to, and processes of, food production. As the pioneering legislation, the Food and Drug Act of 1906 required a label listing certain ingredients, specifically narcotics such as opiates and cocaine. A compromise between Progressives, looking for safety and standardization, and the business interests, looking to maintain as much of a free market atmosphere as possible, resulted in a continued “buyer beware” attitude, leaving the patent medicine trade to continue largely unchecked. In the 1930s, however, the shortcomings of the 1906 Food and Drug Act would become apparent to Americans when unnecessary deaths occurred causing the regulation of medicinal products to be revisited.<sup>14</sup>

With the FDA's power of enforcement limited only to details on packaging, ineffective drugs and cure-all nostrums continued to inundate the market after 1906 and throughout the

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<sup>12</sup> Peter Temin, *Taking Your Medicine: Drug Regulation in the United States* (Cambridge, MA: Harvard University Press, 1980), 24.

<sup>13</sup> *Ibid.*, 35.

<sup>14</sup> *Ibid.*, 38.

Great Depression. An incident in 1937 which resulted in numerous deaths brought the limits of the FDA to the public's attention. The Massengill Company, established in 1897, began to market a liquid version of sulfanilamide, a successful antibacterial agent prescribed for many infectious diseases, which they already made in tablet form. Sulfanilamide was combined with diethylene glycol (a form of alcohol) resulting in a liquid form of the compound that had a more appealing taste. Elixir Sulfanilamide, the market name of the drug, went untested to market in 1937, killing approximately one hundred people. A story appearing in the *New York Times* on November 26, 1937 addressed the challenges the FDA faced in the Elixir Sulfanilamide scandal observing that, the FDA underwent “the greatest man-hunt in the history of the Federal agency (FDA), one that took it into the homes and to the graves of Negro victims in the South and into the offices of reputable physicians.”<sup>15</sup> Yet the FDA found no one to blame. Under the 1906 law, the FDA, as Temin noted, “could not prosecute Massengill for causing the deaths of a hundred people...it could only prosecute the company for mislabeling its product.”<sup>16</sup> Elixir, as Temin pointed out, is a solution containing alcohol, not diethylene glycol, and therefore Massengill faced repercussions for only a mislabeled product. Massengill paid a fine of \$26,100, the largest fine to that date for such a violation; however, as Temin needlessly reminded his readers, the fine was “small when measured against so many deaths.”<sup>17</sup> The Elixir Sulfanilamide incident rekindled fears the country faced when dealing with the safety of its food products and medicinal products. With public attention focused once again on the safety of consumers, specifically

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<sup>15</sup> “Death Drug Hunt Covered 15 States,” *New York Times* (New York) 26 November 1937, 42.

<sup>16</sup> Temin, *Taking Your Medicine*, 42.

<sup>17</sup> *Ibid.*, 42.

regarding products advertised to increase one's health, the FDA began to push for the reform of the original 1906 law.

Conflicts between the FDA and the Department of Agriculture, the department under which the FDA operated, created the desire for reform within the organization itself. In 1933 W.G. Campbell, chief of the FDA, wrote to the Department of Agriculture. Stating the FDA's stance, which advocated banning spray insecticides as opposed to the Department of Agriculture's stance allowing the sprays, sparked a dialogue between Campbell and Rexford G. Tugwell, the new Assistant Secretary of Agriculture. Tugwell inquired as to why the FDA had not taken the steps to outlaw the use of these substances if they held the view that spray insecticides were harmful to public safety. Initially frustrated, Campbell quickly realized that Tugwell and the new leadership at the Department of Agriculture appointed by President Franklin Delano Roosevelt was attempting to aid them in their goal of banning dangerous insecticides, and could possibly push for further reforms regarding drug safety and efficacy.<sup>18</sup> Tugwell, a member of Franklin Delano Roosevelt's "Brain Trust," took the idea of reform to the president, who agreed that Congress needed to revisit the Food and Drug Act of 1906.

The Food and Drug Act of 1906 under the Progressive Era failed to establish a divide between over-the-counter and by prescription only for drugs. Where the Progressives failed, the New Deal Coalition led by Franklin Delano Roosevelt succeeded. Discussing the idea of the New Deal, Alan Brinkley, in his essay "The New Deal and the Idea of the State," used Alvin Hansen's comments to sum up the attitudes within the Roosevelt administration. As the principal economic adviser to President Roosevelt, Hansen recounted the political atmosphere of the New

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<sup>18</sup> Peter Temin, "The Origin of Compulsory Drug Prescriptions," *Journal of Law and Economics* 22:1 (April 1979): 92.



Deal by stating, “I really don’t know what the basic principle of the New Deal is...I know from my experience in the government that there are as many conflicting opinions among the people in Washington under this administration as we have in the country at large.”<sup>19</sup> The reforms that came to the FDA and led to the creation of an over-the-counter and by prescription only divide were a small fraction of the New Deal reforms. However, as Brinkley ironically summed up Hansen’s belief in new legislation, “Few could discern...any clear prescription for the future.”<sup>20</sup> The prescription for reform, however, did not go unchallenged by commercial interests, although some of its most important allies, licensed doctors, began to come on board.

The American Medical Association (AMA) supported the Food, Drug and Cosmetic Act of 1938 but was not actively involved in pushing for the passage of the amendment, taking a stance similar to the one for the Pure Food and Drug Act of 1906. The suggested reforms, among many other things, targeted ineffective medications and dangerous concoctions beyond simply policing labeling of a package. Drug companies’ claims could no longer be ludicrous, such as advertising a tonic of alcohol and sugared water as a cure for cancer. Patent, or proprietary, drug manufacturers remained hesitant to openly oppose reforms because it would appear they were protecting their interests to sell ineffective, and in some cases dangerous, products to consumers. Unlike the AMA, however, patent drug companies did not take a passive role, but rather exerted influence by squelching the debate in the newspapers in order to protect their companies’

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<sup>19</sup> Fraser and Gerstle, ed. *The Rise and Fall of the New Deal Order, 1930-1980*, 85.

<sup>20</sup> *Ibid.*, 85.

economic interests. Newspapers did not want to anger one of their main advertising revenue streams, and therefore remained mostly mute.<sup>21</sup>

Strong legislation regarding the advertising and sale of patent medicines put advertising revenue streams at risk for newspapers and other forms of media. As a result, little public debate on the issue took place. This allowed the interests of the patent medicine industry to be more readily accepted by congressional representatives, thus enervating some of the reforms most powerful measures. Tugwell also provided a source of criticism from the press due to his close relationship to the Roosevelt administration. With the role of the federal government expanding, and regulations becoming ever more invasive, hard-line capitalists perceived this as yet another affront to the free market system. The FDA would have to spark public support outside the confines of popular media.

Drafters of the proposed restructuring came from within the FDA and the Department of Agriculture. As a result, those crafting reform for the FDA provided no restructuring at the administrative level which served as the impetus for reform. As Temin noted, “The committee that drafted the new law was instructed to propose revisions that did not affect the administrative framework through which the law was enforced.”<sup>22</sup> Thus, under the drafted reforms the FDA remained an organization that operated under the Department of Agriculture, rather than functioning independently.

The FDA had a couple of options for restructuring, which would have created different circumstances for the private companies that produced pharmaceuticals, for the doctors who

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<sup>21</sup> David F. Cavers, "The Food, Drug, and Cosmetic Act of 1938: Its Legislative History and Its Substantive Provisions," *Law and Contemporary Problems* 6:1 (Winter 1939): 3-5.

<sup>22</sup> Temin, "The Origin of Compulsory Drug Prescriptions," 93.

prescribed them, and for the patient/consumer. The first option, as Temin summarized, was “to strengthen the law by creating a more powerful agency that could license producers and enforce its own decisions without operating through the Department of Justice.” The other “might have occurred in a looser discussion, such as product liability legislation on the model of more recent laws or greater separation between the control of food and drugs.”<sup>23</sup> As it turned out, the old guard at the FDA decided to maintain the structure established in 1906. Whether maintaining the existing situation was an attempt to retain the power relationships that existed, or because it would hinder the passage of the amendments, is a source of debate. It is likely that reformers took the approach of not wanting to rock the boat and kill reform altogether.

Drawing on the success of Wiley’s Poison Squad, the FDA organized a “Chamber of Horrors” in 1933 in order to show the need for legislation regulating medicines. Philip J. Hiltz commented on the creation of the Chamber of Horrors when he wrote, “Campbell interviewed staff and had them provide him with the most poignant cases from among their records and knowledge, and when he went to testify about the food and drug bill, he created an exhibit of them.”<sup>24</sup> One example in the Chamber of Horrors was Mrs. J.W. Musser, who applied a specific mascara called Lash Lure, and within hours her eyes began to swell and water. The next morning she could not open her eyes, and as Hiltz vividly described the prognosis, “Her face was swollen and pus was draining from her eyes. Several ulcers had developed beneath her lids and were eating away at her eyeballs.”<sup>25</sup> She survived, but was permanently blind.

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<sup>23</sup> Temin, *Taking Your Medicine*, 39.

<sup>24</sup> Hiltz, *Protecting America’s Health*, 84.

<sup>25</sup> *Ibid.*, 84.

Products that caused harm were featured in the “Chamber of Horrors,” but products advertised as cure-alls also appeared. One such cure-all featured was Mountain Valley Mineral Water, advertised to cure: “Rheumatism, cystitis, nephritis, cardiac diseases, and diabetes mellitus.” Upon analysis of Mountain Valley Mineral Water it was soon discovered to be solely tap water from the city of Atlanta, the location of the company that sold the product.<sup>26</sup>

The influence of the Chamber of Horrors was not as widespread as Upton Sinclair's *The Jungle* due to the fact that the exhibit was confined to Washington D.C. When the idea of taking the exhibit on the road in order to broaden public support for FDA reform was suggested by FDA officials, the exhibit came under attack due to restrictions on government agencies lobbying for public policy. Nevertheless, Ruth deForest Lamb, publicity officer for the FDA, found a way to present the Chamber of Horrors to the American people through literature. In 1936 Lamb published *The American Chamber of Horrors: The Truth about Food and Drugs* in an attempt to garner support for the Food Drug and Cosmetic Act reforms. While not as effective in shocking viewers as the original exhibit, *The American Chamber of Horrors* provided power images of the exhibit along with in-depth descriptions crafted by Lamb.

In the preface of *American Chamber of Horrors*, Lamb commented on how the Pure Food and Drug Act of 1906 was effective, but had grown obsolete in regard to industrial advancements in production and distribution which had taken place since 1906. In other words, the food, cosmetic and drug industries were changing rapidly and would continue to do so, requiring public policy to follow suit in order to maintain a basic level of protection for the consumer. In Lamb's words, the Pure food and Drug Act was “so effective...in cleaning up the

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<sup>26</sup> *Ibid.*, 86.

abuses of 1906—particularly in respect to foods—that few people not familiar with enforcement problems realized it is out of date.” As Lamb further cautioned, “New modes of living, new kinds of products, new methods of manufacturing and selling, new tricks of sophistication, new scientific discoveries—all demanded a more modern instrument of control.”<sup>27</sup> From the beginning of the book, Lamb stressed not only the issue of health, but also the issue of protecting the consumers’ “pocketbook,” a theme that has historically resonated with the American public. During the Great Depression this argument gave Lamb’s cause extra weight.

One benefit the book *American Chamber of Horrors* had over the exhibit was that Lamb could specifically target arguments opposed to new legislation. One argument, introduced by the Proprietary Association, held that the level of reform proposed would be similar to, “Burning down the house to get rid of rats in the attic.” This argument acknowledged that there were shortcomings to the 1906 legislation, but asserted a major reworking of the FDA and its regulative powers was not the best solution.<sup>28</sup> Lamb took the offense against such claims by arguing that the patent medicine industry, while perhaps providing some relief through tonics, pills, or powders, created a false sense of hope in the cure-alls the companies were trumpeting. By doing so, these companies had created barriers between the patient and the effective treatment of such illnesses as tuberculosis.<sup>29</sup>

Royal S. Copeland, a Democratic senator from New York, introduced the proposed amendments. Copeland, a homeopathic doctor who subscribed to the idea of medicinal remedies, was eager for the reforms and was convinced that the FDA should provide safer, more

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<sup>27</sup> Ruth deForest Lamb, *American Chamber of Horrors: The Truth about Food and Drugs* (NY: Farrar & Rinehart Inc., 1936), viii.

<sup>28</sup> *Ibid.*, 60.

<sup>29</sup> *Ibid.*, 61.

efficacious medicines. Copeland was a Democrat at the time but had previously served in public office as a Republican mayor in Michigan, providing him with a sense of bipartisanship. Copeland, however, had shortcomings as a politician that weakened the amendments, in some cases allowing them to lose their essence altogether. Described by Hiltz as “just a fellow who loved to get along,” Copeland succumbed to pressures from other politicians and lobbyists from the patent medicine industry to strike out provisions of the legislation. As a result, “The new version of his bill gradually lost the support of the American Medical Association, the Consumers’ Research group, and the American Pharmaceutical Association.”<sup>30</sup> The amendments lost support on one side and failed to gain major ground on the other. The bill languished. Drafted in 1933, the amendments to the Pure Food and Drug Act sat in Congress for five years. David F. Cavers, who wrote a legislative history of the Food Drug and Cosmetic Act of 1938 in 1939, commented on this period of limbo when he said, “Throughout those five years there was seldom reason to doubt that some new law would be passed.” In Washington D.C., and for the proponents of reform around the nation, the main fear was “to prevent the passage of a law stripped of those provisions which they regarded as essential to consumer protection.”<sup>31</sup> Then, in 1937, public unrest from the Elixir Sulfanilamide deaths forced Congress to revisit and attempt to pass any form of legislation to abate public concerns.

Signed by Franklin Delano Roosevelt on June 25 1938, the Food Drug and Cosmetic Act delineated between medicinal substances one could obtain with, and without, a doctor’s approval. With doctors acting as gatekeepers, a medical hierarchy was becoming crystallized by

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<sup>30</sup> Hiltz, *Protecting America’s Health*, 88.

<sup>31</sup> Cavers, “The Food, Drug, and Cosmetic Act of 1938: Its Legislative History and Its Substantive Provisions,” 2.

the FDA legislation. Peter Temin commented on this hierarchy by stating, “Drug purchasing was imbedded into an existing medical hierarchy, and the interaction between the two requirements—for doctors to be licensed and for consumers to get prescriptions for drugs—strengthened the apparent need for both.”<sup>32</sup> The amendments passed in 1938 undoubtedly gave more authority to doctors, increasing their role in medicine and in turn society; an authority that would lead drug companies increasingly to court doctors in the decisions they made.

The Food, Drug and Cosmetic Act passed Congress in 1938, establishing for the first time a delineation between over-the-counter medications and those that required an express prescription by a professionally trained and licensed doctor. There was still confusion, however, in the courts as to the ways a patient obtained prescription drugs. The court case, *U.S. v. Sullivan*, represented the issue of a pharmacy purchasing a prescription drug from a distributor, and then changing the packaging and labeling which the FDA sought to control so tightly. Sullivan’s Pharmacy in Georgia purchased sulfathiazole, a drug determined to be prescription only, through the proper avenues. However, Sullivan’s Pharmacy took a small number of sulfathiazole pills and repackaged them, without copying the proper labeling, thus making them in violation of the Food, Drug, and Cosmetic Act. Regarding the 1948 ruling on the case, there were two major issues expressed by the Supreme Court. First, that after a pharmacist purchased a drug properly under the interstate commerce provision, the 1938 amendment regarding packaging and resale did not still apply. Second, that the repackaging of the sulfathiazole tablets, without copying and applying the required warning label had violated the 1938 act. The court ruled affirmatively in both cases, with Justice Felix Frankfurter arguing the opposition, writing: “The legal distinction

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<sup>32</sup> Temin, *Taking Your Medicine*, 48.

between prescription and over-the-counter sales introduced by the regulation was not controversial. The intervention of the government into a local drug sale was.”<sup>33</sup> Pharmacists and drug companies could still call into question the FDA’s authority, requiring the administration to undergo further reform.

In 1940, the FDA transferred from the Department of Agriculture to the Federal Security Agency (FSA), which had a more aggressive leader regarding the role of the FDA. The head of the FSA expressed his feelings that the language of the 1938 legislation was not as clear as he would have preferred. As a result, further reform was undertaken and The Humphrey-Durham Amendment of 1951 clarified and firmly established the role the FDA played in protecting the health of the country, as well as re-establishing the rules for drug companies to operate under in the latter half of the twentieth and into the twenty-first centuries.

By design, the Humphrey-Durham Amendment was explicit in order to avoid confusion over language within the courts. As Temin noted, “The discussion of the amendment centered on how to draw the line between prescription and over-the-counter drugs, but the amendment itself also clarified other ambiguous areas.” These provisions included prescriptions/refills provided over the telephone.<sup>34</sup> Under the 1938 legislation, individual drug-manufacturing firms made the choice of whether or not a drug was sold by prescription only or over-the-counter. A committee report from the House of Representatives brought to light that this created a non-uniform system, allowing one company to market a drug as over-the-counter, while another company with a similar product in efficacy and, more importantly toxicity levels, could market the drug by prescription only. The House reworded the legislation to provide the FSA—with the aid of the

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<sup>33</sup> *U.S. v. Sullivan*, 332 U.S. 689 (1948).

<sup>34</sup> *Ibid.*, 51.



FDA—the power to determine which drugs were over-the-counter and which drugs were by prescription only through a New Drug Application (NDA) that contained clinical trial information on which the FDA based its decision.<sup>35</sup>

The Humphrey-Durham Amendment was a two-page piece of legislation focusing specifically on reforming section 503 of the Food, Drug and Cosmetic Act of 1938. Section 503 dealt with the establishment of over-the-counter and prescription only drugs, but as stated above, had serious shortcomings in regards to the way such a system functioned. The amendment, introduced as H.R. 3298, began by stating: “A drug intended for use by man which is a habit-forming drug,” or “because of its toxicity or other potentiality for harmful effect, or the method of its use is not safe for use except under the supervision of a practitioner licensed by law to administer such drug.” The vehicle for the administration of drugs, the legislation noted, “Shall be dispensed only (i) upon a written prescription of a practitioner,” or “(ii) upon an oral prescription of such practitioner which is reduced promptly to writing and filed by the pharmacists,” assumingly by calling a prescription into a pharmacy by telephone. This language, still vague in that drugs with the “potentiality” to be harmful, gave the FDA the power some had been calling for since its in 1906.<sup>36</sup>

With the passage of the Humphrey-Durham Amendment drug companies no longer decided in which camp to place their products, but rather all drugs with a *possibility* of addiction or “potentially harmful,” which accounted for a wide range of pharmaceutical products, were under the regulation of the FDA. The last section of the amendment established: “The

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<sup>35</sup> U.S. Congress, House, *Amending Section 503(b) of The Federal Food, Drug and Cosmetic Act*, House Report 700, 82<sup>nd</sup> cong., 1<sup>st</sup> sess., 1951.

<sup>36</sup> U.S. Congress, House, Humphrey-Durham Amendment (H.R. 3298), 82<sup>nd</sup> cong., 1<sup>st</sup> sess., 648-9.

administrator (of the FDA) may by regulation remove drugs subject to such requirements when such requirements are not necessary for the problem of public health.” Essentially all drugs, even those that had been on the market prior to the legislation, came under the purview of the FDA. Pharmaceutical companies hoping to begin marketing a drug had to submit testing data in their NDA and upon review, the FDA made its decision. This is not to say, however, that pharmaceutical companies were not able to exert pressures on the administration. By omitting data from their NDA, or flooding the FDA, which received no additional funding for its mandate, pharmaceutical companies could create a backlog of drugs effectively forcing the FDA to make a hasty decision.<sup>37</sup>

As Temin noted, some interest groups (such as the National Association of Retail Druggists) welcomed this provision, while others (such as the American Drug Manufacturers’ Association) strongly opposed the legislation. The National Association of Retail Druggists and other supporting bodies believed that more government influence provided pharmacists and doctors more authority in the field of medicine. Criticisms of the provisions focused on the way regulation would lead to socialized medicine, and would result in a “rise in costs of drugs and increase agitation for government relief.”<sup>38</sup> In fact, as Temin brought to light, these companies were not protecting the interests of the free market ideology of the United States, but rather they were protecting their companies’ interests. The passage of the Humphrey-Durham Amendment reorganized the drug industry with unforeseen levels of regulation. The Humphrey-Durham Amendment passed at a time when new discoveries were being made in university and corporate research labs. While the legislation did not single out a particular type or class of drug, the

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<sup>37</sup> *Ibid.*, 649.

<sup>38</sup> Temin, *Taking your Medicine*, 52.

Humphrey-Durham Amendment provided the FDA with regulations that created what most resembles the current model of over-the-counter and by prescription drugs, with the government making the decision regarding by what method a particular medication would be sold.

Breakthroughs in medicine during the 1950s created what historians refer to as the Therapeutic Revolution. During the Therapeutic Revolution, a growth in antibiotics and the proliferation of sulfa drugs overwhelmed the market. The drugs that stemmed from sulfa drugs in the 1950s, however, were unforeseen in the late 1930s and 1940s when sulfa drugs first debuted.<sup>39</sup> With the throng of new drugs being released, along with an increasing desire to separate themselves from patent medicine companies, pharmaceutical companies scrambled to stay solvent in an increasingly regulated market, some doing so by themselves, others having to merge, and others still dropping out of the industry altogether.

