

**Laudanum and Lavender:
Patent Medicines Prescribed to 19th Century American Women**

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History Thesis 2022**

Introduction

Informed consent, a term originating in 1957, is a practice in the field of medicine in which a patient may accept or decline their doctor's recommendations after the doctor explains the situation completely. This gives patients bodily autonomy, the ability to make their own decisions regarding their own bodies. Before informed consent became standard, however, there was little oversight and few consequences for most doctors who harmed their patients through negligence or malice. Medical institutions often did not prioritize quality of life for their patients, especially vulnerable populations such as women, the disabled, and ethnic and racial minorities. Women in 19th century America were frequently put into the care of undertrained and uncaring doctors who considered leeches and opium to be suitable treatments for their patients.

In order to examine historical practices of bodily autonomy toward women, this paper focuses on the perspectives and beliefs of male doctors of 19th century America who endorsed patent medicines as suitable treatments for their female patients. Due to the prevalence of sexism in that era, the majority of available primary sources were written by men, and the scientific community at the time was dominated by men and their opinions. These primary sources include a plethora of published works written by doctors of the time, including topics of hysteria, the uses of patent medicines, the dangers (or lack thereof) of narcotics, and case studies of their female patients. Some personal letters from women will be used, but are too limited in relevant content to be the focus of this work. This paper will explore what these doctors thought of their patients, what they noticed about their symptoms and treatments, and how their medical training and apparent biases affected the way they treated their female patients.

This paper argues that male doctors in 19th century United States did not give their female patients autonomy over medical choices. Instead doctors deferred to whatever decision

would be most beneficial in terms of childbearing and rearing. It will also argue that doctors used narcotics, including patent medicines, as the main vehicle of treatment for their female patients because their complaints were both misunderstood medically and interpreted as frivolous. Patent medicines were a crucial element of standard medical procedures in the 19th century as they were often the only treatment option known by doctors and patients alike. The lack of information for patients about the dangers of these products further denied women any autonomy over their own medical decisions. Medical science emphasized gender essentialism and exaggerated the importance of the uterus to justify sexism in a supposedly rational and thoughtful way.

In delving into this research, it is important to make a distinction between — people with uteruses and women, as these are not synonymous terms. There are many people with uteruses who are not women and many women who lack a uterus. However, due to the patriarchal and often transphobic beliefs of the 19th century, most of the primary works analyzed here equate a person with a uterus to a woman. Because of this, much of this paper refers to the patients as women or females simply because there was no language available for 19th century people to distance themselves from their assigned gender. Most if not all of the women featured here considered themselves women due almost entirely to biology, but it is impossible to say if they would have identified differently if given the option.

While their ideas are often comical to modern day audiences, most American doctors during the 19th century took themselves very seriously and considered themselves to be Enlightenment-style thinkers who saved lives. What did these doctors believe? How did these doctors view their female patients? Why did these doctors believe so strongly in medicine that

was unsupported by scientific evidence? And, most importantly, how much agency did a female patient have over her own body?

Literature Review

To understand the experiences of American women and patent medicines, two realms of historical research need to be focused upon: medical history, specifically the history of addiction in the time of patent medicine, and American women's history. Women's history has only come to fruition in roughly the past 30 years, with more women scholars being allowed into higher intellectual circles and many historians now using critical feminist analysis in their works. The history of medical literature, specifically the literature on patent medicines, is widely comprehensive, with scholars such as Barbara Hodgson, Peter T. Leeson, and David L. Dykstra. These scholars have discussed the decades of suffering perpetuated by fake medicines, especially ones that may lead to addiction. The history of academia around women's history and 19th century American women in particular has only relatively recently come into scholarly focus, with women scholars writing through a feminist lens of analysis, vastly improving the depth and quantity of women's history literature overall.

