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FLOWERS FROM THE DEVIL: AN AMERICAN OPIATE CRISIS, THE
CRIMINALIZATION OF MARIJUANA, AND THE TRIUMPH OF THE PROHIBITION

STATE, 1840-1940

By

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Dissertation

Presented in partial fulfillment for the degree of Doctorate in History

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FLOWERS FROM THE DEVIL: AN AMERICAN OPIATE CRISIS, THE
CRIMINALIZATION OF MARIJUANA, AND THE TRIUMPH OF THE PROHIBITION
STATE, 1840-1940

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This dissertation focuses on historic changes in public perception of narcotic use and abuse from the mid-nineteenth century to the mid-twentieth. From the 1840s to the outbreak of Civil War, politicians, physicians, the general public, and state and federal government remained largely ambivalent on the topic of drug use. Opium, morphine, and cannabis were legal, widely available in American pharmacies, and touted as essential medicines. Within the Bohemian community, artists and writers experimented with the recreational use of cannabis and their accounts of that style of consumption filled the pages of *Harper's*, *The New Yorker*, and a host of other literary-minded publications. By the 1880s, that seemingly permissive environment seemed to suddenly give way to a government increasingly focused on the regulation and prohibition of drugs.

This work argues that a late-nineteenth century opiate epidemic radically transformed the country's relationship with drugs and placed cannabis on a historical trajectory that led to its criminalization in the late-1930s. As newspapers blamed the perceived narcotic crisis that emerged in post-bellum America on the medical community, public opinion turned, to a large extent, against doctors and pharmacists. This erosion in public trust in the practice of medicine—a direct byproduct of an American opiate crisis—instigated a transfer of control over the nation's approach to drug management. Once entirely the occupation of a relatively decentralized medical community, crucial choices over the dispensation of narcotics and their general management shifted to the arena of popular politics. This dissertation argues that transference of power aided the formation of a prohibition-minded state that rapidly banned smokable opium, non-medicinal opiates, cocaine, alcohol, heroin, and—eventually—marijuana.

Flowers from the Devil: An American Opiate Crisis, the Criminalization of Marijuana, and the
Triumph of the Prohibition State, 1840-1940

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Introduction

In 1866, newspapers across the United States published advertisements for “Hasheesh Candy.” It labeled the confection a “Great Oriental Panacea!” and the “only, reliable, safe and agreeable preparation of this much esteemed Eastern Stimulant and Tonic.” The cannabis used to make the candy had been prepared “under the supervision of one of the most celebrated chemists in the country.” The papers billed the treat as a medicine and argued that, to those who could not get a good night’s sleep, it was “invaluable.” It also eased the symptoms of “nervousness, headache, low spirits, coughs, neuralgia, loss of appetite, chronic and camp diarrhea, dyspepsia, asthma, and dysentery.” In the treatment of those diseases, the promotional bulletin continued, cannabis was simply unparalleled. Indeed, Dr. Mott, who practiced in New York City, offered a testimonial that read, “the true medicinal virtues of the Hasheesh Candy are very great; much better than yet appears. I could wish that a remedy, so potent for good as it is, were more generally in use.”¹

Sixty years later, the United States government went to war against that same substance. On November 27, 1937, it was widely reported that U.S. customs agents had assembled along the Mexican border to stop the flow of cannabis into the United States. The agents were “veterans in wars against international smuggling rings” and were “waging a battle to halt the flow of marihuana from its native Mexico” into the United States. In many cases, federal authorities crossed into Mexico. “The federal battle lines are moving southward,” a syndicated article proclaimed, “into the tiny villages of the vast, barren Northern Mexico country, where the dread ‘giggle weed’ is cultivated and grows wild.”²

¹ “Hasheesh Candy,” *Fall River Daily Monitor* (Fall River, Massachusetts), April 21, 1863.

² “Government Fights Marihuana Traffic on Mexico Border,” *Portage Daily Register* (Portage, Wisconsin), November 27, 1937.

How did Americans' relationship with drugs go from permissive and experimental in the mid-to-late nineteenth century to fearful and prohibitory during the twentieth century? At its heart, this dissertation seeks to answer that question. The broad conclusion drawn here is that a late-nineteenth century opioid epidemic restructured the way Americans thought about narcotics and ultimately how they perceived the practices that defined the medical and pharmaceutical professions. In the process, the general public also broadly reconsidered the role government should play in averting public health crises. Indeed, their responses pointed to a complicated and multilayered set of social and political developments greatly spurred by a morphine crisis following the Civil War—one that led to a wholesale reconsideration of all narcotics, including opium, cocaine, hashish, heroin, and marijuana.

The story of how that crisis unfolded and changed American opinions on narcotic use starts in the 1840s in the field of medicine. A variety of social and scientific trends shaped that initial permissive and experimental environment that dominated the practice of medicine throughout the nineteenth century. During that period, the field of medicine was largely responsible for vetting new narcotics for the pharmaceutical marketplace and, for the most part, state and federal government did not interfere with that process. In an era before centralized agencies tested new and potentially powerful drugs for public consumption, the relatively unregulated medical and pharmaceutical professions assumed that role. In the process, doctors continued to vet medicines through trial-and-error experiments on patients they encountered in daily practice.

The methods deployed to test the safety of new medicines for the marketplace in the nineteenth century represented the antithesis to the isolated and controlled laboratory experiments that would replace them in the twentieth. Nineteenth century physicians conducted

experiments in London, New York, Philadelphia, Boston, New Orleans, St. Louis, San Francisco, and nearly all the small cities and towns in between. Their subjects were not carefully selected, but rather included any American seeking medical treatment. The experiments were also not controlled or necessarily even guided by established data. The latter was especially true in the initial stages of experimentation when little information on the impact of a certain narcotic existed. In that environment of uncertainty, doctors tended to push forward with prescriptions that would later be deemed controversial. Throughout the period, physicians continually prescribed new medicines—whether it was raw opium, cannabis, laudanum, morphine, chloroform, cocaine, or heroin—and then noted the patient’s reactions (whether it was positive or negative). That information, then printed in medical journals, circulated throughout Europe and the United States.

This style of testing the medical viability of new drugs nurtured a culture of prescriptive latitude. It also helped that the drugs physicians experimented with did not tend to nurture widespread social disease—or at least that was the dominant reality before the outbreak of the American Civil War. The resultant overdoses, accidental poisonings, and rates of addiction during that period, while not unheard of, did ultimately seem relatively contained. That kind of containment strategy proved successful largely because the profession worked with unrefined plant-based substances throughout much of the nineteenth century. While raw opium introduced its fair share of consequences, unfortunate outcomes were ultimately deemed manageable. Cannabis, a substance the medical community vigorously tested throughout the mid-nineteenth century, led to no known deaths or addictions. Consequently, the medical community’s reputation for managing the dispensation and vetting of new drugs remained relatively intact through the American Civil War.

The introduction of the hypodermic needle created an entirely different environment. The intravenous application of a meticulously distilled opioid began to spike rates of addiction in the United States and undermined the long-term viability of the medical profession's approach to vetting new medicines. Physicians, just as they had done with opium, cannabis, laudanum, chloroform, and morphine powders, tested the power of intravenous morphine on patients with that familiar sense of liberality embraced by ante-bellum practitioners. According to their training, those individuals used it widely and treated subjects with muscular issues, depression, nausea, diarrhea, and etcetera. This seemingly unfettered use created a population of addicted Americans and many of them, at first, tended to be middle-class women. In response, the media fixated on the imagery of the unfortunate drug addicted American mother and pursued a style of reporting on the morphine problem that began to reshape popular opinion and stoke a sense of panic.

While many in the medical community arrived at the understanding that their aging practices seemed to have encountered a new reality that required modern thinking, the damage had mostly been done. In fact, as the health epidemic created by morphine addiction grew exponentially in the 1880s, the medical community continued experimenting with new narcotics like cocaine, a highly addictive drug used for toothaches, fatigue, depression, and nausea. The perceived inability of the profession to rapidly readjust their practices began to significantly damage the average physician's public reputation. At the same time, the press increasingly portrayed physicians and pharmacists as out-of-touch and unprofessional while also sensationalizing drug related issues and encouraging a political intervention in order to solve a crisis it then actively promoted.

The criticism of the medical profession was not confined to the media alone. Dr. T.D. Crothers, a tireless reformer of his community's practices, argued in 1899 that even American doctors were becoming addicted to the morphine needle. He used the new popular name for morphine dependency—*morphinism*—and argued that any continued ambivalence on the subject might threaten the core foundations of society. “I cannot stop without calling attention to the fact that morphinism is increasing among physicians.” He continued by pointing out that “the reports from private asylums and public hospitals” suggested that if the problem remained unchecked, “medical men” would soon form “a considerable part” of the asylum’s inmate population.³

Crothers’ prediction was bleak and suggested the drug crisis had not only entered the middle-class home, but also had infiltrated the pharmaceutical and medical community itself. These types of stories, widely reported by the press, created a legitimate sense of alarm. Worse, the medical profession, which had operated largely outside the purview of state or federal oversight, failed to keep statistics on the rates of addiction. Consequently, the best evidence of rising drug dependency came from the accumulation of anecdotal news stories. In that era of uncertainty, then, the relative number of drug addicts in the United States was truly anyone’s guess.

In an environment characterized by a lack of hard data, morphine abuse emerged as a favored topic of the press and a reliable source of late-nineteenth century public anxiety. Responding to changing public perceptions of the crisis, politicians, often pressured by grassroots sentiment, began to intervene into the problem and call for local, state, and federal laws curtailing access to “dangerous” drugs. This development led to a battle over who would emerge as the managers of the nation’s drug crisis. Would the medical community lead the way

³ Dr. T.D. Crothers, “Startling Charge Against American Physicians,” *The Times* (Philadelphia, PA), December 3, 1899.

with a clinic-based approach that continued to exist outside the realm of politics? Would the political class seize control of the crisis and govern it through drug reform legislation? Or would a hybrid policy develop in which state and federal governments collaborated with the medical profession to limit the impact of drug addiction in America? They were complicated questions to answer.

A scenario in which the American public and the political class continued to allow the medical community to manage issues related to drug addiction without governmental oversight became increasingly unlikely. Although many younger physicians attempted to adjust practices and reform the profession, their efforts were too little, too late. It was also clear that the issue of drug abuse and the control of narcotics was destined to become far more of a political issue in the twentieth century than it had been in the nineteenth. A situation then emerged in which the medical community continued its internal reforms and managed the ongoing drug crisis while Congress developed policies that placed them under federal oversight. Simultaneously, politicians at all levels of government worked to curtail the public's access to drugs through prohibitory legislation. From 1900 to 1937, Congress passed the Biologic Controls Act, the Pure Food and Drug Act, the Smoking Opium Exclusion Act, the Harrison Narcotic Act, the Anti-Heroin Act, the Volstead Act, and the Marihuana Tax Act. Their efforts represented a stunning change in direction for the federal government and a new style of public health management. It was both regulatory and punitive, institutional and populist, and legislative, legal, and medical. Its cumulative impact created a modern state anchored by a politics of restriction and discipline.

The broader story told here is about the rise, peak, near collapse, and ultimate triumph of the resulting Prohibition State, a term used to describe the confluence of professional reforms, grassroots activism, and state and federal politicking that helped shape a broad anti-drug agenda

in the United States. Advocates of the Prohibition State introduced a diverse set of political goals, many of them proposed in a bipartisan fashion. The aims of this new form of regulatory government could be quite specific, involving the implementation of simple pharmaceutical reforms, or they could be broadened to include a wholesale reconsideration of how the international opium supply might be monopolized. The issues surrounding drug reform might also be professional and rational while, at the same time, capable of veering into racism and xenophobia. One coherent strategy rarely dominated the nation's emerging drug war politics. Rather, a multitude of responses worked in synchronicity to create robust socio-political change. The numerous competing theories about what caused the perceived drug crisis also influenced the contours of that diffuse approach. In a decentralized and democratized society, all theories had influence.

The popular notion that the drug problem resulted from physicians overprescribing powerful drugs that were then supplied by an unregulated pharmacy continued to dominate the discussion. That conclusion fueled the transfer of the crisis from the medical profession to the political class. Less convincing theories, however, still lured followers. Other possible answers included citification (meaning the adoption of a harried, frenetic pace associated with a modern lifestyle). In that scenario, individuals unaccustomed to the breakneck change of modern industrial and urban living had turned to escapism in the form of drug abuse. The crisis might also be associated with Chinese immigrants, feminine emotions, boredom, or Godlessness.

These theories highlighted the organic and grassroots origins of the Prohibition State. The process of its construction did not rely on a top-down process initiated in Washington, D.C. It rather depended on a bottom-up democratic process in which the states truly served as the laboratories of anti-drug policy making. Many of those states acted quickly to address what

appeared to be a rapidly progressing drug crisis. California and Oregon, for example, passed laws restricting morphine and cocaine in the 1880s. Congress, on the other hand, did not act until 1914 as it prepared for World War.

In answering the question of how the United States transformed so rapidly from a society tolerant of drug use to one intent on prohibition, it is important to highlight a key point. When considering the involvement of city councils and state legislatures in the crisis—a process that began in the 1870s—governmental action does not appear to emerge so suddenly. Instead, it represented the slow nationalization of localized laws in an environment where Congress took its cues from the states. When the beginning of the government’s involvement in the drug crisis is traced to the 1870s at the state level, it seems historically logical to place the origins of the Prohibition State in the immediate post-bellum years. In that context, perceptions of American drug history begin to change. Not only does the unfolding of a state intent on prohibiting drugs begin nearly forty years earlier than is typically argued, but its early construction involves city councils and state legislatures more than it does Presidents or Congresses.

The primary argument of this work, then, is that the federal response to a perceived drug crisis came as the result of a decidedly liberal and democratic process built on local grassroots politics, lobbying, and state-level legislation; and that a late-nineteenth century morphine crisis—a national opiate crisis—inspired these developments. By the time Congress passed national laws, many states had already established legal and legislative precedents for those statutes. Ultimately, federal involvement in the early erection of the Prohibition State largely involved the slow nationalization of existing local laws.

That explanation is still too simplistic. The bigger crisis—the one that truly nurtured the opioid epidemic that inspired local action—involved systemic breakdowns in the practice of

medicine. Indeed, the crisis illustrated the extent to which liberal nineteenth century theories about how new medicine was to be vetted for public consumption were no longer workable in a modern environment that included intravenous morphine. Further complicating the story, those issues were global. The United States followed British, French, and German medical practices and each country suffered from the opioid crisis—even if less severely than the United States. Consequently, the transfer of the drug problem from the medical community to the federal government occurred in those countries as well, which made the construction of the Prohibition State—and the seemingly endless war on narcotics it encouraged—a transatlantic collaboration; one that was, in the case of the United States, implemented first at the municipal and state level.

The literature in the field of drug and alcohol history tends to view the political intervention into the medical management of drugs as a kind of hostile takeover. The state's subsequent management of the drug problem is then approached with seemingly relentless skepticism. The most prominent historian of the American opioid crisis, David Courtwright, argues that by the time the federal government intervened to control the nation's problem with opiates, it had been largely solved by the medical community. In his illuminating work *Dark Paradise: A History of Opiate Addiction in America*, Courtwright argues that “opiate addiction increased throughout the nineteenth century, peaked in the 1890s, and thereafter began a sustained decline.” He further suggests that “the major reason for the rise, as well as the fall, in the rate of opiate addiction was the prevailing medical practice of the day.” His argument, however, somewhat understates the role of government in spurring the medical community towards corrective action. Consequently, subsequent analysis minimizes problems the medical community faced in reforming its mid-nineteenth century practices and casts political solutions

as measures that came after the problem had been solved. This brand of analysis ultimately portrays governmental responses as largely unnecessary.⁴

This skepticism of the government’s formulation and enactment of drug policy defined the field for decades. Courtwright’s claim that “another fundamental feature of American narcotic laws is that they were passed, interpreted, and defended on the basis of misleading, even fraudulent information” established a deep sense of unease in the field. That assertion, which cast the government as a hapless—if not malicious—actor in the American drug crisis, has had profound influence. The modern literature on the topic mirrors this approach. Historian Kathleen Frydl, whose work focuses on the period from 1940 to 1973, argues that “more than anything else, the drug war extended or enabled certain state agendas, like policing inner cities embroiled in conflict, or wielding influence and power abroad, especially throughout the developing world.” She continues by asserting that “the drug war compensated for deficiencies in other institutions and instruments of government. Bereft of other tools, the state punished its way to power.”⁵

The problem with Frydl’s indictment of state motives is largely one of periodization and focus. If, for example, a history of the nation’s narcotic problem begins in 1940 after decades of foundational lawmaking—and then focuses entirely on the national government’s work in preserving institutions created as early as 1901—the state appears as a highly irrational actor. While her arguments present a very fair and thoughtful analysis of the ways in which the post-war state benefited from and preserved its prohibitionist agenda, broader contextualization would likely lead to less certain conclusions. A similar strategy is deployed by Courtwright in

⁴ David Courtwright, *Dark Paradise: Opiate Addiction in America* (Cambridge: Harvard University Press, 1982).

⁵ Courtwright, p. 6; Kathleen Frydl, *The Drug Wars in America, 1940-1973* (New York: Cambridge University Press, 2013).

suggesting that the federal government did not react to the morphine crisis until 1914, an assertion that effectively removes the role of state laws in shaping national agendas.

In Lisa McGirr's *The War on Alcohol: Prohibition and the Rise of the American State*, which can be viewed as a corrective to many of the issues in the scholarship, she writes that "the war on alcohol was a prime example of a recurring theme of United States mass politics." She continues by suggesting "the nation's powerful traditions of evangelical Protestantism and its freewheeling brand of expansive capitalism emerged in tandem—and in tension with one another." This phenomenon, she argues, led to a situation in which the combination of those forces "fueled moral crusades among men and women unsettled by social conflict and change." This more nuanced interpretation of the social movements that led to the rise of the Prohibition State adds much needed depth to the narrative. Most importantly, she portrays the prohibition of alcohol as a grassroots effort, which is a crucial point. Indeed, some of this work's key arguments borrow from McGirr's work. Her assertion that the "nation's nascent domestic and international drug-prohibition regime emerged symbiotically with national alcohol prohibition" serves as the building blocks for the final chapter of this dissertation, which highlights the intensive overlapping of alcohol and drug prohibition politics.⁶

On the other hand, deep suspicions regarding the wielding of state power similarly characterize McGirr's work. She argues that alcohol reformers "turned to the state to stabilize social order, and secure their place within it, with strong doses of coercive moral absolutes" while averring that their "monumental anxieties over industrial capitalism, mass immigration, and the increasingly large and potentially volatile proletarian populations congealed around the campaign against the saloon and liquor traffic." McGirr's work ultimately helps steady the shaky

⁶ Lisa McGirr, *The War on Alcohol: Prohibition and the Rise of the American State* (New York: W.W. Norton & Company, 2015).

argument that the entirety of America’s approach to drug and alcohol reform may be found in largely discredited anxieties that were cynically used by bureaucratic entrepreneurs to unnecessarily expand the state.⁷

This work can be distinguished from the existing scholarship by its relative lack of suspicion or sense of conspiracy. While it does not refute the overwhelming evidence that racist, xenophobic, classist, and other generalized anxieties fueled the growth of the Prohibition State, it nonetheless concludes that the story was far more complicated. The rise of the Prohibition State was a liberal and democratic process, backed by the voting public, heralded by activists, exalted by the press, embraced in bipartisan fashion, promoted in churches and schools, funded by philanthropists and expanding budgets, corroborated by judges, policed at all levels of law enforcement, and widely celebrated as common-sense governing. Indeed, the push for drug reform started in the presidency of Ulysses S. Grant and reached its peak during Franklin Roosevelt’s administration. It transcended political partisanship and gained the support of one of the most diverse political coalitions in American history—one that lasted for 150 years.

Moreover, much of the scholarship on the prohibition of drugs and alcohol rests on a reading of social anxiety that casts the phenomenon as an irrational force that inspires equally irrational policy making. This work operates from the standpoint that social anxiety is a constant—and not ahistorical—factor that influences the history of the United States. It also contends that moral panic is a common everyday force that actively shapes national responses to crises (for better or worse). The business of deciding what is and what is not a legitimate response to a perceived threat is largely outside the purview of historical analysis. As Robert S. Billings, Thomas W. Milburn, and Mary Lou Shaalman argue in their work “A Model of Crisis

⁷ McGirr, 7.

Perception:” “although crisis is common, little is known about how a situation becomes defined as a crisis.” They further note that there is an “incomplete development of the concept of crises or of the process of perceiving crises.” While their work is dated (1980), there has been relatively little scholarship on the subject since.

In this work, the state is viewed as an everchanging, elastic, highly imperfect, and oftentimes unfortunate reflection of various national anxieties. The state, according to this reading of history, is not necessarily an idea to be broadly condemned. The rise of the Prohibition State in this story, which seems to occur suddenly, also accorded with longstanding American political traditions. It was a global project that began at the local level and then became a municipal and state level enactment of international trends. The war on drugs the Prohibition State engendered and supported mirrored America’s most rational and irrational tendencies, simultaneously embodying the nation’s ingenuity as well as its racist underbelly. Within that context, the Prohibition State emerged as the bureaucratic manifestation of one of America’s most deep-seated fears—the spread of addictive and deadly drugs within their communities.⁸

The first chapter of this work takes inspiration from James H. Mill’s histories of cannabis in England, especially *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928*. By anchoring his story in the nineteenth century and connecting it to the politics of the present, a complicated story of medicine, empire, and politics emerges. It also offers a rare narrative that covers the topic of drug use in western society in a century long context. In emulation, this work, which seeks to chart the rise of a prohibition-minded twentieth century state, begins in 1840.

⁸ Robert S. Billings, Thomas W. Milburn, and Mary Lou Shaalman, “A Model of Crisis Perception: A Theoretical and Empirical Analysis,” *Administrative Science Quarterly*, Vol. 25, No. 2 (June 1980), 300-316.

This first chapter focuses exclusively on the medicalization of cannabis in the mid-nineteenth century. It was during that period, one significantly defined by the Britain's Opium Wars with China, that the western world discovered medicinal cannabis. From the laboratory of William O'Shaughnessy, an Irish physician employed by Britain's East India Company, the substance then spread to London, Paris, and eventually Boston, New York, Philadelphia, New Orleans, St. Louis, and Chicago. This chapter interprets the arrival of cannabis in the United States through a transatlantic medical information exchange developed in the early-nineteenth century.

Cannabis arrived in the United States during a period of pharmaceutical experimentation. The European and American medical professions were rapidly developing new and more powerful medicines and a kind of therapeutic revolution lay just around the bend. The profession had experimented widely with the implementation of cannabis in the practice of medicine, but eventually determined it to be too erratic for serious use. Ultimately, however, it was the emergence of the opioid epidemic that swept cannabis to the margins of legitimate medical use. The consistent pain relief physicians hoped cannabis might ultimately provide had been remedied, in large part, by the effective results delivered by intravenous morphine. So, the medical community, which once hoped cannabis might replace opium as a pain reliever, then abandoned it and returned to a more distilled form of opium—intravenous morphine. This chapter also highlights the halcyon days of the profession's control of the nation's narcotic supply and offers a scenario in which their strategies worked reasonably well.

In chapter two, which focuses on the rise of the popular “hasheesh confessionals,” a literary genre focused on detailing one's recreational use of cannabis, this project continues to outline the dimensions of the nineteenth century's tolerance of broad experimentation with

drugs. It argues that this artistic rendering of cannabis use also had medical value and ultimately walked a tightrope between science and literature. More, this work suggests that in an environment lacking centralized agencies charged with vetting new drugs, a broad and liberal approach to testing medicines characterized the process. Because of that, hallucinatory literary prose had influence and was reluctantly embraced by a medical profession intent on gathering information from all experiences with the substance in question.

In chapter three, close attention is paid to transitions within the medical community. The period covered marks the moment when the medical vetting process used to test cannabis and other new drugs began to fail in a modern world that included intravenous morphine. It presents a profession devoted to liberal experimentation using a hypodermic syringe in the same way it did tinctures of opium and cannabis. The results led to spiking levels of addiction and morphine-related death, a new media uniquely focused on drug dependency, an erosion in public trust in the medical profession, and the increased politicization of the crisis.

Chapter four highlights the active transfer of the nation's drug problem from the medical and clinical setting to the political arena. By 1900, debates about drugs had dramatically changed. The American public, no longer ambivalent on the topic, begins to embrace governmental regulation of the medical and pharmaceutical industries as well as the prohibition of drugs. This chapter charts the legislative foundations of a Prohibition State and focuses on the Biologic Controls Act, the Pure Food and Drug Act, the Smoking Opium Exclusion Act, and the Harrison Narcotic Act. In the backdrop, it also focuses on the rise of a new American-led foreign policy centered, to a large degree, on controlling the global opium supply. By 1914, the medical profession is largely absent in debates around how to best control the nation's ongoing opioid epidemic and the issue is entirely political.

The final two chapters of this work interpret the peak, decline, and triumph of the Prohibition State from 1919-1937. After passing the Harrison Narcotic Act in 1914, which prohibited cocaine and placed historic limitations on non-medicinal opioids, Congress followed with the Volstead Act and the Eighteenth Amendment prohibiting alcohol in 1919. Then, in 1924, Congress implemented the uncontroversial Anti-Heroin Act, banning that substance as well. These maneuvers represented the apex of prohibition-minded government and pointed to a stunning transformation in public perception and policy since the outbreak of America's first opioid epidemic. Much of the public, the press, and government at all levels had become united in their stance against drug and alcohol use.

Just as the Prohibition State reached its pinnacle with a ban on alcohol, it seemingly collapsed with the repeal of the Volstead Act, passed just twelve years later. That profound rebuke of the fundamental philosophies of the state did not, however, blunt the progress and evolution of the state's prohibitionist agenda. Despite popular historical narratives, the prohibitionist movement continued in different forms. Budgets and agents were merely transferred to new agencies like the Alcohol Tax Unit. Instead of stifling prohibitionist zeal, the repeal of alcohol prohibition led to the empowerment of its sister agency—the Bureau of Narcotics—which almost immediately began to pursue the criminalization of marijuana in the mid-1930s. The subsequent shift in focus to the so-called Reefer Madness that allegedly plagued the United States, along with the fact that alcohol prohibition agents and the budgets that enabled continued on in different forms, ultimately led—this work suggests—to the long-term triumph of the Prohibition State.