Drawing on sales of penicillin in the 1940s, it can be inferred that integrated drug companies were more profitable than drug companies that outsourced packaging and/or distribution. However, integrated companies had not dominated the market by 1950. Temin, commenting on the importance of penicillin in the industry beginning in the mid 1940s wrote, “Penicillin was produced by nineteen different American companies in 1944, but the largest five accounted for 88 percent of the total. Only one firm, Squibb, was vertically integrated.” To be vertically integrated the manufacture must control all aspects of production including research and development (or a patent from University research), the packaging and distribution, and, most importantly, marketing.<sup>40</sup> Thus, companies that produced penicillin, and were not involved in the marketing and distribution aspect, remained only somewhat competitive. With the changes

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<sup>39</sup> *Ibid.*, 63.

<sup>40</sup> *Ibid.*, 66.

in legislation regarding prescription drugs and the limited time drug formulas could be patented, drug companies struggled to stay solvent and had more competition from similar drugs.

Multiple companies produced penicillin because a single company did not hold the patent. Commenting on the patentability of penicillin Temin wrote, “Penicillin was no more patentable than sulfanilamide, since it was a known substance before its therapeutic properties were appreciated.”<sup>41</sup> Yet, the newer antibiotics, discovered in late 1940s and 1950s, could be patented and drove the production process of new drugs by companies seeking maximum profit scrambling to discover new sulfa drugs and patent them.

The process used during the research and development phase of a drug’s production could not be patented, but rather it was the final product that could be patented and in turn provide the company the chance to recoup research and development expenditures. Temin elaborated by saying: “A patent only protects a single product; it cannot protect its owner against competition from a close substitute.”<sup>42</sup> Patents allowed drug companies to market single, specific drugs for a period, allowing them to maximize profits. By controlling the production output, companies were able to create monopolies on particular medications they produced. Temin noted, “Output was restricted by announcing a high price for the new drugs and then only producing the amount that could be sold at that price.”<sup>43</sup> These companies argued that they needed to set high prices to offset the high costs of research and development.

In order to make a profit and recoup the costs of research and development expenditures, drug companies had to sell the drugs they held patents for and thus expanded their advertisement

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<sup>41</sup> *Ibid.*, 65.

<sup>42</sup> *Ibid.*, 67.

<sup>43</sup> *Ibid.*, 68.

divisions. With the Food, Drug, and Cosmetic Act of 1938 and later the Humphrey-Durham amendments of 1951, doctors became central figures to a drug company's success, acting as gatekeepers between the growing number of prescription drugs on the market and the patients/consumers. It was the doctor's place to filter information from pharmaceutical companies to patients. Pharmaceutical companies, therefore, had a specific demographic to market their products to—established physicians in a profession dominated by white, middle/upper class, men. The *Journal of the American Medical Association* (JAMA), along with other professional medical publications, acted as one avenue for advertising. However, companies allocated most of their advertising resources to personal visits from sales representatives. Referred to as “detail men,” these representatives would travel locally, regionally, and nationally carrying a suitcase of literature on the products they were selling, as well as the products themselves.

The detail man profession did not require a degree in chemistry, medicine, or a background in pharmacy. However, one most certainly had to have an adequate understanding of the medicines they were selling, as well as the diseases and illnesses the companies heralded the drugs would cure. Jeremy Greene, in his article “Attention to ‘Details’: Etiquette and the Pharmaceutical Salesman in Postwar American,” summed up the role of the detail man by stating, “‘Detailing’ here refers to the unique performance, half sales pitch and half educational service, with which pharmaceutical sales representatives present physicians with prescribing information, or ‘details,’ concerning new medications.”<sup>44</sup> By the late 1950s, a proliferation of new drugs inundated doctors with information from various clinical reports and a variety of drug

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<sup>44</sup> Greene, “Attention to ‘Details’: Etiquette and the Pharmaceutical Salesman in Postwar America,” *Social Studies of Science* 34:2 (April 2004): 274.

choices. Detail men became the connection in the American medical model between drug companies and doctors.

Traveling salesmen, as Greene pointed out, were not new to the world of advertising. “Generally speaking,” Greene commented, “the detail man was a not-so-distant relation of the traveling patent-medicine peddler: a commercial traveler, familiar with roadside motels, the inside of his automobile, and with a wary outsider status.”<sup>45</sup> The role detail men played, however, from the late 1950s on was unprecedented. Greene noted, “By 1959 the nationwide corps of detail men had grown from 2000 at the end of the 1920s to more than 15,000 nationwide.”<sup>46</sup>

R.L. McQuillan, in his book titled *Is the Doctor In?*, chronicled his life as a detail man during this period of transition in the medical industry. Published in 1963, *Is the Doctor In?* provided the reader insight into the preparation and approach strategies when dealing with doctors, and the overall life of a detail man. After attending the Columbia College of Pharmacy in the early twentieth century and serving in the armed forces during World War I, McQuillan went to work as a detail man for an undisclosed, but what he described as “one of the finest pharmaceutical houses.”<sup>47</sup> McQuillan stated that the 1920s he began “a career of forty years of calling on thousands of doctors and druggists in many parts of the country.”<sup>48</sup>

Starting his career as a detail man in Chicago, McQuillan quickly learned about the process and attitudes of being an effective salesman. McQuillan described the medication he

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<sup>45</sup> *Ibid.*, 272.

<sup>46</sup> *Ibid.*, 272.

<sup>47</sup> R.L. McQuillan, *Is the Doctor In? The Story of a Drug Detail Man's Fifty Years of Public Relations with Doctors and Druggists* (NY: Exposition Press, 1963), 37. While the name is not given, it can be inferred that his company did not fall under the patent/proprietary drug companies, but rather in the second group of the legitimate medicinal manufacturers.

<sup>48</sup> *Ibid.*, 37.

attempted to sell for his company by recounting, “It had a fine white sugar coating over a powder of iron and alkaline salts.” He recalled telling the doctor he was going to “crush one of these pills and put it in a glass of water, and that it would turn the water green, proving that the iron was active.” To his embarrassment, McQuillan remembered his predicament by writing: “I pressed and pressed but nothing happened, and as I pressed more energetically the pill slipped away, down to the floor and under the doctor’s desk.”<sup>49</sup> Upon taking another pill out to attempt this exhibition, McQuillan realized he had grabbed the wrong pills, and that the one he had tried to crush was nearly impossible. The doctor told him not to worry, and as McQuillan described the doctor said, “he would take my word for it. In fact, he so fully accepted my explanation of just what a demonstration would show that he purchased one thousand of the Blaud pills to use in his office and said he would also prescribe them.” This experience showed McQuillan that demonstrations were not always necessarily effective and that many doctors were sympathetic and welcoming to detail men, taking their sales pitches by simple word of mouth.<sup>50</sup>

Not all doctors were as receptive as the first, and McQuillan found out quickly that knowing personal details about doctors was an important factor when making sales. Knowing how to approach a doctor was just as important, for McQuillan noted, “The fact that a doctor will, or will not, see a detail man does not depend upon whether he has the time, but on his willingness to grant some of his time.”<sup>51</sup> Different doctors had different methods of dealing with detail men, requiring the salesmen to diversify in the ways in which they sold their company’s product(s).

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<sup>49</sup> *Ibid.*, 41.

<sup>50</sup> *Ibid.*, 42.

<sup>51</sup> *Ibid.*, 64.

Meeting with a doctor could take place in the doctor's office, in an unoccupied room, and sometimes outside of the doctor's office/hospital. McQuillian further elaborated on the circumstances of meeting with a doctor when he wrote, "Some doctors will see him (a detail man) in turn just as he sees his patients." The only other options, McQuillian pointed out, were to reach the office before patients arrived or wait until the end of the day when the office was no longer receiving patients.<sup>52</sup> Finding a time when a specific doctor was less irritable could take trial and error on the part of the detail man. For those doctors who put patients ahead of the detail man and waited until later in the afternoon to meet with salesmen, McQuillian reminded his readers that: "A late session often calls for a long day for the detail man...but such timing is part of his job and he should remember that the doctor also has had a long day."<sup>53</sup> Because of these types of meetings it was important for the detail man to be quick to provide information and answers to questions regarding products, so as not to waste the doctor's time.

Under the modern American medical model detail men gained prestige. In 1941, Columbia University offered classes training detail men. At the beginning of the course, the instructor, Thomas H. Jones, defined being a detail man as simply another form of sales promotion.<sup>54</sup> That is not to say that one did not receive training in specific skills geared toward their unique job description. Arthur F. Peterson published a textbook in 1949, titled *Pharmaceutical Selling, 'Detailing,' and Sales Training*, in which he stressed the importance of a strong knowledge of the drugs they were selling. Peterson summed up the job description of detail men by putting it in the words, "Upon him (the detail man) frequently depends the saving

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<sup>52</sup> *Ibid.*, 95.

<sup>53</sup> *Ibid.*, 96.

<sup>54</sup> Greene, "Attention to 'Details:' Etiquette and the Pharmaceutical Salesman in Postwar America," 274.



of life or relieving from suffering by virtue of his timely introduction of a therapeutic product and his intelligent discussion of it with a physician.” This statement provided students with the sense that they, as future detail men, would play a central role in the treatment of patients, even if they did not see the patients themselves.<sup>55</sup>

The individuals’ relationship to the medications they took changed dramatically in the first half of the twentieth century. The Food and Drug Act of 1906 focused mainly on food safety allowing many of the problems facing medications to persist. The legislation laid the foundation for further reform, which reshaped the drug and medical industries in the years to come, continuing to the current health care debate. After the Humphrey-Durham Amendment of 1951 and the rise in drugs during the Therapeutic Revolution, doctors’ and pharmaceutical companies’ economic interests became evermore enmeshed. Pharmaceutical companies needed doctors to prescribe their products and doctors needed the newest drugs to prescribe, making patients feel that doctors provided them with the best possible care. Someone suffering from acute or chronic ailments no longer sought the pages of the newspaper for their answer, but rather their local practitioner. This relationship took on increased importance as new drugs created new avenues for doctors to utilize their prescription pad, solidifying their authority in the realm of health and medicine.

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<sup>55</sup> *Ibid.*, 274.

## Chapter II

### The Fall of Psychoanalysis and the Rise of Psychotropic Drugs

Legislation that resulted from the Progressive Era and the New Deal made great strides in providing protections for the consumer in the United States. The Food and Drug Administration gained powers of oversight, however limited, and the 1951 Humphrey-Durham amendment to the 1938 Food Drug and Cosmetic Act delineated between “patent medicines,” consisting mainly of alcohol based concoctions, and medications developed to be sold over the counter by more “respectable” companies. Discoveries in the field of chemical compounds during the first half of the twentieth century provided more credibility to pharmaceutical medications, in terms of safety and efficacy. As a result, the drugs companies produced, specifically minor tranquilizers, were widely embraced as effective and safe. After all, they had been developed in a lab, as opposed to a metal drum or other large vat, and they had the approval of a trained professional and the federal government. The drugs that would be developed, marketed and prescribed widely, as will be discussed in Chapters III and IV, would catapult pharmaceutical companies into an unforeseen economic stratum for their industry and provide a class of drugs that transformed how society viewed drug use and abuse. But first, doctors had to have a reason to prescribe minor tranquilizers by the millions.

In the early twenty first century, pharmaceutical companies maintained a firm foothold in the spheres of economics, politics and culture. Even with the passage of the Humphrey-Durham amendment, however, the prominence of the pharmaceutical industry in 1950s was not so secure. Establishing, investing in, or owning a company that had increasing levels of government regulation could be a lucrative business or a complete failure. Manufactures of drugs sold by

prescription only faced bottlenecks on their market. Only if a doctor considered a patient ill could a product then become available for purchase. Beyond that, companies geared their advertisements to doctors, those who made the decision regarding which product to choose, not to the individual patient or consumer. A pharmaceutical company putting resources into research and development might only provide their product to a select few. But, in the late 1940s and early 1950s, discoveries in brain chemistry and mental disorders and a refashioning of anxiety opened the door to a new class of drugs, changing the way society approached the diagnosis and treatment of individuals with anxiety, tension and various other emotional and mental disorders. This chapter will briefly chronicle the development of attitudes regarding mental disorders such as anxiety. This chapter will also argue that the development and application of the group of pharmaceuticals, known as the minor tranquilizers, challenged old perceptions of psychiatric treatment and fundamentally changed medical and psychiatric perceptions of mental health treatment.

Anxiety, depression and the symptoms that manifest from these diseases have existed throughout human history, with perceptions of these diseases and their treatments varying. Anxiety is product of society, a portion of the fight or flight reaction at the center of the human psyche. Sources of anxiety are compounded, or even created, as society becomes more complex and value systems more rigid. The workers who were anxious about getting a job so they could provide for themselves, and possibly a family, in an industrialized society were most likely similar to the fears of a farmer in a non-industrial society hoping for a drought to break in order to produce the needed crops for sustenance.

The term anxiety, as Andrea Tone noted, derives from the Latin root *angere*, “meaning to choke or throttle.”<sup>1</sup> Levels of this “choking” varied among individuals, as it continues to do so today, resulting in a range of degrees from slight emotional discomfort to complete debilitation and inability to function in society. Prior to the nineteenth century, society confined those deemed mentally ill. Seen as untreatable, these individuals held little decision making power in their treatments. Norman L. Keltner and David G. Folks’ work, titled *Psychotropic Drugs* third edition, highlighted a list of reformers throughout the eighteenth and nineteenth centuries who enacted changes in the way society perceived, controlled, labeled, and treated those defined as “mentally ill.” The three main reformers, as laid out by Keltner and Folks, were Philippe Pinel, who lived in France during the years 1745-1826, William Tuke, who resided in England from 1732-1822, and Dorothea Dix, who lived in the United States from 1802-1877. The basis these three ideologies shared was a call for “compassionate and scientific treatment of people with mental illness.”<sup>2</sup>

In an era when people had little to no understanding of the inner workings of the brain, specifically regarding the central nervous system, “scientific treatment” was difficult. One skeptical German, Heinrich Neumann, stated in 1818, “It is high time that we should cease the search for the herb or the salt or the metal which in homeopathic or allopathic doses will cure mania, deterioration, delusions, or excitement. It will not be found any sooner than one will find pills that will make a great artist out of an ignorant lout or a well behaved child out of a spoiled

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<sup>1</sup> Andrea Tone, *The Age of Anxiety: A History of America’s Turbulent Affair with Tranquilizers* (NY: Basic Books, 2009), 3.

<sup>2</sup> Norman L. Keltner and David G. Folks, *Psychotropic Drugs 3<sup>rd</sup> ed.* (St. Louis, MI: Mosby, 2001), 4.

child.”<sup>3</sup> No such achievement was made in Neumann’s life, yet scientists in the late nineteenth and twentieth centuries continued their quest for such a substance. Meanwhile, patients labeled with mental disorders had few alternative methods of treatment outside of the highly structured permanent residential institutions.

In the nineteenth century, hospitals were viewed as a last resort and often as a place for one to go and die. Medical historian Paul Starr commented on the perceptions many carried regarding hospitals during this time when he wrote, “Almost no one who had a choice sought hospital care. Hospitals were regarded with dread, and rightly so. They were dangerous places; when sick people were safer at home.”<sup>4</sup> The home and family provided the backbone of care in America during the eighteenth and early nineteenth centuries, but as the Market Revolution and industrialization reshuffled American society, so too did it shuffle the mechanism by which to care for the physically and mentally ill. The first asylums appeared in the forming cities of the Northeast. As populations increased, higher concentrations of the mentally ill existed with enervated formal structures (families) to address the needs of the afflicted. This shift, referred to as “indoor” relief to “outdoor” relief followed similar patterns of financial support, leaving private philanthropic organizations to fill the needs of the community. As the demands for these services increased, opportunities for doctors also increased. Starr noted, however, “The institutions played a greater role in shaping psychiatry in the nineteenth century than psychiatry

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<sup>3</sup> Nathan G. Hale, *Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917 Volume I* (NY: Oxford University Press, 1971), 1.

<sup>4</sup> Paul Starr, *The Social Transformation of American Medicine* (NY: Basic Books, 1982), 72.

played in shaping the instructions.”<sup>5</sup> Doctors reacted to established institutions and methods of treatment; the asylum was not a tool developed by doctors.

Psychoanalysis, the field of psychology made popular by the Austrian Sigmund Freud, provided a non-medical form of treatment for anxiety, depression and other behavioral ailments. While Freud’s theories existed in Europe prior to the twentieth century, the story of Freud’s influence in the United States dates to 1909. Nathan G. Hale Jr., who wrote extensively on Freud in a two-volume work titled *Freud and the Americans*, harkened back to the 1909 Clark University Conference where Freud delivered a series of lectures that “had created an “earthquake” in public opinion.”<sup>6</sup> From this point, psychiatrists built on Freud’s theories in the United States rooting anxieties in the subconscious.

Otto Fenichel’s *The Psychoanalytic Theory of Neurosis*, published in the United States in 1945, presented new theories of psychoanalysis that addressed social issues in a postwar era. World War I and World War II provided countless opportunities for psychiatrists and psychoanalysts to study the effects of traumatic neuroses. Indeed Fenichel noted, “There are stimuli of such overwhelming intensity that they have a traumatic effect on anyone; other stimuli are harmless for most persons but traumatic for certain types with a readiness to become overwhelmed traumatically.”<sup>7</sup> Fenichel specifically identified two forms, anxiety neurosis and anxiety hysteria under his reworking of Freudian theory. “In anxiety neurosis,” Fenichel explained, “a general inner tension manifests itself as a constant, freely floating anxiety or readiness for anxiety.” In anxiety hysteria, however, “The anxiety is specifically connected with

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<sup>5</sup> *Ibid.*, 73.

<sup>6</sup> Hale, *Freud and the Americans*, xi.

<sup>7</sup> Otto Fenichel, M.D., *The Psychoanalytic Theory of Neurosis* (NY: W.W. Norton & Company, 1945), 117.

a special situation, which represents the neurotic conflict.”<sup>8</sup> Regarding these new groups, Hale noted, “Instead of the failing clerk of Freud’s obsessional Wolfman there appeared the businessman, failing because of his character flaws in the inflationary chaos of the postwar world. Instead of the Victorian woman with repressed sexual drives, a liberated woman appeared with different difficulties.”<sup>9</sup> The field of psychoanalysis evolved to meet the pressures of men returning from World War I and the various psychological problems that manifested themselves.

At times consisting of multiple sessions a week, patients traveled to an office in an attempt to peel back layers of emotional repression with the possibility of gaining peace of mind. However, the expanding knowledge of the human brain and central nervous system in the scientific community, coupled with an era of pharmaceutical development, created new ways of constructing, diagnosing and treating symptoms of anxiety, depression and other mental disorders.

The scientific community and the general public previously understood that substances affected one’s consciousness, moods, and motor skills. The use of substances, such as smoking tobacco, alcohol, and other drugs, such as cocaine and opiates, had been well practiced behaviors in the search to alter one’s state of mind, treat pain and alleviate other symptoms. The wide use of lithium salts in the late 1940s ushered in a new era of understanding psychotic disorders and the drugs that treated them. Understandings of the interaction between the central nervous system

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<sup>8</sup> *Ibid.*, 194.

<sup>9</sup> Nathan G. Hale, *Freud and the Americans: The Rise and Crisis of Psychoanalysis in the United States, 1917-1985 Volume II* (NY: Oxford University Press, 1995), 38.

and this newly emerging class played a paramount role in the Therapeutic Revolution and changed the trajectory of medicinal treatment.<sup>10</sup>

For a substance (drug) to affect the brain it must first pass through the blood-brain barrier. The blood-brain barrier acts as protective barrier, blocking harmful substances from interacting with neurons. Neurons, which Keltner and Folks described as “the basic subunit of the nervous system,” transmit electrical signals to the brain through a small gap (synapse) via neurotransmitters. It is at this level of communication where drugs act on the central nervous system.<sup>11</sup> These scientific advancements, coupled with a pharmaceutical industry jockeying for profits under the relatively new federal regulations of the Food Drug and Cosmetic Act of 1938, and later the 1951 Humphrey-Durham amendment, laid the foundation for the success of a new class of drugs known as minor tranquilizers, which provided unprecedented wealth to pharmaceutical companies.

Between 1949 and 1959 the treatment of mental disorders such as bipolar disorder, schizophrenia, and depression underwent fundamental changes. As stated above, the advent of lithium in the treatment of bipolar disorder, discovered by Australian physician John Cade, was applicable in institutional treatment but not used outside the confines of state or private mental institutions due to its toxicity and regimented schedule. Chlorpromazine, marketed in the US under the trade name Thorazine, emerged in the early 1950s as the first anti-psychotic drug as we know them today. Andrea Tone, in her work titled *The Age of Anxiety*, noted that Thorazine “served to buttress a theory that would become the bedrock of the new biological psychiatry: the

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<sup>10</sup> Keltner and Folks, *Psychotropic Drugs 3<sup>rd</sup> ed.*, 56.