Previous scholarly works have focused on the odd phenomenon in the 19th century United States where chronic illness and frailty became a popular trend amongst women. “‘The Fashionable Diseases’: Women’s Complaints and Their Treatment in Nineteenth Century America” by Ann Douglas Wood does an excellent job of describing the cultural atmosphere surrounding women and their illnesses. Wood argues that frailty was a highly desirable trait amongst 19th century women because of its perceived femininity, and that doctors attempted many invasive procedures, focusing on the uterus especially, as an attempt to cure this weakness.¹ Similarly, Sarah Hallenbeck’s *Claiming the Bicycle: Women, Rhetoric and Technology in Nineteenth Century America* tackles the topic of women’s desire for autonomy and

¹ Ann Douglas Wood, “‘The Fashionable Diseases’: Women's Complaints and Their Treatment in Nineteenth-Century America,” *The Journal of Interdisciplinary History* 4, no. 1 (summer 1973): 25–52.

the backlash they faced because of it. Hallenbeck uses the bicycle to exemplify the culture and expectations of women in the 19th century, citing doctors from the time period who claimed that women could die from over exerting their minds through academics and their bodies by bicycling.² While it is certainly an aspect, this book does not have a medical focus, and instead discusses the cultural pressures on women and condemnation of their independence.

Dr. Stephen R. Kandall's book, *Substance and Shadow: Women and Addiction in the United States*, argues that the patent medicine era was the reason that a majority of opiate addicts in late 19th century America were women. Kandall discusses the many reasons a woman could have been prescribed a narcotic, including "womb disease," or "neurasthenia," both of which were vague terms with little scientific research to support them.³ His work covers a large span of time and is thus unable to access certain nuances, however it is unique in that it focuses on the specific experiences of women with addictions. Many other publications in the realm of medical history center around male addicts, so a book focused on women is an excellent contribution to the existing literature on the history of addiction.

The world of medical history literature is very rich and interdisciplinary, with many medical professionals doing historical research and historians doing medical research. The world of women's history is only recently coming to that same level of nuance and quantity that medical history has had for many years. That does not change the fact that all of these texts are extremely important to understanding the experiences of 19th century American women with patent medicines. While the history of addiction and women are both expansive fields thanks to the work of previous scholars, the specific intersection between women's troubles as unfounded

² Sarah Hallenbeck, *Claiming the Bicycle: Women, Rhetoric, and Technology in Nineteenth-Century America* (Carbondale: Southern Illinois University Press, 2016), 23.

³ Stephen R. Kandall, *Substance and Shadow: Women and Addiction in the United States* (Cambridge, Massachusetts: Harvard University Press, 1999), 44.

diagnoses and patent medicines as vehicles for narcotics is rarely discussed. Understanding that both women's troubles were primarily unsupported by scientific evidence or research and that patent medicines contained a wide range of misunderstood narcotics is essential to analyzing the perspective of the doctors who prescribed or otherwise endorsed patent medicines.

Background

19th century doctors relied on the centuries old system of the Four Humors. In the humoral system of medicine, there are four key substances within each human (blood, phlegm, black bile, and yellow bile) that must be kept at the ideal balance unique to each individual in order to maintain health. To keep these substances balanced, the body requires a specific diet and lifestyle and, in the case of an abundance, the substance needs to be purged through diuretics, laxatives, emetics, or bloodletting. This system of thought originated with Hippocrates in Ancient Greece and was later refined by Galen,⁴ and remained in use until almost the 20th century. Since the treatments under this system were often invasive, painful, and ineffective, patients vastly preferred being prescribed a patent medicine instead of the traditional forms of treatment. The patent medicine industry boomed as a result, as they offered a natural, noninvasive alternative to other kinds of treatment.⁵

Medical professionals have long thought women to be more erratic and unpredictable than men due to biological components. The term hysteria itself originated with Hippocrates in Ancient Greece, where he claimed the uterus itself moved around the body at random, pressing on other organs and causing mood swings, body aches, and other symptoms typically associated with hormonal or menstruating persons.⁶ These ideas and concepts lasted well into the 19th century, influencing what doctors thought of their female patients. Women could be written off as irrational and hysterical for simply having a uterus, something that often interfered with the work

⁴ Barbara Hodgson, *In the Arms of Morpheus: The Tragic History of Laudanum, Morphine, and Patent Medicines* (Buffalo, New York: Firefly Books, 2001), 18.

