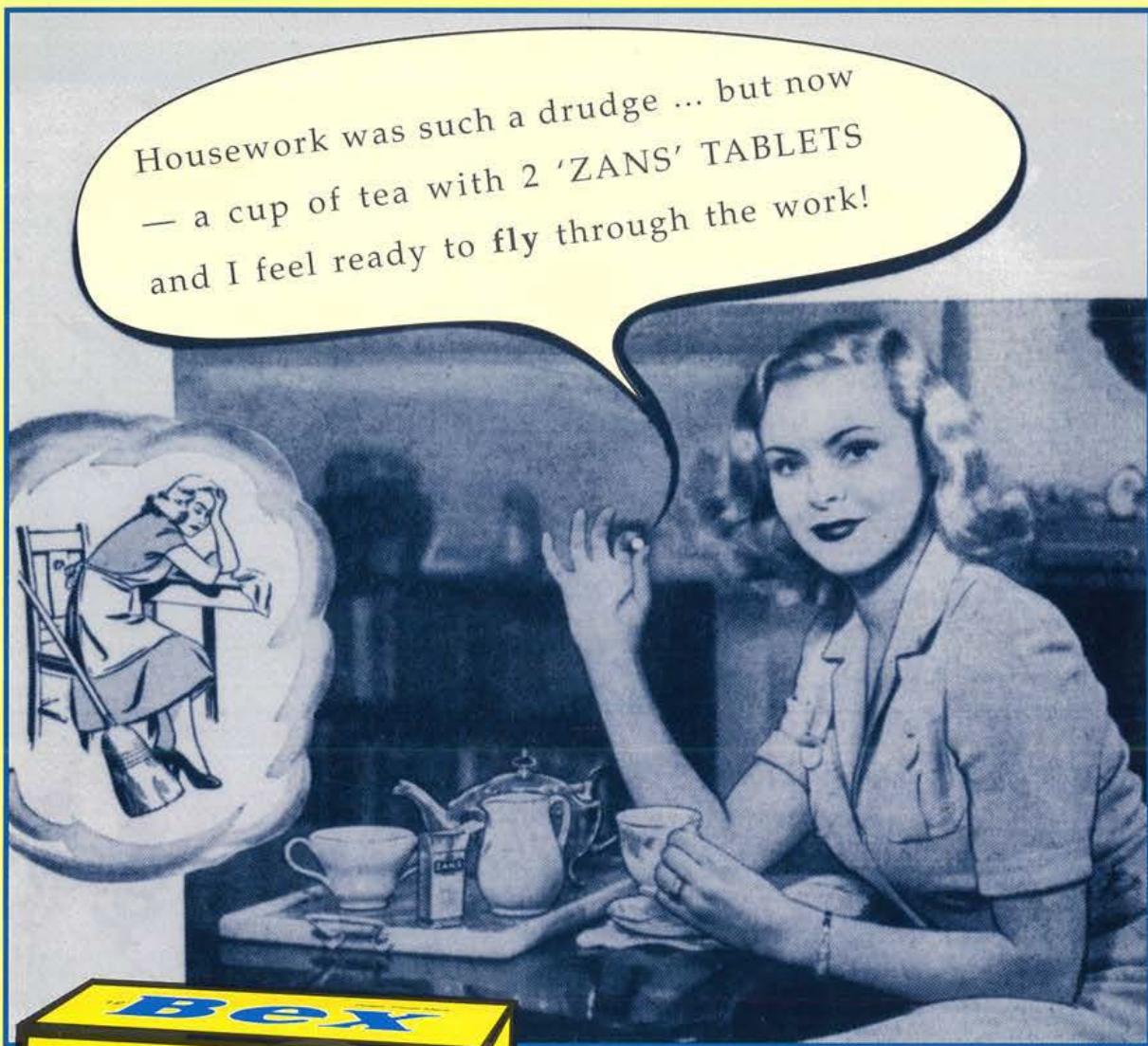


A cup of tea, a Bex and a good lie down



EILEEN HENNESSEY

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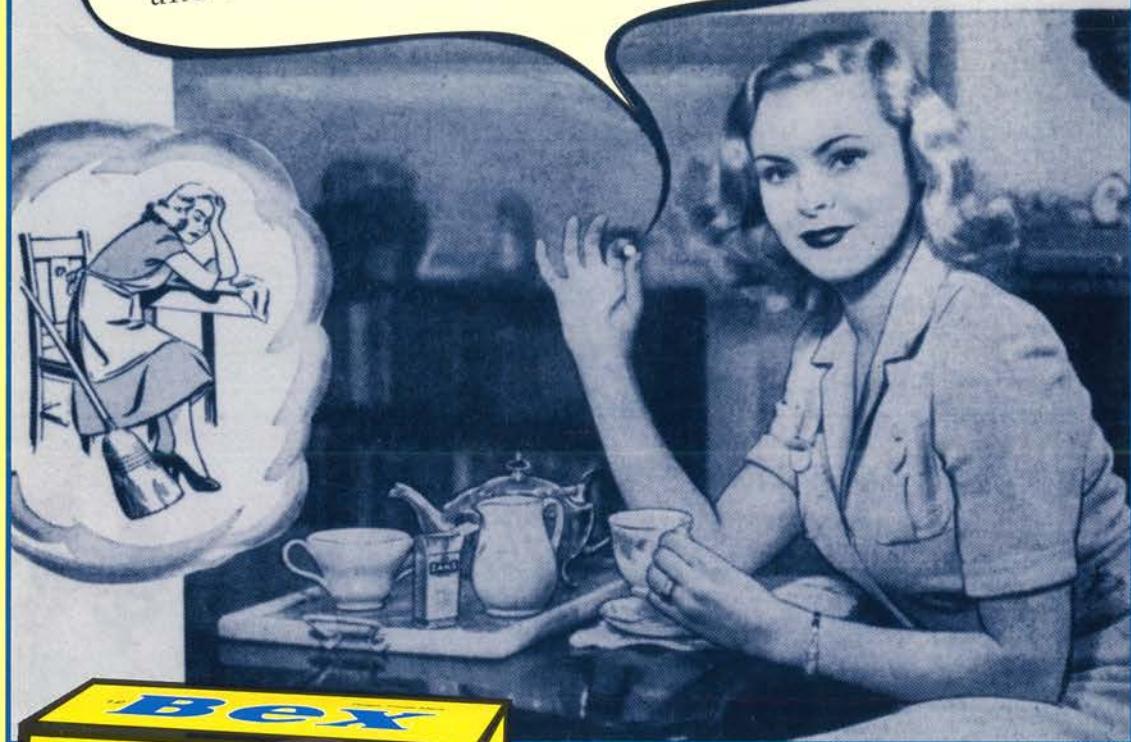
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A cup of tea, a Bex and a good lie down

Housework was such a drudge ... but now
— a cup of tea with 2 'ZANS' TABLETS
and I feel ready to fly through the work!



EILEEN HENNESSEY

Studies in North Queensland History No.19

A CUP OF TEA, A BEX AND A GOOD LIE DOWN

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A CUP OF TEA, A BEX AND A GOOD LIE DOWN

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FOREWORD

This book contains a compelling study of a shameful episode in the recent medical and social history of Australia. It is one from which few of the organisations and institutions that became involved emerge with credit unimpaired.

Many individuals and teams, on the other hand, played an honourable, and some a distinguished, part. A pair of doctors in Townsville were the first in Australia, and among the first in the world, to draw scientific attention to the enormous scale of analgesic consumption which was the root of the problem. Australian scientists were quick to extrapolate from European findings in order to predict the appearance in this country of severe health problems before they had yet been detected. An Australian research team identified by laboratory experiment the chemical responsible, at a time when most overseas research was still heading in a different and mistaken direction.

Yet for fifteen years after European countries started banning the sales of the deadly compounds, they remained abundantly and cheaply available in Australia, promoted by aggressive commercial advertising. As a direct result of this time-lag some hundreds of Australians died from an acutely painful and readily preventable disease.

There are many reasons for the delay; they interacted in complex ways. Readers who unite in deplored the consequences may reasonably differ in attempting to rank the causes in order of importance. Some have been alleviated, if not eliminated altogether. There is now, for example, comprehensive legislation designed to protect consumers against dangerous, or even dubiously safe, products. There is, however, one cause that might conceivably be as important in any future incident of the same nature as it was in the instance studied here. The failure of senior scientific bodies to induce obviously necessary political decisions arose from shortcomings not in scientific, but in literary and political, skills: failure to express scientific conclusions in language unambiguously clear to the non-scientific reader, and to impress them upon the political decision makers who, in a democracy, have every incentive to avoid confronting powerful pressure groups. These literary and political skills do not necessarily co-exist with the qualities of intellect and character needed for successful scientific research. But unless they are brought into effect whenever scientific research yields results of immediate social

importance, those results may remain sterile for long periods at great cost to the community.

Nothing that contributed to these unnecessary deaths was illegal at the time; it is not clear that anything would be found illegal even today. Some of those most closely involved in the campaign to ban the compounds remain unwilling to ascribe even a moral responsibility to those who produced and marketed them.

Some of the sociological research analysed in this study might almost have been designed to justify the old gibe about "drawing an impeccably straight line from unwarranted assumption to foregone conclusion". This research was largely responsible for one of the nastiest aspects of the whole disreputable affair: the way in which the victims, almost all of them women, were pilloried as being responsible for their own plight: responsible because they were female, middle aged, working class and (allegedly) under-occupied. While most other aspects had close parallels in some other advanced western countries, this example of blaming the victim seems to have been peculiar to Australia. It seems to be, moreover, the one which has left the most lasting impression on the folk memory. This aspect in particular engages the author's deep indignation. Though unmistakable, her indignation adds eloquence and force to her account, for it is always under control, never allowed to override solid historical evidence.

Every study of this nature raises, if only implicitly, the question whether anything has been learned from the events it analyses. If they contributed, however belatedly to the enactment of safeguards that would effectively prevent any recurrence, the hapless victims of this episode would not have died entirely in vain. I, for one, consider that this comforting conclusion would not be warranted.

B.J. Dalton

ACKNOWLEDGMENTS

This work would not have been possible without the assistance of many people. My grateful thanks go to Dr Diane Menghetti; her supervision, support and constructive criticism were always available. The staff of the Library of James Cook University were always helpful. Assistance from the staff of Australian National Library, particularly Petra and Louise of the Petherick Room, was generously given. Peter Keele, Clerk of the Senate Committees Office, Canberra, The Proprietary Medicines Association of Australia and the Media Council of Australia all provided important documents. The Australian Kidney Foundation allowed access to their files, and Cyril Evans and Elaine Earl, of the Canberra office of the Foundation, provided practical support. Sir William Refshauge, formerly Director-General of Health, provided valuable contacts, as did Diana Wyndham of the Women's Electoral Lobby, Sydney. Professor Barbara Hayes and Dr John Headrick, James Cook University, helped with the interpretation of medical terminology. Dr Peter de Jersey, Renal Physician, Townsville, provided informed criticism and comment. Dr R.A. Douglas, Consultant Physician, Townsville, allowed access to his private research files, as did Dr M. Grounds, General Practitioner, of Strathfieldsaye, Victoria. Margaret Crowther gave generously of her time to locate statistical data, Belinda Cronau enhanced the illustrations, and Lucy Glen provided a stranger with a home in Canberra. I am especially grateful to the women and men, some of whom prefer not to be named, who enriched my understanding of the subject by sharing with me their own experiences.

ABBREVIATIONS

ANZDATA	Australia and New Zealand Dialysis and Transplant Registry.
AKF	The Australian Kidney Foundation
NH & MRC	National Health and Medical Research Council
VPMAC	Victorian Proprietary Medicines Advisory Committee.

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INTRODUCTION

The title for what became this book was settled before I had even started my research. For my History Honours thesis I was anxious to find a topic in women's history that centred upon Townsville, since I foresaw difficulty in spending any sustained period on research elsewhere. When my supervisor suggested drug abuse by women in Townsville I reacted with some incredulity; I could not believe that it had existed on a scale, and at a date, that would make feasible an historical study. She replied, "But you musn't forget 'a cup of tea, a Bex, and a good lie down.'"

The phrase meant nothing to me; a relatively new Australian resident, I could not recall ever having heard it before. *Bex* (and its major competitor *Vincent's*¹) were names I had never encountered. Enquiries quickly showed that I was singular in this respect. Every person to whom I mentioned it recognised it instantly;² nearly all had an anecdote to offer, invariably about women. It seemed that most people had an aunt, a mother, a sister, a neighbour or friend who had been addicted to APCs (the generic term for these compound analgesics); many had died from related kidney failure. I was quickly converted to my supervisor's view that this was the subject for which I had been seeking even though it became clear early in my research that it could not be confined to Townsville or even to Queensland.

The first occasion on which the dangerous side-effects of APCs were mentioned in a non-technical Australian publication was in mid-1962.³ That date became my central reference point for seeking contemporary source material in medical, pharmaceutical and sociological journals, newspapers, magazines and government publications. Relevant Australian scientific research was reported very comprehensively in the *Medical Journal of Australia*, which also carried reports of similar research undertaken in other countries. When

¹ The brand name was *Vincent's A.P.C.* until 1967, when phenacetin was removed from the recipe. The later brand name *Vincent's* has been used throughout this study.

² It comes from the title of a revue by John McKellar, staged in 1966 when the rate of APC consumption on Australia was beginning to attract widespread attention, but before the link with kidney failure had been established conclusively. The aura of jocular indulgence conveyed by the title has remained associated with the subject in the popular mind.

³ *Choice*, Vol.III, No.4, August 1962, p.128.

it became desirable to go beyond published evidence, The Australian Kidney Foundation opened its files to me without restriction. In several instances research scientists made their personal research files available in the same way; they and others responded to my written and personal enquiries freely and without reserve. This was not my experience in seeking other potential sources of information.

There was reason for thinking that the level of consumption of APCs in Australia increased dramatically in the 1950s and 60s. Detailed figures for the manufacture, distribution and sale of these substances must have accumulated in Australia in the ordinary course of business, for all those consumed in this country were of Australian manufacture. These figures do not appear in any public document; medical researchers and government committees alike had failed to obtain them when the subject was one of immediate public concern. The company Nicholas Australia Ltd, which absorbed the manufacturers of the two most widely used brand, *Bex* and *Vincents*, did not reply to my requests for information. No public statistics were collected in Australia for the manufacture or sale of APCs or any of their constituent chemicals. Statistics do exist, however, for imports of one constituent: phenacetin. Unlike the other two constituents, aspirin and caffeine, phenacetin was used in no other form. Figures for phenacetin imports, therefore, provide a good indication of the rise of APC consumption in Australia: not an exact indication, it is true, as manufacture of phenacetin began in Australia in 1942 because of wartime problems in securing overseas supplies. From that date onwards, therefore, figures for import of phenacetin undoubtedly understate the full level of its consumption in APCs, but by an unknown margin. Despite this shortcoming, these figures remain the most reliable indication available. As represented in the graph below, they amply confirm the existence of a steep rise in the 1950s to a very high peak in 1960, and a continuing high level of consumption throughout the 1960s. The declining trend that begins in 1960 reflects growing public concern about consumption of APCs - long focused, as will be seen, on the alleged dangerous properties of phenacetin itself, and the removal of phenacetin from the *Vincents* recipe in 1967. The precipitous decline after 1968 reflects the mounting campaign to make phenacetin available on prescription only, a campaign which succeeded in 1975 when importation ceased entirely.

In one important respect the graph could easily mislead. Other evidence makes it clear that the decline in imports of phenacetin after 1966 was not mirrored by a corresponding decline in consumption of

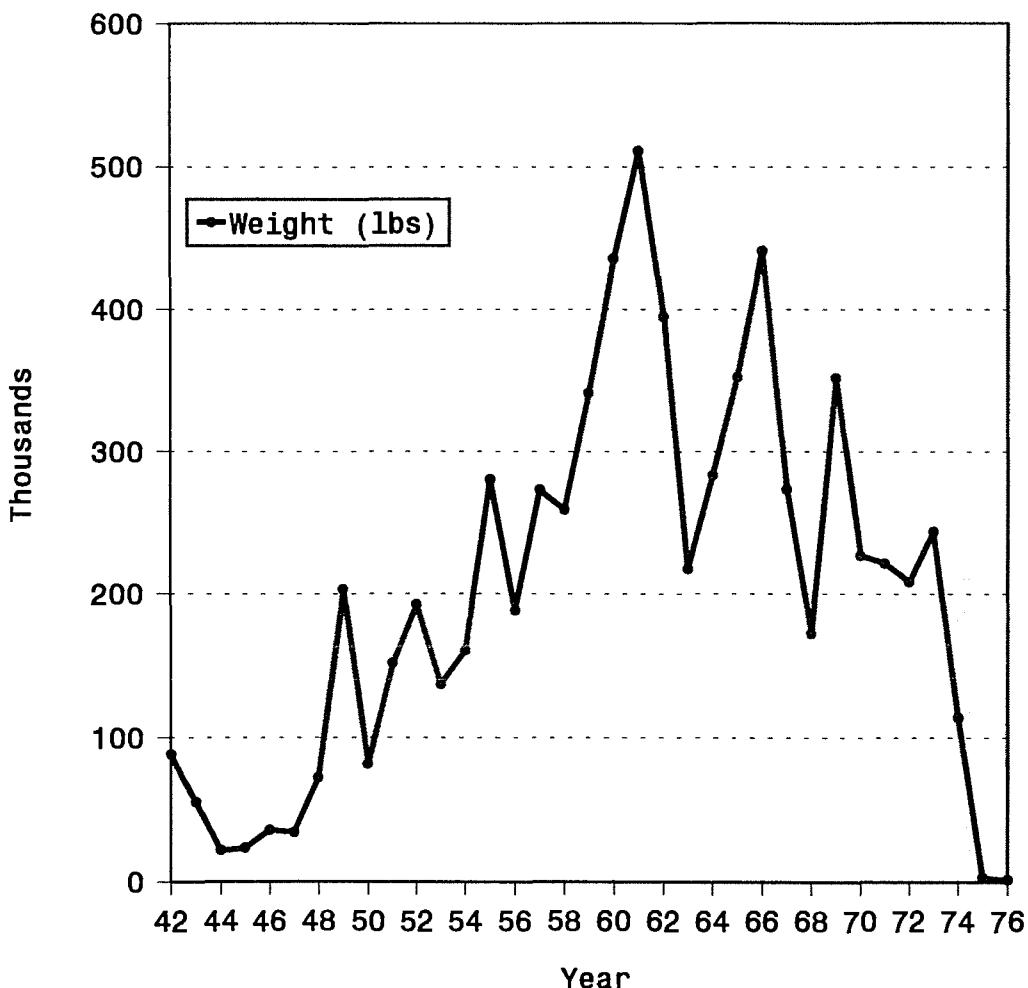


Figure 1 Imports of Phenacetin, 1942-75⁴

APCs. Consumption may have declined, though statistical evidence is wholly lacking; but with phenacetin - widely but erroneously assumed to be the dangerous constituent - removed from one popular brand in 1967, and from all in 1975, and with APCs still aggressively advertised, consumption undoubtedly remained high for many years, and ceased only when their sale was banned except on prescription at the end of the 1970s.⁴

⁴ Before 1942, imports were too low to be recorded separately.

In a third major area access to source material was less complete than I could have wished. Contrary to a stereotype widely accepted then and since, clear evidence emerged from my research that addiction to APCs was a function neither of class nor of age, though it was highly gender-specific. The victims were overwhelmingly women, but came from all social, economic and geographical backgrounds; though the resulting kidney disease usually appeared only in middle-age, it was the result of many years of addictive consumption usually beginning well before the onset of middle-age. Since it was also clear that it was not for any medical reason that women began taking APCs regularly, I looked for evidence of social pressures affecting women generally, from about the time that APC consumption (as indicated by imports of phenacetin) began to climb steeply: i.e., the 1950s. For evidence of this nature there was one source of special importance: women's magazines. Each issue of a typical women's magazine was a complete package, containing information on the subjects then considered women's issues - fashion, "beauty", health, children, domestic problems and the like - together with household hints, recipes, fiction and readers' letters. They also contained a large component of advertisements addressed expressly to women: amongst them regular advertisements for APCs that absorbed a high proportion of advertising expenditure by the manufacturers until the emergence of television. Despite the obvious importance of these magazines as historical sources for women's studies, only one complete file of the most important - the *Australian Women's Weekly* - is held in any Australian public library: on microfilm in the Australian National Library, Canberra; it is in such demand that borrowing is subject to tight restrictions.⁵ Only incomplete runs are available of its competitors. Nevertheless the available files, supplemented and reinforced by evidence obtained in oral history interviews, provide vivid and sometimes harrowing evidence of the social pressures to which Australian women were subjected in the 1950s and 1960s, supposedly an era of unprecedented affluence and leisure.

This book is a completely re-written version of the thesis I submitted at the end of 1991. It presents in print the first

⁵ A complete file is also held by the publishers, but access and reproduction fees are charged at a rate prohibitive for a research student needing to consult large runs.

comprehensive account of what in different circumstances might well have been judged a major epidemic, claiming victims in its hundreds. It is a study not only in the history of medicine, and of impediments to the application of the results of medical research, but in women's social history, for (it cannot be stressed too heavily) women were the victims not because of their own physical or psychological deficiencies, as the popular stereotype would have us believe, but because of the intense and novel social pressures to which they were subjected in post-war Australia.

CHAPTER 1

Pain-killers that Killed: A Medical Overview

From the mid-1950s Australian women swallowed increasing numbers of evil-tasting powders carrying the brand names *Bex* and *Vincents*. Their contents, indicated by the generic term APC, were aspirin, phenacetin and caffeine. In combination, they were both addictive and deadly. In 1953, European researchers became aware that such compound analgesics caused kidney damage.¹ Australian sales rose. In the great boom which followed the Second World War this country led the world in APC consumption and associated deaths.

Compound analgesics were widely available and popular pain-killers. The recipes varied slightly from country to country, but all had common elements. They contained at least two well-known analgesics and a stimulant, usually caffeine. *Bex* and *Vincents* were the most popular brands in Australia; they dominated the domestic analgesic market. Very cheap non-prescription drugs, they could be sold by any retail outlet that cared to stock them. These compounds became the focus of research into related kidney disease. Although *Bex* and *Vincents* had been available since the 1920s, consumption increased dramatically after the Second World War. During the following three decades, researchers produced a considerable body of medical literature demonstrating that habitual APC consumption could lead to terminal kidney damage. Their work concentrated on determining whether phenacetin or aspirin was the killer. In the mid-1970s, Geoffrey Duggin² tentatively posited a synergism between the two analgesic components: ie., that their combined effect was greater than the sum of their effects individually. However, the crucial role of caffeine in APCs was largely ignored. *Bex* and *Vincents* killed because their victims ingested too many of them; they ingested too many because they became addicted to the caffeine APCs contained.

¹ P. Ross, 'A.P.C. as a cause of Renal Disease', *Medical Journal of Australia*, Vol.2, 6 October 1962, p.539.

² G. Duggin, 'The Australian Disease: Analgesic Abuse', *New Doctor*, No.4, April 1977, p.23.

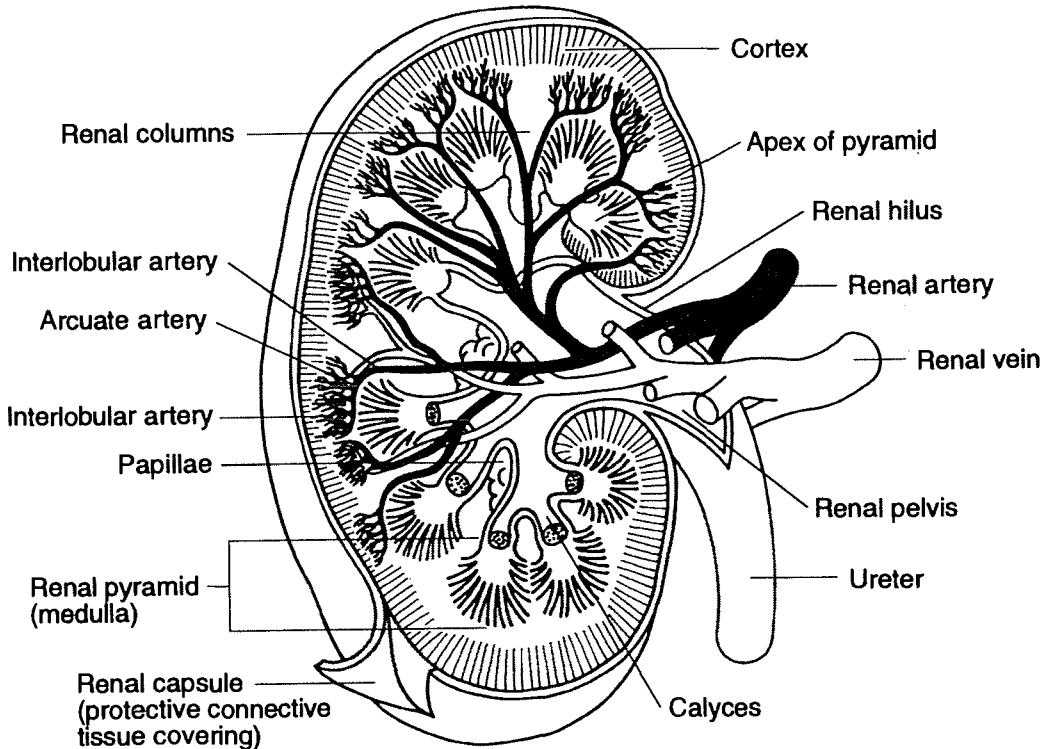


Figure 2 Longitudinal section of kidney showing larger arteries supplying kidney tissue. Source: Marieb, *Essentials of Human Anatomy and Physiology*.

The human kidneys are complex and extremely efficient organs. They cleanse the blood and regulate its composition.³ Waste products are stored in the pelvic region of the kidney, then passed into the ureter and later expelled as urine. On average the kidneys comprise only about one two-hundredth of total body weight,⁴ yet they are capable of processing one-quarter of the body's blood supply each minute.⁵ They are the blood-purifying organs of the body and so 'represent the channel of excretion of the majority of drugs used in clinical practice'.⁶

The alarm about compound analgesics was first sounded in 1953 by two Swiss researchers, Spuhler and Zollinger, who had become concerned about the high incidence of kidney damage amongst workers in a watch factory.⁷ Searching for an explanation, they noted that all the workers habitually consumed large amounts of compound analgesics. Examining these compounds, they discovered that fewer than 10% of the most popular brands contained aspirin,⁸ but all contained caffeine and phenacetin. Caffeine in coffee had been part of the daily diet in Europe for 200 years, and phenacetin had been in pharmaceutical use for 60 years without observed side effects.⁹ Yet despite its historical innocence, phenacetin, as the analgesic element common to all the compounds, was to be the focus of research. It was known to concentrate rapidly in the kidneys,¹⁰ and from this it might

³ E.N. Marieb, *Essentials of Human Anatomy and Physiology* (2nd ed.), (Menlo Park, California, 1988), p.323.

⁴ See the editorial, 'Analgesics and Phenacetin Nephropathy', *Scottish Medical Journal*, Vol.9, 9 October 1964, p.449.

⁵ Marieb, *Essentials of Human Anatomy*, p.323.

⁶ Scottish Medical Journal, 'Analgesics and Phenacetin Nephropathy', p.449.

⁷ P. Ross, 'A.P.C. as a cause of Renal Disease', p.539.

⁸ Duggin, 'The Australian Disease: Analgesic Abuse', p.24.

⁹ Phenacetin was first used in 1887 to reduce fever, and later found useful as a pain killer. Ross, 'A.P.C. as a Cause of Renal Disease', p.539.

¹⁰ When taken orally, 99.8% of phenacetin is metabolised into the blood within two hours. Within five hours there is little evidence of its presence. As much as 74% converts to a substance known as conjugated *N*-acetyl-*p*-aminophenol which is excreted in urine. See Ross, 'A.P.C. as a Cause of Renal Disease', p.539; and R.J. Long & D.C. Utz, 'Analgesic Nephropathy', *Medical Clinics of North America*, Vol.50, No.4, July 1966, pp.1085-1086.

be assumed that its habitual consumption could cause kidney or related urinary tract damage. As other countries became interested in the problem of compound analgesics they also tended to focus on this ingredient.

This, then, was the line pursued in 1960 by researchers working on the problem of analgesic-related kidney damage in Sweden.¹¹ Investigating phenacetin as a possible single cause, they concluded that the culprit was not phenacetin itself but an impurity introduced during the manufacturing process, acetic-4-chloranilide. This was found to have nephrotoxic effects. However the findings were irrelevant to Australia, because under British Pharmacopoeia standards the impurity was present at only one tenth the level in Sweden.¹² Therefore phenacetin, rather than an impurity, remained the focus of international and Australian inquiry.

In the meantime another, highly relevant, line of research was being pursued in North Queensland concerning the other analgesic element in APCs: aspirin. The medical profession had long recognised that aspirin could cause gastric haemorrhage and 'acute erosions in the gastro-intestinal tract'.¹³ During the 1950s two doctors connected with the Townsville General Hospital, R.A. Douglas and E.D. Johnston,¹⁴ conducted a three and a half year investigation into the link between aspirin and gastric ulcer. Traditionally, gastric ulcers were a complaint of the elderly, with men outnumbering women two to one. Bob Douglas initiated the research because he believed that not only was the total number of chronic gastric ulcer patients increasing in the area, but also that their age and sex distribution was changing.¹⁵ The North Queensland study clearly indicated an important shift towards younger women.

¹¹ Cited in the editorial, 'Phenacetin and Nephritis', *Medical Journal of Australia*, Vol.1, 9 April 1960, p.585.

¹² The average levels of acetic-4-chloranilide in Australian phenacetin was only 0.01%, with a maximum reading of 0.03%, compared with 0.13% to 0.3% used in the Swedish experiments. Ross, 'A.P.C. as a cause of Renal Disease', p.540.

¹³ R.A. Douglas & E.D. Johnston, 'Aspirin and Chronic Gastric Ulcer', *Medical Journal of Australia*, Vol.2, 2 December 1961, p.893.

¹⁴ In the same paper, Douglas and Johnston draw attention to the huge scale of analgesic consumption in the region served by the hospital. These are discussed in Chapter 2.

¹⁵ Dr R.A. Douglas, personal communication, Townsville, 1 July 1991.

Of the patients over 60 years, women constituted 38%, very close to the expected figure; among those in the 40 - 60 age group they were slightly higher at 42%; but of those under 40 years, they were almost double: 63%. It is true that numbers in the last group were small, but the trend was very disturbing.