Chapter One

“Giving the Resin of Hemp an Extensive Trial:” The Rise of a Global Medical Marijuana Economy

When William O’Shaughnessy, a young Irish physician, first arrived in 1830s Calcutta to take a post at the city’s medical college, cannabis could easily be found. On the streets and in the city’s bazaars, merchants sold its dried leaves—called *gunjah*—which were then smoked, most often in a hookah. They kept its “larger leaves and capsules” for use in a popular milk-based drink that possessed mildly intoxicating effects. Those larger leaves, referred to as *bhanga*, could also be smoked or baked into edibles widely sold as *majoons*. The market for cannabis in India, essentially a legal and recreational one, showed the extent to which eastern society had adopted the substance as heartily as the west did alcohol and it caught the attention of this young physician recently employed as a corporate doctor by the East India Company.¹

While Dr. William O’Shaughnessy became known for a variety of achievements not related to cannabis, he nonetheless occupies a coveted spot in American drug history as the man who introduced medical marijuana to the west. After he arrived in India in the 1830s, O’Shaughnessy held a number of professional positions, experimented with the possibility of underwater telegraphy, and published prolifically in his field. He was best known for his work in establishing the telegraph (above ground) in India, an achievement for which he was ultimately

¹ W.B. O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah (Cannabis Indica:) their Effects on the Animal System in Health, and their Utility in the Treatment of Tetanus and Other Convulsive Diseases,” *New York Journal of Medicine and Collaborative Sciences* (November 1843): 390; For a broader view of the cannabis industry in India, see: James H. Mills, *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928* (New York: Oxford University Press, 2003); John Kaplin, *Marijuana; Report of the Indian Hemp Drugs Commission, 1893-1894* (Simla: Printed at the Government Central Printing Office, 1894); E.L. Abel, *Marihuana: The First Twelve Thousand Years* (New York: Springer Science, 1980); Col. Sir R.N. Chopra, *Chopra’s Indigenous Drugs of India* (Kolkata: Academic Publishers, 1933).

knighted by the British government. For a short time though—from roughly 1838 to 1843—his name was synonymous with cannabis experimentation.²

O’Shaughnessy’s efforts eventually led to the establishment of a medical marijuana economy in the United States that lasted into the 1930s when Congress banned its possession. While the doctor had a clear impact on the practice of medicine, his socio-cultural impact was, perhaps, even greater. His unyielding advocacy of the use of cannabis accelerated a culture of narcotic experimentation that defined the practice of medicine throughout the nineteenth century. After O’Shaughnessy introduced cannabis to the west, physicians began experimenting with its medical potential while. Almost simultaneously, hashish use became popular in Bohemian literary circles and a culture of cannabis consumption emerged in the United States.

The story of western cannabis experimentation did not end as O’Shaughnessy imagined it would, however. Physicians struggled with the substance in ways their eastern counterparts had not. The drug was irascible, generated frustrating results, and was difficult to prescribe with any sense of clarity. Doctors often noted unwelcome effects that exacerbated the underlying conditions they initially sought to treat. By the late-nineteenth century, after decades of repeated struggles, the mainstream medical community began to slowly marginalize its use of the substance. It was ultimately not a story of triumph for medical marijuana in the west. Once celebrated by the scientific community, cannabis ultimately became a problematic substance deemed too resistant to standardization.³

² M. Adams, *Memoir of Surgeon-Major Sir William O’Shaughnessy Brooke: In Connection with the Early Telegraph in India (1889)*, Whitefish, MT: Kessinger Publishing, 2008.

³ The basic narrative recounting the arrival of cannabis in the United States has been covered in a variety of scholarly and popular works, see: Martin Booth, *Cannabis: A History* (New York: St Martin’s Press, 2003); Martin A. Lee, *Smoke Signals: A Social History of Marijuana—Medical, Recreational, and Scientific* (New York: Scribner, 2012); Isaac Campos, *Homegrown: Marijuana and the Origins of Mexico’s War on Drugs* (Chapel Hill: The University of North Carolina, 2012).

While fundamentally a rise and fall history, the story of marijuana in America also points to larger social trends. It highlights a story about global connections and the transatlantic exchange of medical knowledge from England to the United States. It advances this perspective while also offering a glimpse at the international dimensions of the practices that shaped an early medical marijuana economy. During the period highlighted here, England, France, and Germany did not collaborate to suppress the spread of cannabis as they would just a few decades later, but rather worked to increase its use as a modern medicine with untold potential. The mainstream medical community in England, in fact, embraced Dr. O’Shaughnessy’s work with the substance and reports of his findings traveled from Calcutta to London, Paris, Berlin, New York, Boston, Louisville, and throughout urban and rural United States.⁴

Within that narrative of global exchange, there is another story about the way in which the British government appropriated and exported Indian medical knowledge. The classical historical literature on colonial/settler relationships typically presents information exchanges as a one-way transmission from London to Calcutta. Even in the revisions countering the “Orientalism” inherent in that perspective, there are few examples of Indian culture directly impacting and reshaping thought in the west. William O’Shaughnessy’s embrace of medical cannabis and the exportation of that knowledge to the United States illustrates such an example. While histories highlighting the Indian influence on the medical culture of London are rare, those

⁴ With the exception of historian James H. Mills enlightening works, specifically *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928*, the field of drug history has only recently begun to fully analyze the global dimensions of both medical and “illicit” marijuana consumption. For the most notable works to emerge, see: Bradley J. Borougerdi, *Commodifying Cannabis: A Cultural History of a Complex Plant in the Atlantic World* (New York and London: Lexington Books, 2018); Chris S. Duvall, *The African Roots of Marijuana* (Durham, NC: Duke University Press, 2019); In that sense, this work contributes to a literature on the European influence on American medicine, see: W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (New York: Cambridge University Press, 1994); John Harley Warner, *Against the Spirit of the System* (Baltimore and London: The Johns Hopkins University Press, 1998); Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago and London: The University of Chicago Press, 1962).

dealing with its impact on the same community in Boston, New York, Philadelphia, New Orleans, and St. Louis through a transatlantic crossing are exceedingly so.⁵

Within that larger context, this work highlights the American medical profession's dependency on European practices—especially upon London. It was that reliance on European medicine that led American physicians towards the use of medical cannabis in the first place. Physicians in the United States mirrored the practices of their British colleagues and began to test the substance in order to reveal its therapeutic viability. The medical marijuana trials that spilled from O'Shaughnessy's Calcutta laboratory then depended on this transatlantic collaboration in which scientific conclusions and hypotheses traveled quickly across the ocean. More, this consistent interchange ultimately led to the realization that cannabis, while a potentially powerful healing agent, was also an incredibly complex substance not easily tamed by the scientific method. Its effects were deemed unpredictable, which made it difficult to prescribe with confidence. After two decades of attempting to transform cannabis into a trusted mainstream medicine, the American medical community—frustrated by its mysterious composition—began to turn away from its use.

The medical community's loss of confidence in cannabis also occurred in London, Berlin, and France, illustrating ongoing global interconnectedness and intellectual cohesion in the two decades leading up to the Civil War. While the medical community considered cannabis to be possibly more powerful than opium in the 1840s, it gradually adjusted its expectations and

⁵ David Kopf, *British Orientalism and the Bengal Renaissance: The Dynamics of Indian Modernization, 1773-1835*, (Berkeley and Los Angeles: University of California Press, 1969); Suresh Chandra Ghosh, *The Social Conditions of the British Community in Bengal, 1757-1800* (Leiden: E.J. Brill, 1970); Andrew Sartori, *Bengal in Global Concept History* (Chicago and London: University of Chicago Press, 2008); Subrata Dasgupta, *Awakening: The Story of the Bengal Renaissance* (London: Random House, 2011); Jana Tschurennev, *Empire, Civil Society, and the Beginnings of Colonial Education in India* (Cambridge: Cambridge University Press, 2019); The scholarship highlighting a situation in which England exported medical or cultural knowledge from its Indian colony to the United States (in a way that significantly impacted life in America) is seemingly unavailable.

used the drug with a narrowed focus while continually working to uncover the source of its psychoactive power. Charged by O’Shaughnessy’s advice to give “the resin of hemp an extensive trial,” the medical community responded enthusiastically and provided a diverse set of case studies that guided the use of the substance into the twentieth century.

The Calcutta Experiments

Dr. William O’Shaughnessy embodied the spirit of global exchange in the early-to-mid-nineteenth century. He was born in Limerick, Ireland, in 1809, a major commercial center in the southern region of the country. He left Limerick for Edinburgh, where he studied medicine and obtained his degree before briefly settling in London where he felt persecuted because of his Irish heritage. In response, he joined the Bengal Medical Service of the East Indian Company, a multi-national corporation that maintained its own army and functioned as a for-profit agent of the British government. The company then sent him to Fort William in Calcutta in 1833—a fortress it built in 1696. In a matter of a decade after leaving Ireland, O’Shaughnessy found himself in Calcutta via Edinburgh and London.⁶

When he first arrived in Calcutta, O’Shaughnessy worked as an Assistant Surgeon in the general employ of the East Indian Company until 1834 when he was sent to the “Civil Stations of Gyah and Cuttack successively.” Towards the end of that year he “was doing duty with the artillery at Dum-Dum.” Thereafter, he managed the medical care of the 72nd Bengal Native Infantry, the 10th Regiment Bengal Light Cavalry, and served as the First Assistant to the Opium Agent in Bihar. He travelled extensively, from Indian metropolises to the outlying countryside,

⁶ M. Adams, *Memoir of Surgeon-Major Sir William O’Shaughnessy Brooke: In Connection with the Early Telegraph in India (1889)* (Whitefish, MT: Kessinger Publishing, 2008).

and gained a wide breadth of experience as a clinical physician turned army doctor—for both British and Indian troops—and then as an opium agent.⁷

It was at the British Opium Agency in Bihar that O’Shaughnessy first learned the power of Indian psychoactive botanicals. In an article published in 1840 titled “On Opium in India,” the doctor wrote, “to this important subject I propose to devote more space than it generally claims in elementary treatises on chemistry.” He undertook the task of detailing the plant’s power because it was a “source of enormous revenue, and an article of the highest commercial interest.” O’Shaughnessy felt he was the logical candidate for the task considering he had “held the appointment of Assistant to the Opium Agency of Behar for a considerable period.” His astute analysis of how poppy plants were harvested, the manner in which they arrived to the agency, and the processing that occurred before being shipped for global sale mirrored the style of his later writings on cannabis—a substance with a profit potential he would have recognized from his dealings with opium in Bihar.⁸

O’Shaughnessy was then appointed Professor of Medicine in the Medical College at Calcutta in April of 1835. The school was in the process of a reformation in which the more objective scientific methods of western medicine supplanted the alleged folk remedies of traditional eastern practices. O’Shaughnessy arrived to help retrain a new generation of Indian doctors in those methods considered more modern and scientific. He wrote little about his

⁷ M. Adams, *Memoir of Surgeon-Major Sir William O’Shaughnessy Brooke, Kt.*, Simla: Printed at the Government Central Printing Office, 1889.

⁸ William O’Shaughnessy, “Art. XXIII: On Opium in India,” *American Journal of Pharmacy*, (July 1840):138; For an overview of the modern scholarship on the Opium Wars, see: Glenn Melancon, *Britain’s China Policy and the Opium Crisis: Balancing Drugs, Violence, and National Honour, 1833-1840* (New York: Routledge, 2003) Carl A. Trocki, *Opium, Empire, and the Global Political Economy: a Study of the Asian Opium Trade, 1750-1950* (New York: Routledge, 1999); Mao Haijian, *The Qing Empire and the Opium War: The Collapse of the Heavenly Dynasty* (London: Cambridge University Press, 2005); Song-Chuan Chen, *Merchants of War and Peace: British Knowledge of China in the Making of the Opium War* (Hong Kong: Hong Kong University Press, 2017); Frank Dikotter et al, *Narcotic Culture: A History of Drugs in China* (London: C. Hurst and Co., 2004).

experiences in Calcutta or at the Medical College. It is ironic, however, that after being hired to educate native students in western medicine he spent much of his time learning about the ancient eastern practice of using cannabis as a therapeutic. Instead of undermining native physicians, he instead utilized their knowledge, documented it, and published his findings. While his actions constituted what could easily be considered an appropriation of eastern custom for western gain, it was—on some level—a medical collaboration.⁹

On the other hand, O’Shaughnessy’s arrival in the city coincided with the First Opium War between England and China over the latter’s reluctance to embrace the importation of the drug by British commercial interests. It was also a period of intense botanical imperialism, in which the control of plants like cannabis and poppies were transferred from Indian society to the British Empire for western profit. In that sense, it is ultimately more accurate to say that the doctor’s cooption of medicinal cannabis use was a continuation of the British tradition of mining India’s resources for imperial benefit.¹⁰

The appropriation of medicinal marijuana from India, however, was subtler than it had been with opium. In the case of the latter, India had been transformed into a factory farm in which opium was cultivated, harvested, processed, and shipped abroad—especially to China—solely for profits that were then deposited in London banks. Cannabis never reached that level of commercialism, ultimately failed to generate profits significant enough to incite wars, and thus remained in the realm of medical experimentation. For the British, it existed almost solely as a subject of scientific inquiry.

⁹ Jana Tschurennev, *Empire, Civil Society, and the Beginnings of Colonial Education in India* (Cambridge: Cambridge University Press, 2019).

¹⁰ *Ibid.*

After a season of preparatory research, Dr. O’Shaughnessy began a series of cannabis experiments in the late-1830s on animals and then quickly evolved to testing it on patients at the Calcutta Hospital suffering from severe symptoms of disease. His work culminated in the publication of a highly influential article, “On the Preparations of the Indian Hemp, or Gunjah, (Cannabis Indica) their Effects on the Animal System in Health, and their Utility in the Treatment of Tetanus and other Compulsive Diseases.”¹¹

In his work, first published in 1841, the doctor readily admitted he was not the discoverer of the medical use of cannabis. He wrote that the “narcotic effects of hemp are popularly known in the South of Africa, South America, Turkey, Egypt, Asia Minor, India, and the adjacent territories of the Malays, Burmese, and Siamese.” He contended, however, that the substance was most often used in those countries by the “dissipated and the depraved, as the ready agent of a pleasing intoxication.” He further noted that physicians in those countries employed it to treat a wide variety of ailments, and O’Shaughnessy turned to those cases to inform how he might use it in his own practice. While he did not condone the recreational use of cannabis, he nonetheless concluded that the substance possessed unique healing power, and therefore had medical uses.

After laying out these general points, the doctor then pursued a detailed account of the plant itself. He started with its physical characteristics and noted it was “diaceous, annual, about three feet high, covered over with a fine pubescence.” Its stem was “erect, branched, bright green, angular” with leaves “alternate or opposite, on weak petioles.” The plant was “digitate, scabrous, with linear, lanceolate, sharply serrated leaflets, tapering into a long smooth entire point.” It had “clusters of flowers axillary with subulate bractes” and males that were “lax and

¹¹ W.B. O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah (Cannabis Indica:) their Effects on the Animal System in Health, and their Utility in the Treatment of Tetanus and Other Convulsive Diseases,” Vol. 1, Iss 3, *New York Journal of Medicine and Collaborative Sciences* (November 1843): 390.

drooping, branched and leafless at base.” It was “calyx downy, five parted, “imbricated” with “five stemens,” possessed “anthers large and pendulous, and “calyx covered with brown glands.” The cannabis plant had roundish ovaries, with “pendulous ovule, and two long filiform glandular stigmas; achenium ovate, one seeded.” O’Shaughnessy culled that information from *Lindley’s Flora Medica*, a popular 1830s reference manual written for medical students to help in developing a more thorough understanding of the botanical characteristics of commonly used medicines.¹²

His thorough introduction of the plant began the process of western medical subjugation. As for its chemical properties, the doctor noted that “in certain seasons and in warm countries a resinous juice...concreted on the leaves and slender stems and flowers” of the plant. That resin when “separated and in masses” constituted the *churrus*—as they called it in “Nipal and Hindostan.” Those secretions, he believed, gave the plant its psychoactive powers. That resin was also soluble in alcohol and ether, partially so in alkaline, and, when pure, gave off a blackish grey color. Its odor was “fragrant and narcotic” with a taste “slightly warm, bitterish, and acrid.”¹³

O’Shaughnessy continued by pointing out that when cannabis was used for the purposes of recreational intoxication only, “four or five persons” usually joined together “in this debauch” where they exchanged a hookah. Each person took “a single draught” and intoxication occurred almost instantaneously thereafter. The subsequent cannabis high usually led to “heaviness, laziness, and agreeable reveries.” This section of O’Shaughnessy’s article revealed that medicinal cannabis use in the east had also been accompanied by a pronounced recreational

¹² W.B. O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah (Cannabis Indica:) their Effects on the Animal System in Health, and their Utility in the Treatment of Tetanus and Other Convulsive Diseases,” Vol. 1, Iss. 3, *New York Journal of Medicine and Collaborative Sciences* (November 1843): 390.

¹³ *Ibid*, 390.

culture. That had been true of opium as well. Similarly, in the United States, as physicians attempted to implement cannabis into the practice of medicine, a recreational culture of bohemian hashish use developed at the same time solidifying the interconnectedness of the two styles of use.¹⁴

A man named Ameer, one of the physicians O’Shaughnessy consulted, reported the existence of seven or eight *majoon* makers—or purveyors of cannabis edibles—in Calcutta. These entrepreneurs often created special orders for customers and “all classes of persons, including the lower Portugese, or ‘Kala Feringhees,’ and especially their females” consumed the drug. He claimed that this form of edible cannabis was “most fascinating in its effects” and produced “extatic [sic] happiness, a persuasion of high rank, a sensation of flying, voracious appetite, and intense aphrodisiac desire.” Ameer also claimed that cannabis did not lead to madness, impotence, or to the “numerous evil consequences described by the Arabic and Persian physicians.” O’Shaughnessy entered the narrative at that point to acknowledge he did not agree with Ameer on those specific points.¹⁵

Still, O’Shaughnessy clearly respected his colleagues in India and the Middle East. “I owe my cordial thanks,” he wrote, “to the distinguished traveler Syed Keramut Ali, Mootawulee of the Hooghly Imambarrah.” He thanked Hakim Mirza Abdul Razes of Teheran, who had furnished him “with interesting details regarding the consumption of hemp in Candahar, Cabul, and the countries between the Indus and Herat.” O’Shaughnessy concluded by acknowledging the Pandit Moodoosudun Gooptu, who gave him notices “of the statements regarding hemp in the early Sanscrit authors on materia medica.”¹⁶

¹⁴ W.B. O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah, 390.

¹⁵ Ibid, 390.

¹⁶ Ibid.

For additional information on the substance, O’Shaughnessy turned to Persian writers, who claimed that the first use of cannabis long predated “Haider’s era.” Hippocrates referred to cannabis in his writings and so, too, did Dioscorides. Egypt passed “very severe ordinances” against the substance in 780, which resulted in the uprooting of cannabis gardens. Perpetual violators of the new ban on cannabis were then subject to having their teeth extracted. O’Shaughnessy cited the 35th chapter of the 5th volume of “Rumphius’ Herbarium Amboinense” as “containing a long and excellent account of hemp.” In that work, Rumphius identified upper India as its habitat. He then “notices very briefly the exciting effects ascribed to the leaf, and to mixtures thereof with spices, camphor, and opium.” The author doubted cannabis had actual aphrodisiac powers and attributed the rise of that reaction to the general temperament of the consumer. “This was the amount of preliminary information possessed by our author,” O’Shaughnessy admits, “when he entered upon his experiments to determine its application to man as a remedial agent.”¹⁷

While O’Shaughnessy acknowledged those non-British individuals, who informed his initial understanding of medicinal cannabis, it was not simply a medical or scientific collaboration. On November 6th, 1839, as O’Shaughnessy collected information on the use of medical cannabis, for example, George Thompson took the podium at the Friend’s Meeting House on Mount Street in London to deliver an address on British interests in India. He told the audience “how capable India” was in “supplying to you, in any quantity, the crude material, and of taking from you in return the varied manufactures of this country.” That, of course, represented O’Shaughnessy’s approach to the exportation of medical cannabis. The bottom line

¹⁷ W.B. O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah, 390.

was that cannabis was a potentially lucrative commodity supplied by India that would be exported for western gain. O'Shaughnessy's research was partly directed to that end.¹⁸

In the same speech, Thompson called for a "hearty and energetic movement towards India" and heralded the "application of British capital and skill," "the encouragement of native industry," "the improvement of the means of internal communication," and "the importation into British ports the products of the east." To men like Thompson, British involvement in India was good for the economy, led to the modernization of the country, and created new markets in an ever-expanding capitalist economy. It was an era of global connections in which Britain worked to make permanent the social, intellectual, and economic ties to its broad network of colonial holdings.¹⁹

Indeed, in October of 1840, as O'Shaughnessy penned his article on the medicinal benefits of cannabis, the East India Company, in collaboration with the British government, chartered a Bank for British India to better facilitate the exchange of products. "On the establishment of this institution," the *Leicester Chronicle* reported, "every dependency of the British empire will be linked in monetary connection with the mother country." Asia, "Australiasia," the West Indies, "the Canadas," and the Ionian Islands would all have "their respective banks in England." The paper reported that these banks were not just important from a financial point of view, but from a social and political perspective as well.²⁰

This kind of financial network prevented the need "for the transfer of bullion from one country to another," lowered the interest rates by supplying capital wherever it could "be advantageously employed," and steadied and equalized the exchanges. Such a system also gave

¹⁸ "Mr. George Thompson's Last Lecture on British India," *The Guardian*, November 13, 1839.

¹⁹ *Ibid.*

²⁰ *Ibid.*

“confidence to all engaged in distant trading operations” and would “induce merchants to direct all [their] skill, energy, and means to the production and transfer of profitable commodities.”

This style of bank created a “powerful and enduring tie of mutual self-interest” that bound “in an indissoluble way” a “peculiarly pleasing” union between the “distant dependency and the parent state.”²¹

At the same time, in Calcutta, the British, on the verge of completing the construction of two major cotton factories and the East India Company, had commenced fighting China to maintain a recreational drug market, captured Aden in Yemen, and engaged in the First Anglo-Afghan War. *The Times of India* had just been recently established and Britain completed the first iron bridge on the continent. All the while, O’Shaughnessy—who also worked to establish the telegraph in India—experimented with the medicalization of cannabis for the western market. The Irish doctor was, in every sense of the word, a reliable agent in creating a peculiarly pleasing union between India, the distant dependency, and England, the parent state.²²

While there may have been strong profit-motive behind the cooption of medical cannabis, O’Shaughnessy also had an objective and scientific mind and conducted his cannabis trials with a sense of professionalism. Having gathered as much information as he could by consulting local experts, he finally embarked on his own trials. He used it first on canines and gave “a middling sized dog” ten grains (approximately 65 milligrams) of cannabis. One half hour later, the animal became “stupid and sleepy, dozing at intervals, starting up, and wagging his tail as if extremely contended.” O’Shaughnessy closely observed the animal and documented that it “ate some food

²¹ “Resources of India,” *Leicester Chronicle or Commercial and Leicestershire Mercury*, October 3, 1840.

²² For a closer look at the west’s presence in India, see: Barry Crosbie, *Irish Imperial Networks: Migration, Social Communication and Exchange in Nineteenth-Century India* (New York and London: Cambridge University Press, 2012); Roland Wenzlhuemer, *Connecting the Nineteenth-Century World: The Telegraph and Globalization* (New York and London: Cambridge University Press, 2013); Tirthankar Roy & Anand V. Swamy, *Law and the Economy in Colonial India* (Chicago and London: The University of Chicago Press, 2016).

greedily” and then collapsed into “helpless drunkenness.” Despite its dramatic reaction to cannabis, the animal had fully and happily returned to his pre-cannabis temperament within six hours. The doctor proceeded by administering a much higher dose to a smaller dog and, this time, the animal became “ridiculously drunk” within twenty minutes. The symptoms ultimately faded and the dog, like the others, returned to its natural state.²³

Dr. O’Shaughnessy, encouraged by these early experiments, then gave cannabis to three baby goats on which it had no noticeable effect. In response, he returned to canines and administered to a “very small” dog a high dose of the substance. It immediately “lost all power over the hinder extremities” and, while acknowledging its name being called, tried hard to rise, but ultimately could not and collapsed back to the ground. These rather severe symptoms passed in a matter of hours, however. To be certain the plant had no unforeseen consequences, O’Shaughnessy continued serving it to fish, dogs, cats, swine, vultures, crows, horse, deer, monkeys, sheep, and cows. The total impact on the system, he concluded, was ultimately negligible. “No hesitation could be felt as to the perfect safety of giving the resin of hemp an extensive trial,” O’Shaughnessy informed his readers, adding that the substance was most appropriate in cases where its “apparent powers promised the greatest degree of utility.”²⁴

As cannabis had not caused lasting harm in those extensive trials on animals, O’Shaughnessy comfortably turned to prescribing it to human patients at the hospital who were not responding to more traditional methods of treatment. His first two cases involved patients suffering from acute rheumatism and he reported they had responded relatively well to the substance. O’Shaughnessy, like present-day physicians, sought to treat the inflammation of the muscles that made the disease so painful and cannabis seemed ideally suited for the task. The

²³ O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah,”391.

²⁴ Ibid.

first patient given cannabis fell into catalepsy (or was temporarily paralyzed) and the doctor and his aides helped the man to a sitting posture by “raising his arms and limbs in every imaginable attitude.” Had he been “a waxen figure,” O’Shaughnessy theorized, the man, according to his notes, could not have been more “pliant or stationary.” The patient also became “insensible” and made no sign of understanding the questions asked of him.²⁵

The second patient, aroused by the noises made while moving the first, “seemed vastly amused” by the “statue-like attitudes in which the first patient had been placed.”²⁶ The image of the first case then caused the second to emit a “peel of laughter” and compelled him to admit to those near him that he believed “four spirits were springing with his bed into the air.”²⁷ The man’s disruptive behavior led to O’Shaughnessy escorting him from the room. After sleeping for two hours, the patient emerged lethargic and hungry, but ultimately healthy. O’Shaughnessy was thrilled that, after the passage of twenty-four hours, the patients were “not only uninjured by the narcotic, but much relieved of their rheumatism.” They were then discharged. The complex side effects, however, offered a preview of what the western medical community would struggle with for the next two decades. Sudden paralysis, hallucinations, and uncontrollable laughter were not ideal medical outcomes when seeking to treat common disease.²⁸

The Calcutta experiments continued when cholera “attacked an athletic Rajpoot” and the victim was sent to O’Shaughnessy “pulseless, cold, and in a state of imminent danger.” The doctor tried to stabilize him with the resin of hemp and, within twenty minutes, the man’s pulse returned, his skin became warm, his purging ceased, and he fell asleep. Within an hour, the patients was cataleptic and remained in that condition for several hours. By morning, however,

²⁵ O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah, 334.