⁵ David Dykstra, "The Medical Profession and Patent and Proprietary Medicines During the Nineteenth Century," *Bulletin of the History of Medicine* 29, no. 5 (fall 1955): 401–2.

⁶ Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, "Women and Hysteria in the History of Mental Health" *Clinical Practice and Epidemiology in Mental Health* 8, (2012): 111.

of those arguing for equal rights for women.⁷ This could also discredit a woman's physical and mental health concerns, frequently leading to misdiagnosis and improper treatment.

The term snake oil, meaning a fake remedy sold under false pretenses, originates from the patent medicine era. Clark Stanley, also known as The Rattlesnake King, first showcased his "rattlesnake-based" medicine at the 1893 World's Exposition in Chicago, claiming he was taught the healing properties of rattlesnakes by Hopi medicine men.⁸ Clark Stanley's Snake Oil Liniment was incredibly popular until it was investigated by federal agents in 1917 and found to not contain any actual oil from snakes.⁹ This product became the symbol of quack medicine and deceptive marketing. The patent medicine industry was fraught with con artists preying on sick individuals to make a profit. Medicine shows were a relatively common occurrence across the United States, setting up in various towns to perform vaudevillian acts and magic tricks, demonstrate live medical procedures, and most importantly, sell a product to their audience.¹⁰

Patent medicine is a term that originates from the European practice of a royal figure issuing a "letters patent" to a drug manufacturer, giving them the sole right to make and sell that product. Though this practice naturally could not occur in the United States, the name persisted with the industry.¹¹ Despite its name, patent medicines were not truly patented and instead were trademarked. A formal patent required a detailed recipe to be delivered to the patent office, and many drug manufacturers did not want anyone to know the true contents of their product. While often mocked and dismissed today, these "patent medicines" were generally made of the same

⁷ Georgianna Oakley Miller, "The Rhetoric of Hysteria in the U.S., 1830-1930: Suffragists, Sirens, Psychoses," PhD diss., (University of Arizona, 2009).

⁸ Clark Stanley, *The Life and Adventures of the American Cowboy: Life in the Far West* (Providence: Stanley, 1897).

⁹ United States Department of Agriculture. Bureau of Chemistry. Service and Regulatory Announcements. Supplement 29. Issued October 17, 1917. Notice 4944. p. 592.

¹⁰ Susan Strasser, *Public Culture: Diversity Democracy, and Community in the United States*, (University of Pennsylvania Press, 2008) 91–113.

¹¹ John Parascandola, "Patent Medicines and the Public's Health," *Public Health Reports* 114, no. 4 (summer 1999): 318–21.

ingredients as the ones prescribed by practicing physicians of the time.¹² The American public was desperate for effective medicines, so they often turned to what would now be considered quack remedies.

Due to the lack of government regulation and oversight, these medicines could contain anything the producer desired, therefore narcotics were much more common in basic remedies. Dr. Arthur J. Cramp wrote an article for the *Journal for the American Medical Association* in 1919 titled *The Nostrum and the Public Health* where he mentions Winslow's Soothing Syrup, a popular patent medicine in the 19th century meant for fussy children. Though, at the time of Cramp's article, the formula had been altered due to public backlash and pressure from the Food and Drug Administration, he says its original recipe contained morphine and alcohol.¹³ This was only one of many products that used narcotics as its central active ingredient. Since narcotics have a noticeable and immediate effect, their presence in a medicine was often enough to convince both doctor and patient of its efficacy even if it did nothing to resolve the original medical problem for which the medicine was taken.