**TABLE 1.1 AGE AND SEX DISTRIBUTION OF GASTRIC ULCER PATIENTS
TOWNSVILLE GENERAL HOSPITAL 1 JULY 1956 - 31 DECEMBER 1959**

Age Range	Men	Women	Total
Under 40	6	10	16
40-60	23	17	40
Over 60	13	8	21
Total	42	35	77

Source: Adapted from Table II in R.A. Douglas and E.D. Johnston. 'Aspirin and Chronic Gastric Ulcer', *Medical Journal of Australia*, Vol.2, 2 December 1961, p.895.

Significantly, 23 men and all but one of the women in the study admitted to being regular users of aspirin. Of these 57 patients, 52 were taking it in APCs, mainly *Bex* or *Vincent's*.¹⁶ The most common reasons given for their consumption were chronic relapsing headache and exhaustion. The patients described themselves as needing a 'lift'.¹⁷

The deadly connection between analgesic compounds and kidney disease was first placed squarely before the Australian medical profession in a paper published by R.A. Craven in May 1962.¹⁸ On the basis of reports from Sweden, Craven warned that abuse of APCs could result in renal papillary necrosis: a complication of acute pyelonephritis, which is an inflammation of the cavity in the kidney in which urine collects before passing down the ureter into the bladder.

¹⁶ Brand names were not mentioned in the text of the article. Dr Douglas later provided the information from his records. Personal communication, Townsville, 1 July 1991.

¹⁷ Peter de Jersey of the renal unit at Townsville General Hospital later commented he usually found a scar from surgery for gastric ulcer in patients he treated for compound analgesic induced kidney disease. From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

¹⁸ R.A. Craven, 'Necrotizing Papillitis', *Medical Journal of Australia*, Vol.1, 12 May 1962, p.709.

First described in 1877, renal papillary necrosis - death of the papillae in the kidney due to depleted blood supply - is sudden and fatal. Only 211 cases had been reported in the international medical literature before 1955. Of these, 205 were attributed to diabetes and/or urinary tract obstruction.¹⁹ Yet 89 cases were diagnosed in Sweden between 1955 and 1962, and only eight had diabetes; none showed evidence of a urinary tract obstruction. Usually both kidneys were affected; women outnumbered men by the huge margin of 84 to five. Compound analgesics containing phenacetin appeared to be responsible.

There is no doubt,...that the taking of A.P.C. powders may become an addiction in some people and that a very high intake of this drug over many years may lead to pyelonephritis and renal papillary necrosis.²⁰

Craven was not then aware that large numbers of cases were already occurring in Australia.

In October of the same year Paul Ross made similar use of reports from Switzerland. Consumption of phenacetin had been estimated at 23 grams in 1957 from morbidity figures. He compared these with average Australian adult consumption rates which had increased by 244% in the six years to 1961 and had reached approximately 40 grams per adult annually. Ross predicted 'that many cases of renal damage from phenacetin abuse will be found in Australia'.²¹ This report indicated that, with a time lag of about a decade, Australia would experience problems at least similar to those of Switzerland.

The evidence tendered in international reports showed that although large doses taken over a period of weeks did mildly impair kidney function, the kidneys quickly returned to normal, or at least

¹⁹ A.F. O'Malley, *et al*, 'Renal Papillary Necrosis', *Journal of Urology (Baltimore)*, Vol.86, 1961, pp.7-11; cited in 'Abstracts', *Medical Journal of Australia*, Vol.1, 17 March 1962, p.418. See also Craven, 'Necrotizing Papillitis', p.709.

²⁰ Craven, 'Necrotizing Papillitis', p.709.

²¹ Ross, 'A.P.C. as a cause of Renal Disease', p.541.

stabilised, when the patient stopped taking the drug.²² Ross concluded that the real danger from APCs arose out of long-term use.

TABLE 1.2 PHENACETIN CONSUMPTION IN AUSTRALIA

Year	Phenacetin Imported ¹ (lbs)	Population
1955-1956	187,978	9,427,600
1956-1957	272,783	9,643,100
1957-1958	250,027	9,846,100
1958-1959	340,645	10,061,200
1959-1960	435,574	10,280,700
1960-1961	510,812	10,508,200

¹All imports were used for medical purposes.

Source: P. Ross, 'A.P.C. as a Cause of Renal Disease', *Medical Journal of Australia*, Vol.2, 6 October 1962, p.541.

In the same edition of the *Medical Journal of Australia*, L.A. Jacobs and J.G. Morris²³ presented evidence that there was indeed an increase in the incidence of renal papillary necrosis in Australia and that the increase appeared to be linked to excessive use of phenacetin. From January 1959 to January 1962, 1350 autopsies were performed at Sydney Hospital, of which 50 showed evidence of renal papillary necrosis. In 36 instances this was accompanied by marked urinary tract infection and many of the patients had uraemic symptoms.²⁴ It was confirmed that 47 of the 50 were daily users of phenacetin in the form of APC powders and/or tablets and again, women were in the majority: 41 out of the 47. Jacobs and Morris concluded that 'the probability of renal papillary necrosis is much greater if there has been

²² *Ibid.*, pp.540 & 542. See also L.A. Jacobs & J.G. Morris, 'Renal Papillary Necrosis and the Abuse of Phenacetin', *Medical Journal of Australia*, Vol.2, 6 October 1962, p.536; A.G. Ramsay & D.F. White, 'Phenacetin Nephropathy', *Canadian Medical Association Journal*, Vol.92, 9 January 1965, p.55; H.H. Pearson, 'Residual Renal Defects in Non-Fatal Phenacetin Nephritis', *Medical Journal of Australia*, Vol.2, 12 August 1967, p.309.

²³ Jacobs & Morris, 'Renal Papillary Necrosis and the Abuse of Phenacetin', pp. 531-537.

²⁴ *Ibid.*, p.532. Uraemia is essentially poisoning from the accumulation of substances that would normally be excreted in urine.

a history of abuse of phenacetin containing preparations'.²⁵ The evidence was still circumstantial, but the number of victims of APC abuse were growing. The nexus between increased imports and per capita consumption of phenacetin since the Second World War, and the increase in chronic degenerative renal diseases in non-diabetic people who had a history of excessive ingestion of APC compounds was to become too clear to be ignored.

In 1966, A.F. Burry published the results of an extensive autopsy survey carried out at the Princess Alexandra Hospital in Brisbane during 1964.²⁶ Historically, Queensland had a high incidence of kidney disease²⁷ which was related to its climate. High levels of perspiration cause dehydration resulting in a smaller volume of urine. Thus the drugs in compound analgesics became more concentrated than in colder climates. Burry also compared incidences of secondary infections of the kidney and numbers of deaths from nephrotic causes in Queensland with those for the whole of Australia and in four other countries.

The figures showed that, by this time, Queensland was recording by far the highest incidence of kidney related deaths and infections.²⁸ Once again, women were the major victims. Their numbers in Australia, at least, had increased alarmingly since 1959.

In a related study, Burry and two colleagues²⁹ published the most detailed findings to date establishing a causal relationship between

²⁵ *Ibid.*, p.537.

²⁶ A.F. Burry, 'A Profile of Renal Disease in Queensland: Results of an Autopsy Survey', *Medical Journal of Australia*, Vol.1, 14 May 1966, pp.826-834.

²⁷ Previous studies had shown that the condition lead nephropathy, brought about by the ingestion of flakes of lead based house paint by children, was higher in Queensland than elsewhere. *Ibid.*, p.826. It was an insidious long term illness. In 1957 Sir Arthur Fadden's son Gordon died at 34 years from lead nephropathy. *Australian Women's Weekly*, 5 June 1957, p.12.

²⁸ Burry noted that incorrect diagnosis stated on death certificates could lead to a significant understatement of death due to specific renal diseases. Moreover, the Princess Alexandra was a teaching hospital; the patient population was a select one, and autopsies were only carried out on public bed patients when permission had been granted. Burry, 'A Profile of Renal Disease in Queensland', p.830; p.832.

²⁹ A.F. Burry, P. de Jersey, D. Weedon, 'Phenacetin and Renal Papillary Necrosis: Results of a Prospective Autopsy Investigation', *Medical Journal of Australia*, Vol.1, 21 May 1966, pp.873-879.

compound analgesics containing phenacetin and the rising incidence of kidney disease. De Jersey and Weedon investigated analgesic consumption rates and, later, correlated the data with Burry's autopsy findings. They concluded that the ingestion of 4 kg. of phenacetin, over varying periods, resulted in papillary degeneration in 73% of cases and death from pyelonephritis with papillary necrosis in 37%. When they calculated the correlation between APC use and Burry's data, de Jersey and Weedon found it to be almost complete.

TABLE 1.3 DEATH RATES OF RENAL ORIGIN per 1,000,000 MEAN POPULATION

Place and Year	Nephritis & Nephrosis	Kidney Infections
C'wealth of Australia: 1960	95	55
1962	82	62
Queensland: 1961	142	80
1963	120	95
New Zealand: 1960	51	62
1961	50	56
England & Wales: 1961	76	54
1962	73	55
Canada: 1959	97	-
U.S.A.: 1961	72	44
1962	69	47

Source: A.F. Burry, 'A Profile of Renal Disease in Queensland: Results of an Autopsy Survey', *Medical Journal of Australia*, Vol.1, 14 May 1966, p.831, extracted from Table VIII.

These figures confirm beyond any doubt the association between analgesic consumption on the one hand and papillary necrosis and necrotizing papillitis with pyelonephritis on the other.³⁰

By then, these conditions were being termed analgesic and/or phenacetin nephropathy.³¹ There was some medical dispute as to the

³⁰ *Ibid.*, p.875.

³¹ See Long & Utz, 'Analgesic Nephropathy', pp.1085-1090.

more appropriate term for the illness because there was still no conclusive clinical or experimental evidence to support the hypothesis that phenacetin alone caused papillary necrosis. Indeed, there was growing recognition that, as phenacetin was invariably consumed in a compound, to isolate it as the sole cause of analgesic related kidney disease was not only simplistic, but also dangerous.³² Therefore, analgesic nephropathy eventually became the commonly used name for the condition. However, as Inglis was to note in drawing a parallel with the historical incidence of lead nephropathy in Queensland:

The arguments raised in defence of phenacetin...merely underline the uncertainties without clarifying the problem, and in no way exonerate phenacetin.³³

It would appear that the Federal Government agreed with him. Following a recommendation by the National Health and Medical Research Council (NH&MRC), phenacetin was removed from the pharmaceutical benefits list from 1 June 1967. The Government further decreed that all phenacetin-containing preparations sold over the counter must carry a warning message.³⁴ The manufacturers of *Vincents* responded quickly to the associated adverse publicity by removing phenacetin from their product and substituting salicylamide. The *Bex* company held out until 1975 before replacing phenacetin in its product with paracetamol.³⁵ In reality, neither substitution had any real effect on the incidence of analgesic nephropathy. Indeed they could hardly be considered substitutions at all. Aspirin and

³² M.H. Gault, T.C. Rudwal, W.D. Engles & J.B. Dossetor, 'Syndrome Associated with the Abuse of Analgesics', *Annals of Internal Medicine*, Vol.68, No.4, April 1968, p.907. According to Kincaid-Smith phenacetin was only used in Australia in combination with other drugs, ie: aspirin and caffeine. P. Kincaid-Smith, 'Analgesic Nephropathy - A Common Cause of Renal Disease in Australia', *Medical Journal of Australia*, Vol.2, 6 December 1969, p.1134.

³³ J.A. Inglis, Letter to the Medical Journal of Australia, *Medical Journal of Australia*, Vol.2, 13 August 1966, pp.332-333. See also the editorial 'Analgesic Abuse and Kidney Damage', *Canadian Medical Association Journal*, Vol.92, 9 January 1965, pp.84-85.

³⁴ 'Comments and Abstracts: NH&MRC Recommendations on Sale of Phenacetin', *Medical Journal of Australia*, Vol.1, 27 May 1967, p.1095.

³⁵ P. Baume, *Drug Problems in Australia - an intoxicated society? Report from the Senate Select Committee on Social Welfare*, (Canberra, 1977), p.118.

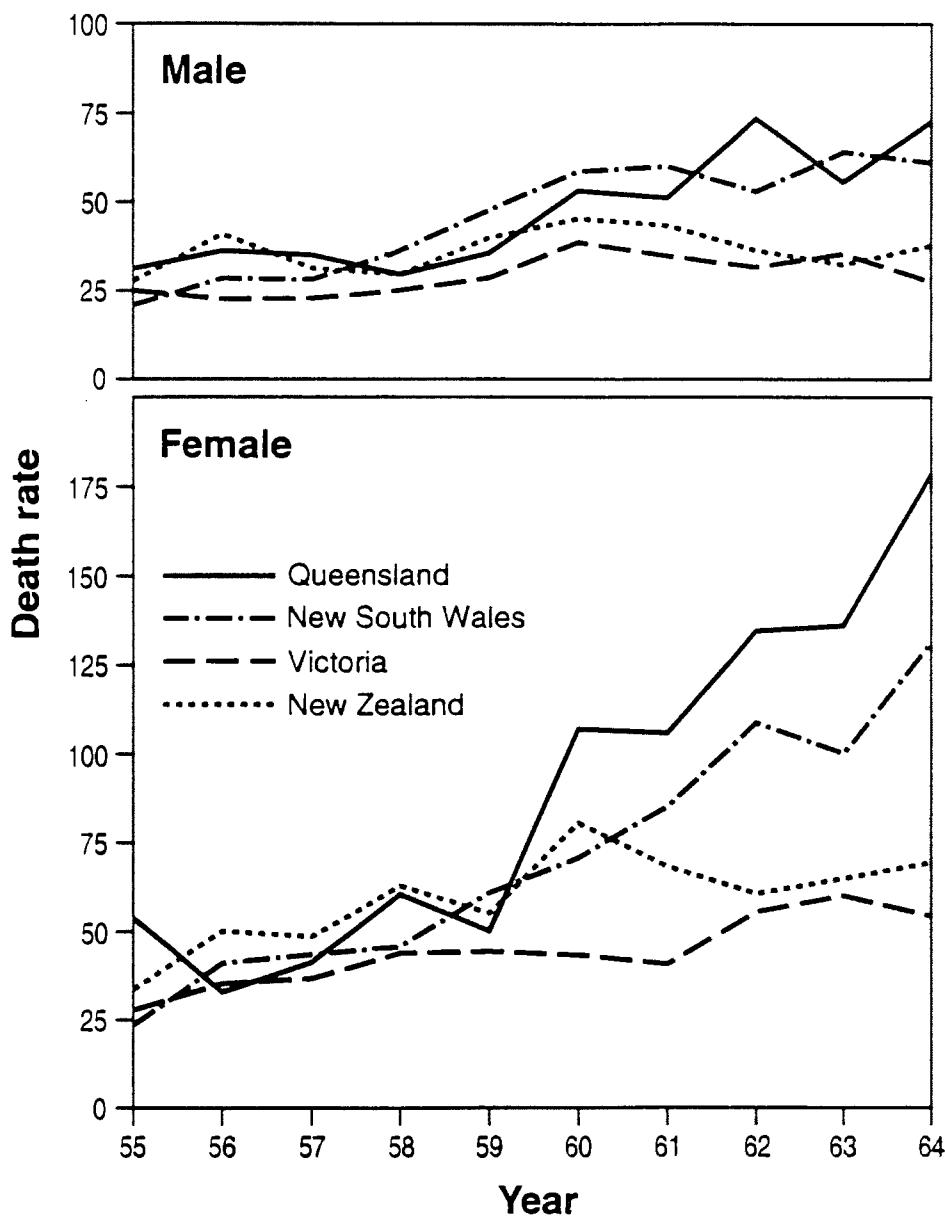


Figure 3 Death rates per 1m for "infections of the kidney": 1955-1964, by sex.

Source: A.F. Burry, 'A Profile of Renal Disease in Queensland: Results of an Autopsy Survey', *The Medical Journal of Australia*, Vol.1, 14 May 1966, p.832.

salicylamide are both derived from salicylic acid,³⁶ which suggests that any negative side-effects from aspirin would be compounded by the change in *Vincents'* formula. As for *Bex*, it was known from as early as 1949 that 'phenacetin is rapidly and quantitatively metabolised to paracetamol'³⁷ when ingested.

Almost simultaneously with the Government move against phenacetin, a new research direction emerged. In the *Medical Journal of Australia*, Priscilla Kincaid-Smith emphasised that it was still not clear that phenacetin alone caused renal damage. Recent laboratory experiments in rats had indicated that phenacetin, aspirin and caffeine in combination produced a high incidence of papillary necrosis when relatively small doses were administered.³⁸ She confirmed these findings by a series of laboratory animal experiments funded by the NH&MRC.³⁹ Her extensive research comparing the effects of phenacetin and aspirin, alone and in all possible combinations with caffeine, revealed that papillary necrosis was produced in rats in six to nine months when APC compounds were administered at levels equivalent to the extreme end of human dosage. When phenacetin alone was administered at twice the amount present in APCs no kidney damage was detected during the same period; but aspirin administered at the same dosage as phenacetin produced papillary necrosis in eight to fourteen weeks, as did all other combinations such as aspirin with paracetamol, caffeine, and phenacetin. Caffeine was exonerated from being nephrotoxic. The amounts administered were very high: equivalent to a 70kg person taking between fifty and hundred APC powders per day; but this did not exceed the highest recorded level of human consumption. In addition to proving that it was not phenacetin alone which caused papillary necrosis, Kincaid-Smith demonstrated 'that dehydration increases the percentage of animals which develop papillary necrosis',⁴⁰ a finding particularly relevant to Queensland. Granted the caution always necessary where comparing tests on laboratory animals with human populations,

³⁶ W. Martindale, *The Extra Pharmacopoeia* (27th ed.), (London, 1977), p.175.

³⁷ P. Kincaid-Smith, 'Analgesic Nephropathy in Perspective', *Medical Journal of Australia*, Vol.2, 12 August 1967, p.320.

³⁸ *Ibid.*, pp.320-321.

³⁹ NH&MRC Medical Research 1969, (Canberra, 1970), p.39.

⁴⁰ *Ibid.*, pp.37-39.

Kincaid-Smith's experiments provided strong experimental confirmation for the suspicion that APC compounds were toxic when ingested in large amounts over a relatively short period.

Together, the work of Burry and his collaborators and Kincaid-Smith provided powerful support for the hypothesis that the effects of APC compounds were cumulative. Burry, de Jersey and Weedon concluded that a total of 4kg of phenacetin - taken in compounds - was nephrotoxic in humans.⁴¹ Kincaid-Smith's laboratory animal experiments found that aspirin, administered at double the amount of phenacetin found in APCs, also produced renal papillary necrosis whether consumed on its own or in combination with any or all of the other elements of APCs. Adopting the Burry, de Jersey and Weedon total of 4kg, this would amount to 8kg of aspirin.⁴²

Taking the quantity of phenacetin in a single dose of *Bex* and *Vincent's*,⁴³ it is a matter of simple arithmetic to calculate the number of doses per day that would reach the Burry team's critical figure of 4kg in any given period, and the time at which that level would be reached by any given dosage. As the proportion of phenacetin in the dose varied according to brand, the result of each calculation is a range of figures. To consume 4kg of phenacetin in one year, it would be necessary to take between 29 and 65 APC powders a day, depending on brand: at a dosage of one packet (12 powders) a day, the critical

⁴¹ As it is certain that phenacetin itself was not toxic their results would be more accurately expressed by saying that APC compounds were toxic, when taken in a quantity which included a total of 4kg of phenacetin.

⁴² The findings of Burry *et al* and Kincaid-Smith cannot be taken as showing that APCs to a dosage containing less than 4kg of phenacetin, or 8kg of Aspirin, could be taken with no risk of kidney damage. Indeed, Burry, de Jersey and Weedon found that APC compounds containing a total of 2kg of phenacetin could cause non-fatal kidney damage.

⁴³ The formulae for *Bex* and *Vincent's* were located in Australian Kidney Foundation Analgesic Sub-committee correspondence file. See letter from K.C Probert, Managing Director, Vincent Chemical Company Pty Ltd, to Dr H.H. Pearson, Medical Director, Australian Kidney Foundation, 26 August 1969. Adjacent to the letter was a photocopy of a *Bex* powders packet. See also *Vincent's* trade advertisements in the *Australasian Journal of Pharmacy*, for example Vol.41, No.486, June 1960, p.7 and Vol.49, No.585, September 1968, p.696. A *Bex* powder weighed 14 grains and a *Vincent's* 13 grains. The conversion rate of 0.0648 grammes = 1 grain avoirdupois weight was used. The differences in outcomes using apothecaries' and troy weight were not significant. In the calculations one dose = one powder.

figure would be reached in 2.4 to 5.4 years: at a dosage of four powders a day, in 7.2 to 16.3 years. The same calculations can be made using Kincaid-Smith's research that aspirin, at double the dosage of phenacetin, was critical. The aspirin content of APCs also varied with brand, but not so greatly as phenacetin: consequently each calculation results in a narrower range of figures. To consume 8Kg of aspirin in a single year, it would be necessary to take from 43 to 58 doses a day, according to brand. At a rate of a packet per day, the critical level would be reached in 3.6 to 4.8 years: at four a day, in 10.9 to 14.4 years. It will be seen that Kincaid-Smith's experimental results, though obtained quite independently and concentrating upon a different constituent, are consistent with those of Burry, de Jersey and Weedon.

A complicating factor is that in 1967 the Vincent Chemical Company changed their formula by substituting salicylate for phenacetin, leaving the proportion of other constituents unchanged. This might appear to make the findings of Burry, de Jersey and Weedon inapplicable to that brand thereafter (but not those of Kincaid-Smith). In fact, as phenacetin, on its own, was not the toxic constituent, it is the substitution that is irrelevant, at best. Salicylamide is a chemical closely akin to aspirin as already seen;⁴⁴ it is at least possible that salicylamide had an impact on kidneys similar to that of aspirin: that its incorporation in *Vincents* actually increased the nephrotoxicity of that product.

These calculations may seem crude, and indeed they do ignore variables very important in practice, particularly body weight. They are, however, those regularly used by medical scientists in calculating safe/dangerous dosages of chemicals. The results are in broad conformity with the increase in the incidence of renal papillary necrosis observed in the 1960s following the huge increase in the consumption of APCs which began in the 1950s - demonstrated most effectively by the increased importation of phenacetin, as seen earlier. They are also in conformity with dosages of actual patients, as reported in the medical journals. H.H. Pearson, for example, reported in August 1967 that nineteen of twenty women he treated had kidney

⁴⁴ Martindale, *The Extra Pharmacopœia*, p.175.

disease from APCs they had taken for an average of 11.2 years at consumption rates of between four and twenty per day.⁴⁵

Four years after the Government attempted to limit the use of phenacetin, a research team headed by Burry⁴⁶ compared autopsy results from two Brisbane hospitals with the results of Burry's 1964 investigations of autopsies at Princess Alexandra Hospital. They found a small decrease in death from analgesic nephropathy and concluded that it was due, in part, to the substitution of phenacetin for salicylamide by *Vincent* in 1967. The conclusion is not convincing. No allowance was made for the effects on morbidity rates of adverse publicity, earlier diagnosis, and the recently introduced dialysis treatment and kidney transplant. Moreover, a later (1975) study found no further reduction.⁴⁷ In fact there was no real decline until well after governments had moved against analgesic compounds in general rather than phenacetin alone.

Queensland introduced legislation banning the sale of APCs without prescription in 1978; the other States had all followed suit by 1980. Initially, the numbers of new patients continued to rise, but after three years it became clear that they were falling and that the age of new patients was rising. These trends continued.⁴⁸ This further confirmed the cumulative effect and long period of time it took for analgesic nephropathy to occur. In 1977 when Peter de Jersey began to practice in Townsville, of the twelve patients on dialysis at the renal unit of the General Hospital, eleven were suffering from analgesic nephropathy; in recent years he has encountered one a year at most.⁴⁹ From 1980 to 1986 there was a reduction of 10% for the whole of Australia, which the Australian Kidney Foundation attributed to the introduction of restrictive legislation on the sale of compound

⁴⁵ Pearson, 'Residual Renal Defects in Non-Fatal Phenacetin Nephritis', pp.308-313.

⁴⁶ A.F. Burry, R.A. Axelsen & P. Trolove, 'Analgesic Nephropathy: Its Present Contribution to the Renal Mortality and Morbidity Profile', *Medical Journal of Australia*, Vol.1, 12 January 1974, pp.31-36.

⁴⁷ Baume, *Drug Problems in Australia*, p.118.

⁴⁸ National Drug Abuse Information Centre, 'Statistical Update: Analgesic Nephropathy, Australia - 1988', *Nation Drug Abuse Data System*, No.7, July 1988.

⁴⁹ From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

analgesics, public education, and a subsequent fall in consumption.⁵⁰ Clearly Kincaid-Smith had been correct. The culprit was not phenacetin but compounds such as *Bex* and *Vincent's*.⁵¹

The number of people who died as a result of compound analgesic induced kidney disease in Australia is unknown.⁵² The only data available is from the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA Registry), which began in 1965, but was very incomplete until 1970.⁵³ It does not include those who died from renal failure before being registered, or who suffered analgesic nephropathy without reaching a terminal stage.⁵⁴ Therefore, the numbers are certainly underestimated, but by an amount that cannot be known. However, from the material available, in the period 1 November 1971 to 31 October 1977 fully 20% of all on the register were entered as a result of analgesic nephropathy. Of these, (who total 442) 84% were from Queensland and New South Wales. Thirty percent of the Queensland patients had analgesic nephropathy; N.S.W. ran a close second with 28%. In terms of absolute numbers N.S.W. was the dubious "winner", accounting for 284 of the national total.⁵⁵

From 1978 to 1987 Queensland and New South Wales maintained their disproportionately high numbers, accounting for 83% of the 1,036

⁵⁰ Australian Kidney Foundation, correspondence, 21 March 1991. Queensland was the first state to introduce legislation banning the sale of APC compounds without a prescription in 1978, and the rest of the states followed. From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991 and confirmed from the correspondence files of the Australian Kidney Foundation, Canberra. Legislation was introduced in the states following recommendations by the NH&MRC in April 1977 suggesting that APCs be available only on prescription.

⁵¹ P. Kincaid-Smith, 'Lesions in the Blood Supply of the Papilla in Experimental Analgesic Nephropathy', *Medical Journal of Australia*, Vol.1, 10 February 1968, pp.203-206.

⁵² Analgesic Sub-committee of the Australasian Society of Nephrology and the Australian Kidney Foundation, *Submission to the Australian Royal Commission of Inquiry Into Drugs: Analgesic Abuse and Kidney Disease in Australia*. File copy from the Australian Kidney Foundation, Canberra, (n.p., 1978), p.4.

⁵³ This does not imply criticism of the registry. Dialysis and kidney transplant procedures only became available across Australia between 1965-1970.

⁵⁴ Dr A.P.S. Disney, ANZDATA Registry, correspondence, 23 April 1991.

⁵⁵ Analgesic Sub-committee, *Submission to the Australian Royal Commission of Inquiry Into Drugs*, Table I.2, p.5.

national analgesic nephropathy registrations. However the proportion between the States shifted. Patients suffering from analgesic nephropathy in Queensland fell to 22% while in New South Wales it was 25%.⁵⁶ One possible contributing factor was that restrictive legislation in Queensland was operating from 1 July 1978, fully twelve months earlier than in New South Wales. It would be naive to assume that APCs became unobtainable in Queensland as soon as the legislation came into effect. There is, in fact, anecdotal evidence of stockpiling before the ban, and of importation from New South Wales while they remained legal there.⁵⁷ But there is no reason to doubt that the legislation led to an early and sharp reduction both in availability and in consumption.

For patients suffering kidney disease as a consequence of APCs, statistics are incomplete; for those who suffered other ill-effects, they do not exist. Yet there is clear evidence of other illnesses. Douglas and Johnston showed a causal link between chronic gastric ulcer and the aspirin ingredient of compounds in Townsville in the 1950s. In 1966 a study from Melbourne showed that peptic ulceration, which seemed to be particularly resistant to treatment and often required surgery, was 'a prominent clinical feature' in people with analgesic nephropathy.⁵⁸ International studies of peptic ulceration tend to further implicate aspirin as the primary agent as Sweden, where compounds did not

⁵⁶ National Drug Abuse Information Centre, 'Statistical Update: Analgesic Nephropathy'.

⁵⁷ One woman noted how 'a chemist friend of mine kept a "supply" out the back of his shop for his favoured customers to wean them off the habit. He told me later that he admired the way I refused the offer and knew I had strength of character; (which I hadn't, just common sense).' Q.I.O. correspondence, 5 September 1991. A North Queensland woman told how interstate truck drivers would bring supplies back from Sydney. I.H. Interview, Townsville, 30 July 1991. Another recalled being able to purchase APC compounds manufactured by her local chemist. N.E. Interview, Townsville, 9 September 1991.

⁵⁸ H.K. Dawborn, K.F. Fairley, P. Kincaid-Smith & W.E. King, 'The Association of Peptic Ulceration, Chronic Renal Disease, and Analgesic Abuse', *Quarterly Journal of Medicine*, Vol.35, No.137, January 1966, pp.69-82. See also Gault *et al*, 'Syndrome Associated with the Abuse of Analgesics', p.906; I.K. Fellner & E.P. Tuttle, 'The Clinical Syndrome of Analgesic Abuse', *Archive of Internal Medicine*, Vol.124, September 1969, pp.379-382.

usually contain aspirin, had a low incidence of this condition.⁵⁹ Hypertension and anaemia were also commonly diagnosed; indeed, Stewart and Gallery considered it possible that sub-clinical renal papillary necrosis was the second most common cause of hypertension in Australia.⁶⁰ Concomitant with the rise of kidney disease in both Australia and overseas was an increase in the incidence of the relatively rare cancer of the renal pelvis. In New South Wales, the only State in Australia with a comprehensive cancer registry, it was three times more common than in New Zealand, England or Wales.⁶¹ At least one metabolic derivative of phenacetin is considered to be carcinogenic, although there is no real evidence that implicates any other analgesic used in the compounds.⁶²

The high consumption of compound analgesics also contributed to problems in childbirth.⁶³ Speaking of women with analgesic nephropathy, de Jersey remembered:

Terrible mess with pregnancies. There was a very high risk of... early abortions, and a very high risk of prematurity with dormaturity of the babies as well....The women with it also seemed to have a lot more problems with delivery, caesarean section was quite common amongst them.⁶⁴

There was also a 'terrible mess' for women consumers of APCs in whom analgesic nephropathy had not been diagnosed.

I'd had a very healthy pregnancy as far as that goes. When I went in to have her I laboured all night. I, well I was a big enough person to have her normally. You know. And the next thing the kidneys played up, blood pressure, everything, went bang. I was

⁵⁹ J.H. Stewart E.D.M. Gallery, 'Analgesic Abuse and Kidney Disease', *Australian and New Zealand Journal of Medicine*, Vol.6, 1976, p.500. I am grateful to the Canberra office of the Australian Kidney Foundation for providing a copy of this paper.

