"Mother's Little Helper": Minor Tranquilizers and Women in the 1950s

Leona Crabb

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ABSTRACT

"Mother's Little Helper":
Minor Tranquilizers and Women in the 1950s

Leona Crabb

In 1955, Miltown became the first in a series of minor tranquilizing agents to be introduced into general use in North America. Its popularity was instantaneous. Medical journals, popular magazines, and even Hollywood celebrities overwhelmingly endorsed the drug as a safe and effective means of alleviating anxiety and tension. Public demand for the drug also skyrocketed and the use of Miltown quickly went from being a common medical practice to being a mass cultural phenomenon.

This thesis explores the Miltown phenomenon in the broader social, economic, and political climate of the 1950s, arguing that there is a direct link between the widespread use of Miltown, especially among middle class women, and the decade's obsession with anxiety, gender role conformity, and social stability.

"Kids are different today,"
I hear every mother say.
Mother needs something to take
to calm her down.
And though she's not really ill,
there's a little yellow pill.
She goes running for the shelter
of her mother's little helper.
And it helps her on her way,
gets her through her busy day.

From the song "Mother's Little Helper"
Written by Mick Jagger and Keith Richards
Recorded by The Rolling Stones (1966)

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INTRODUCTION

A number of newly-developed tranquilizing drugs became available to the North American public in the mid 1950s.[1] These drugs were known collectively as anti-anxiety agents or 'minor' tranquilizers and their action was twofold: to alleviate anxiety and tension states and to alter behaviour.[2] From a medical standpoint, tranquilizing drugs were an effective means of stabilizing emotionally unstable patients. But, within a few years, the use of these drugs had become something of a mass cultural phenomenon.[3]

Meprobamate was the first and best known of the anti-anxiety agents to come onto the market during the 1950s.[4] It was introduced into popular use on a prescription basis in April 1955 by Wallace Laboratories under the trade name

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[1] The word 'tranquilizer' can also be written as 'tranquillizer' but, in the interest of consistency, the term will be spelled with one 'l' throughout this work.

[2] In the more recent clinical literature, these drugs have also been referred to as 'psychotropic' drugs.

[3] C. Bellantuomo, et al., "Benzodiazepines: Clinical Pharmacology and Therapeutic Use," Drugs, 19,3 (1980), 195.

[4] Marvin E. Lickey and Barbara Gordon, Drugs for Mental Illness: A Revolution in Psychiatry (New York: W.H. Freeman, 1983), 223; Edward M. Brecher, et al., Licit and Illicit Drugs (Boston: Little, Brown and Company, 1972), 257.

Miltown.[5] Over the next five years, Miltown went "through the well-documented cycle of panacea, poison, [and] pedestrian remedy" that characterizes all new therapeutic treatment methods.[6] The initial response to this drug in the medical and lay press was overwhelmingly positive. Report after report heralded Miltown as the latest in a long line of 'wonder drugs' because of its unique ability to effectively reduce anxiety and tension without resulting in any serious addictive or toxic side effects. The excitement over Miltown spread rapidly among medical professionals and through the general population. This led to a heightened demand for the drug, especially among the middle class, and to its use in treating "everything from falling arches to falling dandruff."[7]

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[5] Wallace Laboratories made an arrangement with Wyeth Laboratories a few months later which gave Wyeth permission to distribute meprobamate under the trade name Equanil. In spite of the fact that they were the same drug, Miltown remained the more popular of the two in part because the public found the name 'Miltown' more intriguing than the name 'Equanil'. See David J. Greenblatt and Richard I. Shader, "Meprobamate: A Study of Irrational Drug Use," American Journal of Psychiatry, 127,10 (April 1971), 34.

[6] Victor Laties and Bernard Weiss, "A Critical Review of the Efficacy of Meprobamate (Miltown, Equanil) in the Treatment of Anxiety," Journal of Chronic Diseases, 7,6 (June 1958), 502. For a more thorough examination of the therapeutic life cycle, see Garfield Tourney, "A History of Therapeutic Fashions in Psychiatry, 1800-1966," American Journal of Psychiatry, 124,6 (December 1967), 784-96.

[7] Thomas Whiteside, "Onward and Upward with the Arts: Getting There First With Tranquility," The New Yorker, (May 3, 1958), 117. According to Douglas Miller and Marion Nowak, "apart from their use in mental hospitals, tranquilizers were almost exclusively a middle-class affair." In The Fifties:

By early 1957, however, the enthusiasm that had accompanied Miltown's appearance had given way to a more critical appraisal of the drug. Further clinical studies demonstrated that Miltown had dangerous and even deadly side effects if not taken properly. A number of individuals and organizations also began to voice concern over the high rate of tranquilizer consumption and the seemingly indiscriminate way in which doctors prescribed Miltown to relieve anxiety and tension in otherwise well-adjusted individuals. With Roche Laboratories' introduction of Librium (chlordiazepoxide) in 1960 and Valium (diazepam) in 1962, Miltown was gradually replaced as the most popular anti-anxiety agent on the market.[8] Notwithstanding, by the end of the 1950s Miltown had come to be regarded by the medical profession as a useful if imperfect drug for the treatment of potentially dangerous levels of anxiety. More importantly, it had also come to be recognized as an effective means of 'normalizing' anxiety-related behaviour.

Although the phenomenal success of Miltown in the 1950s raises a number of questions, there are three issues in particular which this thesis will explore. The most general problem is to examine the relationship between the drug craze and the wider social, political, and economic context of the 1950s. Miltown achieved such widespread popularity

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The Way We Really Were (New York: Doubleday, 1977), 138.

[8] Lickey and Gordon, Drugs for Mental Illness, 223.

that it cannot be looked at exclusively as a medical issue, but must be seen against the broader cultural background of the period. In particular, the decade of the 1950s was commonly referred to as an 'age of anxiety' and I believe that there is a direct link between the generalized public unease occasioned by the climate of the cold war and the search for new and more efficient tranquilizing agents.[9] As Dr. James Miller of the University of Michigan concluded in 1964, "we may be in an age of anxiety, but it is probably more apt to say we are in an age of tranquilizers."[10]

The second issue involves the extent to which the Miltown phenomenon provides a window on the cultural ethos of the medical community and represents a case study of the way in which clinical treatments reflect non-medical values and assumptions. During the 1950s, medical experts regularly argued that personal anxiety was not only threatening to the mental and physical health of individual patients but was potentially damaging to society as a whole. In the context of the common desire for a return to social

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[9] Warren Susman, "Did Success Spoil the United States? Dual Representation in Postwar America," in Lary May, ed., Recasting America: Culture and Politics in the Age of the Cold War (Chicago: University of Chicago Press, 1989), 23. The term 'age of anxiety' was originally coined by W.H. Auden in his poem The Age of Anxiety: A Baroque Eclogue (New York: Random House, 1946). Auden regarded his own times as an 'age of anxiety', a period of widespread social, psychological, and moral insecurity.

[10] "Medical and Social Aspects of Anxiety," Journal of Neuropsychiatry, 5,7 (September-October 1964), 392.

stability, however, researchers and physicians who were leading proponents of the use of anti-anxiety agents often made a one-to-one link between personal anxiety and the spectre of generalized social chaos.

Arising from these points is a third issue that is, in some respects, the most important. This has to do with the fact, which was rarely commented on at the time, that there was a striking gender imbalance in the distribution of Miltown that resulted in women receiving the drug twice as often as men in spite of there being no empirical evidence to support the argument that women were more anxious than men. Instead, the profound gender imbalance in prescription rates reflected broader cultural assumptions -- both within the medical community and among the public at large -- about the proper role of women as guardians of social order, and about the ability of minor tranquilizing drugs to maintain women's emotional well-being.[11]

In addressing these questions, I will argue that the Miltown phenomenon was inextricably linked to the broader social, political, and economic climate of the 1950s and its obsession with anxiety, gender role conformity, and social

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[11] Rochelle Gatlin has noted that "women have been more likely than men to abuse drugs through legal prescriptions." In American Women Since 1945 (Jackson: University Press of Mississippi, 1987), 63. According to Cheryl Brown Travis, "women are not more susceptible to mental health symptoms than are men, and much of what has been assumed to be inherent sex differences is shaped by culture." In Women and Health Psychology: Mental Health Issues (Hillsdale, New Jersey: Lawrence Erlbaum, 1988), 29.

stability. The medical profession's attitude toward tranquilizers reflected these general concerns as much as its empirical knowledge about the efficacy of the anti-anxiety agents themselves. As a result, the extensive use of Miltown by women was in part a product of the belief that minor tranquilizers were "appropriate to an age of mental and emotional stress," and that women in particular needed these agents in order to maintain their mental health and perform their duties as wives, mothers, and homemakers in the interest of greater national stability.[12]

Some historians have noted the drug craze in passing and commented broadly on the anxious temper of the period but, for the most part, social historians have ignored the problem of minor tranquilizer use in the 1950s.[13] P. Susan Penfold and Gilliar A. Walker have pointed out that even medical historians fail to use "fads in the prescription of psychotropic drugs...to illustrate how present-day beliefs about the efficacy of certain drugs might be entirely

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[12] 'Equanil' Advertisement, The Canadian Doctor, 22,2 (February 1956), 71 (See Illustration 13). According to Barbara Ehrenreich, "the direction of the bias in the medical care of women has been to reinforce traditional social roles for women." In "Gender and Objectivity in Medicine," International Journal of Health Services, 4,4 (1974), 617.

[13] For example, Stephen J. Whitfield made this quick reference to widespread minor tranquilizer use in the 1950s: "Despite the losses incurred in the frustrating stalemate in Korea, despite the incessant peril of the Bomb, most Americans exhibited tranquility, even at the cost of a bewildering number and variety of tranquilizers." In "The 1950s: The Era of No Hard Feelings," South Atlantic Quarterly, 74,3 (Summer 1975) 295.

erroneous," and seldom "mention the growing use of drugs for the control of disturbed and disturbing behaviour," especially with respect to gender.[14] Instead, they have tended to concentrate on the history of medical practitioners, medical institutions, and the medical profession itself.[15] A vast clinical literature on Miltown, and on differential drug use among men and women does exist but these studies by medical researchers, psychologists, and sociologists tend not to look at the issue of drug use in its cultural, i.e. historical, context. For example, a typical clinical argument is that women receive more prescriptions for minor tranquilizing drugs because women report symptoms of an emotional nature more often than men.[16] Certainly the Miltown phenomenon is important as a topic in its own right because it established

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[14] Women and the Psychiatric Paradox (Montreal: Eden Press, 1983), 192.

[15] Wendy Mitchinson, "The Health of Medical History," Acadiensis, 20,1 (Autumn 1990), 253-64; Gerald Grob, "The Social History of Medicine and Disease in America: Problems and Possibilities," Journal of Social History, 10,4 (June 1977), 391-409.

[16] Lois M. Verbrugge, "Female Illness Rates and Illness Behaviour: Testing Hypotheses about Sex Differences in Health," Women and Health, 4,1 (Spring 1979), 61-75; Lois M. Verbrugge, "Sex Differences in Complaints and Diagnoses," Journal of Behavioural Medicine, 3,4 (December 1980), 327-55; Richard Hughes and Robert Brewin, The Tranquilizing of America: Pill Popping and the American Way of Life (New York: Harcourt Brace Jovanovich, 1979), 66-7. For a comprehensive summary of the psychological and sociological approaches that have been taken and their underlying assumptions, see Travis, Women and Health Psychology, 74-85.

a precedent in terms of the treatment of both anxiety and women but Andrew T. Scull has stressed that "the recognition and response to mental disorder are inextricably culture-bound."[17] Therefore, the particular advantage of this study is not only that it contributes to a better understanding of the culture of the cold war, of the medical perceptions of women, and of the role of medicine in reinforcing dominant cultural attitudes toward women, but that it offers a case study on the methodological importance of incorporating the cultural context into medical history.

More specifically, I approach the history of minor tranquilizer use from a sociocultural perspective that is primarily interested in the relationship between social conditions, drug use, and popular values and attitudes. My decision to focus on society as a whole draws heavily on the recent work of Canadian medical and women's historian Wendy Mitchinson and her assertion that "disease and medicine are culturally defined."[18] In taking a sociocultural approach I have also made use of a wide variety of traditional source materials including clinical literature, popular and professional magazines, and the writing of contemporary social science 'experts'. In addition to looking at the

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[17] Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective (Berkeley: University of California Press, 1989), 8.

[18] The Nature of Their Bodies: Women and Their Doctors in Victorian Canada (Toronto: University of Toronto Press, 1991), 3.

substantive meaning of these works, I have paid particular attention to the language and rhetoric of the Miltown craze, much of which turned on the use of cold war metaphors, on the repetition of terms like 'anxiety', 'tranquilizer', and 'stability', and on a popular image of femininity that had been flourishing since the late nineteenth century. This linguistic rhetoric was graphically reinforced by the visual imagery of Miltown that was especially evident in the pharmaceutical advertisements which appeared in medical journals.

One of the problems inherent in my approach and choice of source material is that neither account for the specific reasons behind individual drug use or for the economic incentives underlying promotional campaigns. I appreciate the need for and potential value of examining the Miltown phenomenon from a patient-oriented approach or from a corporate perspective but, considering the nature and magnitude of the required research, both of these approaches are beyond the scope of this thesis. A further problem that is somewhat derived from medical historians' traditional emphasis on prescriptive literature and tendency to ignore patient agency in the treatment process involves the conceptual debate over social control. Much of the medical history and feminist medical history written during the 1960s and 1970s placed a heavy emphasis on rigid social

control models.[19] More recent works, however, have modified these perspectives by acknowledging the lack of consensus within the medical community, conceding that not all physicians were necessarily antagonistic toward women, and attributing greater agency to patients.[20] Although my work focuses primarily on medical and popular opinion, it nevertheless reflects the realization that the high rate of minor tranquilizer use among women in the 1950s was the result of a complex set of interactions and was not simply a mechanistic exercise in social control.[21]

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[19] A classic example of the portrayal of women from a strong social control perspective is provided by Barbara Ehrenreich and Deirdre English: "the medical system is not just a service industry. It is a powerful instrument of social control, replacing organized religion as a prime source of sexist ideology and an enforcer of sex roles....[The fact of women's] sheer physical dependence on medical technology makes the medical system all the more powerful as a source of sexist ideology. They have us, so to speak, by the ovaries." In Complaints and Disorders: Sexual Politics of Sickness (Brooklyn: Faculty Press, 1973), 83, 84.

[20] For an analysis of the critiques of the social control perspective in the Canadian context, see Thomas E. Brown, "Foucault Plus Twenty: On Writing the History of Canadian Psychiatry in the 1980s," Canadian Bulletin of Medical History, 2,1 (1985), 23-49; Also see the debate between Michel Foucault and Lawrence Stone "An Exchange With Michel Foucault," New York Review of Books, (March 31, 1983), 42-4.

[21] According to Barbara and John Ehrenreich, "any social system is characterized by mechanisms of social control and...to analyze something as a system of soical control is not to view it as a conspiracy." In "Medical and Social Control," in John Ehrenreich, ed., The Cultural Crisis of Modern Medicine (New York: Monthly Review Press, 1978), 42; Kevin Koumjian also observes that "medical decisions often do carry moral and value laden judgments and as a social institution, the judgments usually reinforce the norms of society." In "The Use of Valium as a Form of Social Control," Social Science and Medicine, 15E,3 (1981), 247.

Finally, while the specific focus of this thesis is on the Canadian experience of Miltown in the 1950s, it is not limited to the use of Canadian source material. Instead, the Canadian experience is looked on as a case study that is representative of a broader North American reality.[22] Therefore, the functional significance of the political border between Canada and the United States is limited as a means of understanding this particular topic. The Miltown craze originated in the U.S. and quickly spread to Canada via popular culture and the common readership of medical journals.[23] Independent research on tranquilizers was undertaken in Canada but it drew heavily on existing

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[22] S.E.D. Shortt has observed that "medical historiography in Canada is American historiography writ small. The same trends and patterns, though of lesser magnitude, are evident and, in general, the same critiques apply." In "Antiquarians and Amateurs: Reflections on the Writing of Medical History in Canada," in S.E.D. Shortt, ed., Medicine in Canadian Society: Historical Perspectives (Montreal: McGill-Queen's University Press, 1981), 2.

[23] The drug Miltown was named after a small town near Wallace Laboratories called Milltown, New Jersey. In Whiteside, "Onward and Upward," 108. Canadian Melinda McCracken remembers that in the 1950s "everything American was so desireable. America appeared to be the source of all good things, things that were magical and ingenious and fun." In Memories are Made of This (Toronto: James Lorimer, 1975), 60; J.M. Bumsted has noted that "American dominance of popular culture was even more extensive everywhere in the world in the critical decade of the 1950s than it is today." In "Canada and American Culture in the 1950s," in J.M. Bumsted, ed., Interpreting Canada's Past, Volume II After Confederation (Toronto: Oxford University Press, 1986), 399. Also see Robert Bothwell, Ian Drummond, and John English, Canada Since 1945: Power, Politics, and Provincialism, rev. ed. (Toronto: University of Toronto Press, 1989), 102.

American works.[24] There do not appear to have been any distinct governmental responses to the drug in Canada by comparison with the United States. And nothing in the literature suggests that there was a specifically "national" spin to the prevalence of anxiety. Although politics is fundamental to understanding the Miltown phenomenon, it is not the politics of nationalism, but the politics of gender that are really at issue.

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[24] For example, it is common to find articles in Canadian medical journals written by Canadian doctors which address the high rate of tranquilizer use in Canada but which quote examples of American statistics with the assertion that "in Canada [tranquilizer use], if not as fantastic, must be at least comparable." T.F. Rose, "The Use and Abuse of the Tranquilizers," Canadian Medical Association Journal, 78,2 (January 15, 1958), 146.