<sup>11</sup> *Ibid.*, 56. For a more in depth discussion on the interaction of drugs and the central nervous system see Daniel M Perrine, *The Chemistry of Mind-Altering Drugs: History, Pharmacology, and Cultural Context* (Washington, D.C.: American Chemical Society, 1996).



notion that mental illnesses were caused by malfunctioning brain biology rather than patients' bad upbringing or flawed character."<sup>12</sup> Thorazine not only revolutionized the treatment of mental disorders, but also had a profound impact on how the medical community perceived mental illness. The application of Thorazine being confined to hospitals allowed only a small number of patients suffering the most severe degrees of symptoms. However, by the late 1950s a new group of drugs, termed minor tranquilizers, entered the medical discourse. This group of drugs allowed patients to self-administer medications at home through the medium of a pill.<sup>13</sup>

The road to the development of minor tranquilizers, like many drugs of the modern medical era, stemmed from research surrounding other medicines, or ones found purely by accident. In the case of minor tranquilizers a drug was found while a scientist was researching the production of another drug. In the early 1950s, Frank Milan Berger noticed a result from his penicillin research that would provide the building blocks to further change the treatment of mental disorders and help build the modern pharmaceutical industry.

Following the work of Alexander Flemming, Berger began to research penicillin in 1944 in the United Kingdom. Along with many others in the United States and the United Kingdom, Berger sought ways to increase production or increase the preservation of penicillin for the war effort. Berger collaborated with other researchers to provide enough penicillin. Finally successful, doctors achieved the ability to cure sexually transmitted infections, such as

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<sup>12</sup> Tone, *Age of Anxiety*, 80.

<sup>13</sup> Keltner and Folks, *Psychotropic Drugs 3<sup>rd</sup> ed.*, 6.

gonorrhoea, syphilis, and other bacterial infections, that had the propensity to debilitate or kill on a vast scale.<sup>14</sup>

While working on penicillin research, Berger experimented with a preservative called mephenesin. Berger described the chemical as, “A chemically modified version of a disinfectant on the European market.”<sup>15</sup> While testing for toxicity levels of mephenesin, by injecting mice, Berger noticed the mice entering a relaxed, sedated state. Recalling his observations in an article published in 1946, Berger noted: “Administration of small quantities of these substances to mice, rats or guinea pigs caused tranquilization, muscular relaxation, and a sleep-like condition from which the animals could be roused.”<sup>16</sup> The discovery of the effects of mephenesin led to a new path of research for Berger, as well as providing another tool in the treatment of patients.

Patients in the United Kingdom immediately felt the benefits of Berger’s discovery. Doctors in the United Kingdom prescribed mephenesin to patients with multiple sclerosis, strokes, Parkinson’s disease, and common back injuries. Mephenesin made its way to the United States, being marketed under the trade name Tolserol by E. R. Squibb, one of the three largest pharmaceutical companies in the country at the time. While mephenesin was effective, it was not the wonder drug that would come to dominate the pharmaceutical industry. The effects of mephenesin lasted only hours and the most effective route of administration was by intravenous

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<sup>14</sup> Frank Berger, interview by Thomas Ban, 6 April 1995, Louise M. Darling Biomedical Library, University of California Los Angeles.

<sup>15</sup> Frank Berger, interview by Leo Hollister, 1999, Louise M. Darling Biomedical Library, University of California Los Angeles.

<sup>16</sup> Frank Berger and W. Bradley, “The Pharmacological Properties of alpha, beta-dihydroxygamma-(2-methylphenoxy)-propane (myansein),” *British Journal of Pharmacology and Chemotherapy* 1 (December 1946): 266.

injection, thus limiting the drug's applicability. Berger continued searching for the ultimate tranquilizer, in terms of efficacy and application.<sup>17</sup>

By the end of World War II, Frank Berger had lost his parents and the majority of his friends in Nazi concentration camps. Frank and Bozena decided to immigrate to the United States, where Frank accepted the position of president and director of medical research at Carter-Wallace Laboratories in 1949. Carter-Wallace was not among the major players in the pharmaceutical industry at the time, but the industry itself was not the economic force it is today. A 1952 *New York Times* article, titled "Drug Makers View '52 as a Tough Year," acknowledged that a majority of the largest twelve pharmaceutical companies in the United States *lost* money—a situation that would be unheard of today. The article continued to note, "The rise in earnings is extremely small in comparison with the added dollars of business done."<sup>18</sup> Berger's discoveries at Carter-Wallace would not only make the company a major competitor in the industry, it would begin leading the industry down a track of stable profits throughout the 1960s and 1970s, and into the colossal economic force pharmaceutical companies became in the 1980s and remain to the present day. First Carter-Wallace had to make, or rather remake, a reputation for the company.

Carter-Wallace represented both the old and new forms of pharmaceuticals. Prior to becoming Carter-Wallace, the company Carter, famous for *Carter's Little Liver Pills*, engaged in mass-market advertising in America. With the passage of the Food Drug and Cosmetic Act of 1938, and later the Humphrey-Durham amendment of 1951, the division between prescription

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<sup>17</sup> Frank Berger, interview by Leo Hollister, 1999.

<sup>18</sup> Robert E. Bedingfield, "Drug Makers View '52 as a Tough Year," *New York Times* (New York) 5 April 1953, f5.

and over-the-counter drugs left Carter with a decision to make. Carter wanted to expand, merging with Wallace Laboratories to develop prescription drugs under the new system of federal regulations. The merger paid off, and Carter-Wallace was expanding at a steady pace, with a major jump between 1963 and 1964, with net earnings going from \$9,081,858 to \$11,338,699, respectively.<sup>19</sup> After legal troubles with the Federal Trade Commission over the advertising claim of the effectiveness of Carter's Little Liver Pills, Carter-Wallace was looking to "distance itself from its dubious roots as about making money."<sup>20</sup> Carter-Wallace hoping to be viewed by medical professionals and patients/consumers as a legitimate pharmaceutical company, as opposed to a patent medicine company that produced "quack" medicines.

When Frank Berger started working as a researcher at Carter-Wallace Laboratories, he viewed the firm as a "small, financially unsuccessful subsidiary."<sup>21</sup> However, it is important to remember that Berger was not seeking riches and fame. Based on an interview with Berger, Andrea Tone described him as, "A left-leaning humanist whose principles were hedged by pragmatism culled from decades of struggle, Berger never abandoned his belief in humanity's capacity to eradicate suffering."<sup>22</sup> Berger believed that with the success of mephenesin/Tolserol and his available resources at Carter-Wallace he could develop a superior minor tranquilizer and bring the world unforeseen relief.

Frank Berger enlisted the help of Bernie Ludwig, an organic chemist trained at Columbia University. Together they tested hundreds of compounds for similar tranquilizing effects

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<sup>19</sup> Carter-Wallace, Inc. "For a Growing Company, a Change of Name," *New York Times* (New York) 27 July 1965, 45.

<sup>20</sup> Tone, *Age of Anxiety*, 41.

<sup>21</sup> Frank Berger, interview by Leo Hollister, 1999.

<sup>22</sup> *Ibid.*

produced by mephenesin. Although there were a number of possible options, Berger decided to focus on meprobamate. Meprobamate was synthesized by Berger and Ludwig in May of 1950. Carter-Wallace applied for the patent two months later in July.<sup>23</sup>

Meprobamate had remarkable effects compared to mephenesin. Berger recalled the success of testing meprobamate, in his interview with Andrea Tone. “We had about twenty Rhesus and Java monkeys on hand...They’re vicious, and you’ve got to wear thick gloves and a face guard when you handle them.” However, after administering meprobamate the monkeys transformed into “very nice monkeys—friendly and alert. Where they wouldn’t previously eat in the presence of human beings, they now gently took grapes from your bare hand.”<sup>24</sup> While meprobamate was indeed remarkable, Carter-Wallace, an economically unstable company in an uncertain pharmaceutical industry, was not ready to invest in meprobamate as a business venture and decided not to begin development and testing. The biggest hurdle Carter-Wallace faced in the development of meprobamate was production of the compound in large enough quantities to begin adequate testing on human subjects and toxicity testing on animals. Carter-Wallace needed a pharmaceutical company with enough investment capital to aid in the production of sufficient amounts of meprobamate, which also meant sharing the market for the up-and-coming drug.

Due to Carter-Wallace’s reputation as a company that epitomized the patent medicine era, Frank Berger and Carter-Wallace Laboratories found it difficult to find a chemical company to produce the quantities of meprobamate that testing required. After being turned down by well known companies in the early 1950s, such as Union Carbide and DuPont, Berger found Berkeley Chemicals, headed by Bob Milano, to be of assistance. With enough meprobamate produced,

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<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

testing progressed and Berger was confident in the results. Yet Carter-Wallace's president, Henry Hoyt, was wary because of the by prescription only nature of meprobamate and the turbulent image of Carter-Wallace among physicians. Not only did Carter-Wallace's reputation put their marketability toward doctors at risk, the acceptance of meprobamate, and minor tranquilizers in general, by the psychiatry and the medical community was unknown. Wyeth Laboratories was brought into the picture as a source of credibility and financial backing. Berger said of Carter Wallace's marketing status, "Carter-Wallace didn't have enough people to promote it (meprobamate) and didn't have enough money to promote it. So they had to license." Wyeth Laboratories teamed with Carter-Wallace to promote and distribute meprobamate. Meprobamate, marketed by Carter-Wallace as Miltown, and as Equanil by Wyeth had to situate itself in the treatment options for anxiety, depression, and the various other symptoms independent medical researchers soon heralded it to cure. Carter-Wallace, unsure of how doctors and psychiatrists would utilize meprobamate, took the risk that the populace would accept a pill that provided relief from anxiety and the troubles of the world.<sup>25</sup>

During the mid to late 1950s and into the 1960s a debate ensued between psychiatrists and medical professionals in the journals of their profession, and at conferences around the United States and Europe. The emergence of meprobamate raised many questions, including what applications the drug had in the treatment of psychiatric patients (in institutions), what the toxicity levels of the drug were, and what, if any, chance did this drug in producing dependence.

In 1957 Frank Berger published an article in *Annals of the New York Academy of Science* detailing the testing process of meprobamate. Berger utilized not only monkeys, but rats and cats

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<sup>25</sup> *Ibid.*

as well. Describing one of the tests of meprobamate's effects Berger wrote: "Rats, cats, or monkeys were taught to escape to a pole or to another compartment at the sound of a buzzer in order to avoid an electric shock from the electrified floor of the cage given at a fixed interval after the buzzer sounded."<sup>26</sup> When given tranquilizers other than meprobamate, such as chlorpromazine, reserpine and benactyzine, the animals forgot that they had learned to run to avoid electric shock when they heard the sound of the buzzer. Meprobamate did not affect the conditioned response, and the test subjects successfully avoided electric shock after being administered the drug.<sup>27</sup> Berger, along with other doctors, realized meprobamate had unique properties from other tranquilizers and wanted to begin human testing on a larger scale.

Meprobamate's first published clinical study in the *Journal of the American Medical Association* (JAMA) appeared in April 1954. Lowell S. Selling, M.D. and Ph.D. authored the article, titled "Clinical Study of a New Tranquilizing Drug," in which he began by stating, "Anxiety neuroses or tension states occur so frequently that there is a real need for rapid therapy to relieve the patient and enable him to recover."<sup>28</sup> In a clinical trial with meprobamate, supplied free of cost in the form of Miltown by Carter-Wallace Laboratories that spanned from January 15, 1953 to April 1, 1954, Selling tested meprobamate on men and women who showed signs of anxiety and severe symptoms of tension, such as headaches and extreme muscle tension. Also included were individuals with alcohol problems and children "with behavioral problems."<sup>29</sup> Selling's trial contained multiple groups of patients with multiple symptoms, with various levels

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<sup>26</sup> Frank M. Berger, "The Chemistry and Mode of Action of Tranquilizing Drugs," *Annals of the New York Academy of Sciences*, 67:10 (9 May 1957): 691.

<sup>27</sup> *Ibid.*, 691.

<sup>28</sup> Lowell S. Selling, M.D., "Clinical Study of a New Tranquilizing Drug: Use of Miltown," *Journal of the American Medical Association*, 157:18 (30 April 1955): 1594.

<sup>29</sup> *Ibid.*, 1594.

of severity. Selling's trial, however, did not contain a control group. This shortcoming did not devalue his findings, due to the fact that control groups for tranquilizers were not standard procedure for psychotropic drugs.

Selling's findings on meprobamate had far-reaching implications regarding the application for the drug. Symptoms of tension headaches, states of anxiety, children with problematic behavior and involuntal depression all had good results, ranging from 90% to 70% effective (tension headaches being 90% and problematic behavior among children 70%). Also found in Selling's study was the treatment of five women patients who experienced tension during their menstrual cycle. Trial patients additionally showed improvement among sleeping patterns. Selling noted few adverse reactions. Three patients of the 187 had allergenic reactions with various resulting symptoms ranging from a fever of 102 degrees Fahrenheit, to one woman who became extremely sleepy and had a resting heart rate of forty beats per minute as a result. Selling concluded, "I believe that this drug (meprobamate) can be considered comparatively nontoxic."<sup>30</sup> From this article, meprobamate would begin to spark the interest of psychiatrists and medical doctors around the nation.

The first category of patients expected to benefit from Miltown were psychotic patients living within state or private institutions. Veronica M. Pennington, a doctor and researcher at the Mississippi State Mental Hospital, published an article in 1957 in the September issue of the *American Journal of Psychiatry*. The testing occurred at the Mississippi State Hospital in Whitfield and was sponsored by Wallace Laboratories.<sup>31</sup> Of the 1,250 patients tested, 300

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<sup>30</sup> *Ibid.*, 1596.

<sup>31</sup> Supplies of meprobamate was provided to Veronica M. Pennington, M.D. in the form of Miltown by Carter-Wallace Laboratories.



received Miltown while others received a placebo or another tranquilizer. Pennington's study found that "several patients who had been actively hallucinated and delusional prior to taking Miltown showed no schizophrenic fantasy in remission." During Pennington's study she addressed meprobamate's efficacy in other mental disorders included in the first edition of the Diagnostic and Statistical Manual (DSM-I), a collection of definitions of mental disorders and the symptoms that accompany them. Homosexual behavior, which was included in the DSM as a mental illness until DSM-III was published in 1973, underwent tests by Pennington. However, the results showed that homosexual patients "were not affected."<sup>32</sup> The results of Pennington's trials also found "disturbed, self-destructive, assaultive...patients," along with noisy and hyperactive patients, became "tractable, quiet and capable of co-operation." Due to the success of Miltown among patients at the Mississippi State Hospital hydrotherapy and "all forms of shock treatment" ceased among patients taking the drug.<sup>33</sup>

Along with the praised success of Miltown in the treatment of psychotic disorders, Pennington's article reported that an unintended effect also occurred. The effect, described as "staunching the odor of perspiration," benefited some patients who had "acid perspiration odor" despite how often they, or staff, bathed them. Pennington attributed this unexpected and previously undocumented result to the possibility of Miltown's effects on the patients' emotional state and the effects emotions have on sudoriferous glands, "Whose secretions contain odorous

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<sup>32</sup> Veronica M. Pennington, M. D., "Use of Miltown (meprobamate) with Psychotic Patients," *American Journal of Psychiatry*, 114:3 (September 1957): 258.

<sup>33</sup> *Ibid.*, 259.

substances...”<sup>34</sup> While Pennington did not test Miltown for the effects it had on sweat odor, others tested Miltown for its effectiveness based on the symptoms the drug alleviated.

Miltown affected muscular spasms, insomnia and anxiety, among other things. These symptoms, typical of opiate withdrawal, gave some hope. Arnold Zucker, M.D. (et al) published his results on Miltown’s role in opiate withdrawal in a 1958 article titled, *An Evaluation of Meproamate in Opiate Withdrawal*. Again, Wallace Laboratories supplied the meproamate. The test group consisted of sixty-two male subjects, ranging from ages nineteen to sixty-seven, with fifty addicted to heroin, five to morphine, and seven to other forms of opiates. Divided into three groups, all were given methadone for a period of time and then one group stayed on methadone, one group received Miltown and the final group received a placebo. Upon observation researchers found, “The meproamate group demonstrated significantly more objective muscle tension than the control group.” Zucker’s study concluded that meproamate was not effective in the treatment of opiate withdrawals and that methadone still remained the treatment of choice.<sup>35</sup>

While doctors rejected Miltown as a therapy for opiate addiction the drug was found helpful in treating severe symptoms of menstrual cramps along with other symptoms experienced by some women while going through their period. Versed in testing meproamate, Veronica Pennington, M.D. set out to test Miltown’s effects on 42 women who complained of severe symptoms prior to and during their menstrual cycles. As Pennington stated: “A medicament that calms and quiets without clouding consciousness and one without any tendency to produce

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<sup>34</sup> *Ibid.*, 260.

<sup>35</sup> Arnold H. Zucker, M. D. et al, “An Evaluation of Meproamate in Opiate Withdrawal,” *American Journal of Psychiatry* 115:3 (September 1958): 254.

habituation was necessary for the study undertaken. In my experience meprobamate fills all the requirements.” Pennington, however, made a point to test meprobamate on women who complained of severe menstrual symptoms but did not otherwise have emotional distress or anxiety.<sup>36</sup>

Using case study examples, Pennington showed how effective Miltown was in alleviating menstrual symptoms. One patient, referred to as “Case-1,” was a thirty-two year old, married woman who had two children and worked as an “attendant.” After receiving meprobamate for a few days the patient reported, “Miltown has relieved my nervousness and I am not cross with the children and my husband...I haven’t had a headache all month.” Once Case-1’s medication was switched from Miltown to a placebo, however, she noticed, “I had my usual trouble this month, though probably not so bad as usual.” To which she added, “Maybe the medicine is losing its effect.” Case-1’s comments represented a majority of women in the study, with women noticing improvement while on Miltown and identifying a change when given the placebo.<sup>37</sup>

Half of the forty-two women took Miltown only when their symptoms began to be felt, while the other half remained on uniform dosage. In the middle of the study these groups changed dosage patterns, with some women receiving random placebos throughout. The women who originally took Miltown for onset symptoms soon found a daily dosage was not needed and curbed their use as they saw fit. Thus, Pennington concluded, “Habituation does not follow the use of meprobamate.”<sup>38</sup> Miltown’s application began to expand. While Miltown was not seen as effective in curbing opiate addiction, the findings of Miltown led Pennington and others to

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<sup>36</sup> Veronica M. Pennington, M.D., “Meprobamate (Miltown) in Premenstrual Tension,” *Journal of the American Medical Association*, 164:6 (8 June 1957): 638.

<sup>37</sup> *Ibid.*, 639.

<sup>38</sup> *Ibid.*, 640.

conclude that Miltown should be the primary treatment in emotional disturbances because the drug was “free of side effects.” Pennington concluded that Miltown “is an important addition to the armamentarium of the neuro-psychiatrist.”<sup>39</sup>

The attitude of Abraham Gardner, M. D., a psychiatrist from Massachusetts, toward patients made Miltown an easy choice. In his *American Journal of Psychiatry* article published in 1957, simply titled *Meprobamate- A Clinical Study*, he stated: “when a patient visits his physician he is entitled to as prompt relief or alleviation of distress as can be provided.” Miltown provided such “prompt alleviation” to patients who frequently exhibited uncooperative behavior in psychotherapy. Gardner, however, stated in the procedure section of his article that drugs had been part of his practice prior to Miltown, for “I have made free use of the amphetamines and barbiturates in the past years, and more recently, of the tranquilizers.”<sup>40</sup> Use of drugs by psychiatrists was not a new concept and many championed meprobamate, either under the name of Miltown or Equanil. Doctors leaned toward meprobamate because of its supposed non-addictive, non-habit forming nature. That is not to say, however, that meprobamate did not receive strong criticisms from some doctors fairly soon after the drug’s introduction.

One of the first articles to look negatively at meprobamate was *Adverse Reactions to Meprobamate*, written by Henry T. Friedman, M.D., published in *JAMA* in October 1956. In this article Friedman stated, “Meprobamate is a drug that has received extreme widespread acceptance by the medical profession of the United States as well as by the general public.” To which he added, “The drug has been on the clinical market for only approximately one year, and

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<sup>39</sup> Veronica M. Pennington, M. D., “Use of Miltown (Meprobamate) with Psychotic Patients,” 260.

<sup>40</sup> Abraham Gardner, M. D., “Meprobamate- A Clinical Study,” *American Journal of Psychiatry* 114:3 (December 1957): 524.

we feel that it is time to warn the medical profession of possible toxic and allergic reactions to this compound.”<sup>41</sup>

While Friedman left out details regarding the selection of members for his clinical trial he provided specific cases of side effects. Referred to as “Case-1,” a fifty-five year old woman was taking a 400 mg tablet twice a day, half the average clinical dosage in trials stated above (400 mg four times a day). “After the patient had taken the second pill,” Friedman stated, “severe diarrhea developed, with cramps, gas, and nine watery stools in twenty-four hours.” Other patients developed more serious side effects.<sup>42</sup> Some patients developed lesions and intense rashes upon taking the 400 mg meprobamate tablet. “Case-6,” a forty-five year old man, developed a rash on his genitalia and inner thighs. Friedman noted, “Itching was severe, and the lesion was red and macular in type.” After an administration of antihistamines the rash cleared up in a matter of days. Upon retaking meprobamate the same reaction took place. In three cases meprobamate had the opposite effect tranquilization, causing “extreme excitement.”<sup>43</sup> For some, meprobamate caused rashes, and for a few, it exacerbated their anxiety or nervousness. But the majority of patients suggested that meprobamate worked well at alleviating a number of discomforts. The question of whether or not meprobamate would turn need into dependency, however, remained.