²⁶ *Ibid.*, 334.

²⁷ *Ibid.*

²⁸ *Ibid.*

“he was perfectly well and at his duty as usual.” While it is unlikely that cannabis resin resuscitated patients who had momentarily passed and then cured them of cholera, it certainly seemed to provide a means, as O’Shaughnessy put it, “to strew the path to the tomb with flowers.”²⁹

The doctor, for one, was quite excited and suggested that the substance might be a cure for cholera, tetanus, *and* arthritis. In 1843, he wrote that he knew no “remedy [comparable] to [cannabis] as a general and steady stimulant when given to *Europeans* in half drachm doses during the tractable stage of the disease.” The doctor also thought it was unparalleled in dealing with nausea and claimed it controlled vomiting “much more certainly than the opium preparations.” While O’Shaughnessy exaggerated the medical power of cannabis on many occasions, he was right that it could be very useful in lessening the pain accompanying disease. His assertion that the drug worked differently on Europeans than it did on Indian patients added a degree of bizarre insight, but his trials—the first of their kind reported in the west—began an intense process of vetting the potential power of cannabis as medicine.³⁰

Buoyed by his successful treatment of the symptoms related to cholera and arthritis, O’Shaughnessy employed it in cases of tetanus. Ramjan Khan, a thirty-year-old patient, was admitted to the Calcutta Medical College and Hospital on December 13, 1838. The patient had an ulcer on the back of his hand that had been treated five days earlier by “a native empiric” who applied “a red hot *gool* (the mixture of charcoal and tobacco used in a hookah).” This treatment caused Khan and his brother, who had received the same remedy, to develop tetanus. Khan’s brother, however, refused to visit the hospital and died three days later. Khan, on the other hand, was admitted after enduring a series of spasms that led to lock-jaw. He was promptly given

²⁹ O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah, 334.

³⁰ *Ibid.*

liberal doses of opium mixed with calomel and, after physicians considered his case to be hopeless, O'Shaughnessy gained permission to administer to him cannabis resin dissolved in alcohol.³¹

Soon after taking the doctor's cannabis cocktail, Khan allegedly "felt giddy" and slept soundly. His spasms returned, however, and O'Shaughnessy responded by administering an additional two grains every three hours after performing a purgative enema. He then increased doses to three grains every two hours and the patient seemed to stabilize although he often seemed "much intoxicated." Khan continued to improve until he developed a fever and exhibited bloody stools, which the doctor treated by applying leeches to his abdomen and by giving the patient a starch and opium enema containing acetate of lead every two hours. While his tetanus seemed to subside, the ulcer on his hand only grew worse and his dysenteric symptoms persisted. O'Shaughnessy's staff suggested they amputate his arm, but Khan refused. He died of exhaustion on January 23, 1838.³²

Cannabis could not ultimately save lives, but O'Shaughnessy argued that "an unprejudiced view" of the case involving Ramjan Khan showed that, if nothing else, it had powerful sedative effects. He wrote that "although the patient died, it must be remembered that it was of a different disease, over which it is not presumed the hemp possesses the least power." Other cases, however, bolstered his confidence. One of his patients, Chunoo Syce, who developed tetanus after being kicked by horse, and Huroo, a twenty-five-year-old female victim with the same ailment, were both given cannabis and discharged from care soon after. O'Shaughnessy concluded that "when given boldly and in high doses, resin of hemp is capable of arresting effectually the progress of this formidable disease, and in a large proportion of cases,

³¹ W.B. O'Shaughnessy, "On the Preparation of Indian Hemp, or Gunjah, 340.

³² Ibid.

of effecting a perfect cure.” He added that cannabis acted like opium and wine, but was far more certain in impact. “I have no hesitation in saying, that in cases in which the opium treatment is applicable, hemp will be found far more effectual,” he concluded.³³

The Attempted Medicalization of Cannabis

The results of Dr. O’Shaughnessy’s almost immediately capture the attention of the British medical community and gained early advocates. William Ley, a British physician, emerged as an early and fervent supporter. He had heard about the Calcutta experiments through the telegraph and compiled as much information as he could on O’Shaughnessy’s work. In the summer of 1840, Ley informed a gathering of the newly created Provincial Medical and Surgical Association in London that William O’Shaughnessy “strongly recommends the use of the resin of the garden hemp as a narcotic and anti-spasmodic.”³⁴ Although Ley did not have access to the full scope of O’Shaughnessy’s work in Calcutta, he nonetheless poured over the available second-hand accounts and said he was “very much desirous in using the remedy.”³⁵

In late-February 1843, Ley reported the results of O’Shaughnessy’s trials to the Royal Medico-Botanical Society of London, claiming that cannabis caused an “inebriation of the most cheerful kind” and often incited a person “to sing and dance, to eat food with great relish, and to seek aphrodisiac desire.” Ley had, by then, conducted his own cannabis experiments and reported the story of a lady who had been confined to a hydrostatic bed for five years due to a spinal disease. Her situation had become so dire that whenever he moved her in order to change the Indian-rubber bed sheet, that simple action caused a series of violent spasms that often lasted through the night. The spasms came suddenly and drew her “body back into an arch” before

³³ O’Shaughnessy, “On the Preparation of Indian Hemp, or Gunjah, 343.

³⁴ W. Ley, “On the Efficacy of Hemp in Some Convulsive Disorders,” *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 4, No. 20 (August 20, 1842): 407-409.

³⁵ *Ibid.*, 407.

ceasing abruptly and causing her to collapse onto the bed. Even worse, one spasm rapidly followed another and continued for hours throughout the night making the patient faint, sick, and incoherent. After Ley tried a variety of traditional remedies to ease the intensity of her seizures, he ultimately turned to cannabis and found that it helped her sleep through the night and worked to control her spasms. The lady, “who from long illness” knew most of the medicine on the market, argued that cannabis affected “the muscles principally,” relieved “ordinary pains less surely than opium,” did not upset the stomach, and produced “an unpleasant sensation in the head.”³⁶

Ley’s work was significant on several levels. First, he successfully replicated O’Shaughnessy’s findings and became the first physician to confirm that cannabis did, in fact, seem to have clear medicinal capabilities. Secondly, he delivered his speech at the esteemed Royal Medico-Botanical Society, illustrating the rapidity with which news of Indian cannabis penetrated the mainstream medical community. On the other hand, a closer reading of Ley’s experiments could suggest that the substance had failed in treating the woman’s condition. He even conceded that the patient, who had an expansive knowledge of available remedies, suggested it was less effective than opium with bothersome side effects. Physicians, of course, would continually confirm those findings in subsequent experiments. Ley’s enthusiasm, however, overwhelmed her opinion and he upheld the case as a triumph. Did he, then, replicate O’Shaughnessy’s findings or did he simply want the doctor’s work to be more valid than it might have otherwise been?

When viewed in the context of later conclusions drawn by the medical profession about the viability of cannabis as medicine, many of O’Shaughnessy’s cases appeared problematic as

³⁶ “The Indian Hemp,” London Lancet, *The Western Journal of Medicine and Surgery* (May, 1843): 112.

well. In scenarios involving severe illnesses like tetanus, cholera, and hydrophobia, the doctor administered heavy doses of cannabis that seemed to have the effect of simply overwhelming the symptoms of disease by generating a psychoactive distraction. In some cases, it appears as though O'Shaughnessy quickly discharged the patient after administering the cannabis. Did he cure the patient? Or did he momentarily relieve the symptoms of the underlying disease without significantly contributed the source of the illness? The doctor also failed to provide useful information from any follow-up visits.

The prestigious Royal Medio-Botanical Society, founded by John Frost in 1822, embraced Ley's work, which was perhaps even more problematic than O'Shaughnessy's. It was also true that the institution served as another administrative arm of Britain's larger imperial aims and its stated goal was to study the medicinal benefits of plants from around the globe. In the process, the institution hosted lectures and procured awards for outstanding research. The fact that that venerable of an institution validated O'Shaughnessy's Calcutta experiments propelled the work to heights it perhaps did not deserve. Again, however, it is hard to remove these early developments from the context of empire. While it is difficult to prove that British medical society might have confirmed O'Shaughnessy's work because it fit neatly within the nation's larger imperialist agenda, it is worth considering the blurred lines separating western science from capitalist motive.

In her fascinating work, *Flora's Empire: British Gardens in India*, historian Eugenia W. Herbert writes that "India was part of global network of botanical exploration and collecting that gathered up the world's plants for transport to great imperial centers like Kew." Historian Lucille Brockway similarly argues that the "British botanic garden network"—which thrived from 1841-1941—"played a critical role in generating and disseminating useful scientific knowledge, which

facilitated transfers of energy, manpower, and capital on a worldwide basis and on an unprecedented scale.” She further suggests that the British accelerated “plant transfers and scientific plant development that resulted in new plantation crops for tropical colonies.” That had been the case with opium. In the 1830s, it seemed cannabis was poised to follow those precedents.³⁷

It may not have mattered whether those initial cannabis trials were as convincing as they should have been. It was about science, yes, but also about how science advanced imperial aims. It is also difficult to remove O’Shaughnessy and Ley’s cannabis experimentation from the context of Britain’s battle to maintain an open opium market in China. Uncertain of the outcome in that war, cannabis would have been a perfect substance to hedge imperial bets with. Whether it was tea, sugar cane, coffee, cocoa, cinchona (to be processed into quinine), opium or, in this case, the resin of *Cannabis indica*, colonial botanicals provided indispensable profits for O’Shaughnessy’s employer—the East India Company. The cultivation, processing, distribution, and retailing of these plant-based commodities transformed many Eastern and Caribbean colonies into gardens that produced essential revenue for the empire.³⁸

The medical profession nonetheless took O’Shaughnessy’s work seriously, engaged his findings with intellectual vigor, and debated conclusions in academic journals. Indeed, the doctor’s article created enough excitement that he felt it necessary to publish a caveat shortly after publication. O’Shaughnessy wrote, “too much importance has been attached by

³⁷ Eugenia W. Herbert, *Flora’s Empire: British Gardens in India*, Philadelphia: University of Pennsylvania Press, 2011; Lucille H. Brockway, *Science and Colonial Expansion: the role of the British Royal Botanical Gardens* (Princeton: Yale University Press, 2002).

³⁸ For a more detailed analysis of the extent to which the British exploited the botany of its colonies, see: Londa Schiebinger and Claudia Swan’s *Colonial Botany: Science, Commerce, and Politics in the Early Modern World* (Philadelphia: University of Pennsylvania Press, 2007). See also: Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge: Harvard University Press, 2007); Lucille H. Brockway, *Science and Colonial Expansion: The Role of the British Royal Botanical Garden* (New Haven: Yale University Press, 2002).

commentators on my paper on the occurrence of *catalepsy* as an effect of this drug.” He argued that in cases of tetanus, “no trial of the drug [was] at all conclusive” unless dosages were pushed “to the extent of inducing stupor and insensibility.” In that case, the doctor admitted, the goal was to overwhelm the symptoms of tetanus with what could only be described as an overdose of the substance. His faith in the cannabis’s potential nonetheless appeared to be genuine. He wrote to the profession, “many failures must be expected at first,” and then concluded that caution and time would prove cannabis to be an essential medicine.³⁹

In his continued advance of O’Shaughnessy’s cause, Ley echoed his mentor and noted that cannabis would become “most practical and beneficial,” arguing that the drug had potential that could only be “confirmed by experience.” Others in the profession, thereafter, began experimenting as well. In an early trial, Martin Lynch, a British general practitioner, gave the substance to a sixty-four-year-old man who heard about it in the press and wanted to try it (mostly just to observe the effects). For a doctor excited to experiment, the aging man represented an ideal candidate. Lynch administered a significant dose and the patient noted an “itchiness at the roots of the eyelashes and in a few points of the lower extremities and scrotum.” His other symptoms were mild and he did not demonstrate any “sexual excitement.” That was the extent of that particular trial.⁴⁰

In that same edition of the *Provincial Medical Journal*, released in 1843, the publication introduced the case of James M’Lellan, a forty-year-old carpenter with “temperate habits,” who, while crossing one of the canal bridges late at night, heard splashes in the water and went to the bank to investigate. He found a dog struggling in the water and when he tried to help the animal,

³⁹ W.B. O’Shaughnessy, “Indian hemp,” *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 5, No. 124 (Feb. 11, 1843): 397-398.

⁴⁰ *Ibid.*

it “snapped at and bit two of his fingers, which bled freely, and gave him considerable pain.” M’Lellan responded to the unexpected dog bite by dipping his fingers in rum. After a couple of weeks, the rum healed his wounds—or so it seemed to M’Lellan at the time.⁴¹

More serious problems developed when M’Lellan began to experience the onset of a series of “bizarre” symptoms later diagnosed as hydrophobia. His case, considered severe, was forwarded to E. Parker, House Surgeon of the Liverpool Northern Hospital, who decided it warranted the use of cannabis extract. Parker administered a low dose of cannabis and the patient had no reaction. He did not proceed with his experimentation and simply wrote an asterisk that read “the dose of hemp administered to inhabitants of this country should be much greater than those given to natives of India.”⁴² Dr. Parker, either through caution or lack of enthusiasm, administered one small dose, made a peculiar point similar to earlier ones by O’Shaughnessy about the nationality of patients and how it impacted the physiological effect of the substance, and discontinued his experimentation. Still, M’Lellan’s case was added to the record.

On April 8, 1843, Dr. James Inglis wrote the *Provincial Medical Journal* “gentlemen, it was with much pleasure that I read in your journal the paper of Dr. O’Shaughnessy.” The article, he claimed, convinced him of “the beneficial effects of the Indian hemp in those cases which so often resist the influence of other remedies.” He had received a tincture of cannabis from O’Shaughnessy himself and was excited to test it. After receiving the substance, Inglis “happened to have a slight attack of rheumatism” and so he “commenced a trial of the gunjah” upon himself. He self-administered various doses for three nights in a row, but did not experience any effects and he submitted that news to the medical community. It may have been

⁴¹ Ibid.

⁴² Ibid., 488-489.

less than compelling, but it too became part of the public record on the medicinal use of cannabis.⁴³

These trials marked an inauspicious beginning and somewhat undercut the notion that cannabis would become a wonder-drug. In the meantime, however, Ley's enthusiastic promotion of medicinal cannabis crossed the Atlantic to the United States. In May of 1843, Philadelphia's *Medical Examiner and Retrospect of the Medical Sciences* reprinted Ley's article in that month's *London Lancet*. In it, Ley wrote that he "found the resinous extract of hemp of service in the treatment of acute rheumatism, cholera, chorea, effusion into the knee-joint, housemaid's knee," (or the inflammation of the fluid filled cavity above the knee), and "enlarged ganglia." That article then appeared in Louisville's *The Western Journal of Medicine and Surgery*.⁴⁴

In a matter of three years, in a landscape defined by limited communication, O'Shaughnessy's article travelled from Calcutta to London to Philadelphia and finally to Louisville, Kentucky. American physicians, emulating O'Shaughnessy and Ley, also began experimenting and attempting to adopt the new global trends in medicine. The trend, however, was that both British and American physicians struggled to find that optimism so distinctly expressed by O'Shaughnessy. In London, Edward Crosse observed that cannabis, when taken himself, produced nothing more than "an inclination to rub the eyelids and some indisposition to exertion." Somewhat disappointed, he then took a double dose and mixed it with alcohol. This time, his spirits "in an hour were much elevated" and his "eyelids felt as if they had become oedematous." Crosse also believed "that some object was near to me which was not in the room." At the same time, his pulse, usually ninety, dropped to seventy. He argued that "the most

⁴³ James Inglis, "Remarks on the Indian Hemp," *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 6, No. 132 (April 8, 1843), 29-30.

⁴⁴ "The Indian Hemp," From the *London Lancet, Medical Examiner and Retrospect of the Medical Sciences* (May 13, 1843): 123.

marked effect of this substance was, that my recollection (not my memory) *intermitted* regularly every two minutes, so that while in conversation, I was obliged to stop speaking, from a momentary total loss of the subject.”⁴⁵

Crosse also encountered that unpredictability that so many of his colleagues had also found. He experienced dislocation, hallucinations, memory loss, and accelerated heartrate—side-effects difficult to justify especially when those effects were not followed by marked relief in actual pain. In Crosse’s case, the “phenomenon” experienced gradually disappeared in four or five hours and was succeeded “by a languor and great inclination to find the lowest possible horizontal position, accompanied by the sensation of being bitten in many parts of the body by some insect.” Crosse concluded that, “there is no doubt that this is a powerful remedy” and argued that it was “desirable that the profession should early be made acquainted with it, as much positive and negative injury may occur from skepticism on the point.”⁴⁶

Still, the news of cannabis’ medical potential continued to reach the United States. Washington D.C.’s *The Daily Madisionian* reported the details of Ley’s presentation to the Royal Medico-Botanical Society in the spring of 1843 and recounted his argument that it “may be safely employed wherever opium is indicated.” The paper also instructed its readers that O’Shaughnessy had gained important knowledge “from a series of experiments on dogs, instituted in the native hospital of Calcutta” and predicted it would “prove a direct antidote—the first of its class.” *The New Mirror*, a weekly literary-minded New York City paper gleefully announced that “a drug has been discovered by the British in India” and that it had “wonderful properties.”⁴⁷

⁴⁵ Edward Crosse, “Indian hemp,” *Provincial Journal and Retrospect of Medical Sciences*, Vol. 6, No. 139 (May 27, 1843).

⁴⁶ *Ibid.*

⁴⁷ “A New Vegetable Medicine,” *The Daily Madisionian* (Washington, D.C.) June 10, 1843.

In England, Ley, an indefatigable proponent of medical cannabis, wrote the *Provincial Journal* in 1843: “Gentlemen: I send you the following case of tetanus, treated with cannabis indica, for the sake of the record. If it is not satisfactory, it affords hope of future utility in the remedy.” Ley’s case involved Thomas Stephens, a fifteen-year-old boy, who complained of shivering and intense sweating. After observing his patient for three days, Ley wrote that Stephens had gone back to work but returned two hours later complaining of back pain and went to bed. At eleven at night, the boy left to get pie for dinner, but he could not open his mouth to eat it. He then had a cup of milk and a jalap (a purgative obtained from the roots of a Mexican climbing plant) and laid face down, complaining of extreme back pain, and chills. Stephens’s condition worsened as he began to have back spasms that made it difficult for him to breathe. His condition was severe enough that both his parents and the attending physician thought he was dying.⁴⁸

Ley intervened and “requested to be allowed to give an extract prepared in Calcutta, which [was] certainly five times the strength of [those sold in London], and is otherwise better.”⁴⁹ Ley gave two grains of his Calcutta extract rubbed into powder with sugar every two hours. Within a few hours, Stephens improved and not only understood what was being said to him, but also could show his tongue. He no longer “wished to be turned in bed; the muscles were soft” and his knee was capable “of being flexed a little.” While the cannabis relaxed his muscles and lessened the intensity of the spasms, it did little to relieve the chest congestion and was incapable of lessening his problems breathing. Two days later the “contraction of the muscles of the chest” entirely overpowered his breathing and he died “in the same rigid state that the most

⁴⁸ W. Ley, “Case of Tetanus Treated with Indian Hemp,” *Provincial Journal and Retrospect of the Medical Sciences*, Vol. 6, No. 149 (August 5, 1843): 386-387.

⁴⁹ William Ley, “A Case of Tetanus, Treated with Indian Hemp,” *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 6, No. 149 (August 5, 1843): 386-387.

violent spasm could reduce him to—every muscle had the hardness of a board, and the skin had become a copper color.”⁵⁰

It was another case of cannabis use, submitted to the medical profession so that it might analyze and weigh the results. It was also one that tended to confirm the conclusion that cannabis, while potentially powerful, was a remarkably unpredictable drug with questionable efficacy in treating cases of advanced tetanus. Doctors like Ley, however, continued to suggest that it could ultimately treat tetanus—even though it rarely, if ever, cured it. Early consensus on the topic of cannabis’s power pointed to the idea that the distillations available at the local pharmacy had not been properly distilled. That reality, many theorized, was to blame for its inconsistency.

The *Provincial Medical Journal* responded by printing the commonly used recipe, inspired by O’Shaughnessy, in order to encourage others to improve it. It instructed readers to “take of gunjah (finely bruised), four pounds, avoirdupoise; rectified spirit (0.838), five gallons, old. M.” Then, they were to macerate the gunjah in “two gallons of the spirit for seven days, and strain; mix the two tinctures, and filter.” After boiling the hemp in the remaining two gallons of liquor for fifteen minutes, they were to filter again while hot. Lastly, the tinctures were to be mixed and distilled. The recipe produced twelve ounces.⁵¹

In the United States, a young pharmacist named Alexander Duhamel emerged as an early supporter of implementing cannabis into everyday medicine. He introduced the substance to an annual American pharmaceutical meeting in Philadelphia in November of 1843 and pointed out that “for the knowledge we possess of this active remedy,” William O’Shaughnessy was “due the

⁵⁰ Ley, 387.

⁵¹ “Extract of Indian Hemp,” *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 6, No. 153 (September 2, 1843): 460.

credit of introducing it to the medical public as a valuable therapeutic agent.” He informed the gathering that the consensus among physicians, at that moment, was that cannabis served best as an anti-convulsive and as a therapy that was sure to ease the symptoms of tetanus, cholera, and hydrophobia. Duhamel downplayed the unpredictable side effects and paraphrased O’Shaughnessy in noting that cannabis intoxication was “of the most cheerful character, producing extatic [sic] happiness, a persuasion of high rank, a sensation of flying, voracious appetite, and intense aphrodisiac desire.”⁵²

As the medical community called for, American physicians increased their experimentation with cannabis. Dr. H.T. Child used cannabis in hydrocephalus—or water on the brain—after his initial prognosis of became “very unfavorable.” He used cannabis because it was “our duty to do something.” “A most excellent and experienced physician” of New York introduced the doctor to cannabis and recommended its use. While it “unquestionably, in several cases, proved useful,” it ultimately failed to effectively treat the disease’s symptoms. His conclusion represented an adjustment in expectations. While O’Shaughnessy had perhaps overstated cannabis’s power, he rightly argued that it was, in certain circumstances, a valuable agent. That was the case especially in lost cause situations where, no rational person could expect it to save the patient. It could, however, “strew the path to the tomb with flowers.”⁵³

For medical professionals tragically over-reliant on the *Materia Medica*, the western world’s collection of plant-based remedies and their best applications, the community could not afford to abandon any substance with the potential to relieve pain. That was why the profession continued to call for further experimentation. In a pre-Food and Drug Administration world,

⁵² Alexander Duhamel, “ART LVIII.—Some Account of Gunjah, Or Indian Hemp and Its Preparations,” *American Journal of Pharmacy* (1835-1907), Vol 9., Iss 4 (June 1844): 113-117; Duhamel, 113.

⁵³ H.T. Child, “Clinical Lectures and Reports: Jefferson Medical College Clinic of...” *Medical Examiner and Record of Medical Sciences*, Vol. 7, Iss 5 (March 9, 1844): 1.

where a drug's value and safety were largely determined through practical trial-and-error, cannabis was neither stunningly effective nor particularly dangerous. While it seemed to wildly underperform at times, that was largely because Dr. O'Shaughnessy shackled it with unrealistic expectations and sold it as a potential cure-all. Even though it did not exceed—or even meet—the expectations of the American and British medical profession, there was little incentive to stop using it. So, physicians continued experimenting with it.

Indicative of the profession's devotion to "further experimentation," Dr. Wigglesworth—of Boston—wrote a letter to the *Boston Medical Journal* in 1845 accompanied by a pound of cannabis that had recently been sent to him by William O'Shaughnessy. The doctor found cannabis a "very powerful agent in relieving pain," but did not feel justified "in applying to it all the encomiums bestowed by Dr. O'S." He had no further use for it because he had fallen ill and had to close his office. Still, Wigglesworth felt professionally obligated to send a pound of cannabis to a medical journal with instructions that if it proved "worthy of notice, to make them public."⁵⁴

In England, Dr. John Conolly, physician at the Hanwell Lunatic Asylum in London, wrote in 1846 that "the Indian hemp," which had been "lately introduced into English practice, seems to be a valuable addition to our means of controlling vehement disorders." Conolly noted that, while there was very little Indian hemp in Europe, it had to become "an important article of commerce." English physician Benjamin Barrow wanted more research and better information. He suggested in 1847 that "the Cannabis Indica, being one of those drugs, the use of which has been, I believe, very limited, and of which little is known" would benefit from greater

⁵⁴ "Extract of Indian Hemp," *The Boston Medical and Surgical Journal*, Vol. 33, Iss. 6 (September 10, 1845): 120.

illumination. He concluded that “it may be interesting to some and useful to others of our profession to have a few particulars of the plant and preparations laid before them.”⁵⁵

Dr. Barrow offered his own study for the record. He used cannabis in a case of dysmenorrhea, or excessive abdominal cramping during menstruation. He used it on a patient, a twenty-six-year old married woman, “of a thin, spare habit, of a naturally feeble condition, and who had suffered for some years” from the issue. Barrow had treated her in the past by administering “very large doses” of opium and morphine, which ultimately “became so obnoxious to [his] patient” that it often caused her to become sick for several days. Considering this, Barrow turned to cannabis, his “attention having been directed to this remedy and its use recommended, by a valued and professional friend.”⁵⁶

His patient’s experience with cannabis turned out to be an unpleasant one. After receiving a heavy dose of the substance, the woman found some relief and had a restless sleep. She awoke and had dinner with her family along with a glass of wine. “A degree of incoherence was noted by her family during the meal,” the report continued, “and almost immediately afterwards she became violently sick and vomited, being at the same time altogether unconscious.” Her extremities turned cold and Barrow could not detect a pulse and found her “eyes wide open and staring.” The woman’s condition lasted for a quarter of an hour until warm brandy and opium brought her back to a relatively stable condition.⁵⁷

Instead of rejecting further use of cannabis, Barrow wrote, “upon all these points of interest, and upon the effect with which others have observed to follow the exhibition of

⁵⁵ John Conolly, “On the Use of Sedatives in Acute Mania, *The Boston Medical and Surgical Journal*, Vol. 33, Iss. 25 (Jan 21, 1846): 0_1; Benjamin Barrow, “A Case of Dysmenorrhea in Which the Tincture of Cannabis indica was Employed with Some Observations Upon that Drug,” *Provincial Medical and Surgical Journal*, Vol. 11, No. 5 (March 10, 1847): 123-131.