CHAPTER ONE

Anxiety and Social Mores in the 1950s

During the 1950s, powerful connections existed between the cold war sociopolitical climate, the medical concern about anxiety, and popular attitudes toward women. Medical and public opinion maintained that women in their natural role as wives, mothers, and homemakers guaranteed individual and family well-being and the eventual return to postwar social stability. Strong pressures were also brought to bear on women who went against these accepted gender norms. They were labeled 'sick' or 'neurotic' and singled out as the main reason for the prevalence of anxiety in North America.

Although many generations have believed themselves to be living in a time of widespread uneasiness, a major reason why so many people felt anxious and insecure during the 1950s can be traced to a number of unique events which marked the end of World War II and the beginning of the cold war era.[1] These events include the threat of nuclear destruction, the fear of communism, and the uncertainty

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[1] George Rosen, "Emotion and Sensibility in Ages of Anxiety: A Comparative Historical Review," American Journal of Psychiatry, 124,6 (December 1967), 771-2.

generated by the rapid rate of social and economic change.[2]

The atomic bombing of the Japanese cities of Hiroshima and Nagasaki in August 1945 brought an end to World War II but generated in the North American mindset an overwhelming and unprecedented fear of "instantaneous, totally unexpected collective annihilation."[3] Concerns about the possibility of nuclear disaster were further heightened in the early 1950s by a growing awareness of the dangers of radioactive fallout. The event that sparked "as bad a case of bomb jitters as the world has ever known" was the United States' hydrogen bomb testing in the South Pacific which spread radioactive debris over a wide area and led to the illness and death of a number of Japanese fishermen.[4] In December 1952, Canada had its own brush with radioactive contamination, although no casualties were reported, when the first known nuclear power accident occurred at the experimental nuclear reactor in Chalk River, Ontario.[5] The apprehension felt by many Canadians toward nuclear testing was articulated most clearly by Sidney Katz, who asserted

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[2] Miller and Nowak, The Fifties, 10-11.

[3] Paul Boyer, By the Bomb's Early Light: American Thought and Culture at the Dawn of the Atomic Age (New York: Pantheon, 1985), 278.

[4] Paul Dickson, Timelines: Day by Day and Trend by Trend from the Dawn of the Atomic Age to the Gulf War (Reading, Massachusetts: Addison-Wesley, 1990), 68,69,73.

[5] N.J. Berrill, "Have We Gone Too Far With the Atom Tests?" Maclean's Magazine, (July 9, 1955), 50.

that "atomic radiation, which many have regarded as the promise of a new and better life, could conceivably contaminate the earth and turn us into a race of misshapen weaklings doomed to early extinction."[6] Added to the anxiety over nuclear destruction and radioactive fallout was the deep-seated fear of Soviet-directed communism. Canadians were made acutely aware of the communist threat by the Igor Gouzenko spy case.[7] They were also repeatedly reminded that Canada was not immune to the dangers of communist aggression. For example, a series of advertisements which were sponsored by Canadair Aircraft Manufacturers in the mid 1950s informed the public of "communism's ability to invade Canada" and warned that "world revolution is still alive" as "everywhere are there evidences of the continuous underground, cancerous movements of Communism" (Illustrations 1 and 2). Melinda McCracken was a teenager in Winnipeg during the 1950s and remembers

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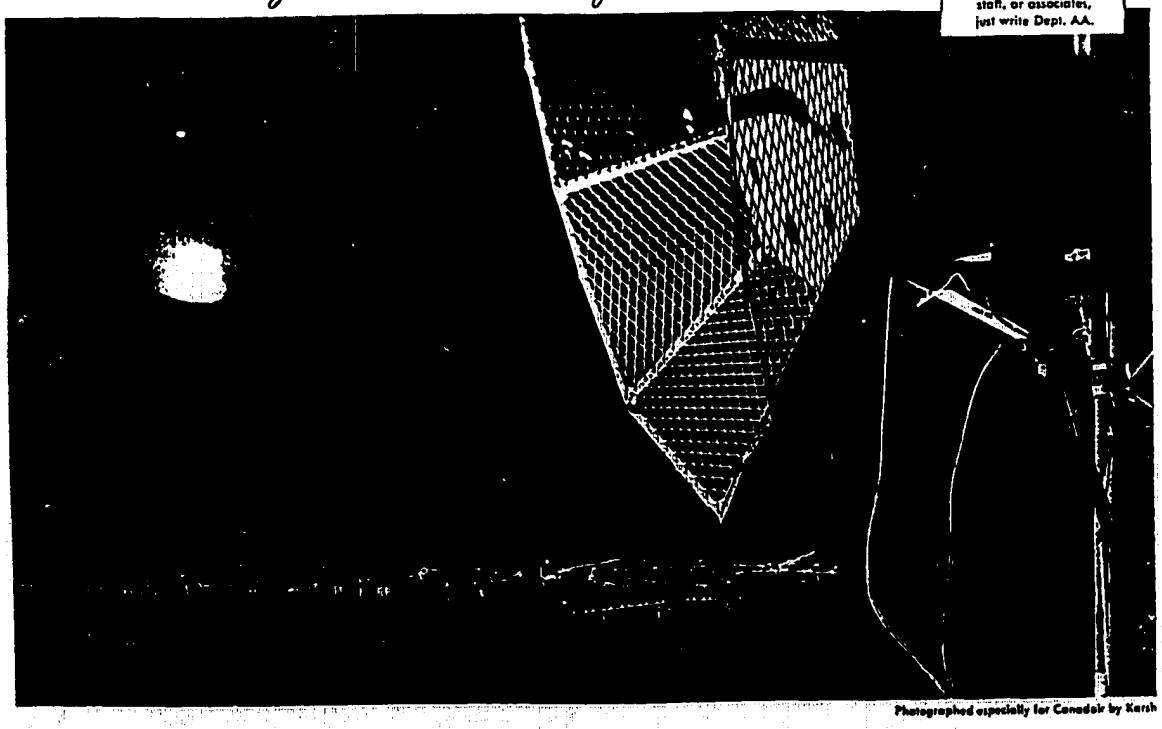
[6] "How Serious is the Threat of Radiation?" Maclean's Magazine, (December 8, 1956), 118.

[7] Gouzenko was a clerk at the Russian embassy in Ottawa who provided the Canadian government with proof in September 1945 that a Soviet spy network was operating in Canada and that it wanted to obtain Western information pertaining to the making of an atomic bomb. For a more thorough account of the Gouzenko affair, see J.L. Granatstein and David Stafford, Spy Wars: Espionage and Canada from Gouzenko to Glasnost (Toronto: Key Porter Books, 1990); John Sawatsky, Gouzenko: The Untold Story (Toronto: Macmillan, 1984); Reg Whitaker, "Official Repression of Communism During World War II," Labour/Le Travail, 17 (Spring 1986), 135-66 and Double Standard: The Secret History of Canadian Immigration (Toronto: Lester and Orpen Dennys, 1987).

Do we actually know where to face Communism?

If you could use reprints of this message for friends, staff, or associates, just write Dept. AA.



Photographed especially for Canadair by Karsh

Communism's Ability to Invade Canada

On May Day last year, nine giant 4-jet "T-37" bombers roared over Red Square in Moscow... and western observers realized that the Communists had *in production* long-range planes capable of A-bombing *any* strategic Canadian or American centre and returning non-stop.

The mind reels at the thought: that destruction such as London never knew can come here — can consume in minutes our key industrial areas, our cities, our homes... suddenly, aggression is no longer half a world away.

The radar probing the grim night sky is in truth a sentry at our very gates. *Only our readiness will make Communism pause*... we must man the ramparts of freedom with all our strength — strength of will, courage, faith and preparedness... then, and only then, will we keep our homes inviolate and our cities whole.

C-L **CANADAIR**
— AIRCRAFT MANUFACTURERS —
LIMITED, MONTREAL

Illustration 1:
Maclean's Magazine,
(July 23, 1955), 3.

Do we actually know where to face Communism?

World Revolution is Still Alive

The Communists have never swerved from their basic goal, World Revolution. Tactics may change, diplomacy be more charming, but the intent is ever the same: "peace" shall come only with total Communist victory regardless of morals, people and human decency.

Everywhere are there evidences of the continuous underground, cancerous movements of Communism . . . remember the Ottawa spy trials . . . the expose in Australia . . . similar incidents in the Far East, in the United States and in Europe.

Only eternal vigilance can protect us against Communism . . . can give us the foresight to recognize the stark reality of its infiltration into our way of life. Every day we must be ready — in mind, spirit and military strength . . . ready at our posts, in word and in deed, to defend our freedoms.

C-L **CANADAIR**
AIRCRAFT MANUFACTURERS
LIMITED, MONTREAL

Illustration 2:
Maclean's Magazine,
(March 19, 1955), 7.

that the use of scare tactics to make people distance themselves from communism was very effective: "People were really afraid of communists...because they were being programmed to be afraid. Communists stood for the dark forces of anarchy, disorder, degeneracy, lack of structure, and were thought to be infiltrating everywhere."[8]

The anxiety which arose in response to the atomic age and red scare was compounded by the uncertainty brought about by the material prosperity and changing lifestyles of the postwar period. This economic and social shift witnessed the unprecedented migration of middle-class families to newly-constructed housing developments in the suburbs.[9] Canadians who made the move "hoped to find fresh

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[8] Memories are Made of This, 64.

[9] A half-million Canadian families had made the trek to suburbia by the mid 1950s. John Gray, "Why Live in the Suburbs?" Maclean's Magazine, (September 1, 1954), 7; Veronica Strong-Boag, "Home Dreams: Women and the Suburban Experiment in Canada, 1945-60," Canadian Historical Review, 72,4 (December 1991), 471-2; According to Nancy Walker, "by the early 1950s, suburban existence had become an established fact of middle-class American life." In "Humour and Gender Roles: The 'Funny' Feminism of the Post-World War II Suburbs," American Quarterly, 37,1 (Spring 1985), 106. Scholars studying the development of residential suburbs in Canada after the war have found differences between the Canadian and American experience. See Michael A. Goldberg and John Mercer, The Myth of the North American City: Continentalism Challenged (Vancouver: University of British Columbia Press,1986), Paul-André Linteau, "Canadian Suburbanization in a North American Context: Does the Border Make a Difference?" Journal of Urban History, 13,3 (May 1987), 252-74, Caroline Andrew and Beth Moore Milroy, Life Spaces: Gender, Household, Employment (Vancouver: University of British Columbia Press,1988), and Strong-Boag, "Home Dreams," 472-3. Studies of American suburbs include Kenneth Jackson, Crabgrass Frontier: The Suburbanization of the United States (New York: Oxford

air, space, and a better life, particularly for their children" but, instead, many discovered that suburban living was fraught with all sorts of tension.[10] A London man recalls the strain of having to spend a greater portion of each day in transit from one centre of activity to another:

> Rushing home [from my job] to take a child to cubs or brownies, to take my wife to a class in the city, to drive to hockey practice or to a game, or to be shopping driver when required was a daily task. Work pressures made this more difficult. There were the open spaces to cut, cultivate and shovel. Social evenings required a driver to pick up the sitter, to drive into town, return home and drive the sitter home.[11]

A number of women who remained in the suburbs during the day found the regular routine of housework and childcare particularly stressful. As one mother from Niagara-on-the-Lake remembers, "I began to feel as if I were slowly going out of my mind. Each day was completely filled with child and baby care and keeping the house tidy and preparing meals. I felt under constant pressure."[12] Similar stories of suburban distress prompted journalist John Gray to

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University Press, 1985), and Elaine Tyler May, Homeward Bound: American Families in the Cold War Era (New York: Basic Books, 1988).

[10] Gray, "Why Live in the Suburbs?" 9. See also Hugh Garner, "You Take the Suburbs...I Don't Want Them," Maclean's Magazine, (November 10, 1956), 30,71-5; Miller and Nowak, The Fifties, 137.

[11] Strong-Boag, "Home Dreams," 490.

[12] Strong-Boag, "Home Dreams," 503. See also Alison Prentice et al., Canadian Women: A History (Toronto: Harcourt, Brace, Jovanovich, 1988), 320-1 and May, Homeward Bound, 24.

conclude that "battles against traffic, mud, loneliness, blocked septic tanks and rising taxes are part of a changing pattern of Canadian living."[13]

The medical profession was very concerned about the prevalence of anxiety in society and especially about the ways in which it manifested itself in individual North Americans.[14] Its interest in the anxious individual stemmed from its belief that anxiety is a personal problem which develops in isolation from the larger sociopolitical situation Kevin Koumjian has noted that in the field of medicine "problems of stress are often construed to be completely intra-psychic at the exclusion of recognizing the social relations which contribute to the problem. Thus often when the primary cause of stress is a social condition in which the person lives, it is interpreted to be a personal shortcoming either in terms of the individual's responsibility for self care or as a physiological problem which he or she cannot alter."[15] Eugenia Kaledin

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[13] "Why Live in the Suburbs?" 7.

[14] Robert K. Merton, "Sources of Stress in Society," Journal of Neuropsychiatry, 5,7 (September-October 1964), 413-4.

[15] "The Use of Valium as a Form of Social Control," 247. Similarly, Ruth Cooperstock notes that "many of the anxieties and stresses brought to physicians today are the result of work pressures, poor marriages, inadequate housing, underemployment and the like. By redefining these problems as inherent in the individual, we tend to see pharmacological solutions as acceptable, and certainly easier than long term social solutions." In "Special Problems in Psychotropic Drug Use Among Women," Canada's Mental Health, 28,2 (June 1980), 4.

identified this particular dynamic in operation during the 1950s when "many personal problems that might have been cured by more extensive social programs -- by better daycare or more equitable work arrangements, or by more available organized activities outside the home -- were treated as mental deficiencies in individual women."[16] In 1958, the American Joint Commission on Mental Illness and Health published its report which upheld the medical approach to illness with its assertion that "mental health is an individual and personal matter. [T]herefore, it is improper to speak of a 'sick society' or a 'sick community'."[17] More importantly, the idea that illness has its roots in the individual strengthened the general postwar tendency to look for private and personal solutions to what were often public and structural problems.[18]

The belief in the individual nature of anxiety was reinforced during the 1950s by the growth in popularity of the psychosomatic approach to medicine.[19] This approach assumes that there is a close link between the functioning

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See also David Coburn, et al., eds., Health and Canadian Society: Sociological Perspectives, 2nd ed. (Markham: Fitzhenry and Whiteside, 1987), 315.

[16] Mothers and More: American Women in the 1950s (Boston: Twayne, 1984), 182.

[17] Marie Jahoda, Current Concepts of Positive Mental Health (New York: Basic Books, 1958), x.

[18] May, Homeward Bound, 14.

[19] Prentice, et al., Canadian Women, 309.

of the mind and the body. Medical experts who carried out research based on the psychosomatic approach during the 1950s concluded that a high level of personal anxiety posed a potentially serious threat to both individual and social well-being. Doctors maintained that people who experienced too much anxiety risked becoming physically ill. Dr. Hans Selye from the University of Montreal observed that when the human body was exposed to stress over a prolonged period of time it sometimes became unable to adapt properly which left the individual more susceptible to illness and disease.[20] Doctors also argued that people who were anxious could unwittingly spread their anxiety to others through their anxiety-related behaviours and thereby set in motion a chain reaction ending in disaster. According to Dr. Chauncey Leake from the University of California Medical School, "anxiety is the first symptom in a psychodynamic chain of events which may steadily increase with intensity [and, if] not interrupted....lead to terrible individual and social tragedy."[21] Given the implications of individual anxiety

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[20] Hans Selye, "From the Notebook of Dr. Hans Selye," Maclean's Magazine, (October 13, 1956), 26-7, 81-6. According to this article, Selye published his first report on the subject of stress in 1950 and his "theories on stress inspired a new approach to medicine" (26).

[21] "Introduction to Symposium on Anxiety and a Decade of Tranquilizer Therapy," Journal of Neuropsychiatry, 5,7 (September-October 1964), 387. Leake observed that as the feeling of anxiety intensifies, we "tend to focus our frustration on some person who is near and often dear, such as a mother or father, child, other loved ones, boss, or associate" (387). Similarly, Dr. Edward R. Annis asserted

left unchecked, Leake echoed popular medical opinion when he stated that the "relief of anxiety is important for us individually and socially."[22]

North Americans shared with the medical profession a general desire to see an end to the fears and uncertainties of the postwar period in return for the establishment of a stable and trouble-free domestic world.[23] They firmly believed that the promise of a secure and satisfying future lay in their adherence to traditional family values. Popular opinion asserted that a vibrant and healthy family life would act as a bulwark against the anxieties of the age as well as provide a place in which all of its members could find a sense of meaning and personal fulfillment.[24] Elaine Tyler May has observed that this "family-centred culture....took shape amid the legacy of the depression,

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that anxiety "can be contagious creating a kind of chain-action effect within a family or group." In "Anxiety and the Health Profession," Journal of Neuropsychiatry, 5,7 (September-October 1964), 429.

[22] "Introduction to Symposium," 387.

[23] "What people wanted, Ottawa told the provinces [after the war], was security and stability." In Bothwell, Drummond, and English, Canada Since 1945, 77; May confirms that "postwar Americans....wanted secure jobs, secure homes, and secure marriages in a secure country." In Homeward Bound, 13.

[24] May notes that during the 1950s, "experts advocated coping strategies to enable people to adapt to the institutional and technological changes taking place. The therapeutic approach that gained momentum during these years....offered private and personal solutions to social problems. The family was the arena in which that adaptation was expected to occur." In Homeward Bound, 14.