Two years after meprobamate came on the market under the trade names Miltown and Equanil (produced by Carter-Wallace Laboratories and Wyeth Laboratories respectively), JAMA published an article titled “Potential Hazards of Meprobamate.” The article stated that meprobamate had been enthusiastically received among members of the medical profession and

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<sup>41</sup> Henry T. Friedman, M.D. et al., “Adverse Reactions to Meprobamate,” *Journal of the American Medical Association*, 162:7 (October 1956): 628.

<sup>42</sup> *Ibid.*, 629.

<sup>43</sup> *Ibid.*, 629.

the general public due to “the assumption that large doses of the drug can be administered with practically no side-effects.” The article discovered findings similar to Friedman’s in regards to the development of rashes among some patients as well as symptoms of withdrawal. No instances of overdose occurred. A few cases of attempted suicide, where some subjects ingested “very large amounts of the drug, ranging from six to thirty-eight Gm (6,000,000 to 38,000,000 mg),” proved useful to testing toxicity levels. The result was coma with low levels of respiration, or an absence of reflexes. The article concluded that, “Side-effects and untoward reactions to meprobamate can and do occur and that the drug should be administered with the same discretion as other therapeutic agents.”<sup>44</sup> It was evident that some patients experienced adverse side-effects from meprobamate, but even for those who did not exhibit clear signs of adverse reaction some doctors raised the issue of dependency.

John A. Ewing, M.D., an assistant professor at the University of North Carolina School of Medicine, and senior medical student Thomas M. Haizlip discussed the issue of meprobamate dependency in their 1958 article, “A Controlled Study of the Habit Forming Propensities of Meprobamate.” As Ewing and Haizlip addressed in their introduction, “Probably all drugs used to sedate or to tranquilize can be habit-forming, the patient becoming psychologically dependent upon an effect such as a sense of relaxation or well-being.” From their study they found 44 of 47 patients to exhibit signs of meprobamate withdrawal upon abrupt cessation of administration. “The typical meprobamate withdrawal syndrome,” the article concluded, “included various degrees of insomnia, vomiting, tremors, muscle twitching, overt anxiety, anorexia and ataxia (loss of limb movement).” From their findings, Ewing and Haizlip stated, “We feel justified in concluding that

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<sup>44</sup> “Potential Hazards of Meprobamate,” *Journal of the American Medical Association* 164:12 (July 1957): 1332-1333.

meprobamate closely simulates the barbiturates.” Not all studies of dependency, however, would be so clear.<sup>45</sup>

A 1958 study, undertaken by Austin R. Stough, M.D., of patients believed to be susceptible to addiction concluded that meprobamate had no major dependency issues. Stough defined addiction as: “An overpowering compulsion to use a substance for the purpose of obtaining the pleasurable effects it affords.” Adding, “Tolerance progressively increases, continuance is detrimental to both the individual and society, and abstinence is characterized by physical as well as psychological disturbances because of the physiological dependence produced by tissue alterations.”<sup>46</sup> While “habituation” was defined as a “compulsion to use a substance because of an element of psychic dependence, tolerance is absent or minor, continuance is injurious to the individual only, and psychological stress alone appears on withdrawal.” Subjects in Stough’s trial consisted mostly of women in prison who he described as “unstable, unhappy, frustrated individuals.”<sup>47</sup>

Divided into three groups subjects were given various levels of meprobamate throughout a four week period, but in the fifth week all groups were given a placebo. The control group received a placebo throughout the entire trial, while Group-One received 400 mg four times a day for one week, with the dosage increased to 800 mg four times a day for the remaining three weeks. Group-Two received the same dosage of meprobamate as Group-One, however, after receiving 800 mg four times a day for a week their level increased to a total of 6.4 Gm (6,400

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<sup>45</sup> John A. Ewing, M.D. and Thomas M. Haizlip, B.S., “A Controlled Study of the Habit Forming Propensities of Meprobamate,” *Journal of the American Medical Association*, 114:9 (March 1958): 835.

<sup>46</sup> Austin R. Stough, M.D., “Possible Habituating Properties of Meprobamate,” *Journal of the American Medical Association* 166:8 (February 1958): 882.

<sup>47</sup> *Ibid.*, 882.

mg).<sup>48</sup> After week four, when all groups received a placebo, Stough observed discomfort in a small percentage of subjects within the first twenty-four hours after meprobamate administration ceased. Stough concluded: “No true habituation developed. No permanent effects resulted from the medication in any dosage or from abrupt withdrawal.” However, he noted that certain patients with severe “nervous or other abnormalities” reacted negatively when suddenly taken off meprobamate, leading to the suggestions of gradual withdrawal to a drug of this nature.<sup>49</sup> Meprobamate quickly became widely accepted among psychiatrists and medical doctors. The question of efficacy never came into question in studies of meprobamate. It appeared that the drug mankind had been looking for, and that Heinrich Neuman warned about in 1818, had arrived. Some in the medical community questioned meprobamate’s comprehensive application, but still acknowledged the drug’s importance in the treatment of anxiety.

Carter-Wallace’s Miltown created fundamental changes in the fields of medicine and psychiatry during the last half of the 1950s. With the government’s approval through the FDA and the praise coming from the majority of the medical and psychiatric community, Miltown set the stage for the economic success of Carter-Wallace Laboratories, Wyeth Laboratories, and the various other companies that would market their own minor tranquilizers in Miltown’s wake. Carter-Wallace and Frank Berger were becoming rich at an alarming rate. When making the decision to go to Carter-Wallace, then just Carter, Berger recalled telling the company: “If I develop a drug better than mephensein, I want to participate. I want to get a little bit of sales. If I make a firm out of you, I want to get royalties.” Berger remembered that “when I came (to Carter)...the sales were \$85,000 a year. By 1960, they were something like \$200 million a

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<sup>48</sup> *Ibid.*, 883.

<sup>49</sup> *Ibid.*, 887.



year.”<sup>50</sup> Money was not the only factor that drove Berger’s entrance into medicine and his research, as Andrea Tone summarized from her interview. To which Tone added, “Burger approached medicine as part of a broader impulse to discern how the universe itself worked, not simply as a specialized vocation.”<sup>51</sup> The possibility of helping individuals was Berger’s driving force, not the millions his discovery would yield for Carter-Wallace and the presumably tens of thousands of dollars for himself by the end of the 1960s. Frank Berger succeeded in providing the world with a drug that alleviated immeasurable amounts of pain and suffering. His research had profound impacts on the view of mental health in the world of western medicine.<sup>52</sup>

During their first two years on the market initial drugs sales of Miltown and Equanil outpaced supply. Even before supplies of Miltown/Equanil met the level of demand, Carter-Wallace Laboratories began engaging in a practice they had been well versed in from the previous decades, advertising. The passage of the Food, Drug and Cosmetic Act of 1938 and the Humphrey-Durham amendments in 1951 created a new framework for Carter-Wallace Laboratories to operate under. Rather than advertising in newspapers to a mass market, Carter-Wallace had a specific group with a fairly static demographic: white, male, doctors. Doctors, however, were not the only group that needed to hear about this new drug. Carter-Wallace found ways to introduce the patient/consumer to Miltown, spurring them to ask their doctor about the new drug. And so they did, in increasing numbers annually.

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<sup>50</sup> Frank Berger, interview by Leo Hollister, 1999.

<sup>51</sup> Tone, *Age of Anxiety*, 30.

<sup>52</sup> *Ibid.*, 28-30.

## Chapter III

### Marketing and Prescription Practices of Minor Tranquilizers

“This book has been written for YOU,” self-help author Joseph Kennedy told readers in the foreword to his book *Relax and Live*. “If you would like to learn the art of living without strain; you would like to meet life without a sense of pressure, hurry, and worry.” Published in 1953 by Prentice Hall, *Relax and Live* simply was “for you, if you want to get more out of life.”<sup>1</sup> Kennedy believed he had unlocked the key to success, a stress free life where one’s “natural” abilities came with little effort. Formed from his background as a coach and physical training director, Kennedy preached, “The ability to function without strain or pressure—to let the body perform its actions naturally—is the secret of the star athlete.” But, as Kennedy elaborated, “it is also the secret of all successful, satisfying living.”<sup>2</sup> If Joseph Kennedy was right in his assertion that the secret to a successful and satisfying life was to operate “without strain or pressure,” Americans found it increasingly difficult to do so in the decades following World War II. “Relaxation,” as Kennedy put it, “is not something you *do*; it is something you *don’t* do.”<sup>3</sup> Under Kennedy’s model, relaxation seemed easy enough, but it would not suffice for the American people. Writing in 1953, Kennedy was not in tune with the developments occurring in the laboratory at Carter-Wallace and other pharmaceutical companies researching compounds which would soon have far-reaching influences toward the perceptions and treatment of anxiety.

*Relax and Live* was not the first piece of literature of its kind. Self help books, pamphlets, speeches and sermons proliferated in the late nineteenth and early twentieth centuries as print

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<sup>1</sup> Joseph Kennedy, *Relax and Live* (NY: Prentice Hall, 1953) vii.

<sup>2</sup> *Ibid.*, viii.

<sup>3</sup> *Ibid.*, 7.

culture grew. Proprietary medicine companies marketed tonics in order to calm the nerves and anxieties of both men and women at the turn of the twentieth century. Medicines of the time conveyed perceptions regarding sources of anxiety, some of which were related to gender. Gail Bederman's *Manliness & Civilization*, for example, provided an ever-increasing industrialized society as a source of anxiety regarding the role of individual men in society. Presenting themselves as masculine, young men faced the fear of becoming or labeled effeminate. One road to gaining such a label was through masturbation. Like neurasthenia and anxiety, individuals could seek aid in the field of medicine to alleviate their personal shortcomings. Fearing that men would become effeminate "legitimate doctors prescribed dozens of medicines and ingenious contrivances to suppress involuntary excitement and seminal leakage."<sup>4</sup> Patent medicines targeted women, focusing on creating images of beauty, such as tonics and creams that made hair long, shiny and voluptuous. Most patent medicines presented gender neutral cures and focused on nebulous symptoms. For example, the Orangeine Chemical Company of Chicago, Illinois, marketed the powder Orangeine as a treatment for those suffering from "pain, fatigue, blues and the common ills of life."<sup>5</sup>

Minor tranquilizers closely resembled the cure-alls of the late nineteenth and early twentieth centuries, yet they had fundamental differences as well. Carter-Wallace Laboratories was well versed in marketing panaceas. They held the patent to one of the most widely known products in the patent medicine cannon, Carter's Little Liver Pills. The idea of marketing wellness to individuals was nothing new to Carter-Wallace when they began to market Miltown,

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<sup>4</sup> Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (Chicago, Illinois: University of Chicago Press, 1995), 82.

<sup>5</sup> Orangeine Chemical Company, "Orangeine," *Cosmopolitan* February 1904.

however, under the 1938 Food Drug and Cosmetic Act and the 1951 Humphrey-Durham amendment Carter-Wallace Laboratories' audience for such advertising drastically changed. The treatment minor tranquilizers offered was no longer confined to the institutionalized patient but rather could effectively be taken by anyone experiencing mild or slight anxiety, depression, or fatigue. Cultural historian Lawrence C. Rubin commented on the ability of pharmaceutical marketing to maintain the underlying theme of psychotropic drugs, to cure a variety of diseases that afflict the individual. Yet, Rubin referred to the malleability of such advertising when he wrote that being, "Masterfully in touch with the climate of the times and the pressures of the day, advertising companies have known exactly when to refocus their campaigns and on what target audience: Males, females, young, old, workers, and homebodies."<sup>6</sup> Advertising for minor tranquilizers undoubtedly played a role in the magnitude of the success of minor tranquilizer sales within the first few years of their debut. However, advertisements to doctors representing patients and their various symptoms surely struck a chord with Americans' concerns regarding economic stability, fulfilling the gendered obligations of American society and, of course, the consumer culture that strongly believed "quick fix" one could simply purchase.

As new economic, social and political relationships developed in the United States after World War II, Americans found stresses stemming from shifting institutions. The family, the work place, and representing one's self to society at large provided a sense of gendered obligation in each of these spheres. Women were the vanguards of the domestic sphere, providing children a proper upbringing and the husband a welcoming environment upon returning from work. Men's shoulders bore the responsibility of providing the economic

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<sup>6</sup> Lawrence C. Rubin, "Merchandising Madness: Pills, Promises, and Better Living Through Chemistry," *Journal of Popular Culture* 38:2 (November 2004); 371.

foundations on which his home and family were built. If one or both failed to contribute in their respective ways the family could fall into disarray, causing neighbors to talk. On top of the cultural pressures, the threat of nuclear war loomed in every American's mind.

When the U.S.S.R. successfully tested an atomic bomb in August of 1949, thus ending the United States' monopoly on mass destruction, Americans had to come to terms with the new world they lived in: a world of perceived inevitable annihilation. President Truman, in an address to the nation in August 1945 from the U.S.S. Augusta after the first atomic bomb had been employed in war, defined *the bomb* as "a harnessing of the basic power of the universe." The New York Times, reporting on Russia's atomic detonation four years later, designated a new era—"the atomic age." Describing the progression of attitudes toward atomic weapons the New York Times showed a change in attitudes by utilizing the language of "chapters." In Chapter I of the atomic age, the United States controlled the secret to "the harnessing of the basic power of the universe," while in Chapter II the monopoly of atomic destruction was broken. This transformation led to troubling questions by individuals in the United States, the U.S.S.R. and the rest of the world. The main question the *New York Times* asked was, "What does the opening of Chapter II of the Atomic Age mean in terms of war and peace?"<sup>7</sup> This question, as the *New York Times* article continued, has "been put to the world with dramatic suddenness," adding, "deep mystery surrounds Russia and her atomic project and the future is clouded by great uncertainty."<sup>8</sup> Uncertainty surrounding safety from war was not unique to the 1950s. The fear of an attack on United States soil was realized during World War II. Blackout drills across the nation provided a sense of fear that attack was possible. Once the Soviet Union gained atomic

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<sup>7</sup> "Explosion!," *New York Times* (New York), 25 September 1949, E1.

<sup>8</sup> *Ibid.*, E1.

weapons, fears of possible attacks on the United States during war time turned into the fear of an inevitable attack during a time of “peace,” rooting the anxiety of world destruction in the psyche of American men, women, and children. To combat such a “reality,” all individuals had to contribute to the fundamental unit of American society—the American family.

### **The American Family and Cold War Tensions**

As the Cold War dawned the United States began an ideological war against Communism. Attitudes and perceptions of what made America great played out in politics, economics, and social institutions, of which the most important was the nuclear family. Elaine Tyler May, in her award winning book, *Homeward Bound: American Families in the Cold War Era*, described the “proper” family of the post-war era. Living in the shadow of “the bomb,” May argued it was no accident that this unit was commonly referred to as the “nuclear family.” The government presented images of “Rosie the Riveter” during the war, encouraging women to break out of the traditional gendered division of labor. The conclusion of war, however brought a new message. As May stated “government propaganda urged women to go home as wives and mothers, not only to release jobs for returning veterans, but also to promote the notion that the nuclear family was the foundation of democracy and had to be protected.”<sup>9</sup> The importance of the family was bestowed on all members. Ultimately, the family provided sources of anxiety for many of its members. Mothers felt the pressure to maintain the domestic sphere, fathers to be the sole economic support, and the children to behave, obey and conform. A man’s failure to provide for his family and a woman’s failure to provide the service to society of childrearing would result

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<sup>9</sup> Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (NY: Basic Books, 1988; reprint, 2008), 74.

in disaster to the family, and in turn, to the nation, and for the freedom which Americans of the 1950s felt they represented.

The family has historically been championed and blamed for the triumphs and woes in American society. Historian Stephanie Coontz, has argued, “On both a personal and a social level, when things are going well, we (Americans) credit our successful adherence to the family ideal, forgetting the conflicts...and departures from the ‘norm.’” However, Coontz reminded us, “When things are going poorly, we look for the ‘dysfunctional’ elements of our family life, blaming our problems on ‘abnormal’ experiences or innovations.”<sup>10</sup>

In the 1950s and 1960s, and some could argue to this day, the family was seen as the foundational building block of American society and as the primary institution in which anxieties were promulgated. A functioning family, as defined through culturally constructed and propagandized images, provided the means to defeat the Soviets, as exemplified in Richard Nixon’s “kitchen debate” with Nikita Khrushchev at the American Exhibition in Moscow in 1959.<sup>11</sup> A deviation from this model spelled disaster for the country, for the world. Therefore, anxieties of fulfilling the stratified economic and domestic aspects of a family weighed heavily on both men and women.

### **The Creation of the Ideal Family**

The mass mobilization of men and women that ensued after the United States entered World War II pulled hundreds of thousands of individuals together to serve the country and defeat the Axis powers. For those who stayed at home, patterns of work and social relationships

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<sup>10</sup> Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (NY: Basic Books, 1992), 1-2.

<sup>11</sup> May, *Homeward Bound*, 20.

shifted as war drove the United States economy. American families had to sacrifice and ration, something many had been accustomed to from over a decade of economic depression. Raw materials such as rubber and cloth were in scarce supply; foodstuffs such as sugar were in high demand and families limited their use. Families were encouraged to produce on their own in the form of gardens, referred to as “victory gardens.” Women filled men’s jobs in factories producing bullets, fabricating steel and producing other goods for the war effort. Not all women filled traditionally “male jobs.” Many more served the booming military and civilian communication and bureaucratic structures. However, for the vast majority of women swept up in the new economic and social spheres, war had an effect on how they identified as individuals, among other women, and among men.

During the 1940s increased rates of news, advertising and cultural artifacts in the form of entertainment disseminated as radio listenership grew at an exponential rate. Radios became increasingly common in American households throughout the 1940s, and networks broadcasted to local, regional and national audiences, providing a sense of cohesion and a national culture of consumption, whether it was music, dramatic stories, or creating a sense of a national identity through consumerism. In the 1940s and the early 1950s, television was not common in individual households, leaving the radio and the telephone as the fastest, most technologically advanced mediums of communication of the time. The radio and the telephone, however, were accompanied by print media in order to reach the masses. Specifically, magazines which targeted a specific demographic furnished readers with opinion pieces, information pertinent to their lives, and, of course, advertisements for goods they desired. Magazines also had an advantage over radio; they were easily redistributable to family and friends.



## Women and Magazines

Magazine subscriptions grew in the United States during the 1940s and 1950s even as war raged on. Cultural historian Nancy Walker detailed how women's magazines comprised the majority of magazine subscriptions. Walker noted, "During the 1940s and 1950s the leading women's magazines," which included *Ladies' Home Journal*, *Good Housekeeping*, *McCall's* and *Redbook*, "could boast of subscriber lists ranging from two to eight million." The importance of such magazines during the 1940s and 1950s was the cultivation of the "cult of femininity."<sup>12</sup> Walker described the roles that magazines played in the lives of women in this period. Magazines, Walker asserted, served as, "Advisers to wives, mothers, homemakers, and to a lesser extent career women." In other words, "The magazines took on a function that we might assume had earlier been that of a young woman's mother."<sup>13</sup> The messages presented in magazines specifically targeted to women did not remain static in the 1940s, but evolved as the economic, social and cultural spheres of American life changed after the conclusion of World War II, and at the beginning of the Cold War.

From the time the United States entered the war until its victory in 1945, magazines promulgated social values and, to some extent, propaganda. An article appearing in the December, 1941 issue of *Ladies' Home Journal* provided women with information on how to volunteer through the Civilian Defense Volunteer Offices, while an article in *Good Housekeeping* in July, 1942 instructed readers on the benefits and importance of purchasing United States war bonds. During the years of war, women and men were presented with behavior

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<sup>12</sup> Nancy Walker, *Women's Magazines 1940-1960: Gender Roles and the Popular Press* (Boston, Massachusetts: Bedford/St. Martin's Press, 1998), 2.

<sup>13</sup> *Ibid.*, 9.

and actions that contributed to the war effort. In other words, the focus of the individual was not to be on themselves, but rather on the nation as a collective. Personal happiness was expected to be subservient to the interests of the nation. When the war ceased in 1945, these patterns changed.<sup>14</sup>

The end of World War II brought a level of stability that the United States had been unable to widely embrace since the 1920s due to economic conditions during the Great Depression. The post-war period resurrected the strong sentiment of individualistic consumerism that made the 1920s roar. Messages of women going to work in traditionally male fields or sacrificing the purchase of goods for the family so there would be more for the war effort turned into, as labor historian Maureen Honey discovered in her work *Magazine War Guide*, direct messages regarding a lack of filled positions in secretarial work and teaching, and fears of juvenile delinquency. Many men found jobs in the expanding corporate world, leaving women in the families newly built suburban homes to raise children with proper values. During the 1950s, extreme fears of children running amuck challenged the idealistic images of the American family. Juvenile delinquency, as Honey noted, was “one of the social ills blamed on working mothers,” resulting in an entrenchment of prewar patterns of a gendered division of labor.<sup>15</sup>

Throughout the last half of the 1940s and into the 1950s and 1960s women’s magazines provided women with a white, middle class template in which to situate their lives and aspirations regarding love, employment and child rearing. During this time, articles such as “When Your Solider Comes Home,” “Why I Quit Working,” “How to Help Your Husband Get

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<sup>14</sup> *Ibid.*, 16.