¹² Strasser, *Public Culture*, 93.

¹³ Arthur J. Cramp, "The Nostrum and the Public Health" *JAMA* 72, no. 21 (1919): 1530–33.

Doctor's Perceptions of Women's Health in 19th Century America

Women: Their Diseases and Their Treatment, written by Dr. John King in 1858, opens with, "The structure of the human female differs considerably from that of the male,"¹⁴ immediately diving into the world of gender essentialism. Gender essentialism, the theory that a person's gender is solely based on physical aspects of their body, dominated 19th century medicine, with medical professionals giving special attention to the uterus. Many scientists believed the uterus to be the most important organ in the female body. As recorded in a book by Dr. M.L. Holbrook, Professor Hubbard of New Haven, Connecticut, told a medical society in 1870 that a woman's uterus is, "the great central pivotal organ of her existence," and that it is, "as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it."¹⁵ Furthermore, medical professionals also believed the uterus could make a woman more susceptible to disease, an observation compounded by the fashionable trend of sickliness and frailty of women in this time.¹⁶ Many thought that women were simply more weak and prone to illness than their male counterparts, and that the uterus was ultimately to blame.

Dr. King's book goes on to discuss the importance of lifestyle choices in a woman's health, specifically the tightness and warmth of the clothing and personal hygiene. King states that women who wore clothes that were too tight or too warm would often be faced with "diseased stomach and liver, debility of the abdominal muscles, falling of the womb, and many other maladies of the reproductive organs."¹⁷ It is unclear if King has any evidence to support this claim, though it seems he has made a false correlation between women who wear corsets or

¹⁴ John King, *Women: Their Diseases and their Treatment* (Cincinnati: Longley Brothers, 1858), 7.

¹⁵ M.L. Holbrook, *Parturition Without Pain: A Code of Directions for Escaping from the Primal Curse* (New York, 1875), 15.

¹⁶ Wood, "The Fashionable Diseases," 25–52.

¹⁷ King, *Women*, 9–10.

other waist fastenings and those who suffer from certain chronic and acute conditions. This utter failure to understand anatomy specific to the female body largely stems from the misconception that women are inherently more frail than men. With women being seen as so sickly and weak, a corset could easily upset the tentative balance of the internal organs. On the side of personal hygiene, King emphasizes the importance of maintaining the cleanliness of the vagina, writing that, “Married females should...make frequent use of vaginal injections of cold water, with or without the addition of Castile soap, from which they will derive much benefit.”¹⁸ However, while rinsing the vagina with only water has been shown to help keep it clean, using soap as King recommends can cause inflammation and alter the vaginal pH.¹⁹ Once again, King makes a scientific claim without sufficient evidence, misunderstanding the functions of female anatomy and making no efforts to seek more answers.

The required education to become a doctor in the 19th century is exceptionally minimal compared to that of modern doctors. Medical schools prior to 1860 often did not require more than two years of attendance and most did not offer any clinical experience.²⁰ There were little to no standards expected of practicing physicians, especially for those serving a rural area where there was insufficient access to medical professionals. Elizabeth Blackwell, the first woman to receive a medical degree in the United States, noticed that the fields of gynecology and midwifery were often given little respect and that lectures on sexual organs were more likely to contain dirty jokes than actual medical knowledge.²¹ These doctors fundamentally misunderstood the anatomy of their female patients. While scientists often believed they had evidence to support

¹⁸ King, *Women*, 11.

¹⁹ Maria L. Alcaide, Violeta J. Rodriguez, Megan R. Brown, Suresh Pallikkuth, Kristopher Arheart, Octavio Martinez, Margaret Roach, Raina N. Fichorova, Deborah L. Jones, Savita Pahwa, and Margaret A. Fischl, “High Levels of Inflammatory Cytokines in the Reproductive Tract of Women with BV and Engaging in Intravaginal Douching: A Cross-Sectional Study of Participants in the Women Interagency HIV Study,” *AIDS Research and Human Retroviruses* 33, no. 4 (2017).

