

# HISTORICAL NOTES ON WOMEN ADDICTS

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*It may strike you as strange that I who have had no pain—no acute suffering to keep down from its angles—should need opium in any shape. But I have had restlessness till it made me almost mad . . . as if one's life, instead of giving movement to the body, were imprisoned undiminished within it, and beating and fluttering impotently to get out, at all the doors and windows. So the medical people gave me opium—a preparation of it, called morphine, and ether—and ever since I have been calling it my amreeta . . . my elixir.*  
—Elizabeth Barrett Browning 1837

When opiates were freely available with or without prescription, addicts were more likely to be women than men. Courtwright (1982:36) went so far as to say that “the outstanding feature of nineteenth-century opium and morphine addiction is that the majority of addicts were women.” He cited surveys of addicts in Michigan in 1878, Chicago in 1880 and Iowa in 1885, which showed that 61%, 72% and 63% of their samples, respectively, were female. The Chicago survey of drugstore opium customers also revealed that fewer than one-third of the women were prostitutes (Morgan 1974). Further, quoting reports from Tennessee that 68% of addicts were female in 1912, and that 67% of morphine users and 75% of laudanum users (but only 22% of heroin users) in 1913 were female, Courtwright stated that “the disproportionate number of female opium and morphine addicts persisted in some places well into the twentieth century.” Although it is possible to question the validity of these statistics because of the secretive nature of opiate use by both sexes even when it was legal and widespread, there is no evidence to contradict the general conclusion that women addicts were far more common then than now.

As early as 1701, in Dr. John Jones's *The Mysteries of Opium Reveal'd*, medical authorities established different, usually lower, doses of opiates for women than for men. Jones lists nearly 30 different opium preparations available, with doses for “strong, midling or weak men” that were higher than for “strong, midling or weak women.” Such was the primitive beginning of dose-effect relationships by body weight. Gender-differentiated dosage has been common in medical texts ever since, and this has spilled over into nonmedical use as well. It was largely because medical usage made this distinction very early that it was considered safe for women to take opiates; this was a fundamental, underlying reason for widespread addiction among women during the eighteenth century and nineteenth century.

Who were the female opiate users? They were predominantly white, upper- or middle-class women whose habits were often kept as secret as their sex lives. Among the most famous were writers and artists, society matrons, models, actresses, and feminist social workers. Palmer and Horowitz (1982) cited passages from Elizabeth Barrett Browning, George Sand, Margaret Fuller, Charlotte Bronte, Elizabeth Siddal, Louisa May Alcott, Sarah Bernhardt and Jane Addams illustrating their personal experiences with opiates.

Courtwright (1982:41) noted that “the most common occupation among female addicts was that of housewife. The majority of nineteenth-century female addicts were married and therefore stayed at home. Unmarried female addicts were observed among domestics, teachers, actresses, and especially prostitutes. Another type, mentioned as early as 1832, was the harried society lady, who downed opium or morphine to steady her nerve and enhance her wit. Women associated with the medical profession—nurses and doctors’ wives—also had an unusually high rate of addiction.”

Female addiction grew in the early nineteenth century with widespread use of laudanum compounds and patent medicines for “female troubles,” “nervousness,” and fashionable “melancholy” (depression). Courtwright (1982:49) commented that “the higher rate of women derives, in part, from the prevalence of dysmenorrhea and other gynecological disorders. The habit of middle-class and upper-class females complaining of (or being diagnosed by male doctors as suffering from) ‘diseases of a nervous character’ could only have aggravated the problem.” This pattern of iatrogenic addiction continued during the late nineteenth century when hypodermic injection (subcutaneous or intramuscular, not intravenous) of morphine began replacing oral use of laudanum in medical practice. When the hypodermic syringe was introduced in mid-century by Dr. Alexander Wood, in fact, the first known morphine needle addict was his wife (Palmer & Horowitz 1982). By the 1880s, hypodermic morphine was routinely prescribed for virtually all ailments common to women (especially mothers), including anemia, angina, asthma, bronchitis, infant cholera, carcinoma, cystitis, continued fevers, hysterical convulsions, cardiac diseases, chorea, delirium tremens, dyspnea, diabetes, nervous dyspepsia, diarrhea, gastric catarrh, gastric ulcer, hepatic diseases, insomnia, incontinence of urine, itching, laryngitis, lumbago, mania and insanity, cerebral meningitis, muscle spasms, neuralgia, nymphomania, ovarian neuralgia, pleuritis, pneumonitis, pericarditis, peritonitis, renal diseases, rheumatism, shock, spinal irritation, sprains, tetanus, uremia, vaginismus, and vomiting of pregnancy (Kane 1880, cited in Terry & Pellens 1928).