⁶⁰ *Ibid.*, p.501.

⁶¹ Analgesics Sub-committee, *Submission to the Australian Royal Commission of Inquiry Into Drugs*, p.14. See also Stewart & Gallery, 'Analgesic Abuse and Kidney Disease', p.501.

⁶² It must be remembered that phenacetin metabolises into paracetamol in humans. Paracetamol is still a widely used and popular analgesic in Australia in 1991.

⁶³ Stewart & Gallery, 'Analgesic Abuse and Kidney Disease', p.501.

⁶⁴ From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

rushed into theatre to have a caesarean. ...In '68 I had [the baby]. Well it took another ten years I suppose for the kidneys to really get to the stage where I went on dialysis.⁶⁵

Medical personnel reported that long-term APC addiction resulted in a distinctive appearance:

[G]eneral premature aging of the vessels...which probably contributed to this look of premature aging...We used to be able to pick them...especially in places with less sunlight than North Queensland has.⁶⁶

A respondent who was nursing at the time related that:

The women (because they almost always were women) always had dry wiry hair and a cuban "khaki" colour of the skin....Even today nurses say of them - "They all looked the same!" You could hardly distinguish Vera from Joyce, Nancy from Ivy. Sitting in a row in their beds...they all looked desiccated and discoloured.⁶⁷

Although there were other risks associated with habituation to compound analgesics, kidney disease has remained the focus of attention. One reason is the readily identifiable economic cost of dialysis and kidney transplant, and the associated publicity. Both were relatively new advances in medical science without which 'people just died'.⁶⁸ As Peter de Jersey commented:

What it is basically, is a syndrome of premature morbidity and death from the abuse of analgesic powders and people of course have tended to hone in on the nephropathy...basically because it's so expensive to provide treatment facilities and it became such a big thing in the overall treatment program. It was a totally preventable disease tying up all these expensive resources.⁶⁹

It was the rarity of renal papillary necrosis which led medical researchers to focus upon identifying the element in APCs that was causing the disease. This effectively obscured an important question. As the condition was caused by continual excessive dosage over a

⁶⁵ F.N.L. Interview, Innisfail, 2 August 1991.

⁶⁶ From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

⁶⁷ W.I. Correspondence, 21 September 1991.

⁶⁸ F.N.L. Interview, Innisfail, 2 August 1991.

⁶⁹ From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

period of years, what element in APCs was at least habituating and at worst addictive?

An anomaly in the medical investigations into APCs was the dismissal of the importance of caffeine as an ingredient.⁷⁰ Although caffeine was occasionally referred to as the stimulant which 'spiced'⁷¹ APCs, because it was not nephrotoxic⁷² the possibility that it was the chemical responsible for consumer addiction was overshadowed; almost as if that was too simple an answer to a complex problem.⁷³ In his attempts to have it recognised in this way, Victorian general practitioner Michael Grounds was continually defeated. In 1976 he made one such submission to the Senate Standing Committee on Social Welfare and Continuing Oversight on Drug Use Problems.⁷⁴

I knew from clinical experience that the problem was dosage, and that the dosage problem had the clinical picture of addiction. I therefore made a detailed submission to this effect to the committee. I do not think it was read. In due course they returned all my documents saying I "should know that the committee has had the benefit of a submission on this matter from Professor Kincaid-Smith".⁷⁵

Later, Grounds attempted to convince Kincaid-Smith of the pernicious role of caffeine.

I spoke at length to K-S [Kincaid-Smith]...and was unable to get her to see my point, a very frustrating experience....She kept saying that surely I must realise that there was no evidence in the literature that caffeine was nephrotoxic. No doubt she was

⁷⁰ The following information regarding caffeine was extracted from R.I.H. Wang *Practical Drug Therapy* (Philadelphia, 1979). I am grateful to Dr John Headrick of James Cook University, for his assistance with interpretation.

⁷¹ See for example the editorial 'Renal Research in Australia', *Medical Journal of Australia*, Vol.2, 12 August 1967, pp.315-318, particularly p.318.

⁷² The toxicity of caffeine primarily affects the central nervous system. Symptoms include ringing in the ears, severe restlessness and nervousness. Other symptoms are difficulty in breathing, palpitations and urethmia.

⁷³ See Dr M. Grounds, 'Letter: Keep caffeine out of pain-killers', *Age*, 29 June 1974; E. Collins & G. Turner, 'Letters: A suggestion for reducing the incidence of habitual analgesic consumption', *Medical Journal of Australia*, Vol.1, 28 April 1973, p.863.

⁷⁴ From the private research archives of Dr M. Grounds, Strathfieldsaye, Victoria.

⁷⁵ Dr M. Grounds, correspondence, 7 October 1991.

frustrated herself with her inability to get me to see *her* point. I gave up.⁷⁶

The amount of caffeine in these powders was high, equal to a very strong cup of percolated black coffee;⁷⁷ but in APCs, the caffeine was in a highly concentrated and powder form, so the stimulus was much faster, almost instantaneous. Take an average consumption of a packet (12) a day, plus cups of tea and coffee, and the amount of caffeine consumed would have been dangerously high.⁷⁸ One woman recalled how she used to put two *Vincent*s powders in warm *Coca Cola* to keep going.⁷⁹

The insidious effects of caffeine, when taken to excess, are frightening. Over consumption of, and withdrawal from, caffeine both produce headaches: so much so that APCs produced the pain that as minor analgesics they were supposed to alleviate. Caffeine acts as a diuretic, which increases the effects of fluid loss due to perspiration in a tropical climate: a factor which no doubt contributed to the higher incidence of renal papillary necrosis in Queensland. Caffeine irritates the gastric mucosa, stimulating acid secretion. Therefore it is not only contra-indicated with an ulcer, it increases the risk of one developing. As a central nervous system stimulant it assists the body to release more energy; the infamous "lift" that was a selling point. It produces a sense of euphoria, of well-being. In that context the line 'take *Vincent*s...with Confidence' becomes an advertising message with a distinct hidden agenda. Over consumption of caffeine can produce severe anxiety symptoms frequently diagnosed as neurosis. Indeed, descriptions of a typical analgesic nephropathy patient were indicative of both the syndrome and its gender dimensions.

⁷⁶ *Ibid.*, 7 October 1991. Emphasis in the original.

⁷⁷ In 1975 Kamien noted that *Bex* and *Vincent*s APC had 145mg and 168mg of caffeine per powder respectively. M. Kamien 'A Survey of Drug Use in Part-Aboriginal Community', *Medical Journal of Australia*, Vol.1, 1 March 1975, p.262. This was confirmed by my calculations. A cup of white tea has on average 85mg of caffeine, while a cup of white instant coffee has on average 120mg.

⁷⁸ In a person with no tolerance, one gram of caffeine is considered toxic.

⁷⁹ I.H. Interview, Townsville, 30 July 1991. *Coca-Cola* contains caffeine.

The patient is likely to be female, frequently neurotic and secretive about the fact that she has been consuming large amounts of mixed analgesic compounds for several years.⁸⁰

Diagnosed as 'neurotic', women were subsequently prescribed cerebral depressants such as *Valium*.⁸¹ Anecdotal evidence has confirmed that the consumption of APCs and *Valium* frequently went hand in hand.

Many of them were addicted to *Valium* as well...That is true of a very large proportion of the numbers that I've seen...[I]t's very much a cerebral depressant, whereas they get a kick from the caffeine.⁸²

Further, caffeine has no known role in facilitating the action of minor analgesics. As Professor D.N. Wade stated in evidence before the Senate Select Committee on Drug Trafficking and Drug Abuse:

I know of no convincing pharmacological evidence demonstrating that caffeine potentiates or otherwise contributes to the action of minor analgesics. I therefore see no reason why caffeine should be contained in combined formulations of analgesics, particularly as it is reasonable to assume that the caffeine contributes to the habit of excessive consumption of combined analgesics.⁸³

Caffeine, like other addictive substances, creates a rising tolerance. Therefore it led not simply to regular dosage of APC powders, but to regular *and increasing* dosage; a vicious spiral that for many ended in death. Knowledge of at least the headache side-effect of caffeine dependency was available to the medical community from 1943.⁸⁴

There can be little doubt that caffeine was included deliberately to promote addiction. But, as Peter de Jersey commented, that 'marketing ploy' must be put in historical context.

⁸⁰ See the editorial 'Analgesic Abuse and Kidney Damage', *Canadian Medical Association Journal*, Vol.92, 9 January 1965, p.84.

⁸¹ *Valium* first arrived on the market in America in 1963. It was very rapidly adopted and prescribed heavily in Australia. See M.C. Smith, *Small Comfort: A History of Minor Tranquillizers* (New York, 1985), Chapter 2, especially p.12.

⁸² From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

⁸³ Professor D.N. Wade to the Senate Select Committee on Drug Trafficking and Drug Abuse, cited in Baume, *Drug Problems in Australia* pp.117-118.

⁸⁴ R.H. Dreisbach & C. Pfeiffer, 'Caffeine Withdrawal Headache', *Journal of Laboratory Clinical Medicine*, July 1943, pp.1212-1219, cited in I.K. Fellner & E.P. Tuttle, 'The Clinical Syndrome of Analgesic Abuse', *Archive of Internal Medicine*, Vol.124, September 1969, p.381.

They...[the manufacturers] knew it was addictive and they deliberately put it in to promote addiction...No doubt about that, that's a straight marketing ploy. There's nothing unusual about that and I don't know whether it's even immoral...certainly not illegal...Almost everything you eat is addictive...*Coca-Cola* is a classical example,...originally cocaine and now it's caffeine....

He believed that the time-frame of the product excused the manufacturers:

It was produced in the 1920s when there was virtually no restriction on what could be sold. When you could buy patent medicines that were still containing dangerous things like cyanide and strychnine where you could very easily kill yourself. Lots and lots of things which were 90% alcohol or more, cough mixtures which were nearly 100% proof...and perhaps the sadness is that the APC preparations were still available in the 50s and 60s when things were much more enlightened in the drug area...But I could never bring myself to be too aggressive towards *Bex* and *Vincents* because it was a...historical fact that they had produced this stuff...In fact they may have even thought that they were actually being very mild in putting caffeine in instead of cocaine, in these preparations.⁸⁵

Though in the forefront of those who recognised the significance of the caffeine constituent in APC compounds, and in urging direct government intervention, Grounds was also not inclined to blame the manufacturers.

I have always felt that the inclusion of caffeine in *Bex* and *Vincents* was more benign than a simple habituation ploy. A tired housewife with the ironing to do and a headache will feel better doing the ironing if her tiredness is treated as well as her headache.⁸⁶

In the search for the drug which caused analgesic nephropathy the vital role of caffeine as the addictive agent was lost. It was this addiction which, by inducing prolonged and excessive use, combined with the other elements to cause often fatal kidney damage. The deaths continued to rise throughout the 1960s and 1970s. The result was Australia held the dubious distinction of recording the highest incidence of APC related kidney damage in the world. Institutionally

⁸⁵ From transcript of interview with Dr P. de Jersey, Townsville, 12 July 1991.

⁸⁶ Correspondence, 7 October 1991.

the consequence was a proliferation of research into general community consumption habits.

CHAPTER 2

The Bored Housewife Syndrome

As the medical profession gradually acknowledged APCs as the major factor in the rising incidence of kidney disease in Australia, a separate but interconnected line of investigations attempted to define the extent of the problem in the general community. At first, and usually in conjunction with medical research, researchers concentrated on determining which products were to blame and whether high levels of habitual consumption were widespread across the population. Later studies focussed on identifying specific sections of the Australian population particularly prone to chronic ingestion of APCs. A pattern of findings emerged. The products were the over-the-counter and widely available *Bex* and *Vincent's*. It took longer to draw a profile of APC addicts. Nevertheless, study by study, researchers constructed a stereotype of the typical APC abuser as a working class middle-aged woman, usually engaged in household duties, and bored.

The first research which convincingly showed that *Bex* and *Vincent's* were the major analgesics sold over-the-counter in Australia was not concerned with APCs and renal papillary necrosis at all.¹ Observing a change in the age and sex distribution of gastric ulcer patients in the Townsville area during the 1950s,² Douglas and Johnston found that overuse of aspirin was responsible. They then set out to investigate levels of aspirin consumption in the population of the Townsville Hospital catchment region. Regional distributors of analgesics supplied them with delivery figures to the district for an entire year. Taking one dose of aspirin as one unit - irrespective of weight or other elements in the various brands - the total was 12,815,434 in 1958. Dividing this by the total estimated adult population, Douglas and Johnston showed that the total distributed

¹ The Douglas and Johnston findings on consumption habits was often referred to in later research. See for example J. Purnell & A.F. Burry, 'Analgesic Consumption in a Country Town', *Medical Journal of Australia*, Vol.2, 26 August 1967, p.389; J.N. Lavan *et al.*, 'The Consumption of Analgesics by Australian Hospital Patients', *Medical Journal of Australia*, Vol.2, 8 October 1966, p.694; Burry, de Jersey & Weedon, 'Phenacetin and Renal Papillary Necrosis', p.878.

² Douglas & Johnston, 'Aspirin and Chronic Gastric Ulcer', pp.893-897. See Chapter 1, above.

would provide every adult with 210 units a year. However, they found that chronic gastric ulcer patients took an average of 1,460 units; seven took between 2,500 and 5,000 doses a year.³ *Bex* and *Vincents* accounted for nearly 64% (8,055,808) of all distributed analgesics which contained aspirin; takers of *Bex* and *Vincents* made up 90% of chronic gastric ulcer patients.

The study was important in that it was carried out before any marked increase in deaths from renal papillary necrosis and the associated adverse publicity about APCs.⁴ This had three consequences. Firstly, patients were not unduly reticent about their habit. Secondly, although Douglas and Johnston were personally convinced of the link between aspirin and chronic gastric ulcer, they had no preconceptions about the brands involved. Thirdly, wholesalers were still willing to supply statistics on over-the-counter drugs available from all outlets. Later, manufacturers withdrew co-operation,⁵ and exerted pressure on virtually all links in the chain of distribution and sale to block potential sources of information.⁶

These problems had already emerged by August 1967 when Purnell and Burry published the results of a survey carried out in the central Queensland country town of Biloela.⁷ By this time, Burry's medical research⁸ had revealed a link between the rising incidence of kidney disease and compounds containing phenacetin. The purpose of Purnell and Burry's survey was to determine whether the levels of phenacetin consumption noted in patients with kidney disease were

³ *Ibid.*, p.894.

⁴ It is noteworthy that chronic gastric ulcer was invariably a feature in patients who were later diagnosed with analgesic nephropathy. See Gault *et al*, 'Syndrome Associated with the Abuse of Analgesics', p.906; Fellner & Tuttle, 'The Clinical Syndrome of Analgesic Abuse', pp.379-382; Stewart & Gallery, 'Analgesic Abuse and Kidney Disease', p.500; Transcript of interview with Dr P. de Jersey, 12 July 1991.

⁵ See for example the comments on p.173 of the 1971 *Report from the Senate Select Committee of Drug Trafficking and Drug Abuse*.

⁶ M. Suich, 'The Aspirin Swallowers - 2', *Australian Financial Review*, 3 December 1971, pp.2-3.

⁷ J. Purnell & A.F. Burry, 'Analgesic Consumption in a Country Town', pp.389-391. The name of the town was not stated in the text of the article. It was cited in Baume, *Drug Problems in Australia*, p.110.

⁸ Burry, 'A Profile of Renal Disease in Queensland'. See Chapter 1.

widespread in the general community. They did this by comparing sales figures and data collated from a questionnaire distributed and collected by Purnell to 50% of households in the township. They also analysed the sample in terms of age, sex and occupation.

Purnell and Burry circumvented the manufacturers by obtaining sales figures from twenty-eight retail outlets in the town.⁹ Using a similar method, they arrived at a figure for average annual consumption about twice as high as Douglas and Johnston had reported in Townsville eight years earlier: 402 against 210. Again, *Bex* and *Vincents* were the major analgesics sold over-the-counter in all outlets. In Biloela and its surrounding area the two brands accounted for almost 50% of total analgesic sales and for 87% of sales in retail outlets other than chemists. The authors noted that purchases by non-residents would only marginally affect the rate;¹⁰ indeed their statistical effect would be more than compensated for by residents bringing back purchases from the nearest city: Rockhampton. From the sales figures, Purnell and Burry calculated that residents of Biloela, over the age of fifteen years, ingested an average 1.845 grams of phenacetin a week. They then compared this with consumption information from the householders questionnaire.

As the authors noted, by this time (early 1967) news of the link between APC consumption and kidney disease had filtered through to the town's inhabitants and tended to corrupt the data.

It was clear, from personal discussions when the questionnaires were collected, that many people were aware that regular consumption of analgesics was considered potentially dangerous. For this reason...[householders] tended to under-estimate their rates of consumption.¹¹

⁹ Peter de Jersey commented that when he was working on a research project with Burry and Weedon in the 1960s the manufacturers were 'very chary about the whole thing'. Transcript of interview, Townsville, 12 July 1991. It was not until the 1977 Baume report that any detailed distribution data would be again available, and at that time *Bex* and *Vincents* still accounted for 47.1% of all proprietary oral analgesics sold nationally, and 68.7% of sales in New South Wales and Queensland. Baume, *Drug Problems in Australia*, Appendix 4, Table C, p.204.

¹⁰ Purnell and Burry, 'Analgesic Consumption in a Country Town', p.391.

¹¹ *Ibid.*, p.390.

To further verify the understatement of consumption by some householders and the refusal to complete the questionnaire by others, Purnell questioned the neighbours instead.

A number of people well known to their neighbours as analgesic addicts declined to fill in their questionnaires, or grossly underestimated their rate of consumption.¹²

According to the household survey, average use of phenacetin by people over the age of fifteen years was only 865 mg a week, yet sales figures for the town amounted to 1.845 grams: over 200% greater. Purnell & Burry erred on the side of caution and compared the more conservative figure of 865 mg with autopsy data from the previous study by Burry, de Jersey and Weedon which had found that kidney damage was incurred by 70% of patients who had cumulatively consumed more than 2kg.¹³ The conclusion Purnell & Burry reached by comparing these two amounts was that a significant proportion of the population of Biloela, 4%, had already suffered kidney damage as 'the habit appears to have become common since the war'.¹⁴

The remainder of the questionnaire data was then collated and analysed according to the occupation of the population sample. This produced the following results:

TABLE 2.1.CONSUMPTION OF PHENACETIN-CONTAINING ANALGESICS ACCORDING TO OCCUPATION

Occupation	Total No. of persons	Weekly Dosage		
		7-20	>20	7 or more
Skilled	294	17	5	7.5%
Unskilled	154	24	8	20.8%
Housewives	411	46	17	15.3%
Students	14	0	0	-
Total	873	87	30	-

Source: J. Purnell & A.F. Burry. 'Analgesic Consumption in a Country Town', *Medical Journal of Australia*, Vol.2, 26 August 1967, Table 3, p.390.

¹² *Ibid.*

¹³ Burry, de Jersey & Weedon, 'Phenacetin and Renal Papillary Necrosis'. See Chapter 1.

¹⁴ Purnell & Burry, 'Analgesic Consumption in a Country Town', p.391.

The sample was then divided by age and sex.¹⁵

TABLE 2.2 CONSUMPTION OF PHENACETIN-CONTAINING ANALGESICS BY AGE AND SEX

Age	Men	Weekly Dosage			Women	Weekly Dosage		
		7-20	>20	>6 %		7-20	>20	>6 %
15-24	88	4	1	5.7	143	7	0	4.9
25-34	116	8	2	8.7	121	14	6	16.5
35-44	100	7	4	11.0	105	14	4	17.6
45-54	86	11	5	18.6	80	12	7	23.8
55-64	40	6	1	17.5	25	4	1	20.0
65-74	17	0	0	-	18	2	1	16.6
75+	7	0	0	-	6	1	0	16.6
	454	36	13	10.8	498	54	19	14.6

Source: J. Purnell & A.F. Burry. 'Analgesic Consumption in a Country Town', *Medical Journal of Australia*, Vol.2, 26 August 1967, Table 2, p.390.

From these tables it was clear to the researchers that the 'consumption of analgesics by housewives and unskilled workers [was] higher than by those in positions of responsibility'.¹⁶ In terms of absolute numbers it was also apparent to them that housewives comprised the majority of high consumers. Purnell and Burry further concluded that a higher proportion of women than men in all age groups over 25 years consumed compound analgesics regularly.¹⁷

Biloela was a small town of 4,100 total population; with 50% of the households and 28 retail outlets being questioned (including all hotels and the local golf club), news of the focus of the enquiry must have travelled fast. The authors make no mention in their report of using other questions to obscure their real objective, and Purnell's unorthodox method of obtaining information from neighbours of unco-operative householders in itself would have ensured further reticence by some respondents. These factors would tend to increase the recognised corruption of the data from prior adverse knowledge about

¹⁵ This provided a Table which does not correlate with the occupation table in terms of absolute numbers. There is no explanation offered for this.

¹⁶ Purnell and Burry, 'Analgesic Consumption in a Country Town', p.391.

¹⁷ *Ibid.*

the topic. There are unexplained internal inconsistencies in the figures extracted from the already corrupt data which further preclude any reliable inference being drawn. The data collected by Purnell & Burry showed only that the people of Biloela probably ingested large amounts of *Bex* and *Vincent's*. The significant discrepancy between sales figures for the town and admitted consumption habits by the sample group, make any other conclusion impossible.

Nevertheless, conclusions were drawn, both by the authors and subsequent readers, contributing to the construction of a profile of the APC addict as a woman, most likely either a housewife or from an unskilled working class background. Despite the doubts which must surround the study's methodology, the profile endured. Its conclusions filtered through the community and the Purnell and Burry article was eventually cited as an authoritative source for the influential Baume Senate Select Committee.¹⁸

In May 1972 M.A. Gillies and A.P. Skyring published the results of an extensive survey of 2,921 Sydney residents, based on interviews begun in 1968. These interviews were conducted in two groups: the earlier in the workplace, the later mainly in the home. They focussed on the pattern of aspirin ingestion in the community in terms of sex, age and social distribution. Their aim was to provide information which would assist medical investigators in establishing a causal relationship between ingestion patterns, analgesic nephropathy and gastric ulcer.¹⁹ The people interviewed can be broadly categorised as: men (1069) and women (795) working outside the home, and women working in the home (1057). The first set of interviews included a question on the number of years the subject had been ingesting aspirin; the second group of subjects were only asked whether they had used the drug for a period of at least one year. Women were over-represented, accounting for 63% of the total, and women working in the home represented the largest single group categorised by occupation, 36%. Interestingly, the respondents were chosen according to the suburb in which they lived, the suburbs being ranked on a scale

¹⁸ Baume, *Drug Problems in Australia*, p.110.

¹⁹ M.A. Gillies & A.P. Skyring, 'The Pattern and Prevalence of Aspirin Ingestion as Determined by Interview of 2,921 Inhabitants of Sydney', *Medical Journal of Australia*, Vol.1, 6 May 1972, pp.974-79, in particular p.974.

from a high of one down to a low of seven. The sample was claimed to represent the social distribution of the Sydney population.²⁰

TABLE 2.3 SOCIAL STATUS OF POPULATION SURVEY BY SEX AND GRADED SUBURB

Sex	1	2	3	4	5	6	7	Total ¹
Men	53	77	244	327	183	60	50	994
Women	66	120	381	484	487	150	112	1,800
Total	119	197	625	811	670	210	162	2,794

¹The table omits 127 persons whose suburb was not stated.

Source: M.A. Gillies & A.P. Skyring, 'The Pattern and Prevalence of Aspirin Ingestion as Determined by Interview of 2,921 Inhabitants of Sydney', *Medical Journal of Australia*, Vol.1, 6 May 1972, from Table 2, p.976.

Defining the term arbitrarily as a person who had taken at least one dose daily over the previous year, Gillies and Skyring identified 343 'aspirin takers' in this sample: 79 men and 264 women.²¹ The interviews further established the preferred brands of aspirin; predictably 66.8% preferred *Bex* and/or *Vincent's* powders.²² Gillies and Skyring then attempted to determine which group, according to sex and the 1-7 social ranking of suburbs, was particularly at risk. The figures showed that the proportion of aspirin takers within each grade was inversely related to suburban social status: as the former rose the latter fell. In every group, the percentage of aspirin takers among women was higher than among men: overall the ratio was 1.86:1.

²⁰ Place of residence was allocated a ranking on a scale of 1-7 delineated by the work of A.A. Congalton. Real estate agents and two control groups ranked all the suburbs of Sydney according to desirability. See A.A. Congalton, *Status and Prestige in Australia*, (Melbourne, 1969).

²¹ Gillies & Skyring, 'The Pattern and Prevalence of Aspirin Ingestion', p.975.

²² It must be remembered that in 1967 *Vincent's* substituted salicylamide for phenacetin in their compounds as a result of the publicity surrounding the federal government decision to remove phenacetin from the pharmaceutical benefits list. The Douglas and Johnston study had found that in Townsville *Bex* was the clear market leader, accounting for over 7 million of the 8 million sales in 1958. The Gillies and Skyring interviews showed that in Sydney *Vincent's* had a commanding lead in 1967.

Gillies and Skyring concluded that 'middle-aged women of low social status',²³ were the group most likely to develop illness from 'the "aspirin-taking" syndrome'.²⁴ This too passed into the construct of the classic APC addict. As a picture of the group proportionately most at risk it may be correct; as a construct of a *Bex* addict it is not. The finding that analgesic abusers were largely 'middle-aged' is correct in 1972. However, one must be wary of taking this to mean that drug taking was a function of middle-age. The interviewers did not ask homeworkers how long they had been using aspirin; they did, however, ask this question of the people in the paid workforce, whose answers indicated an average period of seven years.²⁵ It is therefore reasonable to suppose that the habit was not a function of middle-age but was, in fact, attached to a specific historical period: the 1950s and 1960s.

TABLE 2.4 SOCIAL DISTRIBUTION OF ASPIRIN TAKERS

	Social Grade					Total	Total B ²	%
	1 & 2	3	4	5	6 & 7			
Male								
No.	7	11	28	15	16			
%	5.4	4.5	8.6	8.2	14.5	77	79	7.9
Female								
No.	16	31	68	77	57			
%	8.6	8.1	14.1	15.8	21.7	249	264	14.7
Total								
No.	23	42	96	92	73	326	343	12.3
%	7.3	6.72	11.8	13.7	19.6			

² Includes 2 men and 15 women of unstated social grade.

The finding that analgesic addiction was a function of class was also very questionable. Gillies and Skyring drew the conclusion from their data that analgesic abuse varied inversely with social status. They invited the inference that outside the working class, abuse was unimportant; this inference was very widely drawn, as will be seen. In fact their own data showed that the problem existed on a significant

²³ Gillies & Skyring, 'The Pattern and Prevalence of Aspirin Ingestion', p.978.

²⁴ *Ibid.*

²⁵ *Ibid.*, p.976.

scale in all social classes, and that the largest absolute numbers - 67% of all detected - were in middle ranking suburbs. Thus, while it was possible to claim that women living in depressed circumstances were most likely to develop illness from taking large doses regularly for many years (on their data, just daily doses for one year), it is clear that most addicts lived in the middle-range suburbs. Further, *Bex* and *Vincents* abuse occurred at every social level.

It is particularly important to differentiate between the identification of groups prone to high consumption of compounds by class, and the real distribution of APC addiction. Already an enduring, but skewed construct of the victim as a neurotic, lower class, middle-aged woman was well entrenched in Australian medical literature.²⁶ However, this clinical picture was based on autopsies, the overwhelming majority of which were conducted on patients who died in public wards of hospitals.²⁷ Therefore working class patients were greatly overrepresented as Burry had pointed out in his 1966 report.²⁸ Lack of records for private bed patients precluded ready correction of this unrepresentative data.²⁹ Therefore conclusions suggested by two different line of research, both badly flawed, reinforced each other to create an enduring stereotype.

In 1972 Anne George published the results of a survey conducted the previous year among 639 randomly selected householders from a middle class, beach-side, North Shore suburb of Sydney.³⁰ The ratio of men to women in the sample was almost identical with the ratio of the Sydney population within the age range of 14 - 65 years. The survey was to provide a basis for a drug education program. It proposed:

²⁶ The clinical diagnosis of neurosis in relation to APC addiction is discussed in chapter 1, above. Suffice it to comment here that the caffeine element of APC's promoted neurosis.

²⁷ See Jacobs & Morris, 'Renal Papillary Necrosis and the Abuse of Phenacetin', pp.531-537. Burry, 'A Profile of Renal Disease in Queensland' pp.826-834, and the associated paper Burry, de Jersey & Weedon, 'Phenacetin and Renal Papillary Necrosis', pp.873-879. Burry did note that one of the qualifications of the autopsy study was that it was only carried out on public bed patients.

²⁸ Burry, 'A Profile of Renal Disease in Queensland', p.832. See Chapter 1, above.

²⁹ NH&MRC *Fifty-Eighth Session: Canberra 1964* (Canberra, 1964), p.39.

³⁰ A. George, 'Survey of Drug Use in a Sydney Suburb', *Medical Journal of Australia*, Vol.2, 29 July 1972, pp.233-237. See p.233 for George's description of the suburb.

- (i) to gather information about the knowledge, attitudes and behaviour of residents...in relation to drugs (this will provide descriptive epidemiological data about drug use and abuse...);
- (ii) to establish base-line data which can subsequently be used to evaluate the drug education program which has been undertaken in the area.³¹

It was concerned with all drugs, including analgesics. George found moderate analgesic consumption wide-spread across the community: 66.5% of the men and 80.4% of the women surveyed.³² Twenty-nine men and forty-five women, 11.6% of the sample, were identified as habitual users of analgesics; they consumed between one and ten doses daily. Women in the 40 - 49 years age group took more doses than other habitual users.³³ The report gave no information about either the period of habitual consumption or the brands of analgesics involved.

Although the George survey did not focus solely on analgesics, her work had a number of important findings. It provided further confirmation that among habitual users women outnumbered men by nearly two to one, that those women took about twice as many doses as men did, and that middle-aged women constituted the major user group. George's statistical findings were very much the same as those of earlier studies - the ratio of men to women among abusers, and the percentage of abusers in the population. In the Sydney middle class suburb that George investigated, the percentage of habitual consumers was comparable with that which Gillies and Skyring had calculated for the sample which represented the social distribution of all Sydney.

In 1975 M. Kamien published the results of a qualitative survey about the licit drug consumption habits of what was arguably the most marginalised group of people in Australia, Aboriginal women.³⁴ The survey had been conducted in 1971 at Bourke, New South Wales, where the author had been living and working with the Aboriginal community for some months before beginning the survey. Kamien's focus was to gather information on all drugs in use in the community and,

³¹ *Ibid.*, p.233.