²⁰ Wood, ““The Fashionable Diseases,”” 32.

²¹ Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (New York, 1895), 257–59.

their claims, their understandings of anatomy were often flawed and this could lead to serious misdiagnoses and improper treatment. By relying too heavily on ancient wisdom and ignoring the voices of the patients themselves, these doctors put their patients' health at great risk.

Patients were often not warned of the potential dangers of the medicines they were prescribed by their doctors, and many people suffered from long-term consequences as a result. For example, addiction was a risk not many knew they were taking when they began to take patent medicines. One anonymous woman wrote a letter to the *Journal of Mental Sciences* in 1889 in which she tells her own story of dependency, detailing her experience with laudanum, a tincture of opium and alcohol originally prescribed as a sleeping aid. She describes the horrible effects that both the drug itself and the withdrawal from it had on her physical and mental health. It was extremely uncommon for women to speak openly about their experiences with drugs, so this article broke a certain taboo.²² She admonishes doctors directly, saying, "You have it in your power to warn those who take laudanum now and then for toothache or headache, what an insidious thing it is, and how easily they may become the victims of it."²³ The author also describes an incident in going to a doctor for a persistent cough where he suggested it may have been caused by tight corsets, to which the author comments, "This was indeed a bright idea as I don't happen to wear corsets at all."²⁴ The author's condemnation of the doctors who prescribe and endorse narcotics without cautioning patients to its addictive nature is brutal as well as very uncommon for the era. These attempted treatments of this woman's insomnia and chronic cough exemplify the common medical practices of this era; overprescription of narcotics and fundamental misunderstanding of female anatomy.

²² "Confessions of a Young Lady Laudanum-Drinker. Dose, Four Ounces Daily, in Two-Ounce Doses," *Journal of Mental Science* 34, no. 148 (1889): 547.

²³ "Confessions of a Young Lady Laudanum-Drinker," 548

²⁴ "Confessions of a Young Lady Laudanum-Drinker," 548.

The Diagnosis and Treatment of Women's Troubles

With frailty being perceived as the norm for women, diagnosing a patient with a uterus with “women’s troubles” was less a matter of *if* than *when*. There was virtually no limit to what symptoms could be considered a result of women’s troubles, so diagnoses were given out freely. Any and all medical concerns a woman had could be considered to be a part of women’s troubles, making it an umbrella term that left many out in the rain. Only by the late 19th century did the medical professionals begin refocusing their efforts on the brain rather than the reproductive organs in order to cure hysteria. According to William Byford, a professor of gynecology at The University of Chicago in the 1860s, suffering from nervousness was not exclusive to women, but just found much more frequently to be manifested in them than their male counterparts.²⁵ However, for a majority of doctors of this century, hysteria was a distinctly woman’s problem.

Many doctors had theories as to what specifically about their time contributed to the overall frailty of women, something that had not been seen as a fad on such a wide scale previous to the 19th century. Edward Hammond Clarke, a physician and professor at Harvard Medical School, believed that the stress of higher education was destroying women’s wombs and discussed it extensively in his book *Sex in Education; or, A Fair Chance for the Girls*, published in 1884. Clarke believed any education at a collegiate level to be too much to bear for the average woman and instead should only be undertaken by men.²⁶

Another popular theory was that women’s ill health was due to unfeminine habits, such as frequent intercourse, reading lascivious texts, making intellectual challenges to the status quo, or otherwise lacking in the realms of submission and motherhood. This frailty was seen as a

²⁵ William H. Byford, *A Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus* (Philadelphia, 1864), 17.

²⁶ Wood, “The Fashionable Diseases,” 36.

punishment from nature for abandoning their female duties, furthering the idea that women were to blame for their own health problems and reinforcing gender roles. While symptoms of women's troubles were all-encompassing, the treatments often focused heavily on a specific part of the body.