<sup>15</sup> Maureen Honey, “Recruiting Women for War Work: OWI and the Magazine Industry during World War II,” *Journal of American Culture*, 3 (Spring 1980): 51.

Ahead,” and “How to Look Halfway Decent,” appeared in women’s magazines presenting images of how to conduct a proper household, how to help the husband become successful in a corporate world, and how to maintain an attractive appearance throughout it all. In “When Your Solider Comes Home,” the author argued: “The odds are that your solider won’t come back from the war with horrible memories,” due to the fact that, “for most men it (war) meant handling supplies, checking reports, driving vehicles, drilling recruits, building roads, repairing equipment, working in offices and a host of other necessary functions.” Regarding their husbands the article warned women, “As a result of the long period of absence, he is not prepared to resume the close partnership with you as an equal and to accept you without reservations.” Women had to deal with a returning husband who was distant and unaffectionate.<sup>16</sup> The article “Why I Quit Working,” told from the standpoint of author Jennifer Colton, discussed her transition from part-time mom to full-time homemaker and described what she lost and gained. Colton wrote, “During the hours I spent in the office, an accusing voice chanted continuously, ‘You should be home with the children.’”<sup>17</sup>

*Coronet* magazine featured an article in 1954, titled “How to Help your Husband Get Ahead,” which starkly told women readers that men’s jobs would sometimes require periodic instances of men being absent from the domestic sphere, sometimes even missing dinner. As a result, the article noted, “We wives have to stand by as bodyguards, nurses and morale-builders— gritting our teeth silently and wondering if we will ever lead normal lives again.”<sup>18</sup>

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<sup>16</sup> Unknown Author, “When Your Solider Comes Home,” *Ladies’ Home Journal* (October 1945): 185.

<sup>17</sup> Jennifer Colton, “Why I Quit Working” *Good Housekeeping* (September 1951): 53.

<sup>18</sup> Mrs. Dale Carnegie, “How to Help Your Husband Get Ahead” *Coronet* (January 1954): 65.

Despite the call for women to be confined to the home, great emphasis was placed on their appearance. In *McCall's* an article appeared in 1959 telling women, "In order to be truly beautiful you must study yourself and decide what kind of woman you are." The article then asked: "Are you the sultry type, the tall, languid type, or the vivid, dynamic type?" Whatever type of woman one identified themselves as the article warned: "You must decide now, and plan your make-up, your hair and your wardrobe to enhance this style of beauty."<sup>19</sup> After World War II women's magazines made a dramatic shift in their content. Sacrifice was still a prevalent theme for women, but, instead of sacrificing for the country, they were to sacrifice for their husbands. These attitudes put an enormous amount of emotional strain and duty on women, for if they did not live up to the model they were letting themselves, their husband, their children, and the country, down.

Betty Freidan wrote about women's experience living in the image of the idea woman and being confined to the home in her eye opening book, *The Feminine Mystique*. Describing the feelings many women had regarding their position in life, Freidan wrote: "When a woman tries to put the problem into words, she often merely describes the daily life she leads...her day is fragmented as she rushes from dishwasher to washing machine to telephone to dryer to station wagon to supermarket, and delivers Johnny to the Little League field." Middleclass women flocked to doctors' offices in search of answers. Freidan mentioned one doctor who looked into this influx of women complaining of mental and physical exhaustion, and concluded, "The real problem must be something else...perhaps boredom." Some doctors told patients to take time for

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<sup>19</sup> Elinor Goulding Smith, "How to Look Halfway Decent" *McCall's* (February 1959): 56.

themselves, find an enjoyable activity, to “treat themselves to a movie in town,” while other doctors simply prescribed tranquilizers.<sup>20</sup>

## **Men and Magazines**

Women were not alone in the inculcation of new gender roles in postwar America through the medium of print. And yet, magazines targeted toward men were fundamentally different than those targeted at women in certain respects. As media scholar Marjorie Ferguson pointed out in her authoritative work, *Forever Feminine: Women’s Magazines and the Cult of Femininity*: “There is no men’s periodical press in the same generic sense that there is for women. Men’s magazines are aimed at particular groups of males and cater for parts of a man’s life.”<sup>21</sup> In other words, the vast majority of women’s magazines condensed their audience into a specific model: a white, middle-class wife and mother. Men’s magazines, on the other hand, catered to men’s interests. For example, magazines, such as *Business Week*, targeted men working in the corporate world or focused on a particular hobby or sport. These magazines presented images of men as successful in their respective professions. Men’s conformity to the role of breadwinner was more important in providing the base structure for the model American family, putting the idea of financial success solely on the back of the husband. If he were to be fired the family would lose its source of income. Therefore, devoting his energies to work, as opposed to the home, became the focus of many men during the 1950s and 1960s. But not all magazines targeted work, some were meant for purposes of play.

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<sup>20</sup> Betty Friedan, *The Feminine Mystique*, introduction by Anna Quindlen, (NY: Dell Publishing Co.; reprint NY: W.W. Norton & Company, 1997), 76.

<sup>21</sup> Marjorie Ferguson, *Forever Feminine: Women’s Magazines and the Cult of Femininity* (London: Heinemann Educational Books, 1983), 2.

In December 1953 men around the nation, and the world, were exposed to an unprecedented type of national, commercial magazine; *Playboy*. Featuring Marilyn Monroe as the centerfold, the inaugural issue of *Playboy* quickly gathered a dedicated following of men. *Playboy* offered not only images of beautiful naked women, but articles pertaining to men's lives. Essentially, opening the cover of a *Playboy* provided men a portal into a male clubhouse. The "cult of femininity" also played out in the pages of men's magazines, especially *Playboy*, by providing men with idealistic, and at times unrealistic, images of women as well as jokes pertaining to wives, girlfriends and other gendered issues.<sup>22</sup>

### **Race and Class in Magazines**

Magazines written for national audiences, such as *Time*, *Life* and *Reader's Digest*, like the various women's and men's magazines, maintained a homogenous image of white middle class as the norm. Herbert Mayes, the editor of *Good Housekeeping* during the 1940s and into the 1950s, and later *McCall's* from 1958 to 1965, summed up the nature of the national magazine market during the middle of the twentieth century in his autobiography, as "Middle Americans. Middlebrow. In every way middle...a mass audience is not visible, not seen in the flesh."<sup>23</sup> Mayes did not allude to the issue of race, but national magazines clearly targeted the white middle class as their focus. Magazines that targeted black readers, such as *Ebony*, first published in 1944, and *Jet*, beginning in 1951, had articles similar to those found in more "mainstream" (white) magazines. Although *Ebony* was designed as a black counterpart to magazines such as *Life*, depicting articles of prominent and distinguished black leaders, Nancy Walker has pointed

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<sup>22</sup> For an in-depth look at the role *Playboy* magazine played in American culture see Elizabeth Fraterrig, *Playboy and the Making of the Good Life in Modern America* (NY: Oxford University Press, 2009).

<sup>23</sup> Herbert Mayes, *The Magazine Maze: A Prejudiced Perspective by Herbert R. Mayes* (Garden City, NY: Doubleday & Company Inc., 1980), 75.

out that “even in *Ebony*...advertisements for products were often the same as those in magazines for white readers—complete with images of white people.” It was not until *Essence* magazine debuted in 1970 that black magazines began to contain advertisements showing blacks using vacuum cleaners and other household appliances, and not clearly represented as employed domestic servants.<sup>24</sup>

### **Public Awareness of Pharmaceuticals**

Magazines did not all focus on such subjects as “How to Be a Better Wife,” but they did provide readers (men and women, white and black) with information regarding politics and culture. They also advertised consumer products and traced the increasing advancements in medicine. As described in Chapter I, the passage of the Humphrey-Durham amendment in 1951 put limits on advertising directly to consumers, on the pretense that consumers were ill prepared to make decisions regarding their own use of medication. After 1951, consumers could no longer select a particular medication on their own: a doctor had to evaluate the patient’s condition(s) and through his expertise prescribe the particular drug that was best suited. This, however, did not prohibit articles in the popular press regarding pharmaceutical products.

In the “Medicine” section of the February 27, 1956 issue of *Time* magazine an article appeared titled, “Don’t-Give-A-Damn Pills.” The article began with the story of an unemployed actor whose wife presented him with a stack of unpaid bills asking him, “What’ll I do with these?” His response, “Tear ’em up and order some more Miltown.” *Time* described Miltown as “the latest popular tranquilizing drug,” which was said to have “a backlog of unfilled orders” as its popularity grew to quickly outpace supply. Discussing Miltown’s rise in popularity, the article

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<sup>24</sup> Walker, *Women’s Magazines 1940-1960*, 7.

noted that Hollywood was “naturally the hottest test market.” One drugstore painted on their front windows: “Yes we have Miltown!” in red letters on the front window, and Schawb’s drugstore, noted in the article as one of the most popular drugstores in the area, “Turned away more orders than it has filled (for Miltown).” Miltown, and to a lesser extent its chemically equivalent Equanil, made news among the stars in Hollywood and around the nation, in turn sparking interest among the consumers of the media.<sup>25</sup>

Milton Berle, one of Miltown’s biggest and most visible advocates, played a central role in bringing Miltown to public attention. One of television’s first national stars, Milton Berle became known as “Mr. Television” and “America’s Uncle Miltie” in his variety program *The Texaco Star Theater*, which aired on National Broadcasting Company (NBC) from 1948 to 1953 and then later in NBC’s *Milton Berle Show*. Milton Berle commented on his experience with TV, and NBC in particular, when he wrote, “Television was such a young industry...It can crave you, love you, worship you, then suck you dry and spit you out. I was the first to discover what others after me would find out.”<sup>26</sup> Berle did not mention Miltown in his autobiography, but he was one of the biggest celebrities to praise the drug. In the *Time* article “Don’t-Give-A-Damn Pills,” Berle was quoted as saying “It’s worked wonders for me. In fact, I’m thinking of changing my name to ‘Miltown’ Berle.”<sup>27</sup> The *Milton Berle Show*, like most broadcasts during the nascent stages of television, was shot live, putting enormous amounts of pressure on performers that was unprecedented in radio broadcasts. Luckily Miltown and other minor tranquilizers emerged,

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<sup>25</sup> Unknown Author, “Don’t-Give-A-Damn Pills,” *Time* (27 February 1956): 100.

<sup>26</sup> Milton Berle and Haskel Frankel, *Milton Berle: An Autobiography with Haskel Frankel* (NY: Delacorte Press, 1974), 2. NBC originally signed a thirty year contract with Milton Berle. After a few years his ratings dropped, showing that TV audiences tired more easily of programming repetition than radio listeners.

<sup>27</sup> Unknown Author, “Don’t-Give-A-Damn Pills,” 100.



offering needed anxiety relief for the growing profession. As the minor tranquilizers became increasingly popular among those in Hollywood, mention of the drugs spilled over to the living room through the growing number of television viewers. During this time the Federal Communications Commission (FCC) did not put limits on such types of product plugs. Berle made no mention in his autobiography of being paid for his verbal advertisements of Miltown from Carter-Wallace, but the company was undoubtedly pleased to see and hear its product praised on national airways.

Another *Time* article, titled “Happiness by Prescription,” addressed the national use of minor tranquilizers, or “happy pills.” “In Beverly Hills,” the article began, “A woman patient asked her doctor for a prescription for a popular tranquilizing drug. The pills, she explained, were for her daughter, who needed them to get through the trying first week of her honeymoon.” Paying little attention to the fact that the mother was attempting to circumvent the prescription process of having the doctor examine the patient receiving the prescription, the article continued, “In Boston a sunburned blonde asked her druggist for a bottle of ‘happiness pills,’” with the blonde saying, “I just got back from Florida, and everybody down there gets them.” All around the country people got prescriptions from family doctors for Miltown and various other tranquilizers.<sup>28</sup> Short films were also created to educate the public about the development of the new class of drugs.

In 1957 Chas. Pfizer & Company, Inc. released a public service presentation titled *The Relaxed Wife* to better explain to Americans the issue of tension and its possible cures. Opening with a husband and wife in their bedroom laying in twin beds separated by a nightstand, the

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<sup>28</sup> Unknown Author, “Happiness by Prescription,” *Time* (11 March 1957): 59.

husband becomes frustrated from work and says he can't get to sleep. The husband, shown reading a book titled *Relax, Relax, Relax*, and the wife, reading a novel titled *Wife Killer*, are interrupted by the narrator, who begins by saying: "After the days of work and worries are done what is more fun for a man than to come home to a quiet house with happy children and a loving spouse?" Following this introduction, sounds of young children screaming are heard; a daughter and son are fighting over a book. After calming down and sending the kids to bed, the wife then focuses on her husband's tense state, providing him with yet another book on relaxation. The narrator, acting as the inner voice of the husband reading, goes on to explain sources of tension. Attempting to recreate the state of tension, the narrator asks the husband to imagine a droning mosquito about to land on his hand, and to prepare to swat the buzzing nuisance. The narrator explains that the state of tension is much like the moment before the mosquito lands, with one waiting in perpetual angst ready to strike. The film then goes on to explain various real world sources of such a feeling.<sup>29</sup>

In a scene portraying the stresses of the corporate world, the husband is shown sitting at a desk with phones ringing and stacks of paper littering the desk in an abstract office with white walls that appear to have only support beams with signs that read "smile, think, and plan ahead." Beyond stresses from the job, outside sources are also displayed in the form of a thermometer atop the husband's head, reading from bottom to top, "My Affairs," "Other Folk's Problems," and finally, "World Worries."

The wife, shown in a similarly abstract home, carries a laundry basket while wrestling with a ringing telephone and two children running around the house. The scene demonstrates that

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<sup>29</sup> "The Relaxed Wife," Historical Psychoactive Drug Film, DVD, directed by J.B. Roerig and Company (Princeton, New Jersey: On Film Inc., 1957; Princeton, New Jersey: Quality Information Publishers, 2007).

the domestic side of familial obligations carries stressors and sources of tension as well. The desire to fulfill familial and social obligations championed by popular culture made it difficult for men and women to achieve a state of “ataraxia.” Luckily, help came in the form of easily and quickly administered pills.<sup>30</sup>

Ataraxia, the Greek word for “peace of mind,” represented in the film as a white, rocklike substance in a vial presents the idea of a shortcut to relaxation. The film provided methods of relieving stress, such as the contraction and relaxation of muscles, yet it acknowledged that some individuals are unable to attain a state of ataraxia. Not all is lost, as the film explained: “Recent advancements in medicine might assist in achieving a state of relaxation.” These medicines, the narrator stated: “Makes those who fear they are about to quit, feel like they are ready to begin, bidding their darkened spirits goodbye.” Once in an ataraxic state, the husband at work was no longer bothered by the troubles of others. Shown carelessly throwing a newspaper with the headline “Hurricane on the Way,” on his desk the man seemed untroubled at the prospect of a severe storm approaching. His worries of economic gain and climbing the corporate ladder were also diminished. The working husband depicted in the film frantically grabbed at money suspended from a line, as if he were a fish biting at any possibility of gratification available. However, upon gaining a state of ataraxia, he laid on his side on the ground and the figurative money fell gently into his hands, providing viewers with the sense that good things come more easily to those who simply relax. The idea of rewards coming easily if one is in a relaxed state would have been appealing to men in an increasingly competitive corporate world, as well as for women striving to fulfill the ideal American family at home. Viewers were left with a bit of

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<sup>30</sup> *Ibid.*

hope, regarding attaining a state of ataxia. The film ended with the text prompt: “If you have problems with tension, talk to your doctor.”<sup>31</sup>

### **Doctors and Minor Tranquilizer Advertisements**

Doctors’ presence in the relationship between patients and their drugs solidified with the passage of the Humphrey-Durham amendment to the 1938 Food, Drug, and Cosmetic Act in 1951. No longer could companies develop drugs and market them directly to consumers. Doctors had to situate the *patient* in a disease model, a model which included tension, nervousness, anxiety, and general feelings of uneasiness. As discussed in Chapter II, the debate over meprobamate, sold under the trade names Miltown and Equanil, by Carter-Wallace Laboratories and Wyeth respectively, centered on a discussion of adverse effects, dependency, and the range of symptoms doctors prescribed meprobamate to alleviate. Not intended as a onetime treatment, meprobamate served as a maintenance medication with multiple applications. Those doctors who warned of over prescription and dependency surrounding meprobamate, as well as other anxiety drugs described in Chapter II, lost the debate. As a result, minor tranquilizers established a new toolbox for doctors and psychiatrists in the treatment of anxiety and accompanying symptoms created by the pharmaceutical industry in the late 1950s and 1960s.

Whether a particular doctor actively engaged or paid attention to the issues surrounding the application of meprobamate, doctors around the nation were inundated by their advertisements. Much like *The Relaxed Wife*, advertisements in JAMA and other medical journals presented carefully crafted images of middle class men and women to doctors. These advertisements provided doctors with “normal” modes of behavior for men, women, children and

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<sup>31</sup> *Ibid.*

the elderly in which they could situate their patients. Advertisements for variations of anxiety drugs also informed doctors as to how to identify the right drug for the right patient, or as the language in some advertisements stated, a “candidate.”

### **Women in Minor Tranquilizer Advertisements**

Meprobamate was not a gender specific drug, but women played a prominent role in patient representations in Carter-Wallace Laboratories advertisements for meprobamate based medications. Images of desolate, rundown women appeared with reassuring text, such as an advertisement for Miltown in an early 1960 edition of JAMA which read, “For the tense and nervous patient, relief comes fast and comfortably.”<sup>32</sup> While the image of a woman was presented, the text of the advertisement was not gendered. Some advertisements for anxiety drugs targeted women more directly, making specific notice of the pink color of the pill. Other forms of meprobamate went a step further, adding compounds in order to make them more appealing for conditions, like menopause, which were only present in women.

Milprem, marketed by Carter-Wallace Laboratories combined meprobamate with conjugated estrogens as a specific form of meprobamate to be taken by menopausal women. Coming in pink, or “old-rose” tablets, depending on the dosage prescribed by one’s doctor, Milprem was heralded to, relieve “both emotional dread and estrogen deficiency.”<sup>33</sup> For some women, particularly the woman who is filled with anxiety by her menopause, the advertisement went on, “Estrogen therapy is not enough.” The traditional method of treating menopause—

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<sup>32</sup> Carter-Wallace Laboratories, “Meprobamate,” *Journal of the American medical Association* 172:1 (January-February 1960): 29.

<sup>33</sup> Carter-Wallace Laboratories, “Milprem,” *Journal of the American Medical Association* 172:2 (March-April 1960): 46. The pink colored tablets of Milprem contained 400 mg. of the active ingredient meprobamate while the ‘old rose’ colored tablets contained 200 mg.

hormone therapy alone— suddenly seemed insufficient, causing patients to suffer some levels of symptoms. Playing to the doctor, the advertisement concluded, “Your counsel and your assurances can now help her make her adjustment much faster. For you have taken the misery *out* of her menopause.” Doctors served as the experts to guide patients through the Cold War stressful life and the menagerie of anxiety medications available.<sup>34</sup>

Eli Lilly marketed the minor tranquilizer phenaglycodol (trade name Ultran) in competition with Miltown and other minor tranquilizers. One advertisement for Ultran, composed of two images and accompanying text, shows a mature woman sitting across from a doctor’s desk. Hands folded, with her wedding ring in plain sight, and a white pearl necklace with matching earrings, the patient appears troubled and disturbed. In bold text the advertisement assured readers: “ULTRAN provides welcome relief from mild anxiety and associated muscle tension.” The advertisement claimed Ultran did so without “inducing an exaggerated sense of well-being,” and alluded to providing a ‘natural’ state of being, without “decreasing physical dexterity” and, most important of all, without “unnecessary risk of dependence.” The patient appears in the second image, smiling, and showing a younger woman, quite possibly her daughter, knitting technique. Ultran, essentially, allows the patient to enjoy experiencing day to day actions and interactions with others.<sup>35</sup>

Representations of women in minor tranquilizer advertisements typically consisted of middle aged women, unless specifically targeting the young. Some advertisements showed women in a distraught state and others in a more relaxed state (after the drug had been administered), while the presence of weddings rings remained constant. Whether shown as a

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<sup>34</sup> *Ibid.*, 46.

<sup>35</sup> Eli Lilly, “Ultran,” *Journal of the American Medical Association* 173:1 (May-June 1960): 194.

symbol that only married women have a socially legitimate claim to a state of anxiety and tension, the imagery of wedding rings showed that minor tranquilizers were taken by respectable, middle class, white women. These representations provided doctors the sense that women who appear to have a healthy life on the exterior, consisting of a stable economic family income, a marriage, and most likely children, can in fact be deeply troubled emotionally and had legitimate claims to the relief of anxiety.