³² George defined moderate use as 'taking only one or two tablets or capsules less than once a month'. *Ibid.*, p.236.

³³ *Ibid.*

³⁴ M. Kamien, 'A Survey of Drug Use in a Part-Aboriginal Community', *Medical Journal of Australia*, Vol.1, 1 March 1975, pp.261-264.

...to test the hypothesis that self-medication with analgesics would be more prevalent in subjects, especially women, who exhibited psychological distress.³⁵

All Aboriginal households were surveyed and, on their own admission, 45% of the women and 26% of the men had taken at least one powder on the day the interviews were conducted. Moreover, each day women took far more powders (one to twenty-four) than men (one or two). None of them acknowledged that they were aware of the dangerous effects of compound analgesics. Men predominantly took them to relieve pain, the women 'because they felt "low"'.³⁶ The women also took APCs to relieve their tension after 'argument[s] or other emotional upset', and they all recognised they were dependent on them:

I take a packet (12 powders) every day. If I see one I can't stop myself. I've got to have one. I'm a real drug addict.³⁷

They mentioned only *Bex* and *Vincent's* powders by brand and type. For these Aboriginal women:

Asking for an analgesic powder was a way of communicating physical or psychological distress and giving it was the beginning of solace over that condition. In many ways analgesic powders occupied a similar role in the lives of the women to that of alcohol in the lives of the men.³⁸

Given the geographical isolation of Bourke and the social and economic marginalisation of Aboriginal Australians it is interesting to note that the ratio of women to men among habitual users was about two to one, the same as that found in earlier studies of urban white communities. However, the qualitative evidence provided what seemed to be a radically different perspective. It suggested that the women took APCs to cope: to get through their day. In surveys of white Australian women stress factors had either been ignored or dismissed as 'nerves'.³⁹ In the late 1960s and early 1970s the marginalisation of Aboriginal Australians, and the methods they used to cope were gaining widespread recognition. But Aborigines were still the 'other':

³⁵ *Ibid.*, p.261.

³⁶ *Ibid.*, p.262.

³⁷ *Ibid.*

³⁸ *Ibid.*, p.263.

³⁹ Gillies and Skyring, 'The Pattern and Prevalence of Aspirin Ingestion', p.975.

different somehow from the normal community. An outsider living for some months among the Aborigines of Bourke, Kamien had recognised 'psychological distress' as widespread, and had conducted a survey specifically related to it. Those surveying white populations whose life styles differed little from their own did not mention any widespread evidence of stress in their published reports.

The George and Kamien studies did little to alter expert, and increasingly popular, perceptions of the typecast APC addict. Both evidenced widespread and heavier consumption by women, and this aspect of their research consolidated the prevailing view. Yet each revealed important shortcomings of the stereotype for essentially the same reasons; their projects did not straddle the community, they were conducted among groups of a specific social class. They also have a common feature which helps to explain their lack of impact: neither was concerned exclusively with analgesic abuse and would presumably have received less scrutiny from those specialising in that area.

By 1976, the stereotype of the middle-aged, working class housewife almost had the status of an established research finding. In that year W. Jarvie and G. McCalден⁴⁰ published a report which surveyed all patients who had received kidney treatment for analgesic nephropathy at the Royal Newcastle Hospital Renal Unit since it opened in 1972: 286 in all. The focus of the study was to examine:

...the social and demographic characteristics, and the pattern of spatial distribution, of the group of analgesic nephropathy patients...⁴¹

Its purpose was to provide information for health and social welfare planning, and 'to serve as a background for urgently needed intensive studies of the phenomenon of analgesic abuse in the population at large'.

The report was particularly influential amongst nephrologists.⁴² The head of the Newcastle Renal Unit was Ranjit Singh Nanra, who formerly worked with Priscilla Kincaid-Smith in the forefront of medical research into the link between compound analgesics and

⁴⁰ W. Jarvie & G. McCalден, *The Incidence of Analgesic Nephropathy in the Hunter Region* (Newcastle, 1976).

⁴¹ *Ibid.*, p.3.

⁴² Both Singh Nanra and Kincaid-Smith held committee appointments with the Australian Kidney Foundation. I am grateful to Peter de Jersey of the Renal Unit at Townsville General Hospital for advising me of this study.

kidney disease. It was their team work in Australia which showed that the problem was a function of the compounds and not just of phenacetin. The findings of the report were also used extensively by the 1977 Senate Select Committee on Social Welfare.⁴³

Jarvie & McCalden attempted to extract information relating to the sex, age, occupation, residence area code and ethnicity of the 286 patients when they were first admitted for treatment. However:

[c]omplete and apparently reliable data could be obtained for only 160 out of the 286 patients. Records were incomplete or suspect in a further 119 instances, and for one reason or another the records of the remaining seven could not be located or made available during the period when the data was being assembled.⁴⁴

Tables were constructed from the remaining data, and where information was unobtainable this was indicated.

TABLE 2.5 AGE AND SEX DISTRIBUTION OF AVAILABLE RECORDS

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
20-29	1	2.7	5	2.1	6	2.2
30-39	2	5.4	39	16.1	41	14.7
40-49	14	37.8	83	34.3	97	34.8
50-59	10	27.0	70	28.9	80	28.7
60-69	9	24.4	42	17.4	51	18.2
70+	1	2.7	3	1.2	4	1.4
Total	37	100.0	242	100.0	279	100.0

Source: W. Jarvie & G. McCalden, *The Incidence of Analgesic Nephropathy in the Hunter Region* (Newcastle, 1976), Table 1, p.7.

From these figures the authors noted that 'analgesic nephropathy first occurs between the ages of 40 and 60 years in almost two-thirds' of the group, and commented on the marked sex ratio:

[I]t can be seen that female patients outnumber male patients by more than 6 to 1. This ratio, although not unexpected, is

⁴³ Baume, *Drug Problems in Australia*, p.116.

⁴⁴ Jarvie & McCalden, *The Incidence of Analgesic Nephropathy in the Hunter Region* p.5.

interesting since there is evidence⁴⁵...that amongst daily users of analgesics ("abusers") in the community women outnumber men by only 2 to 1.⁴⁶

This, they suggested, was because more women may have started taking more analgesics at an earlier age and seeking medical advice sooner. They also posited that, as men consumed more alcohol, this would either mitigate the effects of analgesics (through increased hydration), or conversely 'the effects of alcoholism may be so devastating that conditions related to analgesic abuse may be overlooked.'⁴⁷

In Table 3 of their report (Table 2.6) the authors distributed the patients according to occupational status and concluded that most victims were housewives.

TABLE 2.6 OCCUPATIONAL STATUS¹

	Men		Women		Total	
	No.	%	No.	%	No.	%
Working	24	61.5	25	11.6	49	19.3
Domestic Duties/Retired	15	38.5	190	88.4	205	80.7
Total	39	100.0	215	100.0	254	100.0

¹Of the 279 patients, occupational status could not be determined for 25 women.

Source: W. Jarvie & G. McCalden. *The Incidence of Analgesic Nephropathy in the Hunter Region* (Newcastle, 1976), Table 3, p.9.

Jarvie and McCluden noted that at the 1971 census 26% of women over thirty years in the Newcastle region worked outside the home, therefore it would appear that women working in the home were disproportionately represented among patients at 88.4%. This, they considered:

...appears to support the hypothesis that among females analgesic abuse is part of the "bored housewife" syndrome.⁴⁸

⁴⁵ The authors are referring to the Gillies and Skyring report discussed earlier.

⁴⁶ Jarvie & McCalden, *The Incidence of Analgesic Nephropathy in the Hunter Region* p.7.

⁴⁷ *Ibid.*, p.8.

⁴⁸ *Ibid.*

Jarvie and McCluden then constructed a table of the socio-economic status of the patient group by an analysis of occupations (Table 2.7). Its results were reinforced through a comparison with the 1971 census labour force distribution for the Newcastle region, which demonstrated that the distribution of patients was skewed towards the lower end of the economic scale; but only among those whose occupations could be determined. This qualification is a serious one; fully 124 (43.3%) patients were excluded because of incomplete data.

TABLE 2.7 SOCIO-ECONOMIC STATUS¹

	Men		Women		Total	
	No.	%	No.	%	No.	%
1. Professional /Technical	3	9.1	9	7.0	12	7.4
2. Clerical Etc.	6	18.2	22	17.0	28	17.3
3. Tradesmen	6	18.2	25	19.4	31	19.1
4. Unskilled	18	54.5	73	56.6	91	56.2
Total	33	100.0	129	100.0	162	100.0

¹Socio-economic status could not be determined for 6 men and 111 women.

Source: W. Jarvie & G. McCalden, *The Incidence of Analgesic Nephropathy in the Hunter Region* (Newcastle, 1976), Table 6, p.11.

Determining the place of birth of the patient group met with similar problems through incomplete records. The country of birth of 70 patients (63 women and seven men) was unknown; 92.3% of the remainder were Australian born. They then compared the ethnic distribution of those patients resident in the Newcastle area, whose country of birth they could determine (184), with census data for the region's over thirty population. Similarly, 92.4% of the patient group were Australian born, compared with 83.6% of the population for the Newcastle area; but again 64 patients were excluded from the table because of incomplete data. From this information Jarvie and McCalden noted that:

...it would appear that analgesic nephropathy is a peculiarly Australian ailment, although it is possible that other factors, such

as reluctance to seek medical advice, may account for some of the differences.⁴⁹

The next stage of the research sought to determine whether the socio-economic distribution of their patient sample matched that of all over thirty-year olds in the Newcastle region. Using only those patients normally resident in Newcastle (248), Jarvie and McCalden first demonstrated that their distribution by suburb of origin was not random. Then they ranked each suburb in terms of per capita income, proportions of professional, technical and blue-collar workers and education levels.⁵⁰ Next they tested whether, based on their addresses on admission to the hospital, the patients came from the expected low ranking suburbs. They did not. This Jarvie and McCalden dismissed as inconclusive,⁵¹ with the claim that further research was necessary:

No significant relationships were established as a result of this analysis, which must be regarded as inconclusive...in many cases the subdivisions are based on a combination of micro-communities with widely differing social and demographic characteristics...For example, a set of N.S.W. Housing Commission flats in one high status suburb contained all but one of the patients from that suburb, while other Housing Commission flats in the same area recorded no cases at all.⁵²

The Jarvie and McCalden study had fundamental selection and information bias, some of which they noted; yet from the outset the authors claimed objectivity because the data spoke for itself.

The study has yielded objective data which demonstrates higher incidence rates among females, middle-aged persons, and lower socio-economic status groups.⁵³

The principal bias of the Jarvie and McCalden report was that this was a selected patient group. Surveys from a public hospital inevitably

⁴⁹ *Ibid.*, pp.10-11. It may seem extraordinary to treat it as 'peculiarly Australian' given the overseas data widely reproduced in the Australian medical literature, but this neglect of non-Australian material is characteristic of non-medical research on the subject. Valid comparisons between these Australian and non-Australian patients in the sample would be possible only if the two groups were substantially the same in sex, age and occupation, which could not be assumed.

⁵⁰ *Ibid.*, pp.19-20.

⁵¹ *Ibid.*, p.20.

⁵² *Ibid.*, p.20.

⁵³ *Ibid.*, p.3.

suggested lower economic status; the well-off would be more likely to obtain help before a problem became irreversible, and to seek treatment elsewhere if the problem became life threatening.⁵⁴ Given the close proximity of Newcastle to Sydney, it is plausible that better-off patients would tend to go there when working-class ones could not.

A further bias is in their selection of information from available patient records. By using only social and demographic characteristics Jarvie and McCalden omit a vital factor: the period over which the patient group had been consuming APCs. As a result the implication drawn from the age and sex distribution table (Table 2.5) was that analgesic nephropathy was more a function of being middle-aged *per se* (particularly a middle-aged woman), rather than the long-term effect of a habit acquired earlier. In not considering the lead time of analgesic nephropathy the researchers were ignoring a considerable body of evidence that strongly suggested that long-term abuse was the cause of the related kidney disease.

A particularly telling illustration of the shortcomings of the Jarvie and McCalden paper is exemplified in their table of occupational status (Table 2.6). Because the authors categorised domestic duties and retired as one and the same, and despite noting that the early stages of analgesic nephropathy 'would make it difficult for analgesic abusers to work effectively',⁵⁵ the over-representation of women in that category was evidenced by Jarvie and McCalden to further indicate the prevalence of the disease in housewives. Using their classification method a woman who had gone straight from school into paid employment and worked continuously for 20 years, had begun taking APCs soon after joining the work-force, then only retired from paid work on account of serious kidney trouble and been diagnosed with analgesic nephropathy shortly after, would appear in the 'domestic duties/retired' column of the occupational table to reinforce the stereotype of the "bored housewife" syndrome'.

There is also disturbing information bias as a result of incomplete, and in seven instances completely missing, patient records. Jarvie and McCalden expressed dissatisfaction with the inadequacy of

⁵⁴ I am grateful to Tony Morton, Statistician, Brisbane for his appraisal and critique of my analysis, of the Jarvie & McCalden report. T. Morton, correspondence, 26 August 1992.

⁵⁵ Jarvie & McCalden, *The Incidence of Analgesic Nephropathy in the Hunter Region* p.9.

these, their primary data source.⁵⁶ The NH&MRC had made similar comments in 1964, with one important addition. It was public patient records that were the most extensive: an important indicator which Jarvie and McCalden did not mention. Thus to use data which related to only 56.7% of the patient group, and then to claim, as they did in their conclusion, that the table (Table 2.7) analysed 'the characteristics of 286 patients' and state that: "The lower socio-economic groups in Newcastle have much higher incidence of analgesic nephropathy than the top socio-economic group..."⁵⁷ was to make a value-laden judgement based on non-representative data. It is difficult to imagine their making the claim had it not been exactly what they had expected from earlier reports. This inference is further reinforced by their attempts to confirm their findings through correlated spatial distribution; when these did not conform to their previous findings they were set aside as inconclusive. Most disturbingly, it is only their conclusions which bolstered institutional preconceptions which were later cited as authoritative.⁵⁸ The results from statistical tests which consistently showed that analgesic nephropathy was not a function of class were ignored.

While Australia led the world in compound analgesic consumption and consequent per capita analgesic nephropathy, it did not have a monopoly of analgesic related research. Clinical researchers were well aware of the international literature; indeed some of the earliest in the field had been alerted to the possibility of problems in Australia by having read it.⁵⁹

Basically, international reports of community surveys agreed that twice as many women as men used APCs at far higher dosage levels, and that addiction became prevalent after the Second World War. These findings were in accord with Australian investigations. On other matters the findings of non-Australian reports were continually at variance with the domestic stereotype. While the condition tended, in all countries, to be first diagnosed in middle-age, the notion it was because women were middle-aged that they were the major users was

⁵⁶ *Ibid.*, p.5.

⁵⁷ *Ibid.*, p.21.

⁵⁸ Baume, *Drug Problems in Australia*, p.116.

⁵⁹ Paul Ross was the first to propose that Australia could have a large incidence of analgesic nephropathy by comparing consumption rates per capita with morbidity data from Switzerland. Above, pp.11-12.

not a focus of the international literature. The idea that APC abuse was a class-based habit was also discounted. The Australian construct of the addict as a middle-aged, working class housewife does not appear to have existed outside the country. This fallacious conclusion might have been avoided if researchers in the field had considered international research.⁶⁰

TABLE 2.8 APPARENT INTERNATIONAL INCIDENCE OF ANALGESIC NEPHROPATHY

High	Intermediate	Low
Australia	United Kingdom	Mediterranean
Sweden	Germany	Spain
Switzerland	Holland	Middle East
	Denmark	India
	Finland	Japan
	France	South Africa
	East Europe	U.S.A.
	Canada	South America
	New Zealand	

Source: L.F. Prescott, 'Analgesic Nephropathy - The International Experience', *Australian and New Zealand Journal of Medicine*, Supplement 1, Vol.6, April 1976, Table 1, p.45.

Early reports from Switzerland focussed specifically on workers in the watch industry, and so had limited application in terms of age or class. They did, however, highlight the gender differences which were to feature consistently in subsequent research. Later, more comprehensive, Swiss studies suggested that professional women were the major consumers.⁶¹ In Finland, a clinical survey stated that:

The consumption of analgesics was found to be similar among rural and urban patients, among working and non-working women

⁶⁰ The only reference by Australian researchers engaged in community investigations to specific social groups in international surveys located by this writer was in Lavan, Benson, Gatenby & Posen, 'The Consumption of Analgesics by Australian Hospital Patients', pp.694-695. However the authors specifically did not investigate the areas they had reported from overseas.

⁶¹ P. Cooper, 'Focus on Phenacetin', *Australasian Journal of Pharmacy*, Vol.49, No.553, 31 January 1966, p.20.

and among members of different socio-economic classes.⁶² An English survey noted a significant change in purchasing habits over time. In 1960 and 1964 people between the ages of 30 and 64 years from 'lower socio-economic groups' were the major purchasers; yet by 1967 it was 'the higher income groups and the younger age groups who were dominant in the market'.⁶³

Independently of international evidence, Australian statistics on the sale of analgesics make it difficult to believe that excessive consumption was confined to any one class. As early as 1958 Douglas and Johnston showed that analgesics were being consumed in Townsville at the rate of 210 doses per year. Purnell and Burry arrived at the higher figure of 402 for Biloela eight years later. In 1964, when Australia had an estimated total population of only 11 million people,⁶⁴ Nicholas, the manufacturers of 'Aspro', noted in an advertisement that approximately 900 million doses of analgesics had been taken in a year.⁶⁵ Suich stated that, in 1971, sales to outlets other than chemist shops were worth \$12m to manufacturers,⁶⁶ representing approximately 65% of the total analgesic market and conservatively 90% of powders sold:⁶⁷ equivalent to at least 768 million APC

⁶² Lavan, Benson, Gatenby & Posen, 'The Consumption of Analgesics by Australian Hospital Patients', pp.694-695; see also Cooper, 'Focus on Phenacetin', pp.20-21.

⁶³ 'Business: Analgesics in the Home', *Pharmaceutical Journal*, Vol.200, 8 June 1968, p.693.

⁶⁴ *Queensland Year Book No.26* (Brisbane, 1965), p.37.

⁶⁵ Nicholas noted 't]his staggering total of doses of tablets and powders was arrived at by a survey of the pharmaceutical industry and general retail store outlets'. 'What advice should a mother give to her daughter about pain? (and pain relievers)', *Australian Women's Weekly*, 21 October 1964, p.10. From other sources of evidence it would appear that they understated this figure by a large margin.

⁶⁶ M. Suich, 'The Aspirin Swallowers - 1: No longer as simple as APC', *The Australian Financial Review*, 2 December 1971, p.2.

⁶⁷ Market research provided by Reckitts Pharmaceutical Division to the Baume committee indicates that in 1973 food stores and other outlets retailed over 67% of the market share of all analgesics sold. *Bex* and *Vincent's* still commanded 47.1% of the total analgesic market, and powders accounted for 94.9% of analgesics sold outside chemists. See Baume, *Drug Problems In Australia*, Appendix 4, Tables A & C, pp.203-204.

powders.⁶⁸ Even analgesic industry representatives tendered evidence to a Senate Select Committee in 1970 'that the usage of mild analgesics in Australia is 0.63...[units] per person per day'; from which the committee calculated 'the staggering figure of 2,904.3 million' units in one year.⁶⁹ None of these calculations can be accepted as measuring precisely the actual consumption of APCs in Australia. They do, however, combine to indicate a level of consumption quite incompatible with the hypothesis that APC abuse was largely confined to middle-aged working class housewives: doses sold suggest that a wide cross-section of society was involved in heavy APC consumption.

There are, however, some conclusions that may validly be drawn from reports, both national and international. Women were more likely to take APCs than men, and their very high morbidity rate suggests that they also used them in much greater quantities. Analgesic addiction was not limited to any specific social class but straddled the entire community. Nor was the problem a function of age. By the late 1960s and early 1970s middle-aged women were the major sufferers from analgesic nephropathy simply because habitual consumption of *Bex* and *Vincents* over a decade or more was necessary before the illness was detectable. The massive growth in phenacetin imports beginning in the mid-1950s further supports there was a significant escalation in both addicts and consumption levels which resulted in increasing deaths from kidney failure about ten years later. Having a cup of tea, a *Bex* and a good lie down was not confined to middle-aged working-class bored housewives; it was predominantly an issue of women in the post-war boom when 'Australia became a modern society, and everyone got a house and car'.⁷⁰

⁶⁸ In 1971 sales mark-up for retail outlets other than chemists was, on average, 33 1/3%. *Bex* and *Vincents* retailed at around \$0.25c for twelve.

⁶⁹ *Report from the Senate Select Committee on Drug Trafficking and Drug Abuse*, p.37.

⁷⁰ S. Lees & J. Senyard, *The 1950s...how Australia became a modern society, and everyone got a house and car* (Melbourne, 1987).

CHAPTER 3

'Her Stand-By for Keeping Going': why women turned to chemical props in the boom decades.

The 1950s and early 1960s were decades of change, confusion and tension for many women in Australia. Pushed back into domesticity in the wake of the war, by the middle 1950s they found themselves locked into a pattern of consumerism and ever-rising domestic expectations. Surrounded by new machines which, they were told, removed the burden of housework, they had time to be perfect wives and mothers. However, the new technology had to be paid for; many found themselves seeking domestic perfection after a day's work in the office or factory. As minds and bodies reeled under a pressure which the 'Lucky Country' could not acknowledge, large numbers of women reached out for a readily available, socially acceptable and very cheap chemical prop. As one of them remembered: 'things did not go better with Coke, they went better with Vincents and Coke.'¹

During the Second World War, women took over many jobs previously available only to men and, in some industries, even managed to negotiate wages equal to 90% of male rates.² When the war ended they were expected to return to the home and resume their natural, not to say patriotic, role of repopulating Australia. For those who showed reluctance, governments were not above coercion. Successive Federal and State legislatures re-introduced discriminatory pre-war wage rates and quickly reinstated regulations that automatically made women teachers and civil servants redundant on marriage.³ The contribution of the print media, on the other hand, took the form of moral persuasion:

¹ I.H. Interview, Townsville, 30 July 1991. She was referring to the caffeine-based drink *Coca-Cola* and the advertising jingle that is currently used to promote its sales.

² J. Curlewis, 'Women working in Heavy industry in World War II', in Women and Labour Publications Collective (eds), *All Her Labours Volume One: Working It Out*, (Sydney, 1984), pp.97-108.

³ There was a desperate shortage of teachers for example, but women were still forced to retire from the job on marriage. For a full analysis of the effect of the marriage bar on women's access to employment in the public service see N. MacKenzie. *Women in Australia*, (Melbourne, 1962), from p.223.

His riches are being restored to him...children's laughter and the sight of a small, sleepy head upon a pillow...an arm chair by the fire and clean sheets...tea in the kitchen and a woman's tenderness no longer edged by unspoken fears. To the contemplation of such simple joys, men and women alike have turned in the hour of release.⁴

Magazines which during the war had lavished column inches on Princess Elizabeth as motor mechanic, now portrayed female role models, be they judge, politician or queen, as ideal wives, mothers and homemakers.⁵

Most young women needed little persuasion. Many had found war work exhausting and left it with relief: "getting a house together" was a pleasant contrast for them, at least for a time. For the vast majority of women, before the Second World War work had filled the interval between school and marriage. For married women leaving war work was a return to normal - at first. In the years following the war numbers of marriages rose and age at the time of first marriage fell.

TABLE 3.1 PERCENTAGES NEVER MARRIED ALL STATES, BY AGE,
1933-1961

Year	Men			Women		
	20-24	25-29	45-49	20-24	25-29	45-49
1933	87.6	56.7	14.5	68.9	37.5	13.7
1947	75.8	37.3	13.9	50.2	20.2	12.4
1954	74.0	36.2	11.7	39.7	14.0	10.2
1961	71.8	31.6	8.0	38.0	11.4	7.1

Source: Extracted from Table 57 in P.F. McDonald, *Marriage in Australia: Age at first Marriage and Proportions Marrying, 1860-1971*, (Canberra, 1974), p.207.

⁴ *Australian Women's Weekly*, 25 August 1945, p.18.

⁵ The appointment of the first woman judge in England was heralded with the headline 'Wife, Mother, and Judge', *Australian Women's Weekly*, 16 January 1957, p.15; Dame Enid Lyons had a problem column called 'You Asked Me' in *Woman's Day and Home*; finally Queen Elizabeth II, probably the subject of more copy in women's magazines than any other person, was continually promoted as the perfect wife and mother for young women to emulate. See for instance 'A Queenly Example', *Australian Women's Weekly*, 17 February 1954, p.24.

Allowing for the very slight rise in the numbers of women never marrying as a result of the depression, 2% for those between 25 - 29 years during 1921 to 1933, it remains clear that marriage was a desirable option in this era. By 1961 fully 89% of women under thirty were, or had been, married. Further, women were producing more children and at a younger age. From 1947-54, the "baby boom" was largely brought about by a "marriage boom". Between 1954-61 fertility rates within the marriages of those under thirty years rose 15% over the already significantly increased 1947 rates. This represented 3.6 children per woman: a level not recorded since the early years of the twentieth century.⁶ Average family size did not fall noticeably until the contraceptive pill became widely available in the 1960s.⁷

The exodus from the paid workforce was not a 'return to home and duty' for all the young women involved. Girls who left school during the war had never experienced the isolation of being a housewife in the nuclear home. Women who had, in many cases, been engaged in exciting or at least companionable, work during the war years did not always find domesticity as interesting as they had been led to believe. Further, the mobility of the period meant that many of them were cut off from their extended families and childhood friends. Increasing numbers turned to women's magazines both for companionship and for the personal and domestic advice they so badly needed.⁸ Journals such as the *Australian Women's Weekly* were extremely influential, with impressive circulation.⁹ During the decade which followed the cessation of hostilities, its stance was overtly political. While always maintaining the position that 'it is still in marriage that a woman finds the richest fulfilment of her destiny',¹⁰ it urged women to exercise their political clout on issues which concerned them. Equal pay, discrimination in job choice and status, the perennial

⁶ I.H. Burnley, *Population, Society and Environment in Australia*, (Melbourne, 1982), p.51.

⁷ *Ibid.*, p.52.

⁸ K.M. Interview, Townsville, 17 August 1991.

⁹ Women who lived through the period have continually noted how influential such publication were in their lives, particularly the *Weekly*. It certainly enjoyed a very large readership. As early as May 1953 it had a circulation of 840,000. See the edition of 10 June 1953, p.2.

¹⁰ *Australian Women's Weekly*, 1 June 1946, p.18.

shortages of food and housing, inflation and the illegitimacy laws were all regular topics. However, from late 1954 its focus shifted.

The shift echoed a move in the economy as a whole. The post Second World War reconstruction plans of the Chifley government had included the aim of achieving and retaining full employment, together with a continuation of rationing to control inflation. Massive government-funded projects provided the infrastructure for increased industrial development and brought electrification to the majority of homes in Australia. When Menzies gained power in 1949 the rhetoric of post-war reconstruction changed to building the economy by satisfying the pent-up demand for consumer goods. Extensive suburban developments slowly started to satisfy the backlog of housing requirements, and American capital investment in the motor vehicle and appliance industries increased the supply of consumer goods. Nevertheless, the continued shortfall in availability of domestic goods and housing materials exacerbated the demand for a further five years; it was not until about 1954 that perennial shortages of some food, housing and household goods started to ease. Editorial rhetoric in the *Weekly* was swift to note the rising domestic affluence with the hope it would continue into 1955 and longer.¹¹

It is within the context of rising community affluence from the mid-1950s, and the associated modernisation of the Australian home, that the socially acceptable roles of wife, mother and housekeeper underwent a subtle change. The production demands from these roles increased and became more complex, as did the responsibilities. Promoted by consumerism, they were firmly based in expectations of public and private roles founded on gender difference. Domestic products themselves were advertised as fulfilling women's sexual identity.¹² It was the shifting, additional and complicated nexus of impositions on women which originated during the mid-1950s that resulted in them having recourse to millions of doses of *Bex* and *Vincent*s each year.

¹¹ 'This Happy New Year', *Australian Women's Weekly*, 5 January 1955, p.2.

¹² A. Game & R. Pringle, 'Sexuality and the Suburban Dream', *Australian and New Zealand Journal of Sociology*, Vol.15, No.2, July 1979, pp.4-15. See pp.10-11. Game and Pringle are accurate in their analysis of consumerism grounded in gender difference. However there was a time lag of about ten years between the promotion of new domestic technology and its availability in Australia.



**"She'll find out, as I did, that
her Washing Machine is
HER MOST PRIZED POSSESSION"**



"If I'd had a Washing Machine when I was a young wife, things would have been different. The memory of that horrible, steamy laundry isn't a pleasant one. The countless hours I spend slaving over that copper, lifting out heavy wet washes . . . But since I've had a Washing Machine I know it's silly for a young girl, or anyone for that matter, to do unnecessary, and sometimes harmful, backbreaking drudgery.

What had to be good enough for us is certainly not good enough for our daughters. To-morrow's bride or to-morrow's grandmother — you owe it to yourself to find out just what's happened to Mondays!" Get the full story on just how easy it is to own a modern Washing Machine. See your local Electrical Retailer to-day. Ask for a home demonstration if it's more convenient. He will be glad to oblige.



MORE TIME FOR LEISURE

Only a washing machine can do it as quickly as well. You'll have most of Monday with your new Washing Machine.



NO MORE DRUDGERY

Your washer does the heavy work—washes cleaner than ever—doesn't wear out your clothes, or yourself.



MORE ENERGY FOR OUTINGS

You won't have to be washing when you own a Washing Machine. You put in the clothes—your washer puts in the work—leaves you feeling on top of the world, ready for anything!



MORE CLEAN CLOTHES

It's no effort to toss in the few slightly soiled clothes that get in pre-washer days could have been another washing.

**EWD
WM**

EVERY WOMAN DESERVES A WASHING MACHINE



Member of THE HOME LAUNDRY MANUFACTURERS' ASSOCIATION OF AUSTRALIA a Division of the Chamber of Manufacture of NSW

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The Australian Women's Weekly — April 17, 1955

The underlying justification for the expansion of women's domestic role during the 1950s was the notion that new domestic technology gave women time. This was the crucial selling point.¹³ In turn, the time could be productively utilised by women devoting themselves to other tasks, notably childrearing and the demands of their husbands. The new appliances had been eagerly anticipated. Years of economic depression followed by war and a decade of shortages, together with information about consumer goods from American films and contact with American service people had created an enormous backlog of demand. The *Weekly* had promoted them as early as 1945 when it published a 'brighter future' feature on American domestic wonders that easily performed every household task and would 'be available to the public shortly'.¹⁴ In 1951 an expatriate comfortably advised that her life was far easier in America because she had 'all the modern conveniences'.¹⁵ As late as 1954 a self-styled middle-income earner complained that 'the wonderful domestic appliances now commonplace in America'¹⁶ were still not available to Australian women. She sent a message to the manufacturers to increase production.