Given that the uterus was considered the ultimate source for the majority of health problems women faced, medical treatments often centered around that organ even though the science of the time held little understanding about it. For the first half of the 19th century, aggressive and invasive procedures were relatively common for those diagnosed with any of the female problems. Cauterization of the vulva, vagina, or uterus through the use of nitrate of silver or hydrate of potassa or an intensely heated iron tool, as well as leeching the vulva or injecting the genital area with various fluids were not uncommon treatments for those diagnosed with women's troubles.²⁷ Oftentimes, given the negative social association for women with medical issues, remedies would be both punishment and treatment for the patient.

Throughout all interactions between doctor and patient was an element of distrust, as medical professionals were trained to see women as inherently irritable, lacking in will power, indecisive, and deceitful.²⁸ Female patients could not be trusted to share an accurate account of their symptoms and thus doctors doubted whether or not patients were truly sick at all. Edward H. Dixon, author of *Women and Her Diseases from the Cradle to the Grave* (1857), very harshly condemns some female patients:

²⁷ Byford, *A Treatise on the Chronic Inflammation*, 152.

²⁸ Wood, "The Fashionable Diseases," 34.

It is certainly a mortifying discovery, (but there is no doubt of its truth,) that certain females will pretend hysteric attacks, in order to excite sympathy and obtain some desired luxury, avoid disagreeable visitors, or compel a guardian's or parent's consent to an undesirable union. These cases are often presented to the physician, and are easily detected.²⁹

This conception meant that the concerns of female patients were often ignored if a doctor suspected they were lying about their health. Many doctors viewed mental illnesses or other invisible conditions as a way for women to avoid their responsibilities as mothers and wives. Women were expected to complete their domestic duties no matter what, so it is reasonable to assume that some women did exaggerate or even manufacture health issues in order to harness any sort of control over their lives at a time when women's work was simultaneously devalued and demanded.

Beyond this layer of mistrust is the struggle for women to successfully dispute the assertions of their male doctors. The doctor held the position of power in the relationship so it was often difficult for anyone to disagree with a doctor's assessment, and even more so for women. S. Weir Mitchell, commonly considered to be the father of medical neurology, remarked that, "Wise women choose their doctors and trust them. The wisest ask the fewest questions."³⁰ This precedent of blind trust could prove very dangerous for female patients, as doctors often misled or even lied to their patients for what they saw as the greater good. This relationship dynamic caused many women to feel abandoned by the medical profession and often had very serious consequences for their health and lives.

If a woman was not subjected to the invasive treatments common to the era, whether it was due to financial restraints or social conditions, the most likely choice for her was patent medicines. These medicines could be obtained with or without a prescription making it the best

²⁹ Edward H. Dixon, *Woman and Her Diseases from the Cradle to the Grave* (New York, 1857), 140.

³⁰ S. Weir Mitchell, *Doctor and Patient* (Philadelphia, 1888), 48.

option for women who did not have regular access to health care. There was an entire branch of the patent medicine industry that was dedicated to women's troubles, including products like Dr. Kilmer's Female Remedy, Lydia E. Pinkham's Vegetable Compound, and Dr. John Hooper's Female Pills. These products numbered among many formulated specifically for women, and while the nature of patent medicines was to keep the true ingredient list secret, a large percentage of them contained narcotics in undisclosed doses.