⁵⁶ Barrow, 123.

⁵⁷ Ibid.

cannabis,” he felt it to be a useful test case. He was anxious to learn more and submitted his experience to the *Provincial Journal*. Barrow believed it was “the duty of every man to give to his professional brethren the advantage of his experience.” The mounting evidence, proven in Barrow’s case and many others, was that cannabis produced bizarre reactions that tended to complicate treatments rather than produce cures. In the case of his twenty-six-year-old patient, who had previously been treated for painful menstruation (with opium and morphine), cannabis caused vomiting and catalepsy—as it had been known to do from previous cases. In Barrow’s case, he did not, in fact, note it having any beneficial effect.⁵⁸

The Adjustment of Expectations and the Search for the Drug’s Active Agent

Further experimentation continued in the United States with mixed results. The *Boston Medical Surgical Journal* reported in 1849, “through the earnest endeavors of Prof. O’Shaughnessy, of Calcutta, the extract, a few years since, was extensively prescribed for neuralgic diseases, with high expectations.” The uncertainty of the drug, however, continued to impede researcher’s efforts and the journal added, “In New England, at least, it was found to be nearly if not quite powerless.”⁵⁹ That cannabis was nearly—if not quite powerless—seemed to be the direction early experiments pointed. Yet, the flurry of new experimentations confirmed a crucial point O’Shaughnessy had been correct on from the beginning: it caused little, if any, harm. In a world filled with disease, there was no reason to eliminate it from practice.

In New York City, in 1848, for example, there were 15,919 deaths. 1,161 came as the result of premature births and 327 were from suicide and murder. Of the nearly 16,000 deaths, 7,020 were adults and 8,899 were children; 8,343 were male while 7,576 were female. 11,302 were native born, 3,949 were Irish, 694 German, 454 English, 141 Scottish, and 68 French.

⁵⁸ Ibid.

⁵⁹ “Sydenham Publications,” *The Boston Medical and Surgical Journal*, Vol. 40, Iss. 17 (May 30, 1849): 344.

Officials cited typhus fever as one of the major illnesses that plagued the city as it had taken 1,396 lives. On the other hand, “diseases of the bowels” caused 2,227 deaths and 444 succumbed to small pox. There were also 12 cases of poisoning, 7 deaths from hydrophobia, 20 from tetanus, and 34 from suicide.⁶⁰

Even when considering the fact that the average physician of the nineteenth century could not afford to eliminate tools from his or her kit, there also appeared to be moments of triumph. Dr. Isaac Hiester of Reading, Pennsylvania, argued in the summer of 1846 that he had successfully used cannabis to treat tetanus. His assertion received widespread attention in American newspapers and in English medical journals. The case involved sixteen-year-old Cyrus Hassaman, who, while “quarrying stones,” deeply cut his index finger. It seemed to have healed after ten days, but then four or five days after that Cyrus felt his jaw stiffening, which was accompanied by sharp pains in his chest and neck. Hiester treated him with lye poultice and returned the next night to find his symptoms had worsened. Cyrus’s muscles were rigid and inflexible, lock jaw had set in, and he suffered from unpredictable spasms.⁶¹

Hiester considered the case “a fair one for the trial of cannabis Indica” and gave Cyrus two grains of resin in liquid form. After the doses the patient became tranquil and was able to finally sleep. While he still suffered from the spasms, their intensity noticeably decreased. Hiester found that cannabis—along with a dose of morphine—completely arrested his seizures. It seemed to be a crucial case confirming cannabis’s potential as an anti-convulsive and redeeming O’Shaughnessy’s earlier predictions. It was also true that Hiester coupled cannabis with the far more powerful morphine. It was unclear, then, if Hiester simply attributed the

⁶⁰ “Clinical Medicine in Louisville,” *The Western Journal of Medicine and Surgery*, Vol. 3, Iss. 5 (May 1849): 122.

⁶¹ Isaac Hiester, “A Case of Tetanus Treated by Cannabis Indica,” *The Boston Medical and Surgical Journal*, Vol. 34, Iss. 20 (June 17, 1846): 394.

powers of morphine to cannabis. Also, few of the cases cited—whether a success or failure—received any news of follow-up visits or information from prolonged care.⁶²

Even though its efficacy in treating tetanus remained unclear, the use of cannabis expanded during the 1850s to treat other maladies. Dr. Simpson, of Edinburgh, gave doses of cannabis to women experiencing “tedious labor” in the interest of “ascertaining if it possessed oxytocic effect (like Ergot or Rye) in increasing and exciting the parturient action of the uterus.” Inspired by Dr. Churchill in London, Dr. Simpson found cannabis to induce labor “very remarkably” after “exhibition of the hemp.” He also acknowledged, “far more extensive and careful experiments would be required” before a definite opinion could be formed. Louisville’s *Western Journal of Medicine* reprinted Simpson’s trials.⁶³

Eight months later, the same publication introduced the work of Dr. Christison, also of Edinburgh. Christison found that cannabis “seemed to possess a remarkable power of increasing the force of uterine contraction during labor.”⁶⁴ The author continued, “[Christison] reports, in the August number of the *Edinburgh Journal of Medical Science*, some cases in which it was given, with this view, at the Maternity Hospital of Edinburgh.” Christison was otherwise reliant on Ergot, a medicinal fungus that decreased bleeding during childbirth. So, he considered cannabis to be far superior as it acted faster and more noticeably. The benefit of cannabis in issues relating to childbirth and infant care seemed to be confirmed by Charleston, South Carolina’s Dr. Gaillard, who reported that he had cured two cases of “the *trimus* of new-born infants” with Indian hemp.⁶⁵

⁶² Isaac Hiester, “A Case of Tetanus Treated by Cannabis Indica,” 394.

⁶³ E. William, “Indian Hemp as an Oxytocic,” *The Western Journal of Medicine and Surgery*, Vol. 7, Iss. 3 (March 1851): I.

⁶⁴ Theodore Bell, “ART. III.—Practical Medicine,” *The Western Journal of Medicine and Surgery*, Vol. 8, Iss. 5 (November 1851): 384.

⁶⁵ “Medical,” *New York Daily Times*, January 7, 1854.

That cannabis could be useful in child birth was a new angle in the 1850s and, as had characterized knowledge of its uses previously, the news quickly traveled abroad. In this case, it emerged from Edinburgh, was quickly picked up in London and sent to the United States, where it led to experiments in South Carolina. It was a rare moment of unambiguously positive cannabis news in the field of medicine.⁶⁶

Those who continued to use it in general practice, however, continued to struggle with effectively harnessing its mysterious impact. Dr. George S.D. Anderson of Rapides, Louisiana wrote in 1855 that “since the publication of Dr. O’Shaughnessy’s account of the virtues of the Indian hemp” it had been used by many respected physicians.” He suggested that it was far too powerful a narcotic agent to ignore and urged the profession to continue to test its use in practical medicine. Somewhat overestimating the power of cannabis, Anderson argued that just because “it was capable of destroying life in not a very large dose” was no reason to discontinue its use. For his part, Anderson administered cannabis to a total of six patients, including an infant and an eighty-seven-year old woman, who seemed to have overdosed on it and momentarily lost her pulse. As a man devoted to the objectivity of his field, Anderson submitted his results “without comment.” Still, from what he witnessed, he was convinced “of the extraordinary powers of the medicine” and he believed that “in time” cannabis would “become one of our most valued and esteemed medicinal agents.”⁶⁷

In the mid-1850s, frustrated with its inability to tame medical cannabis, the profession looked to altering the recipes guiding the distillations. The search for the substance’s hidden powers had started with the Calcutta experiments when William O’Shaughnessy claimed they

⁶⁶ Theodore Bell, “ART. III.—Practical Medicine,” *The Western Journal of Medicine and Surgery*, Vol. 8, Iss. 5 (November 1851): 384.

⁶⁷ “Art IV—Remarks on the Remedial Virtues of Cannabis Indica, or Indian Hemp,” *The Western Journal of Medicine and Surgery*, Vol. 4, Iss. 6 (December 1855): 426.

could be found in the flower's resins, but that theory was proven to too simplistic. In one of the earliest attempts to revise it, M. De Courtive, a French pharmacy student, presented a thesis on cannabis to the School of Pharmacy in Paris in 1848. His "inquiry was directed by the effects he noticed it to produce upon the lunatics at the Bicêtre." During his lecture, Courtive argued that "a resin which he extracted through a complicated process of maceration, and the action of alcohol" was undoubtedly the source of cannabis's strange power. He called the resin "cannabina" and claimed that doctors could do more with much less of his extract.⁶⁸

This news excited the medical community, which argued that "if a resin of unvarying strength can be fully procured, it will provide us with a most eligible form of administering the drug."⁶⁹ As time went on, however, Courtive's experiments, while interesting, could not be widely replicated. While Courtive introduced his new theory on the active agent, Andrew Robertson, a colleague of William O'Shaughnessy in the Chemistry Department at the University of Calcutta, began building on his coworkers' original recipe. He began by buying thirty pounds of cannabis for "the purpose of having its medical qualities fully tested by European medical men."⁷⁰

Dr. Robertson then sent quantities of his improved substance to London, Paris, Berlin, Scotland, and to friends in the profession hoping they would experiment with it. He found that O'Shaughnessy had heated the alcohol above boiling point, which turned it brown and limited its overall impact. Robertson's mixture, on the other hand, was "deep green" and "gave a grass green tincture." He claimed that the "inactivity" of cannabis in British medicine could be

⁶⁸ "Indian Hemp: It's Active Principle," *Medical Examiner and Record of Medical Sciences*, Vol. 11, Iss. 44 (August 1, 1848): 524. London's *Lancet* first published the news of Courtive's experiments and Philadelphia's *Medical Examiner* reprinted the *Lancet's* article.

⁶⁹ *Ibid*, 524.

⁷⁰ *Ibid*.

attributed to this unfortunate over-boiling. The experience had been much for Robertson, however, and he announced he “did not care about making more” because the process was “tedious and troublesome” and he was “tormented by the Excise regulations.”⁷¹

William Hodgson, an American physician, commented in 1858 that the problem with medicinal cannabis was that United States pharmacies “in making the preparation generally adopt the proportions of the Dublin Pharmacopeia.” After analyzing a London made tincture, Hodgson found that forty percent of the extract consisted of materials that were not soluble in alcohol. His comments gave credence to the idea that the unpredictability associated with the effects of medicinal cannabis might not be the fault of the plant at all, but rather the result of poorly created tinctures. Ultimately, Hodgson’s tincture contained less than thirteen grains per fluid ounce instead of the twenty-two outlined in the Dublin Pharmacopeia. He acknowledged that the cost of ensuring the purity of the tincture was almost double what it would otherwise be, but argued “this ought to be of no moment, compared with the importance of supplying a reliable article.” Ultimately, Hodgson’s theories failed to gain traction in the pharmaceutical industry, but they highlight the ongoing efforts to make cannabis into “a reliable article” with consistently predictable effects.⁷²

The history of the many attempts to tame cannabis proved that making the drug a standard pharmaceutical was difficult, if not impossible, to achieve. In 1860, Tilden and Company, of New Lebanon, New York, also claimed they had mastered the art of the cannabis tincture. Their product, they averred, would soon be proven the best in the world. The company complained that cannabis was “not used as it should be, partly probably from the fact that it has

⁷¹ Andrew Robertson, “ART.XI—On Extract of Indian Hemp,” *American Journal of Pharmacy*, Vol. 13, Iss. 3 (August 1847): 195.

⁷² William Hodgson, “Pharmaceutical Notes,” *American Journal of Pharmacy* (March 1858): 113.

so often proved unreliable.” They, like O’Shaughnessy, Courtive, Robertson, and Hodgson, thought they had, once and for all, solved the problem. They had not.⁷³

In 1861, William H.H. Githens, an American pharmacist, wrote that “having observed a great want of stability in the mixtures of cannabis indica...it occurred to [him] that much more elegant preparations might be introduced.” After a series of trials, however, Githens got no closer to perfecting the remedy than his predecessors and admitted defeat. William Proctor, Professor at the Philadelphia College of Pharmacy, asked in 1860, “is there a reliable test for the active resin of Cannabis sativa of the East Indies” so that it could “be satisfactorily and easily ascertained by the pharmacist?” Frustrated, he listed the many efforts at perfecting a reliable medicine from the resins, including several of his own tests. He concluded by arguing that the issue had to be “made more manifest by further experimentation.”⁷⁴

The state of the western medical profession’s attempt at turning cannabis into a reliable drug stood, in 1860, where it had in 1840—with calls for further experimentation. William O’Shaughnessy had argued that there should be no hesitation in offering the resin of hemp an extensive trial. It is clear from the optimism in his writing that he was fairly certain the profession would find that it had extensive curative powers. It seemed apparent in 1860 that it did not. On the other hand, it continued to survive as a medicine and physicians prescribed it readily and continued to experiment with it. Those days in which it was considered a revelatory medicine, however, seemed to have passed. It worked well in arresting seizures and seemed to function as a moderately effective pain reliever. These more modest uses of cannabis would continue for a long time. It was not until the 1930s that the medical profession entirely gave up

⁷³ “Cannabis Indica,” *Medical and Surgical Reporter*, Vol. 3, Iss. 20 (February 11, 1860): 440.

⁷⁴ William H.H. Githens, “On Several Extemporaneous Pharmaceutical Preparations,” *American Journal of Pharmacy* (May 1861): 203; William Proctor, Jr., “On a Test For the Resin of Cannabis Indica,” *American Journal of Pharmacy*, Vol. 37 (January 1865): 23.

on it, and that was only due to the fact that it was criminalized. Had that not happened, it is likely that doctors would have, in limited cases, continued to prescribe it as a pain reliever.

Chapter Two

“Adventurous Tasters”: Non-Medicinal Drug Use in Nineteenth Century America

At the Hôtel Lauzun on the Île Saint-Louis in Paris, a group of men, mostly writers and artists, gathered in the 1840s to ingest hashish and extensively note their reactions to it. They wore Arabic robes, laced Turkish coffee with significant doses of cannabis, and followed the mental distortions the substance brought. Dr. Jacques-Joseph Moreau, a French experimental psychiatrist, hosted these narcotic fueled soirees and one of his comrades, author Theophile Gautier christened the group “Le Club Des Hachichins” in an article he wrote for the *Revue des Deux Mondes* in 1846. Gautier embodied the boundary pushing spirit of the Hashish Club. After publishing *Mademoiselle de Maupin* in 1835, the story of a transgender opera singer and sword aficionado, he settled into the life of a literary, art, and dance critic.

As a regular member of the Hashish Club, Gautier joined other luminaries like Honoré Balzac, Victor Hugo, Alexandre Dumas, Charles Baudelaire, Eugène Delacroix, and Gérard de Nerval. Under the guidance of Dr. Moreau, these literary figures consumed cannabis and published the ways in which the substance altered their minds. In doing so, the group operated in similar ways to the medical community that simultaneously worked to establish cannabis as a mainstream medicine. The Hashish Club, however, existed in a liminal space where hashish, experimental psychology, and Romantic literary tropes intersected to define a style of use that was neither recreational nor for the sake of the medical record.

Both styles of use originated in India and the Middle East. Dr. William O’Shaughnessy conducted his experiments with cannabis in Calcutta where he used the substance according to the instruction he received from Indian physicians who had experience using it. He then exported his findings to London where they were subsequently transmitted to the United States through a

transatlantic information exchange. Similarly, Dr. Moreau, once a physician to wealthy French travelers, first consumed hashish in Egypt and, upon returning to Paris, he hosted cannabis fueled soirees that mirrored the Middle Eastern style of recreational use. In addition to Arabic robes and Turkish coffee, the stories subsequently written often included surrealist imagery set in the Middle East. Just as O’Shaughnessy appropriated the Eastern style of medicinal cannabis use, the Hashish Club coopted a more recreational style that emerged from the same region.

A strong transatlantic connection also characterized the dissemination of Moreau’s experiments from Paris—just as they had O’Shaughnessy’s from London (via Calcutta). The London medical community collected reports of O’Shaughnessy’s Calcutta trials and then forwarded them to the United States. The Hashish Club, repeating styles of use learned by Moreau in Egypt, published their experiences in the French press; stories that were then translated and exported to literary journals in the United States. That more recreational style of cannabis experimentation, like the controlled medicinal trials it complemented, similarly became a global phenomenon.

Soon thereafter, American artists and intellectuals—including Bayard Taylor and Fitzhugh Ludlow—experimented recreationally with cannabis and documented the results of their experiences in widely read drug confessionals. While these confessionals appealed to the reading public, they also functioned as a kind of supplementary text that aided in the vetting of new drugs for the medical marketplace. In the process, the confessionals existed on the margins of both medicine and literature, which not only offered that style of writing an air of legitimacy, but spurred the formation of America’s first recreational cannabis subculture.

Historians often view the Hashish Club and the authors it influenced as colorful asides in the history of cannabis use in Europe and the United States. A closer look, however, reveals their

works to be important accompaniments to the practice of medicine. The authors, who viewed their endeavors as fundamentally scientific, explored the psychological effects of cannabis in seemingly more thorough ways than mainstream medicine allowed. Indeed, Dr. Moreau eventually published a work exploring the possibility of using cannabis to better understand mental illness. Believing hashish induced the common symptoms associated with “madness,” Moreau utilized the confessionals to gain a more psychologically acute knowledge of the origins of mental disease. In an era before centralized agencies governed the vetting of new drugs for the medical marketplace, the testing of new narcotics remained highly decentralized and the boundaries separating controlled laboratory experiments from those conducted by laymen were incredibly elastic.

Indicating the extent of the interconnectedness between the literary and medical texts regarding cannabis in America, the popularity of the hashish confessionals rose and fell with medical cannabis. From the 1840s-1860s, as the profession suggested cannabis had broad healing powers, the public embraced tales of hashish hallucinations and they continued to gain popularity within the literary community. After the Civil War, as the profession concluded that cannabis was too unpredictable to become a reliable and widely applied treatment, the popularity of the hashish confessional similarly waned. Indeed, the two movements were inextricably linked and, for a period, provided a holistic view of cannabis’s powers—one from the medical community and the other from a Bohemian subculture that continually crossed the boundaries of what constituted scientific experimentation.

The Origins of Recreational Drug Use in Europe and the United States

Dr. Jacques-Joseph Moreau did not invent the modern drug confessional nor could he be credited with creating the conditions that inspired it. That honor went to Thomas De Quincey,

who published the essays that led to his epic novella *Confessions of an English Opium Eater* in 1821, over two decades before the first meeting of the Hashish Club in Paris. De Quincey's work followed a simple style—it recounted the horrors of addiction, oftentimes in a wild romantic narrative, and then concluded with a tale of recovery, stability, and a restoration of sanity. That style, in many ways, resembled the confessions of Christian literature, especially those of St. Augustine.¹

The writings that emerged from the Hashish Club in Paris, which inspired emulators in the United States, had deep historical roots. The impulse to sin, confess, and pursue a path of repentance was not a groundbreaking concept in western society. De Quincey cast sin in his story as opium addiction and meticulously detailed his dependency for the benefit of others. Although it was a simple concept, De Quincey knew his work had the potential for causing controversy and so he proceeded cautiously. “I present you, courteous reader, with the record of a remarkable period of my life,” he wrote. Like the stories of addiction that would follow it, and continue into present day, De Quincey wanted his work to be more than just an entertaining read. Indeed, he imagined it becoming a helpful source for others suffering from similar maladies. It was “in *that* hope” that he wrote his *Confessions*. De Quincey continued “and *that* must be my apology for breaking through the delicate and honourable reserve, which, for the most part, restrains us from the public exposure of our own errors and infirmaries.”²

His novella elevated the Romantic Era focus on the self to even greater heights than it had already been lifted. It was a memoir, but not one of a hero or a public servant. Rather, it

¹ “The London Magazine, No. XXI. For September,” *The Caledonian Mercury* (Edinburgh, Scotland), September 8, 1821: 1.

² Thomas De Quincey, “Miscellany: Confessions of an English Opium Eater: Being an Extract from the Life of a Scholar,” *The Saturday Magazine: Being in Part a Compilation from the British Reviews, Magazines, and Scientific Journals*, Philadelphia, Vol. 2, Iss. 1 (January 5, 1822): 123.

painted a detailed and unique portrait of a social menace, one of the west's first anti-heroes. De Quincey mastered the tightrope walk between remorse and a heedless offering of the lurid details of addiction. Indeed, the author acknowledged he fully understood that nothing was "more revolting to English feelings" than an individual who willingly spoke about his "moral ulcers or soars." He noted that a large number of those sorts of stories were often told by "demireps, adventurers, or swindlers." That, De Quincey assured his readers, was not his intention. He wanted to offer a realist glimpse of addiction. His story, however, would be one of triumph—just like St. Augustine's—in which a broken man found renewal and grace.³

De Quincey's novella influenced the Hashish Club, whose members read his work extensively and used it as a resource in writing their mid-nineteenth century hashish confessionals. In Charles Baudelaire's *Artificial Paradises*, first published in 1860, the author paid homage to De Quincey's groundbreaking work. He, Gautier, and a small group of other French writers had, by then, become known as "The Second Romantics" and they seemed to have widely discussed *Confessions of an English Opium Eater*. Baudelaire not only sent his friend Gustave Flaubert a copy of his own work on hashish, but also recommended De Quincey. Flaubert responded, "I must especially thank you for introducing me to Mr. De Quincey, a charming man! How likable he is!"⁴

Baudelaire informed his mother that he planned to introduce a French translation of De Quincey's work, writing that "The Opium Eater is a new translation of a magnificent author who is not yet known in Paris." Baudelaire had a publishing contract with the *Moniteur*, but the editors

³ See Thomas Pfau, *Romantic Moods: Paranoia, Trauma, and Melancholy, 1790-1840* (Baltimore: The Johns Hopkins University Press, 2005); Nancy Yousef, *Isolated Cases: The Anxieties of Autonomy in Enlightenment Philosophy and Romantic Literature* (Ithaca and London: Cornell University Press, 2004); Madeleine Callaghan and Anthony Howe, *Romanticism and the Letter* (New York: Springer International Publishing, 2020).

⁴ "Curious Drugs for Producing Hallucination," *The Scientific American*, Vol. 5, Iss. 30 (April 13, 1850): 230.

balked after receiving the first translations. Baudelaire told his mother that “the bizarre nature of the work frightens them.” After many rejections, which led the author into a lengthy depression, and battles with publishers over space and content, his translation was finally published in 1858.⁵

Although De Quincey’s work had been controversial in the 1820s—and also in 1850s Paris—the public ultimately accepted it as a significant contribution to literature. Like the works of the Hashish Club, the medical community viewed De Quincey’s work as a potential resource; one that, through artful healing, offered medical and psychological insights that might prove useful to average physicians. *The American Medical Recorder* wrote in July of 1822 that “when we first glanced at this production, we considered the title as a mere vehicle, through which some romantic or satirical tale was to be conveyed.” After reading it, however, the journal decided its initial perception had been “erroneous, and that these confessions bore intrinsic marks of authenticity.”⁶

The literary community similarly praised De Quincey’s work. *The North American Review* argued in 1824 that “we believe that very few persons, if any, in this country, abandon themselves to the use of opium as a luxury; nor does there appear to be any great danger of the introduction of this species of intemperance.” It described the author’s work to American audiences for the first time, noting “it abounds in fantastical and splendid images, and is interspersed with descriptions of great beauty and magnificence, and with detached thoughts and expressions of singular force and felicity.” *Confessions of an English Opium Eater* became one of the first literary works to have crossover appeal within the medical profession.⁷

⁵ Charles Baudelaire, *Artificial Paradises* (New York: Kensington Publishing Corp, 1998).

⁶ “Art. XIX. Opiologia; or Confessions of an English Opium-Eater: being an Extract from the Life of a Scholar,” *The American Medical Recorder* (Philadelphia), Vol. 5, Iss. 3, July 1822.

⁷ “Art. IV.—Confessions of an English Opium-Eater,” *The North American Review*, Vol. 17, Iss. 42 (January 1824): 190.

It fit neatly within the literary styles that dominated the period and *Confessions* would eventually be considered a classic text of the Romantic period. On the other hand, it had genre-defying characteristics. The work veered into Gothic horror in the same manner that Mary Shelley did with *Frankenstein*, published just two years earlier in England. De Quincey's work could also be considered a staple of the Dark Romantic style, a genre it contributed to—interestingly—as a memoir. Indeed, the author often presented himself as a Frankenstein-like character; part gentlemanly scholar, traveler, artist, junkie, degenerate. His work mixed romantic and transcendental imagery with filthy dankness, lust, night sweats, and amorality, ultimately propelling it into a stark originality unusual for the time.⁸

Consequently, British and American readers accepted it as a near instant classic. It also continued to cross the boundaries that traditionally separated science from the art world. In 1829, *The Boston Medical and Surgical Journal* printed an article entitled “Opium Eaters—From Mr. Madden's Travels in Turkey.” The writer, Mr. Madden, claimed he had “heard so many contradictory reports of the sensations produced by [opium]” that he “resolved to know the truth, and accordingly took [his] seat in the coffee-house, with half a dozen *Theriakis*.” He then recounted his experience in the style of Thomas De Quincey. Those around him, who had already ingested the substance, “were frightful: and spoke incoherently.” Their “features were flushed, their eyes had an unnatural brilliancy, and the general expression of their countenance was horribly wild.”⁹

⁸ See: Tim Fulford, Debbie Lee, and Peter J. Kitson, *Literature, Science and Exploration in the Romantic Era* (Cambridge: Cambridge University Press, 2004); Robin Jarvis, *The Romantic Period: the Intellectual and Cultural Context of English Literature, 1789-1830* (London and New York: Routledge, 2004); Michael Gamer, *Romanticism and the Gothic: Genre, Reception, and Canon* (Cambridge: Cambridge University Press, 2000); Lois Peters Agnew, *Thomas De Quincey: British Rhetoric's Romantic Turn* (Carbondale and Edwardsville: Southern Illinois University Press, 2012); Daniel Sanjiv Roberts, *Revisionary Gleam: De Quincey, Coleridge, and the High Romantic Argument* (Liverpool: Liverpool University Press, 2000).

⁹ “IV. Opium Eaters. From Mr. Madden's Travels in Turkey,” *The Boston Medical and Surgical Journal*, Vol. 2, Iss. 32 (September 22, 1829): 123.