When the appliances came on to the Australian market the claims of benefits in saved time for women were continuous. The *Pope* wringmaster enabled women to 'wring the heaviest wash and still have leisure to burn'.¹⁷ The *Hoover* electric washing machine made 'light of heavy work! Adds leisure to your day...' and would 'clean up the family wash in a third of the time'. All this was available for £53/5/- 'or easy terms of a few shillings a week'.¹⁸ The *Hoover Lark* vacuum cleaner, 'the world's best cleaning for only 30gns!' would clean your carpets

¹³ J. Winship contends that in the United Kingdom women's magazines remained women centred but concerned virtually exclusively with domestic matters. Further, that the coronation of Queen Elizabeth II in 1953 marked the beginning of a new era; she was the symbol of the perfect wife and mother. J. Winship. *Inside Women's Magazines*, (London, 1987), pp.33-35. Although that symbolism was very evident in Australia, nevertheless materialism, expressed in terms of time-saving domestic technology, was the essential force.

¹⁴ *Australian Women's Weekly*, 4 August 1945, p.10.

¹⁵ 'Worth Reporting: U.S. Housewives better off than ours', *Ibid.*, 3 February 1951.

¹⁶ 'Letters from our readers', *Ibid.*, 21 April 1954, p.2.

¹⁷ *Ibid.*, 5 March 1952, p.60.

¹⁸ *Ibid.*, 26 March 1952, p.14 and 30 July 1952, p.2.

How the Modern Kitchen
gives today's housewives

MORE LEISURE AND MORE MONEY TO ENJOY IT

Latest, easy-to-own mechanical aids
cut work to a minimum... save £££'s too!

How many housewives, these days, would willingly give up whatever labour-saving appliances they already own. Yet how many hesitate to secure the *rest* of this kind of help, in the mistaken belief that the cost is too high.

Take the electric food mixer, for instance. Surprising though it may seem, this wonderful appliance actually takes less time to do, and while doing so, it cuts in half the time needed for most food mixing and eliminates altogether the tiring armwork which makes mixing by hand so exhausting.



But how, you ask, can such an amazing appliance pay for itself? The answer is that a good deal of research recently carried out in a test kitchen shows, beyond doubt, that cakes, sponges, pastries, cookies, etc., made at home with a Sunbeam Mixmaster, help cut less than half the price of similar food bought in the shops.



A plain sponge, for example, which costs 1s. 6d. at the shop, can be made at home with Sunbeam Mixmaster's help for only 7½d. Other examples of similar savings are shown at the table set out at the foot of this page.

The same research showed, also, that the amount of time saved by using a Sunbeam Mixmaster was just as surprising. It was demonstrated that making by hand took more than twice as long as mixing with Mixmaster.

Such figures prove what Mixmaster owners have already discovered: that a Sunbeam Mixmaster saves hours and hours of work, each week and quickly pays for itself by reducing the cost of many items on the daily family menu.

As a typical example let us take the cost of supplying cakes, etc., for an average family of four. In one week, such a family usually buys the equivalent of:

	COST
4 doz shortbread	5s.
3 doz small cakes	5s.
1 tea cake	SHOP
1 sponge	PRICES
1 butter cake	6s. 7½d.

Home-made with Mixmaster, the cost of these foods is reduced as follows:

	COST
4 doz shortbread	10s.
3 doz small cakes	10s.
1 tea cake	MADE
1 sponge	10s.
1 butter cake	10s.

Simple arithmetic shows that, by preparing such foods at home with Mixmaster's help, the housewife saves 14½ a week.

In 52 weeks (one year) this means a saving of £37.18½, which, of course, is much more than a Mixmaster costs.

Or look at another way. Sunbeam dealers everywhere offer the Mixmaster on easy purchase terms involving weekly payments as low as 6s. Again you can see that the savings are many times that paid this small weekly sum.

Consider, then, that the savings referred to above are only part of those which Mixmaster helps the housewife to make. Ice cream, mayonnaise, pies, biscuits, soufflés, meringues, and a host of other delicious foods are all made at home at a fraction of their cost in the shop. Then, too, a Mixmaster saves work not only in cake making but in the preparation of meats in all kinds. Mixmaster mixes, beats, matches,



Surprising figures on this page show how the modern housewife can afford the time and money for more amusement, visiting, entertainments, shopping trips, etc.

Sunbeam MIXMASTER cuts food costs — soon pays for itself!



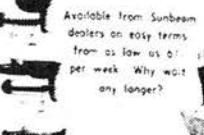
In addition to the advantages already mentioned, food prepared with Mixmaster is invariably more delicious than that made by hand. The Mixmaster's "mix-and-draft" enables the housewife to use exactly the correct proportion of ingredients and speed for every food-making task. This ends cooking failures. And makes results perfect every time.

Naturally, every woman wants to use her Sunbeam Mixmaster. The point is that more need not be longer to do so. It is obvious from the facts given on this page that the Sunbeam Mixmaster very quickly pays for itself and then goes on making big savings week after week through a lifetime of trouble-free service.

* All prices shown here were quoted in a recent issue in Sydney.



Available from Sunbeam dealers on easy terms
from as low as 6s.
per week. Why wait
any longer?



In GREEN, YELLOW, BLUE or CORAL —
as well as gleaming BLACK and WHITE.

The Australian Woman's Weekly, 2s. 6d.

with a 'triple-action,...it beats - as it sweeps - as it cleans!'¹⁹ *Malleys* automatic 'dream washing machine [which] takes 10-seconds work to do a week's wash', was expensive at £171/5/-,²⁰ but the savings in time were worth the extra cost. The *Kelvinator* home freezer was 'a new miracle of modern living' that made 'life easier' and provided 'more time for leisure in this new way of living'.²¹ Owning a *Sunbeam Mixmaster* gave 'the modern housewife more leisure and more money to enjoy it'.²² 'Will housework vanish from the home of the future?' queried a Centenary of Electricity promotion.²³ While for £99/17/6, *Frigidaire* wondered 'who needs mummy with a cooker like this?'.²⁴

The idea that appliances could 'give' women time was followed up in later advertisements and articles which promoted domestic efficiency. 'Bring an office touch into the kitchen with our new recipe feature designed for orderly filing'²⁵ was one offer. 'Food from the Freezer', advised the food and cookery expert Leila Howard, 'results in easier meal planning, better eating, and cheaper living' with 'careful efficient planning' and organisation.²⁶ Queen 'Elizabeth turns housewife while she waits' for the birth of her third baby, using the time to choose spin dryers to install in every palace nursery.²⁷ 'When installing new appliances, get expert advice on the best type and decide yourself what you want it to do', women were told, somewhat contradictorily, in one home efficiency article.²⁸ On 12 June 1963 the *Weekly* published a ready reference of '400 Good Hints', on how to be an efficient housewife.

Despite this emphasis on saving time through efficient use of technology, in reality housekeeping became more time-consuming than

¹⁹ *New Idea*, 8 May 1963, p.55.

²⁰ *Australian Women's Weekly*, 9 February 1955, p.52. £171/5/- represented about twelve weeks' gross wages for an average male worker in 1954.

²¹ *Ibid.*, 16 November 1953, p.64.

²² *Ibid.*, 20 February 1957, p.22.

²³ *Ibid.*, 19 October 1960, p.35.

²⁴ *Ibid.*, p.44.

²⁵ *Ibid.*, 4 September 1957, p.2.

²⁶ *Ibid.*, 14 August 1957, p.65.

²⁷ *Ibid.*, 27 January 1960, p.4.

²⁸ 'Home Habits That Save', *Ibid.*, 21 February 1962, pp.28-29.

ever. A Sydney study conducted in the 1950s found that women spent 63.6 hours a week on 'home duties'.²⁹ In an American study³⁰ the average number of hours spent on housework increased from 51 hours each week in 1926 to 56 hours in 1965. What had happened was that improved technology had changed expectations about the quality of housework. With the advent of the washing machine, clothes were changed daily and even lightly soiled items appeared in the linen basket. Women no longer laundered once a week; it was an almost daily chore. Standards of house cleaning rose as women attempted to replicate the shining floors and benches of the appliance advertisements. Food preparation, in particular, became incredibly time consuming. Filling a freezer required hours of preparation and packing; cooking itself became an art.³¹ Women were exhorted to abandon the traditional meat and two vegetables and spend hours preparing varied and complicated meals. Magazines suggested such quick and easy delights as 'lobster vol au vent' for lunch,³² and 'orange cream souffle in ginger snap case', a simple dish to whip up 'so that you can have time to enjoy the family's leisure hours' at the weekend.³³ Thus, while housework became physically lighter, expectations of the quality of the product rose leaving women with less leisure than ever.

Moreover, every advance in domestic technology further isolated women in the home. The people who benefited most from this modernisation were the other members of the household; all the work could be performed by one person. It is a feature of the 1950s and 1960s that children, in particular, were relieved of their share of the domestic chores. Washing up was often their only job. Tradesmen no longer visited the home. Refrigerators and freezers made ice-deliveries obsolete and shopping less frequent. Bread, fruit and meat deliveries, suspended during the war through fuel and food rationing, never

²⁹ MacKenzie, *Women in Australia* Chapter 5, particularly p.90.

³⁰ J. Vanek. 'Time Spent in Housework', *Scientific American*, Vol.231, No.5, November 1974, pp.116-120.

³¹ 'Art in the Kitchen', *Australian Women's Weekly*, 6 June 1956, p.2.

³² A. Maxwell, 'Saturday Luncheons', *Woman's Day and Home*, 23 June 1952, p.40.

³³ 'Week-end Specials: Cook's Holiday', *Australian Women's Weekly*, 5 January 1955, p.34.

returned.³⁴ Women whose mothers had employed staff to perform the more arduous household tasks now did the work themselves. Indeed, with the mass availability of domestic technology, the homogeneity of household tasks became entrenched across Australian society, making the job of housework a remarkably similar experience for all women, regardless of class. The result was women had more work to do with less social contact than ever before.³⁵

Nevertheless, the idea that new domestic technology gave women endless leisure was potent. Indeed, women themselves, despite their own experiences, believed that machines had delivered them from the thrall of housework and freed them to devote themselves to their families. Therefore they were particularly susceptible to the new American child-centred psychological and sociological theory. Following the work of Bowlby³⁶ and his contention that the mother/child relationship was unique, theorists and journalists alike championed his notion that even transitory separations of a child from its mother irretrievably damaged the child's emotional development.³⁷ 'Don't Damn Your Child For Delinquency - It's Your Fault', announced an article which specifically condemned mothers who were not at home when children returned from school.³⁸ To a charge that the lack of fatherly influence was a major factor in delinquency, the *Weekly* claimed that '[i]f Mum is the brains of the family,... she'll make Dad the family comrade he ought to be'.³⁹ 'The key to delinquency is the

³⁴ This was recognised as an isolating factor by women readers. See for example 'Letters from our Readers', *Ibid*, 20 June 1956, p.10.

³⁵ See R.S. Cowan, *More Work For Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (New York, 1983), particularly Chapter 7. Also Game & Pringle, 'Sexuality and the Suburban Dream', pp.4-15, and Winship, *Inside Women's Magazines*, p.43.

³⁶ J. Bowlby, *Childcare and the Growth of Love* (Harmondsworth, 1953).

³⁷ Bowlby's work was based on the premise that institutionalised children were emotionally retarded because of maternal deprivation. Bowlby's theory of maternal deprivation was called into serious question by later research. For an analysis of the influence of Bowlby in the United Kingdom and a review of international criticism of his work see K. Kirk, "Eternally Hers": The realities of childcare policy and provision in the U.K., B.A. Hons. Thesis, Wolverhampton, 1990, pp.11-20.

³⁸ *Australian Women's Weekly*, 20 October 1954, p.28.

³⁹ *Ibid.*, 1 April 1953, p.2.

lack of a close, warm, intimate relationship between the child and his mother',⁴⁰ agreed three wise male experts. Yet another blamed it on bottle feeding with the rider that:

If a child does not have a loving attachment to his mother before he is five,...there is an enormous risk that he will grow up sadistic, violent and exhibitionist.⁴¹

Children required constant, close attention and enormous amounts of time.

Further, the open expression of rebellion and flouting of authority in adolescence was advanced as a necessary stage of a child's passage into responsible adulthood. Acceptance of this thesis reduced women's authority as parents, while simultaneously blaming them when the 'rebels without a cause' hit the streets. 'Teenagers have usurped control of their homes, regarding them virtually as boarding-houses, and treat their mothers as hired servants', was a typical comment. At the same time the writer blamed women for doing 'far too much for their offspring'.⁴² Mother was the sole source of nurturing for children of all ages, damned when she did not selflessly submerge her needs beneath those of her children and damned when she did.

The new technology was also vaunted as giving women limitless leisure to devote to their husbands. The ideal was enunciated by an American expert who had been co-sponsored by the *Weekly* and the Marriage Guidance Council:

[I]t's so much easier for wives to fulfil their traditional domestic role, blueprinted for them down through the ages. The happier wives, you know, are in East Asia, where they have no status. It's only in the West where you come upon hag-ridden women.⁴³

A business consultant who advised that: 'The little woman who is not helping her man along is a rope round his neck and will ruin his chances of success....'⁴⁴ was ably supported by a 'family doctor':

Every woman whose husband is burdened with office cares and responsibility should be prepared to act as the sponge-rubber

⁴⁰ *Ibid.*, 5 February 1958, p.17.

⁴¹ 'At Home with Margaret Sydney', *Ibid.*, 17 October 1962, p.36. Margaret agreed with the "expert's" comments.

⁴² *Ibid.*, 5 March 1958, p.22.

⁴³ 'Marriage expert to write for us', *Ibid.*, 13 June 1956, p.15.

⁴⁴ M. Coles, 'Wives can make - or break - men's careers', *Ibid.*, 12 October 1955.

buffer which can absorb both shocks and worries. She has to be a good listener and a comforting one....⁴⁵

He wrote a series of four articles to persuade women that they were ultimately responsible for the total physical and emotional well-being of their husbands.

Another new expectation of the housewife was that she retain her youth and physical attraction. It had previously been acceptable for hard-working wives and mothers to develop into asexual matrons. With the release from domestic labour provided by their electric servants, came an obligation for all women, regardless of class, to be beautiful all the time. Appliance advertisements constantly provided models of slim and youthful women who cleaned bathrooms while wearing high-heeled shoes. 'Your shape tells your story to the world' was the message.⁴⁶ There was no shortage of experts to advise on clothes and appearance, and these experts were quite clear about the motivation that was appropriate for the glamorous housewife. 'Dress to please a man'⁴⁷ advised Candy Hardy. Eddie Senz, another American expert, considered that it was just not good enough that, "Women are dressing to please one another instead of trying to guess what it is about a woman's looks that will fascinate a man".⁴⁸ The only way women could look their best was for them to listen to their husbands and adorn themselves accordingly. 'For Him - be groomed to a new, shining beauty'.⁴⁹ But possibly the extreme was 'Beauties are Made-not Born', a training program designed to inculcate a daughter from the age of six into '...beauty habits that will last her all her life'.⁵⁰

⁴⁵ 'Are you a "Wifely" Wife?', *Ibid.*, 14 November 1962, pp.53-57. This was the third in a series of four articles from the book *How NOT To Kill Your Husband* (London, n.d.).

⁴⁶ '7 Steps to Shapeliness', *Ibid.*, 2 January 1957, pp.27-29.

⁴⁷ C. Hardy, 'Dress To Please a Man', *Ibid.*, 19 May 1954, p.32.

⁴⁸ E. Senz, 'Fact You Dare Not Tell a Woman', *Ibid.*, 9 February 1955, p.19.

⁴⁹ This was a two page article giving step by step information on how to go about it. *Ibid.*, 20 February 1957, pp.12-13. The opening statement in an entire "beauty" supplement noted that this was not easy. 'Beauty is a hard taskmaster. Given attention, it commands attention; neglected it gives a sorry picture to the world.' *Ibid.*, 14 August 1957, 'How to be Beautiful' Supplement, p.14.

⁵⁰ 'Home and Family', *Ibid.*, 4 February 1962, pp.36-37.



Merica's "Slimfit" Torsolette for you—for a figure with that heavenly slimness—a garment fashioned for superlative fit and comfort. Merica's new Torsolette is strapless, with front fastening and lightly boned on all seams for gentle support. You'll love the skilful combination of nylon, elastic, gleaming striped satin and the embroidered nylon medallions on the upper bust cups.

Fittings—A 32-36; B 32-38; C 32-38. To make your figure better—more lovelier than before—and fabulous value at 85/-.

85/-

MADE IN AUSTRALIA BY MERICA PTY. LTD., STONEY.

AT LEADING STORES AND FASHION HOUSES EVERYWHERE

Page 60

Linking all these messages was the notion of femininity, an elusive quality women had constantly to strive to achieve. The judges listed femininity as the most important criterion for winning an 'Ideal Wife and Mother' contest.⁵¹ An associated editorial somewhat ambiguously explained that this was not an 'obvious quality', but one that 'has to be guarded'. Using 'her femininity to advantage' meant employing behaviours that, in the patriarchal dichotomy, were perceived as appropriate for women but not men. A regular columnist with the unfortunate name of Dorothy Drain considered it feminine to be indecisive.

Now that's the kind of thing I like to hear.

It's patronising, maybe, but nice.

A corny jest? Don't be disturbed, my dear.

Be corny too; shriek, if you can, at mice.

So much of privilege is stripped away
It sometimes seems as if there's little left.
In fighting for a living, day by day,
Winning equality, and yet bereft.

But don't be worried, all's not lost, by half,
While men still stay superior but kind,
Professing with a gentle, noble laugh
To find mysterious the female mind.⁵²

It was appropriate to use femininity to manipulate men into staying 'superior but kind'. Drawing on the romance of the nineteenth century, one article advised 'that leaning a little -being a little helpless- is part of feminine charm':

Need him. Be a little weak physically (and mentally too occasionally). ...[Give] him a chance to show off his most prized attribute, his male superiority. ...If you're a little better than he is at certain games, or a little smarter at algebra, play it down.⁵³

The ideology of the perfect wife and mother presiding over a fully mechanised home was built on an assumption that the home, its contents and the car in the driveway could be financed by the earnings

⁵¹ *Ibid.*, 20 July 1955, p.2.

⁵² *Ibid.*, 5 January 1955, p.18.

⁵³ 'The New-fashioned Old-fashioned Girl', *Ibid.*, 6 April 1960, Supplement, p.3.

of men.⁵⁴ Despite the wage rises of the period, this was a false assumption. Average weekly earnings of £9/5/4 per employed male unit⁵⁵ in 1950 had risen to £22/18/5 by 1960, an increase of over 247%. But in 1957, when the weekly payroll was £51.6 million, expenditure on vehicles, furniture and electrical goods alone amounted to £836.9 million, or just under one third of all wages for the year. From 1954 to 1961 total expenditure on electrical goods and furniture was £1,877.3 million, representing an overall increase of 181% for the period, while wages escalated by the lesser amount of 140% during the same time.⁵⁶ The capital cost and running expenses⁵⁷ of motor vehicles rose from £166.1 million in 1949 to £907.3 million in 1961, with a total expenditure for the period of £5,540.4 million. By 1961 there were nearly three million vehicles on the roads of Australia, one for every 3.54 people.⁵⁸ The number of private dwellings rose from 1.87 million in 1947 to 2.78 million in 1961, a rise of 67%, with owner-occupiers, including those paying mortgages, also increasing from 53% of the total in 1947 to 70% in 1961. The occupancy rate by then was less than four people for every dwelling.

⁵⁴ All the information in this section has been extracted from Commonwealth Bureau of Census and Statistics publications for the relevant years unless otherwise stated. The sources used were *Census of the Commonwealth of Australia 1947: Volume III.*, *Official Year Book of the Commonwealth of Australia.*, *Insurance and Private Finance Bulletin.*, and the *Queensland Year Book*.

⁵⁵ The average weekly earnings per employed male unit includes all overtime, salaries, bonuses and above award payments plus a proportion of female earnings based on the approximate ratios between male and female wages.

⁵⁶ Figures prior to 1949 are not available as data on retail sales was first collected in respect of the year ended 30 June 1948. See *Official Year Book of the Commonwealth of Australia No.42*, (Canberra, 1956), p.1096.

⁵⁷ Excluding registrations, licences and insurance.

⁵⁸ The population of Australia at the 1961 census was 10,508,186.

TABLE 3.2 VALUE OF RETAIL SALES, NUMBER OF OCCUPIED DWELLINGS AND AVERAGE YEARLY EARNINGS PER EMPLOYED MALE UNIT 1954 AND 1961

Year	Electrical Goods (£ m.)	Furniture (£ m.)	Total (£ m.)	Occupied Private Dwellings	Av. Male Wages per annum £
1954	91.2	81.0	172.2	2,343,421	849.68
1961	191.6	119.5	311.1	2,781,945	1194.96

Source: Official Year Book of the Commonwealth of Australia.

TABLE 3.3 MOTOR VEHICLES REGISTERED AND RETAIL VALUE⁵⁹ 1939 - 1961

Year @ 30 June	Registrations @ 30 June	Retail Value @ 30 June (£ m.)
1939	641,508	-
1947	637,112	-
1949	1,224,778	166.1
1954	1,947,346	492.3
1961	2,966,330	907.3

Source: Official Year Book of the Commonwealth of Australia; Queensland Year Book.

Despite all the indicators of rising community affluence, clearly domestic expenditure had outstripped men's income; the money would have to come from other sources. An analysis of bank savings, hire purchase debt and numbers of married women in the workforce shows that funding was increasingly provided by indebtedness and women's earnings. Funds saved only amounted to £1,328 million for the years ended 30 June 1949 to 1960 inclusive; withdrawals exceeded deposits by £354 million in 1960.⁶⁰ Therefore savings were also insufficient to match expenditure. Much of the borrowing was in the form of hire purchase. This system had been in operation in Australia since the 1920s, but it was not until the 1950s that the country truly became a

⁵⁹ Retail sales figures for motor vehicles were not compiled until 1948. The figures quoted include secondhand vehicles, parts, fuel and oils but excludes farm machinery and earthmoving equipment. Registered motor vehicles includes motor cycles.

⁶⁰ *Queensland Year Book No.21*, (Brisbane, 1961), p.225. Includes transactions at all savings institutions with the exception of Assurance Funds.

*What does
an "average Australian"
look like?*



Old ideas die hard, but few people today think of the so-called "average" Australian as a lean, sunburnt, slow moving, purple-tongued fellow who rides a horse (like it was *part of him*) . . . has trouble with his "h's" . . . and who thinks only of the horse sports on Saturday and ways of beating the English at cricket. And yet many people *do* think like that—in much the same way as they thought of Australia itself as one vast hot plain with sheep raising its only industry.

Today both our people and our industries are much too diversified to make such a picture valid. Industrially, for instance, organizations like General Motors-Holden's have done much to change the face of Australia. In fact, Australia has become one of the most highly industrialized countries in the world, with a vast future potential as a workshop and supply centre of the South Pacific.

General Motors Holden's contribution to this changing picture of industrial diversification commenced less than 30 years ago. To-day, GMH employ more than 14,000 people in seven plants in five



States. An eighth plant is now in course of construction as GMH swing into their third expansion programme in less than a decade.

General Motors-Holden's have made Australia one of the few countries in the world capable of producing, in volume, a complete motor vehicle. Their other activities include production, assembly or distribution of cars, utilities, trucks and buses of overseas origin, spare parts and accessories, power and industrial equipment, household and commercial refrigeration. Completion of the latest expansion programme will enable GMH to step up productivity and increase the range of their operations.

The vehicle and non-vehicle production of General Motors-Holden's form an increasingly important part of our industrial effort. The fact that GMH are prepared to plough back great sums of money into developing their business is a sign not only of their confidence in the future of our country but an indication, too, of how they have helped change the face of Australia.



*a link in the chain of Australia's progress
a partner in Australia's future*

GENERAL MOTORS-HOLDEN'S LTD.

MELBOURNE - SYDNEY - ADELAIDE - HOBART - PERTH

consumer society.⁶¹ The hire purchase debt of £6 million in 1945⁶² had leapt to a staggering £213 million by 1956 and almost doubled again by 1960 to £422 million.⁶³ New finance for motor vehicles and household goods in 1957 alone was funded to the tune of £218 million, in 1961 £293 million, and £317 million in 1964.⁶⁴

A typical younger household of the period was making regular payments on a mortgage, and on hire purchase agreements for a car and such 'consumer durables' as a refrigerator, washing machine and vacuum cleaner.⁶⁵ Further funding was needed both to pay off existing loans and to finance the additional items that advertisers insisted were necessary. Increasingly the money was provided by women entering the paid workforce. Indeed, some men considered that, as the home was women's responsibility, instalments on household goods should be met from the housekeeping allowance. The "gift" of a washing machine, furniture or an electric frying pan did not consist of the goods, but the deposit or first instalment; women had to pay the rest themselves.⁶⁶ Many did that by working outside the home.

By 1961 married women represented almost 42% of all women in the workforce. Moreover, the largest increase in the seven years from 1954 to 1961 was in the 35 - 39 year age group, which rose from

⁶¹ Lees & Senyard, *The 1950s*, p.66.

⁶² *Ibid.*

⁶³ Balances outstanding on retail agreements including interest and insurance cited in *Official Year Book of the Commonwealth of Australia*, (Canberra, 1961), p.800.

⁶⁴ Commonwealth Bureau of Census and Statistics, *Insurance and Other Private Finance*, Bulletin No.1, p.69; Bulletin No.7, p.121.

⁶⁵ Menzies' electoral victory of 1949 coincided closely with the onset of a period of very high inflation, precipitated worldwide by the sudden increase in prices of strategic materials resulting from the Korean War. The figures for indebtedness etcetera are exaggerated as a result. Years of inflation (together with full employment) in turn encouraged household borrowing through expectations that the real cost of repayment would fall *pari passu* with inflation.

⁶⁶ A letter to the *Australian Women's Weekly* letter column from a woman who did not appreciate the financial burden of such "gifts" brought a large response from women all over Australia who had experienced the same thing. See 31 July 1963, p.20.

41,046 to 74,660, an increase of almost 82%.⁶⁷ Although the numbers were still relatively small in relation to the total female population over 15 years (9% for 1954 and 12% for 1961),⁶⁸ and the effects of immigration cannot be ignored, the proportion was rising and continued to do so.

TABLE 3.4 MARRIED WOMEN IN THE WORK FORCE 1933-1961

Census Year	Total Women in Workforce	Married Women in Workforce
1933	599,068	66,000
1947	717,162	141,637
1954	845,402	289,932
1961	1,059,169	444,680

Source: *Census of the Commonwealth of Australia 1947: Volume III., Official Year Book of the Commonwealth of Australia 1964.*

A dichotomy of work sites based on sex was a principle of the Australian economy; women worked in the home for "love" and men worked outside it for money. The fact that so many women went out to work did not alter this principle. The financial benefits of women's wages were welcome, but their jobs were seen as secondary both to their husbands' employment and to their primary role of maintaining the home and nurturing the family. As a result, the major portion of domestic responsibility remained with these women. Men might help when asked, but they took little or no responsibility for defining or organising the work of the home and they remained free to refuse should they decide that a task was too onerous. The social expectation that women's lives were home-centred gave women no choice. One woman noted that her husband was initially supportive and participated in the running of the home when she returned to her job in her parents' business. However, the assistance ceased when his work made it temporarily difficult for him to help, and was never resumed.⁶⁹ Another commented that although her husband was supposed to care for the children while she was at work, for him this

⁶⁷ Cited in the *Official Year Book of the Commonwealth of Australia No.50*, (Canberra, 1964), p.411.

⁶⁸ The total population of women in Australia over 15 years for 1954 was 3,186,738 and 3,645,131 for 1961. Cited in *Ibid. No.51*, (Canberra, 1965), p.274.

⁶⁹ T.G. Interview, Ayr, 12 August 1991.

did not include any associated household work such as preparing meals or washing. When she returned home after working night shift, her first task would be to clean up the mess from the night before. She then started the daily round of washing, cleaning and cooking.⁷⁰ Men could help or not as they chose, but the overall management of home and family was not their responsibility; that was women's work.

Intrinsic to the notion that women could, and rightly should, be able to carry these increasing burdens alone, was the idea that domestic labour was performed by machines. Housework was no longer heavy or time-consuming; women in the home had an easy time of it. Further, as women's domestic and family labours did not attract wages, they were taken for granted. In a materialist country like Australia where success was measured in monetary terms, their contribution was consistently undervalued. The reality of their labour and the responsibility it involved were ignored. Consequently, despite growing community recognition that many women were finding it increasingly difficult to cope with the demands placed on them, the cause of their stress and tension was not perceived as overwork. Rather it was diagnosed as personal inadequacy, a failure to fulfil the role expected of women and adequately fulfilled - it was implied - by most of them.

What debate there was, was less than helpful. Indeed, much of it almost seemed designed to increase women's feelings of inadequacy. Probably the greatest single issue argued through the letters column of the *Weekly* was whether mothers should work outside the home. From 1954, it was acknowledged to be reasonable that a young married woman without children should keep her job: it would enable the couple to buy a house and furnish it before embarking on parenthood.⁷¹ The problem arose with motherhood; how could a working woman be a perfect wife and mother?

I say "Hats off" to the husbands of working wives. They are deprived of the most important thing in a working man's life - coming home to a good meal and a peaceful atmosphere.⁷²

Where children were concerned the arguments were based on the theories of maternal deprivation and later delinquency which

⁷⁰ I.H. Interview, Townsville, 30 July 1991.

⁷¹ See for example 'Letters to the Editor', *Australian Women's Weekly*, 24 August 1955, p.10; 22 May 1963, p.61; 5 June 1963, p.47.

⁷² *Ibid.*, 10 April 1957, p.18.

Recipe for Housewives Who Need a 'Lift'

Housework was such a drudge . . . but now—a cup of tea with 2 'ZANS' TABLETS and I feel ready to fly through the work!



When molehills seem like mountains; when you're jaded and nervy and feel you just can't carry on . . . that's the time to take a couple of 'ZANS,' those amazing little APC tablets.

'ZANS' tablets have a double action against headaches and pain; they soothe the nerves and they give you a pleasant 'lift' from that depressed feeling.

Prepared with extreme accuracy according to formula, 'ZANS' tablets bring you APC in its most effective form—quicker acting, safe, convenient and easy to take. Obtainable at all chemists and stores at 3d. (3 doses) and 1/- (12 doses).