World War II, and the anxieties surrounding atomic weapons. It reflected the fears as well as the aspirations of the era."[25]

The tendency of the general public to associate the family with protection against external dangers was recognized by Canadian sociologist Charles Hendry, who cited the high Canadian birthrate as evidence that people were looking to the family in order "to create their own small area of stability in a world grown frighteningly unstable."[26] The Amerian Social Hygiene Association regarded the family as the backbone of domestic security. It believed that strong families were an important line of defence against the threat of hostile attack and invasion and therefore called on citizens to "Support Our Stronghold...The Family" by working to eliminate venereal disease and prostitution on the home front (Illustration 3).

North Americans also looked to the family as the most suitable environment in which to foster individual growth and emotional stability. It was commonly believed that central to individual well-being was a healthy home in which men and women closely adhered to traditional gender

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[25] Homeward Bound, 11.

[26] Eric Hutton, "The Future of the Family," Maclean's Magazine, (May 26, 1956), 13.

SUPPORT OUR STRONGHOLD . . . THE FAMILY

Illustration 3:
Journal of Social Hygiene,
37,2 (February 1951), 49.

roles.[27] Popular and academic social scientists legitimated this belief in their assertion that the traditional family unit was the only place in which men, women, and children could get their needs met in an appropriate and healthy manner.[28] This connection between family stability and emotional well-being also underlined the Department of National Health and Welfare's 1957 campaign to promote Mental Health Week in Canada and their theme "Mental Health Grows Best in Happy Family Life" (Illustration 4).[29]

The role of women as wives and mothers was considered particularly crucial to ensuring the welfare of the family and the health of individual family members.[30] Films,

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[27] According to Gatlin, "sex-role differences within the family maintained social stability." In American Women Since 1945, 50. See also Strong-Boag, "Home Dreams," 483.

[28] Gatlin notes that "according to postwar sociologists, the nuclear family was the only unit in which children could develop into emotionally stable, loving adults." In American Women Since 1945, 49-50; May confirms that "many believed that a violation of these roles would cause sexual and familial chaos and weaken the country's moral fiber." In Homeward Bound, 117.

[29] This photograph initially appeared as a pull-out poster in Canada's Mental Health, 4,9 (November 1956). "Beginning in 1951, the first week in May was designated Mental Health Week in Canada." In John D. Griffin, In Search of Sanity: A Chronicle of the Canadian Mental Health Association, 1918-1988 (London, Ontario: Third Eye, 1989), 169.

[30] Strong-Boag notes the postwar belief that "collective happiness and well-being were most likely when women concentrated their energies on the home front." In "Home Dreams," 475; Ruth Adam, A Woman's Place, 1910-1975 (London: Chatto and Windus, 1975), 161; Elaine Tyler May, "Explosive

CANADA'S MENTAL HEALTH

A Monthly Roundup of News Items from the Mental Health Division, Department of National Health and Welfare, Ottawa.

Volume 5 April, 1957 No. 4.

Mental Health Week

April 28th to May 4th

Illustration 4:
Canada's Mental Health,
5,4 (April 1957),
front cover.

television series, and popular magazines of the 1950s reinforced this "image of the efficient, hard-working wife who...stabilized family life."[31] Wives were expected to maintain and strengthen the marriage relationship which involved keeping their husbands happy.[32] According to Dr. Marion Hilliard of Toronto's Women's College Hospital, "the burden of creating a happy marriage falls mainly on the wife. A man's life is much more difficult than a woman's, full of the groaning strain of responsibility and the lonely and often fruitless search for pride in himself. A cheerful and contented woman at home, even one who must often pretend gaiety, gives a man enough confidence to believe he can lick the universe."[33] These sentiments were also expressed by Mrs. Dale Carnegie in her book How To Help Your Husband Get Ahead.[34] Mrs. Carnegie contended that it was the job of

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Issues: Sex, Women, and the Bomb," in Lary May, ed., Recasting America: Culture and Politics in the Age of the Cold War (Chicago: University of Chicago Press, 1989), 163.

[31] Clifford E. Clark, Jr., "Ranch-House Suburbia: Ideals and Realities," in Lary May, ed., Recasting America: Culture and Politics in the Age of the Cold War (Chicago: University of Chicago Press, 1989), 173. See also Walker, "Humour and Gender Roles," 99.

[32] William Henry Chafe, The American Woman: Her Changing Social, Economic, and Political Roles 1920-1970 (New York: Oxford University Press, 1972), 217.

[33] A Woman Doctor Looks at Love and Life (Garden City, New York: Doubleday, 1957), 72-3. Hilliard's advice reflected the general belief in the 1950s that men's role as breadwinner was more difficult and stressful than women's role as wife and mother.

[34] (N.p.: Greystone, 1953).

wives to assist their husbands along the road to success by continually showering them with enthusiasm, praise, and reassurance "at home, across the breakfast table, [and] in bed."[35] It was also the task of mothers to assume primary responsibility for childcare and for ensuring that their children developed into emotionally stable adults. Postwar experts repeatedly reminded them that "the welfare of society depends upon the type of children you young mothers, and others like you, are able to bring up."[36] In the context of the prevailing postwar sociopolitical climate, it was widely assumed that "if women fulfilled their domestic roles, as adapted to the atomic age, they would rear children who would avoid juvenile delinquency (and homosexuality), stay in school, and become future scientists and experts to defeat the Russians in the cold war."[37]

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[35] "Help," Time, (October 26, 1953), 115.

[36] Paul Popenoe, et al., "The Plight of the Young Mother," Ladies' Home Journal, 73,2 (February 1956), 60. Ernest Couture expressed the same idea when he wrote that "the mother holds the key position with regard to the health of the nation." In The Canadian Mother and Child, rev. ed. (Ottawa: Department of National Health and Welfare, 1949), 6.

[37] May, Homeward Bound, 109. Despite this emphasis on the importance of women's domestic roles, the number of women -- especially married women -- in the paid labour force increased dramatically in Canada during the 1950s. In 1951, 24 per cent of women participated in the work force and, by 1961, this number had increased to 30 per cent. In Canadian Congress for Learning Opportunities, Decade of Promise: An Assessment of Canadian Women's Status in Education, Training and Employment, 1976-1985 (Toronto: Avebury Research, 1986), 61. As a percentage of the total work force, these figures indicate that in 1951 women represented 22 per cent of all workers and by 1961 they made up 27.3 per cent of the labour

The common belief that women's conduct had a direct bearing on social stability was given intellectual and scientific credibility in the very popular and influential American book Modern Woman: The Lost Sex.[38] Authors Ferdinand Lundberg and Marynia Farnham took the notion one step further, however, and directly blamed women for the presence of widespread unhappiness and social strife in the world. They asserted that "contemporary women in very large numbers are psychologically disordered and that their disorder is having terrible social and personal effects."[39] According to Lundberg and Farnham, many women were 'psychologically disordered' or inadequate because they had denied their innate reproductive and nurturing capabilities in an attempt to pursue intellectual and career interests outside the home.[40] They contended that women who

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force. In Rosalie Silberman Abella, Equality in Employment: A Royal Commission Report, Volume 2 (Ottawa: Ministry of Supply and Services, 1984).

[38] Ferdinand Lundberg and Marynia Farnham, Modern Woman: The Lost Sex (New York: Harper, 1947). See Strong-Boag, "Home Dreams," 482; Miller and Nowak, The Fifties, 153. Lundberg was a journalist and Farnham was a psychiatrist.

[39] Lundberg and Farnham, Modern Woman, v.

[40] Ruth Cooperstock put this belief into its larger historical context when she asserted that "modern medicine has moved far beyond [the nineteenth century] reproductive explanation of female illness to its 20th century equivalent: the weak central nervous system or the psychologically inadequate woman. This position reached its most brilliant exposition in Freud's writings and has gradually become a part of general medicine." In "Sex Differences in Psychotropic Drug Use," Social Science and Medicine, 12B,3 (1978), 181; Barbara Ehrenreich reiterated this point by noting that "just

succumbed to these masculine ambitions at the expense of their more feminine natures experienced a great deal of personal conflict, anxiety, and tension which had "enormously dangerous consequences to the home, the children (if any) dependent on it, and to the ability of the women, as well as her husband, to obtain sexual gratification."[41] Lundberg and Farnham were adamant that "social stability...cannot be attained without individual stability which in turn cannot be attained without female stability" and therefore called on women to "recapture those functions in which they have demonstrated superior capacity. Those are, in general, the nurturing functions centering around the home."[42]

The views expressed by Lundberg and Farnham in Modern

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as nineteenth-century doctors traced all female ills to the erratic and diseased womb (or ovaries), today's doctors tend to trace our ills to the frivolous female brain." In "Gender and Objectivity in Medicine," 620.

[41] Lundberg and Farnham, Modern Woman, 235.

[42] Modern Woman, 355,368. American Sociologist Mirra Komarovsky highlighted the prevalence of these ideas during the 1950s when she noted that "an appeal is currently directed to women to redeem our over-competitive and conflict-ridden world through the exercise of the distinctly feminine virtues." In Women in the Modern World: Their Education and Their Dilemmas (Boston: Little, Brown and Company, 1953), 300; This observation was also made by Marya Mannes who expressed it in more informal terms: "A great many people seem to believe that the so-called emancipation of women and the subsequent competition with men is the root of our common anxiety - that we would be free of it if we women would only gracefully accept our role as breeders, feeders, and follow-the-leaders." In "The Roots of Anxiety in the Modern Woman," Journal of Neuropsychiatry, 5,7 (September-October 1964), 412.

Woman were strongly influenced by two mutually-reinforcing concepts: Freudianism and functionalism.[43] Freudianism, which asserts that 'anatomy is destiny', is based on the belief that

> there are natural differences between men and women that determine their basic nature and program them for the basic function each sex is to fulfill in life. In this stereotyped concept of the sexes, men are naturally strong, aggressive, independent, rational, and competitive, so they are the natural breadwinners, protectors, and leaders of society. Women, by contrast, are naturally soft, passive, emotional, obedient, gentle, and maternal, so they are the natural wives, mothers, and homemakers.[44]

Functionalism was originally a social science method that attempted to introduce objectivity into the analysis of non-Western cultures. By the 1950s, however, functionalism had come to be bent toward nonobjective cultural purposes. In particular, it reinforced Freudian sexual ideas with its theory that "society functions best if each sex follows the role nature predetermined for it. If individuals try to deny their natural instincts and perform functions relegated

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[43] For a more thorough explanation of these ideas and their use by Lundberg and Farnham, see Miller and Nowak, The Fifties, 149-55.

[44] J. Ronald Oakley, God's Country: America in the Fifties (New York: Dembner Books, 1986), 293-4. Diana Scully and Pauline Bart examined the content of 27 general gynecology texts published in the United States from 1943 to 1972 and found that "women are consistently described as anatomically destined to reproduce, nurture, and keep their husbands happy." In "A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks," American Journal of Sociology, 78,4 (January 1973), 1045.

to the opposite sex, they will become unhappy, perhaps even neurotic, their marriages will suffer, and society will suffer."[45] By the late 1940s, popularizers of Freudianism like Lundberg and Farnham generally agreed that "if women would renounce their unnatural desire to behave like men, national stability would be restored."[46] Leslie Fishbein has also observed that by this time, "popularized Freudianism had achieved such widespread acceptance that its language and assumptions pervaded many aspects of critical thought."[47]

Modern Woman had "an unfortunate impact on defining women's mental health" during the 1950s.[48] The belief that "women's psychic life was permanently shaped by her biological status" equated women's emotional well-being with domesticity and perpetuated the idea that women could only find ultimate happiness and fulfillment in motherhood.[49]

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[45] Oakley, God's Country, 294.

[46] Leslie Fishbein, "The Snake Pit (1948): The Sexist Nature of Sanity," American Quarterly, 31,4 (Winter 1979), 643.

[47] "The Snake Pit (1948)," 643. According to Komarovsky, "the traditional [feminine] role is defended with new weapons drawn from the arsenal of psychoanalysis, and with what appears sometimes a defensive emotion." In Women in the Modern World, 94-5.

[48] Kaledin, Mothers and More, 182.

[49] Chafe, The American Woman, 209. Prentice, et al., Canadian Women, 308,309; Barbara Ehrenreich and Deirdre English, For Her Own Good: 150 Years of the Experts' Advice to Women (Garden City, New York: Anchor Books, 1979), 221; Fishbein, "The Snake Pit (1948)," 661. Barbara Ehrenreich

This attitude was apparent in the opening lines of The Canadian Mother and Child which described the experience of childbirth as follows: "The birth of a baby is the most glorious achievement in the life of a woman, for, in becoming a mother, she completely fulfills the special purpose of her existence as a woman. It is also an event which should bring her great satisfaction and real joy."[50] The contrary was also true as it was commonly assumed that women who deviated from their predestined role in life were psychologically unbalanced because they had gone against their basic natures. Dorothy Thompson asserted that women who did not have children "are violating their own biological natures and for this they pay a heavy price. One price they pay is psycho-neurosis."[51] A medical study

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observes that "the prevailing medical superstitions about women always show a remarkable conformity to the prevailing cultural mythology about the proper role of women." In "Gender and Objectivity in Medicine," 622.

[50] Couture, The Canadian Mother and Child, 3. This maternal and child care manual was originally published in 1940 and by 1953 over 2,000,000 copies had been distributed to new Canadian mothers. In Prentice et al., Canadian Women, 310.

[51] "Race Suicide of the Intelligent," Ladies' Home Journal, 66, 5 (May 1949), 12. See also Hannah Gavron, The Captive Wife: Conflicts of Housebound Mothers (London: Routledge and Kegan Paul, 1966), 125; Gatlin placed the issue of women's mental health and their role in society in the context of the general tendency in the 1950s to look for private solutions to public problems: "Social issues were turned into psychological problems. Political grievances could only be diagnosed as individual pathology, and feminism was merely a symptom of female neruosis." In American Women Since 1945, 7.

which was carried out in the mid 1950s even went so far as to conclude that women who experienced anxiety or ambivalence surrounding pregnancy were suffering from a pathological condition.[52]

Popular Freudian attitudes toward women underscored the medical profession's diagnosis and treatment of anxiety in women during the 1950s.[53] Medical experts accepted the notion that "anxiety is a basic and fundamental symptom of every type of psychoneurosis" and therefore traced the roots of women's illness-causing anxiety to their reluctance to conform to traditional gender roles.[54] For example, a clinical study performed at the Cornell Medical School in Ithaca, New York, which explored the possible link between emotions and vulnerability to cancer, found that "the personality of the patient governed the course of the cancer."[55] Researchers compared a hundred women who had had cervical cancer with a hundred women who had had cancer in other sites and discovered that "the typical cervical cancer case was revealed as a woman with poor adjustment in the field of sex, maternity and marriage. She was likely

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[52] "Fears and Babies," Newsweek, (December 28, 1953), 49.

[53] Prentice, et al., Canadian Women, 309.

[54] O. Spurgeon English and Gerald H.J. Pearson, Emotional Problems of Living: Avoiding the Neurotic Pattern, 2nd ed. (New York: W.W. Norton, 1955), 466.

[55] Sidney Katz, "Does Worry Cause Cancer?" Maclean's Magazine, (March 5, 1955), 17.

divorced or separated from her husband. She disliked intercourse and seldom derived pleasure from it."[56] Another study suggested that "emotional factors play an important role in the onset and clinical course of the pre-menstrual tension syndrome."[57] The clinicians noted that women who did not display pre-menstrual symptoms "demonstrated a better acceptance of the feminine role and of the inevitable restrictions imposed on a girl; a reaction of pride to the menarche with emphasis on the positive aspects of femininity; a dependent relationship to the mother with fewer hostile features; and a better sexual adjustment."[58] Significantly, the authors of this study seemed less concerned about the subjective experiences of pre-menstrual women than they were with "the domestic, social and economical repercussions of pre-menstrual tension."[59] Therefore, they concluded that the value of "a psychosomatic approach to the problem of PTS [Pre-Menstural Tension Syndrome]" lay in the fact that it "will yield satisfactory results to the physician interested in diminishing the effects of pre-menstrual tension and

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[56] Katz, "Does Worry Cause Cancer?" 49.

[57] J.N. Fortin, et al., "A Psychosomatic Approach to the Pre-Menstrual Tension Syndrome: A Preliminary Report," Canadian Medical Association Journal, 79, 12 (December 15, 1958), 980.

[58] Fortin, et al., "A Psychosomatic Approach," 981.

[59] Fortin, et al., "A Psychosomatic Approach," 978.

modifying its social repercussions on the family unit."[60]

Based on its belief in the mind-body connection, the medical profession reasoned that if a violation of their basic natures caused women to be anxious then an agent which could act on the body would reduce women's anxiety and make them more willing and able to adhere to their role as wives, mothers, and homemakers.[61] In 1955, therefore, medical experts and North Americans alike had reason to rejoice when the first in a series of anti-anxiety drugs appeared which acted directly on the central nervous system, promising to restore stability to the emotionally unstable by reducing individual anxiety and modifying inappropriate behaviour along more socially acceptable lines.

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[60] Fortin, et al., "A Psychosomatic Approach," 981.

[61] Lickey and Gordon have explained that according to the psychosomatic approach to medicine, "agents which change the state of activity in nerve cells will change the psychological state of the mind. The converse is also true. Agents that change the state of the mind will also change the state of corresponding brain cells." In Drugs for Mental Illness, 272.

CHAPTER TWO

The Popularization of Tranquilizers in the Great Drug Therapy Era

Writing in 1967, Garfield Tourney noted that "the search for the ideal tranquilizer has been a long one, and [that] many drugs have come and gone over the last 150 years."[1] At the turn of the century, the most commonly used drugs for the treatment of anxiety were the barbiturates. In 1955, Wallace Laboratories believed that it had found the ultimate tranquilizing agent when it introduced Miltown. Early clinical reports confirmed that Miltown was a major improvement over the barbiturates because, unlike the barbiturates, Miltown was nontoxic and nonaddictive. The popularity of Miltown among doctors and patients was phenomenal and "sales went from literally nothing in 1954 to $4.75 million in 1959 (1.2 million pounds of pills)."[2] It also sparked the manufacture and marketing

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[1] "A History of Therapeutic Fashions in Psychiatry," 789.

