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The Image and the Realities of Opium Use in the Later Nineteenth and the First Half of the Twentieth Centuries with Special Reference to the Working-Class of Lancashire and Cheshire.

Bettina Susan Crane.

ABSTRACT

Opium has been used by mankind for both non-medical and medical reasons for over 6000 years. It was used by the ancient Greeks for non-medical reasons and by the ancient Egyptians and the Romans for medical reasons. However, with the collapse of the Roman Empire the medical knowledge of opium was lost in Europe for 700 years. Only with the Mohammedan conquests and the return of the Crusaders in the tenth and eleventh centuries was opium reintroduced into Europe. Until the end of the sixteenth century opium was used for its soporific effects. It was not used as an all round medical cure in Europe until the seventeenth and eighteenth centuries. In Britain, however, during the nineteenth century an increasing amount of attention was focused upon opiate use. Interest was initially sparked off by the publication of De Quincey's Confessions. This work highlighted the recreational use of opiates amongst the working-class population in the north of England, especially Manchester. As the century progressed many doctors, pharmacists, M.Ps and upper and middle-class writers began to discuss the dangers of opiate use amongst the working-class population of the north. By the end of the nineteenth and the beginning of the twentieth centuries three images of opiate use were portrayed in official publications and fictional works. These were the recreational use of opiates amongst the working-class population, the evils of the 'opium-den' and the dosing of working-class children with opiates for erroneous reasons.

The aim of the thesis is to discover whether the images portrayed an accurate picture, or indeed the whole story of working-class opiate use at the end of the nineteenth and first half of the twentieth centuries. An in-depth investigation into working-class opiate use in Lancashire and Cheshire demonstrates that the people did not use opiates for recreational reasons, but that they used them primarily for medical reasons. Oral history is the main source of evidence. This enables the working class of Lancashire and Cheshire to tell their own history and their own reasons for opiate use.

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1: The Opium Poppy - Papaver somniferum.

INTRODUCTION

The historical study of opiates has often been guided by the more salacious aspects of drug use. Historians have tended to be seduced by images of Bohemian drug-addicted writers such as Coleridge, Byron and Keats, and the recreational side of drug use. This is illustrated by the subject matter of two major historical works on opium use - Alethea Hayter's Opium and the Romantic Imagination (1968)[1] and Terry Parssinen's Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930. (1983)[2]. The use of opiates amongst ordinary working-class people has largely been ignored. Virginia Berridge and Griffith Edwards have touched fleetingly upon the subject, or the 'popular culture' of opiate use as it is referred to in their work Opium and the People:Opiate Use in Nineteenth-Century England (1981)[3] Berridge has also written several articles which encompass the use of opiates amongst the working-class population.[4] However, her evidence is confined to the Fen district and parts of London. [5] There has never been a detailed historical study of the use of opiates amongst the working-class population in the areas consistently referred to by upper and middle-class contemporaries and historians alike, the areas at the very heart of the Industrial Revolution - Lancashire and Cheshire.

The aim of my research is to discover how and why the working-class population of Lancashire and Cheshire used opiates during the late nineteenth and first half of the twentieth centuries; and whether the views, arguments, images or ideas

expressed and disseminated by various upper and middle-class writers, journalists, social investigators, doctors, pharmacists, M.Ps and eventually film-makers bore any resemblance to the actualities of opium use amongst this section of society.

In order to fully comprehend the vast and often paradoxical problems and intricacies surrounding opiate use during the late nineteenth and first half of the twentieth centuries it is imperative to have a background knowledge about the uses and abuses of opium through the ages. The first three chapters of the thesis are therefore an important introduction to the main body of the work. Chapter One deals with what opium is, how it is grown and where it comes from. Chapter Two investigates both the medical and non-medical uses of opium until the end of the eighteenth century, and Chapter Three explores the use of opium from 1800 to the 1880s. It was during this last period that there was, not only a growing amount of attention focused upon the subject of opium use, but also an enormous shift of opinion amongst the medical profession, the government, and upper and middle-class writers, journalists and social commentators about the general use of opiates, but more specifically the usage amongst the working-class population of the north.

At the beginning of the nineteenth century opiate use was quite acceptable and went virtually unnoticed and unquestioned, whereas by the end of the century it became increasingly unnacceptable. Legal restrictions were imposed on the sale of opiates, select committees held inquiries into its

uses, and many newspapers, journals and books discussed the dangers of opiate use amongst the working-class population. In both fictional works and official publications interest lay in, and discussions evolved around, three areas. These were the use of opiates as a 'stimulant' amongst working-class adults, the dosing of working-class children with opiates, and towards the end of the nineteenth and beginning of the twentieth centuries emphasis centred on the evils of the'opium-den'.

To unravel the truth and gain any meaningful explanations surrounding the complexities of opiate use amongst the working-class population of Lancashire and Cheshire during the late nineteenth and first half of the twentieth centuries there is the exceptionally important, if not vital, primary source available to the historian, that is - the people themselves.[6] Most research into modern history is based upon conventional primary source material such as Parliamentary Papers, newspaper reports and statistics, however my main source of research is based upon oral history in conjunction with more traditional primary sources. This enables the working-class people of Lancashire and Cheshire to tell their own history, and their own reasons for opiate use.

NOTES : INTRODUCTION.

1 A. Hayter, Opium and the Romantic Imagination, London: Faber and Faber, 1968. Hayter has concentrated on the effect that laudanum had upon the creative imagination of certain nineteenth century writers such as De Quincey, Wilkie Collins and Crabbe. The evidence for this book is based on letters, memoirs, autobiographies and the individual writings of the particular writers Hayter has chosen to investigate.

2 T. Parssinen, Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930, Manchester: University Press, 1983. Parssinen has explored the accuracy of nineteenth century and twentieth century literature in its depiction of opiate and cocaine use amongst all sections of society. The evidence for this work is based on traditional primary source material.

3 V. Berridge and G. Edwards, Opium and the People: Opiate Use in Nineteenth Century England, London: Allen Lane, 1981. Berridge and Edwards have researched the 'popular culture' of opium use and how various attitudes and influences, in particular those of doctors, pharmacists and government officials, led to the creation of a 'medicalized view' and a 'criminalized view' of opium use. The evidence for this book is based upon conventional primary source material.

4 For example: V. Berridge, 'Working-class opium eating in the nineteenth century : establishing the facts,' British Journal of Addiction, Vol. 73, (4), 1978; V. Berridge, 'Opium eating and the working class in the nineteenth century : the public and official reaction', British Journal of Addiction, Vol. 73, (1), 1978.

5 For example: V. Berridge, 'Fenland opium eating in the nineteenth century', British Journal of Addiction, Vol. 72, (3), 1977; V. Berridge,'East End Opium Dens and Narcotic Use in Britain', London Journal, Vol. 4, (1), 1978; V. Berridge, 'Opium and Oral History', Oral History, Vol. 7, (2), 1979.

6 For the contributions to be made by oral history see: R. Gray, 'History is what you want to say ...' Publishing Peoples History: The Experience of Peckham People's History Group, Oral History, Vol.12, (2), 1984.

CHAPTER ONE

What is Opium and Where does it Come From?

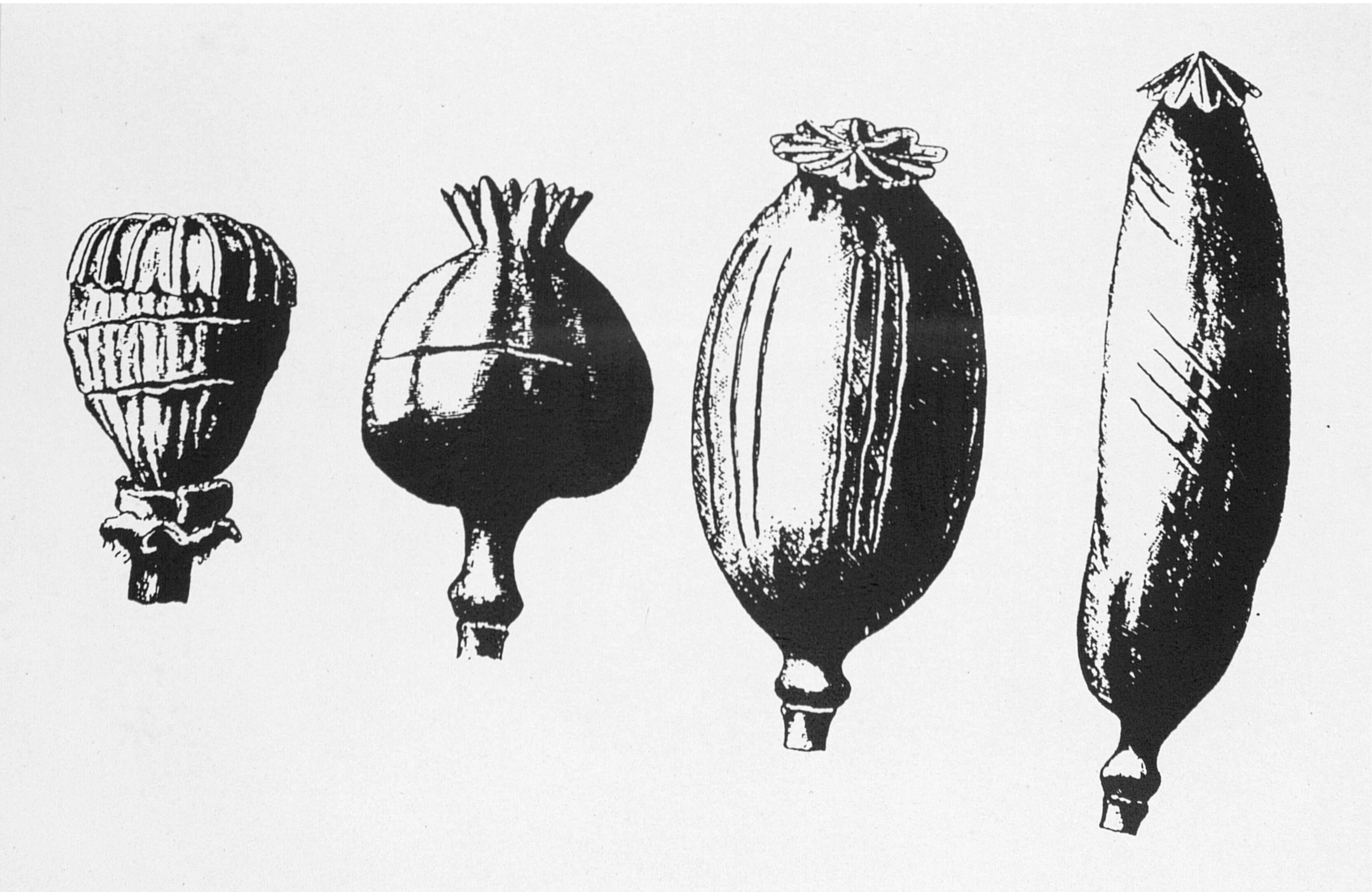
Poppy is the common name for plants of several genera of the poppy family Papaveracea - in particular the type genus papaver. Papaver contains approximately a hundred different species ranging from the perennial oriental poppy (Papaver Orientale), to the Icelandic poppy (Papaver Nudicaule), and the corn poppy (Papaver Rhoeas).[1] The opium poppy is just one of the papaver species. It was named Papaver somniferum by Linnaeus the father of botany in 1753.[2] Papaver somniferum is undoubtedly the most important poppy plant as it is the only one which secretes the opium alkaloids.

The opium poppy is a herbaceous annual which reaches a height of between two to four feet. It comprises a long green stalk and a flowering head with four petals (Illustration 1). The petals are usually white in colour but they can be pink, red, violet or purple. In the centre of the petals is the poppy capsule or fruit which contains twenty different opium alkaloids. The most significant alkaloid is morphine (C_{17} H_{19} NO_3, H_2O) because of its unexcelled medical value and the fact that it is the most abundant alkaloid secreted by the opium capsule. Morphine is an exceptionally powerful drug with the properties of a pain-killer, sedative, soporific and an astringent. All the other main opium alkaloids are extremely useful but of secondary importance to morphine as they have a substantially milder narcotic effect

which decreases in the following order - morphine, papaverine, codeine, narcotine and thebaine.[3]

In order to release the opium alkaloids the poppy capsules have to be lanced. The capsules are ready to be cut approximately ten days after the petals have fallen but when they are still immature.[4] The first recorded description of lancing the opium capsules was by Dioscorides, an army surgeon during the reign of Emperor Nero.[5] Surprisingly enough the technique has changed very little since the first century A.D. apart from a few relatively minor variations adopted by particular countries. For instance, in Turkey and Bulgaria the capsules are cut with a single transverse incision whereas in India the capsules are cut with several vertical or diagonal lines (Illustration 2). The incisions are usually made in the afternoon so that the white milky latex, which oozes out of the poppy capsules, dries in the hot afternoon sun. The partially dried, but still viscous, opium is then collected the next morning with a special trowel-like knife. The opium mass is formed into small flat cakes and allowed to dry out further in the sun.[6] The opium is ready to be utilized or exported when the cakes turn into a very thick but sticky brownish substance which has a strong bitter taste and a smell similar to that of ammonia.[7]

Papaver somniferum originally grew in Egypt especially around the town of Thebes where the ancient Egyptians gave opium the alternative name of 'thebacium'.[8] From Egypt the opium poppy spread over to Asia Minor and Greece. It was actively



2: Poppy capsules showing different methods of incising.

cultivated some four thousand years ago around the peripheral regions of the Eastern Mediterranean. For example, in Turkey several Greek bas-reliefs at the Pergamum Museum and Roman coins at the Afyon Museum display poppy designs indicating poppy cultivation in Turkey since antiquity and Roman times.[9]

By the nineteenth century the opium poppy was a well established and cultivated plant with the principal growing areas situated in Bulgaria, Macedonia, Turkey, Persia, China and India.[10] The cultivation of the opium poppy was also experimentally carried out in Britain, France and Germany during the 1820s. The opium produced was of a high quality. However, these trials were still unviable and unprofitable because of the enormous cost in Northern Europe of both land and labour in comparison with the cost in India and Turkey.[11] Consequently, in the twentieth century the opium poppy has been confined to the well established growing areas of the world, in particular, Turkey but also Afghanistan, India, Pakistan, Egypt, Thailand, Bulgaria and Macedonia.[12]

NOTES : CHAPTER ONE

1 Directorate General of Press and Information, Facts on Turkish Poppy, Turkey, (n.d.) (c.1900), pp. 5-6.

2 N. Taylor, Plant Drugs that Changed the World, London: Allen and Unwin, 1966, p. 209.

3 N. Taylor, Plant Drugs, pp. 112-115; P. Fairly, The Conquest of Pain, London: M. Joseph, 1978, pp. 110-111; H.G. Greenish, A Text Book of Materia Medica, London: J and A Churchill, 1924, pp. 97-99, 430.

4 H.G. Greenish, A Text Book, pp. 427-28.

5 N. Taylor, Plant Drugs, p. 208.

6 H.G. Greenish, A Text Book, pp. 427-28.

7 British Pharmaceutical Codex, London: The Pharmaceutical Press, 1954, p.517.

8 P. Fairly, The Conquest, p. 108.

9 Directorate General of Press and Information, p.6.

10 H.G. Greenish, A Text Book, p. 426.

11 H.G. Greenish, A Text Book, p. 426; V. Berridge and G. Edwards, Opium and the People, pp. 11-17.

12 P. Fairly, The Conquest, p. 112; N. Taylor, Plant Drugs, p.218.

CHAPTER TWO

The History of Opium from Antiquity to the End of the Eighteenth Century

Recorded evidence shows that mankind has known about both the non-medical and the medical use of opium for at least six thousand years.

One of the first pieces of evidence regarding the non-medical use of opium was in the Sumerian tablets of 4000 B.C. where the poppies were referred to as the 'plants of joy' or 'HUL GIL'.[1] In Greek mythology the poppy was dedicated to four deities who embodied particular aspects that the ancient Greeks associated with opium. For example, the Goddess of Night, and the Gods of Sleep, Dreams and Death.[2] The famous Greek Legend of Demeter told the story of Demeter who picked a capsule from a field of white and purple flowers which, when cut, exuded a white liquid that eventually turned brown. She licked her finger and soon 'a strange feeling of contentment spread over her. She forgot her sorrows'.[3] Similarly, Homer's Iliad of the fourth century B.C. mentioned the substance that made 'people forget sad memories'.[4]

Opium has also been used as a medicine for thousands of years. For instance, in 1550 B.C. the ancient Egyptians compiled a list of herbs with medical properties which included opium and castor oil and in the seventh century B.C. an Assyrian priest

wrote a list of 115 vegetable medicines which mentioned the use of opium forty-two times.[5] Opium was widely prescribed by doctors in Classical Greece. For example, in the fourth century B.C. Hippocrates recommended poppy wine for uterine infections. The Romans subsequently inherited this Greek medical knowledge about opium especially from Dioscorides and Galen.[6] Dioscorides wrote a detailed summary on drugs in which he listed opium as both a sedative and a pain-killer.[7] Galen (130-200A.D.), the famous Greek physician who attended the Roman Emperor Marcus Aurelius, advocated poppy juice for

> venomous bites ... headache, vertigo, deafness, epilepsy, apoplexy, dimness of sight, loss of voice, asthma, coughs of all kinds, spitting of blood, tightness of breath, colic, the iliac poison, jaundice, hardness of the spleen, stone, urinary complaints, the trouble to which women are subject, melancholy, and all pestilence.[8]

With the collapse and disintegration of the Roman Empire during the first two decades of the third century A.D. the medical understanding of opium was completely lost in Europe for seven hundred years. However, Eastern medicine continued to rely upon the use of opium throughout this period. For instance, Avicenna, the eminent Arab physician, recommended opium for the treatment of diarrhoea and troublesome eye conditions.[9]

The Mohammedan conquests of the tenth and eleventh centuries together with the return of the Crusaders eventually reintroduced opium into Europe. The Crusaders had rediscovered the skill from the Arabs.[10] The Chinese, as well as the Indians and the Persians, also acquired a medical knowledge of opium from Arab traders. Indeed, opium was frequently prescribed by Chinese doctors from 1000 A.D. onwards.[11] For example, during the Chin Dynasty the medical recipe for an 'asthmatic cough, with perspiration, in both summer and winter months' was as follows

> take two and a half ounces of whole ripe poppy capsule, removing stem and outer membrane. Simmer in rice vinegar. Take one ounce of the liquor and mix well with half an ounce of black plums. Heat slowly and then pulverise. Take a dose of 2/10 ounce for several days, whenever needed, with hot water.[12]

In Europe, however, opium was predominantly used for its narcotic properties until the fifteenth and sixteenth centuries. For instance, Chaucer referred to the soporific effects of opium in his work.[13] In the unfinished 'Legend of Hypermnestra' he wrote

> ...And seyde,"Herof a draught, or two, or thre,
> Yif hym to drynke, when he goth to reste,
> And he shal slepe as longe as evere thee leste,
> The narcotyks and opies ben so stronge,
> And go thy wey, lest that him thynke longe".[14]

Shakespeare also wrote about the sleep inducing property of the opium poppy. For example, in Othello Iago delivered the lines

> Not poppy, nor mandragora,
> Nor all the drowsy syrups of the world,
> Shall ever medicine thee to that sweet sleep,
> Which thou owed'st yesterday.[15]

Between 1524-25 laudanum, tincture of opium, was introduced into European medical practice by the fascinating Swiss Renaissance physician and scientist Philipus Aureolus Theophrastus Bombastas von Hohenheim more commonly known as Paracelsus (1493-1541). During Paracelsus' travels he acquired the recipe for laudanum from the magus in Constantinople and legend has it that he kept his most treasured possession in the hollow pommel of a gigantic sword which was constantly by his side day and night[16] (Illustration 3).

By the seventeenth century opium was a well established all round medical cure in Europe. Indeed, in 1660 Thomas Sydenham (1624-80), the distinguished English physician, praised opium as 'God's greatest gift to humanity for all its suffering'.[17]
Dr John Jones, a member of the College of Physicians in London, published the important work The Mysteries of Opium Reveal'd (1700) in which he recommended opium for the treatment of no fewer than twenty different ailments and complaints that ranged from ague, asthma and cholera to dysentery, gout and smallpox.[18]

3: Woodcut by August Hirschvogel of Paracelsus holding the pommel of his sword which contained laudanum.

Throughout the eighteenth century eminent doctors such as John Brown and William Cullen continued to declare the merits of opium. Yet, there was a medical dichotomy between these two doctors as to whether opium had a stimulant effect as proclaimed by Brown, or a sedative effect as argued by Cullen.[19] This controversy was continued by members of the medical profession well into the nineteenth century.[20] Nevertheless, as there was little adverse medical literature on opium,[21] and no restrictions on the sale or use of opium during the eighteenth century people were able to take it without fear of censure or condemnation. For example, it was common knowledge that both Clive of India and William Wilberforce were regular opium users, the former for a troublesome bowel disease coupled with anxiety, and the latter, for the last forty-five years of his life, in order to alleviate the painful symptoms of ulcerative colitis.[22]

NOTES : CHAPTER TWO

1 L.S. Goodman and A. Gilman (eds.) The Pharmacological Basis of Therapeutics, 4th ed., London: Macmillan, 1970, p. 237; P. Fairly, The Conquest, p.108.

2 P. Fairly, The Conquest, pp. 108-9.

3 A. Hayter, Opium and the Romantic Imagination, pp 19-20.

4 Directorate General of Press and Information, p. 6.

5 V. Coleman, The Medical Men, London: Temple Smith, 1975, pp. 12-13.

6 P. Fairly, The Conquest, pp. 108-9.

7 A. Hayter, Opium and the Romantic Imagination, p. 20.

8 D. Abse, Medicine On Trial, London: Aldus Books, 1967, p. 196.

9 V. Berridge and G. Edwards, Opium and the People, p. xxiii.

10 A. Hayter, Opium and the Romantic Imagination, p. 21; P. Fairly, The Conquest, pp. 109-110.

11 A. R. Lindesmith, The Addict and the Law, Bloomington: Indiana University Press, 1965, p 194.

12 W.D. Drake, The International Cultivator's Handbook, Berkeley: Wingbow Press, 1974, pp. 53-54.

13 For example see 'The Knights Tale' in F.N. Robinson (ed.), The Complete Works of Geoffrey Chaucer, Oxford: University Press, 1976, lines 612-17.

14 F.N. Robinson, (ed.), 'The Legend of Good Women', lines 2667-70.

15 W. Shakespeare, Othello, Harmondsworth: Penguin Books, 1968, lines 326-29.

16 H.M. Pachter, Paracelsus : Magic into Science, New York: H. Schuman, 1951, Chapter 8.

17 J.C. Kramer, 'The Opiates : Two Centuries of Scientific Study', Journal of Psychedelic Drugs, Vol. 12 (2) (April - June 1980), p. 92; T. Szasz, Ceremonial Chemistry : The Ritual Persecution of Drugs, Addicts and Pushers, London: Routledge and Kegan Paul, 1974, p. 186.

18 Dr John Jones, The Mysteries of Opium Reveal'd, London: R. Smith, 1700; A. Hayter, Opium and the Romantic Imagination, p. 25.

19 J.C. Kramer, 'Opium Rampant : Medical Use, Misuse and Abuse in Britain and the West in the 17th and 18th Centuries', The British Journal of Addiction, Vol. 74, (4), 1979, pp. 382-85.

20 C.E. Terry and M. Pellens, The Opium Problem, New York: The Bureau of Social Hygiene, 1928, p. 59.

21 J.C. Kramer, 'Opium Rampant', pp. 385-87.

22 J. Pollock, Wilberforce, London: Constable, 1977, p. 79.

CHAPTER THREE

Opium Use from 1800 to the 1880s : The Growth of Interest and Concern.

At the beginning of the nineteenth century the open sale of opiates continued completely unhampered, and the general use of opiates was still regarded as an acceptable practice. Anyone, including young children, could buy raw opium, laudanum and paregoric from almost anywhere in the country.[1] Grocers, general shopkeepers, market stallholders, pharmacists, publicans, herbalists, apothecaries and hawkers could all sell opiates and opium-based patent medicines such as Dr Collis Browne's Chlorodyne, Daffy's Elixir and Dover's Powder as well as Dalby's Carminative, Godfrey's Cordial, Atkinson's Royal Infants' Preservative and Mrs Winslow's Soothing Syrup.[2] Indeed, throughout the nineteenth century opium remained medically unrivalled as a pain-killer and as a panacea for all ills.[3] For example, in the 1846 edition of the Elements of Materia Medica and Therapeutics Jonathan Pereira underlined the uniqueness of opium. He wrote

> Opium is undoubtedly the most important and valuable remedy of the whole Materia Medica. We have, for other medicines, one or more substitutes; but for opium we have none, - at least in the large majority of cases in which its particular and beneficial influence is

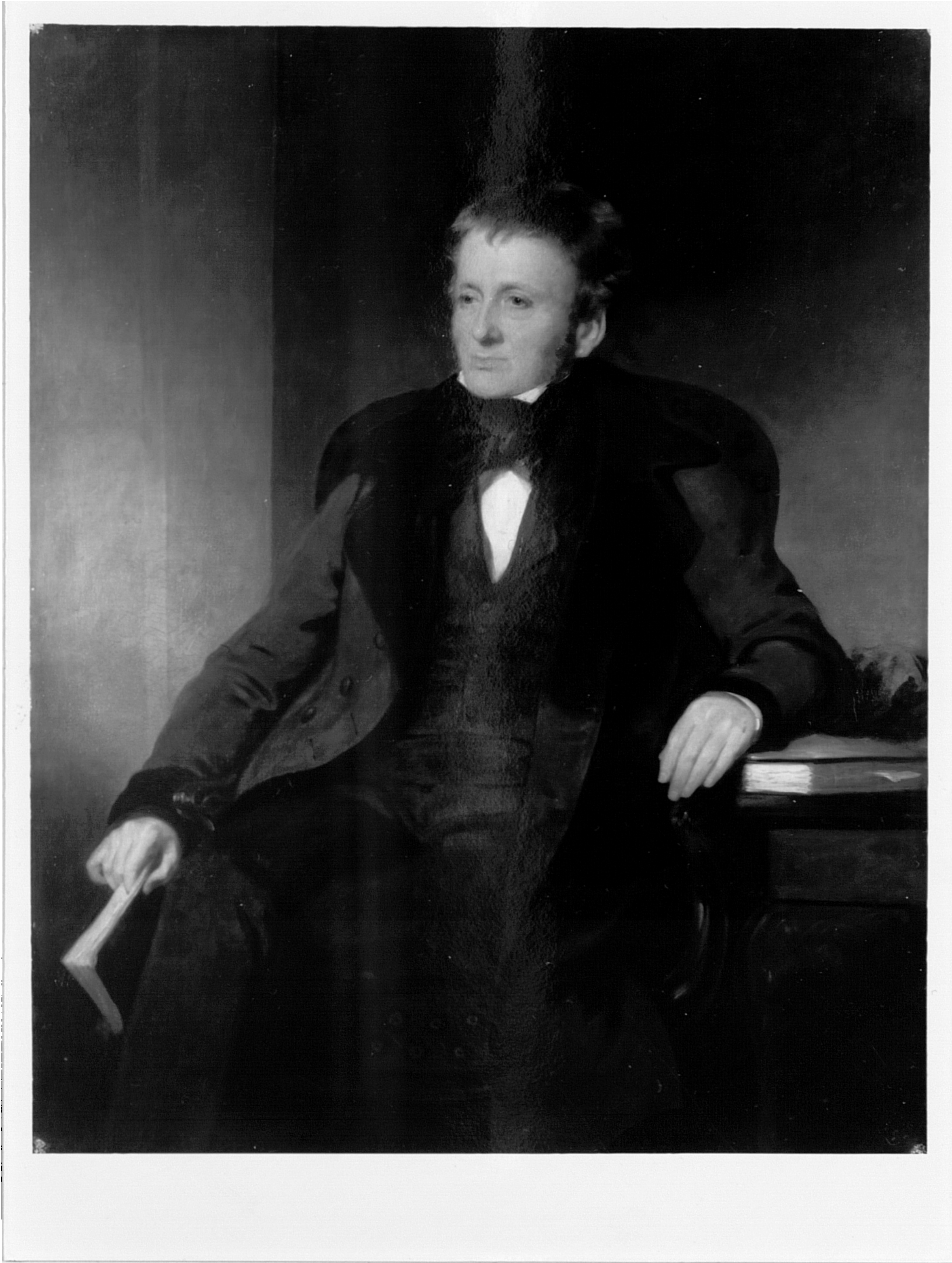
> required. Its good effects are not, as in the case with some valuable medicines, remote and contingent, but they are immediate, direct, and obvious, and its operation is not attended with pain or discomfort. Furthermore, it is applied, and with the greatest success, to the relief of maladies of everyday's occurrence, some of which are attended with the most acute human suffering. These circumstances, with others not necessary here to enumerate, conspire to give to opium an interest not possessed by any other article of the Materia Medica.[4]

As there were no substitutes or alternatives to opium during the nineteenth century it was used by every section of society for medical purposes. It was well-known, for instance, that many renowned upper and middle-class people took opiates in order to alleviate a whole conglomeration of physical and psychological ills.[5] For example, Florence Nightingale used opium for excruciating back pains,[6] Elizabeth Smith, the famous philologist, took opium for a distressing tubercular cough,[7] Lord Byron used opium as a tranquillizer when his marriage was breaking up,[8] P.B. Shelley took opium for repeated nervous headaches,[9] Thomas Moore took laudanum for an attack of cholera,[10] R. Southey used opium for hay fever and to help him sleep,[11] Charles Dickens took opium for nervous stress and cancer of the rectum,[12] Wilkie Collins took laudanum for a

nagging rheumatic condition[13] and Thomas Wedgwood, the discoverer of photography, used opium for digestive trouble together with 'moods of terrible depression.'[14]

As the nineteenth century progressed, however, there was an increasing amount of attention focused upon opiate use. Debate was initially sparked off in the 1820s with the controversy over the Earl of Mar insurance case[15] and the publication of Thomas De Quincey's (1785-1859) Confessions of an English Opium Eater [16] (Illustration 4).