While it is impossible to know the exact formulas of patent medicines as they existed during this period, there are still many existing recipes that provide a glimpse into the common ingredients of the day. One patent medicine called Turlington's Balsam of Life, marketed as a miracle cure capable of curing coughs, stomach aches, kidney stones, and paralysis, contained a mixture of essential oils, alcohol, and the toxic chemical of ammonia.³¹ Dr. John Hooper's Female Pills, which claimed to cure giddiness, melancholy, and other undesirable female personality traits, was primarily made of significant amounts of ferrous sulfate and ferrous carbonate, purported as therapeutic iron. While not toxic on a surface level, excessive iron intake can lead to organ damage, arthritis, and depression.³² An incredibly popular medicine, Dr. Kilmer's Female Remedy, claimed itself to be "The Great Blood Purifier and System Regulator" and reportedly contained approximately 10% alcohol.³³ These patent medicines were commonly found on the shelves of general stores and pharmacies.

Narcotics common to the patent medicine industry included alcohol, cannabis, morphine, heroin, and chloroform.³⁴ These ingredients often had a noticeable and timely impact on the body, leading both doctor and patient to conclude that it was an effective medicine. Many women

³¹ Olive Jones and Allen Vegotsky, "Turlington's Balsam of Life," *Northeast Historical Archaeology* 45, no. 1 (2016).

³² Marianne Wessling-Resnick, "Excess Iron: considerations related to development and early growth," *The American Journal of Clinical Nutrition* 106, no. 6 (2017).

³³ Amy Lifson, "Dr. Kilmer's Curious Cure-All," *Humanities* 42, no. 2 (2021).

³⁴ Hodgson, *In the Arms of Morpheus*, 105.

became dependent on certain narcotics after that, and since drinking alcohol or smoking opium was seen as a masculine vice, women would turn to injections of morphine. After the invention of the hypodermic needle in the mid-19th century, female addicts of high status would often carry around bejeweled or otherwise embellished morphine kits, containing syringes, needles, and vials.³⁵ For women of lower status, however, patent medicines were frequently the only readily available source of opioids one could find. Laudanum was popular amongst women of all classes, as it was seen as a feminine alternative to straight liquor.³⁶

Laudanum is a product that has existed at least since Paracelsus made the first tincture called laudanum in the 16th century; but it was English physician Thomas Sydenham that simplified the recipe down to alcohol with 10% opium powder in the 17th century. Sydenham's writings frequently featured hysteria, even calling hypochondria the male equivalent of the illness.³⁷ Laudanum was an incredibly popular medicine because it was inexpensive, readily available, and not strictly regulated. Opium imports to the United States were roughly 24,000 pounds in 1840, and increased to 135,000 pounds by 1867.³⁸ While universally popular across the United States, women were especially prone to its use. Famous women novelists of the 19th century like Lousia May Alcott and Elizabeth Gaskell were known to indulge in opium and laudanum, for alleged creative reasons as well as chronic pain.³⁹ The era's popularity of women maintaining an ill, weak image enabled doctors to prescribe laudanum much more than possibly needed.

Morphine was first synthesized from opium in 1805 by Friedrich Wilhelm Sertürner, and by the 1830s, commercial production of the substance began in the United States.⁴⁰ However, it

³⁵ Hodgson, *In the Arms of Morpheus*, 94.

³⁶ Hodgson, *In the Arms of Morpheus*, 33.

³⁷ Hodgson, *In the Arms of Morpheus*, 45.

³⁸ Hodgson, *In the Arms of Morpheus*, 49.

³⁹ Hodgson, *In the Arms of Morpheus*, 70.

⁴⁰ Hodgson, *In the Arms of Morpheus*, 79.

was not until the invention of the hypodermic needle by Charles-Gabriel Pravaz and Dr. Alexander Wood that morphine was used to its full potential. Many doctors reasoned that opium was only addictive if swallowed, but since injection bypassed the digestive system it was not possible to become dependent on it that way.⁴¹ Morphine quickly became an incredibly popular form of opium due to its concentrated nature. Newspaper reporters and novelists most likely exaggerated their reports of morphine use, saying that morphine syringes were as common in a crowd as cigarettes, but it was nevertheless a very widespread and common problem.⁴²

⁴¹ Hodgson, *In the Arms of Morpheus*, 83.