[2] Miller and Nowak, The Fifties, 138. The cost of Miltown remained constant during the latter half of the 1950s at $5 for 50 tablets. See Whiteside, "Onward and Upward," 108. In 1954, the median income of a Canadian family with two children was $3,843 while a comparable American family earned $4,450. By 1959, the same Canadian family brought in $4,590 and the American family $5,630. See Canada, Dominion Bureau

of a number of other anti-anxiety drugs.[3] One of the main reasons for the overwhelming cultural acceptance of Miltown was the attention that it received in Hollywood and the lay press. In fact, Marvin E. Lickey and Barbara Gordon have concluded that in light of subsequent research which revealed that Miltown was both toxic and addictive, "these new minor tranquilizers of the 1950s were [really] a triumph of drug marketing in the absence of any new medical benefit."[4]

One other important reason for the enormous success of Miltown was that it became available at the height of "the great drug therapy era."[5] Beginning in the mid 1930s, a large number of new drugs were developed that promised to alleviate everything from infectious diseases to mental illness. Reports of these new developments in medical journals, magazines, and newspapers gave everyone cause to

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of Statistics, Income Distributions: Incomes of Non-Farm Families and Individuals in Canada, Selected Years 1951-1965 (Ottawa: Ministry of Supply and Services, 1969), 35; United States, Bureau of the Census, Historical Statistics of the United States: Colonial Times to 1970, Part I (Washington, D.C.: U.S. Government Printing Office, 1975), 303.

[3] For a list of some of the minor tranquilizing drugs that soon followed the introduction of Miltown, see Whiteside, "Onward and Upward," 114-7.

[4] Drugs for Mental Illness, 223.

[5] Milton Morris Silverman and Philip R. Lee, Pills, Profits, and Politics (Berkeley: University of California Press, 1974), 1. For a sense of the mood of this period, see Arthur J. Snider, "Medicine's Golden Era: 1937-1957," Science Digest, 41 (January 1957), 32-8.

believe that one day it would be possible to find in a drug the solution to all of humanity's physical, mental, and social ills.[6] In 1935, sulfanido-chrysoidine was the first of the so-called wonder drugs to appear on the pharmaceutical market.[7] Originally developed in Germany and distributed under the trade name Prontosil, it was a valuable agent in the treatment of staphylococcal, streptococcal, and other infections. The active ingredient in Prontosil, sulfanilamide, was soon isolated and when it became generally available in 1938, research laboratories in pharmaceutical firms all over the world began to try to manufacture new and more effective sulfanilamide-related compounds. These efforts yielded a wide variety of sulfa drugs that made it possible for the first time to drastically reduce the mortality rates associated with infections such as acute rheumatic fever, meningitis, strep throat, childbed fever, tonsilitis, and blood poisoning.[8] But it was not long before the sulfa drugs were overshadowed and eventually replaced by yet another, more efficient wonder drug: penicillin. The development of penicillin, and its widespread availability by 1945, helped to treat an even

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[6] Peter Schrag, Mind Control (New York: Pantheon, 1978), 113; Mickey C. Smith, Small Comfort: A History of the Minor Tranquilizers, (New York: Praeger, 1985), 64.

[7] Silverman and Lee, Pills, Profits, and Politics, 1.

[8] Fred J. Bandelin, Our Modern Medicines: Their Origin and Impact (Hankinson, North Dakota: Woodbine, 1986), 9.

greater number of infectious diseases, including gonorrhea and syphilis. The potential of penicillin to eradicate disease on a large scale was further demonstrated in 1955 when it was used to completely eliminate the deadly and highly contagious Yaws disease from the island of Haiti.[9]

On the heels of the manufacture and distribution of sulfa drugs, penicillin, and other antibiotics for the treatment and cure of infectious diseases, the 1950s witnessed the development of a number of new mind-altering drugs "capable of influencing psychological and mental processes and of modifying human emotions and behaviour."[10] These developments spread hope among the public that medicine was closing in on a cure for mental illness.[11] The first of these drugs was chlorpromazine which was marketed in Canada under the trade name Largactil and in the United States under the name Thorazine. It became available in May 1954 and two months later was named the "Wonder Drug of 1954" by Time magazine.[12] Chlorpromazine was soon joined in clinical use by another powerful tranquilizer: reserpine. Although the use of drugs in the treatment of

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[9] Bandelin, Our Modern Medicines, 22.

[10] Heinz E. Lehmann, "Tranquilizers and Other Psychotropic Drugs in Clinical Practice," Canadian Medical Association Journal, 79,9 (November 1, 1958), 701.

[11] "Mental Illness: The New Hope," Life, (July 11, 1955), 36.

[12] (June 14, 1954), 79.

mental illness was common practice by the 1950s, what made chlorpromazine and reserpine real wonder drugs was the fact that, unlike the barbiturates, chlorpromazine and reserpine acted more selectively on the central nervous system and therefore quieted patients emotionally without leaving them feeling drowsy and mentally clouded. Because they were capable of inducing a state of tranquility and cooperation in even the most acutely psychotic patients, chlorpromazine and reserpine became the first in a group of related but chemically distinct drugs known as 'major' tranquilizers. These drugs differed from the minor tranquilizers in that they were particularly effective in the treatment of psychoses such as schizophrenia and found their greatest use in institutional settings. Although chlorpromazine and reserpine did not cure mental illness -- as had originally been hoped -- they did make it possible for many patients to be reintegrated into the community. For this reason alone, major tranquilizers were welcomed as an important means of alleviating the problem of overcrowding in North American psychiatric hospitals.[13]

The triumph of chlorpromazine and reserpine in the

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[13] "The New Wonder Drugs that Fight Insanity," Maclean's Magazine, (November 12, 1955), 113; "Pills For the Mind: New Era in Psychiatry," Time, (March 7, 1955), 63; George E. Crane has noted that not everyone was so enthusiastic about the widespread use of major tranquilizing drugs and that "in the early days of psychopharmacology, psychiatrists were accused of replacing a mechanical straitjacket with a chemical one." In "Clinical Psychopharmacology in its 20th Year," Science, 181,4095 (July 13, 1973), 126.

treatment of psychoses led to an organized search for related compounds which "were without the toxicity of [chlorpromazine and reserpine] but effective enough to replace the barbiturates in the treatment of the many anxious and tense psychoneurotic patients seen by physicians in both medicine and psychiatry."[14] In April 1955, Miltown was introduced into general use as the first such agent "for treating walk-in neurotics rather than locked-in psychotics."[15] Meprobamate had been developed over the course of more than ten years by Dr. Frank M. Berger, the director of research at Wallace Laboratories in New Brunswick, New Jersey.[16] The drug was a combined muscle relaxant and sedative that acted selectively on the central nervous system to reduce feelings of anxiety and tension without diminishing mental alertness or interfering with physical and intellectual performance.[17] Other drug companies quickly "perceived that the people in North

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[14] Greenblatt and Shader, "Meprobamate," 33. See also Frank M. Berger, "The Tranquilizing Decade," Journal of Neuropsychiatry, 5,7 (September-October 1964), 409.

[15] "Don't-Give-a-Damn Pills," Time, (February 27, 1956), 98.

[16] For Berger's own account of the discovery and development of Miltown, see his article "Anxiety and the Discovery of the Tranquilizers" in Frank J. Ayd., Jr. and Barry Blackwell, eds., Discoveries in Biological Psychiatry (Philadelphia: J.B. Lippincott, 1970), 115-29.

[17] Berger, "Anxiety and the Discovery of the Tranquilizers," 126.

America and Western Europe were ready to consume billions of pills for the relief of anxiety, and they started racing with each other to capture a share of an exploding market."[18] According to Alfred Burger, the significance of Miltown and the other minor tranquilizing drugs was that they provided an effective means "to treat mentally disturbed patients, to correct their abnormal behaviour, and to return them to mental and emotional stability."[19] Frank Berger went one step further, however, and predicted that anti-anxiety drugs were ultimately capable of ensuring social stability: "Tranquilizers, by attenuating the disruptive influence of anxiety on the mind, open the way to a better and more coordinated use of the existing gifts. By doing this, they are adding to happiness, human achievement, and the dignity of man."[20]

At the end of April 1955, Drs. Lowell S. Selling and Joseph C. Borrus published the results of separate clinical studies which found that Miltown was a very efficient anti-anxiety agent as well as being relatively nontoxic and nonhabit forming.[21] The uniformly positive conclusions

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[18] Lickey and Gordon, Drugs for Mental Illness, 222.

[19] "History," in Earl Usdin and Irene S. Forrest, eds., Psychotherapeutic Drugs, Part 1 - Principles (New York: Marcel Dekker, 1976), 17.

[20] "Anxiety and the Discovery of the Tranquilizers," 127.

[21] Lowell S. Selling, "Clinical Study of a New Tranquilizing Drug," Journal of the American Medical Association, 157, 18 (April 30, 1955), 1596-7; Joseph C.

reached by Selling and Borrus greatly contributed to the initial excitement over Miltown. Not only was their work widely quoted in professional and popular journals, it set the tone for literally hundreds of equally encouraging studies in subsequent years.[22] Among these was the first Canadian study on Miltown by S.E.C. Turvey. Published in the Canadian Medical Association Journal in 1956, the article referred exclusively to the research of Selling and Borrus and concluded that Miltown was "a safe, non habit forming relaxant [that was] useful for relief of anxiety, tension and depression, particularly after episodes of acute alcoholism."[23]

Yet in spite of such positive results, government regulations in Canada and the United States forbade Wallace Laboratories from advertising Miltown or any other prescription drug directly to the general public. In order to get around these regulations, Wallace planted stories and

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Borrus, "Study of Effect of Miltown...on Psychiatric States," Journal of the American Medical Association, 157, 18 (April 30, 1955), 1597-8. In the words of Selling, "Miltown...is a practical, safe, and clinically useful central nervous system depressant. It is not habit forming. Miltown is of most value in the so-called anxiety neurosis syndrome, especially when the primary symptom is tension"(1596). Likewise, Borrus found that, used as directed, Miltown showed "no serious side-effects or toxic manifestations" and "proved most effective in anxiety and tension states through a lessening of tension, and generalized muscle relaxation"(1597, 1598).

[22] Laties and Weiss, "A Critical Review," 501.

[23] S.E.C. Turvey, "Meprobamate (Equanil) for Relief of Anxiety and Nervous Tension from Various Causes," Canadian Medical Association Journal, 74, 11 (June 1, 1956), 865.

background material about their product in the lay press.[24] By the fall of 1955, a number of articles began to appear in newspapers and national magazines which depicted Miltown as a very effective, versatile, and safe anti-anxiety drug.[25] One of the first and most impressive pieces about Miltown was published in Cosmopolitan in August. According to the article,

> many attempts have been made to find a method of reducing tension quickly. Of the numerous drugs which have been tried, Miltown comes closest to being ideal. It relaxes muscles; it calms the mind; it blocks undesirable nerve action; and it accomplishes its overall tranquilizing effect without deadening or dulling the senses.[26]

This glowing assessment was further reinforced one year later when a meeting of the New York Academy of Sciences unanimously agreed that Miltown, "under proper medical supervision, is truly an ideal tranquilizer."[27]

Miltown was a virtual overnight success, thanks to the appearance of encouraging medical reports and to the efforts of Wallace Laboratories in promoting its product in the pages of the popular press. But what the medical establishment and pharmaceutical company had no control

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[24] Whiteside, "Onward and Upward," 96.

[25] Rose, "The Use and Abuse of the Tranquilizers," 146-7.

[26] L. Galton, "A New Drug Brings Relief for Tense and Anxious," Cosmopolitan, (August 1955), 82.

[27] "'Ideal' in Tranquility," Newsweek, (October 29, 1956), 63.

over, and what proved to be the major impetus to the extraordinary popularity of Miltown, was its association with Hollywood celebrities and rapid transformation into an object of humour. Even Wallace owner Henry H. Hoyt was surprised at how quickly Miltown had become firmly fixed in the arena of popular culture: "I was frankly amazed at all the exposure we were getting. We had never anticipated such a development. Those television actors - hell, we hadn't even sent them free Miltown, or anything."[28]

Miltown became fashionable in the show business community toward the end of 1955 and beginning of 1956.[29] In both Hollywood and New York, Miltown was the hot topic of conversation among producers, directors, actors, and writers whether they were at studios, restaurants, or social gatherings. As Kendis Rochlen, movie columnist for the Los Angeles Mirror-News, reported "I went from Ginger Rogers' party to Jose Ferrer's party to a dinner party, and everywhere they were talking about [Miltown]."[30] Broadway press agents attempted to capitalize on Miltown's appeal by linking their clients to the drug with lines like "Perry Como's so relaxed he takes Miltown to pep himself up."[31]

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[28] Whiteside, "Onward and Upward," 111.

[29] H. Azima, "Drugs for the Mind: Evaluating the Tranquilizers," The Nation, (July 21, 1956), 58.

[30] Whiteside, "Onward and Upward," 111.

[31] Whiteside, "Onward and Upward," 112.

The popularity of Miltown was so widespread that when supplies ran low, the arrival of a fresh shipment became a major local event. The windowfront of one Hollywood drugstore at the corner of Sunset and Gower displayed a sign in huge red letters announcing "Yes, we have Miltown!"[32] Meanwhile, another store placed an ad in the Daily Variety offering to deliver a supply of Miltown free of charge if it received a telephone call from the reader's physician.[33] Publicity woman Frances Kaye also reported that Miltown had been plentiful at a party in Palm Springs where they "were passed around like peanuts" and "some of the people drank what they called a Miltown cocktail -- a tranquilizing pill mixed with a Bloody Mary."[34]

With its success in Hollywood, Miltown was virtually guaranteed a spot on television where it frequently became the favourite subject of comedy routines. The humour in these routines tended to be relatively light and therefore reinforced the general belief that minor tranquilizers were safe to use. The prevalence of Miltown jokes further served to indicate the extent to which knowledge about the drug had become ingrained in the popular culture. Commenting on the

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[32] "Don't-Give-a-Damn Pills," 98.

[33] Whiteside, "Onward and Upward," 110.

[34] Whiteside, "Onward and Upward," 110; Similarly, a New York restaurant promoted itself with the claim that "Ronnie's Steak House has a Miltini; instead of an olive they use a Miltown"(112).

drug's renowned relaxing effects, Milton Berle quipped: "It's worked wonders for me. In fact, I'm thinking of changing my name to Miltown Berle."[35] One of Groucho Marx's writers provided Time magazine with the following funny story: "An unemployed actor was interrupted at breakfast by his wife carrying a Dagwood sandwich of unpaid bills. 'What'll I do with these?' she asked. Replied the actor, with a careless toss of the head: 'Tear 'em up and order some more Miltown'."[36] Red Skelton offered this witticism: "One of the Miltowns in my pillbox said to the other: 'I feel so terrible I think I'll take a Perry Como'."[37] Even Bob Hope managed to work some Miltown material into his stand-up routine. The following is an excerpt from an NBC television program that aired in the spring of 1956:

> Hope: Whether you like them or not, Krushy and Bulgy are two of the smartest Russians alive. [Laughter.] The fact that they're alive proves it. Now they want to come to the United States and sell us peace. Is this a switch? They must be spiking their vodka with Miltown. [Laughter.]
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> Have you heard about Miltown? The doctors call Miltown the "I-don't-care" pill. The government hands them out with your income-tax blanks. [Laughter.][38]

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[35] "Don't-Give-a-Damn Pills," 100.

[36] "Don't-Give-a-Damn Pills," 98.

[37] "Pills vs Worry - How Goes the Frantic Quest for Calm in Frantic Lives?" Newsweek, (May 21, 1956), 68.

[38] Whiteside, "Onward and Upward," 111.

And, finally, George Gobel appeared on the Steve Allen Show in 1957 and announced "When I get nervous, I take a Miltown. The only trouble is when I take one my crew cut lies down."[39]

With the widespread publicity given Miltown in the mid 1950s, the name itself became part of the English language "not only as a handy label for tranquilizing drugs in general but as a synonym for tranquility itself."[40] For example, just after the Russians had launched Sputnik in October 1957, Washington Post columnist Doris Fleeson wrote an article entitled "Tranquilizer" which began: "President Eisenhower gave the Soviet satellite the Miltown treatment at his weekly press conference."[41] That same year, a Valentine's Day card had appeared that used the word Miltown as a term of endearment with the appeal to "Be my little Miltown."[42] Miltown was also employed as a verb by reporter Dorothy Kilgallen in the New York Journal-American: "Jack Benny, in London, has been working much too hard on his filmed television show....Jack has his own method of Miltowning it. He goes on long hikes all by himself - in

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[39] Whiteside, "Onward and Upward," 120.

[40] Whiteside, "Onward and Upward," 102. See also A.E. McKercher, "Tranquilizing Drugs in Psychiatry," Medical Services Journal: Canada, 16, 7 (July-August 1960), 631.

[41] Whiteside, "Onward and Upward," 120.

[42] Whiteside, "Onward and Upward," 102.