The Earl of Mar insurance case in 1828 had the effect of creating interest and discussion about whether or not regular doses of opium could influence a person's life span. The Earl had taken out a life insurance policy for £3,000 with the Edinburgh Life Assurance Company; however, when he died in 1828, from dropsy and jaundice, the company refused to pay out on the policy. Indeed, it transpired that everyday for thirty years the Earl had drunk an ounce of laudanum. The case went to the Scottish Courts where Dr Robert Christison, Professor of Medical Jurisprudence at Edinburgh University, was called to express his opinion on the use of opium and longevity. At that time he believed regular doses of opium probably had the effect of shortening life.[17] Yet, Professor Christison was dissatisfied with the lack of research into this area and therefore instigated his own investigations. He found only ten people who took opium on a regular basis and, contrary to his earlier considerations, he discovered that they had all lived to a reasonable old age. Christison then asked



4: Portrait of Thomas De Quincey (1785-1859)
by J. Watson-Gordon.

other doctors for information on patients who took opium regularly.[18] The surgeon G.R. Mart came forward with six patients and argued that his cases demonstrated a connection between opium use and the shortening of life.[19] The medical debate on opium use and longevity continued throughout the nineteenth century. For example, it was brought into the spotlight again during the two Opium Wars 1839 to 42, and 1856 to 58, as well as with the establishment in 1874 of the Society for the Suppression of the Opium Trade (S.S.O.T.). Even though the reason behind the Opium Wars was British India's monopoly on the supply of opium to China they had the effect of stimulating the longevity debate whereby British doctors, who had medical experience in China, contributed to the debate with reference to their knowledge of opium use in the Far East.[20] Similarly, the development of the S.S.O.T., which acted as a pressure group agitating on moral grounds for the abolition of British India's exclusive control on the supply of opium to China, had the effect of stimulating the longevity debate in medical as well as government circles.[21] Indeed, the Society attracted both support and membership from medical men such as Risdon Bennett, the President of the Royal College of Physicians, and Professor Arthur Gamgee, The Dean of Manchester Medical School,[22] and from M.Ps such as Sir Joseph Pease, M.P. for Barnard Castle, and Mark Steward, M.P. for Wigton.[23]

The publication of Thomas De Quincey's Confessions of an English Opium Eater in the October and November editions of London Magazine 1821 was exceptionally important because of a

multiplicity of reasons some with short term, others with long term implications. In Confessions De Quincey described his own regular use of opiates. Indeed, the work reflects De Quincey's physical, and eventual mental, deterioration as he continued to use opiates regularly. De Quincey expressed these personal experiences and feelings in the most candid and heart-felt prose. In the first part of the book De Quincey is consumed with the new wonders and joys of the drug. Consequently, he wrote about 'The Pleasures of Opium.' For example

> Oh! just, subtle and mighty opium! ... that summonest to the chancery of dreams, for the triumphs of suffering innocence, false witnesses; and confoundest perjury; and dost reverse the sentences of unrighteous judges; - thou buildest upon the bosom of darkness, out of the fantastic imagery of the brain, cities and temples, beyond the art of Phidias and Praxiteles - beyond the splendours of Babylon and Hekatompylos; and 'from the anarchy of dreaming sleep,' callest into sunny light the faces of long-buried beauties, and the blessed household countenances, cleansed from the 'dishonours of the grave.' Thou only givest these gifts to man; and thou has the Keys of Paradise, O just, subtle, and mighty opium![24]

However, in the second part of Confessions De Quincey referred to his slavery to the drug. He therefore wrote under the heading 'The Pains of Opium.' For instance

> The opium-eater loses none of his moral sensibilities, or aspirations: he wishes and longs, as earnestly as ever, to realize what he believes possible, and feels to be exacted by duty; but his intellectual apprehension of what is possible infinitely outruns his power, not of execution only, but even of power to attempt. He lies under the weight of incubus and night-mare: he lies in sight of all that he would fain perform, just as a man forcibly confined to his bed by the mortal languor of a relaxing disease, who is compelled to witness injury or outrage offered to some object of his tenderest love: - he would lay down his life if he might but get up and walk; but he is powerless as an infant, and cannot even attempt to rise.[25]

Initially, reaction to De Quincey's description of regular drug use was viewed with curiosity, whereas in the long term it highlighted the serious problems of drug addiction. At the beginning of the nineteenth century the actual concept of drug addiction was a relatively unexplored subject. There were a very small number of upper and middle-class regular drug users seeking

medical help. Yet, as there was no standard medical opinion on repeated drug use, let alone any form of treatment, the regular users usually got the therapy they considered they required.[26]

Nonetheless, when De Quincey's work was first published it was not regarded as a pessimistic or cautionary tale, rather a fascinating and intriguing, but scholarly, middle-class autobiography. In the 1820s, and indeed for the next forty years, De Quincey was thought of as a man of distinguished character who practiced self-experimentation with drugs. His work was sometimes ridiculed for its use of inflated prose. For example, Blackwood's Magazine (January 1823) printed an article entitled 'Noctes Ambrosianae' which mocked De Quincey's literary style but not his use of drugs.[27]

De Quincey had originally taken opium to dull the pain of neuralgia but he soon acquired a taste for its recreational use and eventually drank laudanum purely for pleasure.[28] This was seen as an acceptable practice in the early nineteenth century amongst an elite section of intellectuals and Bohemians such as John Keats, Sir Walter Scott, Elizabeth Barrett Browning and the Romantic Poets - Samuel Taylor Coleridge and Charles Lamb.[29] However, in the long term De Quincey's work highlighted the recreational use of opiates, especially the recreational use of opiates amongst the working-class population. For example, he wrote in the original preface of Confessions

> ...some years ago, on passing through Manchester, I was informed by several cotton manufacturers, that their work-people were rapidly getting into the practice of opium-eating; so much so, that on a Saturday afternoon the counters of the druggists were strewed with pills of one, two or three grains, in preparation for the known demand of the evening. The immediate occasion of this practice was the lowness of wages, which at that time would not allow them to indulge in ale or spirits; and, wages rising, it may be thought that this practice would cease: but, as I do not readily believe that any man, having once tasted the divine luxuries of opium, will afterwards descend to gross and mortal enjoyments of alcohol, ...[30]

De Quincey made three main points about adult working-class opium use. Firstly, he suggested that the working class used opiates instead of alcohol; secondly, that they took opiates as a cheaper alternative to alcohol; and thirdly, he implied that they took opiates for the same reasons as himself, that is, for pleasure and mental stimulation. Confessions also inadvertently drew attention to working-class opium use in a particular part of the country, that is - Manchester. Consequently, further descriptions and investigations concerning opium use tended to centre around the poorer section of society in two main areas

where there were pressing social problems as well as potential political problems. These were the manufacturing areas of the north and London.

From the mid-nineteenth century onwards there was a growth in the number of public inquiries and select committees, a great many of which focused on public health issues in large industrial towns. The process of rapid urbanisation indeed, created important environmental, social and health problems.[31] The 1850s also witnessed changes in medical practice, in particular the rise of the expert and the professional,[32] the growing awareness of germ theory and the development in the use of statistics which drew attention to certain causes of death because the figures were available.[33] Working-class life came under increasing scrutiny by upper and middle-class investigators as well as by doctors, writers and journalists. One area of working-class life under examination was their use of opiates.

Two definite images emerged between the late 1830s and the 1860s regarding working-class opiate use. Firstly, the picture De Quincey portrayed in Confessions of the adult working-class population using opiates for recreational reasons and as a cheaper alternative to drink became the accepted popular stereotyped view in newspapers, novels, medical books and public inquiries.[34] For example, in 1837 Mr T.G. Street the co-proprietor of The Courier decided to publish a letter from Samuel Coleridge which was originally sent to him in 1806. It is important to remember that Coleridge himself was in the habit of drinking laudanum. The letter read

> the practice of taking Opium is dreadfully spread. - Throughout Lancashire and Yorkshire it is the common Dram of the lower orders of People - in the small Town of Thorpe the Druggist informed me, that he commonly sold on market days two or three Pound of Opium, and a Gallon of Laudanum - all among the labouring Classes.[35]

In Elizabeth Gaskell's novel Mary Barton, which depicted Manchester factory life in the mid-nineteenth century, one of the characters, John Barton, was shown to succumb to the powerful narcotic properties of opium.[36] Jonathan Pereira, who had advocated the universal use of opiates for a long list of ills in 1846, warned against working-class opiate use in his 1853 edition of the Materia Medica.[37]

The second area of interest was the dosing of working-class children with opiates. The idea suggested by some upper and middle-class writers, doctors, commentators and investigators such as Charles Kingsley,[38] Benjamin Disraeli,[39] Angus Bethune Reach[40] and Dr Julian Hunter[41] was one where working-class mothers were shown to be uncaring and callous creatures because they went out to work, usually in a cotton mill, and consequently had to put their children out to nurse.[42] In turn, the childminders and nurses were depicted as unscrupulous old hags who dosed their numerous charges with opiates in order to keep them quiet, and so they would not need feeding whilst in their custody.

Disraeli's novel Sybil, or the Two Nations stressed this viewpoint. It was the unhappy fate for Devilsdust

> About a fortnight after his mother had introduced him into the world, she returned to her factory, and put her infant out to nurse; that is to say, paid threepence a week to an old woman, who takes charge of these new-born babes for the day, and gives them back at night to their mothers as they hurriedly return from the scene of their labour to the dungeon or the den, which is still by courtesy called 'home.' The expense is not great: laudanum and treacle, administered in the shape of some popular elixir, affords these innocents a brief taste of the sweets of existence, and, keeping them quiet prepares them for the silence of their impending grave. Infanticide is practised as extensively and as legally in England as it is on the banks of the Ganges,...[43]

The special correspondent for the Morning Chronicle, Angus Bethune Reach, embarked on a reporting tour of the north in 1849. His investigations exposed a general shop in the back streets of Chorlton, Manchester, which not only displayed 'eggs, candles, sugar, bread, soap, butter, starch, herrings, and cheese' in its window but also a placard advertising 'Children's Draughts,

a penny each.' The assistant informed Reach that the draught contained 'a pennorth of aniseed, a quarter of a pound of treacle, and a pennorth of laudanum (a quarter of an ounce).'[44] Reach believed that working-class mothers were uninformed and unmotherly because they drugged their children and went to work. He wrote

> I believe that women frequently drug their children through pure ignorance of the effect of the practice, and because, having been brought up in the mills, they know nothing about the first duties of mothers.[45]

Reach also reported the views of Dr Coulthard as well as the views of a druggist from a 'low neighbourhood in Ancoats' both of whom blamed the nurses for dosing working-class children with opiates. Dr Coulthard informed Reach that

> it is no unfrequent occurrence for mothers ... to return to their work in the factories on the second or third week after confinement, and to leave their helpless offspring in the charge of mere girls or superannuated old women ...The inevitable result of this system is the reckless and almost universal employment of narcotics.[46]

Similarly, Dr Julian Hunter believed nurses were responsible for dosing working-class children. In 1857 he informed the Privy Council

> In other counties, where women work away from home, as in the factory towns, the children are drugged by the nurses, and one need not be surprised to find the same plan adopted here...[47]

This view was stressed once again in the evidence submitted by three druggists from Deansgate, Manchester to the 1871 Select Committee on the Protection of Infant Life. The Chairman, Mr Henry Winterbotham, read out the druggists' comments to the Committee. The druggists stated that they supplied

> 1,260 families per week with opiates ... One of the druggists is asked, "Are you well acquainted, as a druggist, with the habits of the poorer classes in your neighbourhood?" And he replies, "I know their habits very well", then he is asked, "Are they much in the habit of using drugs for their children, to insure quietness or sleep?" And he answers, "Of course the really poorer classes, I may safely say, that there is scarcely a single family in which this practice does not prevail; the way it is done, is this: the mother goes out to her work in the morning leaving her child in charge, either of a woman who cannot be troubled with it, or with another child of, perhaps, ten years old. A

> dose of 'quietness' is, therefore, given to the child to prevent it being troublesome; the child thus drugged sleeps...[48]

Both the doping of working-class children, and the recreational use of opiates amongst the adult working-class population were emphasised in the 1857 Select Committee on the Sale of Poisons. For example, Mr John Abraham, a pharmaceutical chemist, told the Committee

> ... if you could prevent a particular class of sales, I think it might be a good thing,...I believe that there are a large class of purchases for the purpose of administration to children and as a stimulant to adults. [49]

The Select Committee on the Sale of Poisons and the 1868 Pharmacy Act, however, represented professional rivalry between pharmacists and doctors as well as increasing fears amongst the upper and middle classes about working-class drug use.

From the 1840s and 1850s onwards both the pharmacists and the doctors were striving to become independent professional bodies.[50] The pharmacists wanted a monopoly on the sale of poisons, in particular opium. Indeed, the Pharmaceutical Society argued that the right to sell opium should be taken away from 'chandlers, grocers, oilmen, drapers, or small shopkeepers' and left in the hands of qualified pharmacists.[51] The medical

profession also wanted to curtail the open sale of poisons. Surgeon-apothecaries made their money from selling drugs as it was illegal for them to charge for treatment,[52] and General Practioners, who were established under the 1858 Medical Act, often had dispensaries attached to their surgeries.[53]

Self-interested motives eventually led to the placement of opium in the far less restricted Part Two of the Schedule of Poisons in the 1868 Pharmacy Act. This meant, according to clause 17, that the

> Box, Bottle, Vessel, Wrapper, or Cover in which such Poison is contained be distinctly labelled with the Name of the Article and the word Poison, and with the Name and Address of the Seller of the Poison.[54]

The pharmacists had won the day. Whereas the medical profession had pushed for harsh restrictions on the open sale of opiates in order to create a monopoly on prescribing rights the pharmacists had only wanted to take opium sales out of the hands of unqualified salesmen. They realised that if the restrictions on opiates were too severe a black market drug trade would be created and as a result their own privileged position lost. The pharmacists did not want to affect their own lucrative trade in opiate sales.[55] Consequently, the 1868 Act did very little to hamper the liberal sale of opiates in the nineteenth century. It did not, for instance, regulate the sale of opium-based patent

medicines; and a post-1868 agreement completely excluded any preparation containing less than one per cent of opium such as laundanum and paregoric.[56]

Shortly after the passing of the 1868 Act two significant popular works were published. These were Charles Dickens' unfinished The Mystery of Edwin Drood (1870)[57] and Gustave Doré and Blanchard Jerrold's London, A Pilgrimage (1872).[58] Although these works reiterated De Quincey's original hypothesis that the working class used opiates for recreational reasons their publication had the effect of reinforcing the stereotyped image of the 'opium-eating teetotaller'[59] as well as adding to it. Opium was portrayed as an evil, degrading and debilitating drug. De Quincey was no longer seen as a distinguished drug experimenter. For instance, in 1875 De Quincey's work Confessions was satirized in the April issue of Belgravia because of his recreational use of drugs.[60]

There was also a shift of emphasis away from opium eating towards opium smoking in these Victorian works. This shift was important because of two reasons. Firstly, opium smoking was initially introduced into Britain by the immigrant Chinese population who lived and worked in the East End of London, especially around the dockland areas of Pennyfields and Limehouse. Prejudice against this practice was mainly due to ignorance about Chinese customs and culture. However, this ignorance manifested itself in racial aliention against the Chinese.[61] Secondly, whereas opium eating and laudanum drinking could be taken for

medical as well as recreational reasons opium smoking was perceived to be more a recreational activity than a medical cure.[62]

In the 1860s, 70s and 80s the Chinese population was seen to pose an increasing moral threat to 'respectable' Victorian society. Even though in real terms their numbers in London, for example, remained relatively small they had more than quadrupled from 147 to 665 over the twenty year period 1861 to 1881.[63] Their introduction of the 'opium-den' into Britain was regarded as something mysterious and harmful. It was not like the British pub where people went to enjoy the company of others and openly socialize, on the contrary, it was perceived as a surreptitious place where people were alone with their own opium-induced dreams and fantasies.[64] The idea of white men and women going into 'opium-dens' which were run and frequented by coloured men led to fears of racial contamination and ultimately to fears of racial degeneracy. This both worried and shocked Victorian society.[65]

Dickens, Doré and Jerrold reflected these Victorian attitudes, prejudices and fears about opium use in their respective works. For example, Dickens' imagination was sparked off when he and his American friend, Fields, witnessed opium smoking in Bluegate Fields. As a result of this encounter he wrote <u>The Mystery of Edwin Drood</u>. In Chapter One, <u>The Dawn</u>, Dickens underlined the 'popular' myth that opium was a recreational alternative to drink. He suggested that a woman keeper of an 'opium-den' in New Court had been addicted to alcohol before she

discovered opium. The woman informed one of her customers

> '... I got Heavens-hard drunk for sixteen years afore I took to this; but this don't hurt me, not to speak of. And it takes away the hunger as well as wittles, deary...'[66]

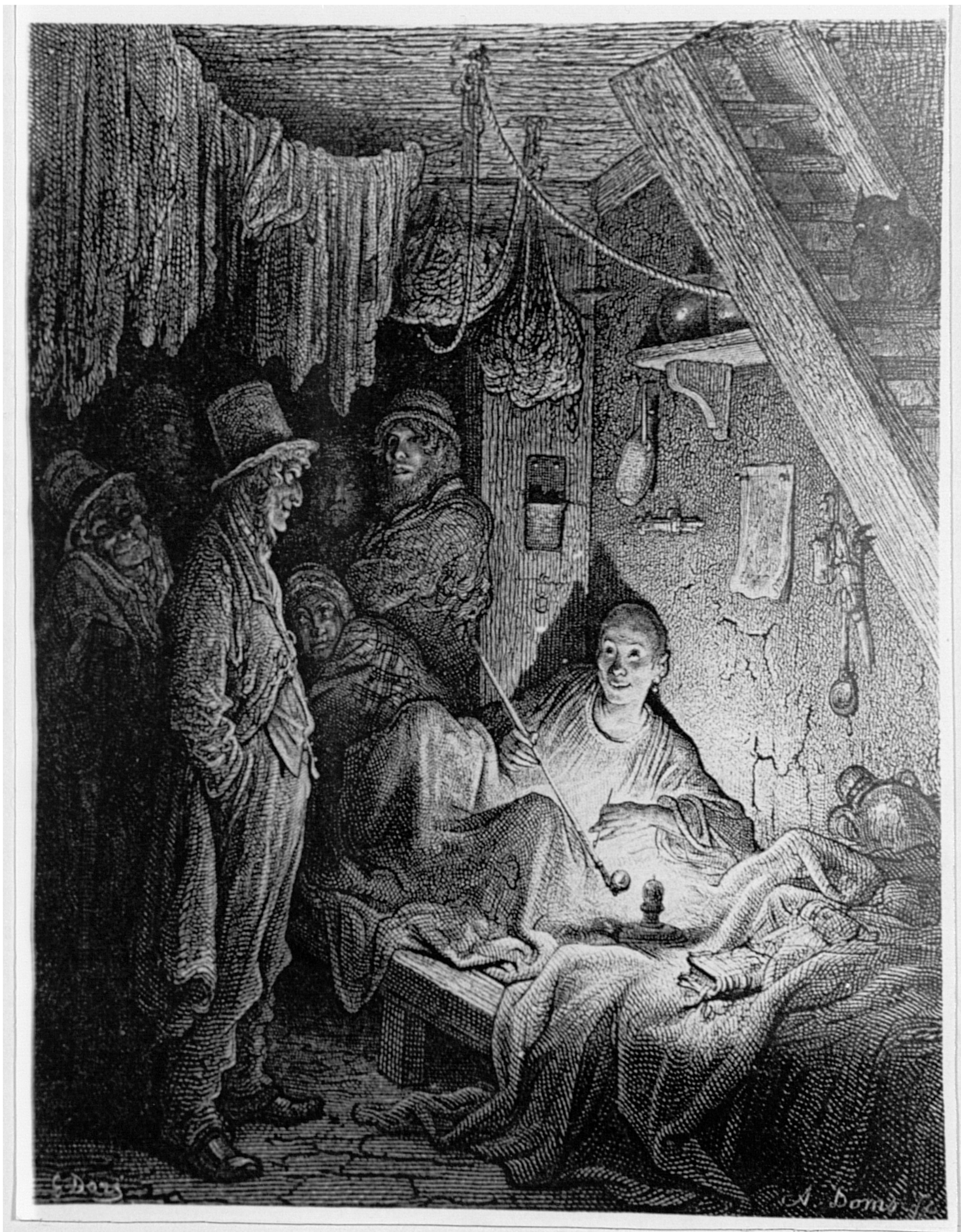
Later on in the same chapter Dickens stressed the idea of racial contamination whereby a white woman opium-smoked herself into a 'strange likeness' of a Chinaman. He also emphasized the degrading and demoralising effects opium had upon its users. For instance, he depicted a Lascar, a Chinaman and a woman opium-den keeper as half-mad animals. One of the customers described these three in the den

> He rises, unsteadily from the bed; lays the pipe upon the hearth-stone, draws back the ragged curtain, and looks with repugnance at his three companions. He notices that the woman has opium-smoked herself into a strange likeness of the Chinaman. His form of cheek, eye, and temple, and his colour, are repeated in her. Said Chinaman convulsively wrestles with one of his many Gods, or Devils, perhaps, and snarls horribly. The Lascar laughs and dribbles at the mouth. The hostess is still.[67]

The inclusion of Doré's detailed engraving of 'The Lascar's Room' in Edwin Drood emphasized the sordid aspects of opium smoking (Illustration 5).

Gustave Doré and Blanchard Jerrold's London, A Pilgrimage stressed the humiliating and corrupting effects of opium-smoking. Jerrold wrote under the heading Whitechapel and Thereabouts

> Upon the wreck of a four-post bedstead (the posts of which almost met overhead, and from which depended bundles of shapeless rags), upon a mattress heaped with indescribable clothes, lay, sprawling, a Lascar, dead-drunk with opium; and at the foot of the bed a woman, with a little brass lamp among the rags covering her, stirring the opium over a tiny flame. She only turned her head dreamily as we entered. She shivered under the gust of night air we had brought in, and went on warming the black mixture. It was difficult to see any humanity in that face, as the enormous grey dry lips lapped about the rough wood pipe and drew in the poison. The man looked dead. She said he had been out since four in the morning trying to get a job in the docks - and had failed.[68]



5: Gustave Doré's engraving of 'The Lascar's Room' which featured in Charles Dickens' novel Edwin Drood.

By the 1870s and 1880s both official publications and fictional works represented the use of opiates amongst the working-class population in one of three ways. Two of the views depicted the recreational use of opiates. The working-class population was either portrayed drinking laudanum purely for pleasure, and very often instead of alcohol, or depicted smoking opium in an East End 'opium-den.' The third image portrayed unscrupulous nurses or uncaring mothers dosing infants and young children with opiates for erroneous reasons.

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CHAPTER FOUR

The Image and the Realities of Opium Use in the late Nineteenth and Early Twentieth Centuries.

By the end of the nineteenth and beginning of the twentieth centuries many of the discussions, debates and views expressed about the use of opiates overlapped and intertwined between the S.S.O.T., the medical and pharmaceutical professions and the government. The ideas formulated by these bodies during the earlier part of the nineteenth century were, to a great extent, reiterated, in particular those relating to the evils of the 'opium-den', the recreational use of opiates amongst the working-class population and the dosing of working-class children. Literature frequently reflected the views disseminated by these interested bodies and portrayed them in a melodramatic way.

The S.S.O.T. still attracted support from a number of M.P.s, some of whom were extremely influential, for example Edward Grey, Herbert Asquith and Henry Campbell-Bannerman.[1] Leading medical men such as Norman Kerr and Risdon Bennett were still influenced by the organization.[2] The Society continued to campaign for the curtailment of British India's monopoly on the supply and sale of opium to China. It wanted the Indian government to grant licences only for the cultivation of opium poppies to be used in medical treatments.[3] Even though the Society was primarily concerned with the opium trade and use in the Far East discussion extended to opium use in Britain. Debate

about British use was often confused and sometimes paradoxical. For instance, the way in which opium was used in Britain was cited as both an example for China to follow as well as a warning to China if she carried on importing opium. On the one hand, the S.S.O.T. argued that the legal restrictions imposed on the sale of opium in Britain were just right, yet on the other, it argued that more restrictions were needed in Britain.[4] The example the Society cited in order to illustrate the case for increased restrictions was the recreational use of opiates amongst the working-class population.[5]

The medical profession was, for the main, preoccupied with its own limited definition of addiction and the treatment of wealthy morphine addicts. However, both the medical profession and the pharmaceutical profession wanted to curb the open sale of opiates, especially chlorodyne. They therefore started a campaign, in the medical and pharmaceutical journals, of highlighting cases of chlorodyne poisoning as well as cases of the drugging of infants with opiates.[6] The government was, to a degree, influenced by their views together with the ideas of the S.S.O.T. and further legal restrictions were imposed on the sale of opiates. This was an issue which particularly affected the working-class population who, during times of illness, relied heavily upon self-medication and thus the use of over-the-counter drugs such as opiates.

Government interest in the use of opium also focused on British India's opium trade with China. A Royal Commission was

instigated by the British government in 1893 to investigate whether or not opium use in India was at all detrimental to the people.[7] The principal conclusion reached by the investigation was that the native Indian population used opium both moderately and sensibly as they used it mainly for medical purposes.[8] However, inquiry into British India's control on the supply and sale of opium to China and the use of opium by the natives in India led to discussion about opium use in Britain. For example, when Surgeon-Colonel Robert Harvey was asked to inform the Royal Commission in November 1893 about the first time his attention was drawn to the use of opium he replied

> My attention was first drawn to the opium question in Lancashire during the cotton famine of the American War, when I was assistant to the House Surgeon of the Stockport Infirmary. Many applications were made at the Infirmary for supplies of opium, the applicants being then too poor to buy it. These were invariably refused ... I was much struck by the fact that the use of the drug was much more common than I had any idea of ... these were people who were in the habit of taking opium, and only came to us because they could not afford to buy it themselves.[9]

The use of opium amongst the British adult working class and the immigrant population living in Britain, especially the Chinese, was viewed in a completely different light to opium use amongst the natives in either China or India.

