

Society's Struggle With Opium

Morphine is commonly regarded in today's society as a highly controlled medicine, which is distributed by a professional doctor and used to treat severe pain. When looking at images (**Figures 1 & 2**) of a small blue bottle labeled "Laudanum," it is hard to imagine that both morphine and laudanum originate from the same drug, opium. Opium has been used for centuries in many cultures, both recreationally, and to treat countless illnesses. However, fear and skepticism often go hand-in-hand with the mention of the term "opium" in our modern world, which can be attributed to its widespread misuse and lethal potential. A small blue glass bottle is shown in these images, probably less than six inches high, sealed with a glass stopper and can be estimated to originate in the eighteen or early nineteen hundreds. The label reads, "Laudanum. Poison. Stimulant. Narcotic. Lessens Pain. Produces Sleep. Dose for adults, 5 to 25 drops."



Figure 1. Laudanum Bottle

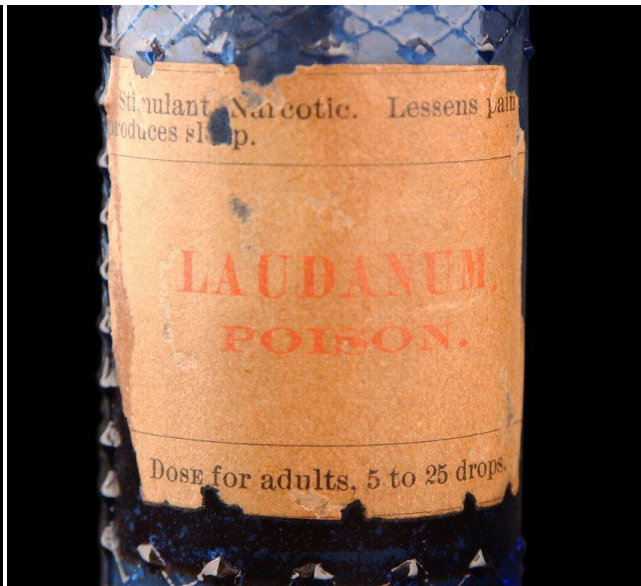


Figure 2. Bottle Label

(Figures provided by the Country Doctor Museum.)

On a modern medicine bottle, we can expect to see much more information such as: the name of the person prescribed, exact dosage that should be taken, a time frame in which one cannot take another dose, warnings to be cautious of, and much more. This bottle's instructions are remarkably vague, and are missing large amounts of information that one could expect on an opiate's medicine bottle. The lack of instructions and ingredients demonstrates how slack and nonchalant patients and doctors were when using laudanum to treat illnesses. This raises the question of: how did opium become what it is today, and can we utilize this powerful medicine, while also preventing recreational abuse? Strict enforcement of laws and regulations are necessary to control exploitation. But, society must also remain unprejudiced toward opium, and remember that it can improve the quality of life for millions of people.

The use of opium, by cultivation of the poppy plant, was first recorded around the 16th Century B.C. in the Mediterranean region (Kramer 377). One of its first medicinal uses was in Egypt, to alleviate stomach pain and other symptoms caused by worms in the intestines, and to induce drowsiness (Aragon-Poce et al. 19). Opium was then found in Greek mythology, where Demeter used the drug to ease the pain of his daughter, Persephone (Aragon-Poce et al. 20). After the fall of the Roman Empire, few medical advances were made until the Arab culture discovered its ability to alleviate diarrhea and ocular dysfunctions (Aragon-Poce et al. 20). From there, the use of opium traveled to India and China where it developed into a widespread medicine and euphoriant (Kramer 377).

In the middle of the European renaissance, around 16th Century A.D., a Swiss physician, know as Paracelsus, began his experiments with the use of opium and

revitalized opium's use in surgery (Kramer 337). Although he acknowledged opium's excellent medicinal power, Paracelsus avoided its use. Instead he, "preferred certain sulfur salts whose effects were mild and without bad effects" (Kramer 337). This could be noted as the first time a physician mentioned opium's harmful side effects, and took extreme caution when administering it to patients. During his practice, Paracelsus also developed a gum substance that he used in many of his remedies, which he called, 'laudanum' (Kramer 378). Although first mentioned by Paracelsus, Thomas Sydenham is mainly recognized as the inventor of laudanum as containing opium (Kramer 378). By dissolving opium in alcohol, along with saffron, cinnamon, and cloves, dosage was much easier to monitor, and administration very convenient. This new development caused the use of opium to greatly expand over the 17th and 18th Centuries.

During the beginning of the 1800's, laudanum was extremely cheap, and could be used to relieve a multitude of ailments such as hangovers, toothaches, diarrhea, and even insomnia (Alvarez 779). Opium could also be purchased at almost any common store, such as "village shops, from grocers, general stores, and corner shops," not just from doctors (Berridge). Because of its usefulness and accessibility, opium in this form was commonly found in almost every household during this period.

In the early 1800's it is also important realize that society's view on addiction was profoundly different than it is viewed today. Although aware of some side effects, even doctors did not yet know the dangers of addiction, or how addicting opium could be. Narcotics were viewed as no more threatening than alcoholism, and very much in the 'back-burner' of society's mind. As to be expected, pharmaceutical industries capitalized on this situation. Because quality health care was unavailable to most families, remedies

and nostrums that could be purchased at a market or made at home became extremely popular. Among such remedies was Mrs. Winslow's Soothing Syrup (Phillips).