London's suburbs."[43]

The creative use of the name Miltown was only one example of the many ways in which popular writers attempted to make the complicated workings of the new tranquilizing drugs more comprehensible to the average reader. They also coined a number of euphemisms. These included: "Happy Pills", "Aspirin for the Soul", "Don't-Give-a-Damn Pills", "Mental Laxatives", "Pills for the Mind", "Emotional Aspirin", "Calming Pills", "Pacifier for the Frustrated and Frenetic", "Happiness Pills", "Psychiatric Aspirins", and "Peace of Mind Pills".[44] The expression 'tranquilizer' was also new and became the generally accepted name for these agents "through popular usage by word of mouth, newspaper articles, cartoons, T.V. quips, and so on."[45] One of the first times that the term was used in the popular press was in July 1955 when Science Digest quoted Dr. Roy Grinker of Chicago's Michael Reese Hospital as making this comment

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[43] Whiteside, "Onward and Upward," 102. Unfortunately, Dorothy Kilgallen had had her own experience with prescription drugs. Muriel Nellis described her life and death as follows: "During the 1950s and 1960s, few women in journalism enjoyed greater recognition in both print and television than Dorothy Kilgallen....She lived in a socially glamorous and successful professional world in which casual drinking and daily use of a sleeping aid were commonplace. The coroner's report of Dorothy Kilgallen's death said she 'died of the effects of a combination of alcohol and barbiturates, neither of which had been taken in excessive quantities." In The Female Fix, (Boston: Houghton Mifflin, 1980), 30.

[44] Smith, Small Comfort, 67.

[45] Lehmann, "Tranquilizers and other Psychotropic Drugs," 702.

about chlorpromazine and reserpine: "Tranquilizer is the best name for these drugs. They are the best pharmacologic agents to come along since the barbiturates."[46]

As Miltown received more and more media attention, public demand for the drug also increased.[47] Dr. A.E. McKercher, staff psychiatrist at Westminster Hospital in London, Ontario, reported that "some patients have gone to their physicians and asked for 'some of Bob Hope's jolly pills'."[48] A busy Beverly Hills psychiatrist requested the institution of trouble-free access to all anti-anxiety agents: "I wish the Government would subsidize slot machines for tranquilizers on every corner."[49] The sales figures for Miltown in 1955 alone attested to its expanding popularity. Total sales went from $7,500 in May, to $218,000 in September, to $1,540,000 by the end of the year.[50] Taking Miltown even became something of a sign of respectability. A Boston woman asked her druggist for a bottle of "happiness pills" because "I just got back from

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[46] "Now Good Drugs for Mental Illness," Science Digest, (July 1955), 30.

[47] Lehmann, "Tranquilizers and Other Psychotropic Drugs," 701; Rose, "The Use and Abuse of the Tranquilizers," 146.

[48] "Tranquilizing Drugs in Psychiatry," 635.

[49] "Happiness by Prescription," Time, (March 11, 1957), 59.

[50] Whiteside, "Onward and Upward," 109.

Florida, and everybody down there gets them."[51] The New Yorker magazine also ran a tranquilizer-related cartoon in which a woman said to her husband as he left for the office: "Now remember, you skip your tranquilizer. Watch for him to take his. Then hit him for a raise."[52] The demand for Miltown grew so dramatically that by the beginning of 1956 shortages of the drug were reported in several parts of the United States.[53] Customers lined up for hours just to get their supply of Miltown. A Charlotte, North Carolina druggist declared that stock was so low "that we are having to ration them out on a wartime basis."[54] The incredible run on Miltown was so alarming that some states even made moves to tighten regulations so that tranquilizers would only be available on a non-refillable prescription basis.[55]

In addition to the increase in the rate of tranquilizer consumption, the number of conditions for which doctors prescribed tranquilizers also expanded during the latter half of the 1950s.[56] In a speech delivered to the Annual

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[51] "Happiness by Prescription," 59.

[52] "Domestic Tranquility," New Republic, 136, 25 (June 24, 1957), 5.

[53] "Soothing - But Not For Drug Men," Business Week, (March 10, 1956), 32.

[54] Whiteside, "Onward and Upward," 110.

[55] "Happiness by Prescription," 59.

[56] Cooperstock, "Sex Differences in Psychotropic Drug Use," 181,185.

Meeting of the Canadian Medical Association in 1957, Dr. T.F. Rose noted a growing tendency for tranquilizers to be used to alleviate anxiety associated with uncomfortable personal situations. According to Rose, doctors were urged to prescribe tranquilizers for "symptoms so numerous and so common that almost every one alive must suffer from several of them. They include homesickness or restlessness in children, fear, fatigue, pruritis, working in a noisy place, having differences of opinion, and going to weddings."[57]

Rose's criticism of what he considered to be indiscriminate prescribing of minor tranquilizing drugs underlined a larger, ongoing debate among medical experts during the 1950s over the meaning and nature of anxiety and the appropriate conditions under which anti-anxiety agents were to be recommended. Opinions varied widely. Alfred Burger expressed the most widely held medical view when he asserted that "anxiety is a symptom of psychiatric diseases which in turn are biological disorders of the organism."[58] At the other end of the continuum, Dr. Maurice Lattey contended that anxiety includes "all emotions which the patient experiences as unpleasant," regardless of their

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[57] "The Use and Abuse of the Tranquilizers," 148. For more extensive lists of the conditions for which Miltown was recommended, see Greenblatt and Shader, "Meprobamate," 34,36.

[58] "History," 38.

apparent origin.[59] Dr. Leo E. Hollister summed up the difficulty of the debate, however, when he pointed out that "defining anxiety isn't easy [because] anxiety is purely subjective [and] can be a symptom, a concomitant of other physical illnesses, an illness in its own right, or associated with other more severe disturbances such as depression, alcoholism, and schizophrenia."[60] Not surprisingly, therefore, the reasons why doctors prescribed tranquilizers for some patients, but not others, were equally subjective. Frank Berger strongly advocated the use of anti-anxiety agents because he believed that "anxiety should lend itself to medicinal treatment like many other symptoms of diseases."[61] Other doctors who adhered more closely to "popular convictions about the right to avoid suffering, the pursuit of eternal youth and constant happiness" also freely recommended minor tranquilizers for the relief of various forms of anxiety.[62] Still others,

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[59] "The Misuse of Tranquilizing Drugs," Canadian Medical Association Journal, 77,9 (November 1, 1957), 900.

[60] Clinical Use of Psychotherapeutic Drugs (Springfield, Illinois: Charles C. Thomas, 1973), 112,113-4. See also F.A. Jenner, "Use of Drugs in Anxiety States," in John Marks and C.M.B. Pare, eds., The Scientific Basis of Drug Therapy in Psychiatry (Oxford: Pergamon Press, 1965), 158. According to Smith, because of the difficulty in defining the word 'anxiety', "the blurring of the distinction between social and medical was to become an issue in minor tranquilizer use." In Small Comfort, 10.

[61] "Anxiety and the Discovery of the Tranquilizers," 121.

[62] Penfold and Walker, Women and the Psychiatric Paradox, 193.

like Rose, questioned the purported value of anti-anxiety agents to effect beneficial results and predicted that "in mankind's naive but age-old search to get happiness out of a bottle, the tranquilizers will rate as being a good deal more expensive than phenobarbitone and a good deal less honest than whisky."[63] As the medical debate raged, however, the fact remained that the rate of tranquilizer use was growing at a great pace.

By the summer of 1956, concerns began to be raised by the medical profession about the widespread use of Miltown and other minor tranquilizing drugs.[64] The American Psychiatric Association issued a statement that deplored the "apparently widespread use of the drugs by the public for the relief of common anxiety, emotional upsets, nervousness and the routine tensions of everyday living."[65] According to the Association, "casual use of the drugs in this manner is medically unsound and constitutes a public danger [because the] tranquilizing drugs have not been in use long enough to determine the full range, duration and medical significance of their side effects."[66] This concern was further highlighted in March 1957 when the World Health

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[63] "The Use and Abuse of the Tranquilizers," 147.

[64] McKercher, "Tranquilizing Drugs in Psychiatry," 365.

[65] " A.P.A Criticizes Wide Use of Tranquilizing Drugs," Canada's Mental Health, 4,8 (October 1956), 4-5. See also Whiteside, "Onward and Upward," 117.

[66] Whiteside, "Onward and Upward," 117.

Organization issued a report which drew attention to the growing international rate of tranquilizer use, cautioned that the drugs may be addictive and recommended that each country keep a tight control on their availability.[67] One month later, the Committee on Public Health of the New York Academy of Medicine also issued a statement which was critical of indiscriminate tranquilizer use and, in particular, of the ways in which advertisements were used by pharmaceutical companies to promote and sell their product.[68] In 1957, the Canadian Medical Association's Committee on Pharmacy added its voice to the growing scepticism when it expressed its concern that tranquilizers were too easily obtained by members of the general public.[69] The Committee felt that this situation contributed to a high rate of misuse and recommended that the provinces standardize and tighten their regulations governing the availability of prescription drugs.

The concern over the potential dangers of tranquilizer use was quickly confirmed by the appearance of medical studies which showed Miltown to be both toxic and habit forming. In June 1956, Drs. Aubrey M. Shane and Solomon Hirsch openly challenged the results of Selling and Borrus

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[67] Whiteside, "Onward and Upward," 117.

[68] Rose, "The Use and Abuse of the Tranquilizers," 148.

[69] "Report of the Committee on Pharmacy," Canadian Medical Association Journal, 77 (September 1, 1957), 416-8.

in the Canadian Medical Association Journal.[70] Shane and Hirsch reported on three cases of meprobamate poisoning which had demonstrated "alarming and near-fatal results" and concluded that "a greater dosage [of meprobamate] might well cause death."[71] Two months later, Dr. Frederick Lemere, a psychiatrist from Seattle, published the results of his study on six hundred patients who had taken Miltown. He too found that "meprobamate (Miltown or Equanil) can be habit-forming in a small percentage of patients. This may lead to excessive self-medication, resulting in harmful intoxication or oversedation."[72] The number of medical studies which cast doubt on the safety and effectiveness of tranquilizing drugs continued to grow and prompted Dr. Rose to note that "the 1957 [medical] literature contains more articles about [tranquilizers'] toxic vices than their therapeutic virtues."[73]

Eventually, the results from medical studies that were

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[70] "Three Cases of Meprobamate Poisoning," 74,11 (June 1, 1956), 908-9.

[71] "Three Cases of Meprobamate Poisoning," 908, 909.

[72] Frederick Lemere, "Habit-Forming Properties of Meprobamate (Miltown or Equanil)," A.M.A. Archives of Neurology and Psychiatry, 76,2 (August 1956), 206.

[73] "The Use and Abuse of the Tranquilizers," 147. For a more thorough critique of the earlier studies on Miltown from a methodological point of view, see Laties and Weiss, "A Critical Review," 500-19, M. Weatherall, "Tranquilizers," British Medical Journal, 1,5287 (May 5, 1962) 1219-24, and Greenblatt and Shader, "Meprobamate," 33-9.

critical of Miltown also found their way into the lay press. In June 1957, Time magazine reported on an experiment that had been carried out in California on the effects of Miltown and alcohol. According to the researchers, Miltown and martinis did not mix and it was "imperative for the millions of persons taking tranquilizing drugs...to be careful of their drinking when they are driving or around potentially dangerous machinery."[74] Medical experts who questioned the implications of widespread tranquilizer use were also quoted in the popular press. Dr. H. Azima of McGill University cautioned that the prevalence of minor tranquilizer use in North America did not necessarily indicate that people were on the whole benefitting from these drugs. He asserted that "drugs only treat symptoms and not causes and that a tranquilized person is not necessarily a healthy person -- he still needs psychotherapy."[75] One Boston pharmacologist also wondered if a high rate of tranquilizer consumption could "make millions of people significantly indifferent to politics -- or to their responsibilities as automobile drivers?"[76]

By 1958, the hype over Miltown had begun to subside.[77] Newspapers and magazines carried fewer articles on the

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[74] "Miltown? No Martinis!" Time, (June 3, 1957), 48.

[75] Azima, "Drugs for the Mind," 57.

[76] "Happiness by Prescription," 59.

[77] Whiteside, "Onward and Upward," 120.

subject and the ones that they did print were sometimes positive and sometimes negative. Although the popularity of Miltown was in decline by the end of the 1950s, the professional and public interest in anti-anxiety agents remained strong. In 1960, Roche Laboratories introduced the drug Librium (chlordiazepoxide), which was followed two years later by Valium (diazepam). Both of these minor tranquilizers were from the chemical family called benzodiazepines. By the early 1970s, they "had nearly replaced meprobamate, barbiturates, and the other contenders as drug treatments for anxiety, and had become "the Western world's most frequently prescribed drugs."[78] Despite the increased demand for Librium and Valium in the 1960s, Miltown continued to be a relatively popular minor tranquilizing agent and remained "a standard drug in everyday medical practice."[79] This point was driven home in a 1964 article by Julius Michaelson on the role of general practitioners in treating anxiety: "although by no means a panacea, meprobamate is a useful, safe therapeutic agent for the general practitioner who encounters many varied, sometimes complex, problems in his daily practice.

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[78] Lickey and Gordon, Drugs for Mental Illness, 223.

[79] Whiteside, "Onward and Upward," 125. Although Miltown continued to be a popular drug among physicians, it was recommended and prescribed less and less for symptoms of anxiety than for occasions, such as post-operative recovery, when anxiety and tension threatened to complicate the healing process.

This single therapeutic tool has a great multiplicity of applications."[80]

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[80] "The General Practitioner's Role in the Control of Anxious and Neurotic Patients," Journal of Neuropsychiatry, 5,7 (September-October, 1964), 441.

CHAPTER THREE

Minor Tranquilizers and Women

Although statistics compiled in the 1950s attested to the widespread and increasing use of Miltown in North America, they neglected to point out that, from the beginning, women were far more likely to receive prescriptions for minor tranquilizing agents than men. It was not until 1961 that Sam Shapiro and Seymour H. Baron published the first study which gave "some insight into the relationship of...sex to the rate of prescribing various categories of psychotropic drugs."[1] Basing their research on a survey conducted by the Health Insurance Plan of Greater New York in April 1959, Shapiro and Baron concluded that "females had more than twice as high a rate [of psychotropic drug prescriptions] as males (27 and 12 per 100, respectively)."[2] Yet, according to Shapiro and Baron,

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[1] "Prescriptions for Psychotropic Drugs in a Noninstitutional Population," Public Health Reports, 76,6 (June 1961), 481.

[2] "Prescriptions for Psychotropic Drugs," 488. This prescription pattern has remained the same over the years in both Canada and the United States. According to Ruth Cooperstock, "numerous studies over time and place have demonstrated that women exceed men in their consumption of psychotropic drugs in a consistent ratio of 2:1, suggesting a

"these differentials could not be explained by variations in the rate of physician visits or in the rate at which 'all drugs' were prescribed."[3] Citing the need for more detailed information, the researchers declined to offer any reasons of their own to account for these discrepancies in prescription rates. Furthermore, there was no empirical evidence available to support the argument that women experienced more anxiety than men.

It is obvious from reading the medical literature of the time, however, that a major reason for the gender differential in prescriptive tranquilizer use had to do with cultural assumptions about women. Nowhere were these assumptions more widely displayed than in the pharmaceutical ads that appeared in major medical journals, such as The Canadian Doctor, from 1955 to 1960.[4] From the outset, these advertisements served a dual function: "they had the task not only of promoting the use of a specific brand-name product, but also of introducing the concept of the antianxiety agent" and defining the conditions for its use

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certain immutability." In "Psychotropic Drug Use Among Women," Canadian Medical Association Journal, 115,8 (October 23, 1976), 760. See also Gatlin, American Women Since 1945, 63; Hughes and Brewin, The Tranquilizing of America, 62.

[3] "Prescriptions for Psychotropic Drugs," 488.

[4] The following description of the journal appeared on the title page of each issue: The Canadian Doctor is "an independent journal sent to registered doctors of medicine, medical superintendents of recognized public hospitals & university faculties in Canada."

to the family physician who wrote "a large majority of the prescriptions...(82 percent)."[5] Like the gender and class imbalance in the consumption of tranquilizers themselves, middle class women were disproportionately represented in the advertisements.[6] Consistently, the ads also reflected the popular medical and cultural belief that women's anxiety was the result of a disturbance in their more feminine natures, such as a hormone imbalance, which manifested itself in behaviour that was potentially threatening not only to the individual, but to her family and society at large. Not surprisingly, the central message of most ads was that minor tranquilizers were a new and effective means of reducing anxiety in women, thereby enabling them to better fulfill their traditional roles as wives, mothers, and homemakers, as guardians of social stability.

Almost without exception, the content of advertisements for anti-anxiety agents during the 1950s conformed "to the cultural stereotype which holds that women tend to have

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[5] Smith, Small Comfort, 101; Shapiro and Baron, "Prescriptions for Psychotropic Drugs," 488. According to Elina Hemminki, "whatever the fundamental causes for increasing drug consumption are, it is largely regulated by the physicians, because they control the prescriptions." In "Review of Literature on the Factors Affecting Drug Prescribing," Social Science and Medicine, 9,2 (February 1975), 111. See also Hughes and Brewin, The Tranquilizing of America, 66.

[6] According to Oakley, the vast majority of tranquilizing drugs were taken by "middle- and upper-class Americans, particularly suburban women." In God's Country, 313.

emotional illnesses while men tend to have organic ones."[7] Therefore, the few advertisements that featured men most often showed them "with anxiety because of pressures from work or from accompanying organic illness."[8] A series of advertisements for the drug Suvren illustrated this trend (Illustrations 5, 6, and 7). These ads regularly presented men who worked in stressful occupations, such as air traffic controllers, bus drivers, or newspaper reporters, and who, prior to taking Suvren, had apparently suffered from a great deal of work-related "nervous tension". Another ad for Equanitrate showed a man who had developed a heart condition that had led to "complicating and triggering emotions" (Illustration 8). The use of an outline of a heart organ

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[7] Jane Prather and Linda S. Fidell, "Sex Differences in the Content and Style of Medical Advertisements," Social Science and Medicine, 9,1 (January 1975), 25. Elaine Showalter has identified the prevalence of similar gender stereotypes in the British context: "Even when both men and women had similar symptoms of mental disorder, psychiatry differentiated between an English malady, associated with the intellectual and economic pressures on highly civilized men, and a female malady, associated with the sexuality and essential nature of women." In The Female Malady: Women, Madness, and English Culture, 1830-1980 (New York: Pantheon, 1985), 7.