Government investigations and reports into infant mortality at the beginning of the twentieth century no longer focused upon opiate use as a major cause of death. They now turned their attention to the problems of alcoholism. For instance, in 1907, George Newman, the Chief Medical Officer to the Board of Education, wrote a book entitled Infant Mortality[10] in which he made no reference to the dangers of drugging children with opiates but included a large section on the perils of alcoholism in the mother. From the 1860s onwards the infant death rate from opiate poisoning had consistently dropped. For example, in 1868 there were forty-six deaths, in 1870 there were twenty-four, between 1883 to 1892 there was an average of twelve infant deaths per year and in 1896 there were only six recorded cases of infant deaths from opiate poisoning.[11] Yet, the overall infant death rate remained persistently high throughout this period averaging at 153 deaths per 1,000 births.[12]

Reports on infant and child mortality produced in 1910, 1912-13 and 1913-14[13] revealed that the highest infant death rates were recorded in the industrial towns of the north and in the potteries. For example, Stalybridge had the highest infant death rate at 189 per 1,000, Ince had the second highest with 185.4 and Burnley had the third highest with 171.4 per 1,000.[14] Indeed, the county recorded with the highest infant death rate was Lancashire.[15] The lowest infant death rates were recorded in towns situated in the south. For example, Hornsey had the lowest infant death rate at 66.8 per 1,000, Bromley had the second lowest at 68.1 per 1,000 and Guildford had the third lowest at 69.3 per 1,000 infants.[16]

Diarrhoea accounted for a high proportion of all infant deaths. For example, in 1899 diarrhoea was responsible for a quarter of all infant deaths and was the single largest cause of deaths among infants.[17] In 1903 diarrhoea was responsible for 17,000 infant deaths and was the second largest single cause of infant deaths.[18] The practice of bottle-feeding was focused upon as the primary cause of diarrhoea, and the industrial employment of women was blamed for this practice.[19] The chief supporter of this argument in the government reports on infant and child mortality at the beginning of the twentieth century was Dr Arthur Newsholme who was the Medical Officer to the local Government Board.[20] Dr George Reid, the Medical Officer of Health for Staffordshire, and Dr George Newman were also ardent supporters of this idea.[21] Newsholme, Reid and Newman all maintained that working-class mothers who worked away from the home, were incapable of attending to the needs of their children, and that their children suffered as a direct consequence of their actions. They also believed that working-class mothers were maternally ignorant, and that they should stay at home like many middle-class Edwardian mothers, in order to look after their families.[22]

Literature, and later films, concentrated on aspects of opiate use that made sensational reading and dramatic viewing. In the 1890s, for example, the literary portrayal of opiate use continued to dwell on the practice of opium-smoking, the theme of racial contamination, the depravity of the individual user and the hideousness of the 'opium-den.' All these factors were stressed

in Oscar Wilde's The Picture of Dorian Gray (1891)[23] and Arthur Conan Doyle's The Man with the Twisted Lip (1892).[24] For instance, Wilde wrote about the 'opium-dens' as 'dens of horror where the memory of old sins could be destroyed by the madness of sins that were new.' The main character of the novel, Dorian, described the scene in the 'den' he visited. He

> ...looked round at the grotesque things that lay in such fantastic postures on the ragged mattresses. The twisted limbs, the gaping mouths, the staring lustreless eyes, fasinated him. He knew in what strange heavens they were suffering, and what dull hells were teaching them the secret of some new joy.[25]

In early twentieth century works there was however a shift of emphasis in the way the individual user was depicted. Late nineteenth century works described the user as a depraved character whereas early twentieth century works portrayed the user as a young, white, innocent girl who was surreptitiously corrupted by her use of drugs. The shift was due to two important factors. Firstly, racism against the Chinese heightened as the number of immigrants into Britain, particularly around the Limehouse region, consistently increased. The total number of Chinese immigrants, for example, rose from 1,319 in 1911 to 2,419 in 1921.[26] The second factor was the emergence of cocaine as the new recreational drug used by the élite Bohemian set in London. As a result of evidence which emerged from the Billie Carleton Case in 1918-19

the practice of opium-smoking and sniffing cocaine were closely linked together by the popular press. Carleton, a renowned actress, died from a cocaine overdose but it transpired, during the inquest, that she also smoked opium and had visited an 'opium-den', with a friend, in the Limehouse area.[27] The popular press was quick to blame the immigrant Chinese population for the disaster. The press argued that the Chinese were completely responsible for the introduction into Britain of alien cultures, such as opium smoking and gambling games like puk-a-poo. They also blamed them for enticing young white women into their 'opium-dens'[28] and headlines such as 'White Girls "Hypnotised" by Yellow Men' were to be found in the newspapers.[29]

The topic was soon explored in literary form. For example, Thomas Burke's Limehouse Nights, Tales of Chinatown (1916)[30], Twinkletoes (1927)[31] and Abduction (1939)[32]; Sax Rohmer's Dope. A Story of Chinatown and the Drug Traffic (1919)[33] and Lady D. Mills' The Laughter of Fools (1920)[34] all connected opium smoking with vice and the corruption of innocents. This view was disseminated to an even wider audience when many of Sax Rohmer's Fu Manchu stories[35] were transformed into films and D.W. Griffith adapted Thomas Burke's Limehouse Nights into the famous film Broken Blossoms (1919). Lillian Gish played the part of the young white virgin corrupted by a Chinaman who had introduced her to opium smoking[36] (Illustration 6).

De Quincey's Confessions still remained a well-read classic at the beginning of the twentieth century and indeed

6: Lillian Gish in D.W. Griffith's film Broken Blossoms.

influenced writers on the subject of opium use. For instance, Lady D. Mills' description of Louise's first experience with opium bears an uncanny resemblance to De Quincey's,[37] and Thomas Burke revealed that Confessions was the first book he ever bought and that it had an intense and profound effect upon him.[38]

Were any of these descriptions and images an accurate reflection, or indeed the whole story of opiate use at the beginning of the twentieth century? More importantly, do they provide us with a useful account of working-class opiate use? In order to gain any meaningful view of working-class opiate use during the first half of the twentieth century one needs to ask the people themselves about the practice.

Government reports on infant and child mortality at the beginning of the twentieth century do not mention the practice of dosing infants and children with opiates. Does this mean the practice no longer existed? The historians Elizabeth Roberts and Virginia Berridge both argue, in their respective works, that the use of opiates amongst the working-class population was declining at the beginning of the twentieth century. For example, Roberts states in her essay 'Oral History Investigations of Disease and its Management by the Lancashire Working Class 1890-1939' that there is 'no oral evidence of any widespread use of tincture of opium for babies and children';[39] and Berridge writes in Opium and the People that 'opium was less central to working-class child care ... and less important, too, for adult use' at the beginning of the century.[40] However, contrary to these arguments,

information from my personal interviews and correspondence with seventy elderly working-class people, doctors and pharmacists in Lancashire and Cheshire demonstrates that opium use still continued, and that it was regarded as a normal and regular occurrence. Indeed, babies, children and adults alike were given, or took opiates just as their ancestors had done fifty or even a hundred years previously.

There is some evidence, both oral and written, to suggest that a very small minority of working-class people gave opiates to their own babies and children for perhaps somewhat selfish and erroneous reasons. For example, Mrs Alice Johnson from Moss Side recalled that Phyllis, her daughter's mother-in-law, had informed her that in 1934 she "used to buy a bottle of laudanum" and give her sons "a good dose" so that "they'd be out for the night and we could go and have a night out." Mrs A. Johnson was however shocked by this behaviour and considered it to be a most unusual and infrequent eventuality. Mr Harding, a retired pharmacist from Manchester, believed that working-class parents sometimes dosed their children with opiates in order to enjoy a night out. He stated that mothers gave their children laudanum

> "So they could go out to the pub with their husbands and the children would be quiet and come to no harm whilst they were away."[41]

Similarly, Robert Roberts wrote in his book The Classic Slum: Salford Life in the First Quarter of the Century that

> 'Mother's Friend', known in the district as 'knock-out Drops', was always in demand for the fretful, especially on mid Saturday evenings ... This 'Soothing Mixture' (laced with tincture of opium) would guarantee to keep baby in a coma until late Sunday morning. Meanwhile mother spent two happy hours in the Snug of the 'Boilermaker's', undisturbed yet not unmarked.[42]

Mr Wesley, a retired pharmacist who served his apprenticeship in Norfolk, believed that mothers who bought opiates from his shop used to give them to their infants in order 'to get them to sleep ... then they could leave them' and go out 'for a drink.'[43] These few examples are, however, the only instances I have uncovered regarding perhaps, the more dubious aspects of opiate use.

Opiates, in the main, formed an integral part of working-class child rearing practices, and the backbone of working-class medical care as they were considered to be tried and trusted 'cure-alls.' Yet, the usage of opiates amongst the working-class people of Lancashire and Cheshire must be seen in the light and context of their way of life. Factors such as widespread poverty and the necessity for working-class women to go

out to work, large families crowded into cramped and inadequate housing with poor sanitation, the general filth and squalor of Edwardian industrial towns, and the lack of suitable foodstuffs for babies[44] all meant that middle-class morals and views, such as those expressed by Newsholme, Reid and Newman, bore little or no relevance to the realities of working-class family life at the beginning of the twentieth century.

At the end of the nineteenth and the beginning of the twentieth centuries poverty was extensive in Britain. Investigations carried out by Charles Booth in London and Seebohm Rowntree in York demonstrated how widespread poverty was in both these areas during the early 1900s. Seebohm Rowntree also calculated that approximately 43.4 per cent of the working-class population, which was one third of the total population or 12.3 million people, lived below the poverty line.[45] Poverty continued to be a major problem in Lancashire and Cheshire during the first four decades of the twentieth century. As Robert Roberts states, Salford, like so many other villages

> that went to make the cities of thriving industrial Britain, was stamped with the same poverty (as described by Rowntree), and this right to the outbreak and beyond the First World War ... As the century grew older we know that the poor grew poorer ... By 1912 the workhouses of England held 280,000 paupers an all time record.[46]

Similarly, Jim Hooley writes in his book A Hillgate Childhood that 'poverty was evident everywhere' in Stockport. Hooley recollected

that many families had long standing debts and that it 'was a common thing' around Hillgate to 'see a family evicted from their home' for non-payment of debts.[47]

Many working-class women from Lancashire and Cheshire were therefore forced to go out to work purely because of economic reasons. For instance, Mr Dewhurst from Beswick remembered that "women had to work in those days to help with the income", and his own mother "took in washing."[48] Michael Conway writes in his book A Stockport Mill Boy Remembers that his mother 'worked in the mill as a reeler three days a week... and the few shillings ..brought in was a great help in balancing the family budget.'[49] Indeed, Herbert E. Corbin, the Medical Officer of Health for Stockport, stated in 1910 that the 'employment of married women in factories' removed families 'from the verge of poverty' and enabled 'the mother to provide more nourishing food and comforts to the child.'[50]

None of my interviewees were, however, supervised by a childminder or given opiates by one, even though many of their mothers went out to work. As Mr Daniels from Hazel Grove remarked "there was no such thing as baby sitting in those days", working mothers would get "another relative to look after the children."[51] Mrs Rothwell from Crewe also recalled that there were "no registered childminders" and neighbours had to "mind each other's children while one went to work."[52] Mr Schofield, a retired pharmacist from Droylsden recalled that working-class children in the area were "looked after either by a neighbour or

older members of the family such as grandparents"[53] whilst their mothers went to work and Michael Conway remembered that his younger brother, James, was 'minded by a neighbour.'[54] Indeed, James Niven, a former Medical Officer in the Lancashire towns, wrote in his book Observations on the History of Public Health Effort in Manchester (1923) that 'one does not sufficiently appreciate how much young industrial mothers are dependent on their mothers and grandmothers.'[55]

Working-class mothers had little extra time to do the shopping because they were frequently so busy in the house looking after the children and doing their domestic chores, such as cooking, cleaning, washing and sewing, as well as perhaps going out to a job. Mothers therefore sent their children out on shopping errands, sometimes in order to purchase opiates. For instance, Mr W. Lowe from Oldham recollected being sent to a public house, which was situated two or three miles away from his home, in order to buy laudanum.[56] Mrs Ruth Johnson from Failsworth, on the other hand, remembered that when she was nearly four years old her mother gave her a penny and a teacup and told her to go to Mrs Etchell's shop in order to buy some 'composition' for her sister, Reenie. The shop

> "... wasn't a grocer's shop, although she had a bit of tea and sugar, but she'd no bacon no butter or provisions like that ... she had some sweets and she sold lampoil and tapers ... and she had quite an assortment of old-

> fashioned medicines and she had cards with little boxes of pills stuck on them hung on hooks from the wall like Stotherts backache and kidney pills and all sorts of other pills of Stotherts ... she also had some, I suppose we'd call them questionable drugs now, because, well, they were mixtures we asked for. There was one that we commonly called compo or composition and this was composed of this gorgeous basis of sickly sweet syrup and I think it was pretty certain that it had lod-num as we called laudanum ... "[57]

Mrs Alice Johnson recalled buying "from the corner chemist two pennyworth of laudanum" for her younger brother;[58] and Mrs West from Gorton remembered that she was "about seven" when she went to buy laudanum or paregoric from "the corner chemist."[59] Mr Brown, a retired pharmacist from Ashton and Hyde, stated that you would get "a child coming in with a recipe or bring a paper ... it said All Fours" which was a mixture of laudanum, paregoric, oil of peppermint and oil of aniseed.[60] Indeed, Mr A Harding remarked that "the bulk of our customers were children up to six, seven years old. They'd toddle into the place and hand a bit of paper in or whatever." He stated that it was unnecessary to know the parents of the children as pharmacists had "no qualms about serving a child with opium, tincture of opium" in the old days.[61]

Both Mrs Alice Johnson and Mrs Ruth Johnson remembered that children were occasionally asked to purchase opiates for their neighbours. For example, Mrs Alice Johnson recollected that "there was a lady lower down" her street in Moss Side who had twin boys and

> "...another baby younger than the twins, but no one older, so she used to send me ... she'd say 'will you go across for me Alice?'...'Get me some laudanum for the boys they're being very cross this week' and I would do." [62]

Mrs Ruth Johnson remembered that there was

> "a great system that operated among all the children of running errands for other people ... we'd perhaps say to a woman 'Do you want any errands doing?' And she'd perhaps say 'Yes, you can get me - I'll have a bottle of so and so or a penn'orth of composition.'"[63]

Opiates were also occasionally bought by working-class mothers themselves. For instance, Mr Dewhurst recollected that his mother purchased laudanum from a shop "which sold everything in the way of provisions, green grocery and medicines off a card";[64] and Mr Daniels recalled that his mother bought both laudanum and paregoric from a chemist shop.[65] Indeed, Mr K. Shallcross Dickenson stated in a letter to the <u>Pharmaceutical</u>

Journal (1971) that when he was an

> ..."improver" (before qualifying) in Stockport in 1910 ... We had a very popular "babies' carminative", which we made in a saucepan over a bunsen burner on the dispensing counter, the basic ingredient of which was raw opium boiled in water, and then black treacle and various essential oils - dill, aniseed, etc. - added in a little 90 per cent alcohol. The mill-working mothers were very good customers for this dreadful concoction, for it kept the baby asleep all night, and mother therefore also got a good night's rest. ... It was a very usual commodity at that time in that area.[66]

Working-class mothers were frequently exhausted and extremely busy looking after large families in very small houses. Therefore, if a baby was crying continuously, particularly at night time, a mother would perhaps dose it with opiates in order to pacify it. For instance, Mr Daniels was one of eight children who lived in a tiny terraced cottage in Hazel Grove. He stated that his mother gave the children laudanum as "it used to sleep us" and that she had "three babies together so ... was glad to give us something to quieten us."[67]

Many interviewees remembered that laudanum was used to quieten babies. Mrs West recollected that "laudanum was to sleep

you" and that "quite a few neighbours round and about used it for young babies that didn't sleep, if you had very cross babies."[68] Mr Lowe recalled that it was given to babies "at night time" who were "crying" so that the mother could get "a good night's rest."[69] Mrs Rothwell from Crewe, Mrs Kinsey from Offerton and Mrs Holland from Cheadle all remembered being given laudanum, by their mothers, in order to send them off to sleep.[70] Indeed, Mrs Ruth Johnson writes in her book Old Road: A Lancashire Childhood 1912-26 that

> many a mother in Old Road used 'composition' if she had a penny to spend on it. Smeared on the end of a baby's dummy it proved so acceptable that the dummy would be sucked for hour after hour with the greatest content and happiness, and countless homes blessed Mrs Etchells and her magic compound for the peace and quiet they brought to the howling occupants of their cradles.[71]

A problem with babies who cried continuously was that they could disturb and annoy the neighbours. This was, in fact, an easy thing to do because working-class houses in Lancashire and Cheshire were so cramped together and had thin walls. For example, Michael Conway describes the working-class houses in the Stockport area. Cloud Street, he writes, was

> one of a number of streets of huddled two and four roomed dwellings built by the hard-headed mill owners as near to the mills as they could be ... From the factory gates the mean 'back to backs' meandered aimlessly ... At number twenty, Cloud Street, the Killeen family crowded into the four-roomed house which was a block of twelve ... one dry closet to each three houses ...[72]

Similarly, Mick Burke in his book Ancoats Lad describes the working-class houses in the area. They were 'all one-up, one-down or two-up, two-down with flag floors.'[73] The painting by L.S. Lowry of Old Road, Failsworth is indeed typical of the rows of terraced houses to be found in Lancashire and Cheshire at the beginning of the twentieth century (Illustration 7).

In order to quieten a baby, and to stop the neighbours from complaining about it screaming, it would perhaps be dosed with opiates. For example, Mrs Alice Johnson remembered that her younger brother cried a lot so her mother gave him "a couple of drops" of laudanum "in his milk"

> "... to keep him quiet and give him a night's sleep and of course my father too was on night work then, so he'd be upset if baby was crying all day and he couldn't get his sleep so you had to keep him quiet somehow and the houses

> were only small, the walls were very thin, and a neighbour would be knocking on a wall if the baby was screaming its head off too long. So you know you had to consider other people and if two pennyworth of laudanum would do it there you are..."[74]

Retired pharmacists who served their apprenticeships outside the area of Lancashire and Cheshire also remembered mothers dosing their children with opiates in order to pacify them. For example, Mr G.R. Boyes from S.W. London recalled that he 'sometimes saw a mother put some laudanum into the milk in a baby's feeding bottle ... to stop them crying and send them to sleep.'[75] Mr R. Handscomb from Bedford stated that mothers gave their children opiates 'to stop them crying', [76] and Mr K. Smith from Spalding recollected that mothers gave their children 'a very old family recipe usually containing paregoric with tincture of rhubarb and lots of syrup' in order 'to help them sleep.'[77]

Important explanations for fractiousness in babies were the pain caused by teething and the problems caused by hunger and stomach complaints such as gastro-intestinal diseases and diarrhoea.

Teething pains were something which all babies and children had to endure. However, as there were still special opiate preparations readily available over-the-counter at the end of the nineteenth and beginning of the twentieth centuries, which

could alleviate teething pains, it was perhaps only natural to expect working-class mothers to buy them. A dose of Dalby's Carminative or Mrs Winslow's Soothing Syrup (Illustration 8) would dull their fractious babies' teething pains and lull them off to sleep. Indeed, Mr Harding, a retired pharmacist from Manchester, remarked that "Mrs Winslow's Soothing Syrup was very popular up in the north."[78]

Stomach disorders and diarrhoea, as indicated by the government reports on infant and child mortality at the beginning of the twentieth century, were sometimes caused by lack of, as well as, inadequate foodstuffs. Indeed, most patent baby foods at the beginning of the century were unsuitable for babies.[79] Cheap and expensive brands alike contained a high proportion of farinaceous materials and were deficient in protein. Babies who were fed entirely on patent baby foods often developed stomach disorders as they found it difficult to digest large amounts of starch. Some even developed rickets or scurvy because of the lack of vitamins D and C in these foodstuffs.[80] However, the government reports placed too much emphasis on a connection between the industrial employment of working-class mothers, the assumption that this led to bottle feeding, and therefore stomach complaints, diarrhoea and possibly infant mortality. Not enough importance was attached to the problems of breast feeding; and to the connection between filthy living conditions, contaminated foodstuffs, bottle feeding, stomach disorders and infant deaths.[81]

7: Old Road, Failsworth by L.S. Lowry.

8: An Advertisement for Mrs Winslow's Soothing Syrup.

Breast feeding was popular with working-class mothers, an obvious attraction being that it was a cost free method of feeding. [82] Yet, breast feeding was not without its problems as many working-class mothers were under-nourished themselves. Indeed, economic reasons forced the practice of men eating first and the most, and women eating last and the least in working-class households.[83] If the mother's milk supply was meagre then her baby's health suffered because it remained hungry and irritable. This very problem was identified and underlined in 1909 by the Medical Officer of Health for Stockport.[84]

Stomach complaints and diarrhoea were often exacerbated, if not caused, by contaminated foodstuffs which were , in turn, caused by filthy living conditions.[85] Particularly prone to contamination, especially in the hot summer months, were cows' milk, which was sometimes infected with the tuberculois bacillus, and condensed milk.[86] Both of these were used to feed infants. Until the increase in the use of milk trains, at the beginning of the twentieth century, milk came from cows kept in sheds which were actually situated in the towns themselves. Urban cowsheds were frequently disgustingly filthy places covered with cow dung. The milk was kept in large churns which were often exposed to flies and dirt.[87] The churns were transported around the neighbourhood by horse and cart, and people took the quantity of milk they required from the large churns. M. Burke recalled the milk deliveries in the Ancoats neighbourhood at the beginning of the twentieth century. He writes 'milk was brought to the doors by two wheeled dicky carts and served from a churn.'[88] Mrs Ruth Johnson also remembered the horse and cart deliveries. She stated

> "... we used to have a milk cart come down the road, and it was in a very big churn the milk, ... and they had the measures hooked over the side of the churn, and you'd go out with your jug, and men would dip in the amount you required, a pint measure or a half pint or whatever it was you had, and then you just took it into the house and it wasn't covered up, and in warmish weather it might just be put on a window sill outside ... And I know myself, I've asked mother could I have a drink of milk and she'd say 'Yes, but don't have a big swig.' And as I put the jug towards me I remember seeing the little flecks of dirt and dust coming towards me ... And of course with all these cotton mills all burning coal, and smoke belching out like anything."[89]

Inadequate methods of sewage disposal, such as the privy-midden system, was an extremely important factor in the problems of food contamination and hence stomach troubles. Indeed, Dr Sergeant, the Medical Officer of Health for Lancashire, pointed out in the 1912-13 report that 'in the privy-midden districts of the county ... the death rates from diarrhoea and enteric fever are double those of other districts'[90] but little significance was attached to his remarks in the overall conclusions of the report.

At the beginning of the twentieth century the privy-midden system was prevalent in the working-class areas of Lancashire and Cheshire. For example, T.R. Marr, the Secretary of the Citizens' Association for Manchester and Salford, stated in 1902 that the area was 'far from having separate closet accommodation for each house, and still further from having a universal system of water-closets.'[91] Manchester had 73,915 pail-closets and 20,532 privy-middens in 1902[92],and by 1911 two thirds of the working-class population still used ashpits and the privy-midden system.[93] In 1910 Salford had 786 privy-middens and 4,131 pail closets[94] and Stockport had 8,000 ashpits and privy-middens.[95] Indeed, Robert Roberts, Mick Burke, Jim Hooley and Michael Conway all vividly described the appalling sanitary conditions. Roberts wrote, in Salford 'among the respectable rows of 'two up and two down' houses we had the same blocks of hovels sharing a single tap, earth closet and open midden.'[96] Burke recollected that 'the toilets were "Dolly Vardens"' in Stand Street Ancoats and that 'the night soil men came round to empty them at midnight on a Sunday making a hell of a row.'[97] Hooley stated that in Hillgate there were 'open middens and one or two privies for the use of maybe twenty people';[98] and Conway recalled that there were 'six dry closets, in which the wooden seating was suspended over a midden six or seven feet deep.' This structure catered for all the 'lavatorial needs' of the inhabitants of Cloud Street in Stockport.[99]

Middens were very often situated in close proximity to working-class households in backyards or in between the exterior

kitchen walls of two houses. Back-to-back houses had the 'sanitary conveniences ... provided either in the court on which the houses look or in the street.'[100] It was therefore easy for infections to be carried, by flies, from the privy-midden onto foodstuffs.[101] For instance, in 1900 the Medical Officer of Health for Stockport cited a case of enteric fever where the patient's house was attached to a

> very confined yard with a privy-midden directly opposite the kitchen window and only a few feet distant. The man informed me that he had, whilst sitting at his meals during the warm weather with the window open, frequently seen flies coming out of the midden and eventually settling on the food on his table.[102]

Both the Medical Officers of Health for Manchester and Stockport believed that the privy-midden was injurious to health. For example, in 1911 Manchester's Medical Officer of Health blamed the system for the high number of typhoid cases as well as large case numbers of scarlet fever and diarrhoea in the town.[103] Similarly, the Medical Officer of Health for Stockport stated in 1910 that 'the privy-midden is an absolute danger to public health, and more especially to infant life.'[104] Indeed, T.R. Marr had stressed in his 1904 report on the housing conditions in Manchester and Salford that 'medical authorities' had

> pointed out that certain diseases, for example typhoid fever, occur more frequently in houses with privies than in houses with pail-closets, and more frequently in houses with pail-closets than in houses with water closets.[105]

At the end of the nineteenth and the beginning of the twentieth centuries the medical profession advocated the use of opiates, to both adults and children, in order to alleviate the symptoms of diarrhoea and stomach complaints.[106] There was also a special children's diarrhoea mixture which contained opiates and was available over-the-counter. For example, Mr Brown recollected

> "If they had diarrhoea which wouldn't sort of, answer to treatment with other things I mean there was an infant's diarrhoea mixture which contained laudanum ... it would make the child more comfortable."[107]

Even nowadays the medical profession prescribe opiates, in the form of kaolin and morphine and codeine, for diarrhoea and some stomach complaints. It was therefore a reasonable and sensible action by working-class mothers to give their babies and children opiates for stomach disorders and diarrhoea. Indeed, twelve of my interviewees remembered being given Collis Browne's Chlorodyne by their mothers when they suffered from stomach complaints as children.[108]

NOTES : CHAPTER FOUR

1 V. Berridge and G. Edwards, Opium and the People, p. 185.

2 'Medical Debate in London', Friend of China, Vol. 16., 1896, pp. 129-31.

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CHAPTER FIVE

The Use of Opiates for Medical Reasons.

Before the advent of the National Health Service there was, and there still is, very little known about what sort of medical treatment the working-class population used and why they 'chose' one particular form of treatment as opposed to another, or if indeed they had any real choice.

Most reputable works up to date on the subject of health, for example, Bentley B. Gilbert's The Evolution of National Insurance in Great Britain [1] and Ruth G. Hodgkinson's The Origins of the National Health Service [2] have been concerned with the administrators, the legislators, and the providers of medicine. There is a lack of material about the actual recipients of the medical treatment, that is - the patients themselves.[3] However, there is a problem obtaining primary evidence about individual patients during the early twentieth century. In official government reports patients were frequently seen merely as a certain number or percentage who contracted for example cholera, dysentry, smallpox or T.B. and there is virtually no information about minor ailments such as influenza, coughs, colds and stomach disorders. Individual cases become submerged and incorporated into averages, graphs, tables and statistics. As the Medical Officer of Health for Preston pointed out in his 1936 report

> The peoples' health is measured approximately by vital statistics ... they don't tell us whether the people are happy and content, whether they are troubled with minor illnesses, whether they are suited to their work, whether they find their homes comfortable or are satisfied with their social relationships...[4]

However, by interviewing elderly working-class people, doctors and pharmacists as well as surveying old prescription and recipe books one can accumulate some information about individual patients, and the type of medical care available to the working-class population prior to the National Health Service.