"ZANS"
THE QUICKER APC

bombarded women in this era; 'Small children need to know that Mum is there when they come home from school.'⁷³

The idea that the economy was posited on two pay packets per household would not be generally accepted for many years. Clearly, therefore, another motivation had to be found. There were two favourite theories: selfishness or boredom. Mothers who went out to work were selfish: 'The lure of the pay packet is too hard to resist.'⁷⁴ As one letter-writer commented, 'the constant pressure of maintaining this so-called higher living standard seems to have lessened humanitarian impulses.'⁷⁵ The boredom thesis was directly linked to the idea that appliances had eliminated housework. The bored housewife was castigated for seeking the excitement of paid employment. As Anita Birt, a 'Home and Family' columnist put it:

"Married women are crazy to take jobs": A wife-and-mother took a job "to keep alert and alive." But she worked so hard at keeping alive she wished that she were dead....⁷⁶

The 'minor problem of overwork versus boredom' theme was expanded in another article which posited that mothers working outside the home strained their marriages. Women who attempted 'to push into his province the domestic jobs which he considers to be her chore' were only asking for trouble. It concluded with a final warning that:

The hardest part of the problem is that when she puts so much energy into a job and a home the place that it shows is her face.⁷⁷

Not all readers of the women's magazines accepted these stereotypes submissively; some used the correspondence columns to launch a counter-attack. Many of them recognised the structural inequalities imposed on their lives and the increasing demands of living in a materialistic society. 'We must accept...[that] we ourselves have created a society which places all emphasis on material

⁷³ *Ibid.*, 20 March 1957, p.18.

⁷⁴ *Ibid.*, 4 May 1955, p.10.

⁷⁵ *Ibid.*, 14 August 1957, p.24.

⁷⁶ *Ibid.*, 27 April 1960, p.31.

⁷⁷ *Ibid.*, 24 April 1957, p.25.

possessions',⁷⁸ wrote one. Another maintained that not to work was 'living in a dream world'.⁷⁹ A young woman denounced the notion of selfishness:

It makes me mad to hear working wives and mothers described as "selfish." I'm happy I had a working mother,...If she's "selfish" about anything, it is her family's welfare.⁸⁰

An older woman fully recognised the basic inequality of economic dependency:

I am 62, and to those of us who can look back to generations where we saw real subjection of our grandmothers, mothers, and aunts, married women having jobs is like the freeing of slaves.⁸¹

She considered that the principal issue should be the provision of adequate child-care. As far as one writer was concerned if women wanted to work it was their business:

Why do working wives get the idea that they must DEFEND their position? And where do those who do not work get the idea it's any of their business?⁸²

But views like these were contested by those reflecting the new orthodoxy. In particular, working wives who were also mothers did feel a need to defend their position; in doing so they tried to make it clear their motivation was neither selfishness nor boredom. Despite constant attempts to make them feel guilty about their activities they entered the paid workforce because of economic necessity, and made their choices either in conjunction with their husbands or as a consequence of the 'provider's' irresponsibility.

My husband pays me the same housekeeping allowance that he did five years ago, although I know his wages have been adjusted because of the cost of living...I just can't make ends meet....⁸³

wrote one desperate mother. "Very Worried" begged: "Would any reader who can feed a family of four on £4 a week please write out a

⁷⁸ *Ibid.*, 26 June 1963, p.39.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 19 August 1964, p.4.

⁸² *Ibid.*, 26 June 1963, p.39. Emphasis in the original.

⁸³ *Woman's Day and Home*, 21 June 1954, p.45.

menu for me? My husband thinks I should be able to...."⁸⁴ She received no response. Reacting to an article expounding the theory of maternal deprivation, a bricklayer's wife announced tiredly:

I say to the back-of-beyond with all psychology. The fact is it's impossible to manage on one pay packet... All I can see in the future is still double work....⁸⁵

Double work during the 1950s and 60s, then, meant not only taking on two jobs, outside and inside the home, but also suffering the stress of impossible domestic standards. As print and electronic media battered the housewife with unrealistic images of women in the home, women's magazines began to register cries for help. The response of their 'expert' journalists to tired and distressed women tended to individualise symptoms rather than address the social dimensions. Always patronising, and often cloaked in biologically determinative jargon, the solutions offered were spurious at best. The effect was to deny the genuine needs of women and reinforce the principle that their rightful place was in the sheltered domestic sphere.

'Everyone suffers from fits of depression, but discovering their cause helps life run smoothly',⁸⁶ advised Lee Steiner. She demonstrated this with two male and one female case studies. The causes of depression in the men were diagnosed as weather and work tensions, the suggested solutions, changes in location and work. The woman, it turned out, was suffering from premenstrual tension and should attain a knowledge of her body cycle so she could isolate herself during her regular three day period of depression. As might be anticipated, stress was frequently attributed to boredom. 'I believe monotony is often the cause of bad nerves and unhappy homes',⁸⁷ commented a reader who suggested that women change their routine by washing on different days.

By this time the connection between depression, stress and headaches was frequently discussed at the women's magazine level, but the standard of advice proffered did not improve. Indeed, one of

⁸⁴ *Australian Women's Weekly*, 9 October 1957, p.18.

⁸⁵ *Ibid.*, 19 August 1964, p.4.

⁸⁶ L.R. Steiner, 'You can beat the blues by making a Mood Chart', *Australian Women's Weekly*, 22 June 1955, pp.12-13.

⁸⁷ *Ibid.*, 12 September 1956, p.10.

the 'common fallacies' about headaches, considered Ernest Havemann, was the notion that:

"She's fine at work, but the minute she's home she gets a headache. Obviously hates her husband." (POOR DEDUCTION - Weekend headaches are frequent among people who cannot relax. With nothing to do they feel guilty.)⁸⁸

He believed that severe headache was a function of personality: 'The women patients are usually fussy housewives who insist everything be "just so.". ⁸⁹ Havemann recommended that headache sufferers identify the source of their tension and relieve it by 'staying calm'.

'Sit on his knee', 'learn to sing', 'cut down on chores' and 'grow a garden' were some of the suggestions put forward by other readers to a desperately unhappy and isolated young mother of two; she lived in a drought-prone area with no water or electricity supply, and her husband was absent for sixteen hours a day.⁹⁰ 'Don't make marriage a misery' admonished Elizabeth Gibbs who suggested that the monotony and seeming endlessness of household work was only an attitude problem. 'If you wish to be sick (and many women do), your life must be lacking in interest'.⁹¹

Tension and headaches in women with two jobs were caused by an innate biological inability to cope with the public sphere.

Modern woman's problem,...is to narrow her field, reject outside pressures, and let her family know from the very start which league she wants to play in.⁹²

Lawrence Kolb found sex and job status made no difference to the incidence of anxiety neurosis, but still found it necessary to make the qualification that

...many women who work outside the home suffer more from anxiety neurosis than those who stay at home. This is because the pressures of the commercial world are so often greater than domestic ones.⁹³

⁸⁸ E. Havemann, 'Everybody's Headache', *Ibid.*, 17 July 1957, p.13. Emphasis in the original.

⁸⁹ *Ibid.*, 17 July 1957, p.13.

⁹⁰ See 'What has happened to my marriage?' *Australian Women's Weekly*, 18 May 1960, p.39 and 'Help for a tired and harassed mother', *Ibid.*, 8 June 1960, p.39.

⁹¹ E. Gibbs, 'Don't make marriage a misery', *Ibid.*, 20 July 1960, p.31.

⁹² 'Why young mothers feel trapped', *Ibid.*, 21 December 1960, p.31.

⁹³ Cited in W. Munday, 'When anxiety becomes illness', *Ibid.*, 12 June 1963, p.7.

He considered that working women harboured a 'guilt complex' about neglecting their children and home. A twenty-four page 'How to be a Healthy Woman' supplement⁹⁴ recognised that 'domestic frustration' caused anxiety and suggested psychotherapy

...to change the attitude of the sufferer, who thereby can gradually learn to tolerate a difficult environment without conscious flight into anxiety, depression, or physical complaints due to tension.⁹⁵

With so much advice to hand, the experts were surprised to find that their readers were seeking solace from *Bex* and *Vincent*s. 'How silly it is to disguise such symptoms and fail to seek medical advice' for 'mild chronic headache' they admonished.⁹⁶

If you find that you need to take more than one headache tablet or powder every two or three days you should consult your doctor, who will advise you on the correct treatment [and] the cause of your headache or pain.⁹⁷

'Tired?...Or do you only THINK you are?'⁹⁸ queried John Lagemann, who considered exhaustion was 'an attempt to escape from a situation that has become too difficult to cope with'. Sheila Kiernan⁹⁹ believed that the deep unhappiness suffered by many women resulted not from overwork and stress, but from their own biology.

Physical differences account for some of the emotional contrasts [between men and women]....[T]he violent emotional changes of the cyclical life, child-bearing and menopause.¹⁰⁰

Women used medication because they were inherently more emotional, weaker, more prone to stress and therefore less able to cope than men: because of their hormones.

Women looking back on these years present a different picture. They were tired because they were overworked; they were stressed

⁹⁴ 'How to be a Healthy Woman', *Ibid.*, Supplement, 4 September 1963, pp.1-24.

⁹⁵ *Ibid.*, p.15.

⁹⁶ *Ibid.*, p.18.

⁹⁷ *Ibid.*

⁹⁸ J.K. Lagemann, 'Tired?... Or do you only THINK you are?' *Ibid.*, 10 January 1962, pp.4-5.

⁹⁹ S.H. Kiernan, 'Are MEN happier than WOMEN?', *Ibid.*, 2 May 1962, pp.4-5.

¹⁰⁰ *Ibid.*, p.4.

because they could see no solution except to keep working in the hope that life would improve.

I always remember turning thirty and here I was with four kids under ten years old and...the future just seemed so bleak.¹⁰¹

They recognised that APCs would not solve their problems, but also knew that they had 'to keep going'.

Basically, to keep going with the onerous life that is required of a woman on the land...she worked at it all the time and to keep going she would have had recourse and used the most available thing to make her feel good and that would have been...[APC powders].¹⁰²

Women in urban environments were also aware that there was no escape from the pressure of their commitments:

You weren't game enough to go to sleep a lot of the times because the responsibilities that were on you were just too great...What was happening was slowly but surely over the years your system just got used to go, go, go,...that it didn't know how to stop...The only way I knew to stay awake was the *Vincents*, the coke [*Coca-Cola*], and flat strap.¹⁰³

Clearly, these women were ingesting APCs as a stimulant, often in conjunction with other sources of caffeine such as *Coca-Cola* or coffee. The presence of phenacetin or other analgesics was immaterial. They needed the sudden energy release that the powders provided. Having found, in *Bex* and *Vincents*, a way to go 'flat strap', they used them as a cure-all for every physical or emotional problem.

[T]hat became her stand-by for keeping going...Like ill health, colds, headaches, frustrations, depression, those sort of things weren't allowed to run their full course. It was really a stigma to have a mental depression...You should have been strong enough to overcome it. So if you felt depressed you took *Vincents*.¹⁰⁴

APCs became the means by which these women got through their day: ...you'd start to feel a bit down and you might go home and things weren't so good...So instead of having a weep you go and take a *Vincents*, and you knew damned well that you'd feel better.¹⁰⁵

¹⁰¹ K.B. Interview, Townsville, 10 August 1991.

¹⁰² K.M. Interview, Townsville, 17 August 1991.

¹⁰³ I.H. Interview, Townsville, 30 July 1991.

¹⁰⁴ K.M. Interview, Townsville, 17 August 1991.

¹⁰⁵ K.B. Interview, Townsville, 10 August 1991.

And they worked. 'Course as soon as I'd take them, Oh! I'd feel marvellous, you know, for a couple of hours or so.'¹⁰⁶

They'd make you feel really good you know, they'd give you a tremendous boost of energy...a feeling that you could keep going...¹⁰⁷

Thus thousands of Australian women became addicted to *Bex* and *Vincent's* because of their caffeine component. APC use was described as a 'sub-culture'.¹⁰⁸ It was 'just part and parcel of their lifestyle',

Just everyone did it, everyone...Today a woman wouldn't dream of going...[out] without a brush in her bag. Well then a woman wouldn't dream of going...[out] without a packet of *Vincent's* in her bag.¹⁰⁹

¹⁰⁶ *Ibid.*

¹⁰⁷ K.M. Interview, Townsville, 17 August 1991.

¹⁰⁸ Respondent correspondence 17 July 1991.

¹⁰⁹ Respondent interview 30 July 1991.

CHAPTER 4

A Recipe for Housewives Who Need a 'Lift': Free market advertising and compound analgesics

APCs did not get into every handbag without considerable assistance from the manufacturers. Classed as minor analgesics, *Bex* and *Vincent's* could be advertised through every existing medium, and sold over the counter by any retail outlet that cared to stock them. From the mid-1960s, the content and volume of advertising and the overwhelming availability of the products were a continual topic of adverse comment by medical and allied professions. This was reported in the media, which would occasionally contribute to the debate. To impose any effective restrictions would have required State legislation. Little, if anything, was done, either to restrain the textual claims or to contain the volume of the advertisements. The claims were indeed potent. Aimed mainly at women, they accurately targeted their fears and perceived inadequacies. They offered zest, beauty and, above all, confidence. With these products it would be possible to cope with the problems of being a woman in the Menzies era.

The medical profession criticised the regulations governing the advertisement of therapeutic drugs and proprietary medicines on a number of grounds. Essentially however, it contended that they should be governed by public interest rather than market economics. As early as 1966, in a critique of a *Report of the Victorian Statute Law Revision Committee*,¹ an editorial in the *Australasian Journal of Pharmacy*² commented that existing rules were inadequate. These had been set out in a voluntary code of ethical conduct formulated by the Joint Industry/Media Committee, comprising representatives of the pharmaceutical industry and the media. The Law Revision Committee had recommended that advertisements for all medicines 'must conform to Commonwealth and State laws,...and shall be subject to the rules of

¹ Statute Law Revision Committee, *Report upon False and Misleading Advertising together with Minutes of Evidence and an Appendix. Votes and Proceedings, Victorian Legislative Assembly, 1965-66, Vol.1, pp.1061-1098.*

² 'False & Misleading Advertising', *Australasian Journal of Pharmacy*, 31 January, 1966, pp. 15-16.

the "Voluntary Proprietary Medicine Advertising Code".³ Despite there being no penalties for non-compliance to the code the Law Revision Committee had decided that legislative action was not required, arguing that its report would induce industry, media and trade organisations to put their own houses in order. The *Australasian Journal of Pharmacy* found this 'astonishing'.⁴

In March 1967, a senior lecturer in the Department of Pharmacy at Sydney University commented that the advertising of APCs resulted in their being consumed 'like food'.

The nigger in the woodpile is the pressure of advertising to persuade people to take these things. My own daughter of five can quote the slogans. I believe we should have standards on drugs other than normal economic criteria...and the advertising of them should be limited.⁵

M.J. Rand of Melbourne University's Department of Pharmacology repeated the theme that 'the inculcation of the urge to buy' was not appropriate for proprietary drugs and patent medicines. He claimed that 'the greatest potential source of hazard from self-medication probably arises from advertising'.⁶ In 1968 a Sydney Hospital renal physician warned: "Some advertising gave a wrong impression about the [APC] powders. You can take one or two with confidence but if you take too many you're in trouble".⁷

In an official statement on the incidence of analgesic nephropathy in the community in June 1969, the Royal Australasian College of Physicians recommended tighter controls on the advertising of APCs, 'particularly advertisements which state that these are safe or exhort people to take them'.⁸ The next month saw the beginning of an

³ Statute Law Revision Committee, *Report upon False and Misleading Advertising*, p.1098.

⁴ 'False and Misleading Advertising', p.15.

⁵ 'Tests show drug not harmful in right doses', *Sydney Morning Herald*, 4 March 1967, p.8.

⁶ M.J. Rand, 'Domestic Pharmacology', *Australasian Journal of Pharmacy*, Vol. 48, No.569, Science Supplement No.52, 30 May 1967, p.544.

⁷ 'Doctors warn on powders, tablets', *Sydney Morning Herald*, 24 June 1968, p.9.

⁸ The statement by the Royal Australasian College of Physicians was widely reported in both technical journals and the general press. See for example *Australasian Journal of Pharmacy*, Vol.50, No.596, Science Supplement No.78, August 1969, pp.S61-S62 and 'Curb Drugs Advertising, Say Doctors', *Sydney*

aggressive price-cutting war between supermarket chains in New South Wales which included advertised price reductions on *Vincents* and 'Aspro'. These 'specials' attracted angry criticism by medical and pharmacy professionals. They protested that drugs should not be promoted and sold at the same level as 'potatoes, soap or tea'. Further, they condemned the manufacturers for not attempting to prevent the promotion, accusing them of being more interested in boosting sales than in public welfare.⁹

The 1970 Senate Select Committee on Drug Trafficking and Drug Abuse¹⁰ provided medical organisations with a forum for expressions of concern about analgesic advertising. It also publicised a spirited defence by the advertising and manufacturing industries. Headed by Nicholas, the defence carried the day. The Committee did not recommend restriction on either the form or content of advertising. Its only contribution was a suggestion that 'discussions at the highest level' be held 'to evolve a policy designed to establish a more responsible approach', together with the totally unrealistic proposal that analgesic advertising be no longer tax deductible.¹¹ The *Australasian Journal of Pharmacy* canvassed a response from all State Health Ministers and was advised that no restrictive legislation on either the advertising or sale of analgesics was proposed. Both Queensland and New South Wales stated that they would follow the recommendations of the NH&MRC when, and if, they were made.¹²

Individual journalists continued to criticise advertising standards. In 1971 Max Suich posited that 'headache powders have been one of the advertising pillars of commercial radio in Australia for many

Morning Herald, 28 June 1969, p.5.

⁹ 'Price-Cutting War in Aspirin', *Australasian Journal of Pharmacy*, September 1969, pp.650 & 658. This did not involve competition between rival pharmaceutical manufacturers. By 1969 Nicholas Australia had owned Vincent Chemical Company for two years, and were therefore the manufacturers of 'Aspro' and *Vincents*.

¹⁰ *Report from the Senate Select Committee on Drug Trafficking and Drug Abuse*, 1971.

¹¹ *Ibid.*, pp.49 & 51.

¹² 'That Aspirin Controversy Widens: Tighter Controls on Ads. Wanted - Drug Firms' Battle Plans', *Australasian Journal of Pharmacy*, Vol.51, No.607, July 1970, p.479.

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she's happy... she took 'ASPRO'

You have to be well to be wanted.

*'ASPRO' gets you there every time—
and looking your loveliest.*



Headache and pain need not rob you of a happy life. Go out when you feel like it! Enjoy your evenings and your weekends without interference from nagging headache and pain. Look your loveliest at all times. Enjoy the admiration that comes from a happy, laughing expression unclouded by nerves and pain. You have to be well to be wanted. It's amazing what 'ASPRO', the gentle but powerful modern medicine, can do to keep you attractive. With 'ASPRO' there are no harmful after-effects, no 'let-down'. 'ASPRO' brings swift relief from the dull nag of headache, a blessed relief that wipes away

the disfiguring lines of pain.

Why do so many thousands of mothers give 'ASPRO' to their children when fevered and fretful? Because gentle, powerful 'ASPRO' is pure — free from harmful drugs. Young girls are foolish to resort to complicated compounds containing harsh drugs they don't need. 'ASPRO' contains everything the body needs to quieten pain. 'ASPRO' does not set up a habit or craving.

Two 'ASPRO' tablets are the normal dose for most people. For nagging, persistent conditions of pain or chill, 'ASPRO' should be taken frequently — two 'ASPRO' every 3 or 4

hours until relieved. If the pain still persists or recurs you should consult your doctor.

Keep 'ASPRO' in your handbag— always ready for when you need it. Don't put up for a moment with aches and pains. 'ASPRO' does so much for you, helps to keep you well, your headaches and pains eased, the ill-effects of colds and chills prevented, your nerves soothed and your sleep better. Taken with a cup of tea, 'ASPRO' puts new heart into you at any time of day, leaves you cheerful and ready to tackle whatever is ahead of you.

Nothing can take the place of 'ASPRO'. It's more important to have 'ASPRO' with you than your lipstick.

ASPRO
A Nicholas **N** Product



MANUFACTURED IN THIRTEEN
COUNTRIES AND SOLD IN
OVER ONE HUNDRED



STOP IT! **'ASPRO'** — SO KIND TO THE NERVES

THE AUSTRALIAN WOMEN'S WEEKLY January 12, 1955

take
'ASPRO',
and
take it easy!

A DAILY
THOUGHT:
'ASPRO' WITH A
CUP OF TEA

NEW FACTS

LEARNED ABOUT 'ASPRO' AND TODAY'S STRAIN

'ASPRO' is more than you think it is — much more — and it has taken the stress and strain of today's living conditions to bring out the fact.

Since publication, recently, of an article on the subject of obtaining relief from today's tension troubles, many have written in to say how valuable they are finding 'ASPRO' as a daily standby when a little soothing is called for.

'ASPRO', of course, is primarily a quick pain and headache reliever and flu treatment, for which it has the biggest demand in the world. But people who had used 'ASPRO' only occasionally — for more serious pains or 'flu' — have now become aware of its soothing properties for these 'modern' troubles, not

purely headaches but the many contributing causes of them.

There is abundant evidence to support the findings of these people. 'ASPRO' gives a 'sympathetic' type of relief — a relief that works with Nature, not against her. It acts in a soothing, calming kind of way, assisting one back to serenity and a sense of well-being without 'after-effects'.

'ASPRO' is not habit-forming and does not create a craving. It can therefore be taken frequently without any tendency to addiction which many apparently harmless preparations can cause.

The system does not become accustomed to 'ASPRO' with frequent use — its action is thus always at maximum effectiveness.

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years'.¹³ A thoughtful article on analgesic nephropathy by Leslie Wilson in *Cleo* noted that it was easy to see why Australians had become a nation of 'pill and powder poppers' simply by assessing the advertising.

The billboards, radio and television tell you that the best thing in the world for those aches and pains is to take this or that. Just drop it down your throat and everything will be all right. The exhortations to get rid of that tired feeling, that headache, that backache sneaked up on people.¹⁴

By 1974 the Australasian Society of Nephrology maintained that nothing less than a total ban on public advertising of analgesic drugs would be acceptable,¹⁵ and the Australian Kidney Foundation agreed. Yet the advertising of both single and compound analgesics continued virtually unchecked in volume, form and content.

Planning legal restraints upon advertising consisted of complex and difficult issues involving both State and Federal jurisdictions. Under common law advertising was not considered to form any part of a sale. It was a separate and 'extraneous entity called "an offer to treat".'¹⁶ A sale took place when the consumer offered to buy and the retailer accepted the offer. This legal principle, as W. Pengilley noted, could 'hardly be regarded as in accord with commercial economic reality'.¹⁷ During the 1960s consumer legislation was enacted by the States, differing slightly from State to State, and always including penalties for false and misleading advertising; but enforcement was not particularly 'enthusiastic'.¹⁸ The 1973 *Commonwealth Trade Practices Act* was a Federal consumer protection statute which also provided some guard against false and misleading advertising, but the

¹³ Suich, 'The Aspirin Swallowers -2', p.2.

¹⁴ L. Wilson, 'Analgesics: the big headache', *Cleo*, No.23, September 1974, p.77.

¹⁵ Australasian Society of Nephrology, *Prevention of Analgesic Nephropathy in Australia*, (n.p. February 1974). The paper was forwarded to the Australian Kidney Foundation for their approval before being sent to the Department of Health of all States and the Federal government.

¹⁶ W. Pengilley, 'Misleading Advertising: An Examination of Present Legislation and an Evaluation of Future Possible Control', *Australian Accountant*, Vol.44, No.2, pp.104-114, p.104.

¹⁷ *Ibid.*, p.104.

¹⁸ *Ibid.*, p.113.

legislation did not take precedence over existing State law.¹⁹ Further, there was no established body with authority to pronounce on what was false and misleading in relation to proprietary medicines,²⁰ except the Joint Industry/Media Committee whose voluntary national code of ethical conduct was first formulated in 1942 and periodically adjusted.

It is true that the code was subject to scrutiny by the various State and Federal Health Departments, but lack of uniformity in the States' legislation, together with a complete absence of Federal legislation before 1973, ensured that definition of what constituted "false" and "misleading" advertising remained the prerogative of those who had most to lose from it. Certainly advertising copy for radio and later, television, had long required the approval of the Commonwealth Director-General of Health. This had curtailed, to a certain extent, flagrant misrepresentation. However, there had never been any controls over the volume of advertising. As the Medical Secretary of The Australian Kidney Foundation was to comment in 1973,

...in years gone by when I was responsible for checking the advertising of medicine on radio and T.V., the claims made for some of the analgesic products were outlandish, and it was during these *laissez faire* years..., that the tremendous market was built up and abuse inadvertently encouraged.²¹

Under the pre-existing proprietary medicine laws manufacturers were under no legal obligation to divulge information about the ingredients of their brand(s). Once a brand name was registered, they owned both it and the recipe involved. Although a proprietary medicine had to be approved under the various State *Poisons Act* regulations, the manufacturers did not have to disclose the constituents in their product to the general public.²² Advertising copy for APCs could therefore imply, by words such as 'lift' and 'with confidence', that the product stimulated the consumer, with no legal

¹⁹ *Ibid.*

²⁰ In pharmaceutical jargon proprietary means registered brand.

²¹ Letter from Medical Secretary A. Johnson to President L.J. Yeo, The Australian Kidney Foundation, 21 November 1973.

²² Each state had its own Poisons Act regulations, and they were all different. There was no uniformity until the 1970s. I am grateful to Gregory Haines, Australian pharmacy historian, for this information. Personal communication, 9 October 1991.

obligation to disclose to consumers what element(s) induced stimulation. Not until early 1972 was the voluntary advertising code on analgesics altered to restrict 'any claim that a preparation will relax, relieve tension, sedate or stimulate'.²³ This appears to have been a response to pressure from the medical community and their representations to the 1970 Select Committee on Drug Trafficking and Drug Abuse.

Thus, until the 1970s, manufacturers of compound and single analgesics advertised their products with no other restraint than a voluntary code of ethics that they themselves helped formulate: a code which contained neither penalties for breaches nor machinery to supervise compliance. The rules of the market place did not grant the consumer any entitlement to an informed choice. As Scarabosio acridly commented, 'advertisements don't educate'. He added,

the real evil which justifies the State imposing restrictions is the encouragement of analgesic taking to excess by those who have a pecuniary interest in encouraging that excess.²⁴

There was a fundamental contradiction in general advertising of compound analgesics.²⁵ The sole legitimate purpose for the drugs was therapeutic: relief of occasional minor pain. Advertising aims at maximising sales: in the expressive jargon of the trade, at "market saturation"; its tendency must always be towards excessive use. There is inherent conflict between social responsibility and the profit motive: between the company's duty to the general public and to its shareholders, and there can be little doubt as to the winner. The level of advertising expenditure suggests that the major manufacturers of single and compound analgesics had two closely linked objectives. First they aimed to saturate the market, and second to secure as large a share of that market as possible at the expense of their competitors. In

²³ Joint Industry/Media Committee -Voluntary Proprietary Medicine Advertising Code and the National Health & Medical Research Council, *Australian Guide to Advertising of Proprietary Medicines and Therapeutic Appliances*, 29 February 1972, Item 5.1, Restricted Advertising -Analgesics. This was the first time analgesics were specifically mentioned in the codes. I am grateful to the Media Council of Australia for supplying copies of the codes.

²⁴ A.R. Scarabosio, 'Restricting Analgesics to Pharmacies', *Australasian Journal of Pharmacy*, Vol.50, No.597, September 1969, p.657.

²⁵ Or indeed of any non-prescription drug.

1973 M.M. Metwally²⁶ published an article analysing trends in Australian advertising expenditure from 1960 to 1970.²⁷

TABLE 4.1 ADVERTISING EXPENDITURE & NATIONAL RANKING ASPIRIN TYPES

Year	% of National Advertising	National Ranking	Advertising Expenditure \$m.
1960	0.60	26	1.3
1965	1.01	20	2.7
1970	0.94	18	3.8

Source: M.M. Metwally, 'Australian Advertising Expenditure and its Relation to Demand', *Economic Record*, Vol.49, No.126, June 1973, Extracted from Tables I & II, p.291 & p.293.

The figures demonstrate that, not only did the advertising budget increase by nearly 300%²⁸ during the decade, but also that "aspirin types" (including APCs) strongly increased their expenditure in relation to other products; they moved up the product ranking ladder from 26 in 1960 to 18 by 1970. The rise shows that competitors in the field were implementing increasingly aggressive market strategies to expand or maintain their market share at a time when adverse publicity from the medical profession was mounting.

In the course of the decade there was a significant shift in the type of media used for analgesic advertising. As television spread across the country, it attracted an increasing proportion of advertising expenditure from almost every type of product. The growth was particularly notable in household goods.²⁹ The move to television was principally at the expense of the print media. 'Aspirin types' reduced

²⁶ M.M. Metwally, 'Australian Advertising Expenditure and its Relation to Demand', *The Economic Record*, Vol.49, No.126, June 1973, pp.290-299.

²⁷ Dr Metwally has confirmed that the item aspirin types included APCs. He was unable to provide a brand breakdown of expenditure as the information he received was aggregated. Personal communication, 6 November 1991.

²⁸ Some of the increase in the last column of Table 4.1 - advertising expenditure - would result from inflation, but not that in the percent of National Advertising column. That increase is a reflection of the analgesic industry's share of total advertising expenditure.

²⁹ *Ibid.*, p.292.

their press advertising from 40% to 11% of their budget, over the decade. Other household items such as foodstuffs (from 37% to 18%) and household cleaners (29% to 6%), showed a similar trend.³⁰ Nonetheless, as Suich stated in 1971, 'no figures are available for outdoor and point-of-sale campaigns which are an important area for the analgesic sell',³¹ and this type of advertising was very extensive. Local corner stores commonly had *Bex* advertisements pasted all around their doors and display windows.³² The message of the billboards was attractive:

[There was] a large billboard advertisement for *Vincents* with young glamorous people water-skiing - "Don't share your day with a headache". It made it seem very common that young people may be forced to share their day with one, and not be too concerned with it!³³

Indeed, the messages were inescapable. "They were everywhere... Huge billboards, used to always be on them, especially about the *Vincents*. On the railway stations, or on the train."³⁴ Therefore Metwally's figures probably underestimate both real and proportional levels of advertising expenditure. Moreover, his work analysed national trends, while the manufacturers appeared to target specific regions.

