

<http://somatosphere.net/2008/08/grandmas-little-helper.html>

Grandma's little helper

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By Eugene Raikhel



**if chronic fatigue
and mild depression
make simple tasks
seem this big...**

Ritalin gently overcomes mild depression and the fatigue so often associated with it. The drug brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients often report that fatigue and worry seem to vanish; they are able to go all day without getting tired.

Widely cited for its outstanding record of safety, Ritalin is virtually free of the toxic effects of the so-called amphetamines. Its action is steadily uncomplicated by excessive stimulation or sudden letdown.

Ritalin is exceptionally well-tolerated, even by the elderly.

CONTRAINDICATIONS: Marked anxiety, tension, agitation. Contraindicated in patients with glaucoma and with epilepsy, except to combat tetragly induced by anti-epileptic drugs. **WARNINGS:** Should not be used for severe depression (exaggerated or endogenous) except in the hospital under careful supervision. Should not be used to increase arousal or physical capacities beyond physiological limits. **PRECAUTIONS:** Patients with an element of agitation may react adversely; discontinue therapy if



**Ritalin (methylphenidate CIBA)
relieves chronic fatigue
that depresses and mild
depression that fatigues**

necessary. Use cautiously with vasopressors (e.g., epinephrine, levartanin, angiotensin analogs) and in patients with hypertension. **SIDE EFFECTS:** Nervousness, insomnia, anorexia, nausea, dizziness, palpitation, headache, dryness, skin rash. Rarely, blood pressure and pulse changes, both up and down, occur. Child psychosis behavior and psychic dependence in emotionally unstable persons have occurred rarely.

DOSEAGE: Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response. The average range being 20 to 60 mg daily. **SUPPLY:** Ritalin® hydrochloride (methylphenidate hydrochloride CIBA) Tablets, 20 mg (peach), 10 mg (pale green) and 5 mg (pale yellow). Consult complete product literature before prescribing. CIBA Pharmaceutical Company, Summit, N. J.

I came across this ad in a 1966 issue of JAMA. This isn't at all my area of research, but I thought the ad was quite evocative of the changes that have occurred in psychiatry and mental health care over the past thirty years.

Because we now think of Ritalin as a drug used to curb hyperactivity or to focus the abnormally dispersed attention of ADHD kids, it is striking to see that at this time it was being marketed as a kind of mild anti-depressant for housewives. Given that the drug is a stimulant, this makes sense, and as several accounts of the history of ADHD have pointed out, it was originally the effectiveness of stimulants like Bensedrine in calming hyperactive children (during the 1960s the diagnostic term often used was "[hyperkinetic syndrome](#)") that clinicians found surprising and counterintuitive.

The ad also uses a vague pre-DSM-III diagnostic language: "chronic fatigue that depresses and mild depression that fatigues,"!

I also find striking that—unlike what you find in contemporary ads for anti-depressants—the woman in this ad doesn't look particularly happy in the “after” shot. She's just steadily peeling away, fulfilling her housewifely duties, looking almost as miserable as she does in the first image. It almost lends itself too easily to the critique made of Ritalin in connection to ADHD since the 90s: that it is used as a means of fostering self-disciplining subjects capable of fulfilling expected social roles.

[Andy Lakoff](#) and [Iina Singh](#) have both written accounts of the development of ADHD as a diagnostic entity, and Singh's article in *Science in Context* gives us a nice interpretation of how this early marketing of Ritalin to women may have paved the way for its use with children:

“Ciba played an important role in the promotion of Ritalin within the medical industry through paid clinical research, advertising in physicians' journals, and direct sales strategies.... It is more difficult to establish Ciba's role in promoting acceptance of Ritalin within the domestic realm. It can be argued, speculatively, that Ritalin benefited from a shift in public understanding of mental illness, promoted in part by the creation and marketing of drugs for a nation of “worried well.” In particular, the success of anti-depressant drugs may have contributed to mothers' acceptance of Ritalin for relatively common behavior problems in boys. The pharmaceutical industry and the medical profession probably targeted women for anti-depressant diagnoses and treatments... and women accustomed to drugs for their own relatively common problems may have been more likely to accept Ritalin for their sons' problems,” ([Singh 2002: 592-3](#))

For more on the history of ADHD see:

[Lakoff, A. “Adaptive Will: The Evolution of Attention Deficit Disorder.” *Journal of the History of the Behavioral Sciences* 36, 2 \(2000\): 149-169.](#)

[Singh, I. “Bad Boys, Good Mothers, and the “Miracle” of Ritalin.” *Science in Context* 15, 04 \(2002\): 577-603.](#)

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