⁴² Hodgson, *In the Arms of Morpheus*, 93.

Conclusion

Women of the 19th century United States were largely harmed by both the mainstream medical institution and the patent medicine industry. The combination of misunderstandings of anatomy specific to people with uteruses, the misconceptions around the science of addiction, and the lack of regulation by the US government lead to a significant amount of women relying on dangerous substances in order to treat supposed illnesses. Modern research on mental illness was still years away, leaving many mentally ill women with no choice but institutionalization in an asylum or addictive narcotics and dangerous chemicals. Trying to assert whether or not the women that received these alleged treatments were actually mentally ill according to modern standards is a fruitless effort, as it is impossible to retroactively diagnose people. It is more relevant to look at the way these women were viewed and treated by their doctors and those in the patent medicine business.

It is very easy to look back on medical history and laugh at the ideas of those who came before. There is comedy in people wholeheartedly believing in a wandering uterus and applying leeches to balance the humors, but focusing solely on that is to erase the enormous strides and contributions made by scientists throughout history. Physicians throughout history were not all unintelligent nor intentionally discriminating against people with uteruses in order to prove an agenda, but rather were a product of their time. They still bear the responsibility of the suffering of their female patients, but many doctors studied medicine in order to help others. Peer reviewed, scientific evidence to support medicine had to be fought for and won over decades of trial and error and no singular doctor is to blame for its slow introduction to the medical community. Historical actors can be considered within the proper context while also being held accountable for their actions.

In pointing out the dangerous and addictive ingredients that were in a majority of patent medicines, the goal is not to dismiss all home remedies, but rather to criticize the capitalist institution in which this industry thrived. For centuries, home remedies have been used across a variety of cultures in order to treat the sick and help the injured, and not all of these remedies were purely superstition. Quinine, for instance, had been used by indigenous South American communities for years in the form of quina-quina trees before its effectiveness was scientifically proven by European standards.⁴³ The patent medicine industry was for con artists using addictive ingredients and predatory marketing techniques, not a place for home remedies to be benevolently shared with a larger community.

Hysteria is still a gendered phenomenon, with some people believing to this day that women are inherently more irrational than men. While this is no longer accepted by the mainstream scientific and medical community, cultural beliefs used to prop up institutional sexism run deep within society. Ending the stereotype of the hysterical woman is more than just medicine, it will take years of cultural and societal change for that idea to be fully dismissed. Given its long history within public perception, it is likely to continue on into the future. By understanding its history, people can begin to dismantle the dangerous idea that women cannot be taken seriously if they happen to show any emotion.

To this day many disadvantaged people are mistreated by the medical institution. While there has arguably been vast improvements made to medicine in the past few centuries, there are still many problems left to handle. Women still face specific discrimination, being less likely to be diagnosed with chronic pain and complaints of pain frequently not taken as seriously as their

⁴³ Jane Achan, et al. "Quinine, an old anti-malarial drug in a modern world: Role in the treatment of malaria," *Malaria Journal* 10, no. 144 (2011): 112–24.

male counterparts.⁴⁴ Furthermore, Black women experience higher rates of maternal mortality and a shorter life expectancy than white women.⁴⁵ The current opioid epidemic harkens back to that of the patent medicine era, where the dangers of highly addictive substances were ignored for capital gain. Years of mistakes should be analyzed and used to inform any improvements to the modern system, even if it means unpacking the United States' long history of discrimination and abuse.

⁴⁴ Anke Samulowitz, Ida Gremyr, Erik Eriksson, and Gunnel Hensing, "'Brave Men' and 'Emotional Women': A Theory-Guided Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain," *Pain Research and Management* 2018, (2018): 8.

⁴⁵ Chinn, Juanita J., Iman K. Martin, and Nicole Redmond, "Health Equity Among Black Women in the United States." *Journal of Women's Health* 30, no. 2 (2021): 212–19.

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