In Lancashire and Cheshire working-class health care was predominantly managed by the people themselves.[5] Indeed, it was usually the responsibility of the women to look after their own families' health. As Mrs Rothwell stated "your mother just doctored you up."[6] Working-class women frequently asked the pharmacist for medical advice whereas they rarely consulted the doctor apart from in exceptional circumstances when someone was very seriously ill, or when all else had failed. They relied upon the use of simple herbal remedies such as coltsfoot and horehound rock or herb beer for coughs, feverfew or meadowsweet for fevers, and comfrey for bruises or sprains.[7] Greese and oil were also used, for example, goose greese was rubbed onto "bad chests", hot oil was applied to painful ears and castor oil was used as a -

purgative medicine.[8] Over-the-counter medicines and preparations were also greatly depended upon,[9] many of them containing opiates.

Working-class adults and children alike took, or were given, opiates for a variety of medical complaints ranging from coughs, colds, and influenza to toothache, stomach disorders and diarrhoea. The most popular opiate preparations used and sold by my interviewees included laudanum and paregoric which were sold as individual items or incorporated into a family recipe, the local preparations 16/15, Kay's Linseed Compound and All Fours, the ready made-up patent medicine Collis Browne's Chlorodyne, and Lead and Opium Ointment. A few people also remembered syrup of poppies and raw opium.

Laudanum (tincture of opium) was a particular favourite amongst my interviewees. Mr Daniels, for instance, considered it to be the ultimate 'cure-all' and stated that "they used to give it you for nearly everything if you weren't well - kill or cure." Indeed, Mr Harding, a retired pharmacist from Manchester, recollected that laudanum "was probably the most popular of anything we sold in the way of opiates and we could sell anything up to a pint a day ...to poor people with large families." Mrs Hill from Cheadle Heath, Mrs Downing from Denton, Mrs Holt from Stockport, Mr Jackson from Beswick, Mrs McCullough from Cheadle, Mr Lowe and Mrs A. Johnson all remembered being given laudanum for toothache or teething problems and Mrs Jones from Stockport used laudanum for toothache of her own accord when she was twelve years

old. She recalled painting it around the affected tooth. However, Mrs Wood from Reddish, Mr Dewhurst and Mr Daniels remembered being given laudanum for colds and Mrs West took it as an adult for a cough. Mrs Cramphorn from North Cheshire and Stockport, recalled being given laudanum, by her grandmother, after she had broken her arm and also when she suffered from whooping cough as a child.[10]

The pharmacists I have been in contact with from areas other than Lancashire and Cheshire also sold a good deal of laudanum to their working-class customers during the early part of the twentieth century. For example, Mr E. Knott from Edinburgh sold laudanum for 'stomach upsets' and to be 'rubbed on the gum ... for toothache.' Mr A. Stewart from the West of Scotland sold a lot of diluted laudanum between 1929 and 1932. Mr Wesley from Norfolk supplied 'pennyworths' of laudanum to his customers because 'living in the Fens, damp was prevalent, hence ague, colds, rheumatic, and opium derivatives covered the pain' and Mr K. Smith from Spalding in Lincolnshire sold laudanum because of an 'old belief that it was a universal "cure all".' However, Mr Smith continued by stating that his customers, on the whole, used laudanum for 'three main reasons' which were - 'respiratory' problems, as a 'baby sedative' and to rub on 'aching joints.'[11]

Paregoric (camphorated tincture of opium) was another popular opium based mixture with my interviewees in Lancashire and Cheshire. Indeed, Mrs Markwell, a retired pharmacist from Stockport, remarked that she sold paregoric "like water nearly"

and Mr Harding recalled that it "was very popular, particularly after the advent of the Dangerous Drugs Act" in the 1920s. The interviewees Mr Adshead from Bredbury, Mr Hill from Reddish, Mrs Hyde from Stockport, Mrs Jones and Mrs Wood all remembered being dosed with paregoric when they had a cold. Mrs Bennett from Romily was given paregoric and black treacle for a cold and Mrs Owens from Stockport took it of her own accord when she was about seven years old. However, Mr Brown, a retired pharmacist from Ashton, Hyde and Stockport, considered that the main use for paregoric was as a "cough preparation" and Mr Hampton from Edgeley was given it for precisely this reason and Mrs Binks from Poynton was dosed with both paregoric and glycerine for a cough. Both Mrs Hill and Mr Jackson were given paregoric for coughs and colds. Mr Schofield, a retired pharmacist from Droylsden, thought that paregoric was "very useful in certain types of bronchitis" and Mrs Markwell remembered that "they used to give" paregoric "to children quite a lot" for "whooping cough." Mrs West, in fact, recollected being given paregoric for whooping cough when she was a child. She stated "when there was whooping cough about mother didn't wait while we got it we were dosed right away we used to line up for paregoric and honey and the juice of a lemon."[12]

Laudanum and paregoric were however frequently included in family medical recipes. For example, Mrs Rothwell from Crewe had an old family recipe book which contained a cough mixture that included both laudanum and paregoric. She remarked that

> "I made it as I got older you see, I used to give it to my daughters ... it used to ease their coughs it used to be wonderful."[13]

The recipe book also contained a rubbing bottle mixture in which laudanum was an ingredient. This was used in order to alleviate the symptoms of rheumatism. The recipe book had been handed down in Mrs Rothwell's own family from mother to daughter[14] (Illustration 9). The pharmacists from Lancashire and Cheshire that I have interviewed recalled the use of family recipe books amongst their working-class customers. For instance, Mr Brown recollected that he "used to see a lot of recipes" in the Ashton based chemist shop where he worked. He remembered that the recipes were

> "handed over in the family... in the same way they'd have recipes for homemade wine I've seen the books ... cooking, the homemade wine and the medicines ... in a big recipe book."[15]

Mr Schofield believed that the working-class people obtained medical recipes "from neighbours or from friends" as well as from their own families.[16] Indeed, Mr Chandler considered that there was "a very strong oral tradition" of exchanging or recommending medical recipes in the Hillgate region of Stockport.[17] Elderly working-class people also recollected that people used to advise

Cough Mixture

1 Tin black Treacle
1 oz Spanish
2 pennyworth Laudanum
2 " " Paregoric
2 " " Oil of peppermint
2 " " " Aniseed
boil spanish & treacle in
1 qt of water until it is
reduced to one pt allow to
cool & add other
ingredients dose ½ a wineglass

Rubbing Bottle
2d pennyworth each of
Laudanum
Camphorated Oil
Mustard Oil
Eucalyptus Oil

Emulsion
1 small tin condensed milk
1 gill cod liver oil 2 oz
1 " lime water [illegible]
1 pennyworth of hypophosphate of
lime 1 pennyworth essence of almonds
1 teaspoon bi carbonate of soda
whites of two fresh eggs whisked to
a froth mix all well together
& keep in an airtight jar
dose 1 desertspoon twice a day.

Lemonade
3 or 4 lemons. 1 oz Citric acid
1¾ lbs sugar 1½ pts water
Peel lemons thinly, slice fruit in
jug with juice pips & acid, bring
sugar & water to Boil pour over
contents in jug stand over night
Strain & Bottle

9: Where is it? Mrs Rothwell's Family Recipe Book.

each other about various medical remedies. For example, Mrs West recollected that people in the Gorton area would say to each other "Mrs so and so our Tommy's got such a thing what would you get? And she'd say 'send to Lauton's the chemist and get such a thing.'" Mr Dewhurst remembered that in the Beswick area people were "constantly" advising each other about the best medicines and Mr Daniels stated that in the Hazel Grove district neighbours "use to say what they'd given and what they'd taken."[18] Similarly, Mrs Alice Johnson remembered that in Moss Side mothers advised each other about the properties of laudanum, she stated

> "...Someone would tell another that it made the babies sleep. And if you've got a baby that's crying its head off all day. You know people get annoyed about it don't they? You see somebody would knock on the wall and say 'Your baby's crying all day and it's time you shut it up.' Well a young mother gets distracted you know. You'll go and say to someone 'He's crying all day and I don't know what to do.' And then they'll say 'Go and buy two pennyworth of laudanum that'll send them off to sleep with that'... But they didn't realise they were doing any wrong or any harm ... it was considered normal ... You just did what other people did and what other people told you..."[19]

Pharmacists were frequently asked to prepare and mix ingredients from family recipes. For example, Mr Harding recalled that mixtures were either "written on a bit of paper or included in a family recipe"[20] and Mr Schofield stated that "everyday" he used to get "dozens" of family recipes to prepare.[21] Examples of the type of opium based recipes that my interviewee pharmacists in Lancashire and Cheshire were asked to mix are as follows:

1. 3d of Liquorice
   " " Ipecacuanha
   " " Paregoric
   " " Syrup of Squills.

2. 2d of Liquorice
   " " Chlorodyne
   " " Syrup of Squills
   " " Syrup of Tolu.

3. 3d of Paregoric
   " " Treacle
   Add Lemon juice to taste. [22]

Pharmacists from other areas also remembered preparing family recipes which contained opiates. Examples of the type of recipe they were asked to mix are as follows:

1. 2d of Laudanum
   " " Ipecacuanha
   " " Oil of Aniseed
   " " Black treacle.

2. One Ounce of Syrup of Poppies
   " " " Syrup of Rhubarb
   " " " Sweet oil.

3. 5 drachms of Oil of Peppermint
   " " " Oil of Aniseed
   2 fluid ounces of Syrup of Horehound
   Half ounce of Laudanum
   To 12 fluid ounces of water. [23]

In Lancashire and Cheshire some ready mixed local preparations initially started as family recipes or prescriptions which became extremely reputable and were eventually mass produced. One such prescription recipe was 16/15. Mr Brown recollected that 16/15 "started in Stockport but it spread to Hyde and Ashton ... and Manchester" and became "so popular that Boots had a printed label made up." Mr Brown continued that

> "... it was originally a prescription in a Stockport prescription book actually it was 16/15 that was the number ... and this contained quite a good dose of paregoric but it contained as well chloroform that strong taste ... if it tasted strong it did you good..."[24]

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Kay's Linseed Compound (ipecacuanha wine, morphine and chloroform) was another preparation which had "built up as a local thing"

according to Mr Chandler. The interviewees Mrs D. Heyes from Salford and Mrs D Kinsey from Offerton remembered being given Kay's for colds, Mrs Holehouse from Mile End recollected being given it for a bad chest, and Mrs Winstanley from Marple Bridge and Mr White from Stockport were both dosed with it when they suffered from either a bad cough or a cold.[25]

All Fours (laudanum, paregoric, oil of aniseed and oil of peppermint) was described as a "famous" mixture by Mr Brown and Mr Chandler stated that it was a "very popular" preparation. Mrs Markwell remembered that she "sold a lot of All Fours" and that it was taken by her customers for both "coughs and colds."[26] Mr Handscomb, a retired pharmacist from Bedford, also stated that All Fours was a popular recipe in his area.[27] Interviewees from Lancashire and Cheshire recalled being given, or taking All Fours predominantly for colds and coughs. For example, Mr Jackson remembered being given All Fours to relieve the symptoms of bad colds and coughs and Mr White and Mrs West were dosed with it to help ease a troublesome cough. Mr Dewhurst took it of his own accord when he was an adult "mainly for coughs and colds" but also for "influenza." [28]

Collis Browne's Chlorodyne (chloroform and hydrochlorate of morphia) was a well-liked, tried and trusted medicine amongst my interviewees. Mr Schofield and Mr Harding both agreed that it was a "very popular" patent medicine and Mr Brown considered it to be "the most popular one." Many interviewees had a "great belief" in the properties of Collis Browne's and used it to soothe away

stomach upsets and curtail diarrhoea.[29] Indeed, Mrs Alice Johnson remembered that her father, Herbert, "said it saved his life in the Boer War." She retold his remarkable story

> "... they were surrounded by the Boers, and cut off, and there was half of the regiment was on this hill and a lot of them were of course wounded but most of them were suffering with dysentry and diarrhoea. They were dying off with that because it was very hot out there and very cold at night so that if you had dysentry you didn't have much chance at all really. They only had their water flasks and iron rations and they were there for three days without any help at all so those that were wounded died and those that had dysentry very badly also died. My father had this bottle of Collis Browne's in his haversack. And he was sipping it the whole of the three days. Having a sip of his Collis and then a sip of this water out of his flask and he survived, he lived and he said it was the Collis Browne's that saved him because he wasn't wounded but he just had this dysentry and really the dysentry killed more men than the wounds."[30]

Many interviewees recalled being given Collis Browne's for medical reasons. For example, Mrs Hillton from Hyde, Mrs Broadbent from Heaton Norris, Mrs Metcalf from Romily, Mrs Mather from South Reddish, Mrs Upton from Edgeley, Mrs Tracey from Stockport, Mrs Holehouse, Mrs McCullough, Mr Adshead, Mr Daniels, Mrs A Johnson and Mrs Hill were all dosed with Collis Browne's for stomach problems[31] whereas Mrs Mottram from Davenport Park, Mr Hampton and Mr Dewhurst were given it for coughs, colds and influenza.[32] Some interviewees, for instance, Miss Chester from Stockport, Mrs Clarke from Hazel Grove, Mrs Bailey from Stockport and Mrs Winstanley took Collis Browne's of their own accord when they were adults in order to ease stomach troubles.[33]

Lead and Opium Ointment was a well liked preparation that was used for a variety of bruises and swellings. For instance, Mrs Bradley from Heaton Norris used it on sprains, Mrs Lavin from Stockport applied it to bruises, Mr Higginson also from Stockport used it on his knee, Mrs Kinsey rubbed it on her feet when they were swollen and Mrs Metcalf used it if she had "bad legs."[34] Mrs Alice Johnson considered it to be a "marvellous thing for bruises and rheumatism and it was good for sunburn." She recalled that they used the ointment at "Main Road Football Club" in the old days. A friend of Mrs A Johnson's father, who worked on the "physiotherapy part", had told him that

> "they used it for the footballers and it was marvellous and they used to call it the magic sponge soak the sponge in this lead and opium

> and applied it to the footballers' bruises and next day they were better."[35]

Finally, Mrs Mather remembered being given syrup of poppies for colds and Mr McHugh from Offerton recalled being dosed with either syrup of poppies or raw opium and black treacle for colds and influenza. Both Mr Harding and Mr Bryant recollected selling syrup of poppies and Mr Bryant also remembered selling raw opium.[36] Mr K. Shallcross Dickenson, in his letter to the Pharmaceutical Journal (1971), stated that in Stockport about 1910

> "over-the-counter" sales of raw opium were very usual transactions. My firm purchased it in square blocks of 1.1b which always came wrapped in red paper, and was labelled "Opium (Turc.)" and we sold it in "penn'orths", mostly to the local millworkers.[37]

Mr Boyes from S.W. London recalled selling syrup of poppies between 1914 and 1917 and Mr K. Smith from Spalding sold it between 1940 and 1942.[38] Around 1908 Mr E. Knott from Edinburgh recollected selling 'two and sixpence worths' of raw opium. He remembered that raw opium was

> 'regularly sold over the counter and one Edinburgh chemist in the High Street would have men and women coming in for tuppence worth of opium and the amount was cut off a block with a root cutter.'[39]

NOTES : CHAPTER FIVE

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11 Personal Communication with: Mr E. Knott, Mr A. Stewart, Mr Wesley and Mr K. Smith.

12 Personal Interviews with: Mrs Markwell, Mr Harding, Mr Adshead, Mr Hill, Mrs Hyde, Mrs Jones, Mrs Wood, Mrs Barnett, Mrs Owens, Mr Brown, Mr Hampton, Mrs Binks, Mrs Hill, Mr Jackson, Mr Schofield and Mrs West.

13 Personal Inverview with Mrs Rothwell.

14 'Where is it?' Mrs Rothwell's family recipe book.

15 Personal Interview with Mr Brown.

16 Personal Interview with Mr Schofield.

17 Personal Interview with Mr Chandler.

18 Personal Interviews with: Mrs West, Mr Dewhurst and Mr Daniels.

19 Personal Interview with Mrs Alice Johnson.

20 Personal Interview with Mr Harding.

21 Personal Interview with Mr Schofield.

22 Recipes: 1. supplied by Mr Chandler as typical of the opium based recipes in the Stockport area during the first half of the twentieth century 2. supplied by Mr Brown as typical of the Ashton, Hyde and Manchester area 3. supplied by Mr Schofield as typical of the Droylsden area.

23 Recipes: 1. supplied by Mr Wesley as typical of the opium based recipes in the Norfolk area during the first half of the twentieth century 2. and 3. supplied by Mr K. Smith as typical of the Spalding area.

24 Personal Interview with Mr Brown.

25 Personal Interviews with: Mr Chandler, Mrs Heyes, Mrs Kinsey, Mrs Holehouse, Mrs Winstanley and Mr White.

26 Personal Interviews with: Mr Brown, Mr Chandler and Mrs Markwell.

27 Personal Communication with Mr Handscomb.

28 Personal Interviews with: Mr Jackson, Mr White, Mrs West and Mr Dewhurst.

29 Personal Interviews with: Mr Schofield, Mr Harding and Mr Brown.

30 Personal Interview with Mrs A Johnson.

31 Personal Interviews with: Mrs Hillton, Mrs Broadbent, Mrs Metcalf, Mrs Mather, Mrs Upton, Mrs Tracey, Mrs Holehouse, Mrs McCullough, Mr Adshead, Mr Daniels, Mrs A Johnson and Mrs Hill.

32 Personal Interviews with: Mr Hampton, Mrs Mottram and Mr Dewhurst.

33 Personal Interviews with: Miss Chester, Mrs Clarke, Mrs Bailey and Mrs Winstanley.

34 Personal Interviews with: Mrs Bradley, Mrs Lavin, Mr Higginson, Mrs Kinsey and Mrs Metcalf.

35 Personal Interview with Mrs A Johnson.

36 Personal Interviews with: Mrs Mather, Mr McHugh, Mr Harding and Mr Bryant.

37 K. Shallcross Dickenson, 'Opium as a daily..' p. 214.

38 _Personal Communication_ with: Mr Boyes and Mr K Smith.

39 _Personal Communication_ with Mr Knott.

CHAPTER SIX.

The Use of Self-Medication and Home 'Cures'.

There were three interconnecting reasons why the working-class population of Lancashire and Cheshire relied upon self-medication and the use of home 'cures' as opposed to visiting the doctor when they were ill. The first, and the most important, reason was the cost of medical fees; the second was that at the beginning of the twentieth century the medical profession could only prescribe drugs which were readily available over-the-counter; and the third reason was that many working-class people found the doctor both unapproachable and austere and therefore preferred to ask the corner chemist for free and friendly advice.

Consulting a qualified doctor, or having a visit from one, was a considerable expense for a working-class family before the introduction of the National Insurance Act of 1911, and it was still a great expense for non-insured men as well as all women and children.[1] As Mr Schofield stated the Health Service in the 1920s and 1930s

> "... was very very limited and unfortunately it only covered the person who actually paid for the stamps you see it would not cover the wife or the children."[2]

It was not until the advent of the National Health Service in 1948 that free medical treatment was available for everyone in Britain.

At the beginning of the century doctors created their own scale of fees according to the means of the patient. They had two basic sets of fees, one for the rich patients and one for the less rich patients. For instance, General Practitioners charged wealthy patients between one and two guineas and less wealthy patients between 2 shillings and 6 pence to 5 shillings for one consultation.[3] However, the Manchester Medico-Ethical Association attempted to introduce a definite scale of fees for doctors to use in their area. The 1893 rates were based on these calculations

Class I	When the house rental is from	£10 - £25 per annum
Class II	When the house rental is from	£25 - £50 per annum
Class III	When the house rental is from	£50 - £100 per annum
Class IV	When the house rental is from	Above £100 per annum

[4]

Mr Schofield remembered that this method of calculating medical fees continued in the Droylsden area during the 1920s, 30s and early 40s. He stated that "the visit charges appeared to vary according to the type of household."[5] Indeed, Dr Craig, a retired General Practitioner who had a practice in Ormskirk for fifty-three years, stated that a type of "means test" was carried out on the patients in order to discover what they should pay.[6] Elizabeth Roberts in her paper 'Oral History Investigations of

Disease and its Management by the Lancashire Working Class 1890-1939' cites one respondent who remembered an incident during the influenza epidemic of 1919. Mrs W.2.L. stated

> "My brother was in bed with 'flu and a young doctor came ... he'd just qualified and he walked in and played on the piano as he went past. He said, 'My word a piano, another bob on your visit.'" [7]

Even though medical fees varied according to income at the beginning of the twentieth century a less well off person was still charged between 2 shillings and sixpence and 5 shillings per consultation as well as the cost of any medicine.[8] This proved far too expensive for many working-class people in Lancashire and Cheshire where wages were generally low and hardship was extensive.

Many people in the area worked in the cotton mills. For example, in 1901 there were 27,000 cotton operatives in Manchester and Salford, 10,000 in Stockport, 30,000 in Bolton and 41,000 in Blackburn. Yet, wages in the cotton industry were consistently amongst the lowest for any industry. In 1906, for instance, there were only twenty-five industries which had workers who were paid less on an hourly basis than operatives in the cotton industry whereas there were eighty-one industries above; and in 1924 only fourteen industries out of ninety-six were below cotton.[9] Indeed, Mrs Oliver from Beswick, who used to work in a mill

winding cotton onto the bobbins during the 1920s, remarked that "you didn't get very much then you know, there was very little wages then." Also Mrs Ruth Johnson stated that "some people must have had a terrible struggle to live" because wages were so low in the cotton mills around Failsworth during the 1920s and 30s.[10] In Salford too, as recorded by Robert Roberts, the average weekly wage was very low at

> less than 25s, but a good twenty per cent of the whole lived at a much lower standard; their income each week reached 18s or less.[11]

Poverty and sickness went hand in glove at the beginning of the twentieth century as poverty often created sickness, and sickness frequently represented poverty.[12] Bad housing, inadequate food and clothing, and the lack of proper sanitation all contributed or accentuated ill health and in turn ill health meant loss of earnings as well as additional expenditure on drugs and medicines and the possibility of medical fees if someone was very seriously ill.

Low wages and widespread hardship meant that working-class people in Lancashire and Cheshire were loathe to call for the doctor and only did so when it was deemed absolutely essential because someone was in so much pain or literally at death's door. For example, Mrs Markwell stated that her customers "didn't want to go to the doctors" because of "the expense chiefly in working

districts" and Mrs West remarked that "people were poor and they couldn't afford doctors' bills."[13] Mr Daniels remembered that "you'd got to be really seriously ill before you went to the doctor." He knew, from personal experience, that home 'cures' were always tried out before consulting a doctor. For instance, he was initially given a rubbing bottle, by his mother, for severe pains which were later diagnosed as rheumatic fever. Only after the pains became unbearable, and the home treatment appeared to have failed did Mrs Daniels take her son along to the doctor for a consultation.[14] Similarly, Mrs Ruth Johnson remembered that

> "a thing we had that they used to try some medication with but in the end the doctor had to be called and that was something called quinsey and that was an abscess in the throat and they used to think it was just a sore throat and it would go ..."[15]

Indeed, Mr Brown recalled that "if there was anything serious" the matter with his former customers "you had to send them to the doctor which was a hard thing in those days because unless you were working you had to pay your doctor and of course you had to buy your medicine."[16]

Three pharmacists from other counties also believed that the cost of medical fees prevented some people, in their particular area, from consulting a qualified doctor when they were ill. For example, Mr Wesley from Norfolk stated that his former

customers, who were mostly working class or country people, did not go to the doctor because it 'cost money.'[17] Mr Stewart from the West of Scotland also believed that the 'cost of medical fees' stopped his working-class customers from going to the doctor[18] and Mr Smith from Spalding in Lincolnshire considered that the country people in his area went to the chemist because he was 'much cheaper' than the doctor.[19]

Working-class people in Lancashire and Cheshire who found it necessary to seek medical attention from a qualified doctor usually paid him in weekly instalments as a lump sum payment was financially impossible. Both Mrs West and Mrs Alice Johnson remembered the procedure of weekly payments in great detail. For example, Mrs West recalled that

> "...in them days your doctor was paid week by week at the door. You know you had a collector coming round I think he used to get about sixpence or a shilling a week. I know when I was bringing the doctor, I mean I was nineteen when my first kiddy was born, and I know I paid a shilling a week for the doctor because my first kiddy died of water on the brain ... the doctor was in constant attendance and you couldn't have afforded to have paid him each time he came so you had a bill and then the collector came and you paid him a shilling a week."[20]

Similarly, Mrs Alice Johnson recollected the process. She stated

> "the doctors was generally about half a crown which was a great deal of money then. You didn't pay it all at once there was some retired man, or crippled man or somebody like that would come round collecting it and I don't think he would get anything he would get a commission on the amount he brought in. And you'd pay sixpence a week, sometimes he'd only get three but sometimes he'd get a shilling but that's how it was done. He came round every Friday night for his sixpence and you'd pay your bill off like that. The bill would probably be half a crown for the consultation and perhaps one shilling and sixpence for bottle of medicine. Perhaps be five shillings altogether or so, and you'd pay sixpence a week until it was paid off. If it was two or three consultations of course you would be paying for two or three months really. But that's how they did it."[21]

Mrs Ruth Johnson also recalled the doctor's man calling every Saturday morning for his shilling but she could not remember her family ever paying off their medical bill.[22]

Financial hardship also made it more or less impossible for working-class people to save for times of sickness. For instance, only four of my interviewees recollected that their family belonged to a sick club or a friendly society. Mrs Rothwell recalled that her family belonged to Baxter's Health Club and Mr Daniels remembered that his family were members of either "the Odd Fellows or the Buffaloes.. one of those two", but he also stated that the society purely paid burial expenses and not medical fees. Also, Mr Dewhurst recollected that his family belonged to a "friendly club" which paid hospital expenses but not General Practitioner fees.[23] Mrs Ruth Johnson's family belonged to the "burial club that was a penny a week in the Prudential." One day Mrs Ruth Johnson decided to surrender her policies but she got the shock of her life because she was "only insured for a ha'penny a week" instead of the customary penny a week. Apparently, "it seems they didn't think I'd live." She continued

> "...and I can remember this story about me wearing the shroud because not many people wore their own shroud ever and my grandmother bought it for sixpence on Tommyfield market in Oldham and she thought well its a pity to waste it. But that must have been one of the reasons why I was only insured for a ha'penny."[24]

Elizabeth Roberts in her oral history investigations also discovered that, at the beginning of the twentieth century, only a

small proportion of Lancashire's working class belonged to a club. She writes

> In 1900 only one sixth of Barrow's population belonged to a society ... a rather smaller percentage of Lancaster's and Preston's population were members. It could be argued that more Barrovians belonged because wage levels were higher in the town, certainly a subscription of 1d or 2d a week could amount to a large weekly bill for a family of eight to ten.[25]

At the end of the nineteenth and the first half of the twentieth centuries the only means of seeing a qualified doctor without incurring vast medical expenses was either through the Poor Law Medical Officers, which was a part of outdoor relief, or the dispensary doctors.[26] The medical services available through the Poor Law were, however, very limited and they still had a great deal of stigma attached to them. Consequently, it tended to be the completely destitute who used the services.[27] For instance, Jim Hooley remembered that his 'father was always shy and ashamed of going to the Workhouse for outdoor relief but ... the need was greater than pride and he had to go.'[28] Dr Craig remarked that in Ormskirk during the 1920s and 1930s it was the "complete down and outs, those who had no homes" who used the Workhouse Clinic which was run by an Irish doctor called Dr Regan.[29]

There were three types of dispensary available to the working-class population - public, charitable or self-supporting.[30] The first public dispensary in the country was the House of Recovery in Stockport which was founded in 1792. It was based in Grapes Steps, Hillgate which was a 'poor and thickly' populated neighbourhood. The House of Recovery treated all the medical problems of every section of the working-class population in and around the Stockport area on a equal basis.[32] In the Manchester area there were eight public medical dispensaries. For example