Mr. Madden's narrative was an unusual contribution to a prestigious medical journal and it highlighted the extent to which *Confessions* had captured the imagination of the profession. Madden continued describing his experience and noted that his "faculties appeared enlarged" and everything he "looked at seemed increased in volume." He no longer had "the same pleasure" when he closed his eyes as he did when they were open. It seemed to him that his mind turned "external objects" into "images of pleasure." "In short," he wrote, "it was the faint exquisite music of a dream" but in a "waking moment." He left the Turkish opium parlor and made his way home as quickly as he could, "dreading, at every step" that he might be capable of committing "some extravagance." As he walked, Mr. Madden barely noticed his feet touching the ground and he immediately went to bed where "the most extraordinary visions of delight filled [his] brain all night." In the morning he arose "pale and dispirited," his head ached, and he remained on the sofa for the entire day, "dearly paying for [his] first essay at opium eating."¹⁰

The medical community heavily relied on the use of opium and, as a result, became specialists in managing the addictions it created. In an article titled "Autopsy of an Opium Eater," also published by the *Boston Medical and Surgical Journal*, Dr. M.S. Perry, in 1835, examined a seventy-seven-year-old woman. She was, according to a medical history obtained from her friends, "of nervous temperament, but enjoyed good health." Her medical treatment began after an attack of pleurisy, an inflammation of the tissues that line the lung and chest cavity, which caused a serious and persistent cough. She was eventually prescribed opium. For nine years prior to her death, she increased her opium use to fifteen, twenty, and sometimes even thirty grains per day. Before her death, the woman locked herself in her bedroom for weeks at a time and often replaced food and water with thirty grains of opium each night. Her attending

¹⁰ "IV. Opium Eaters. From Mr. Madden's Travels in Turkey," 123.

physician noted she could not live without that level of opium and screamed until she received it.¹¹

To professionals perplexed by opiate addiction, De Quincey's work offered a guidebook. In some cases, journals directly cited *Confessions*. *The Boston Medical and Surgical Journal* argued that, for those who had "accustomed themselves" to the use of opium, it was possible for them to increase the amount of the drug until they could ultimately "swallow enough to destroy three lives under ordinary circumstances." An American, Dr. Smith, reported that on a visit to Turkey he saw individuals ingesting between three and six drachms of opium regularly. "It was about this portion," he contended, "that an individual took who has acquired considerable celebrity in this country, from his publication of a little volume which was entitled 'Confessions of an English Opium Eater.'"¹²

The journal reported that, in *Confessions*, De Quincey took 320 grains of opium once a week and that he typically ingested the bulk of those doses on Saturday nights before the opera. The opium, according to De Quincey's telling, enhanced the music in profound ways. The author's gradual elevation of doses, however, led to a more formidable addiction. "One sensation which he describes," the author of the article continued, "I myself have felt when obliged to have recourse to opium for the alleviation of pain, and which likewise I have heard others allude to, namely, the singular lengthening out of time, so that a single night appears to have been of years' duration." *The Boston Medical and Surgical Journal* concluded by arguing that De Quincey's portrait of addiction could be confirmed by science. The journal confidently informed its readers

¹¹ M.S. Perry, "Autopsy of an Opium Eater," *The Boston Medical and Surgical Journal*, Vol. 13, Issue 20 (December 23, 1835): 319.

¹² "Opium," *The Boston Medical and Surgical Journal* (1828-1851); Boston Vol. 16, March 1, 1837: 55.

that “these are not the imaginary sufferings of a romance writer,” but rather the “inconceivable sensations” that many other patients had attributed to opium use.¹³

The medical community found De Quincey’s prose convincing. De Quincey did, indeed, provide glimpses into the agony of long-term dependency. The author claimed that “during the last two months” of his addiction, he slept “much in the daytime and was apt to fall into transient dozings at all hours.” The sleep, however, was not restorative, but rather more disturbing than the time he spent awake.

Besides the tumultuousness of my dreams (which were not only so awful as those which I shall have to describe hereafter as produced by opium), my sleep was never more than what is called *dog-sleep*; so that I could hear myself moaning, and was often, as it seemed to me, awakened suddenly by my own voice; and, about this time, a hideous sensation began to haunt me as soon as I fell into a slumber.

Later, De Quincey argued, “this is the doctrine of the true church on the subject of opium: of which church I acknowledge myself to be the only member—the alpha and omega; but then it is to be recollected, that I speak from the ground of a large and profound personal experience.” This made him, according to the author himself, far more knowledgeable on the issue of the subject than medical practitioners. “Even those who have written expressly on the *materia medica*, make it evident, from the horror they express of it, that their experimental knowledge of its action is none at all.” De Quincey understood his work to be a medical trial of sorts, one in which the educated user of substances rose above the classically trained practitioner. That instinct mirrored the spirit of the times, which exhibited an almost total faith in experimentation over detached theory. That instinct, of course, guided O’Shaughnessy’s trials and inspired the Hashish Club in Paris decades later.¹⁴

¹³ “Opium,” *The Boston Medical and Surgical Journal*, March 1, 1837: 55.

¹⁴ Thomas De Quincey, *Confessions of an English Opium Eater* (New York: John B. Alden Press, Publisher, 1885).

Not only did De Quincey's work provide important context for the medical community, it also inspired other writers to follow in his footsteps. In 1839, *The New Yorker* published excerpts of his novella.¹⁵ Soon after, William Blair, an unknown writer, penned an article titled "An Opium Eater in America." He emulated De Quincey's signature style: "before I state the results of my experience as an opium-eater, it will perhaps not be uninteresting, and it certainly will conduce to the clearer understanding of such statement, if I give a slight and brief sketch of my habits and history previous to my first indulgence in the infernal drug which imbibited [sic] my existence for seven most weary years." According to the story, the young man sailed to New York from England in hopes of becoming a writer, but he failed to find work. Depressed, he began to drink and take opium. He was then offered \$2,000—or roughly \$62,000 adjusted for inflation—to write "Passages from the Life of an Opium Eater," an indication of how well De Quincey's work had sold in the market. While attempting to begin the project, however, he discovered he could not write and so he remained in Brooklyn until November of 1841, at which point he moved into the city where he lived in "great poverty" and was "frequently unable to procure dinner" as the few dollars he did receive all went to supplying himself with opium. "Whether I now shall be able to leave off opium," he wrote, "God only knows!"¹⁶

An unnamed man, writing for *Colton's* admitted that his "imagination was once so kindled by the perusal of a little book called the 'Opium Eater,'" that he purchased from the

¹⁵ "Confessions of an English Opium Eater (An Extract from the Life of a Scholar), *The New Yorker*, Vol. 7, Iss. 19 (July 27, 1839): 296; *The New Yorker*, Vol. 7, Iss. 20 (August 3, 1839): 311; *The New Yorker*, Vol. 7, Iss. 21 (August 10, 1839): 323; *The New Yorker*, Vol. 7, Iss. 22 (August 17, 1839): 341; *The New Yorker*, Vol. 7, Iss. 23 (August 24, 1839): 357; *The New Yorker*, Vol. 7, Iss. 24 (August 31, 1839): 373; *The New Yorker*, Vol. 7, Iss. 24 (September 7, 1839): 391; "Confessions of an Opium Eater, in America," *The Age and Lancaster and Chester County Weekly Gazette*, August 6, 1842, 1.

¹⁶ William Blair, "An Opium Eater in America," *The Knickerbocker; or New York Monthly Magazine*, Vol. 20, Iss. 1 (July 1842): 47.

apothecary “two enormous doses of the precious drug.” The author of the piece then engaged the subject of drug addiction in that wild prose poetry innovated by De Quincey:

Thence again I emerged, with the placidity and power of Neptune over his troubled realm, and driving my watery team over the excited bosom of the ocean, harmonized its elements into the deep bass it sustained in the bursting anthem of the infant world. And then with the fleetness of a disembodied spirit, I seemed to float around just between the incumbent circle of the blue heaven and the sea, discerning within upon the surging plain the motion of innumerable ships skimming the wave with the lightness of the swallow, while without the circle I beheld, far down in the twilight and lurid gloom of an immeasurable gulf, the wrecks of worn out worlds.”

The idea that deep personal experience with opiate addiction had medical value began to prevail. In 1844, J. Root wrote a book entitled “The Horrors of Delirium Tremens.” *The Columbian Lady’s and Gentleman’s Magazine* argued that “if the author had contented himself with an exposition, derived from his personal experience, of the remarkable phenomenon attendant upon that temporary insanity which is caused by excess of cerebral stimulants, he might have produced a work which would be read with as much of pleased curiosity as the celebrated ‘Confessions of an English Opium Eater,’ by De Quincey.” Instead, the author chose to “overlay his narrative with a mass of psychological and theological speculation.” In other words, Root had simply studied delirium tremens. He had not *lived* the horror of withdrawals from alcohol like De Quincey had opium. As such, the periodical considered him something of a charlatan. In that particular case, actual expertise in the field, gained through experience, was cast as the promotion of unscientific analysis. In many cases, firsthand experience seemed to matter more than an actual education in the matter being discussed.¹⁷

¹⁷ “Miscellany: Effects of Opium—Teriakis, or Opium Eaters—An Experiment with the Drug—Its Effects on the Imagination—Grandeur and Horror of its Dreams,” *The Vermont Mercury* (Rutland, Vermont), October 18, 1839, 2; “Books of the Month: The Horrors of Delirium,” *The Columbian Lady’s and Gentleman’s Magazine, Embracing Literature in Every Department*, July, 1844, 3.

In the spring and summer of 1845, De Quincey published a sequel to his famous work entitled *Suspiria de Profundis*—or “Sighs from the Depths”—and it began circulating through literary journals just as his original masterwork had. These new essays would be considered as equally powerful as their 1822 precedents. At the same time, the drug confessional engrained itself in European and American society more fully. A Manchester, England paper argued that “the practice of eating opium was surrounded with so poetical a halo by the two great opium eaters Coleridge and De Quincey that some years ago it threatened to become rooted in our universities among all those inspiring youths who affected the character of men of genius.” As medical journals printed quasi-confessionals in the interest of gaining a more thorough education, British and American youth experimented with it to experience that Romantic intoxication the author had so powerfully described.¹⁸

De Quincey’s appeal, then, was not without consequences. While his work provided needed context, at times, for the medical community, it also seemed to inspire a recreational use of opium that had the potential of exacting grave consequences. Opium could cause premature death and there were numerous tragedies to point to even in the early-1800s. That reality somewhat challenged the romance of De Quincey’s experimentation. Charles Wheedon, for example, was a London papermaker who died suddenly at the age of forty-two years old from an opium overdose. T. Fardon, a chemist on Stone Street, admitted he had known the man and that he usually bought a pennyworth of opium every three or four days. Wheedon had been in the day before his death, however, and asked for a pennyworth of “the old sort.” Fardon “remarked jocosely that he was extravagant” as he filled the order. The coroner’s verdict was “death from

¹⁸ “Opium Eating in Scotland,” *Manchester Weekly Times and Examiner*, August 31, 1847, 1.

an overdose of opium, taken without any criminal intent.” These kinds of incidences were commonplace in the early-to-mid nineteenth century.¹⁹

Similarly, Thomas Bowyer, a forty-two-year-pensioner who had served the East India Company for twenty-seven years, died at Mason’s Arms, “a small beerhouse” in London. Bowyer, who had served honorably in the war in Afghanistan, “drank some hard cider with an old soldier, and while there, he took some opium from a paper, put it in his mouth, chewed it, and then called for water to wash it down.” He then laid his head on the table of the bar as if he had fallen asleep and “suddenly fell to the ground a corpse.” These men represented the reality of drug addiction in England and the United States far more than Thomas De Quincey did.²⁰

Opium had become a complicated phenomenon by the 1820s and 1830s. It eased pain more reliably than any other available drug on the market and was, in that context, a saving grace to those employed in the art of the suffering public. On the other hand, that power came with consequences—ones felt by Charles Wheedon, Thomas Bowyer, and their loved ones. Unlike Thomas De Quincey, they did not survive their addictions and could not use them as examples of an unfortunate past ultimately redeemed (which, in De Quincey’s case, had become a very lucrative story). There were far more tragedies than there were tales of redemption, which was a fact that may have, in part, led to the popularity of *Confessions*. It offered hope that addiction could be overcome and that a normal life could once again be restored. De Quincey had been able to return from a wrecked state when many others seemed incapable of such a triumphant return.²¹

¹⁹ “Sudden Death of an Opium Eater,” *The Morning Post* (London), April 15, 1847, 1.

²⁰ “Sudden Death of an Opium Eater,” *The New Castle Weekly Courant*, September 1, 1847, 2.

The members of the Hashish Club worked in the shadows of De Quincey's monumental writings and they knew it. His work, a masterpiece of the romantic period, became one of the first novellas to directly influence the practice of medicine and its immediate dissemination of to France and the United States indicated the early presence of the transatlantic connection crucial in spreading cannabis knowledge in the middle of the nineteenth century. *Confessions of an English Opium Eater* paved the way for Dr. Moreau, his subjects, and for the Americanization of the genre, which reached its peak with the publication of Fitzhugh Ludlow's *The Hasheesh Eater* in 1858.

Dr. Moreau's experiments with cannabis, conducted in the latter two decades of De Quincey's life, continued the tradition of obfuscating the lines separating art and science. On the other hand, Moreau's medical education and interest in the psychological origins of hallucinations distinguished his work from De Quincey's. Indeed, Moreau's interests were unabashedly scientific and continued his important work on the psychological origins of mental distortions. Yet, Moreau, even more than De Quincey, facilitated the literary exploration of drugs by organizing and hosting the Hashish Club in Paris's Left Bank. De Quincey may have inspired the first moments of crossover between the two communities, but Moreau redefined the interactions by hosting relatively controlled experiments with cannabis using the most prominent writers in Paris at the time.

Charles Baudelaire's description of Moreau's trials offer a unique view of the privileged world in which the doctor conducted his work. Baudelaire rented a room in the Hotel Lauzun, the Hashish Club's headquarters, and described the rooms as "noble lodgings" being "worthy of Lords." He chose one of the establishment's smaller rooms, which had very high ceilings and a nice "view of the wide green river" from the window. The wallpaper, patterned red and black,

“perfectly matched the antique Damask curtains that fell in heavy folds to the floor.” Baudelaire had an “immense table of walnut and several armchairs of oak;” an entire series of Delacroix’s Hamlet lithographs; a large collection of Latin and Roman poets; and a shelf of Rhine wine. Baudelaire wrote that the back portion of the hotel “was illuminated by the light of several suspended lamps” and that the wood panel walls were lavishly decorated with antique paintings. The ceilings were “rounded into a cupola” and painted with “allegorical figures.”²²

Far from the dank milieu in which De Quincey descended into opium addiction, the members of the Hashish Club created an environment of art, privilege, and experimentation. In one account, as Baudelaire approached the back of the downstairs room in which the club met, uncharacteristically late to a meeting, his friends greeted him warmly as he stepped into the light. Dr. Moreau stood next to a “buffet of oak, upon which rested a tray crowded with porcelain saucers.” The doctor then offered the guests a “small morsel of Oriental hashish” from a crystal glass. After the drug had been fully ingested, the doctor offered coffee “in the Arab manner; that is to say, with marc, and without sugar.”²³

Reports of Moreau’s eccentric gatherings spread quickly. A New York periodical exclaimed, “amongst several subjects of scientific inquiry in France, placed for the meantime in abeyance by the revolution of February, one of the most remarkable was the peculiar influence of certain drugs upon the human mind, and the alterations which they produce upon the perceptive powers, the imagination, and reason.” It continued, “whilst discussing the nature of eccentricities, or *fantasias*, and illusions, [Moreau] was led to describe the singular power of a drug, the produce of the Indian Hemp, called *Hashish*.” The drug, it continued, led to an

²² Charles Baudelaire, *Artificial Paradises* (New York: Citadel Press, 1996), 12.

²³ *Ibid.*

“awakening in the mind a train of phenomena of the most extraordinary character, entrancing the senses in delicious reveries, and modifying the organic sensibility.”²⁴

Dr. Moreau used the experiences to write his widely regarded 1845 book, *Du l'hachisch et de l'aliénation mentale*, which translated to *Hashish and Mental Illness*. In the work, he explored the idea that cannabis could be used to induce a form of mental illness that offered insight into the origins of psychological disturbance. By the 1840s, Moreau had situated himself on the cutting edge of experimental psychology and his extracurricular activities at the Hotel Lauzun proved it. The doctor also inspired many of his students and colleagues to try cannabis. A relatively obscure American periodical, *The Albion*, noted that “so invitingly did [Moreau] paint the nature of the new impressions which arose from its use, that in a short time all the physicians and medical students were indulging in doses of the new addition to the charms of life.”²⁵

While Moreau’s work impacted the Parisian medical community, the recently published writings of the authors who served as his subjects circulated through the literary world. In 1849, a Vermont paper noted that “public attention” had recently turned towards cannabis and that, “particularly in France, since 1846,” there had been strong interest in hashish. It reported that French authors had “published memoirs on the subject” and closed with an extensive sampling of Gautier’s writings. In it, Gautier claimed that within a few minutes after taking the drug “it appeared to him that his body was dissolved, that he had become transparent” and that he clearly saw in his chest “the hashish, under the form an emerald.” Due to the transatlantic exchange that brought De Quincey to the United States, Gautier’s audience expanded from the Left Bank of

²⁴ “The Hashish,” *The Albion, a Journal of News, Politics, and Literature*, Vol. 7, Iss. 52 (December 23, 1848): 614.

²⁵ See also: Robert M. Young, *Mind, Brain, and Adaptation in the Nineteenth Century: Cerebral Localization and its biological context from Gall to Ferrier* (New York: Oxford University Press, 1990); Benjamin Reiss, *Theatres of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008).

Paris to include rural Vermont. He, like De Quincey, O’Shaughnessy, and Moreau, had gone global.²⁶

As Americans read translations of Gautier’s work, French physicians copied the unconventional style of Moreau’s cannabis trials. In 1850, the *Scientific American* published an article titled “Curious Drugs for Producing Hallucination.” The piece featured an unnamed French physician who, instead of conducting his work in a laboratory, “went to a familiar *Café*, selected his subjects” and gave them each one grain of cannabis. The doctor overseeing this peculiar trial then dissolved another grain of cannabis in a glass of Curacao, a liqueur flavored with dried citrus peels, and gave it to “the master of the house.” The man had two “young and handsome daughters” who he forbade “to taste of the drug.”²⁷

The French doctor featured in the article epitomized this newer style of uncontrolled experimentation. Whereas O’Shaughnessy and Moreau kept their work confined to closed spaces, this physician went public. He randomly selected participants from a café and then administered cannabis on site. His work created a few moments of very public mayhem. The “the youngest daughter, for whom the owner of the café forbade from cannabis use, ultimately “tasted of the forbidden fruit,” which caused her to sink into a “delirium” accompanied by “hysterical movements of a very alarming appearance.” Her “shrieks” were “rapid, most violent” and she appeared only half-conscious of her condition, imploring those around her “not to conclude that she was mad.” As the doctor led the troubled girl to bed, the men in the café began having similar fits. One man, who had otherwise remained poised, began laughing hysterically before rolling “up on the floor” and proclaiming he felt as if he was rising to heaven. Another individual simply fell asleep standing up. Later, the benches were arranged around the café for

²⁶ “The Hashish,” *Vermont Watchman and State Journal*, May 31, 1849, 1.

²⁷ “Curious Drugs for Producing Hallucination,” *The Scientific American*, Vol. 5, Iss. 30 (April 13, 1850): 237.

“the slain” to rest on and they fell into “delightful dreams, producing strange laughter” which ultimately “repaid the adventurous tasters for their curiosity.”²⁸

The experiments in the French café introduced an unusual methodology that deviated quite significantly from established scientific norms. The *Scientific American*, withholding judgement, instead transitioned into the ways in which “Hindoos” used the substance. “A man under [cannabis’s] influence looks like a madman,” the periodical argued, and expressed himself by “dancing, singing, shouting, and tossing his arms.” These individuals claimed to use the substance because “it made them forget all their pains and fatigue.” Like other publications, the magazine warned against excessive use and suggested that cannabis could be “dangerous to sanity and health, as is the use of all unnatural stimulants.” It concluded with a balanced perspective, “in commenting upon any subject, authors and editors should always have a moral in view—to warn where there is danger, to encourage where this hope.”²⁹

In many ways, this new style of experimentation confirmed the results of work carried out by American and European physicians in testing the medical viability of cannabis by showing how dramatically unpredictable the drug could be. The behavior of the individuals in the café would not have surprised William O’Shaughnessy or the multitude of physicians who worked to corroborate his findings. These revolutionary experiments also maintained an aura of scientific validity. In the café, a physician oversaw the lacing of the drinks and the periodical reporting on the events that transpired promoted the results as valuable medical evidence. The magazine’s conclusion that all use of the drug should have a “moral” objective provided a loose criterion for experimentation. Moreau, the Hashish Club, and the French doctor working in the café certainly had objectives—even if they pursued them in unconventional ways.

²⁸ “Curious Drugs for Producing Hallucination,” *The Scientific American*, April 13, 1850.

²⁹ *Ibid.*

The literary descriptions of the effects of cannabis offered a far more thorough view of the substance's impact on the mental faculties, which benefited physicians like Moreau. In

Artificial Paradises, Baudelaire wrote:

This giddy cheer, poignant or languid by turns, this uneasy joy, this insecurity, this permutation of the malady, generally lasts but for a short time. Soon the links that bind your ideas become so frail, the thread that ties your conceptions so tenuous, that only your accomplices understand you. And here again you cannot be completely certain; perhaps they only think they understand you, and the illusion is reciprocal. These outbursts of loud cries and laughter, which resembles explosions, seem like true madness, or at least like the ravings of a madman, to all those who are not similarly intoxicated. Likewise will wisdom, good sense, and the logical thoughts of the sober, prudent observer, delight and amuse you like a particular form of dementia. The roles are reversed. His detachment drives you to the extremes of sarcastic mockery. Now is this not really a mysteriously comic situation, when a man is moved to incomprehensible mirth by a person whose condition differs from his own. The lunatic pities the sane man, and henceforth the idea of his own superiority begins to dawn on his intellect's horizon. Soon it will explode like a meteor.

These narratives enabled Moreau's pursuit of deeper insights into how cannabis induced a momentary sense of mental illness. In Moreau's world, that larger scientific objective placed Baudelaire's work within the realm of science. The nature of the subject and the artistic prose, however, also allowed it to double as literature.³⁰

Indeed, Baudelaire focused on the gulf cannabis created between the mind of an individual under the influence of and one not. Baudelaire wrote, "I once witnessed a scene of this sort, pushed to extremes, the grotesque aspect of which was only intelligible to those who knew of, or at least had heard of, the substance and the enormous varieties of effect it can produce even on two supposedly equal intellects."³¹ Baudelaire's story involved a famous musician, "who was unfamiliar with hashish and who, perhaps, knew nothing of it even by name." The subject arrived at a party where almost everyone "was under [Cannabis's] sway." Those at the party tried

³⁰ Charles Baudelaire, *Artificial Paradise*, 18.

³¹ *Ibid.*

to educate the man, who refused to listen and, instead, “smiled graciously, obligingly, upon hearing these fantastic accounts, like a man willing to be *tolerant* for a moment.” Those “whose wits had been sharpened by the poison quickly sensed his scorn” and began laughing. Their laughter “wounded him” and the “wild demonstrations of mirth and joy, the altered countenances, the strings of puns, the whole dissolute atmosphere of the place irritated him” and he confronted them. “Amusement,” however, “like lightning, flashed over their faces” and they laughed harder.³²

Cannabis, in crucial ways that De Quincey’s opium could not, did seem to offer a window into hallucination, delusion, and, more generally, the underlying phenomenon of mental illness. The musician in Baudelaire’s story recognized the disparity in reasoning caused by the substance and shouted “this *extravagance* may be good for you, but it doesn’t suit me in the least” to which they replied “it suits us, that’s all that matters.” The musician could not tell whether they “were truly mad or merely simulating madness,” but he nonetheless decided to leave. He quickly found that they had locked the door and removed the key. One of the partygoers then dropped to one knee in front of the musician and apologized profusely. Ultimately, he agreed to stay and play the violin for them, but several of the attendants began to cry and he became frightened.³³

The Americanization of the Drug Confessional

By the 1850s, American writers began to produce hashish confessionals that maintained the surrealist imagery outlined by the French. In April of 1854, *Putnam’s Monthly* published “A Vision of Hasheesh,” written by poet and essayist Bayard Taylor. Like so many English and French writers, Taylor became fascinated with the Middle East and Asia and travelled to Syria in

³² Charles Baudelaire, *Artificial Paradise*, 18.

³³ *Ibid*, 19.

the 1840s, a decade after Jacques Joseph Moreau accompanied wealthy French tourists there. Taylor's travels resulted in journalistic accounts of his time spent in Europe. In 1846, he published a collection of articles entitled *Views Afoot, or Europe Seen with Knapsack and Staff*. He did not reach widespread attention, however, until he arrived in Syria, which led to a flurry of publications: *A Journey to Central Africa; or, Life and Landscapes from Egypt to the Negro Kingdoms of the White Nile, The Lands of the Saracen; or pictures of Palestine, Asia Minor, Sicily, and Spain*, both published in 1854. His most significant work that year, however, was "A Vision of Hasheesh," a short essay about a respite in Damascus, where he sampled hashish.