### **Men in Minor Tranquilizer Advertisements**

Women undoubtedly played a prominent role in minor tranquilizer advertisements. Men, though, also appeared in such advertisements and used these drugs at high rates. For example, the advertisement for Atarax, the forthcoming drug mentioned in *The Relaxed Wife*, began with the question: “How would you design a tranquilizer specifically for the tense working adult?” The ad shows a middle aged man at a desk with a typewriter and a clock reading 1:25 pm. He looks frustrated and exhausted. The advertisement, designed for a workplace environment, quoted a medical study in which it was found the working adult would, “seldom experience drowsiness or impairment of intellectual function with therapeutic doses.” An important factor when considering this particular minor tranquilizer was its design for use when one needed to maintain the ability to be productive.<sup>36</sup>

Men appeared in advertisements representing traditionally “male” problems. For example, in one Miltown advertisement men were depicted under the headings “the heart-disease patient,” “the agitated senile patient,” “the alcoholic,” “the problem child,” and finally “the G.I. Patient.” Women, on the other hand, were shown as those patients in emotional distress, such as

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<sup>36</sup> Pfizer “Atarax,” *Journal of the American Medical Association* 176 (April-July 1961): 166.

“the tense, nervous patient,” those with a “tension headache” and the anxious patient.”<sup>37</sup>

Although men appeared in advertisements for minor tranquilizers in the late 1950s and early 1960s, the trends of tranquilizer use among men differed from those of women. Indeed, as will be discussed further in Chapter IV, 75% of prescriptions for various minor tranquilizers were for women patients.

### **Proliferation of Minor Tranquilizers**

As competition in the sale of minor tranquilizers increased, companies developed variations of the active ingredient in order to provide a better medicating experience for the patient. Patients with busy lives who seemed to be always on the go needed more effective dosages. Carter-Wallace laboratories developed Meprospan, a creative name combining meprobamate and span, in reference to time span or long periods of time. Meprospan was simply a 400 mg tablet of Miltown in a “continuous release capsule.” The benefits of Meprospan compared to Miltown, as one Meprospan advertisement claimed, were “higher potency for greater convenience.” Like Miltown, Meprospan claimed to relieve “*both* mental and muscular tension without causing depression” and “does not impair mental efficiency, motor control or normal behavior.”<sup>38</sup> Convenience, in the form of having to take fewer pills, appealed to patients.

The convenience Meprospan offered patients was best characterized in an advertisement in an issue of JAMA released in August 1960. A woman, shown in a series of photos representing a time-lapse of an average day, is first seen in a doctor’s office sitting across from the older male doctor in his white coat. After receiving her prescription “the patient takes one

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<sup>37</sup> Carter-Wallace Laboratories, “Miltown,” *Journal of the American Medical Association* 173:2 (July-August 1960): 75.

<sup>38</sup> *Ibid.* 90.



Meprospan-400 capsule at breakfast,” because “she has been suffering from recurring states of anxiety which have no organic etiology.” Later, presumably in the afternoon, the patient goes grocery shopping for her family. With the help of Meprospan “she stays calm...even under the pressure of busy, crowded supermarket shopping.”<sup>39</sup> Despite the Meprospan advertisement discussed in the above paragraph, which stated, “Just one capsule lasts all day,” the patient took another 400 mg Meprospan at dinner.<sup>40</sup> The Meprospan capsule provided increased relaxation in the evening and throughout the night. Assuming the patient continued her medication regime of two Meprospans a day, meprobamate would be interacting with her system twenty-four hours a day, suggesting that some patients needed continuous tranquilization. Women living their lives through the fog of Meprospan engaged in every activity, every conversation with their husband, children and friends as long as they were on the drug. The implications of Meprospan show that if a woman was completely and utterly dissatisfied with her life, she could be “cured.”<sup>41</sup>

Wyeth, the seller of meprobamate under the trade name Equanil, also developed Prozine, a combination of meprobamate and promazine hydrochloride, an organic compound that has antiemetic (anti-nausea) properties, “For the moderately disturbed patient.” Some patients, the advertisement told doctors, are “too disturbed to be controlled by meprobamate.” Identifying the young and the elderly most likely to be in the group of patients that would make a “candidate for Prozine,” the drug controlled apprehension and confusion, which in turn eased rehabilitation. The image used in the advertisement slightly contradicts the message presented to doctors,

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<sup>39</sup> Carter-Wallace Laboratories, “Meprospan,” *Journal of the American Medical Association* 173:2 (July-August 1960): 43.

<sup>40</sup> *Ibid.*, 43.

<sup>41</sup> *Ibid.*, 43.

showing a young man about to hurl a rock through what appears to be a window; obviously this individual is “moderately disturbed.”<sup>42</sup>

### **Anxiety as a Secondary Symptom to Individual Behavior**

As sources of anxiety expanded, pharmaceutical companies developed drugs designed to target specific diseases, symptoms and personal behaviors. Vistaril, compound name hydroxyzine pamoate, for example was advertised as helping to “bring tranquility in the tension-driven problem drinker.” Developed and marketed by Pfizer, with the company trademark “science for the world’s well-being,” Vistaril acted as a treatment for alcoholism among patients who drank as a way of self medicating. Recognizing alcoholism among females, the advertisement boasted: “When she drinks to relieve her tensions, Vistaril can help restore perspective.” By putting the patient in a state of “tranquility,” the drug offered treatment by helping “patients to accept counsel more readily, and encourages abstinence from drinking.” Assuming a particular patient engaged in excessive drinking (which is subjective in and of itself) due to external sources of anxiety, doctors could prescribe Vistaril to cure anxiety and, hopefully, alcoholism. Vistaril was one drug in a long line of pharmaceuticals used to treat the addiction of another substance.<sup>43</sup>

The use of alcohol was not the only behavior individuals resorted to when under extreme cases of anxiety and tension. Some found comfort in a bottle, others in food. For the overanxious, overeating patient, Carter-Wallace was there to provide help in the form of

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<sup>42</sup> Wyeth Laboratories, “Prozine,” *Journal of the American Medical Association* 179:1 (January-March 1962): 23.

<sup>43</sup> Pfizer, “Vistaril,” *Journal of the American Medical Association* 172:1 (January-February 1960): 194. For more information on maintenance drugs and drugs that block the pharmacodynamic effects of drugs see Scott Akins and Clayton Mosher, *Drugs and Drug Policy: The Control of Consciousness Alteration* (Thousand Oaks, CA: Sage Publications Inc., 2007).

Appetrol, a combination of meprobamate and dextro-amphetamine. “Why do so many overweight patients so often break their diets?” an advertisement for Appertrol asked doctors. “The reason is usually tension. Appetrol has been formulated to help you solve this problem.” Appealing to the doctor’s desire to treat patients, Appetrol offered the doctor a combination of dextro-amphetamine, “to curb your patient’s appetite,” and, “Even more important, it provides meprobamate to control compulsive overeating, to ease the frustration of the dietary regimen.” While the advertisement alluded that maintaining a diet was the most important aspect to curb compulsive overeating, Appetrol took some of the burden off of the patient. Personal behaviors, such as overeating and excessive drinking, were not the only targets for the growing number of anxiety drugs. Pharmaceutical companies also targeted health issues that were considered outside of the patient’s control.

Serpasil, compound name reserpine, was marketed by the pharmaceutical company Ciba as an anxiety and hypertension treatment in the late 1950s. Drawing the connection of anxiety as a secondary symptom to hypertension, Serpasil was advertised to cure anxiety as it alleviated hypertension. Such a connection between hypertension and anxiety, however, was not always simple for doctors to identify. As one Serpasil advertisement noted, “Because of its (hypertension’s) effects, it is important to assess the degree of anxiety in the hypertensive patient.” The advertisement raised questions regarding certain behaviors for doctors to look for in patients, such as, “Is the patient’s speech too rapid, incessant, and occasionally incoherent?” The Serpasil advertisement counseled doctors, “By being alert for them (symptoms of anxiety) the physician becomes more sensitive to his patient’s needs.” Hypertension was not the only source

of disease-induced anxiety, and various pharmaceutical companies increasingly developed cures for anxiety by alleviating their antecedent diseases.<sup>44</sup>

Pharmaceutical companies also targeted insomnia as a culprit of anxiety and tension. In response, Carter-Wallace Laboratories developed and marketed Mepro tabs, simply 400 mg of meprobamate with no other active ingredient, making it chemically identical to Miltown. By taking “two Mepro tabs before retiring” the advertisement claimed the drug would, “insure restful, uninterrupted sleep, insure alert awakening,” and, “insure a tranquil mind and relaxed body.” Besides being simply twice the recommend dosage of Miltown, Mepro tabs tablets boasted being “coated, white, and unmarked, to make name and type of medication unidentifiable to your (the doctor’s) patient.” The benefit of the patients being unaware of what medication they were taking is not clearly represented in the advertisement.<sup>45</sup>

### **Depression Induced Anxiety**

The DSM II, the acting psychiatric authority during the late 1950s and 1960s, categorized anxiety and depression as separate disorders. Anxiety was defined as “anxious over-concern extending to panic and frequently associated with somatic (bodily) symptoms,” and could “occur under any circumstances and is not restricted to specific situations or objects.”<sup>46</sup> Depression, on the other hand, “is a disorder occurring in the involuntional period and characterized by worry, anxiety, agitation, and severe insomnia.” The DSM II definition added, “Feelings of guilt and somatic preoccupations are frequently present and may be of delusional proportions.”<sup>47</sup> Despite

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<sup>44</sup> Ciba, “Serpasil,” *Journal of the American Medical Association* 172:1 (January-February 1960): 194.

<sup>45</sup> Carter-Wallace Laboratories, “Mepro tabs,” *Journal of the American Medical Association* 172:1 (January-February 1960): 209.

<sup>46</sup> Committee on Nomenclature and Statistics of the American Psychiatric Association, *Diagnostic and Statistical Manual: Mental Disorders* (Washington, DC: American Psychiatric Association, 1952), 39.

<sup>47</sup> *Ibid.*, 36.

the similarities between these two definitions pharmaceutical companies developed drugs that were marketed specifically for the treatment of anxiety *and* depression. “Recognize this patient?” began one advertisement by Carter-Wallace Laboratories for Deprol, a combination of 400mg of meprobamate and one mg of benactyzine hydrochloride, used to treat anxiety and depression simultaneously. The patient in question complained that, “I don’t sleep well...I dream a lot...wake up tired and irritable. I don’t have any appetite...I’ll never be cured.” If too vague, the next page of the journal offered a continuation of the advertisement, listing “organic conditions” that might require Deprol. Such organic conditions included “cancer, cardiovascular disorders, arthritis, alcoholism, obesity, pregnancy and post partum, and G.I. disorders.” But how did Deprol compare to meprobamate alone? In one advertisement for Miltown the text read “the original brand of meprobamate- Miltown,” along with images of people suffering from the same symptoms and ailments expressed in the Deprol advertisement. The expansive symptoms these panacea drugs treated offered doctors a choice in what minor tranquilizer they prescribed.<sup>48</sup>

## **Conclusion**

The 1950s served as an important time in the creation of twentieth century American culture. As war ended in 1945, Americans entered into a new world of economic abundance, something many had not experienced and others had not felt since the 1920s before the onset of the Great Depression. The media of print, radio and, later, television instilled idealized images and attitudes toward proper American men, women and children. Articles in women’s magazines told them to stay home and raise children, as well as providing details on how to best organize and maintain a proper domestic space for their breadwinner husband.

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<sup>48</sup> Carter-Wallace Laboratories, “Deprol,” *Journal of the American Medical Association* 173:2 (May-June 1960): 202-203.

As the Cold War heated up, society placed increased importance on the family unit. The “traditional family,” presented in magazines and television shows such as *Leave it to Beaver* and *Ozzie and Harriet*, however, was fictitious. As Stephanie Coontz noted, “For the first time in more than one hundred years, the age for marriage and motherhood fell, fertility increased, divorce rates declined, and women’s degree of educational parity with men dropped sharply.”<sup>49</sup> The attainment of the ideal family fashioned in the 1950s became the attainment goal of the growing American middle class. Men and women both had a separate, yet equally important role to fill. The failure to obtain the ideal served as a source of stress and anxiety.

Pharmaceutical companies’ development of minor tranquilizers, which Carter-Wallace Laboratories made popular with Miltown, could not have come at a more perfect time. The creation of prescription drug policy under the 1951 Humphrey-Durham amendment gave unprecedented authority in the realm of medications to companies marketing drugs as prescription only. Despite restrictions on advertising, pharmaceutical companies found inroads to inform consumers of their products, and heavily courted doctors who acted as the intermediaries between their products and customers. Patients came to doctors’ offices in increasing intervals for minor tranquilizers as many Americans felt insecure and incomplete or unfulfilled. The idea of a pill one could easily swallow at the slightest sign of emotional discomfort was indeed appealing to a wide array of Americans.

As patterns of minor tranquilizer prescriptions and their use among Americans became pronounced in the early 1960s another group of drugs, benzodiazepines, would be thrust into the pharmaceutical limelight. Valium, produced and marketed by Hoffman—La Roche, ousted

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<sup>49</sup> Coontz, *The Way We Never Were*, 24.

Miltown as the best selling drug in history soon after its release in 1963. If Miltown set up the drug culture for the wide embrace of Valium, Valium set the stage for the social, cultural and political backlash that would face prescription drugs in the 1970s, creating new attitudes about how Americans gain access to, use, and relate to their prescription drugs.

## Chapter IV

### The Valium Epidemic and Perceptions of Prescription Drug Abuse

Meprobamate's status as the best selling minor tranquilizer was quickly toppled by a new drug on the block. Marketing of Valium, compound name diazepam, began in 1963 by Hoffman—La Roche. The Swiss based company ushered in a new category of ataraxic drugs known as benzodiazepines. Librium, the first benzodiazepine developed by Hoffman—La Roche, was initially marketed in 1960 providing benzodiazepines an inroad into the emerging market of minor tranquilizers, followed by the marketing of Valium in 1963. Miltown and other meprobamate based drugs established a growing demand for medications targeting anxiety and tension, giving the new class of drugs a receptive market. If Miltown opened the United States to the wide acceptance of minor tranquilizers, Valium solidified the idea of a readily available form of “peace of mind” via a small capsule. As Valium use grew to unprecedented levels an epidemic of abuse occurred, flooding emergency rooms around the nation. The Valium epidemic unearthed old questions of drug safety, the role of gatekeeper of doctors in the doctor-patient relationship, and what protections the government provided regarding consumers' safety.

Leo Sternbach, a researcher for Hoffman—La Roche, discovered the calming effects of test compound Ro 5-0690, later known as Librium. Not wanting to wait for official trials to begin testing what he suspected to be a superior ataraxic to meprobamate, Sternbach performed the first Librium test on himself, taking fifty mg. Andrea Tone, commenting on Sternbach's experience recorded in his diary, noted that ingestion took place at 8:30 a.m. By 10:00 a.m., “he was starting to feel ‘slightly soft in the knees.’” Later in the afternoon drowsiness set in, and by



6:00 p.m. noticeable effects of the drug had ceased.<sup>1</sup> What Librium, and the benzodiazepines that followed, offered over previous tranquilizers was increased patient application. Tranquilizers, which had been divided into minor and major groups, allowed for mildly disturbed patients to be treated in their homes and patients with severe psychotic disorders to be treated in a formal institution. The two groups now found a middle ground, benzodiazepines, which could be used effectively in both situations. Librium was the first benzodiazepine, but its cousin, Valium, created a new meaning for the term “blockbuster” drug.<sup>2</sup>

Shortly after Valium’s debut in 1963 the drug dethroned Miltown as the number one selling drug in the world. By the early 1970s Valium held a prodigious spot in the realm of pharmaceuticals. A 1973 article in the *Journal of the American Medical Association (JAMA)* noted that Valium accounted for approximately 49.2% of the most frequently-prescribed drugs in the previous year. In addition, the article noted that 97% of general practitioners prescribed Valium. The only psychotropic drug that came close to the number of prescriptions and use among general practitioners was Librium. Thus, Valium and Librium propelled Hoffmann—La Roche to become the most profitable pharmaceutical company of the time.<sup>3</sup>

The success of marketing Miltown, along with its meprobamate cousins, by Carter-Wallace in the early 1960s, provided Hoffmann—La Roche a template on which to expand. According to the JAMA article, market research data showed physicians, including general practitioners and specialists, prescribed Valium for: “Mental disorders 30%; musculoskeletal,

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<sup>1</sup> Andrea Tone, *The Age of Anxiety: A History of America’s Turbulent Affair with Tranquilizers* (NY: Basic Books, 2009), 130.

<sup>2</sup> *Ibid.*, 131.

<sup>3</sup> Barry Blackwell MD, “Psychotropic Drugs in Use Today,” *Journal of American Medical Association* 225:13 (24 September 1973): 1638.

17%; circulatory, 16%; geriatric, 8%; medical surgical aftercare, 7%; gastrointestinal, 6%; genitourinary, 3%; and other, 7%.” By looking at the evolution of advertising for the minor tranquilizers in the late 1950s and early 1960s, to the advertising of benzodiazepines in the late 1960s and early 1970s, years after their establishment in the world of pharmaceuticals, one can see the continuities in themes as well as a difference in format and presentation.

Valium, first marketed in 1963, did not become the best-selling prescription medicine by the late 1960s, and hold such a title into the 1980s by pharmacological properties alone. Benzodiazepines followed the trend of meprobamate’s and other minor tranquilizers’ advertising presenting specifically crafted images of patients, doctors and messages. It was heavily advertised in medical journals and in literature sent directly to doctors’ offices around the nation. Advertisements produced by Hoffman—Lac Roche in the late 1960s and early 1970s for Librium, the first benzodiazepine, and Valium, the most prescribed, sold, popped, and abused drug of its time, maintained the all important images that were so effective in earlier advertisements. The advertising that appeared in the late 1960s and early 1970s, however, differed from that of the early 1960s described in Chapter III that were based almost solely on images and representations of patients with a few key sentences or perhaps a paragraph or two. Advertisements became increasingly more text-based, offering expanded guidance for prescribing practices of benzodiazepines, as well as providing specific details regarding adverse side effects, which no doubt existed.

*Medicine Ave. The Story of Medical Advertising in America* was published by The Medical Advertising Hall of Fame, and provided “a history and also a celebration of the creative

product.”<sup>4</sup> Crafting text provided one of the many creative outlets for medical advertisers. Creating the text portion of a pharmaceutical advertisement was not an easy venture. Frank Hughes, contributor to the *Medicine Ave.*, commented on the process of writing pharmaceutical advertisements by stating that good writers come from many professional backgrounds: journalism, pre-med, history and others. He firmly believed that “the art of writing medical advertising requires knowledge about the product and the science behind it as well as the ability to give life to the data that renders an argument for the product both compelling and luminous, with words that are fresh and memorable.” As text played an increasing role in medical advertising, giving “life to the data” to make a “compelling and luminous” impact could mean the failure or success of a particular product.<sup>5</sup>

The first benzodiazepine to be marketed by Hoffman—La Roche was Librium, chlordiazepoxide. Like Miltown and many of the minor tranquilizers, Librium was advertised as a gender neutral drug, but held strong gendered values. An advertisement for Librium, which appeared on the back cover of JAMA in August 1968 presented an image of a middle aged male painting a model airplane and read in bold letters, “Inner calm, better outlook.” Vague by itself, the headline led the reader into following the smaller, more expansive print underneath. Much like advertisements of the early 1960s, the text let doctors know the benefits of Librium: “Librium...often encourages the development of new hobbies or the renewal of former skills.” Increased information encouraging doctors to read the complete product information, however, was accompanied by warnings regarding risks of dependence among “addiction-prone

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<sup>4</sup> William G. Castagnolo et al., *Medicine Ave.: The Story of Medical Advertising in America* (Huntington, NY: The Medical Advertising Hall of Fame, 1999), 1.

<sup>5</sup> *Ibid.*, 4.

individuals.” This particular advertisement, when compared to advertisements depicting women, applied more to men by emphasizing a rekindled interest in hobbies and the development of new hobbies, something that was “essential to the full exercise of living.”<sup>6</sup>

The same headline (“inner calm, better outlook”) appeared on a Librium advertisement on the back cover of the June 1968 issue of JAMA. The ad showed a woman applying eye makeup with a brush. The text recommended doctors review the full literature on Librium, and advised them how to identify patients in need of Librium as well as some of the problems that might accompany Librium use among addiction-prone individuals. This text, for the most part, remained static to the advertisement depicting the male. Where the male-centered advertisement focused on a renewal of interest in hobbies, however, this advertisement heralded Librium to provide “a renewal of feminine interest in personal grooming” along with reducing “apprehensive self-preoccupation and its negative behavioral concomitants.” Together these two advertisements suggested to doctors that men and women experienced the effects of Librium based on their sex, or more accurately, their gendered perceptions of masculinity and femininity.<sup>7</sup>

Librium, like the minor tranquilizers, also targeted diseases as primary causes of anxiety. One advertisement, appearing in JAMA in 1970 showed only an arm with a hand curled up. With the arm as the central feature of the advertisement, small print filled over half the page. The first portion of the text was specific to the advertisement, which highlighted the effects of Librium for emotionally induced rheumatoid arthritis. Arguing that a patient’s anxieties compounded the

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<sup>6</sup> Hoffman—La Roche, “Librium,” *Journal of the American Medical Association* 205 (July-September 1968): back cover 19 August 1968.