Dispensaries especially for the treatment of women and children.	General Dispensaries
The Garside Street Children's Hospital and Dispensary	Manchester Royal Infirmary and Dispensary
St. Mary's Hospital and the Manchester and Salford Lying-in Hospital and Dispensary for Women and Children	Ancoats Hospital and Ardwick and Ancoats Dispensary
General Hospital and Dispensary for Sick Children	Hulme Dispensary
	The Salford and Pendleton Royal Hospital and Dispensary
	Chorlton-Upon Medlock Dispensary

[33]

Mrs Ruth Johnson had a particularly vivid memory about the Garside Street Children's Hospital and Dispensary. She remembered that people went there because

> "...they'd perhaps go to a doctor in desperation at a child that was looking as if it might be consumptive or something and the doctor would say, 'Well, what it wants is some cod-liver oil emulsion or Parishes Chemical Food' if it was anaemic, 'but if you go to Garside Street Hospital and Dispensary you'll get it free.' They'd go on the trams with these great bottles doled out at the dispensary."[34]

The charitable dispensaries were usually run by religious groups such as the Methodists or the evangelical Anglicans. The main charitable dispensary in the Manchester area was the Manchester and Salford Methodist Mission Dispensary. However, most dispensaries were private self-supporting institutions. This meant that there were three classes of patients. The 'Free Class' or 'First Class', who were treated in preference to the other two classes, consisted of labourers and artisans who were able to maintain themselves and their families but who were unable to pay medical fees. Each 'Free Class' member had to produce a certificate from two honorary subscribers stating that they were suitable people to be included in the scheme. Every 'free' member paid one penny if they were over twelve years

old and a ha'penny per annum if they were under twelve. This nominal contribution meant that they were entitled to any medical or surgical treatment provided by the dispensary. The 'Second Class' or 'Charity Class' were people recommended by the honorary subscribers and after investigation found to be willing but unable to subscribe to the dispensary because of ill health or inadequate wages. The 'Third Class' were people who were usually dependant on the parish for medical treatment.[35]

Both Dr Craig and Dr Harris ran private dispensaries. Dr Craig remarked that if his poorer patients were unable to pay the customary consultation fee they usually came to see him at the dispensary. He charged sixpence for medicines issued at the dispensary, and two shillings for visits and medicines. The medicines prescribed at dispensaries were quite often fairly basic mixtures such as simple stomach powders and cough medicines. In fact Dr Harris restricted the range of medicines issued at his dispensary to those recorded in "Mimms War Formulary."[36]

Everyone irrespective of money or class was restricted by the limited range of active drugs available at the beginning of the twentieth century. Opiates continued to be the most important pain-killers and soporifics as the other major pain-killer, Aspirin, did not come onto the market until the very end of the nineteenth century in 1899,[37] and Veronal,[38] the first barbiturate, was not produced until 1903. The medical profession had no 'miracle' drugs such as sulfanilamide and streptomycin, the first antibiotics, as they were not in general use until 1936 and

1944 respectively; and penicillin only became available in 1941.[39] Mr Bryant, a retired pharmacist from Stockport, emphasized the lack of alternatives to opiates at the beginning of the twentieth century. He stated

> "... there was very little else people could get, in the way of a cough medicine. At the present time, a formulator if he's making up a cough mixture he could use a dozen quite different substances to make up a mixture. He's got a much bigger choice of formulation in other words. Now in those days, if a person wanted a cough mixture there was very little to choose from. It's a wonderful pain-killer, and if you know you've got a backache tincture of opium was very good ... supposing you've got cancer that was the only thing you could get to relieve it, whether you bought it or got it from the hospital. That was the only thing to use. Whereas now there are four or five things like morphia, just as good as morphia..."[40]

Without antibiotics or penicillin doctors were unable to cure any of the main infectious diseases of the day such as diphtheria, scarlet fever and typhoid. As Mr Schofield remarked of the 1920s and 1930s

> "...treatment itself was quite primitive really ... surgery and drug treatment and everything was still very much on a hit and miss basis ... it wasn't until antibiotics came in ... that we were able to throw away about 95 per cent of the drugs that had been in everyday use ..."[41]

Indeed, Mr K. Smith from Spalding stated that 'in those days there was hardly anything for treating everyday simple ailments that was prescription only medicine.'[42] Doctors could therefore only prescribe simple, often opium-based, mixtures. For example, Mr Chandler commented that ingredients on private prescriptions in the Stockport area were "stomach powders and straight forward mixtures usually."[43] Similarly, in Mr Phillips' prescription book 1883 to 1893 for the Ashton-Under-Lyne area the majority of the scripts were extremely uncomplicated and a fair proportion were opium-based. For example, out of one thousand recipes between the 1st May 1883 to the 1st of October 1884 there were fifty-three opium-based preparations, and between the 9th of September 1891 and the 24th of March 1893 there were ninety-one opium-based recipes out of one thousand. The frequency with which one particular opium-based script occurred suggests that it was a popular recipe amongst doctors in the area. It was a basic combination of hazeline and nepenthe (tincture of opium) which was used as such, or sometimes mixed with other ingredients such as in prescription number 4325 issued on the 26th of September 1891 for Mrs Hodson which contained hazeline, nepenthe, Turkish rubarb and water (Illustration 10).[44]

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NAME & NO.	COPY OF PRESCRIPTION.	PRICE.
Price Mrs. Girl.	℞ Tr. [illegible] ʒi Syr. Phosph. Co. ℥ii Aq. ad ℥iv ʒii ex aqua ter die p.c. Sept. 26/91	
Hodson Mrs.	℞ Hazaline ℥i Nepenthe ʒiss Tr. Rubra ʒss Aq. Chlor. ad ℥viii ℥i ter in die Ung. Gallae c Opio ℥i Sept 26/91	1/- d. 4

10: Copy of Mrs Hodson's prescription from Mr Phillips' Prescription Book 1883-1893, Ashton-Under-Lyne.

Dr Harris and Dr Craig both prescribed many opium-based mixtures when they were General Practioners. Dr Harris remembered that he advocated the use of opiates for acute pain and insomnia but he considered that the "commonest" use of opiates at the beginning of the century was in the form of a cough medicine. Dr Craig recalled that he prescribed morphine for intense pain and coronary heart attacks, kaoline and morphine for stomach troubles and diamorphine for coughs. He also had a particular belief in the effectiveness of the ready-made preparation Dover's Powder which contained opium, saltpetre, tartar, liquorice and ipecacuanha. He recollected that it was the "routine treatment for 'flu" and that in an epidemic he "used to carry the stuff around" with him all the time.[45]

Hospital doctors were just as reliant upon the use of opiates at the beginning of the century as were General Practitioners. Indeed, Dr Craig and his wife were house surgeons at the Royal Liverpool Children's Hospital before they became General Practitioners and they both used to prescribe Dover's Powder and nepenthe to children suffering from pneumonia.[46] Also a selection of six Manchester Royal Infirmary pharmacopoeias dating from 1827 to 1921 not only display the fact that opiate recipes were in use at the beginning of the twentieth century, but that the proportion of opium-based preparations remained more or less constant throughout the ninety-four year period. For example, in 1827 there were thirty-eight opium-based recipes out of three hundred, twenty-two out of two hundred and twenty-eight in 1840, eleven out of one hundred and forty-seven in 1887,

fifteen out of one hundred and fifty-five in 1896, fifteen out of one hundred and twenty-nine in 1909, and thirty-seven out of six hundred and sixty-four in 1921. That is 12.6, 9.6, 7.4, 9.6, 11.6 and 9.1 per cent respectively out of each pharmacopoeia's recipes as a whole.[47]

Home doctor books still continued to recommend the use of opiates for a wide range of complaints just as they had fifty years earlier and the fact that they did also underlined the remaining prominence and value that opiates had as medicines, the absence of any other real choice of active drug, and the ease with which people could buy them over-the-counter. The 1901 edition of the The Household Physician, for instance, advocated the use of opiates for bowel diseases, cancer, catarrh, cholera, colic, coughs, diabetes, diarrhoea, dysentery, gastritis, peritonitis and piles.[48] Cassell's Family Doctor Book (1901) recommended the use of opiates for cholera, colic, coughs, diarrhoea, enteritis, laryngitis, nasal catarrh, obstruction of the bowels, peritonitis, pleurisy, pneumonia, typhlitis and ulcer of the stomach.[49] Dr Baily advocated the use of opiates for several ailments in 'The Doctor at Home' section of The Enquirer's Home Book: A Complete Guide for Every Branch of Domestic Life (1910). For instance, he suggested a recipe of brandy and opium for cramp in the stomach, poppyhead forientations for toothache, and a mixture of laudanum, dilute sulphuric acid and water for consumption. Opiates were also recommended for colds, colic, gall-stones, diarrhoea, dysentery, gout, haemorrhoids, influenza, spasms and a stitch or pain in the side.[50]

As the services of the medical profession were costly, and the profession could only prescribe the same drugs which were easily obtainable over-the-counter, the working-class population of Lancashire and Cheshire bought their medicines directly from a shop. If working-class people required medical advice they consulted the pharmacist who provided free and friendly help as well as cheap medicines. For example, Mr Harding remarked that "it was cheaper to buy a nostrum than it was to consult the doctor" prior to the introduction of the National Health Service as an opiate based patent medicine would only cost "one and thrupence."[51] Mr Chandler remembered that his working-class customers bought opium based recipes as "three penny worth of this and three penny worth of the other" and that paregoric was "only a few coppers an ounce."[52] Mrs Markwell stated that in her shop "the medicine was fairly cheap." For example, paregoric cost "sixpence an ounce", laudanum was "a shilling ... for a small bottle" and All Fours was sold as "shilling worths" or "sixpenny worths" in a bottle. Mrs Markwell also remarked that her customers "didn't have to pay for any advice they got."[53] Indeed, Mrs Cramphorn firmly believed that

> '... more "home treatment" was carried out in the early part of this century and patent medicines and old fashioned "hand down" remedies were a good deal cheaper than paying for doctors and/or their medicines.'[54]

Mr Bryant considered that "the people with the money would be going to the doctor they wouldn't come so much to the chemist."[55] Dr Craig was aware that financial considerations meant that working-class people consulted the pharmacist instead of the doctor. He stated

> ".... they hoped they would only have to pay 1s 6d for a bottle of medicine...I mean it was common sense, and they hoped that it would do the trick and if it didn't work after a bottle or two then they would come and see the doctor..."[56]

He also believed that "the chemist" was the "friend" of the working-class people because

> "... they could talk to him you see and they didn't have to come into a waiting surgery ... in the old days they used to come and wait and if the place was full they would just have to wait their turn."[57]

In fact, Mr E. Knott from Edinburgh suggested that 'in many cases the people had great faith in the chemist.'[58]

The pharmacist was therefore used as a sort of 'free doctor' by the working-class population of Lancashire and Cheshire. This meant, according to Mr Brown, that they were

required to do "a lot of counter prescribing."[59] Indeed, Mr Bryant considered it to be

> "a function of the pharmacist or the chemist to prescribe much more widely than they do now. I mean there's a Health Service now and if a person's ill he can go to the doctor and get a prescription and if they're elderly or infants they get it for nothing, whereas in those days every bottle of medicine had to be paid for and they would rather pay the chemist ... because the chemist very often knew more than the doctors about the drugs. I shouldn't say that myself but it's a fact in the old days that was the case..."[60]

Both Mrs Markwell and Mr Brown recalled the counter prescribing they were asked to do in the old days. Mrs Markwell remembered that when she was an apprentice in her father's chemist shop working-class customers came in and stated

> "...so and so's got a bad cough or a bad chest or stomach trouble or something 'will you make a bottle for them?'"[61]

Similarly, Mr Brown recollected that working-class people asked him for advice especially about children's complaints. He stated

> "...they would come along and very often bring the child with them and say 'Well look they've got a bad cough' or 'she's got a bad tummy' or something or other. 'Can you give them a bottle?'"[62]

Mrs Ruth Johnson remembered that working-class neighbours and friends of hers would

> "...often go to the chemist and say, 'Our Joan's got you know a bit of a rash.' And he'd say 'where is it? Is it on her chest?' And she'd say 'show the chemist your chest love.' And he'd say 'it's measles, she's going to have measles.'"[63]

Mrs Ruth Johnson also recalled that the pharmacist would recommend or "prescribe something if a child had got diarrhoea ... he'd mix you a bottle."[64]

Some dispensing chemists issued their own pamphlets or booklets which contained lists of appropriate medicines for the treatment of a variety of diseases and ailments. One such chemist was A. H. Shaw based at 13, Lower Hillgate, Stockport. They printed booklets entitled Popular Information on Certain Domestic Remedial Preparations in Medical and Dietary Cases one of which contained a large table listing eight different opiate preparations (Illustration 11). The manufacturing chemists Kay

	DOSES			DISEASES
MEDICINES	ADULTS	CHILDREN	EFFECTS	PROPER FOR
Pdr. with opium.	10 to 12 grains	4 to 6 grains	astringent	obstinate purging & dysentery.
Dover's Powder.	5 to 15 grains	3 grains	sudorific and anodyne	rheumatism and recent colds.
Laudanum.	10 to 30 drops	1 to 4 drops	anodyne	restlessness & acute pain.
Opiate confection.	10 to 25 grains	4 to 8 grains	carminative & opiate	purging & colic.
Opium, Purified.	1 to 2 grains	-	anodyne	restlessness & acute pain.
Paregoric Elixir.	1 to 3 dms	15 to 30 drops	anodyne	cough, asthma, cramp.
Poppies, White. Ext. of.	5 to 10 grains	1 grain	anodyne	spasms, acute pains, ague.
Poppies white, syrup of.	2 to 4 dms.	teaspoon	anodyne	-

11: A pamphlet issued by A.H. Shaw of Stockport on:

Popular Information on Certain Domestic Remedial Preparations in Medical and Dietary Cases.

Brothers (1633-1961) also issued several reference almanacks. They naturally recommended their own products in the pamphlets most especially Kay's Linseed Compound.[66] For example, in the 1899 issue of the Family Reference Almanack Kay's Linseed Compound was advocated for asthma, bronchitis, colds, consumption, influenza, and whooping cough whereas laudanum was suggested for the treatment of colic and diarrhoea.[67]

NOTES : CHAPTER SIX

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3 F.B. Smith, The People's Health, pp. 269-82.

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14 Personal Interview with Mr Daniels.

15 Personal Interview with Mrs Ruth Johnson.

16 Personal Interview with Mr Brown.

17 Personal Communication with Mr Wesley.

18 Personal Communication with Mr Stewart.

19 Personal Communication with Mr Smith.

20 Personal Interview with Mrs West.

21 Personal Interview with Mrs Alice Johnson.

22 Personal Interview with Mrs Ruth Johnson.

23 Personal Interviews with: Mrs Rothwell, Mr Daniels and Mr Dewhurst.

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42 *Personal Communication* with Mr K. Smith.

43 *Personal Interview* with Mr Chandler.

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58 *Personal Communication* with Mr E. Knott.

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63 *Personal Interview* with Mrs Ruth Johnson.

64 *Ibid*.

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CHAPTER SEVEN

The Concept and the Realities of Addiction and the Recreational Use of Opiates.

In the late nineteenth and early twentieth centuries the medical profession was grappling with the concept, as well as the realities of addiction.[1] Their perception of addiction was however extremely blinkered as it was based on three factors. Firstly, on the particular type of addictive drug they prescribed; secondly, on the development of germ theory in relation to disease, and thirdly on their consulting experience which was limited to the class of patient they attended.

To a greater extent it was the profession itself which had inadvertently accelerated the addiction problem by advocating the use of hypodermic morphine in preference to opiates administered orally. Morphine, the strongest of the opium alkaloids, was first isolated in 1806 by the German pharmacist, Frederick William Sertütner,[2] and it was readily available in Britain from the 1820s onwards. Yet, when morphine was administered orally it had no particular advantages over opium. It was only when Dr Alexander Wood perfected the hypodermic syringe in the late 1850s[3]; and delivered a paper in conjunction with Dr Charles Hunter, to the British Medical Association in 1858, on the benefits of using morphine injections in the treatment of neuralgia, that the medical profession became increasingly interested in morphine and the possibilities of

subcutaneous use.[4] During the 1860s and 1870s members of the profession began to recommend hypodermic morphine for a variety of complaints ranging from melancholia, peritonitis, delirium tremens, ague and uterine pain to tetanus, rheumatism, cancer, inflammation of the eye and pain endured during childbirth.[5]

It soon became apparent however, that patients who were prescribed hypodermic morphine on a regular basis developed side-effects such as emaciation, constipation and loss of libido, but more importantly when the drug was withdrawn 'flu-like symptoms occurred together with an uncontrollable desire for the continuation of the drug. In 1878 Edward Levinstein's major work on addiction Die Morphiumsucht was translated into English.[6] He cautioned the medical profession about the serious side-effects caused by the intravenous administration of morphine, and also defined 'the morbid craving for morphia' as a new treatable disease.[7]

Scientific advances by Schwann and Virchow in the field of cellular pathology, and by Koch and Pasteur in the field of bacteriology gave the medical profession a germ theory of disease. This meant they could accurately recognise a certain set of symptoms and thus identify, if not treat, particular contagious diseases such as typhoid.[8] The model of disease theory was transferred wholesale onto problems which were not germ based, and which had significant social and environmental aspects involved such as alcohol and drug addiction. However, less emphasis was placed on the description of the physical symptoms of addiction, and more on the psychological symptoms.[9]

In Britain both alcohol and morphine addiction came under the heading of 'inebriety.' Dr Norman Kerr, the founder and president of the Society for the Study and Cure of Inebriety (1884), was at the core of British thought on the subject of addiction. He was primarily interested in alcoholism, and research into morphine addiction was of secondary importance.[10] Yet, ever since the publication of De Quincey's Confessions a close connection had been made between alcohol and opium use in medical circles and in popular literature.[11] In the last quarter of the nineteenth century medical theories on addiction were particularly influenced by the views of the temperance movement as well as those of the anti-opium movement.[12]

Moral values were incorporated into the disease theory of addiction whereby a person who over indulged in drink or drugs was morally weak yet totally responsible for their own downfall. Significance was also attached to the aspect of self-discipline especially in the process of being cured.[13] As a result morphine addicts were divided into two groups - the morphinist who wanted to be cured, and the morphinomaniac who did not.[14] Doctors believed that addicts needed medical help, but failure to respond to this help was the individual's responsibility and not the medical profession's. The philosophy behind the treatment was to enable the addict to become morally strong. This was achieved, according to the profession, by segregating the addict from the rest of society, and placing emphasis on community and family responsibilities as well as on religion.[15] Homes for addicts such as Dalrymple House in Rickmansworth were established but

admission remained voluntary throughout the nineteenth century.[16]

The number of addicts admitted to special homes, however, remained extremely small throughout the late nineteenth and early twentieth centuries.[17] Addiction to hypodermic morphine was predominantly confined to the wealthy upper and middle classes. Only the well-off patient could afford medical fees, the cost of morphine, which was more expensive than either opium or laudanum, plus the price of syringes.[18] The treatment for addiction was very costly. For example, a book entitled <u>The Confessions of a Morphomaniac or, "A Modern De Quincey</u>" is an autobiographical tale by a drug addicted assistant doctor who practised in the north of England during the mid 1890s.[19] The author was a patient at a Home for the Mentally Afflicted which catered for a number of drug addicts. Patients at the Home were 'all of the wealthy class' and

> for one reason, some another - religion, disappointed love, failure in business, fear, vanity, excesses, over-learning, drink, drugs - ... were hobnobbing, shoulder to shoulder,...ladies of birth and title; gentlemen of rank and fashion;...women - yes, some mere girls; maidens fresh from some grand finishing school or college, some from the vortex of an extra gay and consequently wearying London season ...[20]

Their days at the Home were spent fishing, shooting and riding or playing billiards, golf and tennis.[21] The minimum cost for all this was five guineas per week.[22] Similarly, the fees at the Dalrymple were between two to five guineas a week. Dr Oscar Jennings, the Paris correspondent for the Lancet, charged two hundred guineas for treatment at his special home on the outskirts of Paris.[23] Levinstein's treatment was only for the financially secure addict. It consisted of the immediate and complete withdrawal of the morphine, and in order to alleviate the symptoms of withdrawal the patient was allowed liberal amounts of champagne and brandy whilst incarcerated, but under strict medical supervision, for a period of eight to fourteen days.[24]

Heated debates were exchanged within the medical profession, during the first three decades of the twentieth century, over the best form of treatment for an addict. Some members, for example, Dr Albrecht Erlenmeyer advocated the abrupt withdrawal of morphine [25] whereas others such as Dr Oscar Jennings favoured the gradual reduction of the drug.[26] However, most doctors agreed upon the principle of institutional confinement for an addict. Indeed, the study of addiction became a medical growth area with doctors specialising in this field.[27]

There were very few working-class case histories of morphine addiction. Working-class addicts were rarely seen by the medical profession, and even if they were the profession had little or no concept of working-class addiction problems. The profession's concept of addiction was extremely élitist based, as

it was, on the experiences of upper and middle-class individuals who suffered from therapeutically induced morphine addiction,[28] and not on the experiences of working-class individuals who were addicted, for example, to laudanum or paregoric. At any rate, the few working-class addicts who were recognised as such could not have afforded the cost of medical treatment at a private home. For the working-class addict there was the workhouse, the lunatic asylum or sometimes even prison.[29]

The national governing body representing doctors, the British Medical Association, wanted to stop the open sale of drugs and self-medication;[30] and the national governing body representing pharmacists, the Pharmaceutical Society, wanted to curb the unqualified sale of drugs over-the-counter.[31] The B.M.A. believed that the practice of self-medication weakened the reputation of doctors and the Pharmaceutical Society considered that the open and untrained sale of poisonous drugs undermined the professional standing of pharmacists.[32] There was, indeed, a fair amount of rivalry between the two professional bodies as both wished to gain ultimate control over poisonous drugs.[33] The aims and ambitions of the B.M.A. and the Pharmaceutical Society affected the working-class population most prominently as they were the ones who had to rely upon over-the-counter drugs and self-medication during times of illness. In fact, working-class opiate use became mainly a matter of curtailment as far as the B.M.A. and the Pharmaceutical Society were concerned.

From the 1870s onwards there was a great proliferation in the manufacture and use, amongst all sections of society, of

patent medicines.[34] As a result, both the B.M.A. and the Pharmaceutical Society became increasingly disgruntled with the 1868 Pharmacy Act as it failed to regulate the sale of patent medicines and preparations, such as paregoric, which contained less than one per cent of opium.[35] The B.M.A. considered that as long as people, most especially the upper and middle classes, treated themselves the doctor's status in society was still dubious.[36] It, therefore, pushed for stricter regulations over the administration and sale of drugs. In order to highlight the inadequacy of the Act the medical journals, backed by the B.M.A., began to publish cases which demonstrated the loopholes in the law and instances where poisonous drugs had been issued without due care and attention or sufficient labelling.[37] For example, in November 1873 the Lancet published Dr Edmund Hartley's letter in which he described a visit to a patient suffering from laudanum poisoning. Dr Hartley stated that the patient had 'taken half an ounce of laudanum, which he had procured in small quantities at five different shops.'[38] Indeed, the British Medical Journal believed that opiates ought to have been in Part One of the Schedule of Poisons and therefore stated 'we fail to see why the law should not place the same restrictions upon the sale of opium as upon strychnia, aconite, etc., when not prescribed by a registered medical practitioner.'[39]

The Pharmaceutical Society considered that the unrestricted sale of patent medicines made a mockery of the Schedule of Poisons and it was annoyed with the continuation of unqualified sales of poisonous drugs.[40] The Act had not provided sufficient enforcement provisions as its inspectors had no rights

of entry and no powers to examine pharmaceutical records and registers. In fact, in 1883 the President of the Pharmaceutical Society believed the Act to be so lax that virtually anyone could sell drugs including 'barbers, booksellers, chandlers, confectioners, drapers, general dealers, grocers, hair-dressers, herbalists, ironmongers, marine-store dealers, oilmen, printers, publicans, stationers, store-keepers, tailors, tobacconists, toy-dealers (and) wine merchants.'[41]

A Patent Medicine Bill was proposed by Mr Warton in 1884 which would have brought preparations such as Dover's Powder and Dr Collis Browne's Chlorodyne into Part Two of the Schedule of Poisons.[42] The Bill was, however, unsuccessful. This defeat sparked off another campaign, between 1884 to 1892, which was predominantly inspired by the B.M.A.. It consisted of repeated questioning in parliament about the shortcomings of the 1868 Act, and spotlighting unqualified sales of poisonous drugs and patent medicines in the medical and pharmaceutical journals.[43] For instance, the case of Miss Emma Ashcroft, who resided in Manchester Road, Ince, and described herself as a patent medicine vendor and drysalter. It was alleged that Miss Ashcroft sold Mrs Hughes ten drops of laudanum. Mrs Hughes usually made up a family recipe of laudanum, treacle, sugar and caraway seeds which she administered to her nineteen month old child. However, the mother did not have enough time to make the concoction straight away and the 'laudanum was left in the bottle that usually contained the finished mixture, and a nurse not knowing this administered a dose of the unmixed laudanum with the result that the child died.'[44] At the inquest the Coroner made these remarks to the jury

> Poor people who were ignorant came and tried things, and unqualified persons gave them wrong medicines which they knew nothing about ... If there had been a "poison" label on the bottle Mrs Kershaw (the nurse) would probably have noticed it and would not have administered the laudanum and the child would not have been poisoned. He hoped it would be a lesson to Miss Ashcroft that she should not in future, especially in a place like Ince, deal in drugs that the law distinctly said she had no right.[45]

In 1890 the Chairman of the Parliamentary Bills Committee of the B.M.A., Ernest Hart, sent out urgent memorandums to the Pharmaceutical Society and the president of the General Medical Council asking for immediate action in order to procure legal restrictions on patent medicines.[46] Dr Collis Browne's Chlorodyne, being one of the most popular,[47] was singled out for special attention and in 1891 the Parliamentary Bills Committee requested the Treasury Solicitor to instigate proceedings against the manufacturer of Chlorodyne. Mr John Thistlewood Davenport, the manufacturer of Collis Browne's, was called to Bow Street Police Station where Mr Lushington questioned him about the sale of poisonous drugs without the correct labelling. Mr Davenport replied that Collis Browne's was exempt from the 1868 Act because it was a patent medicine. However, Mr Lushington provided a new definition for patent medicines: they were medicines with a government patent and not preparations which paid the medicine

duty. The outcome of the case was that Collis Browne's and all other proprietory medicines which contained poisonous drugs had to be labelled 'poison' and could only be sold by a qualified pharmacist.[48]

The Parliamentary Bills Committee of the B.M.A. had already emerged in 1890 with its own ideas on how to deal with the difficulties posed by opiates and other poisonous drugs. It suggested that

> .... The statutory limitations of opiates and other potent medicines to the public might be attempted in either of three ways:-
>
> i. By enacting that certain substances should not be supplied except upon the order of a qualified medical practitioner.
>
> ii. By enacting that not more than a specified quantity of certain substances should be supplied to the same person within a given time.
>
> iii. By throwing upon the seller the onus of determining the limits of the supply of poisonous substances in each particular case, and holding him responsible when a reasonable and proper limit is exceeded.[49]

The B.M.A. came down strongly in favour of 'making a supply of a medical poison dependent upon the order of a medical practitioner.'[50] At this time, however, prescriptions belonged to

the patient and could be dispensed as often as the patient desired and could even be passed onto other people in order to be compounded. The B.M.A. not only wished to curb the use of poisonous drugs by placing them onto prescription but it also wanted to limit the number of times a prescription could be used. If the B.M.A. could achieve these two objectives it would then have considerable control over the use of poisonous and dangerous drugs. To obtain these goals it started highlighting cases in the Medical Journals, particularly the British Medical Journal under the editorship of Ernest Hart, where the absence of a time limit on a prescription had caused disastrous results. For instance, the British Medical Journal (24th of September 1904) recorded a case of a young woman who had died from morphine poisoning. During the inquest the pharmacist informed the Coroner that the woman