His story began with the purchase of the substance from "a dark Egyptian," who spoke "only *lingua franca* of the East." After securing the drug, he took it back to the hotel to share with his friends. It was difficult for Taylor to remember when it overtook him, but he recalled that "the sense of limitation—of the confinement of our senses within the bounds of our own flesh and blood—instantly fell away." Consequently, "the walls" of Taylor's frame "burst outward and tumbled into ruin." As Taylor's visions turned more ominous, they resembled that fall into despair described so articulately by De Quincey.³⁴

The hashish confessionals typically recounted the story of a single night and did not include the ongoing and long-term degradation of the body like De Quincey. They rather focused on a momentary overthrow of the mind. The visions, which could certainly turn nightmarish, were also far more surreal and shorter lived. They were sudden hallucinations more than experiences derived from entrenched addiction. Taylor believed his body had turned into "a mass of transparent jelly, and a confectioner poured [him] into a twisted mould." He struggled to free himself, but like so many others who had taken cannabis and reported their experiences, seemed

³⁴ Bayard Taylor, "A Vision of Hasheesh," *Putnam's Monthly Magazine of American Literature*, Vol. III, No. XVI, April 1854.

to straddle two realities. He noted that “the sober half of me went into fits of laughter” at the absurdity of the visions. Simultaneously, however, he realized the visions were quite real and it struck him with horror. Taylor then claimed to laugh until his eyes overflowed with tears and “every tear that dropped, immediately became a large loaf of bread, and tumbled upon the shop-board of a baker in the bazaar of Damascus.”³⁵

Taylor’s confessions borrowed heavily from both De Quincey and the works that emerged from the Hashish Club. His work mirrored Baudelaire’s in its focus on two realities—the sober versus the inebriated. In the process, Taylor’s writing also overlapped with the scientific themes of hallucination and mental illness that Dr. Moreau explored throughout his career. Even more imaginatively unmoored from reality than the Hashish Club, Taylor claimed to believe he was floating over the desert in “a barque made of mother of pearl...studded with jewels of lasting lustre.” The sand was made of grains of gold and the “air was radiant with excess of light, though no sun was to be seen.” Taylor “inhaled the most delicious perfumes” and heard harmonies in his head that “Beethoven may have heard in dreams but never wrote.” Even though his experiment led to a kind of surrealist mental terror, Taylor “did not regret having made it” and concluded that “it revealed to me the deepest rapture and of suffering which my natural faculties would have never sounded.”³⁶

In the end, Taylor’s experience with hashish conformed to the style De Quincey innovated and he repented and returned to his faith. The experiment taught him the power and “majesty of human reason,” and he hoped, like De Quincey, that his account did not encourage others to follow his lead. If his work happened to inspire other, he encouraged readers to “take the portion of hasheesh which is sufficient for one man, and not, like me, swallow enough for

³⁵ Bayard Taylor, “A Vision of Hasheesh,” *Putnam’s Monthly Magazine of American Literature*, April 1854.

³⁶ *Ibid.*

six.” Taylor spent “two days afterwards” recovering from the experience because he was “weak in body and still confused in [his] perceptions.” For a change of scenery, Taylor “started for Baalbek,” a town in Lebanon. He found that “pure mountain air” and the sleep he got that night “completed his cure.” The next morning, he rode through a mountain valley with the “towering, snow-sprinkled ridge of the Anti-Lebanon on [his] right, a cloudless heaven above [his] head.” In that moment, he realized that the “last shadow had rolled away” from his brain. Taylor felt that he was once again master of himself and confessed that “the world glowed as if new-created in the light of [his] joy and gratitude.” He thanked God for leading him out of “a darkness more terrible than the Valley of the Shadow of Death.”³⁷

The literary community embraced Taylor’s cannabis confession just as it had De Quincey’s stories about opiate addiction. The unsuspecting *Maine Farmer* instructed its readers that the next edition of *Putnam’s* would feature a “portrait of the author of ‘Visions of Hasheesh,’ Bayard Taylor, in Turkish costume” and argued that “the contents were of a kind that will bear reading more than once.” It went further to suggest that *Putnam’s* had, “as an experiment...demonstrated to our satisfaction the existence of a purely American literature.”³⁸

The literary embrace of the cannabis confessionals accompanied the medical community’s advocacy of the substance as a potentially powerful new medicine. While this overlap occurred, there were crucial differences. First, the medical community, which had become aware of cannabis’s hallucinatory power, focused instead on its therapeutic qualities. The hashish confessional took the opposite approach and highlighted its hallucinatory powers while scarcely mentioning any healing effect it may have possessed. In the process, Americans

³⁷ Bayard Taylor, “A Vision of Hasheesh,” April 1854.

³⁸ “Editor’s Table,” *Maine Farmer*, Vol. 22, Iss. 33 (August 10, 1854): 2.

were given a holistic portrait of the drug and, as a consequence, the public developed an ambivalence towards its use. While understanding it to be an increasingly common medicinal available in local pharmacies, Americans also perceived it to be a source of hallucinations and delusions that were simultaneously amusing and terrifying.

In a popular poem written by John G. Whittier in the mid-1850s, titled “The Hashish,” the author compares pro-slavery advocates with hashish users, thus amplifying in stark terms the popular notion that cannabis caused destructive hallucinations. His work began “Of all the Orient lands can vaunt/of marvels with their own competing/the strangest is the hashish plant/and what will follow on its eating.” The author then claimed that the west had a plant that created even deeper delusions than hashish—cotton, which compelled support of slavery. “It makes the merchant class, with ware/and stock in trade, his fellow sinners/and factory lords, with equal care/regard their spindles and their spinners,” it continued. For ministers, it noted, “the preacher eats, and straight appears/his Bible in a new translation/it’s angels negro-overseers/and heaven itself a snug plantation.” Whittier’s poem concluded, “Oh, potent plant! So rare a taste/Has never Turk or Gentoos gotten/The hempen hashish of the East/Is powerless to our Western cotton.”³⁹

As the American Civil War rapidly approached, the American literary scene produced the first true heir to De Quincey’s style. Fitzhugh Ludlow, a young New Yorker, published his novella *The Hasheesh Eater* in 1858 and it became something of a national sensation. Ludlow’s work, like those writers who had so clearly inspired him, first appeared in *Putnam’s*. The title of Ludlow’s first piece, “The Hasheesh Eater,” paid direct homage to De Quincey’s *Confessions of an English Opium Eater*. Ludlow also borrowed from Taylor’s popular essay and began his story in Damascus. Continuing the appropriation of eastern culture, Ludlow commented that

³⁹ “The Hashish,” *The Liberator*, Vol. 24, Iss. 7 (February, 17, 1854): 28.

“certainly no other spot could be so worthy, unless it were Baghdad, the marvelous city of the marvelous Sultan, Haroun al Rashid.”⁴⁰

The author’s hallucinatory journey began with “a sudden nervous thrill, followed by the whirl and prodigious apparent enlargement of the brain.” His head “expanded wider and wider, revolving with inconceivable rapidity, and enlarging in space with every revolution. It filled the room—the house—the city; it became a world, peopled with the shapes of men and monsters.” He then lost “all perception of time and space, and knew no distinctions between the realities around [him] and the phantasmata [sic] which sprung in endless succession from [his] brain.”⁴¹

Three months after *Putnam’s* published the piece, it followed with a sequel—Ludlow’s “The Apocalypse of Hasheesh.” Based on the popularity of his cannabis writing, Ludlow secured a book deal with Harper and Brothers and the company produced *The Hasheesh Eater; Being Passages from the Life of a Pythagorean* in 1858. Evidenced by the subsequent editions of the work, Americans widely read the book. By the time of its publication, however, the confessional style had been well-established and Ludlow obsessed over the perception that he had copied his work from Thomas De Quincey. He wrote “I am deeply aware that, if the succeeding pages are read at all it will be by those who have already learned to love De Quincey.” Still not satisfied, the author admitted he would “not for a moment compare the manner of [his] narrative with that most wondrous, most inspired Dreamer.” Still insecure, Ludlow added, “Frankly do I say that I admire De Quincey to such a degree that, were not imitation base and he inimitable, I know no master of style whose footsteps I should more earnestly seek to tread.”⁴²

⁴⁰ “The Hasheesh Eater,” *Putnam’s Monthly Magazine of American Literature, Science, and Art*, Vol. VIII, No. XLV (Sept. 1856).

⁴¹ *Ibid.*

⁴² Fitzhugh Ludlow, *The Hasheesh Eater; Being Passages from the Life of a Pythagorean* (New York: Harper Brothers, 1857).

To guard himself “against the risk of burlesquing the inimitable,” Ludlow claimed to have not looked at De Quincey’s *Confessions* “from the beginning to the end of [his] undertaking.”⁴³ Ludlow continued by stating that the only explanation he had for any overlap “was that we both saw the same thing.” It seemed obvious to Ludlow that “the state of insight which [De Quincey] attained through opium” was similar—if not exact—to what he reached “by the way of hasheesh.” Later in his work, Ludlow felt the need to revisit the topic, “if in any way, therefore, except servilely, I seemed to have followed De Quincey, I am proud of it.” He also wrote that “it was the hasheesh referred to by Eastern travelers, and the subject of a most graphic chapter from the pen of Bayard Taylor, which months before had moved [him] powerfully to curiosity and admiration.”⁴⁴

Whether Ludlow was comfortable with the comparisons or not, he nonetheless emerged as the American De Quincey. There were many similarities between the two works beyond the titles and the style of writing. The Eastern imagery that characterized all the hashish confessionals was especially prominent in Ludlow’s work. On the other hand, there is little evidence to suggest that *The Hasheesh Eater* crossed the Atlantic or significantly influenced British or French culture the way in which American society had been influenced by De Quincey and Moreau. There is also no indication that Ludlow’s work infiltrated the medical community to the degree De Quincey and Moreau had. With that being said, the American pharmacy played a significant role in his writing.

Ludlow wrote that “About the shop of my friend Anderson,” who ran the pharmacy in his hometown, “there always existed a peculiar fascination, which early marked it out as my favorite lounging-place.” In the essays he published with *Putnam’s*, Ludlow stated he took hashish in

⁴³ Fitzhugh Ludlow, *The Hasheesh Eater*, 4.

⁴⁴ *Ibid*, 5.

Syria, but in the preface to his novella, he admitted he also obtained cannabis from his local pharmacy. In his writing, the author exhibits behaviors that would later be attributed to a drug-seeker. Ludlow wrote about his friend's pharmacy:

Here the details of surgical or medical experimentation has held me in as complete engrossment as the positions and crises of romance; and here especially, with a disregard to my own safety which would have done credit to Quintis Curtius, have I made upon myself the trial of the effects of every strange drug and chemical which the laboratory could produce. Now with the chloroform bottle beneath my nose I set myself careening upon the wings of a thrilling and accelerating life, until I had just enough power remaining to restore the liquid to its place on the shelf, and sink back into the enjoyment of the delicious apathy which lasted through the few succeeding moments.

Ludlow presented himself as a De Quincey like figure—the alpha and omega of his particular drug scene. The primary difference, however, is that Ludlow wrote *as* an active drug user not in recovery. That fact pushed the drug confessional into new territory. Ludlow did not have advice for the reader on how to overcome the habits that once seized him because he was still in their throes. Still, he thought of himself as a kind of scientist, explaining that “in all these experiences, research and not indulgence was my object, so that I never became the victim of any habit in the prosecution of my headlong investigations.” Here, he emulated Moreau and, while clearly using chloroform for a recreational intoxication, he ultimately claimed it was all done in the interest of “investigation.” That sense of scientific pursuit had, since De Quincey’s work, characterized the seemingly non-medicinal experimentation with drugs.⁴⁵

Fitzhugh Ludlow, the self-proclaimed “hasheesh-eater,” considered himself to be a master of drug use. “When the circuit of all the accessible tests was completed”—or after he had tried very drug in the pharmacy—Ludlow sat back and “ceased experimenting,” feeling like a “pharmaceutical Alexander, with no more drug-worlds to conquer.” It was in one of those moments of triumphant repose that Ludlow found cannabis. His friend Anderson asked him if he

⁴⁵ Ludlow, *Hasheesh Eater*, 4-6.

had seen the pharmacies “new acquisitions?” Ludlow excitedly checked the shelves searching for a drug he had not yet experimented with. “Added since my last visit,” he stated, was “a row of comely pasteboard cylinders inclosed [sic] vials of the various extracts prepared by Tildon & Co. Arranged in order according to size.” The sight of these new drugs “comforted [him].” Ludlow then “approached the shelves” so that he could better take the new narcotics “in review.” He analyzed the new additions and realized they were, for the most part, drugs he had already been acquainted with—“conium, taraxacum, rhubarb.” Then, he spotted a new one: “what is this? Cannabis Indica?”⁴⁶

Ludlow’s friend warned him not to take cannabis unless he had suicidal intention. Being a self-proclaimed Alexander of “drug-worlds,” however, Ludlow waited until Anderson was out of sight so that he would not “terrify him by that which he considered a suicidal venture.” He then uncapped the cannabis and ingested it. At first, Ludlow experienced no effect whatsoever. He then escalated his use until he achieved the desired result: “Ha! What means this sudden thrill? A shock, as of some unimagined vital force, shoots without warning through [his] entire frame.” Ludlow, on successive doses, finally found the experience he was looking for.⁴⁷

The author’s experience in the pharmacy illustrates several important points. First, it is likely Ludlow first ingested cannabis in New York and not Damascus, Syria, as Bayard Taylor had. Secondly, Ludlow pursued a recreational style of drug use that did not adhere to the standards of the writers he emulated. Unlike Gautier and Baudelaire, his work was not for the benefit of scientific advancement—and did not culminate in the publication of a work like Moreau’s *Hashish and Mental Illness*. Unlike De Quincey, Ludlow did not offer a message of repentance and hope. Indeed, he appeared to be taking cannabis—and chloral and opium—for

⁴⁶ Ludlow, *The Hasheesh Eater*, 6.

⁴⁷ *Ibid*, 6.

the sake of simply feeling its effects. In that sense, he emerged as the first famous recreational drug user in the United States.

On cannabis, Ludlow wrote that “the value of this experience to me consists in its having thrown open to my gaze many of the sublime avenues of spiritual life, at whose gates the soul in its ordinary state is forever blindly groping, mystified, perplexed, yet earnest to the last in its search for that secret spring which, being touched, shall swing back the colossal barrier.” Ludlow argued that, under the spell of a hashish vision, he had, “in a single instant...seen the vexed question of a lifetime settled, the mystery of some grand recondite process of mind laid bare, the last grim doubt that hung persistently on the sky of a sublime truth blown away.” To Ludlow, cannabis use represented a search for meaning and a way to clear his mind, but it ultimately had no higher purpose.⁴⁸

This relatively unrepentant recreational use of cannabis did little to dampen the enthusiasm over his contribution to the genre of the confessional, however. The *National Era*, a mid-nineteenth century abolitionist newspaper, claimed that Ludlow’s work was “in the vein of De Quincey’s *Opium Eater*,” and that readers would find it immensely interesting, and that the style of the prose was “nervous and graphic.” The *Maine Farmer*, ever an advocate of the hashish narrative, wrote that Ludlow’s “graphic confessions” would “interest both those who delight in spiritual phenomena, and lovers of the curious and marvelous.” *Graham’s American Monthly Magazine of Literature* went further, arguing that “those desirous of reading one of the most extraordinary, fantastic, and beautifully-delirious books ever written, should get ‘The Hasheesh Eater’ published by Messrs. Harper of New York.” It also noted “we should prefer not instituting a comparison between it and the *Opium Eater* by De Quincey, but the press has

⁴⁸ Ludlow, *The Hasheesh Eater*, 8.

generally done so, and we take the liberty of giving our own views.” *Graham’s* argued that “inferior as a polished writer and trained metaphysician to De Quincey, The Hasheesh Eater excels his prototype in wild gorgeous imagery.”⁴⁹

Just as De Quincey inspired copycats, so did Ludlow. In April of 1858, *Russell’s Magazine* printed excerpts of a hashish confessional from Benjamin West Ball’s book of poetry *Elfin-Land*, which had first appeared in 1851. In a brief preface explaining his decision to publish the account, the magazine’s founder and editor, Ed Russell confessed that he did so “somewhat against [the publication’s] convictions of propriety.” Russell’s sense of decency was not strong enough to prevent him from printing it, however, and so he “consented to publish this curious account of Hasheesh experience, differing as it does, in certain details, from all other accounts we have seen.”⁵⁰

The emulations of Ludlow—who had masterfully channeled Thomas De Quincey while adding his own renegade touch—continued and the subsequent writing oftentimes involved confessions from individuals recounting their experiences with different drugs like chloroform or, in one case, tea. In the summer of 1858, the *Indiana Farmer* published the story of a man who drank too much tea and claimed “the resemblances to some of the most peculiar effects of hashish, in large doses” would be noticed in his work. The author had been under unusual stress at his job and the turmoil led him into the habit of overconsuming tea at night. At his worst, the young man took in “a basin of very strong tea four or five times a day” for several days straight. One night, while sitting with his mother, he “felt a sudden dizziness” overcome him after consuming “a draught of tea stronger than any [he] had taken before.” He asked his mother to get

⁴⁹ “The Book Trade: 1. The Hasheesh Eater, being Passages from the Life of a Pythagorean,” *The Merchant’s Magazine and Commercial Review*, Vol. 1, Iss. 3 (March 1, 1858): 397.

⁵⁰ “Within the Veil,” *Russell’s Magazine*, Vol. 3, Iss. 1 (April 1858): 70.

him a glass of sherry, but before she could return with it, “consciousness of surrounding objects” completely left the man. The best way he could describe the ensuing experience was “indescribably perfect.” Moreover, the experience “seemed to last for ages” and he “awoke in horror of a soul which had been for ages in woe.” When he regained consciousness, he found his mother standing over him with a glass of sherry and he asked her how long he had been unconscious and she informed him only the amount of time it took her to get the sherry.⁵¹

As these writers confessed to excess, America collapsed into Civil War. The same week that Quantrill’s Raiders entered Lawrence, Kansas, for example, to kill any man old enough to carry a gun, *Zion’s Herald* published a story in which an unnamed author detailed an intoxication stemming from the recreational use of Quinine, an ancient muscle relaxant later used to treat malaria. The author noted, “I have learned from De Quincey some of the singular effects produced upon mind and body by the use of opium” and confessed “I have read Bayard Taylor’s account of his experiments with hasheesh” and it made him curious if Quinine might produce similar results. After taking the drug, the author noted his spirits became elevated and he felt invincible. Then, suddenly and sans prelude, he fell “from this vast elevation to the Infinite and Absolute,” ultimately falling “with Hegel into the abyss of nihilism.”⁵²

Due to this level of popular exposure, the idea that hashish undoubtedly excited hallucinatory aspects of human psychology gained traction. Hashish use became a kind of avatar for off-kilter, fanatical, or delusional thinking. During the Civil War, in fact, hashish was sometimes cited as a metaphor for the political views that led to the outbreak of violence. In 1862, a soldier writing back home to Michigan from Benton Barracks, Missouri, wrote:

“We have had a long night of weary, weary months, and now none but a prophet can tell when day-break will come. We know light follows darkness in regular succession, and

⁵¹ “Excessive Tea Drinking,” *Indiana Farmer*, June 1858.

⁵² “Quinine,” *Zion’s Herald and Wesleyan Journal*, Vol. 34, Iss. 34 (August 26, 1863): 134.

our faith in the Union is almost as strong as in the regularity of the laws of nature, but the last are divine and the first human, and the strength of our Union is being tried by a population of twelve millions, with an army of half a million fighting on their own soil, and commanded by able and desperate men. Let those who dream of peace, speedily, take hasheesh and get a different, if not more sensible vision.”

In other words, those who thought there was still a chance of peace in 1862 were even more delusional than those operating under the influence of cannabis. Hashish, to the young soldier observing the conflict first hand, would have likely produced a less absurd vision than the one he outlined.

A soldier writing from a Pennsylvania regiment reported that, at one point in a recent battle, his side “occupied the town” and “proffered the friendship of the Union to its inhabitants.” In the process, they had been able to lift “the cloud from the eyes of many of the deluded,” who had “so many hasheesh visions of sectional Independence.” A different Pennsylvania paper offered this view: “the black poppy, Abolition, whose opiate seeds are the deadly *Hasheesh* upon which the people of the North, have, alas! too long been feeding, has at last opened its dark leaves in full blown maturity to the astonished gaze of the deluded populace.”⁵³

Hasheesh Backlash

Just as the Civil War had become a moment of transition for medicinal cannabis, in which the optimism of the mid-nineteenth century faded into skepticism and frustration with the plant, the same occurred in the psycho-literary arena. Not only had it entered the American psyche as a problematic delusion inducing agent, incidents of cannabis use seemed to cite different reactions. On May 4, 1863, under the simple headline “Horrible,” a Buffalo, New York paper reported that “several promising young men” of the city had taken to eating hashish and “in some instances” had become “slaves to the terrible vice.” A few nights before the printing of

⁵³ “Interesting from Col. Geary’s Regiment,” *The Philadelphia Inquirer*, March 28, 1862; “Full Blown Abolitionism,” *Bedford Gazette* (Bedford, Pennsylvania), October 3, 1862.

the story, “several of them “assembled together and drugged themselves to such an extent that they sank, one by one, into utter insensibility.” It represented an issue of perception. Most narratives from the mid-nineteenth century featured individuals sinking—one by one—into utter insensibility, but it had been greeted then with bemusement, not consternation or scorn. That began to change in the Civil War period.⁵⁴

The idea that young and vulnerable Americans appeared to be emulating Ludlow alarmed the press. *The Yale Courant*, in 1865, addressed “vague rumors” that many students had been “dabbling” with hashish and “putting into their mouths an enemy to steal away their brains.” It reported that “these things go by fashion” and understood “you are confident in your strength; you think that you can stop when you choose. You are influenced by curiosity; you desire to try everything and this among others.” It asked its readers, “Do you want to become a Palaeaster Niagerensis, (vulgo starfish,) your mouth in the center of your body, five arms sprawling out to infinity, fixed on a pivot, whirled till red-hot, and then struck by a hammer about as large as a State House? If so, take hasheesh.” Even in its repudiation of the drug’s use, the *Courant* resorted to the absurdist imagery and stream-of-consciousness style of the confessionals.⁵⁵

The premature death of Fitzhugh Ludlow did not help save the hashish—or quinine, chloroform, and tea—narratives. His reputation had been in decline throughout the 1860s. In May of 1866, Rosalie Ludlow, Fitzhugh’s wife, divorced him on grounds of “neglect and infidelity” and immediately married his friend, the artist Alfred Bierstadt. *The Buffalo Commercial*, in which the divorce announcement was published, added: “Poor Ludlow is fast becoming broken down in person and reputation.” It was rumored “that he is a slave to the fascinating vices of which he gives such thrilling description in his ‘Hasheesh Eater.’” In late-

⁵⁴ “Horrible,” *Evening Courier and Republic* (Buffalo, New York), May 4, 1863.

⁵⁵ “Hasheesh-Eating,” *The Yale Courant*, December 9, 1865.

1867, the *Hartford Courant* wrote that Ludlow had returned to the “Elmira Water Cure,” where he was trying his methods for curing opium addiction. The same paper noted that Bayard Taylor was deathly ill in Rome, suggesting an era of liberality had come to an end. While De Quincey likely saw the publication of *The Hasheesh Eater* from his deathbed, there seemed to be no willing heirs to Ludlow and Taylor’s work.⁵⁶

In Albany, Oregon, the local paper argued that “many of our readers will remember a fellow named Fitz Hugh Ludlow, who journeyed through Oregon two years ago.” It then reported him to be “an unmitigated bore, a sponger, and a nuisance where he stopped.” The purpose of the article, however, was to let its readers know that “the poor wretch” had gone insane and lived at the Lunatic Asylum in New York. It then suggested that “Eating ‘hasheesh’ did the business for him.” Four years later, at the age of thirty-four years old, Fitzhugh Ludlow died in Geneva, Switzerland, after being chronically ill and riddled with addiction for years.⁵⁷

His obituary began by honoring “his first important literary venture,” *The Hasheesh Eater*, arguing that it “suffered by the comparisons that were necessarily made” between it and De Quincey’s *Confessions of an Opium Eater*. When his widow, Maria Owen Ludlow, died twenty-seven years later, her obituary similarly focused on her husband, pointing out that he was the author of “The Hasheesh Papers,” a volume “in imitation of De Quincey” and that he died tragically “in a reckless desire to imitate De Quincey.” Philadelphia’s *The Evening Telegraph* wrote that “his constitution” had been “shattered by his indulgence in opium” and that “his death was not unexpected.” It closed by pointing out that he had been married to Rosalie, “but the

⁵⁶ “Personal and Political,” *Hartford Courant*, December 12, 1867, 7.

⁵⁷ “Crazy,” *The State Rights Democrat* (Albany, OR) March 24, 1866; also reported in “Fitz Hugh Ludlow,” *The Daily Mountaineer* (Dalles, OR) March 29, 1866.

union was not fortunate, and his wife obtained a divorce from him, and was subsequently married to a distinguished artist.”⁵⁸

The confessional lost its social and literary power after the death of Ludlow. The news covering the dangers of hashish use began to supplant earlier ambivalence. The public had finally picked a side in post-bellum America and it was not in favor of liberal cannabis use. An 1878 expose on hashish published by the *St. Louis Post-Dispatch* argued it was “a more potent drug than opium,” which was certainly not the medical opinion of the mid-nineteenth-century. The story then mentioned the work of Bayard Taylor, but this time he was not upheld as a literary genius, but as “grotesque.” Whereas the alleged insanity caused by the drug had been downplayed or ignored throughout the mid-nineteenth century, the *Post-Dispatch* argued that “madness in particular” was always on the horizon when one used the drug and that “permanent insanity” frequently followed even minor use.⁵⁹

Hashish users still frequented newspaper columns, but in a decidedly less romantic light. The *New York Times*, for example, noted that police discovered “a “hasheesh eater” in the vein of Fitzhugh Ludlow in 1866. Miss Isabella Calkins reported the man, Mr. Charles Weston, for indecent exposure and told the police he had been pacing back and forth in front of her shop window, “with his clothes very much disarranged, and his person indecently exposed.” Weston claimed he was unable to say whether the man was guilty, but he reported he had “lately been in the habit of taking opium, laudanum, hasheesh, and other narcotics for the purpose of deadening the pain resulting from neuralgia.” Weston turned two bottles of laudanum over to the police. Witnesses claimed they saw Weston pacing in front of the store, but could not be certain if he exposed himself. In the end, Weston begged for his bottles of laudanum back, the court refused,

⁵⁸ “Obituary: Fitzhugh Ludlow,” *The Evening Telegraph*, October 5, 1870.

⁵⁹ “Novelties of Narcotics,” *St. Louis Post-Dispatch*, March 11, 1878.

and he was held for sentencing. It represented quite a turn from Bayard Taylor's exquisite hashish prose from Damascus.⁶⁰

This kind of coverage aligned with a general change in Americans' perceptions of drug use, which was brought on by a post-Civil War intravenous morphine crisis. That drug, perfected by army medics, hit the marketplace at the conclusion of the war and almost immediately led to a drug addiction crisis that would transform society for decades to come. Cannabis, however tangentially connected to the far more ravenous outcomes involved in the use of hypodermically injected morphine, would fail to inspire the ambivalence—or even excitement—it did in the mid-nineteenth century. The American public, the media, and medical profession that often inspired and guided thinking on the topic of narcotics, would lead society into a new and far more anti-drug era.