<sup>7</sup> Hoffman—La Roche, “Librium,” *Journal of the American Medical Association* 204 (April-June 1968): back cover 24 June 1968.

effect on rheumatoid arthritis the text noted, “Increased anxiety may interfere with patient cooperation.” This, of course, made the doctor’s task of treatment more difficult. Librium, like Miltown and the other minor tranquilizers became the first resort when patients were vague in describing symptoms. Librium not only helped the patients, but made doctors’ job relatively easy.

Following the trend of meprobamate, Hoffman—La Roche combined Librium with other compounds to target specific diseases/symptoms that served as possible sources of anxiety. One such drug, Librax, combined five mg of chlordiazepoxide and two-and-a-half mg of clidinium bromide. Librax was advertised for those with “frantic emotions,” and a “frenetic stomach.” Comprised of a two page advertisement, Librax used one page to present a picture of a suitable patient. The ideal patient was shown as a man at work, sitting on the edge of a desk covered with papers, two cups of coffee (one empty and one almost full), a half eaten doughnut and fiercely talking on the telephone with cigar in hand.

Overlooking the idea that drinking excessive coffee and doughnuts while smoking a cigar could be the cause of gastrointestinal problems, the text proclaimed the necessity of Librax. “Without respite from abrasive emotions,” the advertisement read, “hypermotility and hypersecretion will continue to irritate the vulnerable mucosa.” The majority of the text in the second page of the advertisement for Librax followed the format of advertisements explained above, providing doctors specific circumstances under which to prescribe the drug. Also included were possible warnings concerning Librax use, including in combination with alcohol and other central nervous system depressants. Librium and its various other combination drugs

created the base for the use of benzodiazepines, a base that soon became the largest group of drugs to be sold around the world with the release of Valium.<sup>8</sup>

Valium, unlike Librium, stood on its own, never to be combined in a pill with another compound. The tranquilizer of all tranquilizers was sometimes used in conjunction with other medications, but due to the adverse reactions Valium (diazepam) had in combination with other substances, advertisements warned doctors to beware of such interactions. In one advertisement comprised solely of text, Hoffman—La Roche cautioned against combining Valium with other antidepressants and/or anticonvulsant drugs, as such combination required careful consideration and observation. The advertisement also noted a vast number of adverse reactions, such as “constipation, depression...headache, hypotension, incontinence, jaundice” to name a few. This advertisement walked doctors through identifying the symptoms Valium alleviated, which were as vast and broad as those of the minor tranquilizers explained in Chapter III. Appearing nearly ten years after the debut of Valium, the advertisement addressed concerns regarding dependence and withdrawal symptoms. These cases “were usually limited to those patients who had received excessive doses over an extended period of time.” The advertisement advised doctors to carefully monitor patients who had histories of drug addiction or alcohol abuse.<sup>9</sup> Effectively, the advertisement suggested that, should an adverse reaction result, it was the patient at fault, not the drug. Misuse of Valium slowly created new concepts of drug addiction and attitudes toward prescription drugs in general throughout the 1970s.

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<sup>8</sup> Hoffman—La Roche, “Librax,” *Journal of the American Medical Association* 212 (April-June 1970): 2194.

<sup>9</sup>Hoffman—La Roche, “Valium,” *Journal of the American Medical Association* 221 (July-September 1972): 1526.

As with the earlier generations of minor tranquilizers, the use of Valium within medically defined parameters created psychological and physical dependency. Unlike meprobamate, however, benzodiazepines had severe signs of withdraw, including severe seizures, tremors and debilitating depression. The Columbia Broadcast System (CBS) investigative reporting show *60 Minutes* documented the proliferation of Valium throughout the 1960s and into the 1970s. Describing Valium as the “aspirin of the emotionally upset,” reporter Mike Wallace noted that approximately half a billion dollars (in 1970s currency) had been spent on Valium between 1975 and 1976. Valium was sold through the proper channels, by a doctor’s written prescription, as well as through the “grey” and “black” markets. If one could not find Valium by asking family members, friends, neighbors or coworkers then usually one could find the drug along with other illicit drugs on the street.<sup>10</sup>

The majority of users obtained Valium by a prescription. As Wallace reported, however, up until the 1970s one prescription for Valium sufficed for an essentially unlimited amount of the drug. The government had no established regulations regarding the limits to the amount of refills one could receive for a single prescription. Until 1975 one prescription could be used by a patient for well over a year to receive their medication without the doctor knowing exactly how many capsules a patient was taking a day, or habituation of such drug use. Patients also had the opportunity, as consumers in a free market, to choose their doctor, or perhaps multiple doctors, thus allowing them to get a prescription particular drug.<sup>11</sup> Government regulation did not establish that an individual could only see one doctor, nor that a patient inform a doctor of all medications they took.

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<sup>10</sup> Mike Wallace, “Valium,” *60 Minutes* VHS (NY: Carousel Film and Video, 1977).

<sup>11</sup> *Ibid.*

A producer for 60 Minutes contacted three doctors in the New York City area. The producer told the doctors she was in New York on business from Washington, D.C. and had left her Valium and prescription at home. She asked if they would give her a new prescription for the drug. The first doctor provided a refillable prescription for one-hundred capsules of Valium. The second doctor requested to see the patient and after a brief, three to five minute “examination,” the doctor prescribed Valium. Like the second doctor, the third required a personal examination before providing a prescription. Mike Wallace reported that this final doctor expressed concern about providing a prescription, but did so nonetheless. None of the three doctors broke any law regarding their practice, however, Wallace noted that the first doctor “perhaps ethically violated the patient doctor relationship.”<sup>12</sup> None of the three doctors attempted to contact the woman’s general practitioner in Washington, D.C. While Valium was easily obtainable through doctors, some users were unable to receive a prescription, contributing to a thriving black market for prescription drugs, especially minor tranquilizers, and showing that a culture of minor tranquilizer abuse and benzodiazepine abuse was present.

Most revealing about the Valium “pandemic” addressed in the seventeen-minute segment was an interview of “John Doe,” a man who wanted to remain anonymous because he spoke about obtaining Valium illegally and the rise in Valium usage among heroin and other hard drug users. Doe described the popular practice of combining Valium and methadone, a heroin maintenance drug which created a pharmacological effect greater than heroin alone. Not only did Doe detail how to forge a prescription by stealing prescription pads and other drug request forms, he went on to show how a combination of a forged prescription with a matching name on a

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<sup>12</sup> *Ibid.*



stolen welfare statement allowed him to obtain Valium at no cost. When Wallace asked Doe directly how many pills he estimated he obtained through this method Doe replied: “Tens of thousands.”<sup>13</sup> The airing of this *60 Minutes* special revealed that public perceptions regarding Valium abuse were finally catching up to the reality of prescription drug abuse. Focusing on both those who were legally prescribed Valium and those who obtained it illegally, the transition from prescription drugs in the medicine cabinet to drugs on the streets was becoming clearer, creating new, and reinforcing old, attitudes of drug addiction and drug addicts.

### **Drug Addicts in Early Twentieth Century America**

The misuse of drugs among citizens has been a concern for American society since the middle of the nineteenth century. The first organized movement to challenge an individual’s consumption of substances was the temperance movement. Alcohol was a facet of everyday life for many in the agricultural, and increasingly industrialized, areas of the United States in the nineteenth century. Historian, William Joseph Rorabaugh, described the prevalence of alcohol use throughout United States History when he stated, “They drank at formal events, such as weddings, ministerial ordinations and wakes.”<sup>14</sup> The agricultural roots of the United States provided a rich history of ardent spirits, yet as consumption increased and the effects of regular alcohol use became felt on families and society groups began to organize to combat the “demon rum.” Reformists of the Second Great Awakening, specifically physician Benjamin Rush, set out to inform citizens of the physical and social ills the consumption of alcohol created. Rush’s best-known publication on the issue of alcohol use was *An Inquiry into the Effects of Ardent Spirits*

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<sup>13</sup> *Ibid.*

<sup>14</sup> William J. Rorabaugh, *The Alcoholic Republic: An American Tradition* (NY: Oxford Press, 1979), 21.

*upon the Human Body and Mind*.<sup>15</sup> Breaking down the myths surrounding alcohol's warming and regenerative properties, Rush was one of thousands involved in the temperance crusade. As the country became more industrialized and global trade continued new substances became available for medical use, and personal abuse.

Heroin—developed in 1883 by Bayer Company in Germany—and cocaine—the alkaloid derivative of the coca leaf—developed in the late nineteenth century for use as a surgical anesthetic, were both praised by the medical community. Both were also widely used in medicinal, and even non-medicinal products. Many products containing the coca alkaloid existed outside a medical context all together, allowing their use to be widespread. Drinks such as Vin Mariani, a popular wine at the time, and Coca-Cola, a drink that is now poured in every country in the world, advertised the presence of cocaine in their products as a selling point.<sup>16</sup> In 1896, the St. Louis based publication, the *National Druggist*, printed its first advertisement for Coca-Cola. It stated, “The Coca-Cola Co. of Atlanta, GA., have achieved in their success in robbing both coca leaves and the kola nut of the exceedingly nauseous and disagreeable taste while retaining their wonderful medicinal properties, and the power of restoring vitality and raising the spirits of the weary and debilitated.”<sup>17</sup> As the name reflects, cocaine was the most important ingredient to Coca-Cola's ability to “restore vitality.”

In the 1920s, American society developed new social constructions regarding drug addicts through government agencies, religious and social reformers, and through popular media.

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<sup>15</sup> Benjamin Rush, Ed. American Antiquarian Society, Early American Imprints 1801-1819. *An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind*, (New Market, VA, 1814) Printed by Ambrose Henkel and Co. Readex Fiche. Corvallis, Oregon: Valley Library, Oregon State University.

<sup>16</sup> Joseph Spillane, *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920* (Baltimore, MD: John Hopkins University Press, 2000), 75.

<sup>17</sup> “Coca-Cola a Triumph over Nature,” *National Druggist* (July 1896): 214.

Carline Acker best summed up this transformation in her book, *Creating the American Junkie*: “The American junkie is a product of American history. The heroin addict—typically portrayed in movies, newspapers, and folklore as a heroin-addicted male urban hustler—emerged during a period when the marketing of opiates and the management of urban vice was undergoing profound transformations.”<sup>18</sup> By the 1920s, two models of narcotics use emerged: the medical user and the street fiend. In a non-medical setting, these drugs were perceived to be consumed habitually and fiendishly by the lowest rungs of a solidified industrial society.

Throughout the Progressive Era, reformers held a cause-and-effect belief toward individual behavior and the status of society. Consumption of drugs or engaging in sexual deviancy perverted the individual and, like a disease, that person would in turn infect other members of society. Drunks, prostitutes, and “cocaine-fiends” caused Progressives to push for “new laws to lance the boil of urban vice.”<sup>19</sup> Propaganda from private and governmental forces regarding the users of particular drugs, namely heroin, cocaine, and marijuana, circulated widely. Race, sex, class and individual lifestyle choices all played into the solidifying image of drug addict, or “junkie.”

Literature, such as Winifred Sweet Black’s 1928 book titled *Dope: The Story of the Living Dead*, referred to the undesirable nature of drug users at the time when she wrote, “A dope addict is a disease-carrier – and the disease he carries is worse than small pox, and more terrible than leprosy.”<sup>20</sup> Films, such as the now cult classic *Reefer Madness*, depicted “typical” behavior of marijuana use. In the film, young men and women were exposed to the smoking of

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<sup>18</sup> Caroline J. Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore, MD: Johns Hopkins University Press, 2002), 1.

<sup>19</sup> *Ibid.*, 3.

<sup>20</sup> Winifred Sweet Black, *Dope: The Story of the Living Dead* (NY: Star Co., 1928), 57.

marijuana and engaged in uncontrollable laughter, and the men committed malicious acts including attempted rape and murder. Exploitation film director Louis Gasnier represented his perceptions of the horrors and ills of society, especially drug use, through film. *Reefer Madness* typified public fears of marijuana use in the 1930s.<sup>21</sup>

The government also played a role in crafting the image of the addict. The Federal Bureau of Narcotics (FBN), established in 1930 and precursor to the Drug Enforcement Administration (DEA), carefully and thoughtfully represented the people whom they were instructed to control. Harry J. Anslinger, head of the FBN and the second longest Federal agency appointee next to J. Edgar Hoover, sensationalized stories in the news to create a national image of the ‘dope fiend’ in order to justify heavy government regulation. Southern states called for federal legislation on marijuana as an attempt to control the immigrant Mexican population. Many Mexicans carried the culture of smoking marijuana with them across the border, and in the hard economic times of the 1930s many used the drug to obtain a state of ataxia, as middle-class Americans would with the minor tranquilizers the 1950s. The image of marijuana as a ‘killer weed’ emerged, and an image that Anslinger and the FBN often championed was a case of homicide in Florida in which, according to news sources at the time, marijuana caused a young man to unknowingly enter a rage, killing his parents with an axe.<sup>22</sup> Use of opium based medications, along with cocaine, were also highly demonized outside of a medical context. The use of these drugs created a model of drug abuse that considered medications obtained by a doctor to be safe in their use and socially acceptable, even if at times excessive. Valium, and the

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<sup>21</sup> “*Reefer Madness*,” VHS, written by Lawrence Meade, directed by Louis Gasnier (NY: Kino International, 1999, 1937).

<sup>22</sup> John C. McWilliams, *The Protectors: Harry J. Anslinger and the Federal Bureau of Narcotics, 1930-1962* (Newark, DE: University of Delaware Press, 1990), 54.

precursor minor tranquilizers, such as meprobamate, fit into this previous model of drug use, with some unique variations.

### **The Valium Epidemic and the Prescription Drug Addict**

The *60 Minutes* special aired by CBS in 1973 acknowledged a Valium epidemic that seemed to resemble the use of opiate medications in the 1920s. Abuse of and addiction to prescription drugs were not surprising to many medical professionals or the general public. Rates of Valium abuse among those who obtained the drug through a legal prescription or those who obtained it through illicit channels, however, were alarming. The suspected fears and suspicions among some in the medical community that minor tranquilizers had the tendency to produce dependence among users was present before the mass consumption of minor tranquilizers began to occur in the late 1950s. This view, however, did not gain traction among the thousands of doctors who prescribed these drugs. Most patients put their faith blindly in their doctors and the FDA. As Valium abuse entered public discourse users began to identify as having a “problem,” reflecting the label of a “fiend.”

The Rolling Stones’ song, *Mother’s Little Helper*, drew attention to the problem of prescription drug abuse. The song became one of the top selling singles in the year 1966. It warned users of “mothers little helpers” about the possibilities of an overdose, with some of the last lines of lyrics suggesting: “And if you take more of those, you will get an overdose,” adding, “They just helped you on your way through your busy dying day.”<sup>23</sup> As part of the counter-culture movement, the Rolling Stones captured the hypocrisy of excessive drug use among middle-class housewives while the state began to increasingly regulate drugs such as marijuana,

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<sup>23</sup> The Rolling Stones, “Mothers Little Helper,” written by Mick Jagger and Keith Richards (Los Angeles, CA, 1966).

LSD, and other popular drugs among the growing drug culture in the United States. Housewives addicted to Valium had to set themselves apart from this more deviant group of drug users.

*Ladies' Home Journal*, which served as a vanguard for the ideals of womanhood and femininity in the US, began addressing the issue of prescription drug abuse during this period. An article appearing in the November, 1971 issue, titled "Women and Drug Use" presented women readers with the prevalence of the problem, as well as establishing a divide between prescription drugs and "street" drugs. "The figures for marijuana, LSD and other hallucinogens," the article stated, "Can be considered applicable only to the East coast, West coast, and major metropolitan areas such as Chicago... While the use of drugs available through legal channels now follows a nationwide pattern that illicit drugs does not."<sup>24</sup> A woman who had taken two Valium before getting the mail, after her husband left for work and children boarded the bus to school, and sat down to read her latest issue from her subscription to *Ladies' Home Journal*, might have found comfort in the fact that her possible problem was shared nationwide, and was disassociated with the delinquent use of marijuana, LSD and other drugs. The first installment of "Women and Drug Use," suggested its purpose was "to help women everywhere realize that the drug problem is not 'down the street,' but often as near as their medicine cabinets."<sup>25</sup> Women who used Valium chronically and excessively had to situate themselves in the socially constructed model of addiction, which many did by talking amongst their peers.

Betty Friedan's *The Feminine Mystique* acted as a vehicle for middle-class, suburban women to identify with their alienated peers. Creating what historians have termed "second wave feminism," women began to meet in small groups to discuss their life experiences and the

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<sup>24</sup> "Women and Drug Use," *Ladies' Home Journal* (November 1971): 130.

<sup>25</sup> *Ibid.*, 131.

discontent they felt living such a life. The title of Chapter One to *The Feminine Mystique*, “The Problem That Has No Name,” adequately described how many middle-class, suburbanite women felt; isolated, alienated and alone. Presenting this sentiment, Friedan wrote, “If a woman had a problem in the 1950s and 1960s, she knew that something must be wrong with her marriage, or with herself. Other women were satisfied with their lives, she thought.” Adding, “What kind of a woman was she if she did not feel this mysterious fulfillment waxing the kitchen floor?”<sup>26</sup> As the book gained traction among women they began to break the silence and give a name to their problem.

The second installment of “Women and Drug Use,” published in December of 1971, brought personal voices to the problem surrounding prescription drug abuse vividly outlined to readers the month before. Betty Ann, a married woman in her late twenties, needed to get a job to maintain the lifestyle for which she and her husband strived. With occupational opportunities limited, Betty Ann began selling beauty products door to door. Disparaged by her physical appearance, Betty Ann sought out a weight loss specialist, hoping that maintaining an attractive figure would positively affect her sales. The doctor prescribed a weight loss pill, which was not identified by name in the article. As a result, “not only did the pounds disappear in a matter of weeks, but Betty Ann began to feel brighter, more energetic, and newly sure of herself.” Upon continuing her weight loss ‘program’ the article explained, “She became tense and could not sleep.” As a result, Betty Ann saw her family doctor who prescribed a minor tranquilizer, likely Valium. Betty Ann was on a crash course with a cocktail of prescription drugs.<sup>27</sup>

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<sup>26</sup> Betty Friedan, *The Feminine Mystique* (NY: Dell Publishing Company, 1963), 11.

<sup>27</sup> “Women and Drug Use,” *Ladies’ Home Journal* (December 1971): 66-68.

Margaret, a middle aged woman who also appeared in the segment, typified the mindset of women like Betty Ann, when she said “I don’t really abuse drugs, I use them.” Another woman, the wife of a doctor, believed she had more control over her use of prescription drugs. Upon her children marrying and moving a long distance away she began to drink as a form of self medication for her ensuing depression. She acknowledged she had a drinking problem and sought help for her alcohol consumption through prescription medications. Since she had access to a variety of minor tranquilizers and benzodiazepines from her husband, Margaret took multiple medications throughout her use, discontinuing one and then taking up another under the parameters she felt were proper use. These stories typify some of the circumstances and events that drove women to seek emotional help and provided readers with a sense that addiction could, “happen to anyone.”<sup>28</sup>

Some of the most prominent and successful women in the United States succumbed to the addiction of Valium and other minor tranquilizers. Barbara Gordon was one such example. Gordon had a successful career as a TV producer, winning three Emmy awards, while becoming addicted to Valium. As a successful woman Barbara had access to a regular psychiatrist, Dr. Allen. Reflecting on the longevity of the doctor-patient relationship with Dr. Allen, Barbara wrote in her autobiography “I’d been helping him pay the rent for ten years.” Upon one of her regular Monday morning visits she thought, “What *am* I doing here? Then I reminded myself: Even though we don’t seem to talk about anything that matters, I get the Valium from Dr. Allen. And I knew how much I needed that.”<sup>29</sup> Unlike the housewives who turned to Valium for

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<sup>28</sup> *Ibid.*, 68.

<sup>29</sup> Barbara Gordon, *I’m Dancing as Fast as I Can* (NY: Harper & Row Publishers: 1979), 34.



anxieties of the domestic sphere, Barbara turned to Valium from the stresses of a career woman in the 1970s.