[8] Prather and Fidell, "Sex Differences," 23. The advertisements with male subjects that are referred to in this chapter were the only ones that I found in the course of my research. Between 1956 and 1960, The Canadian Doctor averaged 20 minor tranquilizer advertisements per year (including repeats). Of the approximately 100 ads that I studied during this five-year period, the one for Suvren (Illustrations 5, 6, and 7) was repeated in a few issues but the ad for Equanitrate (Illustration 8) ran only once. The remaining advertisements for anti-anxiety drugs either featured a woman or, less frequently, did not include a photograph.

Illustration 5:
Canadian Doctor,
23,5 (May 1957), 46.

Illustration 6:
Canadian Doctor,
23,6 (June 1957), 46.

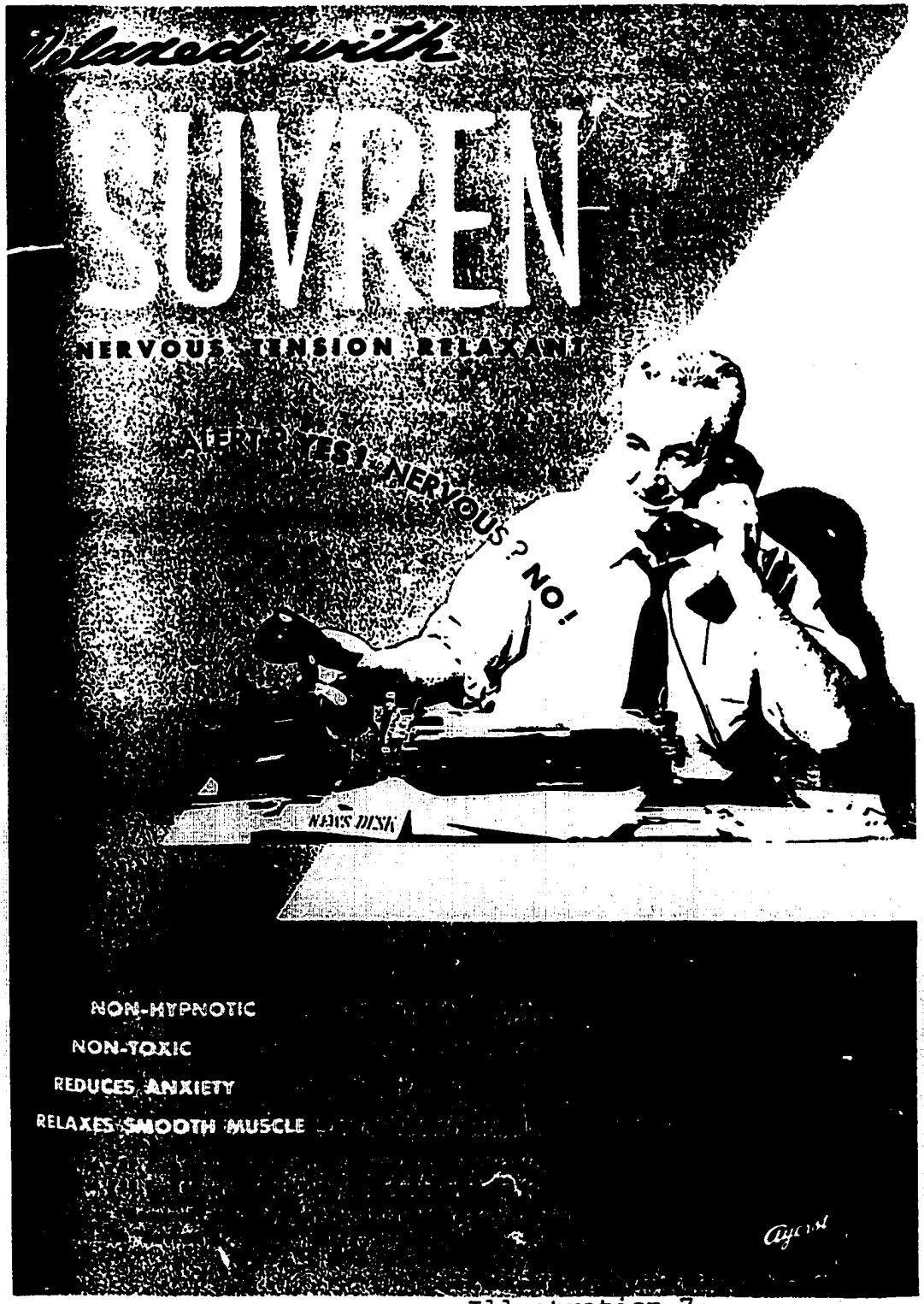

Illustration 7:
Canadian Doctor,
24,1 (January 1958), 45.

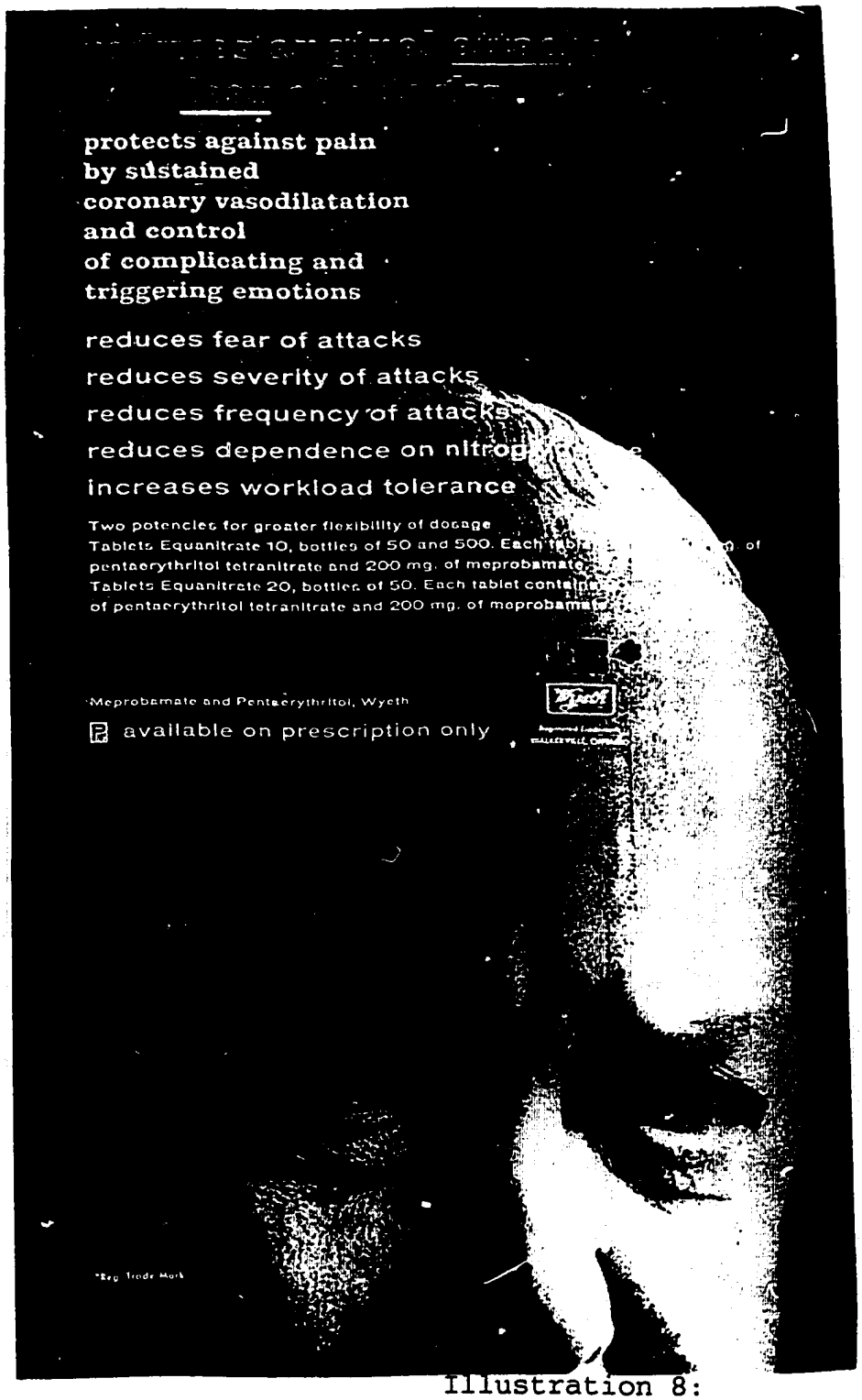

Illustration 8:
Canadian Doctor,
26,4 (April 1960),
inside front cover.

superimposed over the photo of the man's temple strengthened the message that at the source of his anxiety was a physical, rather than an emotional, problem. The assumption that anxiety in men was a symptom of something other than mental illness was further supported by a cartoon in which a doctor reassured his disheveled-looking male patient that feelings of worry, depression, and insecurity were a sign that he was "normal" (Illustration 9).

In sharp contrast to the popular belief that men were more prone to organic illness, "the mental health of women in the 1950s was thought to be 'more precarious than their physical well-being'."[9] Pharmaceutical ads mirrored this gender distinction as those that featured photographs of women most often portrayed their subjects as experiencing "diffuse emotional symptoms," indicating the presence of deeper psychological problems.[10] This was certainly the case in two different advertisements for the drug Sparine (Illustrations 10 and 11). Each ad used the same photograph of a woman holding a clenched fist to her mouth in anguish while two men, presumably family doctors, prepare her medication. But it is not clear from the photo what events

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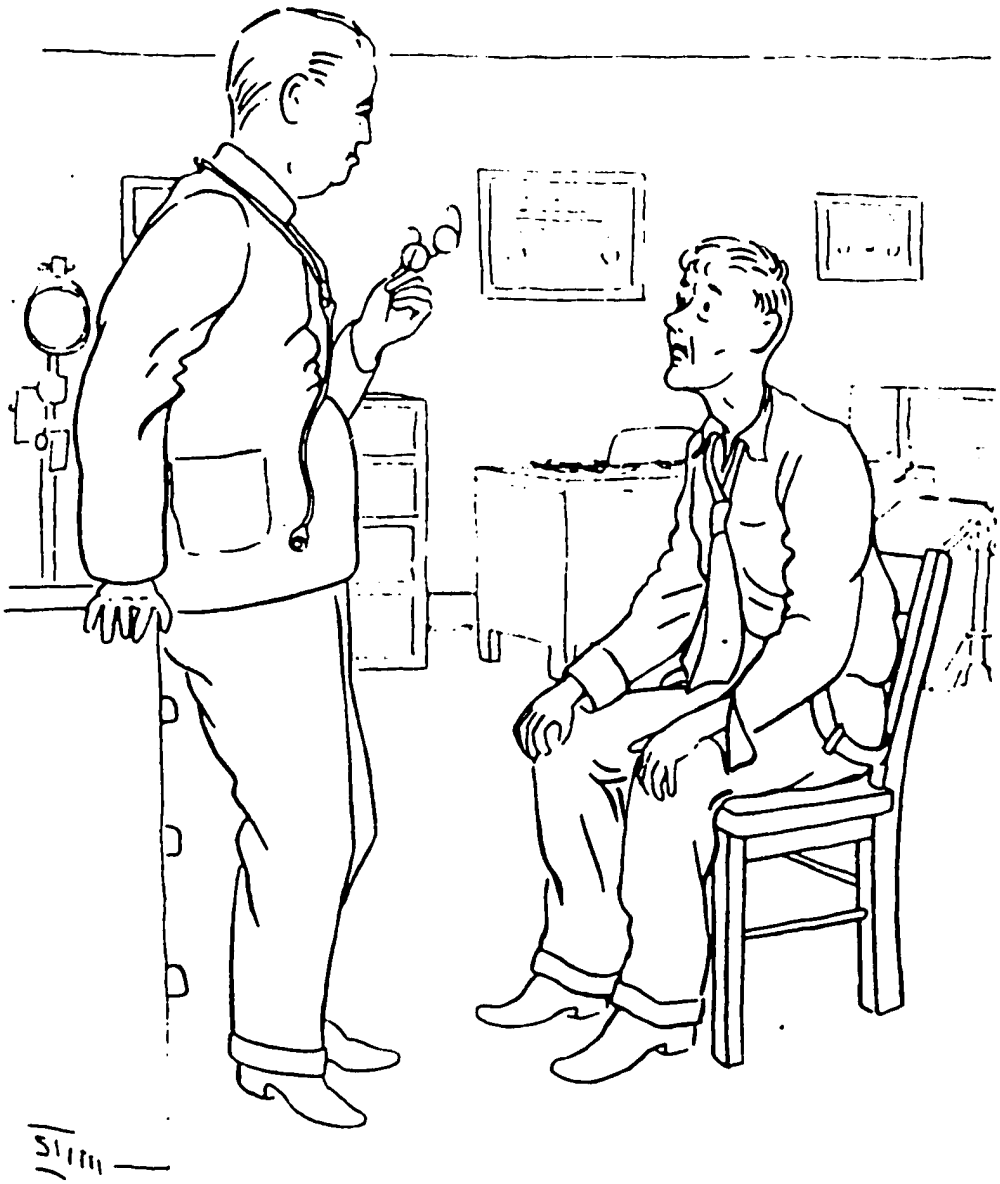
[9] Kaledin, Mothers and More, 181.

[10] Prather and Fidell, "Sex Differences," 23. Penfold and Walker have noted that "if kept within the medical framework, women's distress is viewed as a psychiatric disorder alone, and psychotropic drugs are seen as the treatment of choice." In Women and the Psychiatric Paradox, 197.



Doctor: "You're worried, depressed, and feel insecure. Forget it — you're normal."

Illustration 9:
Canadian Doctor,
19,1 (January 1953), 84.

Emergency: acutely agitated patient

You are ready with SPARINE in your bag to cope promptly with acutely agitated patients. SPARINE offers immediate action to quiet hyperactivity and to facilitate cooperation. *Always carry it.*

SPARINE is well tolerated on intravenous, intramuscular, or oral administration. Toxicity is minimal—no case of liver damage has been reported. Parenteral use offers (1) minimal injection pain; (2) no tissue necrosis at the injection site; (3) potency of 50 mg. per cc.; (4) no need of reconstitution before injection.

Professional literature available upon request.

Wyeth

Registered Trade Mark
WALKERVILLE ONTARIO
MONTREAL • WINNIPEG • VANCOUVER

Sparine*

HYDROCHLORIDE

Promazine Hydrochloride

10-(γ-dimethylamino-n-propyl)-phenothiazine hydrochloride

Patented 1952, 1955

Illustration 10:
Canadian Doctor,
23,8 (August 1957), 79.

IN MENTAL AND EMOTIONAL DISTURBANCES
to control central nervous system excitation; to help manage delirium tremens, acute hallucinosis and inebriation; to ameliorate the withdrawal symptoms of drug addiction

TABLETS • SYRUP • INJECTION

Sparine*

HYDROCHLORIDE

Promazine Hydrochloride

10-(γ-dimethylamino-n-propyl)-phenothiazine hydrochloride

*Reg. Trademark

Wyeth

WALKERVILLE, ONTARIO

VERSATILE, VALUABLE ADJUVANT TO MEDICATION IN MEDICAL AND SURGICAL PRACTICE

FOR MEDICAL AND SURGICAL USE
to control nausea and vomiting; as an adjunct in surgical and obstetrical procedures to reduce the requirements of anaesthetics, analgesics and sedatives

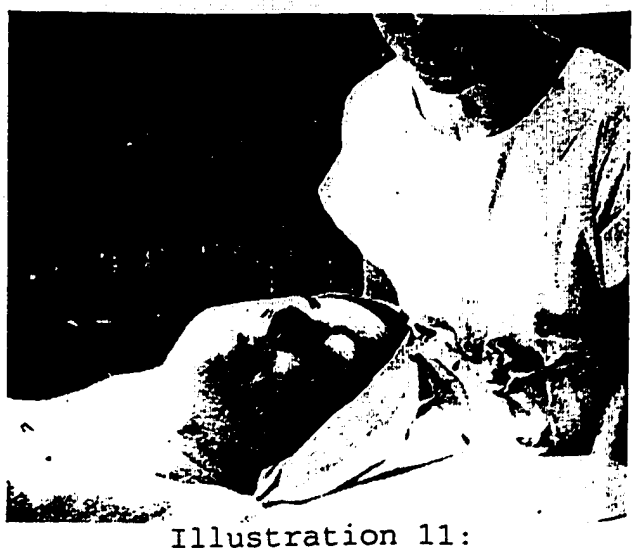


Illustration 11:
Canadian Doctor,
26,6 (June 1959), 26.

may have precipitated the woman's intense emotional response. Instead, she was broadly described in the first ad as an "acutely agitated patient" and, in the second, as someone suffering from a type of "mental and emotional disturbanc[e]."