> .... did not produce the prescription for the morphine; the original prescription was given by a doctor - now dead - ten or eleven years ago. The chemist did not consider that it was necessary to see the prescription every time ... The Coroner observed that he considered the chemist had been lax in not insisting on seeing the prescription.
>
> The jury .... added a rider that there should be in future some restrictions on the use of old prescriptions.[51]

Similarly, the December issue of the British Medical Journal (1904) described an inquest case of a woman who had taken morphine for eighteen years on 'a prescription once given to her after an illness.' The chemist who had supplied her for the last three years of her life state that

> .... a week before her death he had given her a bottle of morphine containing over 2oz. He said he was "unfortunately bound to supply the morphine when a prescription was produced." The Coroner, in summing-up, remarked that medical men ought to limit the time for which a prescription might be used. [52]

The article by H. Wippell Gadd published in the October 1910 edition of the Lancet precisely identified the difficulties concerning reusable medical prescriptions and also underlined the B.M.A.'s aims and objectives regarding the problem.[53] Gadd stated that a prescription was

> the written opinion of a physician, which specifies the particular remedies which are required by the patient who consults him. It is written as the result of a diagnosis of the patient's condition, and its purpose is limited in time as well as in person. [54]

He believed it was in the best interests of the patient that

> .... the use of the prescription should be limited, as the very efficiency which it may possess in the morbid condition of the person for whom it was written may render it noxious or even toxic to the same person when in a state of health, and still more so to other persons of different age, sex, or habits of life. [55]

Gadd considered that the main problem lay in 'preventing the prescription being dispensed too frequently, either for the person for whom it was originally written, or for anyone else who may obtain possession of it.' He suggested that the face of a prescription should be endorsed with either the maximum number of times the preparation could be compounded or a final date after which the prescription could no longer be used. Gadd also recommended that pharmaceutical chemists should use far more discretion when selling poisonous drugs and that they should 'observe any directions which might be addressed to them on the face of a prescription.' [56]

In 1908 the Poison and Pharmacy Act was passed. It placed opium and all preparations containing over one per cent of morphine into Part One of the Schedule of Poisons. Other mixtures included in Part One were arsenic, aconite, atropine, cantharides, corrosive sublimate, cyanide, ergot of rye and picrotoxin as well as preparations over 0.1 per cent of belladonna and prussic acid,

over 0.2 per cent of nux vomica and over one per cent of emetic tartar and coca. Drugs placed into this category could only be sold by the vendor if he knew the customer, or if the vendor was introduced to the customer by a mutual acquaintance. The customer was also required to sign the poison register. All preparations of poppies, apart from papaver rhaeas, were included in Part Two of the Schedule of Poisons. Drugs placed in this category had to have the word 'poison' clearly printed on the label together with the name of the substance in the bottle and the name and address of the vendor.[57]

The Pharmaceutical Society was fairly pleased with the 1892 decision and the 1908 Act. It was more determined than ever to ensure it was the only professional body that dealt with poisonous drugs. The Pharmaceutical Society appeared to be less worried about pushing the opiate trade back into the hands of lower class dealers, or creating a black market for opium. It believed that the freer sale of preparations which contained less than one per cent of morphine, such as paregoric, would be sufficient to meet the demands of poorer people.[58] On the other hand, the B.M.A. was not quite so pleased with either the 1892 agreement or the 1908 Act. One of the aims of the B.M.A., the placement of stronger opiates into Part One of the Schedule of Poisons, had been achieved, however, it considered that the new regulations had not gone far enough to eradicate self-medication. 1892 had not thwarted the sale of patent medicines and 1908 had not, for example, placed poisonous drugs onto prescription or limited the number of times a prescription could be compounded.[59]

The B.M.A. therefore issued two pamphlets entitled Secret Remedies and More Secret Remedies in 1909 and 1912 respectively in an attempt to demonstrate that patent medicines were either utterly useless as they were comprised of worthless ingredients, or that they were harmful because they contained poisonous drugs.[60] For instance, the B.M.A. discovered that Beecham's Cough Pills made false claims on their labels stating that the pills did not contain opiates. Under analysis they were shown to include morphine.[61] Mrs Winslow's Soothing Syrup proclaimed that it no longer had morphine, or any other poisonous drugs, in its formula. Yet, it was revealed by the B.M.A., that it included potassium bromide which is another poisonous sedative.[62] The B.M.A. wanted to illustrate that patent medicines were not to be trusted, and that people should seek proper medical advice instead of resorting to self-medication.

After the release of the two B.M.A. publications the government considered the patent medicine problem serious enough to instigate a Select Committee on Patent Medicines.[63] Evidence was taken from 1912 - 13. The medical profession had the advantage in that doctors sat on the Select Committee itself, for instance, Dr Chapple M.P. for Stirlingshire and Colonel Arthur Lynch, a physician and M.P. for West Clare. Also, only eight patent medicine manufacturers were prepared to give evidence to the Committee. However, the patent medicine manufacturers did not stay completely silent; some retaliated by issuing circulars condemning the B.M.A. booklets and the Select Committee. For example, Beechams stated

> It is well known that in a vegetable compound many ingredients are impossible of identification by any analysis. It is an indisputable fact that Beecham's Pills cannot be correctly analysed. They contain important vegetable ingredients which cannot be discovered by analytical tests. All published so-called analyses are hereby pronounced to be erroneous and misleading, and should be firmly avoided. No-one can make anything identical with Beecham's Pills, as the formula is a secret, and a correct analysis is impossible. [64]

The final recommendations of the Select Committee, that all ingredients of patent medicines should be listed on the label, were released on the same day that Britain declared war on Germany, the 4th of August 1914. Therefore, the Committee's proposals were put on hold and they were not, in fact, implemented until the passing of the Pharmacy and Medicine Act in 1941.[65]

The B.M.A. and the Pharmaceutical Society emphasized the most tragic cases of opiate use in the various medical and pharmaceutical journals. The two national governing bodies did not perceive these as cases of opiate addiction but as instances of opiate abuse which could be remedied by a reform in the system of dispensing medicines. It is difficult to know whether or not they were genuinely concerned for the victims of these tragedies or simply that they were using them in a campaign to enhance the

professional status of doctors and pharmacists. The overall effect was, however, to highlight the notion of working-class opiate misuse. Yet, at a local level, neither my interviewee doctors nor my interviewee pharmacists shared this concern about the use of opiates amongst the members of the working-class. They did not consider opiates to be questionable drugs which needed to be restricted. As a result, my interviewee doctors and pharmacists and the two national bodies representing doctors and pharmacists had one aspect in common, that was, an unwillingness to recognise any problem of addiction amongst members of the working-class population.

Opiates still remained medically unchallenged at the beginning of the twentieth century. Therefore, doctors, including my interviewee doctors, carried on prescribing opiates for a whole range of ills and pharmacists, including my interviewee pharmacists, continued to sell opiates for a variety of complaints.[66] Local doctors and pharmacists believed, however, that they had little cause for concern with either patient or customer use of opiates. Dr Craig, for instance, stated that his practice in Ormskirk "had very little problem" with opiates and that they "used to use a lot of these things like Dover's Powder"[67] which contained opium. Similarly, Dr Harris could not recall any difficulties with patients who had been prescribed opiates.[68] Yet, both Dr Craig and Dr Harris agreed that the bulk of their patients were middle class and that working-class people "went to the chemist a lot" in order to purchase opiate medicines.[69] The pharmacists from Lancashire and Cheshire that I have interviewed were well aware that their working-class customers could not

afford to visit the doctor and consequently relied upon over-the-counter drugs to satisfy their medical needs.[70] The experience of my interviewee pharmacists was that on the whole their working-class customers had a responsible attitude towards opiate medicines. For example, Mr Brown remarked that his customers only used opiates "when they were necessary."[71] Likewise, Mrs Markwell remembered that working-class people just bought opiates "when there was something the matter with them."[72]

The instances of addiction appear to have been extremely rare according to my interviewee doctors and pharmacists. Indeed, Dr Harris stated that "one never knew of anyone becoming addicted."[73] The odd case or two that there was seems to have stood out in the minds of my interviewee doctors and pharmacists. For example, Dr Craig could only recall two instances of addiction during his fifty-three years of General Practice. He remembered one man who "used to drink Collis Browne's" because "he liked it so he went on drinking it" and a woman patient who he described as a "morphinomaniac." She had initially been given morphine by a doctor in Southport for quinsey and Dr Craig "used to sign prescriptions every month for her for a months supply." He continued by stating that "those were the only cases .... I had trouble with."[74] Mrs Markwell remembered one customer who, with the benefit of hindsight, she believed to be addicted, but at the time she did not consider the possibility. She recalled

> ".... there was one in particular I think was addicted, a man, but I understood that he'd had some serious illness of some sort and he

> used to come for it always, every week ..... though we never talked about him being addicted to it we never thought anything about it he just came with the bottle and had it filled up and that was that ...."[75]

Similarly, Mr G. Boyes a retired pharmacist from S.W. London believed that 'on reflection after sixty years' some of his former customers were addicted because 'they were buying too much.'[76]

The majority of the working-class people I have interviewed were only given, or took, opiates for particular medical reasons.[77] Nonetheless, the problem could start once a doctor had written out a script for opiates and given it to a patient, or when a pharmacist had sold opiates to a customer. The doctor or the pharmacist did not know what a patient or a customer did with the opiates. Dr Harris, for instance, believed that because his patients "never knew what they were having" they could not become addicted,[78] suggesting the idea that a person could only become addicted if they knew the name of the drug, and the fact that the particular drug in question had been described as an addictive one. However, if a patient liked the taste of a certain medicine prescribed by a doctor, or if he considered it did him some good, then regardless of whether or not he knew the name of the medicine, and ignorant of the fact that he was becoming addicted to it, he could repeatedly redispense the prescription because it was his property. Indeed, Dr Harris pointed out himself that a patient could even give a prescription "to their friend" at the beginning of the twentieth century.[79] The friend

could then obtain the prescribed medicine without ever having seen the doctor. It would therefore be difficult for a doctor to know if a patient, or a friend of the patient, was continuously having a prescription compounded, and subsequently becoming addicted to a particular prescribed medicine.

Opiates purchased over-the-counter could also present problems. Initially, a customer may have bought opiates for a legitimate medical reason such as an irritating cough, influenza, diarrhoea or stomach troubles. However, when the person stopped taking the opiates they could have experienced withdrawal symptoms which are 'flu-like as well as an irresistible craving for the continuation of the drug.[80] Unaware of the fact that they were experiencing classic opiate withdrawal symptoms the person may have believed that they were still ill and therefore resumed taking the opiates. In fact, looking back, Mrs West realised that

> ".... you can take something and find it gives you a quietened feeling from the pain and you can think Oh well I'll take that, you can make a habit of it ...."[81]

Yet, she continued by stating

> ".... of course we didn't make a habit out of it because what ever you took cost money." [82]

No warnings about the dangers of addiction were printed on the bottles or packaging of over-the-counter medicines which contained opiates; and according to Mr Harding pharmacists "wouldn't volunteer information about opiates"[83] unless they were specifically asked. Mrs Alice Johnson believed that because of the lack of information working-class "people didn't realise the dangers" involved in taking opiates or giving them to their children. She considered that

> "... people didn't know a great deal about the strength of drugs or even that things were drugs, they didn't known, they knew very little about medical things at all, you just did what others did and what other people told you."[84]

Some of my working-class interviewees had gradually developed a liking for particular opiates. For example, Mrs West really liked the tast of paregoric and described it as a "lovely .... sweetish flavour" with "an unusual tang." Mrs West believed that she "could have got addicted to it 'cause it was such a nice flavour." She remembered that the whole family "used to line up for paregoric, honey and the juice of a lemon" and that "there was things we lined up willingly for and things that we didn't." Mrs West even stated that "if I could have got a double turn I would have done it .... I know I could have drunk a bottle full of that."[85] A few interviewees had taken opiates of their own accord when they were still children because they liked the taste so much, and were probably unconsciously addicted to opiates. For

instance, Mr William Lowe recalled being sent to buy sixpenny worth of laudanum with "the next door but one neighbour's" children "John and Sid Booth." On the way home they all used to "have a little drink" of laudanum, but only "sips because if too much had gone out of the bottle you got a clip behind the ear." Mr Lowe liked the taste and thought it resembled "cough mixture, like All Fours."[86] Similarly, Mrs Ruth Johnson loved the taste of composition and was almost certainly addicted to it. She writes 'its taste was irresistible and I developed a compulsive craving for it that made my mouth water in anticipation.' She recounted the first time she ever tasted composition. It was

> ".... very, very sweet and lovely and could send you mad, you know, because it was so gorgeous and the first time I tasted it was when this girl went for a pennyworth in a cup pushing a pram and she wedged this cup of composition in a corner of the pram. And she asked me if I'd ever tasted it, so I said 'no' and she said 'you dip you finger in and have a taste' and I did. Oh it was gorgous so she said 'I'll have a taste too' and we kept on dipping our fingers in, well by the time we got to this girl's house her mother said 'by gum she's given you short measure this time', she said 'I'll go for it next time and I'll watch her'."[87]

Mrs Owens from Stockport and Mr Dewhurst both bought, and took opiates of their own accord when they were still children. For example, Mrs Owens remembered that when she was only seven years old, and had a spare halfpenny to spend, she would go along to the sweet shop and buy some paregoric tablets. She really liked the taste of paregoric and took the tablets to school with her.[88] Mr Dewhurst stated that he "rather liked the taste" of Dr Collis Browne's Chlorodyne. He was given it as a child by his mother for coughs and colds. However, when questioned as to whether he thought he became addicted to it he replied

> "No, no, I see what you mean though, one could get addicted to it because the chlorodyne tablets, which you could buy quite openly in shops, ... you could get addicted to those. I liked those ... I suppose that I bought those, I liked those and I would eat these chlorodyne tablets, till they'd all gone but I can't see me being addicted to going and rushing and buying more."[89]

None of my interviewees, however, had taken opiates purely for recreational reasons. As Mrs Alice Johnson recalled

> "... if they took anything it would be, perhaps, a drop of whiskey or something like that but not laudanum ... the men mostly

> liked a glass of beer. That was really mostly what they used for cheering themselves up."[90]

Mr Dewhurst also remarked that "it never come to my knowledge of anyone taking such things for pleasure."[91] When I asked Mr Bryant if any of his former customers had taken opiates for pleasure he replied

> "No, not in those days, because well you see it is very difficult for you to picture this but there weren't so many remedies in those days. And if a person had heard that tincture of opium did them good and they would come and would ask for it, and take it and perhaps benefit by it, but there was no question of getting kicks out of it or anything like that."[92]

One interviewee, Mr Daniels did recall the two Gillby sisters from Hazel Grove who drank laudanum, gin and methylated spirits. He recollected that the sisters were "dirty, poor" things who "used to fall about the place." Yet, Mr Daniels thought the use of opiates for recreational reasons was a rare occurence.[93] Also, Mr E. Knott, a retired pharmacist from Edinburgh, remembered that 'some old grannies ... sent out to the chemist for tuppence or thrupence worth of opium and then sit and chew it just as men chewed tobacco.'[94]

None of my interviewees had taken opiates to the exclusion of alcohol as suggested by De Quincey's original hypothesis of the 'opium-eating teetotaller.'[95] Nor did any of them know of anyone who had practiced this. Indeed, Mr Harding made a crucial statement when he remarked

> "... they wouldn't get the same kick out of a dose of laudanum as they would get out of half a pint of beer."[96]

Whilst the B.M.A. and, to a lesser extent, the Pharmaceutical Society were busy coming to terms with a particular concept of addiction which was based on an élitist model some members of the working-class population in Lancashire and Cheshire were actually experiencing the realities of addiction. The few working-class interviewees who were addicted to opiates did not, at the time, consider this possibility as they knew very little about the dangers associated with opiate use. At the end of the nineteenth and the beginning of the twentieth centuries working-class addiction was, more or less, unrecognised as such by local doctors and pharmacists as well as by the two national governing bodies representing doctors and pharmacists. The B.M.A. and the Pharmaceutical Society argued that the open and unrestricted sale of opiates was undesirable as it could lead to opiate abuse. Indeed, both national bodies wanted to obtain the sole right to deal with poisonous and dangerous drugs. Yet, from my oral material opiate use did not appear to interfere with the day to day lives of my working-classs interviewees. There was, in fact, extremely little oral evidence to support the theory that the open

sale of opiates led to the gross misuse or the recreational use of opiates.

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74 *Personal Interview* with Dr Craig.

75 *Personal Interview* with Mrs Markwell.

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CHAPTER EIGHT

The Decline in the Use of Opiates Amongst the Working-Class Population of Lancashire and Cheshire.

As the twentieth century progressed the practice of self-medication and the use of opiates gradually diminished amongst the working-class population of Lancashire and Cheshire. The reasons behind this reduction are fourfold. Firstly, legislative action imposed further restrictions upon the open sale of opiates. Secondly, the general improvement in health conditions due, in particular, to better methods of sewage disposal and less contaminated and adulterated foodstuffs, especially milk. Thirdly, the emergence of powerful new drugs in many cases replaced the need for opiates. Fourthly, the introduction of free medical treatment with the 1911 panel doctor scheme, which covered men working in certain industries such as shipbuilding, and much more importantly with the instigation of the National Health Service in 1948 which meant that everyone was entitled to free health care.

During the First World War cocaine and narcotics came under increasing legislative restrictions. The Defence of the Realm Act was passed in July 1916 and under Regulation 40B it became illegal for anyone, apart from a pharmacist acting on a doctor's prescription, to supply a member of the armed forces with cocaine or narcotics.[1] The act was passed partly because of reports that the recreational use of cocaine had dramatically

increased amongst service men on leave in the West End of London, and partly because of pressure from America, which was concerned about opium-smoking in the Far East not least because she had a large immigrant Chinese population.[2]

The Dangerous Drugs Act, passed in 1920, was an extension of the war time regulations made under the Defence of the Realm Act. However, under the conditions of the 1920 Act any preparation with more than 0.1 per cent of cocaine or more than 0.2 per cent of morphine could only be dispensed by a qualified pharmacist acting on a doctor's prescription. The script was non repeatable and records had to be kept of the sale.[3] Opiate preparations which contained less than 0.2 per cent of morphine such as paregoric and patent medicines such as Collis Browne's Chlorodyne continued to be sold quite freely over-the-counter. Laudanum was also readily available over-the-counter. However, in 1914 the British pharmacopoeia formula for laudanum was revised in order to bring it into Part One of the Schedule of Poisons.[4] Therefore, people were required to sign for it in the Poison Register.

A few interviewees believed that legislative action was an important factor in reducing opiate use amongst the working-class population. For example, Mrs Alice Johnson considered that the actual procedure of signing for laudanum was significant. She stated

> "Once people had to start signing for it and putting their name down in a book, they then began to realise that it was a poison ... before you see they didn't realise ... and the chemist saying to you this is a poison you must sign for it."[5]

Similarly, Mr Dewhurst thought that his mother would not have bought laudanum when she was required to sign for it. He believed that

> "... she would have been afraid to have done that ... she would realise if she was having to sign something, I don't think she would have purchased it."[6]

Mr Bryant also believed that legslation accounted for the curtailment in the use of opiates amongst his working-class customers. He remarked

> "They only stopped when they couldn't buy them and that was when legislation was brought in."[7]

Some interviewees considered that the general clean up of towns, in particular the abolition of privy-middens and ashpits and the introductionn of water closets, as well as less contaminated foodstuffs were extremely important factors in lowering the number of cases and deaths from gastro-intestinal

diseases and diarrhoea. Indeed, from 1917 onwards the Medical Officers of Health for Stockport underlined the great improvements that adequate sewage disposal had made regards lowering the death rate, especially the infant death rate. For example, the Acting Medical Officer of Health for Stockport stated in 1917

> The substitution of sanitary bins for ashpits, the substitution of water carriage for pail closets, the proper paving and thorough cleaning of back-yards and the abolition of manure pits which are breeding grounds for flies, and the weekly removal of refuse, together with a thorough cleansing and watering of the streets, are all steps in the lowering the excessive infantile mortality.[8]

In Manchester, Salford and Stockport there was a concerted effort to rid the towns of the privy-midden system. For example, in Manchester there were 75,273 conversions from pail-closets and privy-middens to water closets between April 1903 to March 1923.[9] Indeed, by 1930 there were only 513 pail-closets left in the town.[10] Salford had 4,917 pail-closets and privy-middens in 1910 yet by 1930 there were just 'six houses ... provided with pail or privy accommodation.'[11] Every house in the City was 'provided with water closet accommodation, about 650 houses ... with W.Cs used in common and the remainder with private W.C. accommodation.'[12] In the Borough of Stockport 1,736 conversions took place between 1923 and 1930. For instance

Year	Number of Privies converted to water closets in Stockport.
1923	195
1924	238
1925	200
1926	619
1927	342
1928	125
1929	15
1930	2

13

By 1930 Nicholas Gebbie, the Medical Officer of Health for Stockport, stated that 'the town is at last free from that menace to health - the privy.'[14] In the same year the number of infant deaths was 56.72 per 1,000 births 'the lowest Infantile Mortality Rate ever recorded in Stockport, and for the first time the Infantile Mortality Rate in Stockport is less than that for England and Wales in the corresponding year.'[15] The infant death rate in Stockport had dropped more or less consistently from the year 1917 when the health problems of the privy-midden were first detected and major conversions began. For example, in 1918 the infant mortality rate was 112 per 1,000 births and this had fallen to 91 per 1,000 in 1921, 87 in 1924, 82 in 1926, 77 in 1928 and by 1930 the infant mortality rate was 57 per 1,000 births.[16]

When the major conversions of the privy-midden system and pail-closets began in Manchester between 1904 to 1912 the infant mortality rates dropped steadily. By 1923 the town recorded its lowest infant mortality rate of 88.19 per 1,000 births.[17] In particular the number of diarrhoea and simple cholera deaths dramatically declined from 1913. For instance

Diarrhoea and Simple Cholera Mortality Deaths Under Two Years of Age per 1,000 Births in the City of Manchester

1913	1914	1915	1916	1917	1918	1919	1920
30.76	26.85	26.56	19.1	23.36	19.00	11.05	12.4

18

Similarly, as conversions from privy-middens to water closets took place in Salford between 1910 to 1930 so the infantile death rate repeatedly dropped, especially the infant diarrhoea death rate. In 1910 the infant mortality rate in Salford was 131 per 1,000 births.[19] The chief causes of death among infants were zymotic diseases. These accounted for 232 deaths in 1910 of which 80 were due to diarrhoea.[20] By 1923 the infant mortality rate had fallen to 98 per 1,000 births,[21] and deaths from diarrhoea and enteritis amongst infants under one year of age stood at 59.[22] In 1930 the infant death rate was 86 per 1,000 births[23] and Dr Osborne, the Medical Officer of Health for Salford,believed that the 'improvement' in the infant death rate was 'to be attributed to a great falling off in the incidence of diarrhoea and enteritis.'[24]

The reduction in the number of stomach disorders and diarrhoea problems meant there was less need for opiate medicines. Mrs Ruth Johnson considered that working-clss people stopped using opiates so much

> "... when they started putting water lavatories in, outside. When they did away with middens and ... earth closets."[25]

Mrs Ruth Johnson also believed that the "pasteurisation of milk" meant that it was less prone to contamination. Similarly Mrs Alice Johnson considered that when dried milk

> "came on the scene babies slept better they didn't need to be lulled to sleep, you see they digested their food better, and again cows wasn't pure, a lot of that was contaminated, so that babies did suffer, and they did cry ..."[26]

Indeed, in a report on dried milks (1918) Dr F.J.H. Coutts pointed out that the use of dried milk in Manchester had reduced the case numbers of summer diarrhoea in infants.[27] Less contaminated foodstuffs, especially milk, meant less stomach problems and diarrhoea and therefore less need to take opiates.

Most interviewees, however, believed that the introduction of the National Health Service together with the

emergence of the new 'wonder' drugs, antibiotics and penicillin, meant that self-medication and the use of opiates dramatically declined amongst the working-class population in Lancashire and Cheshire. Working-class people no longer had to rely upon opiates as the panacea for all ills and for general relief from pain. Everyone, in 1948, could obtain free medical treatment from a qualified doctor. As Mrs Ruth Johnson stated, with the instigation of the National Health Service "more people felt that they'd a right and they were entitled to call a doctor."[28] For the first time, too, doctors were able to prescribe drugs which actually cured some diseases, instead of being restricted by drugs which could only mask symptoms. For example, the use of antibiotics and penicillin successfully treated infectious diseases such as diphtheria, scarlet fever and typhoid.

The retired pharmacists Mr Brown, Mr Bryant, Mrs Markwell and Mr Schofield all considered that 1948 was the key date when the working-class people of Lancashire and Cheshire ceased to rely upon self-medication and the use of over-the-counter drugs such as opiates. As Mr Brown remarked "it was big beef in 1948." He believed that after 1948 his customers "didn't need the recipes" and they began to "go off to the doctors and get a free prescription."[29] Mrs Markwell also remembered that with the advent of the National Health Service her customers went "to the doctor" instead of purchasing over-the-counter remedies.[30] Similarly, Mr Schofield remarked that as the Health Service

> "... brought in everybody, all the members of the family ... there was no longer any reason for people to be spending their own money on small recipes ... from 1948 onwards there we started to find a diminution in the use of old drugs and also remember by now we had the antibiotics which were coming into free dispensing and that really accelerated it."[31]

All the working-class people that I have interviewed believed that the introduction of the Health Service was partially, if not wholly, responsible for the reduction in self-medication and the use of opiates. For example, I asked Mrs Rothwell when working-class people stopped using home remedies, in particular those containing opiates, and she replied "I don't think they've done as much since the National Health came into force."[32] Mrs West also recalled that in 1948 "it came easier to go to the doctors and get some tablets."[33] Mrs Cramphorn believed that people stopped using opiates 'when prescriptions were free ... with the National Health Service introduction.'[34] Mr Daniels stated that the Health Service made "a lot of difference" to working-class people. Its introduction meant that they were entitled to free treatment with the latest drugs which could very often cure them of their ills. Mr Daniels remembered, for instance, that

> "...thirty years ago, when mother was eighty, she was one of the first in the village to have penicillin for pneumonia and they injected it in her hips. I remember Dr Kay saying, 'now I'm only trying it on your mother. She's the first person in the village to have penicillin to cure her.'"[35]

Similarly, Mrs Alice Johnson believed that the Health Service was "one of the biggest boons for working people that was ever brought in." She continued by stating

> "For once, the first time women could get treatment too, and children could get treatment, so that you went to the doctors, and of course the doctors were then better educated themselves, and more understanding and that made an immense difference, it was really the turning point I think for working-class people was the National Health Service. Because for the first in all the history, they could get proper treatment, not corner shop treatment, they could get proper medical treatment. And it was really a very good thing. Once it was possible to go to a doctor, the home laudanum treatments would have faded away quite naturally."[36]

The use of opiates amongst the working-class population of Lancashire and Cheshire in the late nineteenth and first half of the twentieth centuries can be best summed up by the words of Mr Bryant

> "You tend to think of these things as being bad, and yet they did a lot of good in their time ... in those days there wasn't the choice of medicine as there is today and certainly not the National Health facilities that there are ... "[37]

NOTES : CHAPTER EIGHT

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30 _Personal Interview_ with Mrs Markwell.

31 _Personal Interview_ with Mr Schofield.

32 _Personal Interview_ with Mrs Rothwell.

33 _Personal Interview_ with Mrs West.

34 _Personal Communication_ with Mrs Cramphorn.

35 _Personal Interview_ with Mr Daniels.

36 _Personal Interview_ with Mrs Alice Johnson.

37 _Personal Interview_ with Mr Bryant.