While '*Aspro*' and *Disprin* advertising was fairly evenly distributed according to population, 68% of the capital city budget of *Bex* and *Vincents* was allocated to Brisbane and Sydney, and to the States of Queensland and New South Wales through regional distribution of newspapers, radio and television. As seen above,³⁵ these were the States which recorded the highest incidence of analgesic nephropathy.

Bex and *Vincents* had both stopped using the major women's magazines by about 1960 although advertising of single analgesics

³⁰ *Ibid.*, Table III, p.294.

³¹ Suich, 'The Aspirin Swallowers -2', p.3.

³² N.E. Interview, Townsville, 9 September 1991.

³³ W.I. Correspondence, 21 September 1991.

³⁴ I.H. Interview, Townsville, 30 July 1991.

³⁵ See Chapter 1, fn.55, Analgesic Sub-committee, *Submission to the Australian Royal Commission of Inquiry Into Drugs*. Table I.2, p.5.

continued.³⁶ This could, in part, be explained by the shift to television. However, by 1967 Nicholas was the manufacturer of both *Vincents* and the single analgesic, 'Aspro'; advertising for its products dominated every medium. During the entire period, Vincent and Nicholas, with Beckers, were overwhelmingly the leading companies in the analgesic market.

TABLE 4.2 METROPOLITAN ANALGESIC ADVERTISING IN 1974

Location	Aspro & Disprin %	Bex & Vincents %
Sydney	28	47
Melbourne	27	16
Adelaide	5	5
Brisbane	8	21
Perth	6	4
Hobart	2	1
Women's Magazines	21	2
General Magazines	3	4
Total	100	100

Source: Table 4.8 cited in P. Baume, *Drug Problems in Australia - an intoxicated society? Report from the Senate Standing Committee on Social Welfare* (Canberra, 1977), p.122.

TABLE 4.3 PRINCIPAL MANUFACTURERS & PRODUCT LINES

Manufacturer	APC & Other Compounds	Single Ingredient Analgesics
Beckers Pty Ltd	Bex	
Vincent Pty Ltd	Vincents	
Nicholas Pty Ltd	'Zans' APC	'Aspro'
Bayer		Aspirin
Warner & Co. Pty Ltd	Veganin	
Reckitt & Colman Australia Pty Ltd		Disprin

Source: Extracted from the medical research collection of Dr R.A. Douglas, Townsville, May/June 1959 and P. Freeman, 'The world's heaviest pill-takers face tougher restrictions', *The National Times*, 20-25 June 1977, p.3.

³⁶ Full page advertisements for *Vincents* appeared regularly in the *Women's Weekly* from 1945 to about 1960. No *Bex* advertisement was encountered in a thorough survey of the journal up to 1964. A partial survey of the *New Idea* found regular but smaller advertisements for *Bex* until about 1960, but none for *Vincents*.

Importantly, they were also wholly Australian owned. Of the other top firms, Bayer hailed from Germany, Reckitt and Colman from the United Kingdom and Warner from America. 'Zans' APC was brought out by Nicholas in the 1940s in an unsuccessful attempt to break into the lucrative compound market. By 1967, Nicholas International Limited had bought out Vincent. There were many other products, such as *Codis*, *Codral* and *Empirin*. The Baume Report of 1973 shows the Queensland regional market dominated by the three same companies as in the Douglas and Johnston survey of 1959, though their combined share of the market had fallen by 11%.³⁷ *Bex* and *Vincent*s together held 60% in 1973 as against 64% in 1959, but *Vincent*s share had grown significantly. Probably this was due largely to *Vincent*s' substitution of salicylamide for phenacetin in response to the phenacetin scare of the 1960s and the subsequent 1967 recommendation from the NH&MRC that phenacetin be removed from the Federal pharmaceutical benefits list.

*Vincent*s were successfully advertised as safe: 'for safety's sake, for sure relief TAKE *VINCENT*'S'.³⁸

There was a lot of *Bex* scares on at the time, every time you heard of news...you heard of people getting *Bex* poisoning....That's when everybody started to swop to *Vincent*s...and *Bex* finally started going out the back door.³⁹

This was a source of frustration for members of the medical profession who had patients suffering from analgesic nephropathy.

The effect which this legislation has had on our patients has been to dramatically increase the intake of APC mixtures...Patients whom we persuaded, with difficulty, to refrain from all analgesics for some years remained well until they were informed by a doctor, friend or advertisement that the new tablets are safe because they contain no phenacetin.⁴⁰

³⁷ The Douglas figures were for Townsville and its hinterland, those in the Baume Report for 'Rest of Queensland'. Minor regional differences may have existed at both dates.

³⁸ *Australian Women's Weekly*, 10 May 1967, p.66. See also correspondence from K.C Probert, Managing Director, Vincent Chemical Comapny Pty Ltd to Dr H. H. Pearson, Medical Director, Australian Kidney Foundation, 26 August 1969.

³⁹ I.H. Interview, Townsville, 30 July 1991.

⁴⁰ Kincaid-Smith, 'Analgesic Nephropathy - A Common Form of Renal Disease in Australia', p.1134.

Despite consistent evidence to the contrary from the ANZDATA registry,⁴¹ Nicholas emphatically denied the charge that many patients' health had deteriorated as a result of its products.⁴² Further, while the company argued that the substitution reflected its social responsibility,⁴³ it continued to promote a compound analgesic that had a known habituating and stimulating element: caffeine.

While both companies made extensive use of the electronic media, radio and television advertising copy is not available. However, anecdotal evidence suggests that coverage was extensive and its message memorable. Max Suich commented that: "Anyone who listened to the radio soap operas of the 1940s and 1950s such as "Martin's Corner" can remember the stentorian voice proclaiming: "Bex. B-E-X."⁴⁴ Respondents, then children, recalled this as one of their 'earliest childhood memories', and considered it 'always sounded rather sharp'.⁴⁵ Another remembered a *Bex* sponsored radio game show hosted by Jack Davey.

The contestants came on his show and to start with he'd give them, not just a packet, but a whole pack of *Bex* powders...he was absolutely pushing these *Bex* powders on to people, and they'd win some electrical gadget plus a pack of *Bex*.⁴⁶

The slogan, 'Bex is better',⁴⁷ is still remembered.

Cinema advertising was also effective: 'I can still see those words: take *Vincent's* with confidence'.⁴⁸ *Vincent's* advertisements were remembered as particularly effective:

⁴¹ The numbers of people requiring dialysis and kidney transplant continued to rise. See chapters 1 & 5.

⁴² Nicholas International Limited, 1974 Annual Report: *Aspirin in Perspective*. Australian Kidney Foundation Analgesic Sub-Committee Files.

⁴³ Correspondence from K.C Probert, Managing Director, Vincent Chemical Company Pty Ltd to Dr H.H. Pearson, Medical Director, Australian Kidney Foundation, 26 August 1969.

⁴⁴ Suich, 'The Aspirin Swallowers -2', p.3.

⁴⁵ W.I. Correspondence, 21 September 1991; N.C. Correspondence 17 July 1991.

⁴⁶ F.N.L. Interview, Innisfail, 2 August 1991.

⁴⁷ K.E.G. Correspondence, 18 September 1991.

⁴⁸ Q.I. Interview, Townsville, 11 August 1991.

**"I have been
greatly
relieved"**



From a recent snapshot of
Mr. Richard Eade

writes MR. RICHARD
EADE, 37 Maitland Road,
Cessnock:

"I have suffered for years with Rheumatism, but since taking Bex I have been greatly relieved. I do appreciate them and am grateful for the benefit I have received through taking Bex Powders."

BEX IS TIME TESTED AND SURE

Speed is the main thing you want in getting relief from pain. That is why the Bex formula contains a combination of pain relieving ingredients specially designed to give you ease in the shortest possible time. More than that, Bex will not upset you or leave you with any harmful after effects. It is thoroughly safe for the most delicate person to take. That is why you should use only Bex — time tested and sure.

**IF IN CONSTANT PAIN
SEE YOUR DOCTOR**

Don't take constant pain lightly. It may be nothing to worry about but it may indicate some serious condition that requires the urgent attention of your doctor. If you suffer pain often see your doctor without delay and he will diagnose and treat the cause, but for the relief of the pain itself, take Bex.

Bex Powders
& Tablets
PRICE 1/-
\$29C

I can remember the *Bex* being advertised, but I used to take more notice of the *Vincents*. I suppose because there was always a young woman saying it'll give you confidence. It gave me confidence alright, it gave me a boost...Take *Vincents* with confidence, and they [other people] would say don't take them with water take them with confidence...and the ever so up-front advertising was the *Vincents*, and just a packet of *Bex* there you know, it wasn't as obvious.⁴⁹

One woman thoughtfully commented that:

The message? It was the painless society, you know, that this was the easy way out...The easy way of coping with everything. I remember they used to always be colourful, always stand out, there was a lot of money put in to the ads. Actually if I wanted to put a modern equivalent across, [it] would be the money and the work in the advertising for *Coca-Cola* today. That would be on an equal basis to the *Vincents* ads. of those days...The good life, definitely, colour, and things go better with...all that sort of thing...It was definitely the same attitude that came across. It wasn't the same with *Bex*.⁵⁰

Print advertisements make it clear why, for younger women of the 1950s and 1960s, 'It wasn't the same with *Bex*'.⁵¹ Promotions were relatively small, usually two half-columns in a five column page. They focussed on pain relief, and always prominently carried the advice, 'if in constant pain see your doctor'. Most comprised testimonials for the product's ability to relieve pain in sufferers of ailments such as rheumatism and neuralgia. They often included a photograph of the patient, normally a very ordinary-looking older man. Terms like 'time tested', 'dependable relief from pain' and 'sure' are dominant; extravagant claims were not made. The advertisements were, in a word, boring. *Vincents* and its later stable-mate '*Aspro*' used a quite different format.

⁴⁹ K.B. Interview, Townsville, 10 August 1991.

⁵⁰ I.H. Interview, Townsville, 30 July 1991.

⁵¹ Advertisements for *Bex* were located in the *New Idea* and the *Townsville Daily Bulletin*. The format did not materially change between the two or over time, despite the differences in reader audience. See for example the *New Idea*, 14 October 1953, p.43 and *Townsville Daily Bulletin*, 22 January 1946, p.4; 29 October 1962, p.4.



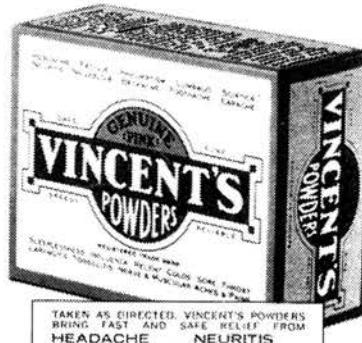
Enjoy Life free from **HEADACHE**

No need for sudden headache to spoil your fun when you can have fast and safe relief with VINCENT'S.

There is no fizz, no fuss, no delay, because the better balanced prescription of VINCENT'S Powders goes to work immediately it touches your tongue, bringing speedy relief from the severest pain.

Next time you suffer from headache, or any body aches or pains, try one VINCENT'S Powder, and see for yourself how quickly you get relief. You'll be happy and bright the whole day through.

For safety's sake, for sure relief



TAKE

VINCENT'S

POWDERS

You can always take VINCENT'S with Confidence and be free from HEADACHE—free from PAIN.

AVAILABLE EVERYWHERE IN AUSTRALIA AND NEW ZEALAND

'CONFIDENCE and what it means to you!' was the key phrase in the colourful scenarios of the *Vincent*s advertisements aimed at young women. 'Happy newly-weds look eagerly toward the future, confident in each other', was the opening line adjoining a large-format picture of a glowing bride.⁵² 'Irresistible charm, high-toned poise, stateliness...these delightful qualities of women of fashion are founded on *confidence!*', accompanied photographs of young women posing as socialites.⁵³ Yet another proclaimed:

Enjoy summer fun! Thrill to the call of the surf and sand! Live life to the full - carefree and full of confidence...*Vincent*'s will lift you to bright, smiling alertness...These essential qualities of Miss Australia are based on *confidence!*⁵⁴

Providing 'genuine', 'safe', 'speedy' and 'reliable' relief for headache, fatigue and nervous depression, *Vincent*s were claimed as the universal panacea for a range of symptoms well in excess of *Bex*, an almost identical product. Moreover, the use of women in a variety of desirable feminine environments was an expression of photographic naturalism which concealed its own construction. *Vincent*s provided subjectively defined beauty, poise, charm and all the other so-called feminine positives, together with their consequent material rewards. The reality of women's lived experiences was pushed aside. As Stephen so ably commented in a parallel context:

The power of this naturalism was that it abstracted the subject from their specific material conditions reconstituting them as identifiable 'universals' and through this homogenising process, it denied different class interests. Based on universal problems of human nature such advertising proposed the consumption of standardised commodities to alleviate discontent with the self. Thus in restructuring consumption advertising sought to redefine the social sources of discontent as individual problems.⁵⁵

Taking '*Vincent*s with confidence' implied, through models who were subjectively defined as acting with confidence, that all women who bought the product would achieve this enviable psychological state for

⁵² *Australian Women's Weekly*, 27 July 1946, p.12.

⁵³ See for example *Ibid.*, 7 September 1946, p.2.

⁵⁴ See for example *Ibid.*, 21 January 1950, p.14.

⁵⁵ A. Stephen, 'Agents of Consumerism: The Organisation of the Australian Advertising Industry, 1918-1938', in J. Allen (ed) *Media Interventions*, (Sydney, 1981), p.94.

themselves. The targeted women should immediately recognise their need of a chemical boost to get on with their lives.

If a young woman could take *Vincents* with and for confidence, then she could take 'Aspro' to be calm, serene and happy. Between about 1952 and 1966, when Nicholas had no financial interest in APC products,⁵⁶ 'Aspro' conducted an aggressive marketing campaign which promoted serenity, without side-effects of 'let-down', habituation and craving. In an indirect but unmistakable allusion to its compound competitors, it was implied that these were problems for users of products containing caffeine.⁵⁷ 'STOP IT! Miss Modern',⁵⁸ 'STOP IT! Mrs Housewife',⁵⁹ 'take 'Aspro' and take it easy'. 'When you're TIRED, IRRITABLE, NERVY!! -knock off for a while and take 2 'Aspro' tablets with a cup of tea',⁶⁰ they advised. Three years later this was promoted as 'a daily thought'.⁶¹ 'Housewife...Mother...Teenager...Business Girl...Outdoor Woman 'Aspro' helps you one and all!'⁶² exhorted a full page spread. It extolled the virtues of the product for every modern life situation, from tapping the keys on a typewriter to parenting. 'The right advice at the right time will help establish a lifelong pattern of sensible use',⁶³ accompanied the photograph of a mother and her pubescent daughter. It promoted 'Aspro' as an aid 'through those difficult days before you are due'. The implication was that all young women would be prostrate with 'depression, tension, nerviness...and pain' at the onset of menstruation.

⁵⁶ Compare for example the claims of a 'Zans' APC advertisement in *Australian Women's Weekly*, 19 July 1947, p.32 with one for 'Aspro' on 6 March 1948, p.23. Then one for the same product on 7 May 1952, p.31 and 21 October 1964, p.40. The last two were published when Nicholas were competing against the compound analgesic market, and included allusions to the habituating and withdrawal components in APCs.

⁵⁷ See for example *Australian Women's Weekly*, 8 September 1954, p.63.

⁵⁸ *Australian Women's Weekly*, 8 September 1954, p.63.

⁵⁹ *Ibid.*, 12 January 1955, p.39, the catchphrase was the same for both advertisements.

⁶⁰ *Ibid.*, 2 January 1952, p.2. Emphasis in the original.

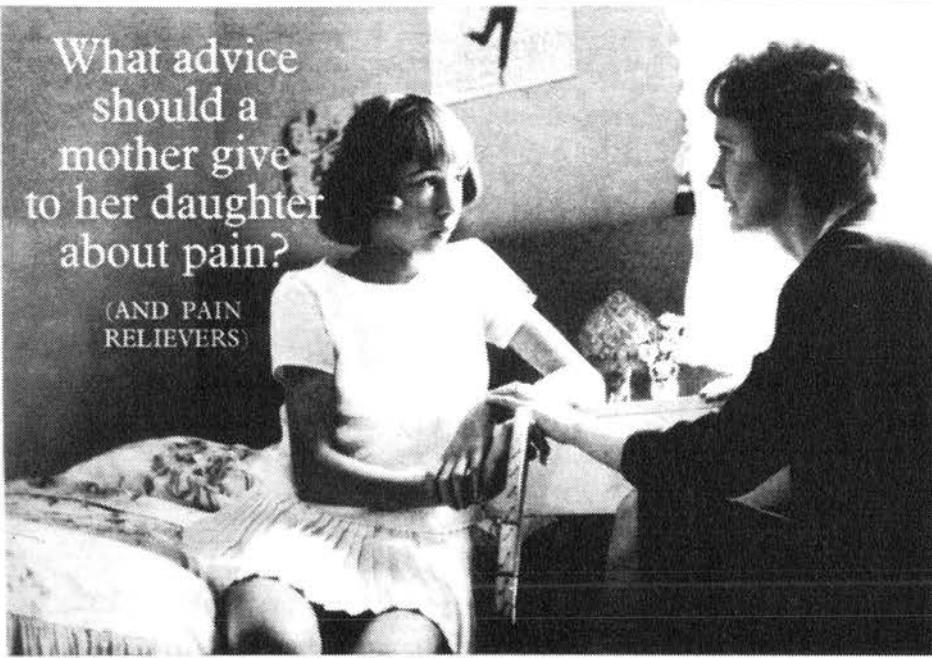
⁶¹ *Ibid.*, 12 January 1955, p.39.

⁶² *Ibid.*, 1 October 1952, p.40.

⁶³ *Ibid.*, 21 October 1964, p.40.

What advice should a mother give to her daughter about pain?

(AND PAIN RELIEVERS)



The right advice at the right time will help establish a lifelong pattern of sensible use

WHAT IS PAIN?

Pain is the term applied to unpleasant sensations or discomfort arising from the skin or deeper organs, which includes vital organs. Naturally, everyone seeks to dispel such sensations as quickly as possible, though, in some instances, they may not be aware of the cause of the pain.

Many pains or discomforts are, however, not due to any disease but to spasm or fatigue of normal organs. All healthy girls and women experience such pain of greater or lesser degree at certain times.

When pain is suspected as an indication of some disease, the logical thing to do is to consult a physician. When there is nothing of importance, a readily digestible, the customary course is to seek relief from pain with the aid of a pain reliever, technically known as an analgesic.

HOW DO ANALGESICS WORK?

The process is, of course, highly complex, but can be expressed briefly as follows. After absorption in the blood stream, the active ingredient in the analgesic acts by **NEUTRALISING** the pain sensation in the pain receptor (the thalamus) at the base of the brain.

GETTING THE MOST FROM AN ANALGESIC

Though it will surprise many, it is a well-established medical fact that analgesics act best when combined with exercise, good hygiene and sound living. It definitely does not pay to inactively and dolefully accept the situation, expecting an instant release from the analgesic. There are many other health matters, more mental attitude is an important contribution.

CHOICE OF ANALGESICS

Analgesics can be grouped into several general classes. There are those in the narcotic class, for very severe pain, which are administered by doctors. Then follow others which can be used painlessly at home. Some of the commoner are not advisable for everyone to take and there are others again which have a wider application. The important thing for the public to realise is that there is a marked difference in analgesics — so much in the way each works against pain, but in aspects involving habituation and other undesirable side-effects.

APPROXIMATELY 900 MILLION DOSES OF ANALGESIC TAKEN IN A YEAR IN AUSTRALIA

This staggering total of doses of tablets and powders was arrived at by a survey of the pharmaceutical industry and general retail store outlets. It can be regarded as reflecting the use of analgesics in the treatment of acute pains and discomforts, in many instances with unnecessary regularity. It would be safe to say that only a minute percentage of people know much if anything of the analgesic of their choice, or of its characteristics. The fact that recently Sweden and Switzerland were to have certain ingredients removed from some analgesics was based on an understanding of the analgesics in use in those countries.

Analgesics obtainable over the counter in Australia usually contain various additives to their base substance, and these include Codeine, Salicylates, Caffeine, Barbiturates and Stimulants. Some of these additives are less harmful than others, but because some of them are habit-forming when used to excess, the danger of over-use is ever present. A glance at the table below will show the

side effects characteristic of each drug in conditions of over-use.

THE ADVANTAGE OF 'ASPRO'

The great advantage of 'Aspro' can be summed up in a simple sentence. Taken as directed, it possesses absolutely no disadvantages, while doing all that can be asked of a pain reliever. This is the other outstanding reason for the wisdom of using 'Aspro'. With the pace of living in 1967, the soothing way in which 'Aspro' works is a great help. 'Aspro' action can be best described as a "sympathetic" action, steady in its effect and kind to the nerves. 'Aspro', therefore, is more valuable under today's living conditions than at any other period in its fifty years service.

Furthermore, those who need to take analgesics frequently or fairly regularly can keep on taking 'Aspro', knowing that their system will not become accustomed to its effects. This does not occur with some analgesics and medicines. 'Aspro' over a year of use, is always one hundred per cent effective each time it is taken.

THE 'ASPRO' TABLE OF COMPARATIVE ANALGESIC SAFETY

'Aspro' does not contain NARCOTICS	therefore 'Aspro' does not create a habit
'Aspro' does not contain CODEINE	therefore 'Aspro' does not affect regularity
'Aspro' does not contain CAFFEINE	therefore 'Aspro' does not agitate
'Aspro' does not contain BARBITURATES	therefore 'Aspro' does not cause drowsiness
'Aspro' does not contain STIMULANTS	therefore 'Aspro' does not irritate
and 'Aspro' is NON-TOXIC	therefore 'Aspro' does not harm heart, arteries or lungs

'ASPRO' FOR PERIOD PAIN *(aspirin)* can help you through those difficult days before you are due. In the long you can lessen depression, tension and nervousness and do all that can be done about the pain. The purity of *aspirin* conforms to the standard of the British Pharmacopoeia, the guiding authority of the medical profession.



In addition to attacking the addictive potential of the market leaders, 'Aspro' advertisements also expanded the capabilities of their product to include the constructed desirable feminine traits of calmness and serenity. Its advertisements reflected, and simultaneously produced, the conflict inherent in woman's subjectively defined self. The very traits which were supposed to be feminine, such as sensitivity and caring, were antithetical to modern society; feelings of stress and tension were a natural consequence. While reinforcing this inherent conflict by constant reference to it, the advertisements also offered a solution: consumption of their product.

During the 1950s and 1960s, then, the textual claims of 'Aspro' advertising were more aggressive than those of the other two top analgesic companies, but the campaign failed to win a substantially larger share of the analgesic market. One simple reason is clear: 'Aspro' was not addictive. All three products had been on the Australian market since at least the early 1920s⁶⁴ and knowledge of their comparative "benefits" was already widely disseminated through the community. Women⁶⁵ who used *Bex* and *Vincents* as stimulants used such products as 'Aspro' only as pain-killers. 'I suffered from migraines, and when I had a migraine I didn't take *Bex*',⁶⁶ maintained one. Another recalled:

I don't think I can honestly say that I ever took a *Vincents*, once I was grown up, because I had something wrong with me. It was because of what I could get out of it...If you genuinely had a headache, you always took two 'Aspro', you didn't take the *Vincents*.⁶⁷

While 'Aspro' advertisements, more openly than any others, claimed that they helped women to cope with their social environment, women chose APCs because they worked. *Bex* was better; *Vincents* did give them confidence.

⁶⁴ Nicholas had commenced production of 'Aspro' about 1915, the other two came on the market a few years later.

⁶⁵ The reasons men gave for beginning to take compound analgesics were invariably medical, or related to the workplace. For example chronic migraine which well preceded the use of compound analgesics, or headaches resulting from the noise of heavy machinery. While one woman respondent gave similar reasons, no man admitted to taking compound analgesics just to keep going.

⁶⁶ T.G. Interview, Home Hill, 12 August 1991.

⁶⁷ I.H. Interview, Townsville, 30 July 1991.

Take
VINCENT'S
A.P.C.
with Confidence

For HEADACHE, FATIGUE, PAIN, Nervous Depression
ENJOY outdoor fun! Be bright! Alert! Full of confidence! When hot weather affects you and you feel headachy, tired and listless, *take* VINCENT'S A.P.C. with *confidence*! Thrill to the call of the Surf and Sand! Live life to the full! VINCENT'S will make you better and brighter in a few minutes because Headache, Fatigue, Heat, Exhaustion and Listlessness quickly respond to the special treatment provided by VINCENT'S better-balanced formula. VINCENT'S Powders and Tablets bring quick, lasting relief in three wonderful ways. VINCENT'S relieve pain, reduce temperature, and stimulate the nervous system.

**A PROVED AND
FULLY ACCEPTED
MEDICAL PRESCRIPTION!**

VINCENT'S hospital prescription has stood the test of over 30 years' experience in the medical world! ONLY genuine VINCENT'S A.P.C. is prepared to the hospital prescription used by the superintendent of one of Australia's largest hospitals!

THOUSANDS OF WOMEN FOR OVER 30 YEARS
have had confidence in genuine VINCENT'S A.P.C. Powders or Tablets for the relief of pain, headache and nervous depression. Taken at onset and repeated according to directions VINCENT'S A.P.C. brings quick and lasting relief! Be sure you get VINCENT'S A.P.C.

ONE DOSE BRINGS QUICK RELIEF FROM HEADACHE AND PAIN!
Get genuine VINCENT'S A.P.C. today! From the very first dose you will get safe, sure relief from Headache, Nervous Depression, Rheumatism, Neuralgia, Sciatica, Glands, Flu, Sore Throat and all Nerve and Muscular Pain. VINCENT'S A.P.C. will lift you to bright smiling alertness. VINCENT'S A.P.C. will quickly replace that tired, headachy and depressed feeling with a feeling of fresh, revitalised exhilaration. Get VINCENT'S now and feel better quickly!

THE FAMOUS PINK
POWDERS & TABLETS!

CHAPTER 5

The Cost of Keeping Them Alive: the politics of health

Medical evidence that *Bex* and *Vincent's* were the primary cause of the increase in chronic renal disease and failure in Australia was well documented by 1966. In every country where analgesic nephropathy was causing concern, the analgesics involved were compounds containing a known addictive agent, usually caffeine. Almost all these countries had introduced some form of legislative control. In 1961 Sweden and Denmark made APCs available only on prescription; Switzerland followed suit in 1963, and Finland in 1965.¹ Although Australia had the world's highest per capita consumption of compound analgesics,² no effective legislation was introduced here for another fourteen years. Governments did not act until the introduction of dialysis and kidney transplants made it possible to keep nephropathy patients alive: at enormous cost to publicly-funded health services. Only then were over-the-counter-sales of APCs banned.

Bex and *Vincent's* escaped government scrutiny for many years. They had been sold in Australia since the 1920s and, in an industry dominated by foreign investment, were manufactured by wholly Australian-owned corporations. Indeed their manufacturers, Beckers and Vincent, together with Nicholas, were success stories of which the Federal, New South Wales and Victorian governments were justifiably proud.³ As locally manufactured pharmaceutical products, both *Bex* and *Vincent's* were subject to State legislation and controls. However, the States tended to rely on Commonwealth agencies for public health information, though they were not compelled to follow Federal recommendations. The division of responsibility between the States and the Commonwealth led to inconsistencies in the application of

¹ Gault *et al.*, 'Syndrome Associated with the Abuse of Analgesics', p.907; Stewart & Gallery, 'Analgesic Abuse and Kidney Disease', p.499.

² Ross, 'A.P.C. as a cause of Renal Disease', p.541.

³ Beckers Pty Ltd and Vincent Chemical Company Pty Ltd were located in New South Wales, Nicholas Pty Ltd in Victoria. For promotion material see The Department of Trade, *The Australian Pharmaceutical Products Industry*, (Melbourne, 1960). See also J.S. Baker, 'Pharmaceuticals: A Flourishing Australian Industry', *Australian Chemical Processing*, September 1962, pp.23-26.

existing controls⁴ and to aspects of the industry falling completely outside the network. As late as 1981 the Senate Standing Committee on Social Welfare commented on the impossibility of unravelling the competing and conflicting strands.⁵

When analgesic nephropathy became an issue in Australia in 1962,⁶ neither governments nor medical authorities had the power to insist that manufacturers provide information in the interests of public health. Certainly, the companies were not eager to release the findings of their own research facilities or to fund independent inquiries.⁷ Indeed, they were notoriously secretive even about production and sales figures which would have allowed researchers to determine consumption levels; they refused this information to a series of government committees from as early as 1965. Without their co-operation, the only sources of relevant information were the Bureau of Census and Statistics and the Commonwealth Taxation Office; both were bound by a strict code of confidentiality. No public health authority monitored manufacturing levels of over-the-counter drugs in Australia, and information supplied by industry associations was vague.⁸

The limitations of existing control mechanisms were exacerbated by the age of the products. The fact that *Bex* and *Vincents* had been on

⁴ Other inconsistencies were highlighted by the Walters report. See S. Walters, *Another Side to the Drug Debate...a medicated society?: Report from the Senate Standing Committee on Social Welfare*, (Canberra, 1981), p.55.

⁵ *Ibid.*

⁶ Jacobs & Morris, 'Renal Papillary Necrosis and the Abuse of Phenacetin'. See Chapter 1, above.

⁷ Alex Johnson, Medical Secretary of the Australian Kidney Foundation (AKF) in 1974, suggested that maybe the Victorian branch would be more successful in obtaining research funds from Nicholas than he had been from Vincents some fourteen years previously. There is no evidence that any such request to Nicholas was made. Letter from A. Johnson, Medical Secretary, to R.D.K. Ansell, Victorian Branch Committee Member, AKF Analgesic Sub-committee correspondence file, 5 April 1974.

⁸ For instance the use of the term proprietary includes all medicines sold by brand name without prescription, from cough mixtures to laxatives. The lack of information was noted in the Baume report. Even a representative of the industry was not able to advise where nearly 30% of all proprietary analgesics were sold: only that it was in outlets other than food stores and chemist shops. See Baume, *Drug Problems in Australia*, pp.111-112.

the market for about forty years gave them a degree of immunity, even invisibility. The Federal *Therapeutic Goods Act* and Code of Good Manufacturing Practice, as quality control mechanisms, were not responsible for the safety or otherwise of a chemical or pharmaceutical product.⁹ The Australian Drug Evaluation Committee might well have taken up the analgesic problem after its formation in 1963; its terms of reference included authority to evaluate and restrict existing products if new information, including results of clinical tests on animals, indicated a possibility of adverse reactions.¹⁰ Clearly the committee could have investigated the link between nephropathy and compound analgesics, but there is no evidence that it did so.¹¹ Until 1970, indeed its members apparently relied on the advice of the Victorian Proprietary Medicines Advisory Committee (VPMAC).¹²

The VPMAC was responsible for the evaluation and registration of proprietary medicines in Victoria. It reported directly to the Victorian Health Commission.¹³ Brand medicines were subject to registration under the *Victorian Health (Proprietary Medicines) Act*¹⁴ and the subsequent *Health Act* of 1958¹⁵ which framed the VPMAC's terms of reference. While Victoria was the only State with a registration scheme, its evaluation facilities were not comparable to those of the Commonwealth Department of Health, nor were there any formal avenues for the exchange of information. There was potential for conflict of interest in that pharmaceutical trade and industry representatives were not excluded from membership of the committee. In general, the VPMAC confined itself to the registration of new products,¹⁶ and was disinclined to investigate the ingredients of well-known and long-established proprietaries.