⁶⁰ "LAW REPORTS: An Interesting Trial for Malicious Prosecution—The Jury Fail to Agree—The History of a Diamond Ring in Brooklyn. Disorderly Men and Women—A Hasheesh Eater," *New York Times*, October 28, 1866.

Chapter Three

An American Opiate Crisis, 1870-1905

After the death of her father, a prominent Seattle hotel owner, Ella Henderson started taking morphine to ease her grief. She was thirty-three years old and, because of her education and intellect, frequented social circles “most exalted by her sex.” Her “thirst for morphine,” however, had successfully “dragged her down to the verge of debauchery.” Ella’s story, first told by Seattle’s *The Daily Intelligencer* in an 1877 article entitled “A Beautiful Opium Eater,” circulated through the American and European press. Her doctor’s wife, Mrs. Stone, took Ella into their home in hopes of “restoring her once more to her proper sphere.” All efforts at rehabilitation failed, however, and Ella’s concerned friends took her kids. When deprived of her drugs, Ella would say “give me morphine, give me something that I may quench this terrible thirst, or let me die!” The *Intelligencer* surmised that only the coldest of hearts could endure such suffering, which it claimed was so severe it could make an angel cry. Towards the end of her addiction, Ella secluded herself in her room and took morphine until she poisoned herself to death.¹

Ella Henderson was the kind of addict most often reported about in the late-nineteenth century press. She had been prescribed morphine by a trusted physician, enabled to continue its use by that same doctor, and then developed an addiction that ultimately led to her death. That narrative captured the public’s imagination. Not only did it highlight a threat to the middle-class home—one aimed at daughters, mothers, and grandmothers—but it also indicted the medical and pharmaceutical communities as culprits. Those professionals were increasingly portrayed as

¹ “A Beautiful Opium Eater,” *The Daily Intelligencer* (Seattle, WA), December 8, 1877.

reckless. The publicizing of addicts such as Ella Henderson and the apparently unscrupulous doctors pointed to a dramatic change in America's relationship with drugs.

From the 1860s to the first decade of the twentieth century, drug reform developed into a powerful political force and a topic that inspired a great deal of activism. That was primarily due to the fact that intravenous morphine significantly challenged the nineteenth century medical community's cavalier style of testing narcotics for the pharmaceutical marketplace. As doctors pursued a trial-and-error style of vetting drugs, the peripheral damage had been largely contained. That changed after the Civil War when doctors began prescribing a more potent form of morphine injected through a hypodermic needle. These advancements allowed physicians to treat pain far more effectively, but also laid the foundations for an opioid epidemic that would define the latter two decades of the nineteenth century.

As the press highlighted the rise of opiate addiction, often through compelling narratives like Ella Henderson's, physicians were increasingly cast as negligent, callous, and unprofessional. In the media's storyline, doctors thoughtlessly overprescribed narcotics and ignored the consequences, which manifested in the form of addiction—a social disease that the American public then had to address. While there was some truth to the accusations, the media's assertions were overly simplistic and mostly inaccurate. The truth was more complicated and pointed to a reality far more difficult to correct.

In an era lacking a centralized and government sponsored agency capable of testing the safety of new drugs, doctors pursued a practical and experimental approach in which the consequences and benefits of new drugs were determined by how they performed in the daily practice of medicine. That had been the case with opium, cannabis, chloroform, laudanum, and a host of other narcotics. It was an imperfect system, to be sure, but it was professional custom and

it had worked well enough in the mid-nineteenth century. In the social, political, and economic turbulence of the immediate post-bellum years, however, the hypodermic syringe exposed the dangers of that approach and generated broad social concern, anxiety, and anger.²³

This new medical delivery apparatus was introduced to a profession trained to rapidly implement modern remedies and report the results obtained from daily practice. As they had done for generations, then, the American medical community eagerly injected patients with morphine for a wide variety of ailments and commenced noting the results. Did it work to mitigate the symptoms of neuralgia? Could it cure asthma? Might it be a logical treatment for alcoholism or—interestingly—opioid addiction itself? With hypodermic needle in hand, physicians sought the answer to those questions. The resultant tragedies created by this relatively unregulated medical experimentation, unlike in the past, generated higher rates of narcotic addiction and inspired a widespread sense of legitimate anxiety, one increasingly stoked by a sensationalist press that had gained significant ground in shaping post-bellum Americans' perception of reality.⁴

In the process, that spirit of “further experimentation,” actively cultivated by Dr. William O’Shaughnessy, Dr. Jacques-Joseph Moreau, Bayard Taylor, Fitzhugh Ludlow, and the press

² For a closer look at the nineteenth century medical profession and its lack of resources, the prevalence of superstition in interpreting disease, and the push for more powerful cures, see: Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago and London: The University of Chicago Press, 1962); Owen Whooley, *Knowledge in the Time of Cholera: The Struggle Over American Medicine in the Nineteenth Century* (Chicago and London: The University of Chicago Press, 2013); William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: the Johns Hopkins University, 1985).

³ Michael J. Brownstein, “A Brief History of Opiates, Opioid Peptides, and Opioid Receptors,” *Proceedings of the National Academy of Sciences in the United States of America*, Vol. 90, No. 12 (June 15, 1993), 5391-5393; Gregory D. Busse, D.J. Triggler, *Morphine* (New York: Chelsea House, 2006).

⁴ With the exception of David T. Courtwright’s *Dark Paradise: A History of Opiate Addiction in America* (Cambridge: Harvard University Press, 1982) there has been little sustained analysis of the opioid crisis that characterized the turn of the twentieth century. His conclusion, summarized best in his suggestion that the drug crisis inspired narcotic legislation that was largely unnecessary and aimed at the social control of marginalized Americans. See also: David Musto, *The American Disease: Origins of Narcotic Control* (Oxford and New York: Oxford University Press, 1973).

that supported them, began to lose favor. As the media introduced the American reading public to women like Ella Henderson, support for tighter regulatory control over the medical profession and the pharmaceutical industry grew. No longer ambivalent about drug experimentation, municipal, state, and federal politicians—representing their alarmed constituents—began to elevate opioid policy to the forefront of American politics. Uncertainty regarding the true extent of the crisis, however, abounded. There were no reliable statistics pointing to the exact number of drug addicts in the United States. Nonetheless, the public, with the help of the media, came to believe there were millions of them and that perception fueled the notion Americans faced an unprecedented opioid epidemic.

In the wake of changing public opinion on drugs, the use of narcotics in any way considered recreational or unnecessary was not only considered socially unacceptable, but increasingly criminal. A variety of factors inspired that pivot, but it was primarily due to the ways in which the hypodermic syringe intersected with a set of aging medical practices that had developed in a time characterized by less powerful narcotics. As doctors worked to modernize its practices in an age of seemingly epidemic levels of drug addiction, the newspaper industry continually indicted physicians for causing the problem they worked to solve. Ultimately, the profession slowly reformed, but the damage had already been done and a new generation of journalists and politicians championed the ongoing transfer of America's drug problem from the private to the public sphere—from a clinical setting to a political one.

The Proliferation of Hypodermically Injected Morphine

The problems facing American doctors in the 1860s resembled those encountered by their early-nineteenth century counterparts. Both generations struggled to determine how to best treat pain with a lack of reliable medicines. During the American Civil War, intravenous morphine

seemed to resolve the problem. Its instant narcotic effect appeared to do what pharmaceutical compounds of opium and cannabis could not: reliably numb pain in doses prescribed with confidence and accuracy. At first, physicians used it in cases of unique muscular disorders, like neuralgia or arthritis, and in prolonging surgeries by coupling it with chloral. In that sense, they used the new drug just as they had previous ones. Opium and cannabis tinctures had been similarly used but with less success. As they gained confidence from initial results, the profession then began to use morphine in more diverse ways. That, of course, mirrored the strategies that guided the use of cannabis in the mid-nineteenth century. From asthma, bronchitis, and nausea to alcoholism, opium addiction, and mental illness, the use of intravenous morphine proliferated to become a common remedy. Physicians, ignorant at the time of the total power morphine possessed, this widespread use of the drug planted the seeds of an epidemic that rather quickly came to define fin-de-siècle American society.⁵

Although the medical community embraced intravenous morphine use, the practice generated early anxiety in the press. In November, 1869, the *Cincinnati Enquirer* argued that this popular new treatment involved an injection that “can be made instantaneously, without the knowledge of the victim.” It also “left no mark upon the skin” and involved only the “slightest prick of pain” while delivering “morphine enough to produce death.” The article concluded, “For this latest result of infernal scientific ingenuity, there is one beneficial use, it appears, that may save it from utter condemnation”—it produced pain relief “even under the most aggravated

⁵ For the most in-depth view of the role morphine played in the practice of mid-to-late nineteenth century medicine, it is most helpful to consult medical primary sources. See: “The Hypodermic Use of Morphia,” *The British Medical Journal*, Vol. 1, No. 328 (April 13, 1867); R. Gillard, “The Treatment of Acute Rheumatism by Morphia Injection,” *The British Medical Journal*, Vol. 1, No. 572 (February 4, 1871); W.J. Mickle, “On Morphia in Some Cases of Insanity,” *The British Medical Journal*, Vol. 1, No. 701 (June 6, 1874); “Hypodermic Medication,” *The British Medical Journal*, Vol. 2, No. 782 (December 25, 1875); “Morphia Poisoning,” *The British Medical Journal*, Vol. 1, No. 1106 (March 11, 1882); Talfourd Jones, “Hypodermic or Subcutaneous Medication,” *The British Medical Journal*, Vol. 2, No. 1291, September 26, 1885; John Kent Spender, “Remarks on ‘Analgesics,’” *The British Medical Journal*, Vol. 1, No. 1372 (April 16, 1887).

suffering, when the heaviest doses of opiates, administered in the ordinary way, fail to produce it.” That, of course, was an undeniable benefit: it relieved pain more effectively than any other known medicine in an age feeling a great deal of it. As a minority warned of its potentially destructive qualities, the breadth of American pain—and the lack of effective options available to treat it—led to a relative dismissal of those concerns.⁶

Within an environment long challenged by “the most aggravated suffering,” the introduction of the drug inspired hope and pointed to the unfolding of a truly enlightened era in medical treatment; one in which precise and uniform doses of smaller amounts of masterfully distilled opium finally delivered narcotic results the community had been in search of for over a century. Physicians quickly put it to use. As early as 1858, Edinburgh physician, Dr. Alexander Wood, wrote an article entitled “On a New Method of Treating Neuralgia by the Direct Application of Opiates to the Painful Points.” Neuralgia, a beguiling nerve disorder, responded well to the subcutaneous injection of opium. By the 1860s, in fact, the medical community had followed Dr. Wood’s suggestion of using hypodermic morphine to treat neuralgia and it had become a common treatment.⁷

Knowledge about the use of hypodermic morphine travelled through a transatlantic information exchange—just as it had with cannabis and opium. Dr. Fuller, a physician at St. George’s Hospital in London, said “I have seen it produce effects as satisfactory as they were astounding.” He observed patients who had not slept for days lulled rapidly to sleep by the “internal administration” of opioids. Medicating the energy depleting symptoms of diseases like neuralgia—which consisted of the loss of appetite, weight loss, insomnia, and “nervousness”—

⁶ “De Quincey’s Hideous Fantasy of Making Murder,” *The Cincinnati Enquirer*, November 10, 1869.

⁷ A. Rupperer, “Hypodermic Injections in the Treatment of Neuralgia and Other Diseases of the Nervous System: (A) That the Case be a Proper One for Treatment,” *Massachusetts Medical Society. Medical Communications*

was no small feat and it allowed practitioners to better treat the underlying causes of sickness. In that sense, the early and more liberal dosages seemed not only appropriate, but the only ethical response to the widespread pain they encountered.⁸

Even as the profession experimented with hypodermic morphine, the ongoing issues associated with overdoses, accidental poisonings, and suicides involving the older powder morphine continued to exist in the backdrop. In 1866, for example, the ten-year-old son of a Brandon, Wisconsin doctor, died from an accidental morphine poisoning. He had suffered from a common sickness for which his medically trained father gave him magnesia—a decision that seemed to put him on the path to recovery. When his parent’s left, the boy’s six-year-old sister “got hold of a bottle of morphine and administered several doses to him.” He died five hours later. These situations, while tragic, were complicated scenarios to interpret. It was true that morphine caused the death, but it also pointed to a need for the drug to be better stored in the home. Thus, the cases reported were tragic, but seemingly preventable; the cause of human error, a flawed system, and the unfortunate byproducts of the way progress was made through trial-and-error.⁹

The next year, in a similar case, Brooklyn resident Mrs. Matilda Webster, a forty-five-year-old housewife and mother of eight children, similarly died of an accidental poisoning. She had been “for some time in poor health” and was often seen by a doctor in her home. After receiving a prescription that contained morphine, she sent her twelve-year-old daughter to a nearby pharmacist to collect her medicine and the pharmacist misread the script, which had been

⁸ A. Ruppner, “Hypodermic Injections in the Treatment of Neuralgia and Other Diseases of the Nervous System: (A) That the Case be a Proper One for Treatment.” The argument that the medical community minimized concerns about morphine’s addictive potential is drawn from the lack of primary sources discussing it, especially in comparison to the abundance of articles pointing to its overall value.

⁹ “A Case of Poisoning,” *The Daily Milwaukee News*, September 6, 1866.

written for a “sleeping powder.” He instead gave the girl two grains of morphine. “The heavy dose the unfortunate woman took soon after,” *The Brooklyn Daily Eagle* reported, “and never woke thereafter.” In this case, a child was once again involved in a tragedy compounded by the misreading of a script at the pharmacy.¹⁰

Before the Civil War, physicians and pharmacists were rarely implicated in these deaths. They were viewed as isolated tragedies that did not necessarily speak to systemic problems. That began to change in the post-war years. *The Brooklyn Union* reported in October of 1867 that “another drug clerk has blundered, and another man has been killed by too strong a dose of poison taken as medicine.” The author wondered who was to blame and reported that “public opinion fastens first on the drug clerk.” Others, however, did not rush to judgement and waited to see how poorly the script had been written by the physician and if the “figures were as plain as they should have been with a true regard to the average stupidity of drug clerks.” It was an environment characterized by a certain looseness; an accommodating culture that avidly reserved judgment until the facts were fully compiled. That was the spirit that continued to guide community. In the popular press, however, quick judgement was not so dutifully withheld.¹¹

The Brooklyn Union blamed the drug itself. “It is a deadly poison,” it argued, and was “of little use in ordinary cases, which does more harm than good.” Those who had trouble sleeping, experienced bouts of nervousness, excitement, or pain, were “generally troubled with some disease which morphine would not help.” It concluded that Americans had “no business taking it” and doctors had no “business prescribing it to them, except in extreme cases which ought to be *very* extreme.” On the other hand, the tendency to blame morphine itself did appear to be

¹⁰ “Fatal Mistake by an Apothecary—a Double Dose of Morphine Given—Death the Result—Arrest of Guilty Clerk,” *the Brooklyn Daily Eagle*, October 14, 1867.

¹¹ “The Morphine Case,” *The Brooklyn Union*, October 14, 1867.

somewhat misguided. If the misreading of scripts led to premature death then the issue had less to do with morphine and more to do with questions of competence within the pharmaceutical industry. Similarly, cases involving children finding morphine in the home pointed to issues involving access to powerful drugs once they left the pharmacy. Few of the cases offered irrefutable evidence that the prescription itself constituted an emergent problem that required governmental intervention.¹²

Still, the proliferation of the hypodermic needle created an environment of increased public scrutiny and physicians received a great deal of focus. While the press fixated on doctor's roles in the burgeoning epidemic in ways that were often unfair, there was ample evidence the medical community used the needle rather freely. In 1865, Dr. D.L. McGugin reported that he had recently treated a Civil War soldier, who suffered from delirium tremens and could not sleep, with a hypodermic injection of morphine. He allegedly cured the patient, who soon left his care. Shortly afterwards, he saw another veteran of the war, troubled by a "delirium" that could not be contained with any known treatment. The doctor injected him with morphine, which "calmed the delirium" within an hour and "quiet repose followed."

The use of hypodermic morphine to ease post-traumatic stress or to quiet delirium tremens pointed to an alarming trend that could easily be seen as misuse. If a physician took a shortened perspective and understood their task to involve only the rapid remediation of the ailment presented, the use of morphine seemed logical. That was especially true if one considered its addictive power—even when administered hypodermically—to be no greater than the opium, cannabis, and morphine of the mid-nineteenth century. The profession also produced very little information regarding successes gained in follow-up visits. Data resulting from long

¹² "The Morphine Case," *The Brooklyn Union*, October 14, 1867.

term and more holistic care did not often appear in medical journals. The results of experimentation, then, seemed to come from quick visits, in which the ailment was identified and rapidly treated. The patient was then discharged—oftentimes with a prescription for morphine to be injected hypodermically at home by the patient.¹³

For every incident in which use of the drug seemed questionable, there were scores of cases in which morphine use appeared appropriate and exceedingly helpful. That was especially true in the prolongation of anesthesia during surgery. The *Medical and Surgical Reporter* suggested in 1865 that when injections of morphine were added to the commonly used chloroform, patients often remained unconscious throughout the entire procedure. In a medical landscape in which those being operated on frequently awoke in the middle of extraordinarily painful surgeries, writhing in pain and threatening the success of the procedure, surgeons readily embraced the power of morphine. They also used injections in the post-operation phase to reduce pain and assuage the impact of the shock that often followed. At England's Middlesex Hospital “all the amputations, ovariectomies, herniotomies” had been followed with “a third to half a grain of morphia subcutaneously.” That style of use provided a level of unparalleled comfort to men and women who had just endured one of the most traumatic experiences the nineteenth-century had to offer.¹⁴

Defining the scenarios in which the drug proved most beneficial was, of course, the result of trial and error and it was difficult to strike a logical balance. The Surgeon General of North Carolina, Dr. Edward Warren, delivered a lecture to the Baltimore Medical Association in 1867 and argued that “in the early stages of pneumonia, pleurisy, bronchitis, enteritis, phlebitis, and

¹³ Dr. D.L. McGugin, “Hypodermic Medication: The Instrument,” *Medical and Surgical Reporter*, Vol. 12, Issue 18, February 11, 1865.

¹⁴ “Prolongation of Anaesthesia by Subcutaneous Injection of Morphia,” *Medical and Surgical Reporter*, July 25, 1865; 13, 4.

inflammations generally...the subcutaneous injection of morphia plays an important role in scientific therapy.” Like in cases of alcoholism, depression, or post-traumatic stress, the use of intravenous morphine in bronchitis was likely an overreaction. Yet, he made those recommendations in the accommodating medical culture prior to the opioid epidemic, in which the breadth of the consequences that intravenous morphine use could engender were relatively unknown. So, again, in that mindset, being able to immediately arrest the symptoms of a sickness as common as bronchitis with minimal effort, seemed a reasonable and advisable form of use.¹⁵

There were also borderline cases, like back pain, that would confound the medical profession for decades to come. A Pennsylvania doctor wrote in 1869 that he stood in awe of the “great advantages arising from the use of the hypodermic syringe” and commented that it was “a blessing” for “suffering humanity.” Even though others warned that intravenous morphine use could cause death, he embraced it. The doctor then used it in the case of William H., aged fifty, who suffered from sciatica—or lower back pain. After receiving a “full dose of morphia” via hypodermic syringe, his pain disappeared within minutes. The doctor repeated the cycle over the course of two days and the patient, allegedly cured, left his facility. He also left convinced that the most effective cure for lower back pain came in the form of an injection of morphine into his veins. The doctor’s confidence in that treatment, which fueled his prescriptions, which were then filled by a local pharmacist, only corroborated that notion.¹⁶

That same Pennsylvania physician treated Mrs. S, forty-eight years old, who had a breast removed from cancer a year prior to him examining her. The pain that visited her in the aftermath of that operation had not ceased over the course of the year and so the doctor injected

¹⁵ Edward Warren, M.D., “Original Department. Lectures. A Lecture on the Subcutaneous Injection of Morphia,” *Medical and Surgical Reporter* (1858-1898), March 2, 1867; 16, 9.

¹⁶ “Hypodermic Injections,” *Medical and Surgical Reporter*, (1858-1898), July 17, 1869; 21, 3.

her with morphine. Thereafter, when treated with injections, her excruciating pain was finally relieved with “entire satisfaction.” For that doctor, who would have been otherwise incapacitated when it came to efficacious pain-relieving treatment, morphine gave him the power to heal those who had long suffered, like Mrs. S. It would have been easy, at that point in time, to view hypodermic morphine as a miracle medicine, shunned only by those backwards doctors still intent on plant-based pastes and folk cures.¹⁷

In these ways, the path to America’s first opioid epidemic was largely paved with well-meaning and seemingly effective uses. As the journals indicated, the crisis was also not confined to the United States. British, Irish, French, and German physicians similarly struggled with the consequences of the perceived overuse of morphine. The problem, however, was that established custom within the medical profession encouraged what could be perceived as excessive morphine use. Indeed, those practitioners existed in an environment in which powerful new drugs were often deployed to treat ailments society had long suffered from—neuralgia, tetanus, bronchitis, seizures, etc. Had there been better options proven to treat those illnesses, the profession no doubt would have used them. There were not. Also, hypodermic morphine worked wonders on common sickness in short-term care situations. The prolonged use, in a milieu in which morphine was legal, laid the groundwork for larger social problems.

Dr. John Kent Spencer recommended using intravenous morphine to treat “obstinate vomiting” amongst pregnant women. In the case of “Mrs. E,” a twenty-four-year-old woman who was six months pregnant and had struggled with episodic and intense vomiting throughout her pregnancy, Dr. Kent offered the drug intravenously. Mrs. E. was then able to hold down food and showed improvement and so he continued the treatment which restored her appetite during a

¹⁷ “Hypodermic Injections,” *Medical and Surgical Reporter*, (1858-1898), July 17, 1869; 21, 3.

difficult pregnancy. His use of the narcotic in limited and targeted ways may have stabilized her pregnancy and saved the life of the baby.

As was often the case, however, Dr. Kent then provided an example where he used intravenous morphine in a manner that may have been ineffective. He introduced “Mrs. T., a middle-aged married woman” who suffered from “*brandy-sickness*, the result of secret drinking.” He began by giving her a grain of opium, which relived her “quasi-delirium,” but did little to address her vomiting spells. The physician then injected her with a quarter grain of morphine and she immediately began to take food again and generally regained her appetite. He noted, however, that the same cycle of events would undoubtedly reoccur because “her habits [were] incorrigible.” Having found success using hypodermic morphine to treat Mrs. T’s alcoholism, Dr. Kent most likely continued its use.”¹⁸

Throughout the 1860s, American and British physicians continued using intravenous morphine in a wide variety of medical settings. Although addiction rates had yet to spike, producing cases like Ella Henderson’s, there was evidence that the seeds of a potential morphine crisis had been planted. In 1866, an Oregon, Missouri newspaper printed a story regarding a Mr. Fagan, whose daughter had recently died of a morphine overdose when the local pharmacist filled an order for that drug instead of quinine. The girl’s little brother, Johnny, was also prescribed morphine for a fleeting sickness. He allegedly resisted it claiming “it killed sissy, and it will kill me.” His family assured him it was not the medicine that killed his sister, but a mistake in the filling of the prescription. Knowing he would be forced to take the medicine, Little Johnny replied “I wish you would let me see my pony before I take it, because I do not

¹⁸ “The Hypodermic Injection of Morphia as a Remedy for Obstinate Vomiting,” *Medical and Surgical Reporter*, November 13, 1869; 20, 21, pg. 295.

believe I will ever see him again.” His family, unconcerned, placated him and took Little Johnny to see his pony. He then took the medicine and, one hour after taking it, he “was a corpse.”¹⁹

The story of Little Johnny was a folkloric tale that mirrored the narratives of Greek tragedies and illustrated the power of a growing storyline in mainstream culture surrounding the dangers of morphine use in everyday life. For every case of physicians successfully treating the pain accompanying breast cancer surgery, the prolongation of anesthesia, or the stabilization of a pregnancy, there appeared to be an equal number of gut-wrenching suicides, tragic cases of misread scripts, and rampant overdoses. In the early phase of morphine’s introduction to American medicine, the benefits seemed to outweigh those anecdotal cases of addiction and seemingly avoidable tragedies, however. That situation began to change in the 1860s as the profession transitioned from powder morphine to the intravenous application of the drug.

The Reality of an Opioid Epidemic

In the fall of 1899, “a strange epidemic” struck the town of York, Pennsylvania. There, “a morphine epidemic...brought shame and even death to prominent people” in the city. In one of the court sessions that year several women, “formerly reputable, were proven guilty of immorality” and divorces were granted to their husbands. Locals alleged that several of the town’s pharmacists maintained standing orders of morphine for citizens. In many cases, those pharmacists were proven to be morphine addicts themselves. One of them, Robert Noll, had recently injected a young man named Henry Ross, who immediately died of an overdose. Noll then skipped town and was wanted by the authorities. “One of the saddest cases here,” the article concluded, was “that of a mother and daughter, both of whom [were] victims of the drug.” In

¹⁹ “When Mr. Fagan’s Little Girl Died,” *The Lincoln County Herald* (Troy, MO), August 10, 1866.

York, Pennsylvania, according to the story, morphine had nearly single-handedly upended an entire American town.²⁰

The narrative of the fallen woman would become a centerpiece of opioid crisis reporting, one that drove the storyline for decades. The middle-class woman, once respectable and chaste, then reduced to unfathomable lows by morphine became the face of the crisis. These “fallen women” were similar to Ella Henderson who, by merely trusting their local physician, entered the world of deadly drug addiction. They had been tricked by American doctors, who were then presented as reckless and cruel figures with undeserved power. The consequences of their liberal prescriptions of morphine, according to countless tales, proved to be devastating. In these narratives, morphine addiction rapidly evolved into a public menace, attacked the average middle-class American family, addicted mothers and daughters to one of the most potent drugs available, and left incomprehensible wreckage in its place.

While it was true that an unprecedented number of women seemed to develop morphine addictions in the late-nineteenth-century, the drug did not discriminate along gendered lines. In 1871, Henry B. Castle, fifty-one years old and a notable resident of Cleveland, walked to a dock off the city’s Superior Street and jumped into the river. A private watchman observed it, found a rope and threw it to him, but he would not accept it and drowned. Castle had immigrated to Cleveland from Canada, where he then became a successful businessman. In 1870, one year before his death, he lived with his wife Mary, son Orville, and two domestic aides in a house valued at \$35,000—or \$715,000 adjusted for inflation. It was later reported by his brother that, for six years before his death, he developed a hopeless addiction to morphine “by injection under the skin.”