CHAPTER NINE

The Use of Oral Evidence

Once the historian moves away from straightforward dates in the past and into the realms of explanation, discussion and interpretation there are numerous problems connected with the use of any primary source material be it written, visual or oral. Firstly, not all of the evidence created has survived the passage of time. Therefore, we are already left with a selective view of the past. The primary material that has remained presents the historian with a huge dilemma as to whether or not it is a completely accurate or a totally unbiased view of the past. It is imperative to discover who has left the primary information in question, why it has been left and what the information actually tells us about the past. For instance, if one looks at parliamentary papers such as the reports from Select Committees and Royal Commissions it must be remembered that they are set up by the government of the day in order to solve a dispute in law or to investigate a particular problem like drunkenness, mental health provision or food adulteration. Sometimes they are also used as a delaying tactic whilst a problem subsides. Select Commitees and Royal Commissions are not set up with the historian in mind, nor are they necessarily concerned with presenting an objective viewpoint. The witnesses and experts who are called to give evidence have their own prejudices and vested interests as well. Equally, newspapers and magazines have their own political and social persuasion as do the individual journalists and

editors. Novels, autobiographies and letters all provide the historian with a rather personal view of the past. In fact, no primary source material supplies the historian with the absolute objective truth. All types of evidence are subjectively tainted in some way or another be it socially, politically, economically, morally, religiously, sexually or racially. Oral evidence is no exception.

Dealing with oral material can present quite unique difficulties. For example, occasionally there are technical problems when recording people on tape such as background noise perhaps created by pets, chiming clocks or traffic. This can interfere with the quality of the recording and in turn makes it both harder to listen to as well as transcribe. Also, some people may become rather nervous when they are required to talk into a microphone. As a result, they can forget what they wanted to say, or become muddled and confused. There are, however, three main concerns when using oral evidence. Firstly, how to obtain interviewees; secondly, how to get interviewees to discuss potentially sensitive, perhaps even taboo, issues such as addiction and the recreational use of opiates; and thirdly, how to accurately interpret interviewees' information.

The major objective when conducting this research was to unearth new and vitally important information about working-class opiate use in Lancashire and Cheshire at the end of the nineteenth and beginning of the twentieth centuries. Consequently, acquiring interviewees, getting them to talk about certain topics and achieving this principal aim are inextricably

intertwined.

I have personally interviewed, or been in contact with, seventy elderly working-class people, pharmacists and doctors who remembered either taking, selling or prescribing opiates. In order to find interviewees I rigorously followed the guidelines set out in The Handbook of Oral History.[1] I had nine ways of discovering potential interviewees; to find elderly working-class people I asked friends, neighbours and relatives, I appealed for interviewees on Manchester's Radio Picadilly, and I had feature articles about my research and quest for interviewees in the Manchester Evening News and the Stockport Express. I contacted, via their publishers, local elderly working-class writers who had written about their lives in Lancashire and Cheshire. All these methods of finding people were successful, however, the most prolific approach which generated the bulk of my working-class interviewees was visiting local community centres. I visited the Pop Inn over sixties club situated in Lower Hillgate, Stockport and run by Age Concern as well as the Beswick Community Centre situated in Grey Mare Lane, Manchester on O.A.P. days. To find elderly doctors and pharmacists I had letters published in the Journal of the Royal College of General Practitioners and the Pharmaceutical Journal which gave details of my research and a request for interviewees. I also contacted the General Practitioners' Society in the north of England and the local Pharmaceutical Society based in Stockport.

As soon as willing interviewees had been found I had a preliminary talk with each of them in order to ascertain exactly

what they remembered. When at all possible I tried to interview people in their own homes and on tape. I usually recorded the interviews the next day or a few days after the initial talk. This enabled the interviewees both to have time to reflect upon the subject of opiate use, and perhaps recall further details, and moreover it provided a rest period for my elderly interviewees, some of whom got tired very quickly. Yet, it was not always possible to interview people in their own homes or on tape. Some people were willing to talk to me in the Pop Inn but they did not want an intrusion into their own homes. The Pop Inn is a busy, noisy place and therefore completely unsuitable for interviewing people on tape. In such cases the interviewees either completed a questionnaire or I wrote down what they said. However, I was able to tape all the working-class people at the Beswick Community Centre and the doctors and pharmacists from Lancashire and Cheshire. The pharmacists from counties other than Lancashire and Cheshire who contacted me filled in questionnaires relating to their personal experiences of selling opiates over-the-counter.[2]

The overall group of working-class people is, nevertheless, unavoidably selective. First of all, because I am involved in the actual process of choosing both how and where to contact people. Indeed, only the people who, for example, listened to Radio Picadilly, read the Manchester Evening News on a certain day or frequented the Beswick Community Centre had the opportunity of becoming a potential interviewee. Furthermore, only people with reasonable memories and who were interested in the topic participated. A few people whom I approached in the Beswick

Community Centre and the Pop Inn were either disinterested in the subject or did not remember anything about opiate use. That is, four people did not want to take part and three people did not recall the use of any opiates within their families. These working-class people were immediately excluded from the group under research.

Secondly, the group of fifty-five working-class people was in some ways self-selecting. There is a higher proportion of women interviewees to men: forty-one to fourteen in all. This can be explained by the fact that women usually live longer than men, and it is also as a result of the interviews conducted at the Pop Inn. The Pop Inn, which sells drinks and light snacks, secondhand clothes and furniture, Age Concern books and pamphlets, as well as providing an information service on the benefits available to O.A.P.'s, is predominantly patronized by elderly working-class women. Many of the women are out shopping, they meet old friends, from perhaps where they used to work, and have a chat over a cup of tea. Few working-class men frequent the Pop Inn and very few middle-class O.A.P.'s patronize the café. The interviews carried out at the Pop Inn, thirty-four working-class women and eight working-class men, reflect the actual composition of the centre.[3]

Everyone of my working-class interviewees has lived in Lancashire or Cheshire for the majority, if not all, of their lives so far and most are members of families who have lived in the two counties for generations. People like Mr Dewhurst who has lived in the Beswick area of Manchester for sixty-

seven years, Mrs West who has lived in Gorton for seventy years and adjoining Bradford for over twelve years and Mr Daniels who has lived in the same cottage in Hazel Grove for seventy-three years.[4] The cottage was built by his great-great-grandfather and both his grandmother and father were born in it. Just seven interviewees are members of families who have not lived in Lancashire or Cheshire for generations. Three working-class families, Mrs Kelley's, Mrs Lavin's and Mrs Hilton's originated from Ireland.[5] Three interviewees' families, Mrs McCullough's, Mr McKinley's and Mr McHugh's came from Scotland and Mrs King's family originated from Wakefield in Yorkshire.[6] However, all seven interviewees lived in Lancashire or Cheshire whilst they themselves were children and all seven were given or took opiates for medical reasons.

My fifty-five interviewees both lived and worked in the working-class areas of Lancashire such as Droylsden and Failsworth as well as parts of Manchester such as Ancoats, Beswick and Bradford; and areas of Cheshire such as Hazel Grove and Poynton as well as parts of Stockport such as Hillgate and Portwood.

Droylsden and Failsworth are situated to the east side of Manchester and lie adjacent to each other. Mr Schofield described Droylsden as a "residential, working-class area" with "several important textile factories" and inhabited by "mill workers mainly."[7] The principal industries of Droylsden between 1900 and 1943 were 'cotton, clothing, chemicals, general engineering and textiles.'[8] Mrs Ruth Johnson recalled that Failsworth was a "mill-working community ... where every woman

knew what everybody elses husband's" wages were "in a certain room" of a cotton mill "... say the ring room, or the card room or the warehouse, or the blowing room or the cotton chamber." She continued by stating that

> "... there were different towns in Lancashire that all specialized in a different process, there'd be say Bacup where they might do bleaching, another town dyeing, another town weaving and Failsworth where I think it was just all spinning."[9]

The main industries of Failsworth during the first four decades of the twentieth century were 'electrical engineering, cotton, general engineering and clothing.'[10] The cotton industry was the single largest employer in both Droylsden and Failsworth. For instance, in 1931 it employed 23.75 per cent of the workforce in Droylsden and 26.7 per cent in Failsworth. The second largest industry in Droylsden, engineering, employed under a third of the amount the cotton trade did in 1931 at 7.05 per cent, and in Failsworth electrical engineering was the second biggest industry which employed under a half the amount cotton did at 12.15 per cent.[11]

Ancoats, Beswick and Bradford, which run into each other, are all within the inner city boundary of Manchester and lie on the east side of the city centre. The principal industries, according to the numbers employed, in the Manchester region during the 1940s were the old, well-established ones which

included 'clothing, cotton, printing, paper and general engineering.'[12] M. Burke, in his book Ancoats Lad, believed that the Ancoats part of Manchester was packed with mills at the beginning of the twentieth century. They were supplied by the Rochdale Canal and boats moored near McConnel's Doubling Mill situated at the corner of Henry Street. Burke described the various industries and main employers of the area between 1900 and 1930. He wrote

> Opposite McConnel's was a narrow passage where the Brownsfield Mill was ... Other firms in the area were Cooper's foundry ... John Hetherington's engineering works ... Shillinglaw and Hulme's ... employed mainly women sewing trousers, suits and ladies' ware. Other places where women worked were John Caldwell's and Butterworth's which dealt in rags ...[13]

Beswick as recalled by Mr Dewhurst was "definitely a working-class area" and Mr Bailey also believed "... there was nothing else but working-class." Mr Bailey continued by describing Beswick as more or less "a completely residential area" and Mr Dewhurst recollected that the housing between the 1920s and 1940s was "all terraced."[14] Indeed, the City Planning Officer, Brian Parnell, reported that the accommodation in the Beswick Ward before 1964 was almost

> ... all ... pre First World War terraced

> houses; row upon row, and street upon street with little open space and limited facilities. Few of the houses had the basic amenities of bath, toilet and hot and cold running water.[15]

Mr Dewhurst remembered that "mainly tradespeople" lived in Beswick and "worked in the surrounding areas of Openshaw and Gorton some in cotton warehouses and cotton mills, and as shop assistants."[16] Similarly, Mr Bailey recalled that in Beswick there were

> ... just about four small industries, a pickle works, two mineral water works and a small foundry ... Bradford was an industrial area with engineering works with adjoining Clayton ... Just the other side of Beswick in Ancoats it was full of cotton mills, there was a big complex of, maybe twenty or so, within a very small area ..."[17]

By the 1780s bleach and dye industries together with workers cottages were already established in Beswick and by the 1890s the area was almost completely built up with the establishment of the Bradford Gas Works and engineering industries as well as residential development.[18] Ancoats, Holt Town and north of Ashton New Road made up the industrial part of the Beswick Ward. 'Clothing and textiles, food, drink, printing and publishing' have continued to be 'typical industries' in this area of Beswick

according to Brian Parnell. The heavy industrial areas were to be found outside the Ward in Openshaw and the city centre. In the Bradford Ward (Clayton and Openshaw) 'engineering, chemicals and metal goods' predominated between 1900 and 1940.[19]

Both Hazel Grove and Poynton, which are situated next to each other, lie south of the town of Stockport in Cheshire. Mr Daniels when describing the areas during the 1920s and 1930s stated that Hazel Grove was mainly inhabited by mill workers and silk weavers, and that many working-class women in the district "took in washing" whereas "a lot of the men worked in Poynton Collieries."[20] Coalmining dates back to 1589 in Poynton, yet the mines did not boom until the nineteenth century. They were particularly prosperous between 1834 and 1857 under the management of Lord Vernon and the agency of Thomas Ashworth. In 1885 the Lawrance Pit was the last pit to be opened in the area. The mines employed 464 underground workers in 1887 which increased to 550 in 1897 then dropped to 475 in 1920 and 431 in 1924. In the late summer of 1935 the Lawrance Pit eventually closed and thus four hundred years of coalmining was brought to an end in Poynton.[21]

Silk weaving and cotton manufacture were important industries in Hazel Grove and Poynton during the latter part of the nineteenth and early twentieth centuries. The silk industry was under increasing competition from Japan during this time span, nevertheless a new factory was established in Poynton. Booth's silk factory was opened in 1919 and comprised two floors with weaving using Jacquard looms on the ground floor and spinning on the first floor. Most of the cotton and silk weaving in

Poynton and Hazel Grove was, however, done as part-time out work. The majority of the workforce was female and often either the wives or daughters of coalminers. Mothers usually passed on their weaving skills to the children.[22] In 1944 the Hazel Grove Historical Society recorded an account of a former silk weaver, Mrs Daniels, who described her work in the district. The account reads:

> At the age of ten she started to work winding 'pins' on the spinning wheel for her father to use in the shuttles on his loom. Practically all the houses in those days had weaving sheds with earth floors containing up to four looms ... She started weaving at the age of 13 and later earned up to 18s a week, her father making about 25s. The hours were 6 a.m. to 8 p.m. and working was often done by candle light.[23]

The two areas Hillgate and Portwood are situated within the boundaries of Stockport. Hillgate is right in the centre of the town whereas Portwood is slightly north east of the centre. Mr Chandler remembered that Hillgate during the 1920s to the 1940s was "thickly populated and entirely working class" with many "mills, hat works, hat shops, generally ... textiles."[24] Indeed, the chief occupations of the inhabitants in all of Stockport were 'Cotton Spinning, Weaving and Doubling, Hat Manufacture, Engineering, Brewing, Jam Making and Confectionery' as recorded by the Medical Officer of Health in his 1932 report.[25]

J. Hooley in his book A Hillgate Childhood believed that the street where he used to live, Mottram Street, was typical of Hillgate between the 1920s and 30s. He recalled that Charley Hawkins Rag and Bone Yard was situated in the street, and opposite his family's house was Mellor's Cotton Mill. He stated that at '7.30 the mill girls could be heard coming up the street, their clogs making music as they faced another hard day's work.' [26] Hooley also recorded that the men in the district, including his own father, made up a 'vast army of hod carriers and navvies.' [27] M. Conway lived in the heart of Portwood and in his book A Stockport Mill Boy Remembers he described the area as 'almost smothered by glowering gasometers and the many storyed cotton mills.'[28] He stated that a lot of the male inhabitants of Portwood during the first three decades worked as 'navvies, as miners, as hatters, brickies, as plumbers, as tram-drivers, and as mill hands while the whole of the women together with boys and girls over twelve worked in the cotton mills.'[29]

During the first four decades of the twentieth century one of the most prominent industries in both Lancashire and Cheshire, particularly in Manchester and Stockport, was textile manufacture or, more specifically, the cotton trade. Employment details from the 1931 Census of Industry showed that the textile trade was the single largest employer in Stockport.[30] For example, 18.17 per cent of the workforce were engaged in the textile industry that year.[31] Similarly, clothing and cotton were the largest industries in the Manchester region and employed 16.7 per cent of the workforce in 1931.[32] My fifty-five working-class interviewees on the whole reflected the main trades and

industries in the two counties. Indeed, eight interviewees worked as cotton operatives and this was the highest number of interviewees engaged in any one trade, industry or job. A further nine interviewees were involved in textile and clothing, and the allied industries. For instance, three interviewees were employed in the hat trade, a prominent industry in Stockport, two were silk weavers, which was a significant industry in Cheshire, two were employed as clothing machinists, one interviewee worked in a cloth dyeing factory and one on a production line in a clothes factory.[33]

There were a total of fifteen women and two men of the seventeen interviewees engaged in textile manufacture and the allied trades. Of the eight cotton operatives seven were women and just one cotton worker was male. More women than men did tend to be employed in the textile industry. In fact, the Medical Officer of Health for Stockport in his 1933 report stated that in 1931 there were 12,423 textile workers in the area of which 8,346 were female and 4,077 were male.[34] This meant that in 1931 more than two thirds of the textile workers in Stockport were women. Likewise, the Manchester and District Regional Planning Committee recorded that 'because of the predominance of cotton and clothing industries there is a high proportion of female labour in the region' during 1931.[35]

The majority of my fifty-five working-class interviewees were unskilled or less skilled workers. This can, perhaps, be explained by the fact that most of the interviewees were women, many of whom worked in low paid jobs, for example, in laundries and domestic service as well as in the cotton mills and factories

of Lancashire and Cheshire. The more skilled workers such as a cabinet maker, a wheelwright or a basket maker were all male interviewees. The table below shows the main occupations of my working-class interviewees:[36]

MALE WORKERS	FEMALE WORKERS
2 plumbers	7 cotton operatives
2 shop assistants	4 domestic servants
1 cabinet maker	3 factory workers
1 train driver	3 laundry workers
1 basket maker	3 hat factory workers
1 wheelwright	2 hawkers
1 gas board supervisor	2 sewing machinists
1 fishmonger	2 silk weavers
1 coal miner	2 shop assistants
1 cotton operative	2 waitresses
1 hawker	2 washer women
1 factory worker	1 bus conductress
	1 auxillary nurse
	1 office clerk
	1 cook
	1 farm labourer
	1 barmaid
	1 paper mill worker
	1 bakery worker
	1 cleaner
TOTALS	
14	41

The second main concern when using oral evidence is how to get interviewees to talk about delicate topics. In my research investigations this involved interviewees discussing the recreational use of opiates as well as addiction to opiates.

As more medical and scientific information has come to light about the nature of the opiate drug group, and further legal restrictions have been placed upon this group, so it has become increasingly unacceptable to obtain opiates other than for medical reasons. For the main, opiates are now only available on a doctor's prescription. Yet, during the 1960s there was an increase in the non-medical, recreational use of drugs such as marijuana, acid and heroin. The illicit use of drugs was an issue quickly picked up, and to a great extent sensationalized, by the popular press. A new drug culture and emotive drug language emerged in the press whereby regular drug users were referred to as 'junkies' and suppliers were called 'pushers' and 'dealers'.[37] The focus by the press, as well as television, upon the illegal use of drugs in the 1960s and 70s made the subject somewhat taboo and perhaps even shameful. It must be noted, however, that my interviews were conducted in the two year period between 1980 to 1982. This was before intravenous drug use and the possibility of shared or dirty needles became linked to the AIDS virus and therefore before mass coverage by the media on the topic in the mid to late 1980s.

The changes in attitude and perspective towards the opiate drug group as the twentieth century has progressed may have caused my interviewees to withhold some information. It is

extremely difficult to know whether they found certain aspects of opiate use too embarrassing to discuss or if they considered that some of their information would be regarded as socially unacceptable. Indeed, nowadays it seems almost inconceivable to imagine buying opiates over-the-counter from the local corner shop or chemist as many of my working-class interviewees did at the beginning of this century. However, it is important to remember that when my interviewees were young both the sale and use of opiates were completely legal. They perceived opiates as necessary medicines which could be bought directly from a shop, much the same as we view Aspirin or Paracetamol.[38] My interviewees also had little or no concept of either the dangers or the addictive nature of opiates.[39]

The interviews were conducted in a friendly, relaxed and informal atmosphere which perhaps made it easier to talk about delicate topics. All of my interviewees agreed to discuss every aspect of opiate use including the more sensitive issues. In fact, not a single interviewee refused to answer any one of my questions. Some interviewees freely stated that when they were children they really liked the taste of certain opiate preparations. For instance, both Mrs West[40] and Mrs Owens[41] had loved the taste of paregoric when they were young. Also, some interviewees had liked the taste so much that they had taken it of their own accord. For example, Mr Lowe liked laudanum and as a child he had occasionally dabbed his fingers into the bottle. Similarly, Mrs Ruth Johnson had helped herself to 'composition' when she was still a child.[42] On the whole, my interviewees had few qualms about discussing their own use of opiates and they did

not appear to find the subject too sensitive.

The third main concern is how to accurately interpret information recalled by my interviewees. In the thesis I have placed a great deal of emphasis upon information which was repeated time and again by several interviewees. Likewise, if a question was continuously answered in a particular way then I stressed this point in the argument. For example, as every one of my working-class interviewees clearly stated that they had never been looked after by a childminder and that they had never taken opiates for recreational reasons I strongly emphasized these two points. Also, if interviewees stated that they considered a certain issue important I underlined this fact. For instance, many interviewees believed that the weekly payment system used to settle doctors' bills was significant and I therefore included two long accounts of the procedure. However, if there was a varied response to a question a combination of reasons had to be considered and then put forward. For example, when I asked my working-class interviewees the question - where they, or their families, had bought opiates at the beginning of the twentieth century the response was as follows: thirty people stated that they had bought opiates from a chemist shop, eighteen from a corner shop and two remembered that they bought opiates from a pub.

Even though information which has been recalled by several interviewees is stressed in the thesis this does not mean that unique memories are excluded. Very often such information not only provides a greater insight into a particular

interviewee's life at the beginning of the twentieth century but also that of their family's and possibly their friends' and neighbours'. Examples of such information are Mrs Alice Johnson recounting her father's experiences in the Boer War when the use of Dr Collis Browne's Chlorodyne saved his life and Mrs Ruth Johnson's recollections of surrendering her insurance policies and discovering that she was only insured for half the usual amount.[43] Indeed, it should be remembered that all interviewees' memories are important in the sense that they are the individual's personal history.[44]

The lists below show firstly, under Section A, how my fifty-five working-class interviewees answered the remainder of the questions I asked and secondly, under Section B, how interviewee pharmacists from Lancashire and Cheshire as well as from other counties answered my questions.

Section A

1. Who got the opiates in your family?
   - a. Mother: 19
   - b. Father: 0
   - c. Grandparent: 3
   - d. Children: 33

2. How much did opiates (e.g. laudanum or paregoric) usually cost during the early part of the twentieth century?
   - a. They were asked for by the amount of money e.g. 1d., 2d., 3d., 6d. or 1/- worths: 31

b. Only a few coppers: 10

c. Three old pence a bottle: 9

d. Six old pence a bottle: 5

3. How much did a bottle of opiate-based medicine (e.g. Dr Collis Browne's Chlorodyne) usually cost during the early part of the twentieth century?

a. 1/3d: 21

b. 1/6d: 16

c. 1/9d: 18

4. Who initially gave you opiates?

a. Initially took opiates of own accord: 8

i as a child: 2

ii as an adult: 6

b. Mother: 42

c. Father: 2

d. Grandparent: 3

e. Sister or brother: 0

f. Other (e.g. childminder): 0

5. Have you ever taken opiates of your own accord?

a. No: 34

b. Yes: 21 - i as a child: 5

ii as an adult: 16

6. What sort of opiates were you given/did you take?

		Totals:
a.	All Fours:	12
b.	Atkinson's Royal Infants' Preservative:	2
c.	Baby's Mixture:	2
d.	Composition:	1
e.	Dalby's Carminative:	3
f.	Dover's Powder:	3
g.	Dr. Collis Browne's Chlorodyne:	19
h.	Godfrey's Cordial:	3
i.	Kay's Linseed Compound:	7
j.	Keating's Cough Lozenges;	2
k.	Laudanum:	17
l.	Lead and Opium Ointment:	7
m.	Morphine (on prescription only):	2
n.	Mrs. Winslow's Soothing Syrup:	4
o.	Paregoric:	18
p.	Raw Opium:	1
q.	Syrup of Poppies:	2
r.	The Brompton Consumption and Cough Specific:	1

7. Did your mother have medical recipes which contained opiates? If so please give examples.

    a. No: 18

    b. Possibly: 8

    c. Yes: 29 - i The majority of the recipes, twelve in all, were variations on the preparation _All Fours_. For instance,

2d./3d./6d. of Laudanum.

2d./3d./6d. of Paregoric.

2d./3d. of Oil of Peppermint.

2d./3d. of Oil of Aniseed.

Sometimes added to these ingredients were

and/or Black treacle.

and/or Spanish liquorice.

and/or Lemon juice.

and/or Honey.

and/or Water.

ii Two recipes just contained laudanum.

iii Two recipes just contained paregoric.

iv Two recipes included syrup of poppies.

v One recipe contained raw opium.

vi Six recipes included ipecacuanha wine or syrup of tolu, rhubarb or squills.

vii Four recipes were laudanum-based mixtures for rubbing bottles.

8. Did friends, neighbours or relatives recommend medical recipes?

a. No: 5

b. Possibly: 11

c. Sometimes: 7

d. Yes: 32 - i There was a very strong oral

tradition: 9

ii Very often: 11

iii Constantly: 12

9. Why were you given/did you take opiates?

   a. Mainly for the soporific effects: 7

   b. Medical reasons: 38

   c. Combination of both: 10

10. What were the main medical reasons you were given/took opiates?

   a. Toothache and teething problems: 10

   b. Stomach disorders and diarrhoea: 19

   c. Coughs, colds and chest problems: 26

11. Were you breast fed or bottle fed as a baby?

   a. Breast fed: 34

   b. Bottle fed with cows milk, dried or tinned milk: 15

   c. Combination of both: 6

12. What sort of food were you given as a small child?

   a. Patent baby food: 16

   b. The same food as the rest of the family which was sometimes mashed or sieved: 39

13. Do you think that the food you were given as an infant gave you stomach problems?

   a. No: 14

   b. Possibly: 31

   c. Yes: 10

14. If you did have stomach problems were they treated with opiate-based medicines?

    a. No: 16

    b. Possibly: 26

    c. Yes: 13

15. Were you ever taken to or did you ever consult a doctor before the introduction of the N.H.S.?

    a. No: 48

    b. Yes: 7 - i Not often: 3

       ii Only once or twice: 4

16. If you did consult a doctor prior to the N.H.S. please state whether he/she prescribed opiates.

    a. No: 3

    b. Possibly: 2

    c. Yes: 2 (both interviewees were prescribed morphine)

17. What were the main reasons for not consulting a doctor prior to the N.H.S.?

    a. The cost: 38

    b. The doctor could only prescribe the same drugs which were available over-the-counter: 6

    c. Preferred to go to the chemist: 11

18. Apart from yourself who else in your family was given or took opiates?

    a. All the family: 29

    b. Mainly brothers and sisters: 16

c. Mainly parents: 2

d. Mainly grandparents: 5

e. Nobody else: 3

19. What were the reasons that members of your family were given/took opiates?

a. Medical reasons: 41

b. Soporific effects: 11

20. At the beginning of the twentieth century was it considered normal to take opiates for

1. medical reasons?

a. No, not normal: 0

b. Yes, normal: 55

2. recreational reasons?

a. No: 55

b. Yes: 0

21. Did you, or any member of your family or anyone you knew take opiates to the exclusion of drink or as a cheaper alternative to drink?

a. No: 55

b. Yes: 0

23. Do you think alcohol and opiates were used together as a drink? Did you know anyone who practiced this?

a. No: 54

b. Yes: 1 - i Mr Daniels recalled the two Gillby sisters who drank laudanum, gin and methylated spirits.

24. At the time did you know of any dangers (e.g. addiction or overdosing) connected with using opiates?

    a. No: 55
    b. Yes: 0

25. Were there any warnings about addiction attached to opiate-based mixtures?

    a. No: 55
    b. Yes: 0

26. Did you particularly like the taste of opiates?

    a. No: 50
    b. Yes: 5 -
       i Mrs Owens and Mrs West both liked paregoric.
       ii Mrs Ruth Johnson liked composition.
       iii Mr Dewhurst liked Dr Collis Browne's Chlorodyne.
       iv Mr Lowe liked laudanum.