In addition to supporting cultural stereotypes about the contrasting sources of anxiety in men and women, much of the literature on tranquilizing agents in the 1950s reflected the growing concern within the medical community about the social consequences of individual anxiety. Writing in 1964, Dr. Robert K. Merton acknowledged that "anxiety signals impending catastrophe" but quickly pointed out that the medical profession was "more concerned than ever before to ferret out the roots of anxiety and to bring it within manageable limits."[11] Ads for Equanil played on these ideas by reminding doctors that "many neglected anxiety neurotics become a medical and social burden....They create instability and unhappiness at home and communicate their own anxiety to their intimates" (Illustration 12). Meanwhile, other advertisements for anti-anxiety agents directly addressed the profession's desire to control individual anxiety. For example, Equanil was touted as a drug that had "a primary place in the management of patients with anxiety neuroses, tension states, and associated conditions" (Illustration 13). Some ads were more specific,

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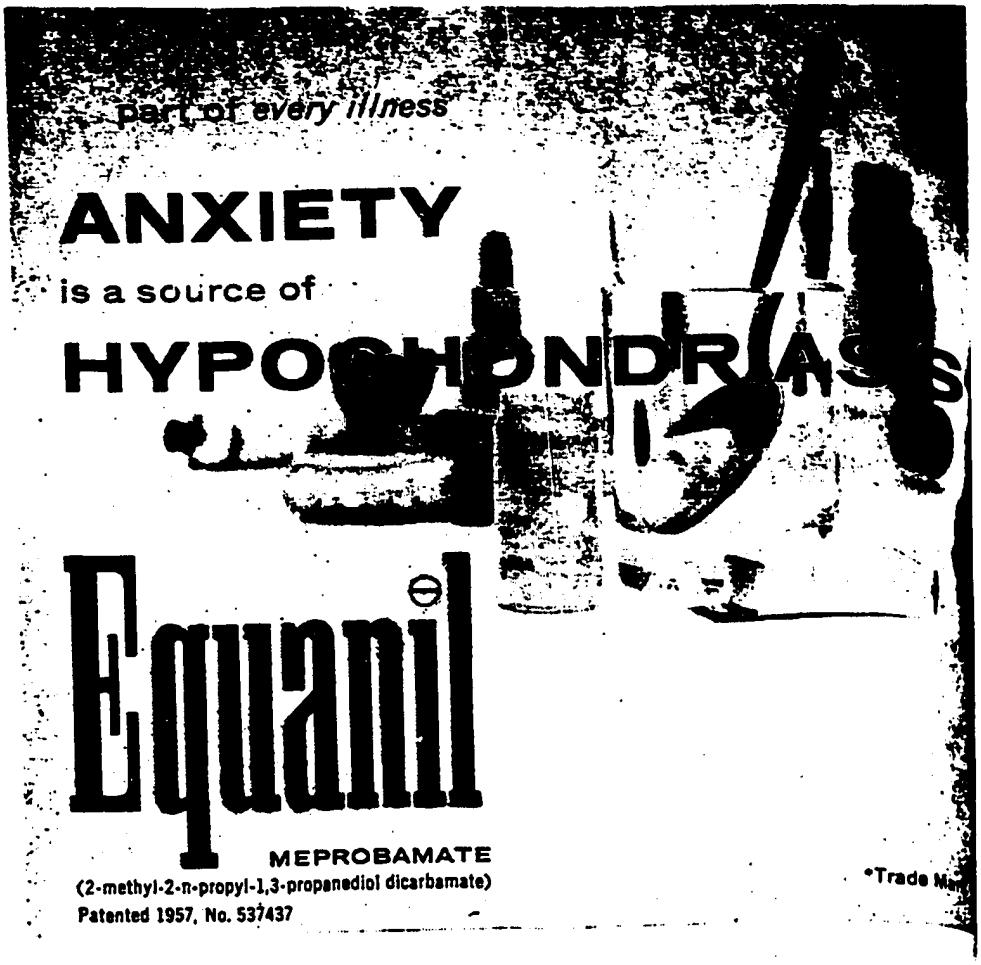
[11] "Sources of Stress in Society," 414,413.



"Many neglected anxiety neurotics become a medical and social burden. Confirmed hypochondriacs fill our offices and clinics clamouring for intervention by the doctor . . . They create instability and unhappiness at home and communicate their own anxiety to their intimates."[1]

Hypochondriasis is a manifestation of emotional unrest. EQUANIL relieves the patient's anxiety, lessens his muscular tension, encourages restful sleep[2], providing an improved attitude and wholesome rapport.

Supplied: Tablets, 400 mg., bottles of 50
Usual Dose: 1 tablet, t.i.d.

1. Braceland, F.J.: Texas State J. Med. 51:28 (June) 1955.
2. Lemere, F.: Northwest Med. 54:1098 (Oct.) 1955.

anti-anxiety factor with muscle-relaxing action

Wyeth

Illustration 12:
Canadian Doctor,
23,8 (August 1957), 26.

TO CALM AND RELAX

THOSE PATIENTS EXHIBITING

ANXIETY AND TENSION STATES

the new
anti-anxiety
factor
valuable
in everyday practice

EQUANIL

TABLETS

MEPROBAMATE, WYETH

Appropriate to any age of mental and emotional stress, EQUANIL has demonstrated remarkable properties for promoting equanimity and release from tension, without mental clouding.

EQUANIL is a pharmacologically unique anti-anxiety agent with muscle-relaxing features. Acting specifically on the central nervous system, it has a primary place in the management of patients with anxiety neurosis, tension states, and associated conditions.[1,2]

In clinical trials patients respond with "... lessening of tension, reduced irritability and restlessness, more restful sleep and generalized muscle relaxation."[2]

It is a valuable adjunct to psychotherapy.

Clinical use is not limited by significant side-effects, toxic manifestations, or withdrawal phenomena.[1,2]

The recommended starting dose is one tablet (400 mg.) three times daily, and, if indicated, an additional tablet at bedtime. The dose may be adjusted, either up or down, according to the clinical response of the patient.

BOTTLES OF 48

1. Selling, L. S.: J.A.M.A. 157:1594 (April 30) 1955.
2. Borrus, J. C.: J.A.M.A. 157:1596 (April 30) 1955.

Wyeth

WALKERVILLE, ONTARIO

Illustration 13:
Canadian Doctor,
22,2 (February 1956), 71.

promising to deliver tranquilizers that were of use "for the control of the menopausal syndrome," for the "control of complicating and triggering emotions," and for the control of "central nervous system excitation" (Illustrations 14, 8, and 11).

In keeping with the idea that anxious individuals posed a serious threat to those around them, minor tranquilizer advertisements frequently presented drugs as more for the benefit of the physician and family than the patient. Peter Schrag contends that "the consistent theme of drug literature and advertising suggests that the drugs do not free the patient from his demons, his anxieties, and his psychoses as much as they free the physician, the institution, and the society from the patient himself."[12] Significantly, this theme of protection <u>from</u> the patient appeared most often in pharmaceutical ads that depicted women as patients.[13] One of the Sparine advertisements that featured the photograph of an anguished woman being attended to by two physicians clearly had the doctors' best interests in mind when it asserted that the drug "offers immediate action to quiet hyperactivity and facilitate

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[12] <u>Mind Control</u>, 126.

[13] Robert Seidenberg, "Drug Advertising and Perception of Mental Illness," <u>Mental Hygiene</u>, 55,1 (January 1971), 27-8. Scully and Bart also found that an "examination of gynecology textbooks...revealed a persistent bias toward greater concern with the patient's husband than with the patient herself." In "A Funny Thing Happened on the Way to the Orifice," 1043.

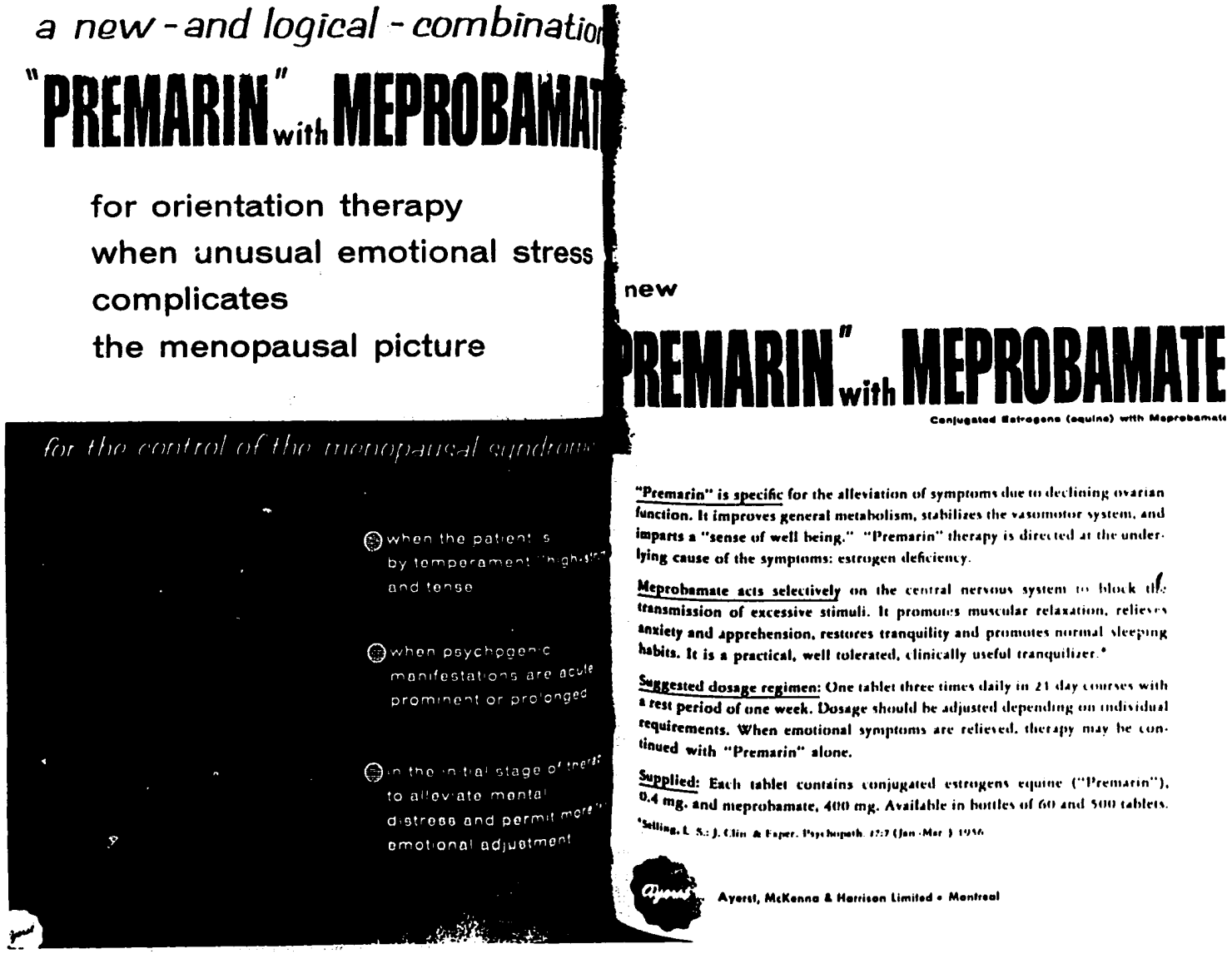
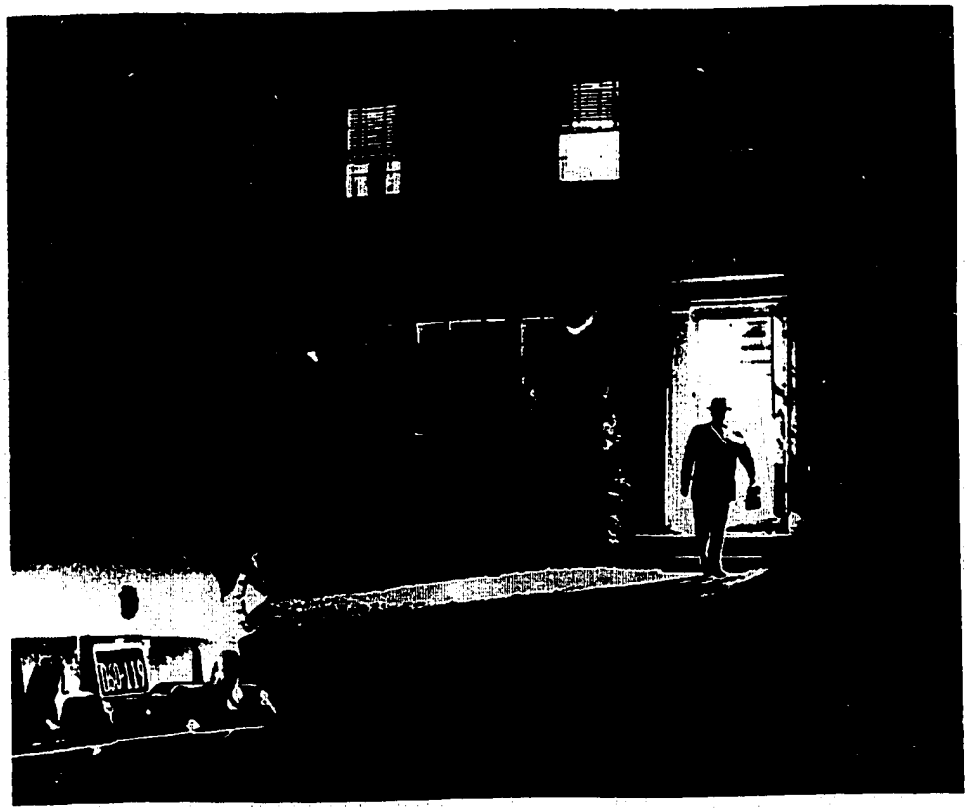


Illustration 14:
Canadian Doctor,
23,7 (July 1957), 56-7.

cooperation" (Illustration 10). In a subsequent ad in which a physician was shown as he entered a home to make a late night house call, the emphasis on the needs of the doctor was again first and foremost with the reassurance that "in both medical and emotional emergencies, Sparine quiets hyperactivity, encourages cooperation, and simplifies difficult management" (Illustration 15). Similarly, the drug Premarin was promoted as an effective therapy for the menopausal woman that also satisfied the needs of her doctor, husband, and family (Illustration 16). One ad in particular was accompanied by a photograph that had the 'spotlight' on a smiling woman in a swimsuit and bathing cap as she looked out from the edge of a swimming pool. In the background, a woman, man, and young boy, possibly family members, swam and played in the water. The text of the ad implied that this pleasant scene and the happiness of all concerned was due to the fact that the woman had taken Premarin: "the patient isn't alone in her devotion to [Premarin]. Doctor, husband, and family all like what it does for the patient, the wife, and the homemaker."

Not surprisingly, advertisements which directly targeted tranquilizing drugs for use by anxious women adhered closely to the popular Freudian belief that emotional unrest in women was a sign of their inability or unwillingness to yield to their biological destinies. Underlying this idea was the assumption that many women



House call: agitation

The acutely excited patient can be quickly calmed when SPARINE is on hand in the physician's bag. In both medical and mental emergencies, SPARINE quiets hyperactivity, encourages cooperation, and simplifies difficult management.

SPARINE gives prompt control by parenteral injection and effective maintenance by the intramuscular or oral route. It is well tolerated.

Comprehensive literature supplied on request.

Sparine HYDROCHLORIDE

Promazine Hydrochloride, Wyeth

INJECTION TABLETS SYRUP

Wyeth

Illustration 15:
Canadian Doctor,
25,8 (August 1959), 20.

Of course, women like "Premarin"

THERAPY for the menopausal syndrome should relieve not only the psychic instability accompanying the condition but the vasomotor instability of estrogen decline as well. Though they would have a hard time explaining it in such medical terms, this is the reason women like "Premarin".

The patient isn't alone in her devotion to this natural estrogen. Doctor, husband, and family all like what it does for the patient, the wife, and the homemaker.

When, because of the menopause, the psyche needs nursing—"Premarin" nurses. When hot flushes need suppressing—"Premarin" suppresses. In short, when you want to treat the whole menopause (and how else is it to be treated?) let your choice be "Premarin"—a complete natural estrogen complex.

"Premarin" — conjugated estrogens (equine)—is available as tablets of various potencies, and also in combination with meprobamate and methyltestosterone.

Ayerst

Ayerst, McKenna & Harrison Limited — Montreal

Illustration 16:
Canadian Doctor,
24,10 (October 1958), 45.

suffered from poorly integrated or inadequate personalities because they were torn by the desire to pursue more masculine-oriented career interests outside the home and the desire to accept their feminine role as nurturers and remain within its walls. The logical conclusion drawn by the Freudians was that this unresolved inner conflict manifested itself as anxiety and made women more likely to deviate from their biologically ordained tasks as wives and mothers.

Significantly, promotional ads which recommended the use of anti-anxiety agents by menopausal women provide an especially good example of the tendency to attribute women's emotional distress to personal shortcomings. In the 1950s, it was widely accepted within the medical community that "the personality plays a larger role in the whole symptom picture of the menopause than the cessation of glandular activity in itself."[14] Tranquilizer ads took this personality factor into consideration by recommending that meprobamate be prescribed in combination with estrogen therapy for the menopausal patient who "is by temperament 'high strung' and tense" and more prone to experience "unusual emotional stress" (Illustrations 14 and 17). Indeed, the use of tranquilizers to treat emotional symptoms stemming from women's inadequate personalities was entirely consistent with the findings of O. Spurgeon English and

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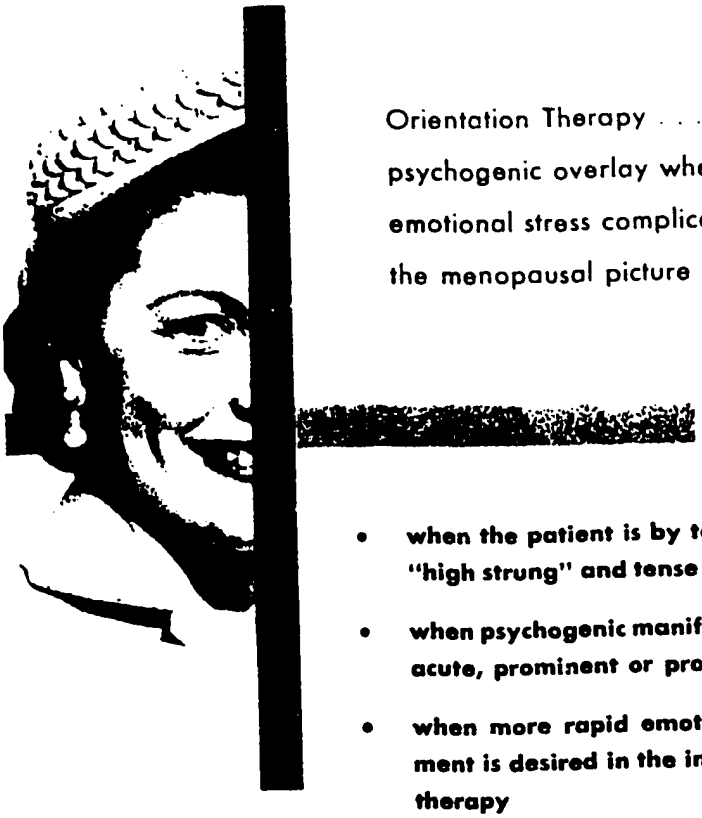
[14] English and Pearson, Emotional Problems of Living, 432.