Individual concerns regarding prescription drug abuse mounted, creating an open debate about the prescription drug problem in American society and politics. As war continued to rage in Vietnam, the United States, under the presidency of Richard Nixon, began to wage a new war: a “War on Drugs.” One of the fundamental pieces of legislation handed down by Richard Nixon in the “War on Drugs” was *Reorganization Plan No. 2 of 1973*, effectively expanding the government bureaucracy and capabilities regarding the prohibition of drugs. In a Message from the President that accompanied the legislation Nixon declared “drug abuse is one of the most vicious and corrosive forces attacking the foundations of American society today. It is a major cause of crime and a merciless destroyer of human lives. We must fight it with all of the resources at our command.”<sup>30</sup> Nixon’s “War on Drugs” did not target the housewives taking Valium after Valium, but rather on the drug users on the margins of society. Under *Reorganization Plan No. 2 of 1973* the FBN was disbanded and the Drug Enforcement Administration (DEA) took its place. The plan aimed to “consolidate Federal anti-drug trafficking efforts in a single, comprehensive agency, headed by an Administrator reporting to the Attorney General.” The report also noted the legislation incorporated “all functions of the Bureau of Narcotics and Dangerous Drugs, the Office for Drug Abuse Law Enforcement, and the Office of National Narcotics Intelligence, and relevant functions of the Bureau of Customs.”<sup>31</sup>

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<sup>30</sup> U.S. Congress, House, *Message from the President of the United States transmitting Reorganization Plan No. 2 of 1973*, establishing a Drug Enforcement Administration, 93<sup>rd</sup> Cong., 1<sup>st</sup> sess., 28 March 1973, 3.

<sup>31</sup> U.S. Congress, House, Committee on Government Operations, *Reorganization Plan No. 2*, 93<sup>rd</sup> Cong., 1<sup>st</sup> sess., 28 March 1973, 3.

Through the focused work of the DEA, the US had a federal organization that was the tip of the sword in the War on Drugs.

The creation of the DEA transformed how the government dealt with America's drug problem. At about the same time, the government created The Drug Abuse Warning Network (DAWN) to act as a method of identifying the prevalence of drug use and abuse. DAWN kept track of both 'street' drugs and prescription drug leading one to emergency rooms, showing that the issue of prescription drug abuse was a growing concern. An August 1976 JAMA article stated: "alcohol, heroin and now diazepam (Valium) are the most frequently abused drugs in the United States." The article continued, "Most of the 190,000 plus episodes of drug abuse covered...were handled in emergency rooms (60%) and crisis centers (32%) in 23 major cities."<sup>32</sup> DAWN provided a useful means of identifying the scope of the drug problem in the United States. But being limited to emergency rooms and places of drug overdose treatment in major cities, DAWN did not illustrate the full picture of Valium abuse throughout the nation. Throughout the 1970s awareness of women's prolific abuse of prescription drugs grew. Even one of the most powerful women in the United States, First Lady Betty Ford, realized she had a problem.

For women of Betty Ford's prominence drug abuse could be even more austere, due to the stresses from their personal and public lives. Ford commented on her veil over the problem in her autobiography when she wrote, "I supposed I was so wrapped up in the image I had been presenting to the public that I didn't see anything wrong with my life. I was married to the perfect man, I had four perfect children, I had a new house and, after thirty years of married life,

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<sup>32</sup> "Federal Agency Lists Most Widely Abused Drugs," *Journal of the American Medical Association* 236:5 (August 1976): 432.

all new furniture.”<sup>33</sup> The “perfect woman,” however, quickly came to understand that she had a serious substance abuse problem.

On April 1, 1978, two weeks after entering her new home in California, Betty Ford had an intervention. “I’d never heard of an intervention,” she wrote, “and I would just as soon have kept I that way. I didn’t want to hear *any* of what my family was telling me.” Ford justified her consumption, noting: “My makeup wasn’t smeared, I wasn’t disheveled, I behaved politely, and I never finished off a bottle, so how could I be alcoholic?” Moreover, Ford argued: “And I wasn’t on heroin or cocaine, the medicines I took—the sleeping pills, the pain pills, the relaxer pills, the pills to counteract the side effects of other pills—had been prescribed by doctors, so how could I be a drug addict?”<sup>34</sup> Ford clearly did not picture herself as one of “those” users. This attitude, held by many Americans in the 1950s and 1960s, began to change in the 1970s. As the women’s movement advanced, an increasing number of women struggled with the same problem Barbara Gordon and Betty Ford faced.

Both the House of Representatives and the Senate held hearings in the late 1970s regarding the issue of drug abuse and the trends of prescription drug abuse among women. Acknowledging that women comprised a majority of prescription drug abuse and obtained the drug through legal means, middle-class women provided a unique group of drugs users for policy makers to address. In a hearing before the Select Committee on Narcotics Abuse and Control in the House of Representatives in early August 1978 Jane E. Prather, a sociologist from California State University, Northridge, issued a statement. In it, she addressed the trends of

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<sup>33</sup> Betty Ford and Chris Chase, *Betty: A Glad Awakening* (Garden City, NY: Doubleday & Company Inc. 1987), xiii.

<sup>34</sup> *Ibid.*, 7.

minor tranquilizers use. “The use of stimulants and sedatives for the past five years,” Prather noted, “appears to have stabilized and slightly decreased according to the last National Survey on Drug Abuse.” However, Prather continued, “Americans’ use of minor tranquilizers has not decreased during the past five years; in fact, the number of Americans (adults eighteen and over) reporting ever having used minor tranquilizers for medical purposes increased from 24% in 1972 to 35% in 1977.”<sup>35</sup> Despite public warnings, such as the *60 Minutes* special mentioned above, Americans continued going to their doctors for “happy pills,” and doctors readily prescribed them.

Prather focused on three factors regarding physicians’ prescription practices and the proliferation of Valium. Prother noted that doctors—especially those who received their medical training prior to 1955—had “limited knowledge about psychotropic drugs.” The majority of the information that doctors did receive was through the organs of their profession, specifically the JAMA. Another factor contributing to the general practitioner’s tendency to prescribe psychotropic drugs was that “the physician has difficulty relating to and talking with the patient...or the patient only reported vague symptoms.” Advertisements of the minor tranquilizers and benzodiazepines gave doctors an answer to patients’ vague explanation of their symptoms.

Some of Prather’s most scathing criticisms were saved for doctors, blasting prescribing practices of doctors who provided prescriptions for multiple drugs, recommending taking stronger dosages than recommended and unquestioningly providing prescriptions for patients they did not personally examine. Prather presented Congress with the views some within and

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<sup>35</sup> U.S. Congress, House, Select Committee on Narcotics Abuse and Control, *Abuse of Dangerous Licit and Illicit Drugs—Psychotropics, Phencyclidine (PCP), and Talwin*, 95<sup>th</sup> Cong., 2<sup>nd</sup> sess., 10 August 1978, 217.

without the medical community had been formulating from the early 1960s. Women's magazines, such as *Ladies' Home Journal*, *Good Housekeeping*, and *Redbook* all published articles in the 1970s discussing the prevalence of minor tranquilizer use among middle-class women that were backed up by articles in medical journals, television specials and reports of organizations such as DAWN.

Prather offered direct suggestions to Congress regarding how to mitigate the issue of Valium abuse, and prescription drug abuse in general. She recommended more courses in medical schools focusing on psychotropic drugs, making information easily accessible to consumers, providing information to medical personnel regarding warning signs of minor tranquilizer abuse (Valium/benzodiazepines included), and requiring labels clearly stating the dangers associated with mixing of substances. The proposed labels would read: "Do not consume with alcohol, do not take in conjunction with other medications including over-the-counter varieties without checking with your physician," and finally, "Do not take for long periods of time without consultation with [a] physician."<sup>36</sup> These warnings, which strongly resembled the arguments waged against the proprietary medicines of the late nineteenth and early twentieth centuries, focused on the safety of those consuming the drug under the proper guidelines. At the same time these labels provide the "street" user information regarding the use of the drug, while at the same time maintaining it as a prescription drug giving the use a sense of safety and, if one took it under the pretenses of self-diagnosis, legitimacy. But for many women, and to a lesser extent men, these labels could have prevented emotional, physical and social hardships.

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<sup>36</sup> *Ibid.*, 221.

The House of Representatives Select Committee on Narcotics Abuse and Control heard more personal testimonies of women who had succumbed to addiction of minor tranquilizers on September 13 1979, in a hearing titled “Women’s Dependency on Prescription Drugs.” Cynthia Maginniss, a woman representing the group Women-Together, Inc. based out of Glassboro, New Jersey, began her testimony by relating the experiences of women in her family with tranquilizers, major and minor. She recounted her experience of being on tranquilizers at a young age due to the death of a grandmother and her parents’ divorce. She told the committee: “The general mood in my family and that of society seems to be that women should not cry a lot, and we should be drugged instead of crying.”<sup>37</sup> Cynthia then told the story of her adult life involving diet pill prescriptions from her general practitioner and Valium prescriptions from her gynecologist.

Upon moving to Glassboro with her husband and their children, Cynthia was a regular Valium user. “When my children misbehaved,” she explained, “I took two 10-milligram tablets of Valium.” While living in Glassboro she came into contact with Together Inc., a local organization that acted as a support group and hotline for drug abuse among women. “At the time,” she remembered, “I didn’t think it (the group’s services) pertained to me.” She took the card nonetheless. Eventually, after taking too much Valium and beginning to overdose, she called the hotline and women came to her home. Together Inc. provided Cynthia “a place where I felt safe and cared for—a place where I could be me and not who I thought I should be.”<sup>38</sup>

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<sup>37</sup> U.S. Congress, House, Select Committee on Narcotics Abuse and Control, *Women’s Dependency on Prescription Drugs*, 96<sup>th</sup> Cong., 1<sup>st</sup> sess., 13 September 1979, 4.

<sup>38</sup> *Ibid.*, 5.

Women around the nation found support through formal and informal groups specifically for women and their substance dependencies.

One can draw many correlations between the minor tranquilizer epidemic of the 1960s and 1970s and that of the opiate addicted patient who received maintenance levels of opiates in the 1920s and 1930s. Doctors played a central role in the user's access to the drug, and both were considered socially and medically legitimate. A 1978 national survey by the National Institute on Drug Abuse found that a little over one in five women in the United States used a prescription tranquilizer, while the number stood at one in ten for men.<sup>39</sup> Just as society viewed alcoholism as a male problem in the nineteenth and early twentieth centuries, minor tranquilizer abuse, as seen by the lack of a "Men's Dependency on Prescription Drugs" on Capitol Hill, was perceived as a female problem.

As the Valium epidemic unraveled in the public sphere, women and prescription drug abuse became synonymous. A proportion of male users of Valium undoubtedly engaged in consumption patterns similar to those of women, but unlike women, men had outlets for their stresses, which were plentiful. Men had social spaces, such as bars and taverns which they could frequent with their peers and self medicate, in moderation, with the socially acceptable tonic of alcohol. Women, as revealed above, turned to the bottle as a self medicating activity as well. But unlike men, it was socially unacceptable for women, especially those in the middle and upper class, to drink to the point of inebriation in public and social spaces. Alcohol and prescription drug abuse stayed in the home. As women left their domestic confines, under the banner of second wave feminism throughout the 1960s and 1970s, they increasingly shed light on a

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<sup>39</sup> H. I. Abelson, P. M. Fishburne and I. Cisin, *National Survey on Drug Abuse: 1977: Volume I – Main Findings* (Washington, D.C.: National Institute on Drug Abuse, 1977).

growing problem. As more women talked about the “problem that has no name,” and women came out publically addressing their prescription drug abuse, feminists and women’s rights advocates looked to these women’s experiences as examples of the confines of women and the control that society placed on them.

Minor tranquilizers in general, and Valium in particular, had a major impact on the perception of prescription drugs in American society. Not only did these drugs give the economic base for pharmaceutical companies to grow to one of the largest sectors of the national and world economies, but they also transformed the way individuals perceived doctors, prescription drugs, pharmaceutical companies, and most importantly, those who were strong enough to publically claim their addiction. Doctors’ perceived infallibility was unveiled, prescription drugs retained the meaning of medicine, but gained an alternate meaning of menace. Prescription drug companies’ windfall profits, aggressive marketing budgets, and the fact that they supplied the drugs themselves contributed to an already jaded view of the industry, an image reminiscent of that of the patent medicine producers of the nineteenth and early twentieth centuries. For the drug users themselves, those who used heroin, cocaine, methamphetamines (produced outside of the pharmaceutical complex) and other drugs considered to be inherently evil still remained on the fringes of society, while the woman who took tranquilizers and or amphetamines (in the form of diet pills) was seen as a victim of doctors over prescription practices. Prescription drug abuse still occurs. The number of people becoming addicted to substances they had been told were safe by pharmaceutical companies and doctors, however, has diminished greatly as patient awareness increased throughout the 1980s and 1990s due to the Valium epidemic as well as a rise in patient-advocate groups surrounding the discovery of



HIV/AIDS. Yet, to this day patients become addicted to drugs they have been prescribed for medical purposes. It is the natural side-effect of the opiate, or synthetic-opiate, substances that patients require for pain maintenance on a regular basis. Under the model which the Valium epidemic established, however, these users remain separated from those users who take a drug initially for recreational purposes, even if they are not physically addicted, as well as those who manipulate the structure of a pill and snort, inject, or smoke the particular substance.

## Conclusion

Throughout the latter half of the twentieth century, Americans have gone to doctors for diagnosis and treatment options, usually provided in the form of a specific drug. Patients viewed these drugs as safe and effective in their treatment. Taking a substance for the benefit of one's health, either in terms of pain relief or to fortify the immune system has been a practice in many civilizations throughout the world for centuries. Treatment options are deeply rooted in a particular civilization's culture. As the United States moved through the industrializing nineteenth century attitudes regarding the treatment of disease through manufactured, commoditized medicines became the norm. Government regulations on the production of medications, and how patients/consumers accessed these medications transformed perceptions of the safety and efficacy of such medications, as well as the diseases they treated.

Prior to 1906, no federal regulations were in place regarding the production, efficacy, and sale of products advertised to cure. Along with the reforms of the Progressive Movement of the late nineteenth and early twentieth centuries came protections regarding food, cosmetic products, and, most importantly for the scope of this thesis, drugs. The 1906 Food and Drug Act, which established the Food and Drug Administration (FDA) as the regulatory body for such matters, was created out of public fear and was reactive legislation. Between 1906 and 1938 the FDA had little authority, and many products advertised as medicines remained ineffective and, at times, unsafe. In 1938 the Food and Drug Act was amended under President Franklin Delano Roosevelt, expanding the powers of the FDA. Like the original legislation in 1906, the Food, Drug and Cosmetic Act of 1938 was reactive to the Elixir Sulfanilamide deaths that could have been avoided with simple product testing procedures under the regulatory body of the FDA.

The 1938 Food, Drug and Cosmetic Act established medications that were sold by prescription only and those sold over-the-counter. Due to medical industry pressures, however, the companies, not the regulatory body charged with protecting the safety of American consumers, decided which medications would fall into either group. In 1951, the Humphrey-Durham amendment established the prescription drug model that we know today, whereby the government, through the FDA, determines the classification of a drug as over-the-counter or by prescription only. As a result, the Humphrey-Durham Amendment granted the government more authority in the regulation of drugs coming to market to be taken by patients/consumers, as well as solidifying the doctor's role in how an individual obtains a particular medication. The various forms of legislation, culminating in the Humphrey-Durham Amendment of 1951, set the stage for a group of drugs that would become the most profitable drugs pharmaceutical companies produced. Known as minor tranquilizers, this group of drugs changed how patients with various forms of anxiety, depression, hypertension, muscular tension, and many other symptoms that appeared to be afflicting more and more Americans were treated. As minor tranquilizers appeared in medicine cabinets across America, their widespread abuse led to social perceptions of those who use prescription drugs within and outside of their medical context.

Frank Milan Berger was a portion of the "brain-drain" of Europe during World War II, and upon coming to the United States in 1949, he developed the first minor tranquilizer. Berger, working at Carter-Wallace Laboratories, developed and marketed meprobamate, trade name Miltown, which ushered in a new treatment option for this with mental health problems, while at the same time propelled the company to unforeseen profits, a factor that pharmaceutical companies could not count on during the 1950s. Minor tranquilizers were not the first products

advertised to the Americans for the treatment of anxiety, but rather they hold a place in a long line of possible treatment options for ever changing attitudes toward anxiety.

Perceptions of anxiety are malleable, George Miller Beard's development of neurasthenia in the 1860s claimed that one could deplete their mental energies leaving the individual unable to function. American psychologist Otto Fenichel expanded such concepts of anxieties in the 1940s with the development of anxiety neurosis and anxiety hysteria. Anxiety neurosis, characterized as "a general inner tension manifests itself as a constant, freely floating anxiety or readiness for anxiety," as opposed to that of anxiety hysteria, which Fenichel described as, "the anxiety specifically connected with a special situation, which represents the neurotic conflict."<sup>1</sup> Different in their nature, both forms could manifest the variety of symptoms heralded by medical professionals and psychiatrists around the nation. The emergence of minor tranquilizers was welcomed by many in these professions, as psychiatrist Abraham Gardner noted, "When a patient visits his physician he is entitled to as prompt relief or alleviation of distress as can be provided."<sup>2</sup> This sentiment was shared by psychiatrists and general practitioners around the nation and as a result Carter-Wallace Laboratories along with other pharmaceutical companies that developed minor tranquilizers, began to heavily market them.

Unlike the patent medicine era, the FDA heavily regulated advertisements. Pharmaceutical companies marketed their products to a specific group: white, middle and upper class professionals in the fields of medicine and psychiatry. Carefully crafted images and text presented in the various advertisements for minor tranquilizers established what types of

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<sup>1</sup> Otto Fenichel, M.D., *The Psychoanalytic Theory of Neurosis* (NY: W.W. Norton & Company, 1945), 117.

<sup>2</sup> Abraham Gardner, M.D. "Meprobamate- A Clinical Study," *American Journal of Psychiatry* 114:6 (December 1956): 524.

symptoms doctors should treat with the new group of drugs. Patients complaining of insomnia, tension, depression, menstrual tension and headaches, to name a few, could all be prescribed a minor tranquilizer. Patients whom doctors believed engaged in behaviors such as over-eating, excessive drinking and children labeled a “problem child,” also prescribed the same group of drugs.

Postwar Americans experienced increasing sources of possible anxiety. The close of World War II left the United States as the dominant economic world power, with the U.S.S.R. as its inherent rival and enemy. Upon the U.S.S.R. testing its first atomic bomb in late 1949, Americans’ fears of nuclear war provided a source of constant, underlying anxiety. Men and women also faced individual sources of anxiety as they held themselves up to idealized images of the American family. Men had the pressure of being the economic foundation of the family, while women were responsible for providing and maintaining a relaxing atmosphere for the husband so he could recover from another day of work. The idea of failing in either of these roles undermined the American family, which many perceived as the building block of the American way of life. As a result, American men and women flocked to their doctors as they became aware of these new medications from television stars like Milton Berle.

Minor tranquilizers began to be marketed in the mid 1950s, and by decades end they provided their respective pharmaceutical companies profits at levels that had not been seen before. Establishing doctors as the gatekeepers of prescription medications, doctors saw increased numbers of patients for the new cure, establishing their authority in the process of a patient/consumer seeking better health. The same year Valium appeared on the market Betty Friedan published *The Feminine Mystique*, which called attention to the use of minor

tranquilizers by housewives feeling a sense of unhappiness with their “perfect” lives. Despite Friedan’s warnings, Valium quickly became the number one selling drug in America. Beginning in 1963 and continuing through the 1970s, Valium prescriptions continued to increase and the drug began to be used increasingly outside of a medical context, as well as producing dependency among those using the drug within a medical context.

In the 1970s mainstream news media began to draw attention to what became known as the Valium Epidemic. Articles in magazines television specials, such as *60 Minutes*, featured the problems with prescribing practices and the fact that these drugs were being consumed for purely recreational purposes, as well as creating a high level of dependency among many of the drug’s long term users. Along with middle class women, and to a lesser extent men, who became addicted to Valium in a medical context were popular and public figures such as First Lady Betty Ford. As public awareness of the problem grew, society viewed addicts such as Betty Ford separately from recreational drug users who had obtained their drugs through illegal channels.

Congressional hearings held in the late 1970s regarding prescription drug use and abuse, specifically relating to women, were the pinnacle of public dialogue on the issue. Testimony was presented by support groups for women addicted to drugs as well as by those condemning prescription practices of many physicians around the nation. Despite these warnings, Valium prescriptions and use continued to grow. Government programs incorporated prescription drug abuse into drug education, but the focus were drugs such as marijuana, cocaine, crack-cocaine, and methamphetamines in the 1980s and 1990s.

Minor tranquilizers had a profound impact on pharmaceutical companies providing them unprecedented wealth. This group of drugs also set the standard for how pharmaceutical

companies would advertise drugs to doctors around the nation through medical journals. Further, it ushered in a new standard of treatment for a range of symptoms that characterized various forms of anxiety and depression. The presence of minor tranquilizers did not create the desire for treatment for the various symptoms that could accompany intense feelings of anxiety, but rather provided a treatment option similar to many of those that patent medicine companies marketed in the late nineteenth century.

New forms of medications have overthrown the various types of minor tranquilizers, but the demand for such drugs continues to grow in the United States and around the world. The lessons that minor tranquilizers brought with their, at times, problematic use informed American society of the importance of doctors being fully aware of the ramifications of the medications they prescribed, as well as the importance of the patient/consumer having access to similar information. Prescription drug abuse continues and today. The social constructs of abusers of prescription medications, seen as either victims if they obtained the drug legally and became addicted out of a medical context, or as deviant drug users who obtained the drug through someone with a prescription or through the active black market of drugs, remains, but as education regarding prescription drug use and abuse grows, the constructed meanings behind the action of “popping a pill” becomes, if only slightly, more clear.

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