27. At the time did you think you might be addicted to opiates?

    a. No: 55
    b. Yes: 0

28. At the time did you think any member of your family was addicted to opiates?

    a. No: 55
    b. Yes: 0

29. Why do you think the use of opiates declined?

    a. A combination of new drugs available with the introduction of the National Health Service: 37
    b. The general improvement in health conditions: 11
    c. Increased legislation: 7

Section B

1. What sort of opiates did you dispense?

	Pharmacists from Lancashire and Cheshire (Six)		Pharmacists from other counties (Seven)	
	Sold over the counter	On Prescription	Sold over the counter	On Prescription
a. All Fours:	4			
b. Atkinson's Royal Infants' Preservative:	2		2	
c. Baby's Mixture:	1		1	
d. Battley's Solution of Opium:				1
e. Child's Cordial:			1	
f. Chlorodyne:	5		1	
g. Dalby's Carminative:	1		2	
h. Dover's Powder:	3		6	1
i. Dr Collis Browne's Chlorodyne:	6		7	
j. Extract of Opium:	1			1
k. Godfrey's Cordial:	1		5	
l. Kay's Linseed Compound:	3		4	
m. Keating's Cough Lozenges			1	

n.	Laudanum:	4		5	1
o.	Lead and Opium Ointment:	1		1	
p.	Morphine:		1	3	
q.	Mrs Winslow's Soothing Syrup:	5		5	
r.	Napenthe:	1	1	1	2
s.	Paregoric:	6		6	
t.	Powdered Opium:			1	
u.	Raw Opium:	1		1	
v.	Syrup of Poppies:	1			
w.	The Brompton Consumptive and Cough Specific:	1		1	
x.	Wine of Opium:			2	1

2. Which years did you sell opiates over-the-counter?

a. Mr Brown 1934-40s
b. Mr Bryant mid 1920 s-30s
c. Mr Chandler 1933-40s
d. Mr Harding 1930s
e. Mrs Markwell 1920s-40s
f. Mr Schofield 1933-47

a. Mr Boyes 1914-17
b. Mr Handscomb 1920 onwards
c. Mr Knott 1908 onwards
d. Mr Smith 1940-42
e. Mr Stewart 1929-32
f. Mr Wesley 1926-36
g. Mr Woodhead 1940s

3. What sort of people bought opiates over-the-counter?

a. Working class: 5
b. Working class and country people: 1

a. Every class: 2
b. Working class: 3
c. Country people: 2

4. Did children ever 'fetch' opiates themselves?

a. Yes: 3	a. Yes: 1
b. Sometimes: 2	b. No: 6
c. No: 1	

5. Did mothers buy opiates and administer them to their children?

a. Yes: 6	a. Yes: 6
b. No: 0	b. No: 1

6. Did nurses/childminders buy opiates and administer them to children in their charge?

a. Yes: 0	a. Yes: 0
b. Possibly: 1	b. No: 7
c. No: 5	

7. What were the main medical reasons people took opiates?

a. Coughs, colds and chest complaints: 3	a. Coughs, colds and stomach troubles: 3
b. Abdominal pain: 2	b. Rheumatism: 1
c. As pain-killers: 1	c. Sedative effects: 1
	d. As pain-killers: 2

8. Did you recommend opiates for particular diseases or ailments?

a. Yes: 6 - i For coughs, colds and chest problems: 3 ii For stomach troubles: 3	a. Yes: 1 - i For toothache: 1
b. No: 0	b. Sometimes: 1
	c. No: 5

9. Did people bring in their own opium-based recipes which you made-up for them? Please give examples.

a. Yes: 6 - Examples:

- i 3d of Liquorice
  3d of Ipecacuanha
  3d of Paregoric
  3d of Syrup of Squills
- ii 2d of Liquorice
  2d of Chlorodyne
  2d of Syrup of Squills
  2d of Syrup of Tolu
- iii 3d of Paregoric
  3d of Treacle

  Add lemon juice to taste
- iv Paregoric and
  Syrup of Squills
- v Syrup or treacle base
  and Liquid Opium
- vi Laudanum
  Paregoric
  Oil of Peppermint
  Oil of Aniseed

a. Yes: 5 - Examples:

- i 2d of Laudanum
  2d of Ipecacuanha
  2d of Oil of Aniseed
  2d of Black Treacle
- ii One ounce of Syrup of Poppies
  One ounce of Syrup of Rhubarb
  One ounce of Sweet Oil
- iii Liquorice
  Laudanum and Syrup of Marshmallow
- iv Linseed
  Liquorice and
  Chlorodyne
- v Laudanum
  Paregoric
  Oil of Peppermint
  Oil of Aniseed

b. No: 2

10. Did you ever make up your own opium-based medicines?

a. Yes: 6 - For coughs, stomach troubles and diarrhoea

b. No: 0

a. Yes: 6 - For coughs, stomach troubles and diarrhoea

b. No: 1

11. Did you think opiates had 'good' effects when people took them for medical reasons?

a. Yes: 4	a. Yes: 4
b. Possibly: 2	b. No: 3
c. No: 0	

12. How much did opiates (e.g. laudanum or paregoric) usually cost during the early part of the twentieth century?

a. They were asked for and sold by the amount of money, e.g. 1d., 2d., 3d., 6d., or 1/- worths : 3	a. They were asked for and sold by the amount of money, e.g. 1d., 2d., 3d., 6d., or 1/- worths : 6
b. Only a few coppers: 1	b. Half penny an ounce: 1
c. Four and a half pennies an ounce: 1	
d. Six old pennies a bottle: 1	

13. How much did a bottle of opiate-based medicine (e.g. Dr Collis Browne's Chlorodyne) usually cost during the early part of the twentieth century?

a. 1/-: 1	a. 1/-: 1
b. 1/3d: 2	b. 1/3d: 2
c. 1/6d: 2	c. 1/6d: 2
d. 2/- : 1	d. 1/9d: 2

14. Why do you think people asked the pharmacist to recommend a medicine rather than going to a doctor?

a. The cost: 3	a. The cost: 3
b. The customers had a faith in the pharmacist: 1	b. The customers has a faith in the pharmacist: 2
c. The doctor could only prescribe the same drugs that were available over-the-counter: 2	c. The doctor could only prescribe the same drugs that were available over-the-counter: 2

15. Did you ever inquire as to why a person wanted opiates? If so, and the person gave you an unsatisfactory explanation did you refuse to sell them the opiates?

a. Yes, inquired: 1 i Mr Bryant refused to to sell opiates if a customer gave him an unsatisfactory explanation.	a. Yes, inquired: 2 i Mr Smith only inquired for reasons such as lack of clarity in a recipe. ii Mr Handscomb refused to sell opiates if a customer gave him an unsatisfactory explanation.
b. No, did not inquire: 5	b. No, did not inquire: 5 i Mr Knott did state, however, that there was no need to inquire as all customers were well-known to the chemist and the use of the drug was accounted for.

16. Do you think your customers were aware of the dangers (e.g. addiction or overdosing) connected with taking opiates?

    a. Yes: 0

    b. No: 6

    a. Yes: 0

    b. Possibly: 1

       i Mr. Boyes stated that if customers took notice of what the Senior Assistant told them they would have been aware of the dangers.

    c. No: 6

17. Did you ever warn your customers of the dangers associated with taking opiates?

    a. Yes: 0

    b. Only if asked: 2

    c. No: 4

    a. Yes: 1

    b. Sometimes: 1

       i Only if the preparation seemed very concentrated compared with the usual.

    c. No: 5

18. Were there warnings on the bottles which contained opiates?

    a. The bottles had the warning 'Do not exceed the stated dose': 2

    b. No: 4

    a. The bottles had the warnings 'Do not exceed the stated dose' or 'Not for Infants': 1

    b. No: 6

19. What was the procedure when someone bought opiates? Did they have to sign the Poison Register?

a. As the century progressed the drug laws changed and people had to sign the Poison Register: 1

b. No, they did not sign the Poison Register: 5

a. As the century progressed the drug laws changed and people had to sign the Poison Register: 2

b. No, they did not sign the Poison Register: 5

20. Did you consider that some of your customers were addicted to opiates?

a. Yes: 1

i Mrs Markwell recalled one male customer who was addicted.

b. Possibly: 1

i On reflection Mr Harding recollected that some of his customers frequently bought opiates.

c. No: 4

a. Yes: 1

i Mr Handscomb thought that some customers were addicted and he therefore took appropriate action.

b. Possibly: 2

i On reflection Mr Boyes remembered that some of his customers were buying too much.

ii On reflection Mr Stewart recollected that some customers had a daily or twice weekly supply.

c. No: 4

21 Do you think any of your custors took opiates for recreational reasons?

a. Yes: 0

b. No: 6

a. Yes: 1

i Mr Knott recalled that some old grannies chewed raw opium.

b. No: 6

22 Do you think any of your customers took opiates as an alternative to alcohol, or even as a cheaper alternative to alcohol?

a. Yes: 0

b. No: 6

a. Yes: 0

b. No: 7

23 Do you think any of your customers took opiates and alcohol mixed together as a drink?

a. Yes: 0

b. No: 6

i Mr Schofield had, however, heard of the practice.

a. Yes: 0

b. No: 7

24 Why do you think opiates were taken off the open market and put onto prescription?

a. The dangers associated with opiates: 2

b. Legislation: 1

c. International drugs agreement with America: 1

a. The dangers associated with opiates: 3

b. Concern by the government: 1

c. The Pharmaceutical Society wanted its members to have

d. The Pharmaceutical Society wanted its members to have the sole right to sell poisonous drugs: 2	the sole right to sell poisonous drugs: 3

25. When prescriptions belonged to the people did they keep bringing them back in order to get a repeat for opiate drugs?

a. Yes: 4	a. Yes: 6
b. There were not many private prescriptions : 2	b. No: 1

26. Why do you think the use of opiates declined amongst your customers?

a. Increased Legislation: 1	a. Increased Legislation: 2
b. The availability of new drugs: 2	b. The availability of new drugs: 2
c. The introduction of the N.H.S: 3	c. The introduction of the N.H.S: 3

Without working-class oral evidence the historian is left with mainly middle and upper class written material and comment about working-class opiate practices. Consequently, the stereotyped views stressed by doctors, government officials, M.Ps, journalists and writers which portrayed the recreational and erroneous use of opiates amongst members of the working class would still predominate. My fifty-five[1] interviewees have provided personal accounts of their own use of opiates and sometimes that of their families, neighbours and friends. En

masse the interviwees corroborate each other's information, especially the important points such as the use of opiates for medical reasons and the general ignorance about addiction or the dangers associated with opiate use. In the main, the fifty-five interviewees were representative of their working-class communities, and they mirrored the prominent trades and industries of the two counties. Oral contributions have enriched both our knowledge as well as our understanding about opiate use amongst members of the working-class population in Lancashire and Cheshire during the first half of the twentieth century. Indeed, the research investigations have achieved the major objective of uncovering new and significant, material about working-class opiate use.

NOTES : CHAPTER NINE

1 Stephen Humphries, The Handbook of Oral History: Recording Life Stories, E. Berman (ed.) London: Inter-Action Trust, 1984, pp. 15-18.

2 See: questionnaires at the end of the Chapter.

3 See: the appendix for the personal details of working-class people interviewed at the Pop Inn.

4 Personal Interviews with: Mr Dewhurst, Mrs West and Mr Daniels. All my interviews were concluded between 1980 and 1982 therefore the length of time each interviewee lived in a certain area has been calculated from these dates.

5 Personal Interivews with: Mrs Kelley, Mrs Lavin and Mrs Hillton.

6 Personal Interviews with: Mrs McCullough, Mr McKinley, Mr McHugh and Mrs King.

7 Personal Interview with Mr Schofield.

8 R. Nicholas, The Manchester and District Regional Planning Committee: Report on the Tentative Regional Planning Proposals, Norwich and London: Jarrold and Sons, 1945, p. 55.

9 Personal Interview with Mrs Ruth Johnson.

10 R. Nicholas, The Manchester and District Regional Planning Committee, p. 55.

11 Ibid. p. 52.

12 Ibid. p. 54

13 M. Burke, Ancoats Lad, p. 14.

14 Personal Interviews with: Mr Dewhurst and Mr Bailey.

15 B. Parnell, City of Manchester, Beswick Ward: Area Information, October 1980, p. 16. This pamphlet is kept in the Manchester Local History Library.

16 Personal Interview with Mr Dewhurst.

17 Personal Interview with Mr Bailey.

18 B. Parnell, Beswick Ward, p. 10

19 Ibid. p. 15.

20 Personal Interview with Mr Daniels.

21 W.H. Shercliff, D.A. Kitching and J.M. Ryan, _Poynton A Coalmining Village; Social History, Transport and Industry 1700-1939_, Stockport: W.H. Shercliff, 1983, pp. 14, 17, 23, 57.

22 _Ibid_. pp. 8-9, 11-12.

23 _Ibid_. p. 10.

24 _Personal Interview_ with Mr Chandler.

25 E.K. Macdonald, _Annual Report on the Health of the County Borough of Stockport For the Year 1932_, Stockport: Swain, 1932, p. 12.

26 J. Hooley, _A Hillgate Childhood_, p. 4.

27 _Ibid_. p. 5.

28 M. Conway, _A Stockport Mill Boy_, p. 1.

29 _Ibid_. p. 3.

30 E.K. Macdonald, _Annual Report on the Health of the County Borough of Stockport For the Year 1933_, Stockport: Swain, 1933, p. 13.

31 _Ibid_.

32 R. Nicholas, The Manchester and District Regional Planning Committee, p. 52.

33 See: the appendix for all personal details of the fifty-five working-class interviewees.

34 E.K. Macdonald, Annual Report for Stockport 1933, p. 13.

35 R. Nicholas, The Manchester and District Regional Planning Committee, p. 48.

36 See: the appendix for all personal details of the fifty-five working-class interviewees.

37 V. Berridge and G. Edwards, Opium and the People, pp. 235-269; A.R. Lindesmith, The Addict; T. Szasz, Ceremonial Chemistry.

38 See: Chapters Five and Six.

39 See: Chapter Seven.

40 Personal Interview with Mrs West.

41 Personal Communication with Mrs Owens.

42 Personal Interviews with: Mr Lowe and Mrs Ruth Johnson.

43 Personal Interviews with: Mrs Alice Johnson and Mrs Ruth Johnson.

44 R. Gray, 'History is what you want to say ...', Oral History, 1984, pp.38-42.

CONCLUSION

It has been possible, with the use of oral history, to show that members of the working-class population in Lancashire and Cheshire continued to use opiates in the late nineteenth and the first half of the twentieth centuries. Oral history has also revealed the reasons why and how opiates were used by this section of society . My investigations have demonstrated that the three main stereotyped images of working-class opiate use were not an accurate reflection, or the whole story. Indeed, my interviewees have painted a completely different picture of opiate use from the one painted in official publications and fictional works by doctors, pharmacists, M.Ps and various upper and middle-class writers and journalists. The view portrayed by my interviewees was not one of working-class adults drinking laudanum as a cheaper alternative to alcohol, neither of smoking opium in a 'den' nor of dosing working-class children with opiates for erroneous reasons. Their memories of working-class opiate use were ones of people using the drug primarily for medical reasons.

As free and comprehensive medical care was not available until the introduction of the National Health Service in 1948 all treatment from a qualified medical practioner had to be paid for prior to this date. Consequently, in times of sickness my working-class interviewees relied heavily upon the use of self-medication and home 'cures' because they could not afford the cost of medical fees. At the beginning of the twentieth century opiates were the most effective drugs obtainable. They are

powerful pain-killers, soporifics, and they ease the symptoms of coughs and colds as well as diarrhoea. The medical profession frequently prescribed opiates. Indeed, they had no 'miracle' drugs such as antibiotics or penicillin and were thus unable to cure any of the major infectious diseases of the day. Therefore, when my interviewees fell ill they bought opiates directly over-the-counter.

Opiates were still available virtually anywhere at the beginning of the twentieth century. Most of my interviewees, however, bought them from the local corner chemist shop. The pharmacist was constantly asked for medical advice. Indeed, my working-class interviewees used the pharmacist as a sort of 'free doctor.' They purchased opiates either as individual ingredients such as laudanum and paregoric which were taken as such or incorporated into a family medical recipe. They also bought opiates included in ready made-up patent medicines such as Collis Browne's Chlorodyne or Kay's Linseed Compound.

Fractious babies and young children were occasionally given opiates for the pacifying effects. However, peevishness frequently had an underlying medical cause such as teething pains or stomach upsets and diarrhoea. Inadequate and contaminated foodstuffs were often responsible for these stomach problems. Babies and young children were predominantly given opiates by their own mothers, sometimes in the form of a soothing syrup like Mrs Winslow's Soothing Syrup. Only one interviewee could cite an actual example of someone who had dosed their children with

opiates for rather dubious reasons. A few of the pharmacists I have interviewed also thought that some working-class mothers gave their children opiates so that they could enjoy a night out in the pub.

My interviewees appear to have known very little about the possible dangers associated with opiate use, and little also about the addictive nature of opiates. Yet, at the end of the nineteenth and the beginning of the twentieth centuries the medical profession itself was still grappling with the concept as well as the realities of drug addiction. Some of my working-class interviewees had obviously acquired a taste for particular opiates and were most certainly unconsciously addicted to them. However, none of my interviewees had taken opiates purely for recreational reasons or to the exclusion of alcohol.

The use of opiates declined amongst my working-class interviewees during the late 1930s and the 1940s. The reduction was partially due to the development of new drugs which actually cured diseases and therefore replaced the use of opiates as general pain-killers. The improvement in housing conditions, especially proper methods of sewage disposal, as well as adequate diets were significant factors in the diminution of the use of opiates. Indeed, better health conditions meant less illness, and less illness meant the need for medicines and drugs such as opiates was reduced. Increased legislation restricting the open sale of opiates also played a part. However, the majority of my interviewees considered that the introduction of the National

Health Service was the single most important factor in the decline of the use of opiates. From 1948 onwards everyone could obtain free medical treatment and benefit from the latest drugs available. Therefore, when my interviewees were ill they no longer had to rely upon self-medication and the use of home 'cures' they consulted the doctor.

The actual use of opiates amongst members of the working -class population of Lancashire and Cheshire in the late nineteenth and first half of the twentieth centuries was a far cry from the stereotyped images. Opiates formed an essential part of working-class medical care and child rearing practices and, for the main, they were used both sensibly and carefully.

APPENDIX

Oral Evidence

Pharmacists

The elderly pharmacists from Lancashire and Cheshire who are recorded on tape are as follows:

1. Mr Brown, born 1915, pharmacies situated (p.s.) in Ashton Lancashire, Hyde Cheshire and Stockport.
2. Mr B.C. Bryant, b. 1905, p.s. in Heaton Mersey Stockport.
3. Mr Chandler, b. 1911, p.s. in Hillgate Stockport.
4. Mr A. Harding, b. 1910, p.s. in Manchester.
5. Mrs Markwell, b. 1898, p.s. in Stockport.
6. Mr Schofield, b. 1912, p.s. in Droylsden Lancashire.

The elderly pharmacists from counties other than Lancashire and Cheshire who have completed questionnaires are as follows:

1. Mr G.R. Boyes, b. 1896, p.s. in South West London.
2. Mr C. Handscomb, b. 1900, p.s. in Bedford.
3. Mr E. Knott, b. 1894, p.s. in Edinburgh.
4. Mr K. Smith, b. 1925, p.s. in Spalding Lincolnshire.
5. Mr A.J. Stewart, b. 1907, p.s. in the West of Scotland.
6. Mr Wesley, b. 1910, p.s. in Norfolk.
7. Mr H. Woodhead, b. 1918, p.s. in Thirsk Yorkshire.

Doctors

The elderly doctors who are recorded on tape are as follows:

1. Dr Craig, b. 1902, practice situated in Ormskirk Lancashire.
2. Dr Harris, b. 1910, practice situated in Pendleton Lancashire.

Working-Class People

The elderly working-class people from Lancashire and Cheshire who are recorded on tape, which includes the interviewees from the Beswick Community Centre situated in Grey Mare Lane Beswick Manchester, are as follows:

1. Mr Bailey, born 1906, from Bradford and Beswick in Manchester, main occupation (m.o.) train driver, 1 of 4 children, Father worked on the railways, Mother a silk weaver.
2. Mrs Barber, b. 1897, from Higher Openshaw in Manchester, m.o. worked in a stamping factory, 1 of 4 children, F. died when Mrs Barber was a baby, M. had a house chip shop.
3. Mr Daniels, b. 1909, from Hazel Grove near Stockport Cheshire, m.o. gas board supervisor, 1 of 8 children, F. pavier, M. housemaid.
4. Mr Dewhurst, b. 1915, from Beswick in Manchester, m.o. fishmonger, 1 of 3 children, F. gentleman's valet, M. took in washing and went out cleaning.
5. Mr Jackson, b. 1906, from Heaton Park and Beswick in Manchester, m.o. shop assistant, 1 of 3 children, F. journeyman joiner, M. housewife.

6. Mrs Alice Johnson, b. 1907, from Moss Side in Manchester, m.o. worked in a cotton mill, 1 of 3 children, F. railway worker and secretary of the local trade union movement, M. mill worker.
7. Mrs Ruth Johnson, b. 1912, from Failsworth in Lancashire, m.o. laundry worker and machinist, 1 of 2 children, F. warehouseman in a cotton mill, M. mill worker.
8. Mrs King, b. 1906, from Bradford in Manchester, m.o. farm labourer, 1 of 13 children, F. greengrocer, M. mill worker.
9. Mr Lowe, b. 1906, from Oldham in Lancashire, m.o. worked at Chadwick's factory, 1 of 4 children, F. and M. both worked at Chadwick's factory.
10. Mr McKinley, b. 1900, from Bradford in Manchester, m.o. hawker on Smithfield Market in Manchester, 1 of 8 children, F. toolroom engineer, M. housewife.
11. Mrs Oliver, b. 1907, from Bradford in Manchester, m.o. doubler in Phoenix Cotton Mill and worked at Clayton Aniline dye factory, 1 of 7 children, F. dyer, M. polisher at the Phoenix Mill.
12. Mrs Rothwell, b. 1893, from Crewe in Cheshire, m.o. in domestic service, 1 of 5 children, F. stationary engine driver at Crewe works, M. in domestic service.
13. Mrs West, b. 1899, from Gorton and Beswick in Manchester, m.o. sewing machinist at Bibbies, 1 of 7 children, F. engineer, M. took in sewing.

The elderly working-class people who were interviewed at the Pop Inn over sixties club situated in Lower Hillgate Stockport Cheshire are as follows:

1. Mr Adshead, b. 1912, from Bredbury near Stockport Cheshire, m.o. wheelwright, 1 of 4 children, F. manual worker, M. took in washing and sewing.
2. Mrs Bailey, b. 1916, from Stockport, m.o. cotton mill worker, 1 of 6 children, F. cotton mill worker, M. worked in a hat shop.
3. Mrs Barnett, b. 1911, from Romiley near Stockport Cheshire, m.o. in domestic service, 1 of 4 children, F. farm labourer, M. cleaner.
4. Mrs Bates, b. 1919, from Stockport, m.o. sweet shop assistant, 1 of 3 children, F. worked in a cement factory, M. silk weaver.
5. Mrs Binks, b. 1913, from Poynton in Cheshire, m.o. worked in a hat factory, 1 of 4 children, F. coalminer, M. shop assistant.
6. Mrs Bradley, b. 1922, from Heaton Norris in Stockport, m.o. bus conductress, 1 of 5 children, F. and M. market stall holders.
7. Mrs Broadbent, b. 1919, from Heaton Norris in Stockport, m.o. worked in a clothes factory, 1 of 3 children, F. taxi cab driver, M. in domestic service.
8. Mrs Burton, b. 1913, from Portwood in Stockport, m.o. barmaid, 1 of 4 children, F. carpenter, M. worked in a factory.
9. Miss Chester, b. 1914, from Stockport, m.o. worked in a hat factory, 1 of 2 children, F. worked in the cardroom of a cotton mill, M. worked in a biscuit factory.
10. Mrs Clarke, b. 1911, from Hazel Grove near Stockport Cheshire, m.o. silk weaver, 1 of 3 children, F. draper, M. housewife.

11. Mrs Cramphorn, b. 1920, from North Cheshire and Stockport, m.o. worked in a cotton mill, 1 of 4 children, F. bricklayer, M. hat worker.
12. Mrs Downing, from Denton in Lancashire, m.o. in domestic service, 1 of 5 children, F. gardener, M. in domestic service.
13. Mrs Fosbrook, b. 1915, from Reddish in Stockport, m.o. took in washing, 1 of 5 children, F. hod-carrier, M. seamstress.
14. Mr Fosbrook, b. 1911, from Romiley near Stockport Cheshire, m.o. plumber, 1 of 6 children, F. factory worker, M. cleaner.
15. Mr Hampton, b. 1912, from Edgeley in Stockport, m.o. worked in a cotton mill, 1 of 3 children, F. warehouseman, M. shop assistant.
16. Mrs Heyes, b. 1909, from Salford near Manchester Lancashire, m.o. worked in a paper mill, 1 of 4 children, F. joiner, M. packer.
17. Mrs Higginson, b. 1914, from Stockport, m.o. hat factory worker, 1 of 3 children, F. school caretaker, M. auxillary nurse.
18. Mrs Hill, b. 1911, from Cheadle Heath near Stockport Cheshire, m.o. cleaner, 1 of 6 children, F. coalman, M. kitchen domestic.
19. Mr Hill, b. 1908, from Reddish in Stockport, m.o. cabinet maker, 1 of 4 children, F. worked in a slaughterhouse, M. worked in a laundry.
20. Mrs Hillton, b. 1910, from Hyde in Cheshire, m.o. waitress, 1 of 3 children, F. dyer, M. fruit picker.

21. Mrs Holehouse, b. 1912, from Mile End in Stockport, m.o. worked in a cotton mill, 1 of 7 children, F. labourer on the railways, M. cook.

22. Mrs. Holland, b. 1914, from Cheadle in Cheshire, m.o. office clerk, 1 of 4 children, F. bricklayer, M. worked in an iron-mongers.

23. Mr Hollis, b. 1913, from Stockport, m.o. worked in a gentleman's outfitters, 1 of 3 childen, F. worked in a timber yard, M. worked on the market.

24. Mrs Hyde, b. 1920, from Stockport, m.o. hawker, 1 of 5 children, F. carpenter, M. worked in a clothes factory.

25. Mrs Jones, b. 1917, from Stockport, m.o. waitress, 1 of 4 children, F. toolmaker, M. housewife.

26. Mrs Kelley, b. 1916, from Reddish in Stockport, m.o. hawker, 1 of 4 children, F. worked in a cotton mill, M. silk weaver.

27. Mrs Kinsey, b. 1919, from Offerton in Stockport, m.o. in domestic service, 1 of 5 children, F. plate layer, M. dressmaker.

28. Mrs Lavin, b. 1912, from Stockport, m.o. sewing machinist, 1 of 6 children, F. fireman on the railways, M. worked in a florist shop.

29. Mrs Mather, b, 1920, from South Reddish in Stockport, m.o. worked in a biscuit factory, 1 of 3 children, F. baker, M. shop assistant.

30. Mrs McCullough, b. 1918, from Cheadle in Cheshire, m.o. took in washing, 1 of 3 children, F. worked in a brewery, M. in domestic service.

31. Mr McHugh, b. 1904, from Offerton in Stockport, m.o. basket maker, 1 of 4 children, F. labourer, M. factory worker.

32. Mrs Metcalf, b. 1910, from Romiley near Stockport Cheshire, m.o. laundry worker, 1 of 6 children, F. road sweeper, M. factory worker.
33. Mrs Mottram, b. 1915, from Davenport in Stockport, m.o. worked in a cotton mill, 1 of 5 children, F. tailor, M. slubber.
34. Mrs Owens, b. 1921, from Stockport, m.o. worked in a bakery, 1 of 3 children, F. dustman, M. worked in a textile factory.
35. Mr Shaw, b. 1911, from Denton in Lancashire, m.o. coalminer, 1 of 4 children, F. coalminer, M. silk weaver.
36. Mrs Thompson, b. 1913, from Heaton Chapel in Stockport, m.o. laundry worker, 1 of 7 children, F. labourer, M. kitchen domestic.
37. Mrs. Tracy, b. 1909, from Stockport, m.o. worked in a cotton mill, 1 of 6 children, F. toolmaker, M. seamstress.
38. Mrs Tunnicliffe, b. 1919, from Heaton Norris in Stockport, m.o. auxillary nurse, 1 of 4 children, F. driver, M. office clerk.
39. Mrs Upton, b. 1914, from Edgeley in Stockport, m.o. cook, only one, F. engineer, M. housewife.
40. Mr White, b. 1925, from Stockport, m.o. plumber, 1 of 3 children, F. watchmaker, M. housewife.
41. Mrs Winstanley, b. 1910, from Marple Bridge near Stockport, Cheshire, m.o. silk weaver, 1 of 9 children, F. watchman, M. in domestic service.
42. Mrs Wood, b. 1912, from Reddish in Stockport, m.o. shop assistant, 1 of 5 children, F. butcher, M. chambermaid.

All the tapes of recorded interviews are kept in the University of Kent Library.

The map enclosed shows the various areas of Lancashire and Cheshire where my interviewees have both worked or lived (Illustration 12).

12: Map of Lancashire and Cheshire.

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