Orientation Therapy . . . to remove the psychogenic overlay when unusual emotional stress complicates the menopausal picture

- **when the patient is by temperament "high strung" and tense**
- **when psychogenic manifestations are acute, prominent or prolonged**
- **when more rapid emotional adjustment is desired in the initial stage of therapy**

PREMARIN" with MEPROBAMATE

Ayerst

To remove the psychogenic overlay . . .
Meprobamate reduces tension, lessens irritability and restlessness, promotes more restful sleep and generalized muscle relaxation.
(Borrus, J. C. P.: J.A.M.A. 157:1590 (Apr. 30) 1955.)

To treat the basic estrogen deficiency . . .
"Premarin" supplements declining endogenous estrogen levels and provides prompt symptomatic relief of distressing symptoms plus a gratifying "sense of well being."

Ayerst, McKenna & Harrison Ltd., Montreal

Illustration 17:
Canadian Doctor,
23,9 (September 1957), 45.

Gerald H.J. Pearson who advised that "in a problem of the menopausal syndrome the personality factor that has produced this menopausal symptom should be treated, and the doctor should not depend upon ductless glandular preparations too much, whether out of a bottle or syringe."[15] Advertisements for Premarin with meprobamate in turn emphasized the practicality of anti-anxiety agents "to alleviate mental distress and permit more emotional adjustment....when psychogenic manifestations are acute, prominent or prolonged" (Illustration 14).

Although many advertisements for minor tranquilizing agents promised to counteract the "mild anxiety, tension and depression associated with...inadequate personality," in reality, anti-anxiety agents provided only symptomatic relief and did not actually resolve the emotional conflicts that were believed to be at the root of women's emotional distress.[16] In Freudian parlance, tranquilizers served to "compensate a personality which has decompensated, bringing it back to the previous level of functioning prior to the onset of the emotional disturbance."[17] By itself, the idea of using drugs to compensate for women's inadequacies was not new. An ad for Spenser Supports that appeared in 1952

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[15] Emotional Problems of Living, 433.

[16] Whiteside, "Onward and Upward, 117.

[17] Frank Orland, "Use and Overuse of Tranquilizers," Journal of the American Medical Association, 171,6 (October 10, 1959), 634.

and featured a photo of a young, presumably pregnant, woman wearing a body support, anticipated this argument in asking the question: "Did nature intend the pregnant woman to wear a support?" (Illustration 18). Responding in the negative, the ad nevertheless contended that, in most women, "nature's intentions often fall short" and that women were therefore in need of "nutrients, hormones, stimulants or sedatives" as a means of compensating for these personal shortcomings.[18] While the use of pharmaceutical devices to make up for deficiencies in individual women was already a common and accepted practice by the 1950s, the introduction of minor tranquilizers in 1955 was a major breakthrough in the alleviation of anxiety-related symptoms because these new drugs allowed for more precise treatment by acting "on those specific areas of the brain that represent the biological substrate of anxiety."[19] The value of this medical discovery was highlighted in many ads which emphasized that minor tranquilizing drugs relieved anxiety by acting "selectively on the central nervous system to block the transmission of excessive stimuli" (Illustration 14; See also Illustration 11).

In order to prove that their product was able to

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[18] Gatlin confirms that "psychoanalytical theories assumed that most women would fall short of perfection." In American Women Since 1945, 19.

[19] Berger, "Anxiety and the Discovery of the Tranquilizers," 120.

"Did nature intend the pregnant woman to wear a support--?"

Spencer provides "hammock-like" support for the growing uterus, comfort and protection for back and breasts.

No - just as nature did not intend her to require additional nutrients, hormones, stimulants or sedatives! But under today's stresses and strains, nature's intentions often fall short, so *proper* supports - like medicines - have their place in modern therapy.

Spencer Supports will provide greater therapeutic benefits for your *average* antepartum-postpartum patients - as well as for those with backache or other symptoms - because:

Each Spencer is *individually designed, cut and made* for each patient to meet individual medical indications.

We invite your trial of Spencers for men and children, too.

MAIL coupon at right — or PHONE a dealer in Spencer Supports (see Classified Section) for information.

SPENCER SUPPORTS (CANADA) LIMITED
Rock Island, Quebec.

United States: Spencer, Inc., New Haven, Conn.
England: Spencer, Ltd., Banbury, Oxon.

Send Free Spencer Booklet, "Spencer Supports in Modern Therapy".

Name M.D.

Address

153-11-52

SPENCER

individually designed supports

Illustration 18:
Canadian Doctor,
18,11 (November 1952), 59.

"restore a personality to its previous functioning level or to psychobiological homeostasis," many drug companies used advertisements to list the ways in which their products had altered women's behaviour.[20] A consistent theme of these ads was the claim that tranquilizing drugs reduced women's level of anxiety, making them more willing and able to act in accord with their feminine natures. This theme was clearly illustrated by two different advertisements for the drug Deprol (Illustrations 19 and 20). Each ad featured a photograph of a happy-looking woman and her doctor at the end of what appears to have been a very worthwhile medical appointment. The captions that accompanied these drug ads made a direct link between anxiety reduction, gender role conformity, and mental health with the assertion that a woman who is calm and "soon returns to her normal activities" is "an emotionally balanced patient." [21] The potential of using tranquilizers to reduce anxiety and normalize behaviour was recognized by Dr. Philip Kurtz of Lilly Laboratories for Clinical Research in Indianapolis, Indiana. Basing his conclusions on his own clinical findings, Kurtz maintained that anti-anxiety agents "provide a type of symptomatic relief not previously available which

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[20] Orland, "Use and Overuse of Tranquilizers," 635.

[21] According to Steven R. Hirsch, et al., "psychiatric drugs are aimed at creating a person with no ups or downs." In Madness: Network News Reader (San Francisco: Glide, 1974), 103.

Lifts depression... as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers.

While amphetamines and energizers may stimulate the patient – *they often aggravate anxiety and tension.*

And although amphetamine-barbiturate combinations may counteract excessive stimulation – *they often deepen depression.*

In contrast to such "seesaw" effects, Deprol's smooth, *balanced* action lifts depression as it calms anxiety – both at the same time.

Acts swiftly – the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly – often within a few days. Thus, the experience to the patient of long-term drug therapy can be avoided.

Acts safely – no danger of liver damage.

Deprol does not produce liver damage; hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressant drugs.

Dosage: [illegible] dose is 1 tablet [illegible]. When necessary, the dose may be gradually increased up to 3 tablets q.i.d.

Composition [illegible] Supplied [illegible]

Deprol▲

Illustration 19: Canadian Doctor, 26,8 (August 1960), 6-7.

Lifts depression...s it calms anxiety!

An emotionally balanced patient
Thanks to your treatment and the help of Deprol, her depression is relieved and her anxiety and tension calmed. She eats well, sleeps well, and can return to her normal activities.

eprol helps balance the mood
lifting depression as it
lms related anxiety

eesaw" effect of amphetamine-urates and energizers

amphetamines and energizers stimulate the patient--*they aggravate anxiety and tension.* although amphetamine-barbi- combinations ma counteract ive stimulation--*they often n depression.*

ntrast to such "seesaw" effects, ol lifts depression as it calms ty—both at the same time.

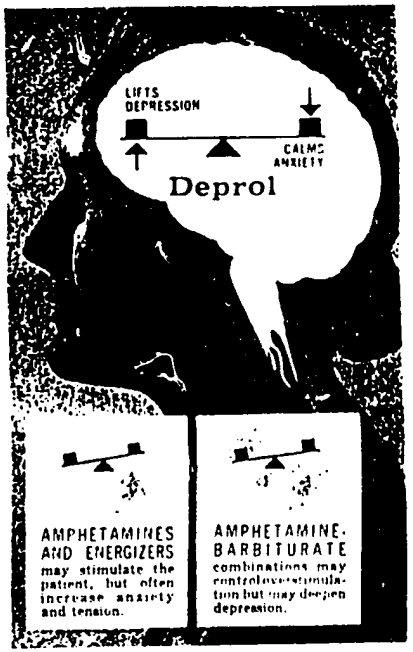
choice of medication than ted drugs

ol does not produce hypoten- liver damage, psychotic reac- or changes in sexual function.

Deprol

E: Usual starting dose is 1 tablet When necessary, this may be lly increased up to 3 tablets q i d OSITION: 1 mg. 2-diethylamino- benzilate hydrochloride-benactyz- HCl) and 100 mg. meprobamate LIED: Bottles of 50 light-pink tablets Write for literature and es.

WALLACE LABORATORIES



Now
Available

Illustration 20:
Canadian Doctor,
26,1 (January 1960), 78-9.

permits the patient to express his emotions more normally (or to suffer less disruptive emotions), and, therefore, to channel his psychic energies more effectively and more in accord with the needs of everyday life."[22]

Advertisements for drugs other than Deprol were often more specific about the types of changes that their product had effected in women in the process of returning them to mental health. Some advertisements claimed that tranquilizers acted as "mood normalizers" and were effective at improving women's general disposition.[23] As its name implied, Equanil promised to promote "equanimity" and provide "an improved attitude and wholesome rapport" (Illustrations 13 and 12). Similarly, Premarin with meprobamate proposed to lessen "irritability and restlessness," "remove the psychogenic overlay," relieve "anxiety and apprehension" as well as restore "tranquility" and promote "a brighter mental outlook" (Illustrations 17, 14 and 21).

In addition to restoring women to emotional stability, pharmaceutical companies stressed the link between drug effects and "normal family life," alleging that minor tranquilizers made women more accepting of their role as

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[22] Philip Kurtz, "The Current Status of the Tranquilizing Drugs," Canadian Medical Association Journal, 78,3 (February 1, 1958), 214.

[23] "Tranquilizing Drugs," American Journal of Medicine, 27,5 (November 1959), 767.

Illustration 21:
Canadian Doctor,
24,7 (July 1958), 44.

mothers.[24] One way in which drugs were supposed to do this was by counteracting women's anxiety and ambivalence surrounding pregnancy and putting prospective mothers in a state of "placid expectation."[25] For women who already had children, the drug Pacatal was said to "'release the housewife from the grip of neurosis'...so she could live normally and play with her family."[26] And, for when the stress of caring for children became particularly acute, one tranquilizer manufacturer advertised that its product would bring women "complete and dramatic relief [of pain] set off or aggravated by loud noises and by...children playing around the house."[27]

Quite apart from their purported benefits for mothers, tranquilizing agents were also marketed as enabling women to become better wives and homemakers. According to Dr. Frank Orland, tranquilizers were especially useful when women needed help over a period of emotional disturbance. Ironically, it was also his belief that these drugs should

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[24] Smith, Small Comfort, 101. Penfold and Walker have observed that "some drug advertisements strongly suggest that inability to function in a traditional female role, inability to cope with being a woman and with woman's tasks, need to be treated with medication." In Women and the Psychiatric Paradox, 199.

[25] Whiteside, "Onward and Upward," 90.

[26] Kaledin, Mothers and More, 181.

[27] Whiteside, "Onward and Upward," 90.

be prescribed for women who were about to be married.[28] Similarly, a doctor from Beverly Hills was asked to prescribe some anti-anxiety agents for a patient's daughter so that she could get through the first trying week of her honeymoon.[29] In another instance of marital stress, some doctors even advocated tranquilizer use by women who did not want to have sex with their husbands. As Dr. Julius Michaelson explained,

> Dyspareunia is a symptom complex which may be precipitated by many etiological factors, such as fear of pregnancy or subconscious sexual taboos. Often, especially after the second or third pregnancy in a young, attractive woman, we hear this comment: "Doctor, I love my husband but I can't stand for him to touch me." In this situation reassurance plus expert advice in the use of contraceptive devices or drugs plus the use of meprobamate with its tranquilizing as well as muscle relaxing properties have proved very effective. Low back syndrome and tension headaches...are two more conditions which respond readily to meprobamate therapy.[30]

And, finally, meprobamate in combination with Premarin was recommended for the menopausal woman who was finding it difficult to bring herself to perform her daily tasks as homemaker (Illustration 22). In order to reinforce the drug's ability to effect significant changes in the patient, the advertisement displayed dramatic photographs of the

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[28] "Use and Overuse of Tranquilizers," 634.

[29] "Happiness by Prescription," 59.

[30] "The General Practitioner's Role," 441.

Every woman suffering from estrogen deficiency deserves "Prema

Prompt symptomatic relief often with an initial dosage as low as 1.25 mg. daily) gives the pa

a gratifying "sense of well-being" and greater enjoyment of everyday living

Illustration 22:
Canadian Doctor,
24,1 (January 1958), 44.

woman 'before' and 'after' treatment. In the 'before' photo, the woman was shown with a pained look on her face as she rested her head on her arm over the back of a sofa. By contrast, the 'after' photo of the woman showed her happily pushing a shopping cart full of groceries. The advertisement concluded that the woman's willingness to resume her regular household duties was evidence that the drugs had suceeded in giving her "a gratifying 'sense of well-being' and greater enjoyment of everyday living."

The importance of how women felt and what women did was a regular theme in the minor tranquilizer ads that appeared in medical journals after 1955. Yet this concern was not limited to members of the medical profession but reflected the broader cultural belief that anxious women, through their actions, posed a serious threat to individual, family, and social stability. Pharmaceutical companies countered these fears in their promotional literature by assuring practising physicians that anti-anxiety drugs were a safe and effective means of reducing women's emotional distress and normalizing their behaviour. In linking these agents to anxiety reduction, traditional gender roles, and social well-being, early tranquilizer ads illustrated one means by which women's pivotal role as guardian of social stability in the postwar period also made them prime candidates for minor tranquilizer prescriptions.

CONCLUSION

The extraordinary success of Miltown and the other minor tranquilizers in Canada and throughout North America was largely due to the fact that they appeared on the market in the right place at the right time. By the 1950s, North Americans were acutely aware of the advances that medicine had made in developing new pharmaceutical therapies for the treatment of infectious diseases. With the introduction in the early 1950s of powerful anti-psychotic drugs that promised to effectively control, if not to cure, psychiatric illnesses, it seemed inevitable that further research would soon produce a drug that could address the problem of anxiety on a broader scale.

The public's faith in medical science's ability to find a solution to widespread uneasiness was heightened in the 1950s, a decade that was known to contemporaries as an 'age of anxiety.' The fear of nuclear destruction, the threat of communist infiltration, and the changing lifestyles of North Americans after the war combined to produce a deep sense of uncertainty and insecurity in much of the population. The changing role of women in society was also a major point of concern. It was widely believed that women were 'natural' wives, mothers and homemakers and that their adherence to

these roles would guarantee individual, family, and social well-being. But popularizers of Freud, who were prominent at the time, contended that many women were in fact anxious or 'neurotic' and posed a serious threat to the health and happiness of those around them. They asserted that unless women gave up their desires to pursue careers and other 'masculine' interests outside the home, the future of the family and nation was in jeopardy.

The medical profession shared the general public's concern about the prevalence of anxiety in society and especially about the ways in which it manifested itself in individual women. Therefore, with the introduction in 1955 of the first in a long line of minor tranquilizing agents that promised to reduce feelings of anxiety and normalize behaviour, it appeared that both of these concerns would finally be addressed.

The appearance of Miltown was greeted with unprecedented enthusiasm by both medical and lay communities alike and sales of the drug skyrocketed. Instrumental to its widespread popularity, especially among the middle class, was the way in which it had quickly become ingrained in the popular culture through its association with show business personalities. Further clinical studies demonstrated that the initial excitement over Miltown had been somewhat over-optimistic but these findings did not dampen the public's demand for anti-anxiety agents or stop

pharmaceutical companies from attempting to develop new and more efficient drugs. In the 1960s, Miltown was gradually replaced in popularity after the introduction by Roche Laboratories of Librium (chlordiazepoxide) in 1960 and Valium (diazepam) in 1962.

The high rate of minor tranquilizer use in North America during the 1950s was particularly acute among women as they were more than twice as likely as men to receive prescriptions for anti-anxiety agents. Although no reasons were given at the time for this discrepancy, tranquilizer ads that were placed in major medical journals reveal that dominant cultural attitudes toward women underlined this prescriptive pattern. In addition to featuring a disproportionate number of photographs of emotionally distraught women, these ads made a direct link between anxiety reduction, gender role conformity, and social well-being. This connection not only reflected the medical and popular desire for an end to widespread anxiety and a return to social stability but reinforced the idea that the nation's future was dependent upon women's willingness to fully embrace marriage and motherhood, and that tranquilizing drugs were instrumental in ensuring their cooperation.

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CONCORDIA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared

By: Mr. Michael Bogusz

Entitled: Developments in the Application of the Geometrical Theory of Diffraction and Computer Graphics to Aircraft Inter-Antenna Coupling Analysis

and submitted in partial fulfillment of the requirements for the degree of

Master of Engineering

complies with the regulations of this University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

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