Introduced in the 1830s, Mrs. Winslow's was marketed to mothers for children suffering from "teething sickness" and was said to relieve many symptoms such as, "general unrest, sleeplessness, night terrors, drooling, epilepsy, paralysis, vomiting, rickets, running ears, deafness, colds, coughs and croup" (Phillips). Mothers would give this to their children during the teething period, not realizing that "a teaspoonful of Mrs. Winslow's contained [opium] equal to 20 drops of laudanum" (Phillips). It is impossible to know how many babies and children became addicted to opium, or even died, from the lack of knowledge by mothers and nurses (Phillips). Not only were parents buying such dangerous medicines, a reporter in the 1840s also commented, "... the nurses, and sometimes the mothers, take to making the stuff themselves ... as strong as they like" (Berridge 79). Producing medicines as strong as laudanum at home was extremely dangerous. Just a small miscalculation could have fatal results. This home brewing, combined with easy access and new technologies, caused an explosion in recreational use throughout the working class.

Up until the Civil War, Opium use in Europe and America had been relatively carefree, and mainly medicinal. Unfortunately, soon afterwards, a major downward spiral occurred. In 1805, F. Serturmer successfully isolated an active compound from opium, which he called morphine (Aragon-Poce et al. 21). Although it had been around for a while, the potential of this opium form was not realized until the introduction of the hypodermic syringe during the 1850s. The hypodermic method allowed greater concentrations of the drug to be ingested into the body at a faster rate. Because this

method was so efficient, doctors revered the syringe as a medical miracle and morphine became a prominent pain medication. However, use of the syringe did not just remain in the medical community; it quickly spread to the recreational drug abusers.

Robert Bartholow published a comprehensive manual of the hypodermic syringe, containing 5 editions, between 1869 and 1891. In the first editions, Bartholow acknowledged the potential of a habit to develop, but did not mention any side effects that were more threatening than if one were to orally ingest opium (Hickman 1277). However, in his third edition his opinions drastically change. After explaining the revolutionary medical advances that have been made possible by the invention of the hypodermic needle, he wisely states, “no good can exist in this world without a corresponding evil” (Hickman 1279). Because of the syringe’s ability to distribute such a potent and powerful drug so quickly, it is an excellent medical tool. However, Bartholow also admits that this is also an excellent tool for those who wish to abuse opium. The further he researched, the more he “questioned whether the world has been the gainer or the loser by the discovery of subcutaneous medication” (Hickman 1279). He was the first to consider that maybe society would be better off without hypodermic syringes, and that they may do more harm than good.

As the hypodermic syringe increased in popularity during the Civil War, the drug using population began to change, along with how the public perceived drug use. Opium users had mainly consisted of upper- and middle-class women who had purchased it at grocery stores for the health of themselves and their family, or received from a doctor. Once syringe and morphine use began to grow, the population majority shifted toward “lower-class urban men on the fringes of the underworld” (Hickman 1270). Before,

medicinal and recreational abuse of opium was seen as a luxury. Now that its use had spread to the industrial working class, society had an easier time imagining habitual drug use as a serious problem (Berridge 79).

In 1898, “heroin,” an even stronger, semi-synthetic opium derivative, emerged from Germany’s Bayer Chemical Company as a cough medication (Hickman 1276). Both the syringe and the invention of heroin caused opium use to skyrocket, and sparked a countrywide panic across the United States. By 1900, it was estimated that one in 200 Americans was addicted to drugs or alcohol (Reif 604). This remarkably high statistic gave rise to the monumental temperance movement in the early 1900’s. Led by the American Association for the Cure and Study of Inebriety (AACSI), the mass of the American public protested against the use of alcohol and drug abuse (Hickman 1284). Society finally began to consider addiction as a disease, and grew much more frightened of its consequences. In a meeting of the AACSI, Dr. Alonzo Calkins described addiction as “a power subtle in his contrivings, stealthy in his approaches, dangerous as he is insidious, mischievous as he is plausible and seductive” (Hickman 1285). This statement, along with Calkins’s other declarations throughout consecutive AACSI meetings, initiated the country’s ongoing “war on drugs” which still continues to this day (Hickman 1285).

Opium can be viewed as a wonder drug, alleviating symptoms of countless illnesses. However, its properties also allow it to be widely abused. New technologies and development of stronger derivatives enhanced both medicinal use, and consequently, recreational abuse. Growing abuse of opium, morphine and heroin has caused society to associate these drugs with many negative connotations. In order to combat opium’s

exploitation, strict enforcement of anti-drug laws must continue to occur. Unfortunately, the outstanding medical services these drugs can provide are often forgotten or overlooked. For example, easing the severe pain associated with heart attacks, childbirth, surgery, and palliation during hospice care. It is crucial that society's view of opium and other drugs remains unprejudiced, so research into the benefits of such drugs will continue. This struggle can also be correlated with more modern drugs such as MDMA (most commonly known as ecstasy), which is also known to have therapeutic advantages and an extremely negative public image. If the medical community keeps an open mind and continues research, the lives of millions of people could be drastically improved.

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