⁹ Walters, *Another Side to the Drug Debate*, pp.48-50.

¹⁰ *Ibid.*, p.51.

¹¹ No reference was found linking the Australian Drug Evaluation Committee and compound analgesics. If an evaluation was carried out its findings have not been made public.

¹² Walters, *Another Side to the Drug Debate*, p.57.

¹³ *Ibid.*

¹⁴ Dept. of Trade, *The Australian Pharmaceutical Products Industry*, p.50.

¹⁵ Walters, *Another Side to the Drug Debate*, p.57.

¹⁶ *Ibid.*, p.58.

Another body which might well have investigated APCs was the NH&MRC; a Federal body, it was an extremely influential adviser on government health policy with the ancillary function of apportioning funds for clinical research. Members were drawn from a range of medical and allied professions.¹⁷ The NH&MRC first expressed an interest in compound analgesics in the early 1960s when it asked the Royal Australasian College of Surgeons to assess their side effects. The College referred the problem to its Therapeutic Advisory Committee. Armed with its findings, and despite recent restrictions imposed on APCs in Sweden, Denmark and Switzerland, the Council advised the Federal Minister for Health in May 1963 that it was unnecessary to inhibit the traffic in either phenacetin or compound analgesics.¹⁸

Notwithstanding this advice, the Council in 1964 made a grant of £9,820 to support Priscilla Kincaid-Smith's research into 'analgesic abuse and renal disease' for two years.¹⁹ In her report back to the Council in 1967 she noted that preliminary animal studies had shown:

Necrosis of the papilla may then occur in animals which have been given A.P.C. although this has not as yet developed in animals given phenacetin alone.²⁰

Yet the only action taken by the NH&MRC was directed against phenacetin. This was the year in which it made the recommendation which led to the Federal Department of Health's removing phenacetin from the pharmaceutical benefits list, and requiring manufacturers to print health warnings on the packets of all over-the-counter phenacetin-based drugs. This ignored the results of research the Council itself had sponsored.²¹ The first recommendation was quite pointless. Compound analgesics containing phenacetin - *the only form in which any significant amount of phenacetin had ever been sold in Australia* - had been removed from the pharmaceutical benefits list in 1963. Moreover, APCs, at a shilling a dozen, had always been cheaper

¹⁷ The possibility that the pharmaceutical lobby was represented cannot be discounted.

¹⁸ Commonwealth of Australia, *House of Representatives Parliamentary Debates*. Vol.H of R43, (Canberra, 1964), p.420.

¹⁹ NH&MRC *Fifty-eighth Session: Canberra 1964*, (Canberra, 1964), p.13.

²⁰ NH&MRC *Medical Research 1967*, (Canberra, 1968), p.37.

²¹ See the reports from Kincaid-Smith in NH&MRC *Medical Research 1968 and 1969*, (Canberra, 1969, 1970), pp.39-40. These reports are discussed in chapter 1, above.

to buy across the counter than on prescription.²² The second resulted in a warning so tentative that it is difficult to imagine its having any deterrent effect.²³ In the opinion of Kincaid-Smith, the leading authority, the effect of the subsequent removal of phenacetin from *Vincent's*, together with the aggressive marketing of them as 'safe', was 'to dramatically increase the intake of APC mixtures'.²⁴

Two years later the Council again expressed interest. In 1969 it asked the Australian Kidney Foundation (AKF), formed in 1968, about the feasibility of surveying the incidence of analgesic nephropathy. The Foundation viewed the problem of APC abuse very seriously and had recently formed an Analgesic Sub-Committee of its Medical and Scientific Advisory Committee.²⁵ Before it had formally responded Kincaid-Smith, a founding member of the AKF and the above committees, advised the NH&MRC that the most accurate way to go about this would be to study post mortems. Informing the AKF of her opinion to the NH&MRC, Kincaid-Smith maintained that a population study would only determine the levels of compound analgesic consumption and relate it to impaired renal function, which only occurred after years of habituation. Consequently she considered 'this would require a large scale and long term epidemiological study which would be a very expensive exercise'; she also believed it would be morally questionable.

I think that the Medical & Scientific Advisory Committee should discuss the ethical side of this. Should such a study be conducted in which people are allowed to continue to take large amounts of analgesics while we observe the effects on the kidney? Now that papillary necrosis has been produced in animals by several different groups with the doses of analgesics taken by patients I

²² 'Aspirin, A.P.C. Off List', *Sydney Morning Herald*, 26 October 1963, p.5.

²³ 'Warning: This medication may be dangerous when used in large quantities or for a long period'. See 'N.H.M.R.C. recommendations on sale of phenacetin', *Medical Journal of Australia*, Vol.1, 27 May 1967, p.1095.

²⁴ See above, Chapter 4, fn.40. The lack of statistics on sales makes it impossible to check, but other evidence does support the allegation. See for example Report from the *Senate Select Committee on Drug Trafficking and Drug Abuse*, p.37 and Chapter 2 above.

²⁵ Later the Australasian Society of Nephrology was to combine forces with the Foundation under the analgesic sub-committee.

very much doubt that it would be acceptable to conduct such a study.²⁶

The Foundation overruled her qualms. Their reply to the Council suggested 'that any survey should be a long term undertaking, of approximately 5 years', and offered to undertake the work providing 'that adequate financial support were assured from the [NH&MRC]²⁷' The Council never provided this support. Nevertheless, in 1970, it again contacted the Foundation for 'evidence of the incidence of analgesic nephropathy in the Australian community and its comparison with that overseas'.²⁸ The request received short shrift from Kincaid-Smith:

I really think that the NH&MRC have a bit of a nerve in that they decided not to go ahead with the analgesic nephropathy survey and then ask us to provide evidence of the incidence of analgesic nephropathy which is what this survey had been designed to determine!²⁹

The sentiment was endorsed by David Jeremy, head of the Division of Renal Diseases at The Prince Henry Hospital, and a member of the analgesic sub-committee.³⁰ When Alex Johnson became Medical Secretary of the AKF, he again approached the NH&MRC for research funding in February 1972, suggesting that the Foundation could provide part of the money, but would be unable 'to "go it alone".³¹ The Council did not respond; later, Johnson was to comment, 'I think the NH&MRC found the subject too difficult and backed out altogether'.³²

The Council 'backed out' for the next five years. Then, in the twelve months from November 1976, the Australasian Society of

²⁶ Letter from Dr P. Kincaid-Smith to H.H. Pearson, Medical Secretary, AKF, 24 December 1969.

²⁷ Letter from Pearson, AKF, to Dr R.W. Greville, Secretary, NH&MRC, 21 April 1970.

²⁸ Letter from Pearson, AKF, to Kincaid-Smith, 21 December 1970.

²⁹ Letter from Kincaid-Smith to Pearson, AKF, 7 January 1971.

³⁰ Letter from D. Jeremy to Pearson, AKF, 5 October 1971.

³¹ Letter from A. Johnson, AKF, to Dr R. Greville, Secretary, NH&MRC, 28 February 1972.

³² Letter from Johnson, AKF, to J.H. Stewart, Honorary Executive Officer, Australasian Society of Nephrology, 15 June 1973.

Nephrology and the AKF,³³ as the Analgesic Sub-committee of the Medical and Scientific Advisory Committee, made joint submissions to the Senate Standing Committee on Social Welfare, the New South Wales Joint Parliamentary Committee on Drugs, and the South Australian Royal Commission on Non-medical use of Drugs. The NH&MRC simultaneously conducted a working party to examine the feasibility of analgesic restrictions and also received a submission from the Analgesic Sub-committee. The working party's findings, which were approved by the NH&MRC in April 1977, endorsed the Analgesic Sub-committee's recommendation that APCs be sold only on prescription. By this time the NH&MRC was in possession of the results of long term studies it had sought eight years earlier. These showed that Australia held the dubious honour of recording the highest incidence of analgesic nephropathy in the world.³⁴ The studies had been completed without financial support from the Council.

The NH&MRC had ignored European legislation restricting APCs in the early 1960s. It ignored Kincaid-Smith's research which provided experimental evidence of nephropathological effects on laboratory animals both of APCs and of aspirin alone. It disregarded the AKF's 1970 opinion 'that Analgesic Nephropathy possibly comprises the most important cause of morbidity and mortality from renal disease in Australia'.³⁵ It had demanded long term research that it was not prepared to fund. The Council finally recommended legislative action only in 1977, when three separate Government bodies were on the brink of acting without it.

While the NH&MRC deferred action about APCs, the manufacturers were waging their own political campaign. They started from a position of strength. Beckers, Vincent and Nicholas employed

³³ Analgesic Sub-committee of the Medical and Scientific Advisory Committee of The Australian Kidney Foundation Report for 1977. There was considerable co-operation and pooling of resources between the two groups from at least June 1973.

³⁴ See for instance Table 2.8 - Apparent International Incidence of Analgesic Nephropathy in chapter 2 from Prescott 'Analgesic Nephropathy - The International Experience'.

³⁵ Pearson, A.K.F. to Greville, NH&MRC, 21 April 1970.

hundreds of people.³⁶ Vincent and Nicholas were the only two wholly Australian-owned pharmaceutical companies who exported their product. Nicholas had been operating in Victoria since 1915 as the manufacturer of 'Aspro'. During World War II it had supplied 837 million doses of a whole range of medicaments to the Australian forces at cost, a patriotic gesture not easily forgotten. In 1955 it set up The Nicholas Institute for Medical and Veterinary Research: one of the very few privately funded research organisations in Australia.³⁷ In short, as the three companies set about refuting evidence against their products, their standing in the Australian business community ensured that they would be listened to in political arenas.

Interestingly, one of the earliest public attacks on compound analgesics in Australia came from the manufacturer who was later to conduct the most vigorous defence: Nicholas. Ignoring early medical research which focussed on phenacetin, the Nicholas Research Department concentrated on publicising the stimulating and habituating element of compound analgesics, claiming that 'the danger of over-use is ever present'.³⁸ This criticism of the most dangerously insidious component of *Bex* and *Vincent's* was used in an aggressive marketing campaign aimed at converting users to their product 'Aspro'. When it failed, Nicholas bought out Vincent.³⁹ From that time advertising of both 'Aspro' and *Vincent's* changed dramatically. 'Aspro' advertisements no longer warned of the habituating effects of APCs. *Vincent's*, having removed phenacetin from its product in the same

³⁶ In 1960 it was reported that Nicholas employed about 500 full-time staff in Australia. There are no figures available for Beckers and Vincent, however, based on product lines it could be reasonably estimated that the two would have employed in the vicinity of 250 people. Dept. of Trade, *The Australian Pharmaceutical Products Industry*, pp.75 & 81.

³⁷ *Ibid.*, p.76. See also Nicholas Australia Ltd, 'Australian Success Story', *Australian Health Education Advisory Digest (AHEAD)*, Vol.7, No.2, June 1970, pp.5-7.

³⁸ Research Department, Nicholas Pty Ltd, 'What Advice Should a Mother give to her Daughter about Pain? (and pain relievers)', *Australian Women's Weekly*, 21 October 1964, p.40.

³⁹ The take-over was a logical move to dominate the analgesic market in Australia. It also made Nicholas the largest wholly Australian owned pharmaceutical manufacturer.

year, concentrated its publicity upon asserting the powders were safe.⁴⁰ They succeeded in taking over part of *Bex*'s market share, which was no doubt a major aim.

However, after Kincaid-Smith and her team implicated aspirin in APC related kidney damage in 1969,⁴¹ Nicholas/Vincent increasingly engaged in counter-action against any medical research, and associated publicity, which supported her findings. The implication of aspirin attacked Nicholas/Vincent in two highly profitable areas, '*Aspro*' and *Vincent*s.⁴² Moreover, Nicholas had recently reorganised as a public company, and so had the additional burden of having to answer to shareholders.

The resources available to Nicholas/Vincent to counteract the sustained lobby for restrictions on the availability of compound analgesics, far outweighed those of their adversaries. Beckers did not enter its own defence, either against Nicholas/Vincent or the medical profession, leaving the field to its larger, better organised competitor. Moreover, once aspirin as well as phenacetin came under attack, there was dissent in the medical ranks, particularly from the Australian Rheumatism Association.⁴³ The dispute was ably utilised and expanded by Nicholas, who focussed on aspirin as a single analgesic, and successfully defended it by claiming the toxic effects of APCs were due to phenacetin, which, of course, had already been removed from

⁴⁰ See for instance Nicholas' 1974 Annual Report to shareholders, 'Aspirin in Perspective', p.6. See also *Australian Women's Weekly*, 10 May 1967, p.66.

⁴¹ There was a time lapse of two years between publication of Kincaid-Smith's findings which exonerated phenacetin (1967) and implicated aspirin (1969) as nephrotoxic agents. The full results of her experiments, published in 1969, attracted publicity.

⁴² While the two products were not the major items manufactured and sold by Nicholas ("Akta-Vite" held that honour), they were strong contenders. "Akta-Vite" was first manufactured by Nicholas in 1942, along with the junior product "Penta-Vite". According to Nicholas it soon became, and in 1970 still was, the largest single product handled by the pharmaceutical division. See Nicholas, 'Australian Success Story', p.7.

⁴³ See letter from S.C. Milazzo, Secretary of the Australian Rheumatism Association to J.R. Lawrence, AKF Public Education Committee Chairman, 5 October 1977.

Vincent.⁴⁴ Aspirin had (and still has today) important therapeutic use; but taken regularly in large doses over long periods it caused fatal kidney damage. Aspirin was not taken in these dangerous quantities except as a constituent of APCs. It was so taken not because of any of its own properties, but because of the habituating effects of the caffeine. No-one taking aspirin for its therapeutic effects, with or without prescription, was in danger of suffering fatal kidney damage. A successful campaign to educate the public had to include all this information. The message would have been complex, but not impossible. The message did not get through.

The Australian medical scientists cannot be absolved of blame: not so much for following the red herring phenacetin, but for not clearly and publicly correcting the error when Kincaid-Smith demonstrated it; for failure to recognise the habituating properties of caffeine as the reason for excessive consumption of APCs; and for looseness of expression which failed to pinpoint APCs (*and APCs alone*) as the culprit. Using terms such as 'analgesic abuse'⁴⁵, 'pain-killing drugs'⁴⁶ and 'aspirin types'⁴⁷ widened the parameters of the dispute to include all analgesics and allowed Nicholas/Vincent to cloud the issue by shifting the focus away from their product. The greater responsibility for not clearly presenting the information to the public rested with Nicholas/Vincent.

By 1972, the waters were further muddied when the generic term APC was registered as a brand, at least in Victoria. Newspapers could

⁴⁴ Nicholas successfully confused the debate by whitewashing aspirin even as an element in compounds by continually referring to phenacetin as the problem. See for instance the Nicholas publication *Current Status of Aspirin in Therapeutics and in Relation to Analgesic Nephropathy*, (n.p. 1974), a high profile booklet that was direct mailed to The Australian Kidney Foundation, and the article by R. Aldridge, 'Aspirin: Danger is in the mind - A little knowledge lets a wonder drug waste', *Age*, 19 September 1974, p.8, which was remarkably similar in text, references and construction.

⁴⁵ See for example 'Dangers in Abuse of Analgesics', *Australasian Journal of Pharmacy*, Vol.50, No.596, August 1969, p.570; 'For many it means death', *Sydney Morning Herald*, 14 December 1967, p.12; 'Advertising helps to cut analgesic abuse', letter to the editor from P.N. Daddo, Vice-President - Pacific Region, Nicholas Ltd, *Age*, 10 June 1974, p.8.

⁴⁶ 'Kidney disease in Australia world's highest', *Sydney Morning Herald*, 4 January 1967, p.4. See also 'Pain-killers may harm your kidneys', *Age*, 21 June 1974, p.6.

⁴⁷ Gillies & Skyring, 'The Pattern and Prevalence of Aspirin Ingestion'.

no longer publish articles or letters mentioning APCs for fear of libel action.⁴⁸ Michael Grounds, a medical practitioner who conducted a virtual one-man campaign to have caffeine removed from compound analgesics, was continually frustrated in his attempts at public education.⁴⁹ As he commented in his unpublished letter to the editor of the *Age*, 'use of the term "aspirin abuse" continues a misleading tradition of coyness' which hid the reality of addiction to compound analgesics:

Failure to publicly identify the preparations which are killing people is perpetuating two evils: firstly these preparations remain on the market and go on killing people: and secondly people become illogically afraid to take a reasonable dose of aspirin for a genuine pain or fever.⁵⁰

Using the expression 'pain-killing drugs' instead of 'APCs' or 'compound analgesics' in a public education pamphlet issued by the AKF in 1973 left it open for Nicholas to attack the pamphlet's accuracy, and by association the Foundation, with greater effect.⁵¹ The Foundation spent four months gathering the material for a rebuttal.⁵² The initial correspondence to the AKF from Nicholas was on 7 November 1973. Alex Johnson, then Medical Secretary to the Foundation, had to elicit opinions and comments from Priscilla Kincaid-Smith, Ranjit Singh Nanra, Lindsay Yeo and others before a reply could be formulated. Meantime, Nicholas had successfully had their correspondence to the Foundation published virtually verbatim. During that period Nicholas held the field unchallenged; in the end it

⁴⁸ Letter from G. Perkin, Editor, the *Age* to M. Grounds, 2 August 1972, from the private research archives of Dr M. Grounds, Strathfieldsaye, Victoria.

⁴⁹ It was to be another six years before Dr M. Grounds would attempt to resume his campaign in the public arena, and that was because of the publication of the recommendations of the NH&MRC and the Baume report.

⁵⁰ Copy of unpublished letter to the editor of the *Age* 28 July 1972, from the private research archives of Dr M. Grounds, Strathfieldsaye, Victoria.

⁵¹ The pamphlet was brought out in 1973 as part of the Foundation's public awareness campaign. On the front page the headline reads 'HEALTHY KIDNEYS KEEP YOU ALIVE AND WELL' above a picture of a woman pouring a powder down her throat. Below the picture the caption states 'STOP: DON'T LET Pain-Killing Powders or Tablets DESTROY YOURS'.

⁵² The article, 'Drug makers hit Kidney Foundation', was by-lined by a Cliff Baxter. Although a clipping of the article is held on file by the Foundation unfortunately it is not referenced.

appears that the AKF rebuttal of Nicholas was never made public. To be fair, Nicholas had the easier task - defending a long-established product and well-entrenched social practices. The AKF had to present an argument unassailable at every point; Nicholas had only to cast doubt on any one point. In reality, the groups and individuals who engaged Nicholas in the debate were no match for the company, either in political experience or in financial resources.

Compound analgesics and the lives of a relatively few unimportant middle-aged women never attracted widespread political interest. An occasional question in the Federal House of Representatives would receive an anodyne answer without attracting much attention in the House or beyond it.⁵³ Then came "It's Time", the political slogan which heralded Gough Whitlam and a Federal Labor government in December 1972, after twenty-three years of Liberal rule.

When the Labor party came to power with its new broom, hope rekindled for the AKF. As Johnson wrote to Stewart of the Australasian Society of Nephrology: "Things may now be different with the new Government and a new Minister for Health. There seems to be an awakening of interest up here in analgesic abuse and its consequences".⁵⁴ And a few months later Kincaid-Smith, in her capacity as Chair of the Medical & Scientific Advisory Committee, lobbied Doug Everingham, then Federal Minister for Health.⁵⁵ She repeated the exercise in August of the following year in an attempt to neutralise the manufacturers' campaign, "...the main purpose of which seems to point out why it is important that there should be no restriction on analgesic advertising and sales".⁵⁶ Everingham's response to her second letter pleased the Foundation's members. He informed them that controls of both advertising and sales of compound analgesics were in the pipeline and, interestingly, mentioned that he had asked the NH&MRC to consider 'the inclusion of compound

⁵³ See for example *House of Representatives Parliamentary Debates*, Vol.36 (1962), pp.751, 1758-61; Vol.38 (1963), p.613; Vol.43 (1964), pp.420-21; Vol.54 (1967), pp.656, 663; Vol.55 (1967), p.2486; Vol.59 (1968), pp.1885-96.

⁵⁴ Letter from A. Johnson, AKF to Stewart, Australasian Society of Nephrology, 15 June 1973.

⁵⁵ Letter from Kincaid-Smith, AKF, to Dr D.N. Everingham, Federal Minister for Health, 14 December 1973.

⁵⁶ Kincaid-Smith to Everingham, 20 August 1974.

analgesic formulations in the Fourth Schedule which would make them available only on prescription'.⁵⁷ It had not done this by December 1975 when the Whitlam government was ousted. The delay effectively pushed the matter off the political agenda for another two years.

When the NH&MRC finally recommended that compound analgesics be scheduled S4, the fight was still not over. Each State had to put through its own legislation. The Australian Kidney Foundation began to lobby the State governments. Queensland, in keeping with past practice, automatically implemented the NH&MRC statement in 1977, as did Tasmania later in the year. Representations to the Senate Standing Committee on Social Welfare and to the Victorian, South Australian and Western Australian governments brought mixed response. The New South Wales Joint Parliamentary Committee was "...apparently in favour of regulations - however political situation delicate and Government may not introduce legislation if it is seen as controversial".⁵⁸ In the event regulations were gazetted in 1979. In South Australia the Minister for Health was opposed to 'controls on purely personal grounds',⁵⁹ but a Royal Commission in that State proved too much for him, and legislation was introduced in the same year. In Victoria, the home of Nicholas, the Minister for Health considered that the 'NHMRC recommendations were of dubious value',⁶⁰ but was overridden; controls were instituted in 1980. The Western Australian government played a waiting game, and eventually brought in controls after all the other States. By the end of 1980, all States had effective restrictions on the availability of compound analgesics. *Bex* and *Vincents* remained on the market as single element pain-killers.

Medical researchers had first been alerted to the dangers of APCs in 1953. By 1966 the evidence was incontrovertible. Legislation to save lives was not completely in place until 1980. Why did it take so long? One answer was suggested by Professor Gordon in his opening address to a pharmacists' seminar at Queensland University in 1973:

⁵⁷ Everingham to Kincaid-Smith, 29 October 1974.

⁵⁸ Minutes of a meeting of the Analgesics Sub-Committee of the Australasian Society of Nephrology and Australian Kidney Foundation, 23 February 1978.

⁵⁹ *Ibid.*

⁶⁰ D. Murphy, 'Drug study dubious: Houghton', *Age*, 23 March 1979, p.5.

To look at it in a macabre way, most who have died from excessive use of minor analgesics, have probably first performed a useful role in society.⁶¹

Those who died were overwhelmingly middle-aged women who commonly died quickly in the obscurity of public wards, and who, in a strictly rational sense, were past the age of contributing to society in the one way that was recognised and valued: childbearing.

However, as the numbers of victims escalated during the 1970s renal technology improved. As a result increasing numbers of lives were saved, but at ever increasing financial cost. In 1963 only nine kidney transplants were performed in Australia; there were 307 in 1977.⁶² At least 20% of these resulted from analgesic nephropathy. From 1971 - 1977, 442 people were entered on the ANZDATA registry as having end-stage renal failure as a result of the disease. All required dialysis, often long term, either in hospital or at home, and many of those on dialysis would not survive to transplant. Of those who survived, some would require more than one operation.⁶³ Nephropathy was a debilitating disease; the new treatment was protracted and increasingly expensive. All major hospitals had now to have their special renal units with very expensive equipment and specialist staff. In 1970 Kincaid-Smith *et al* estimated that the cost for the restoration of kidney function by dialysis and transplantation was \$10,000 for each patient per year.⁶⁴ By 1977 this had risen to an estimated \$21,000, excluding the cost of machines. Total estimated

⁶¹ D. Gordon, 'Address to Pharmacists Seminar, Queensland University, 14 October 1973', *Summary of Papers*, (Brisbane, 1973), p.3.

⁶² These figures were included in a submission to R.J.D. Hunt, Federal Minister for Health in 1978 for funding for a National Analgesic Education Program by a committee representing The Australian Kidney Foundation; The Australasian Society of Nephrology; The Australian Foundation on Alcoholism and Drug Dependence; the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia. See Appendix II. No funding was forthcoming.

⁶³ A respondent interviewed on 2 August 1991 had two transplants. Her dialysis had commenced about 1978, and had been virtually continuous until the second transplant in 1990.

⁶⁴ P. Kincaid Smith, R.S. Nanra & K.F. Fairley, 'Analgesic Nephropathy: A Recoverable Form of Chronic Renal Failure', in P. Kincaid-Smith & K.F. Fairley (eds) *Renal Infection and Renal Scarring: Proceedings of a symposium held at the Royal Melbourne Hospital March 1970*, (2nd ed.), (Melbourne, n.d. [1972]), p.392.

expenditure on the treatment program in 1977, including new machines, amounted to \$15.1 million,⁶⁵ of which at least \$3.2 million was spent on people with analgesic nephropathy. Ancillary spending would have more than doubled this amount.

Here was a large problem which governments had not to face when the women who reached end-stage renal failure had died quickly. The cumulative effects of high APC consumption in the late 1950s and early 1960s, when so many young women had resorted to 'a cup of tea, a *Bex* and a good lie down', resulted in large numbers of expensive patients in the 1970s. Clearly the numbers, and the costs, would have continued to grow unless the cause was removed. The economics of health care forced governments to institute controls.

⁶⁵ National Analgesic Education Program submission, Appendix II.

CONCLUSION

Addiction to *Bex* and *Vincent*s was a phenomenon of the long post-war boom in Australia when the modernisation of the Australian home made women's work more painstaking while, at the same time, impressing on them the idea that 'they never had it so good'. In their attempts to solve this inherent conflict between their own experiences and the rhetoric of the advertisers, women resorted to chemical props. Their use of APCs did not empower them to change their circumstances but it did help them to get the job done. However, these props were addictive. Their effects were also cumulative and some years later women suffered with often fatal kidney disease. The pattern of chemical addiction was not recognised by research workers who, instead, constructed a stereotypic user as a neurotic, middle-aged, working-class housewife, reducing the problem to a function of age, class and personal inadequacy. The stereotype survived despite contrary evidence from Australia and abroad.

The problem of *Bex* and *Vincent*s addiction was exacerbated by the type and extent of the companies' advertising. This was particularly noticeable after Nicholas had taken over Vincent when the allocation of advertising for the two analgesic products *Vincent*s and '*Aspro*' reflected the company's bid to annex the Australian analgesic market. As well-established Australian exporters, the companies exercised considerable political muscle. The time-lag between the introduction of restrictive legislation in other countries and in Australia was deplorable. Australian governments had shown they could be quick to restrict the availability of other drugs that were dangerous; thalidomide is an example from the period. But the casualties of thalidomide were about as poignant symbols of innocent victimisation as could be imagined; their deformities were gross and unmistakable. One picture told the whole story - an entire lifetime of major handicap. The mothers had all taken the drug on medical advice. Every aspect of the APC victim was in sharp contrast.

There is little doubt that there were hidden agendas of conflicting interests. As Kincaid-Smith noted:

I think a major factor in the slow action by Federal and State governments related to the extremely powerful lobbying by the manufacturers of analgesics. There were huge profits involved and... there was a very strong analgesic lobby which tried very

hard to counter any evidence that we produced that analgesics were harmful.¹

There were also other factors at work. The complexity of split State and Federal responsibilities delayed legislative action. Most of all, the lives of the women who suffered ('because they almost always were women'),² only became important when the cost of preserving them became too high.

The Australian Kidney Foundation and the many organisations that had gradually joined forces with it to campaign for the restriction of compound analgesics were understandably jubilant when the legislation was finally passed. They continued to monitor the situation and found that: "The overall impression has been that the community has accepted these restrictions without showing any evidence of a reaction or a transfer of addiction in another direction".³ This conclusion may be too optimistic.

The pharmaceutical industry did, in fact, embark on an active campaign to induce people to switch to single analgesics.⁴ It failed. Consumers of APCs were addicted to the caffeine component, for which single analgesics offered no substitute.⁵ Heavily addicted consumers would develop symptoms of clinical neurosis. For those who sought medical advice, doctors commonly prescribed *Valium*. Anecdotal evidence suggests that the majority of analgesic nephropathy patients used *Valium* even while APCs were freely available. It is very possible that much larger numbers who had not developed kidney disease when APCs were withdrawn from sale in effect transferred their addiction to *Valium*.

¹ Letter to the author, 14 October 1991.

² W.I. Correspondence, 21 September 1991.

³ Analgesic Sub-Committee Report, 1979, p.1.

⁴ See for instance the letter to pharmacists from J.C. Cook, Marketing Director of Reckitt & Colman Pharmaceutical Division, 23 May 1980. It was an open attempt to expand the market share of their major product *Disprin*, by pushing pharmacists to increase stocks of larger packs.

⁵ As Nicholas had found out when it tried to promote 'Aspro' as a safe substitute for APCs in the 1960s, before it bought out the Vincent Chemical Company in 1967. See Chapter 5, above.

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Some respondents have expressed a desire to remain anonymous.

(a) Taped Interviews:

Dr. D.A. Douglas, Townsville, 1 July 1991.

Dr. P. de Jersey, Townsville, 12 July 1991.

M.T., Townsville, 30 July 1991.

I.H., Townsville, 30 July 1991.

C.Y., Townsville, 31 July 1991.

F.N.L., Innisfail, 2 August 1991.

K.B., Townsville, 10 August 1991.

Q.I., Townsville, 11 August 1991.

T.G., Home Hill, 12 August 1991.

K.M., Townsville, 17 August 1991.

N.E., Townsville, 9 September 1991.

(b) Interviews not taped:

G. Haines, Sydney, 9 October 1991.

Dr. J. Headrick, Townsville, 9 September and 2 October 1991.

(c) Written Communications:

Dr. A.P.S. Disney, ANZDATA Registry, 23 April 1991.

Dr. M. Grounds, Strathfieldsaye, 7 October 1991.

Professor P. Kincaid-Smith, Melbourne, 14 October 1991.

T. Norton, Brisbane, 26 August 1992.

N.C., Ulverstone, 17 July 1991.

D.B., Armidale, 17 July 1991.

M.D., Revesby, 15 August 1991; 10 September 1991.

Q.I.O., Rockhampton, 5 September 1991.

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