Iatrogenic addiction was rampant, but the social position of Victorian women was an important factor in their nonmedical use of opiates as well. “An unrealistic standard of etiquette and behavior was demanded of them, and few avenues of even temporary escape were permissible. The drinking of alcohol was considered a male vice, not proper for women. The same held true for tobacco smoking . . .” (Palmer & Horowitz 1982:47). Women who rebelled against such roles, particularly independent and creative women anxious to define their own lives on their own terms experimented with opiates when they would not have dreamed of drinking alcohol. Jane Addams, founder of Hull House in Chicago, for instance, describes taking morphine with some school chums at age 16: “We solemnly consumed small white powders at intervals during an entire long holiday . . .” (Palmer & Horowitz 1982:80). An exhausted Sarah Bernhardt used to take opium and coca wine to soothe her often prodigiously long performances: “I arrived on the stage in a semi-conscious state, yet delighted with the applause I received . . .” (Palmer & Horowitz 1982:82).

In a social context in which men but not women were permitted to drink alcohol openly, men were often willing to share drugs with their wives, sweethearts, and mistresses. A famous example is Sigmund Freud, who after discovering the pleasures of cocaine in 1884, kept sending packets of pharmaceutical-grade cocaine, manufactured by the Merck Company, to his fiancée Martha Bernays, and who was so anxious to take her

some personally that he went on holiday later that year, leaving his colleague Carl Koller to discover local anesthesia—a decision Freud soon regretted (Byck 1978). Maria White Lowell, wife of James Russell Lowell, wrote opium-inspired secret poetry that, when published after her death, inspired her descendant Amy Lowell to remark that “it is better than anything her husband ever wrote!” (Palmer & Horowitz 1982:63). Perhaps the most convincing and representative picture of this type of addict is the portrait Eugene O’Neill drew of his own mother in *Long Day’s Journey Into Night*, where her ghostly agony contrasts sharply with the boisterous braggadocio of his alcoholic father.

The truth of the matter is that a theoretical distinction between medical and nonmedical (“luxurious”) use of opiates simply did not hold up in the real world of the nineteenth century: the two were indistinguishable (Berridge & Edwards 1987). The same was true of cocaine and cannabis use, both of which were fashionable among literati, artists, actors, and intellectuals throughout *La Belle Epoque*. Vin Mariani and other coca patent medicines were marketed to upper-class women and endorsed by celebrities and royalty including Sarah Bernhardt, the Princess of Wales, and the Czarina of Russia (Mariani 1901). Subtracting the wine from its formula, Coca-Cola<sup>®</sup> was advertised both as medicine and as an “intellectual beverage and Temperance Drink” to capture a market niche in the burgeoning female temperance movement, while at the same time using “pretty girl” ads to attract men (Watters 1978:17-20).

Most high-class drinking and drug-taking establishments of the late nineteenth century were bordellos or exclusive gentlemen’s clubs. In describing a semisecret, luxurious hashish house in New York, however, Kane (1883:947-48) noticed some lace-curtained cubicles off the main smoking parlor. “There are several small rooms there,” his companion explains, “shut off from this room by the curtains you see move. Each is magnificently fitted up, I am told. They are reserved for persons, chiefly ladies, who wish to avoid every possibility of detection, and at the same time enjoy their hashish and watch the inmates of this room.” Kane then asks, “Are there many ladies of good social standing who come here?” and his guide replies, “Very many. Not the cream of the *demi-monde*, understand me, but *ladies*. Why there must be at least six hundred in this city alone who are *habitués*. Smokers from different cities, Boston, Philadelphia, Chicago, and especially New Orleans, tell me that each city has its hemp retreat, but none so elegant as this.”

As the consequences of opiate addiction, particularly female addiction, became well known to high society, they were instrumental in getting laws passed against opiate use. Of these the most important was the “degeneracy” of middle- and upper-class women who became addicted. The pains of upper-class opium addiction and the social-moral dilemmas it involved in the late nineteenth century were amply, though anonymously, described in the *Journal of Mental Sciences* in 1889 under the title “Confessions of a Young Lady Laudanum-Drinker” (Palmer & Horowitz 1982). A second concern was the fairly widespread practice of “infant doping,” or the use of laudanum medicines such as Mrs. Winslow’s Soothing Syrup to calm screaming babies, which provoked early Victorian infant mortality studies that led directly to the Pharmacy Act of 1868 in England, banning laudanum use unless it was prescribed by a physician—the first opiate prohibition law in the Western world (Berridge & Edwards 1987).

the aging morphinists of long standing were dying out and being replaced largely by young men, many from broken and alcoholic homes, and many of whom were seduced into drug use by prostitutes. Almost wistfully, many of the older women interviewed by Dai recall rosier times when being an addict was not such a hassle. "She came from a good family . . . if possible, she said emphatically, she would quit the show business, for to be in it would naturally bring her into contact with her old associates . . . She also mentioned her desire to open an auto-repair shop again . . ." (Dai 1970:100). The younger women, however, repeatedly stated that they fell into addiction without thinking, as a result of a painful injury, or because a friend turned them on, or because they could not bear their home life, or because they became prostitutes. On the whole, Dai's book gives a perfect snapshot of the female addict in transition from legal (but secretive) Victorian opiate user, to her modern stereotyped role as a criminal junkie, whore, and social outcasts. This remains the dominant image of female addicts to this day.

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