²⁰ “A Strange Epidemic: Morphine Habit Infects a Whole City,” *the Philipsburg Mail* (Philipsburg, Montana), November 24, 1899.

Much like Ella Henderson, Mr. Castle began taking morphine to treat chronic pain from a mysterious sickness. Before he began using the narcotic, Castle had developed a reputation as a man who not only “had business perplexities” but also “the highest pride.” The morphine slowly took that from him. He used it regularly and excessively and “sought encouragement, and got it, from those whom science should have held up a warning finger to.” In his final hours, Castle exhibited a “bewildered brain” not controlled by “will or purpose.” It was a tragic mindset that led him to “wheresoever insane caprice or intent” dictated. In one of his bouts with mental illness, an episode likely onset by the symptoms of longtime morphine addiction, he hurled himself into the Cuyahoga and refused to be rescued.²¹

While these stories did not prove the existence of a drug epidemic that had spread beyond the medical community’s ability to contain it, but they slowly transformed the public’s perception of morphine use. The stories of men like Mr. Castle highlighted issues related to easy access to potentially destructive drugs. Consequently, the medical community came into clearer focus. The *Chicago Tribune* argued in April of 1872 that doctors were responsible for the creation of “nineteenth-twentieths” of the “opium eaters” in the United States. Those “habitual givers of narcotics” could be blamed for “all the misery, the wasted life, the early death” that accompanied addiction to opium and morphine. Sure, the *Tribune* contended, it was “sometimes pleasant to benumb the senses with opium and morphine,” but those drugs primarily covered up the source of the real disease by lessening its symptoms. It encouraged physicians, instead, to focus their skills on uprooting the disease itself and less on treating its symptoms. It was an aged argument at that point, one that neatly highlighted the enduring power of that persistent and

²¹ 1870 US Census, Cuyahoga County, Cleveland, population schedule, Cleveland Ward 2, Cleveland, Ohio Post Office, Page 42, Dwelling 340, family 329, H.B. Castle, NARA Microfilm Publication M593, 1,761 rolls. Washington, D.C. National Archives and Records Administration, n.d.; “Death from Habitual Use of Morphine,” *New York Times*, July 30, 1871.

nuanced question: to what extent should physicians, when presented with cases they could not feasibly cure, focus instead on easing pain and reducing the bodily impact of the disease's symptoms? It was in those cases—assuaging the excruciating symptoms of common ailments—that physicians found the bulk of their workload.²²

The root cause of the nation's alleged drug problem became an issue of perception. So, too, did theories on the true dimension of the epidemic (if one existed). A New York journal argued that, as of 1875, the United States harbored 100,000 "confirmed opium eaters" and it immediately wagged its finger at "careless physicians." These doctors allowed their patients "to acquire the habit" because of the "deliberate preference of many for opium eating to dram-drinking." Whatever the full extent of the problem might have been, it was indisputable "that an immense amount of opium [was] consumed in this country." The article concluded there was no cure for addiction once firmly rooted, but that greater control over the writing and filling of prescriptions could stall the "acquisition of the deadly habit in many cases."²³

It was a strong reaction to the relatively miniscule number of opioid addicts, which—if the estimate that there were 100,000 addicts could be trusted—represented less than one tenth of one percent of the total United States population in 1875. Those figures lent credibility to the assertion that opioid addiction was a manageable clinical problem best dealt with in medical facilities. Moreover, it might also help explain why, in a cost-benefit analysis of morphine's benefit versus its consequences, the medical profession continued using it as they had been trained to. If the social consequences of addiction were rare occurrences, then it was reasonable to treat bronchitis, alcoholism, and—strangely—opioid addiction itself, with hypodermic morphine.

²² "Five Thousand Victims of Opium," *Chicago Tribune*, July 1st, 1872.

²³ "Opium Eating in America," *The Highland Weekly News*, July 15, 1875.

In lieu of official statistics offering valuable perspective on the true extent of the problem, Americans had little choice but to rely on newspaper reporting and the accumulation of anecdotal information. Despite its sensationalist tone, however, the press often provided in-depth reporting revealing an alarming lack of organization in the medical and pharmaceutical communities. One reporter embedded himself in the crisis as it unfolded in the Virginia Valley. There, he discovered Mr. Tyree, a “druggist,” who was “waiting on a bevy of dashing girls.” There were four of them and they “seemed to be ‘sweet sixteens.’” As they left the store Mr. Tyree told him, “there they go; they are some of your opium eaters.” The writer was perplexed, “What! Those pretty things?” he asked, incredulously. Yes, Mr. Tyree explained, the girls had just started using opium and now spent six dollars weekly to indulge their habits. As he moved through the valley, the stories the writer heard confirmed that—at least in the Virginia Valley—there was an entrenched epidemic.²⁴

In one of those small Virginia towns a pharmacist asked the reporter if he saw the “handsomely dressed English lady” standing on the other side of the street from them. After the reporter noted he did, the druggist outed her as one of his best customers. According to the pharmacists’ story, the well-dressed British woman had started taking morphine two years prior to her being spotted on the street that day and frequently sent her servant for a quarter grain dose a day. She had since graduated to four grains. The reporter asked if there were many similar cases in the town and the clerk confessed to having “15 regular lady customers” who took more than two grains of morphine daily. He also noted that twelve men regularly ingested between two and six grains per dose. “You think the evil here is on the increase?” the reporter asked. “My goodness! Yes,” the pharmacist answered. One of the last druggists the reporter visited in

²⁴ “Opium Eating in America,” *Edinburgh Evening New*, July 13, 1879.

Virginia, who wished his name to be kept secret, checked his books and reported that he had sold 79,593 doses of morphine in the past year. If the pharmacist's numbers were trustworthy—and their specificity suggests they may have been—then there appeared to be a sizable opioid problem in the American countryside.

The issue also seemed to be as pronounced in the North as it was the South. In Rochester, New York, the use of the drug was similarly on the rise in the 1870s and a local pharmacist claimed it was not uncommon for “some ladies” to take more than 1 ½ ounces per day. “One lady is reported as taking half a pint of laudanum daily, and another consumes from 120 to 180 grains every week,” wrote *The Edinburgh Evening News*. Opium addicts also included many “high society” men and women, individuals who were “as closely wedded to the drowsy drug as are the *habitués* of our bar-rooms to their cups.” The more respectable opium-eaters never visited the drug stores in person and instead sent children or servants to procure it. “In some instances,” the paper continued, “where husbands have forbidden druggists to sell opium to their wives, the women resort to all sorts of strategy to obtain the pernicious drug.”²⁵

While the apparent epidemic reached much further than the middle-class household and did not discriminate along gendered lines, it was true that many privileged women found themselves addicted to morphine. It was also a fact that the press, looking for stories that captured the collective imagination, seized upon that gendered imagery to enhance the narrative of drug addiction in America. This style of reporting thrived in a situation in which late-nineteenth century state and federal agencies failed to gather information pointing to the actual number of drug addicts in the United States. Similarly, there was little data outlining who used the American healthcare system most. From anecdotal newspaper reports, however, middle-class

²⁵ “Opium Eating in America,” *Edinburgh Evening News*, July 13, 1879.

households seemed to be most reliant on physicians and, consequently, more exposed to experimental medical practices. It made sense, then, that addiction rates spiked within that demographic.

Thus, the often sensationalist reporting on the crisis continued unchecked by verifiable fact. A correspondent for the *Cincinnati Inquirer* argued that there had been “no deaths equal to that of the lady who dropped dead from disappointment because she could not get her opium.” The British and Irish presses widely reprinted the article, entitled “Opium Eating in Virginia.” According to the story, the relatively small town of Staunton, Virginia, the location in which the unfortunate woman fainted, went through 100 pounds of opium per week, which “is pretty heavy for a city of 8,000 or 10,000.” A large quantity of the drug was “bought by country people, for the craving for it all down the valley is strong, if not stronger than it is in the city.”²⁶

While the media accounts obviously harbored an alarmist mentality, the stories appeared to be realistic at the time and stoked real anxiety. Indeed, the figures from the Virginia Valley suggested that the nation had far more than a mere 100,000 opioid addicts. Those figures also indicated that the problem was just as prolific in the American countryside as it was in Philadelphia, New York City or London. Adding to the alarm, it was exceedingly difficult to determine what constituted an addiction. Not only did individuals tend to hide their overuse, but the morphine crisis was not completely defined by physical dependency. It was also propelled by accidental poisonings, overdoses, suicides, and general abuse. Those tragedies, many of them having little to do with addiction, nonetheless contributed to the sense that the United States suffered from a significant drug problem that threatened to grow in intensity.

²⁶ “Opium Eating in Virginia,” *Belfast News-Letter*, March 26, 1878.

The reporting also highlighted a variety of problems in the way the United States distributed opioids. While druggists in Virginia lamented the rise of an epidemic they claimed to witness firsthand, they nonetheless felt obligated—either from a sense of professional duty or profit—to continue dispensing the substance without prejudice. The substance was legal and so they sold it to sixteen-year-old girls without a prescription and to scores of men and women they recognized as exhibitors of drug seeking behavior. Worse, many of them did not keep records of transactions and so the drugs flowed, unaccounted for, throughout the countryside. The statistics from Virginia suggested it was impossible that 100 pounds of opium, consumed by a town of 10,000 people, could solely be attributed to a handful of isolated addicts—nor by a small group of women. The media’s focus, however, remained on that aspect of the story. *The Ladies’ Repository* argued in 1872, “We [ladies] get a habit of taking mental poison, as we do stimulants and narcotics” and even claimed that reading novels was “very much like dram-drinking and opium-eating.” It seemed that women of the era had developed “a habit of tickling the palate with indigestible dainties” and “villainous compounds that ought never be taken into a Christian’s stomach.”²⁷

As the medical and pharmaceutical community, the popular press, and a growing number of Americans sought an answer for the rising drug crisis, many competing theories emerged. It was alleged that younger, urban, and middle-class women pursued morphine highs due to the boredom of home-life. The British press claimed that “fine dames and demoiselles were found to be addicted to tipping laudanum and morphine” because the potent drugs worked “almost magical effects on the mind.” The drugs were delivered by “a fashionable chemist” near Hyde Park in London who oversaw a “handsome trade in the retail of peculiar little bottles of opium

²⁷ “Habit,” *The Ladies’ Repository: A Monthly Periodical Devoted to Literature, Art, and Religion* (1849-1876), November, 1872.

essence.” He delivered the opium to his customer “in her brougham” where she could “drink the contents, and then enjoy a solitary drive, lost in the fascinating dreamland conjured up in her brain by the pernicious poison she had swallowed.” It was an escape for modern women, or so the press insinuated, and that detour from reality was enabled by a pharmaceutical industry that bordered, at times, on functioning as a primary purveyor of narcotics in a recreational drug market.²⁸

In these cases, the recreational use of opium and morphine overlapped with reports of addictions created by physicians through their treatment of underlying conditions. The women who took opium and then enjoyed a solitary drive lost in thought resembled the experiences pursued by those who wrote hashish confessionals, which circulated at the same time. That reality pointed to the ongoing interaction between medical experimentation and a more recreational use. Also, newspaper reports suggested that American and British pharmacies readily supplied both styles of users, which accelerated concerns about practices within the medical and pharmaceutical professions. At the same time, social theories regarding the origins of the drug problem spread.

The rising narcotic crisis was variously blamed on moral erosion, a tendency towards diversion and entertainment over self-mastery and restraint, boredom, genetic defection, laziness, modernity, Godlessness, etcetera. In one case, the growing narcotic crisis was blamed on fashion, which tended to “crush out every atom of independence” and encase “its votaries in fetters stronger than brass, and as irksome to some of them as the chain that bound Prometheus to the rock.” The article concluded, “No one outside the aristocratic circle can guess the misery which

²⁸ “Fashionable Ladies and Opium,” *Prescot Reporter and St. Helens General Advertiser*, December 4, 1875.

such habits must produce, superadded to the changeless misery of living a life regulated every hour by the remorseless rigid demands of a thing called etiquette.”²⁹

While the medical community worked to solve a crisis it had been blamed for creating, their efforts were less publicized than the relentless stories regarding the horrors of morphine addiction. As the epidemic continued, tales of drug-related woe became more detailed, personal, and tragic. In one of the more severe cases involving morphine and the imagery of the fallen woman, the *Washington Post* covered the case of Andrew McGort’s petition for divorce from his wife Sarah F. McGort. Sarah had become a morphine addict and thereafter took many trips to Richmond, Virginia (ostensibly to visit her sister). When she left for the city and failed to return, Andrew filed for divorce. The documents were sent to a lawyer named Wilkinson in Richmond, who found “the fallen wife in a tenement of one of the most notorious bagnios in Richmond and almost without clothing.” Worse, Sarah “made no defense to the action” and, as an excuse, only said that she could make more money “by that life” than she could any other way. In court, Andrew testified that his wife was a victim of “the terrible opium habit” and that was, he thought, “the cause of her degradation.” He further noted she would “sell her clothes and lead a life of shame to secure money for the purchase of morphine.” Sarah did not pursue this life because she could not otherwise indulge her taste for the finer things in life, like many women apparently did, but rather because of her unquenchable thirst for opium and morphine. “She would even sell the clothes she wore,” the story reiterated, “barely retaining enough to cover herself.” *The Post* suggested that a more terrible commentary on the state of the opium habit

²⁹ “Fashionable Ladies and Opium,” *Prescot Reporter and St. Helens General Advertiser*, December 4, 1875.

could not have been found. The emphasis on clothes, or the idea of selling them to gain morphine, stood in as a euphemism to conceal the prostitution.³⁰

Newspapers continually covered the many morphine related tragedies and their reporting offered unique glimpses into the drug economy of the late-nineteenth century. James Sheffield, for example, committed suicide in July of 1871. His behavior leading up to death offered several warning signs that apparently went unnoticed. In one case, a witness testified that the last words were “Good bye; I am going to take poison.” Other witnesses reported seeing him on the Monday prior to his death in a “state of intoxication, and appearing as if he had been beaten.” He behaved erratically and, according to several witnesses, announced that “he intended to shoot someone.” Joseph Rowan, a drug clerk, testified that Sheffield had purchased twenty grains of morphine from him the day before he died. Rowan said he thought Sheffield to be “under the influence of liquor at the time” and corroborated other accounts claiming he “looked as if he had been badly beaten.” Nonetheless, Rowan sold a clearly intoxicated man, who appeared to have recently been in a fight, twenty grains of morphine in the evening hours. Sheffield was forty-one years old at the time of his suicide.³¹

In a singularly tragic case, Dr. James Connolly, an Irish surgeon in New York City, killed his children and became “The Mad Irish Doctor” of the city. He had developed such a problem with alcoholism that he was removed from his house on Eleventh Street and forced into an inebriate asylum. He returned happily cured and then relapsed. On June 18, 1871, after having allegedly taken heavy doses of morphine the preceding two days, Connolly locked himself in his room at about four o’clock with his two children, aged two years and seven months old. The neighbors were first to report that it sounded as though “some violence was being perpetrated” in

³⁰ “A Big City’s Sorrows,” *The Washington Post*, May 21, 1879.

³¹ “Coroner’s Inquest,” *Daily Alta California*, Volume 23, Number 7794, July 25, 1871.

Connolly's home. The police forced the door open and found Mr. Connelly and his two children "all dead—literally bathed in blood." Horrifyingly, "the throats of the children had been cut with surgical skill" and the physician's own throat was cut from ear to ear. The "desperate determination of the suicide-assassin was evinced by several stabs in the region of the heart." His true motivations—and if morphine exacerbated his mental illnesses—could not be determined. The police and the paper suspected so, however, and so his behavior became an example of what unchecked morphine addiction, combined with alcoholism, could wreak.³²

These types of stories continued to cross the Atlantic as well. *The Lancet*, a prestigious British medical journal, expressed alarm over "the increasing prevalence of opium eating on the American continent" and noted the efforts of the State Board of Health of Massachusetts. The board had recently issued a survey to gain a better understanding of opiate use. One hundred and twenty-five physicians responded to the questionnaire and forty reported that "they did not know any cases of opium eating, or that it was used for other than medicinal purposes." The remaining eighty-five "stated that the habit prevailed considerably in their various districts and localities, and was increasing in extent."³³

By the 1870s, the medical community, the press, a growing number of social commentators and political figures, and the reading public, seemed to accept the notion that the United States suffered from a significant drug problem. An increasingly alarmist media then took the often-complex reality underlying that alleged crisis, amplified the tragedies it had engendered, and worked to destabilize a medical profession it blamed for negligence. The medical and pharmaceutical community had enabled individuals like the Mad Doctor of New York, who killed his family, assisted in helping unstable Americans commit suicide, and led

³² "Awful Butchery by a Mad Irish Doctor," *Falkirk Herald*, July 6, 1871.

³³ "Opium Eating in the United States," *Western Daily Press*, April 15, 1873.

women like Sarah McGort into a life of prostitution. Whether or not those individuals' opium habits began with a physicians' prescription was unclear, but the profession nonetheless suffered from the association.

The Ongoing Search for a Solution

The growing presence of morphine-related tragedy forced a conversation within the medical community about how and when morphine should be prescribed and dispensed. *The Lancet* argued that the problem involved the “opiate treatment of certain nervous and chronic disorders, with injudicious and often unnecessary prescription of the drug.” The publication confessed it did not know how to answer the question definitively, conceding it was most “difficult to devise a remedy for what threatens to become a corroding cancer in the national life of this great republic.” Indeed, it was a complex problem. Morphine had revolutionized the treatment of pain and for every tragedy it enabled, there were many who had been relieved of a level of suffering that had been impossible to treat a generation earlier. In that sense, the drug had become, and would continue to be, a staple of medical practice.³⁴

The most effective response to the crisis came from the medical community itself. It began to reconsider its use of morphine while also expanding its knowledge of addiction. Dr. Ed Levinstein delivered a paper to the Medical Society of Berlin in 1876 and argued that the excessive use of morphine created an addiction very similar to alcoholism. He likened “a morphinic delirium” to delirium tremens and introduced one of his patients, a thirty-year old married man, who developed the habit of injecting fifteen grains of acetate of morphine daily to treat rheumatism. After five years, he developed what Levinstein called “morphinism,” which manifested as “insomnia, irritability, neuralgic pains, muscular contractions, and dryness of the

³⁴ “Opium Eating in the United States,” *Western Daily Press*, April 15, 1873.

tongue.” His wife, also thirty, similarly developed a morphine habit to “assuage certain hepatic cholics.” She used the drug, allegedly, to “get tranquility of the mind” and to “conquer violent moral emotions.” After diagnosing them both with a new disease—morphinism—Levinstein tapered their use of the drug and restored them to good health.³⁵

Just as the medical community used a trial-and-error approach to determine which cases morphine proved most effective, it did the same with incidences of morphine dependency. While many advocated for a gradual lessening of the patient’s addiction as opposed to a moral interpretation of the problem, it was a difficult balance to strike. Dr. Henry P. Wenzel of Theresa, Wisconsin, for example, argued addiction was the result of the fact that his generation lived “in a fast age, and the motto is hurry.” Even the sons of Esculapius [the Greek god of medicine] were “in the throng of neck-breaking progress.” The *Scientific American* averred that “from an ethical standpoint” there was but one viewpoint to have on “inebriety”: an “unsparing condemnation of the practice, and earnest endeavors on the part of society to reclaim those addicted to it.” Science, on the other hand, had to draw a “broad distinction between drunkenness as a vice and drunkenness as a disease.”³⁶

As those within the medical profession made advancements, like labelling morphine addiction a disease to be treated under the term “morphinism,” others remained skeptical and continued to rely on perceptions that its use was a matter of choice and was inspired by a reaction to social pressure, moral weakness, etc. They represented a minority, however, and the disease concept of addiction began to reign in mainstream medical circles. Dr. George M. Beard delivered a paper to the American Association for the Cure of Inebriates in 1876 and equated

³⁵ “Morphiomania,” *Dundee Courier*, August 7, 1876.

³⁶ “Inebriety as a Disease,” *Scientific American (1845-1908)*, January 27, 1877, Vol. XXXVI, No. 4; Henry P. Wenzel, “Three Cases of Narcotism,” *Medical and Surgical Reporter (1858-1898)*, Vol. 37, No. 7.

addiction to a nervous disorder, like neuralgia or dyspepsia. He reiterated the words of an American physician of the period, “he who drinks because he cannot help it, being led by an irresistible impulse is a sick man and needs not a temperance pledge, but a physician.”³⁷

Despite these interpretive gains, however, alarming trends continued to set the profession back. As the medical community’s reputation continued to suffer for its alleged role in spreading a morphine epidemic, physicians turned to a celebration of the medicinal value of cocaine. Backlash quickly followed. “An old doctor” from St. Louis, Missouri, informed a reporter in 1885—while holding up a bottle of “colorless water-like fluid”—that “with this fluid and with an hypodermic syringe it would hardly be too much to say that I could change St. Francis of Assise [sic] into Charles Guiteau.”³⁸ He continued to emphasize his point, “I could take the purest and best man or woman in the city of St. Louis, and, after a course of treatment reaching not over two weeks, change him or her into a beast, unworthy, base, and wretched.” He concluded by arguing it was “the devil’s own drug.”³⁹ Cocaine, a new and allegedly Satanic concoction, had—like opium, cannabis, and morphine before it—crossed the lines separating limited medicinal use from a more recreational style of consumption. Worse, however, it combined with the democratization of the hypodermic needle to significantly accelerate the nation’s drug crisis.

Cocaine use did not spread as widely as intravenous morphine. It did, however, play a crucial role in nurturing the image of doctors as out of touch with the dangers of modern “medicine.” First, the medical community’s use of the narcotic confirmed the idea that the profession still adhered to practices that the general public increasingly saw as dangerous. While that portrayal, a continuation of the narrative established during the morphine epidemic, was

³⁷ “Inebriety as a Disease,” January 27, 1877.

³⁸ “The Devil’s Own Drug: A Medicine Man Can Change a Saint into a Scoundrel,” *St. Louis Republican* [Reprinted in *The Indiana State Sentinel*, Wednesday, October 21st, 1885.

³⁹ *Ibid.*

unfair, there were also a multitude of cases that provided evidence for those who wanted to demean the profession. Thus, as news of the community's supposed mishandling of the morphine crisis reached apex, physicians were then charged with taking a dangerously liberal approach to the dispensation of cocaine.

Sir Robert Christison, a Scottish physician and toxicologist, argued in the 1880s that cocaine proved an ideal remedy for treating exhaustion and fatigue. He noted that it especially restored strength after "severe exercise" and encouraged two pupils, after they returned from a sixteen-mile walk, to forego water or food in favor of cocaine. They were, he claimed, completely relieved of fatigue and even walked another hour before supper. Dr. Christison also suggested cocaine was a good fit for treating "female nervousness" and for the suppression of appetite. In cases such as this, in which cocaine was prescribed for casual use, it certainly appeared the profession had yet to learn any lessons from the morphine epidemic.⁴⁰

The news that physicians had addicted themselves to cocaine—just as they had intravenous morphine—further undermined public trust in the everyday practice of medicine. In Chicago, the newspaper press reported that Dr. Charles Bradley had become "a cocaine slave" and eagerly printed the "thrilling recital of his downfall." Bradley, once "accomplished and prosperous physician" in the city "ruined himself and his family by becoming a slave to morphine and cocaine." His case attracted "considerable attention, not only among the medical fraternity, but from the general public, owing to its remarkable and sensational features." Dr. Bradley's case read like the sensationalist reports that emerged from the morphine epidemic and further corroborated the startling theory that many physicians themselves had become addicted to drugs. Bradley confessed that he became so "absorbed" in his "scientific experiments with

⁴⁰ "Tonic and Restorative Effects of Coca Leaves," *Harper's Bazaar*, Vol. 13, Iss. 11 (March 13, 1880): 0_1.

cocaine” that he failed to realize the “insidious and dangerous nature of the drug” until it was too late.⁴¹

The public impression that the medical profession had lost control of the nation’s narcotic crisis created a growing sense that the problem had to be transferred to the political realm. On the other hand, just as intravenous morphine proved immensely valuable in appropriate scenarios, so too did medicinal cocaine. Evidence of incidences in which doctors properly deployed the drug countered the widespread claim they were essentially incompetent. As with morphine, use of the drug depended on context, dosage, and the long-term management of the patient. Doctors, in fact, often used cocaine quite effectively as a local anesthetic in ophthalmological procedures, in which they cautiously dropped it into the eye. The drug also proved productive, according to medical journals, in cases of trachelorrhaphy, or the stitching of a laceration of the uterus.

Additionally, dentists used cocaine to arrest pain resulting from toothaches, and some doctors found, when injected hypodermically, cocaine could also ease stomach pain. Other physicians employed it as ear drops to treat infection. Then, it followed the trail of all new and promising drugs when physicians used it in cases of muscular disorders like neuralgia. Cocaine also appeared to treat dysphagia, or difficulty swallowing, alleviated the symptoms of menstruation, and eased pelvic spasms in women; it was also an effective anesthetic in the removal of cancerous tumors, a quick way to quell the vomiting associated with pregnancy, a treatment for hemorrhoids, and etcetera. In short, like opium, morphine, and cannabis before it, there was enough evidence redeeming the use of cocaine to justify its continued use.⁴²

⁴¹ “A Cocaine Slave,” *St. Louis Globe Democrat*, December 31, 1887; “Praying for Death: Pitiableness Downfall of a Once Flourishing Chicago Physician,” *The San Francisco Examiner*, May 21, 1888.

⁴² “D.C. Cocks, “Cocaine as a Local Anaesthetic in Ophthalmic Practice,” *Medical News* (New York), Vol. 45, Issue 17 (October 25, 1884); “Cocaine Hydrochlorate (the New Local Anaesthetic),” *Medical and Surgical Reporter* (Philadelphia), Vol. 51, Iss. 19, (November 8, 1884); “Muriate of Cocaine in Gynaecology,” *Medical and Surgical Reporter* (Philadelphia), Vol. 51, Iss. 19 (November 8, 1884): 123; C.R. Agenew, “Cocaine as a Local Anaesthetic to the Eye,” *Medical News* (New York), Vol. 45, Iss. 20 (Nov. 15, 1884): 559; Carl Seiler, “The New

The problem with cocaine—just as it had been with morphine—had less to do with the drug itself and instead often involved nuanced issues like dosage and the duration of use. In 1890, shortly after the popularization of medicinal cocaine, the *Societe de Biologie* in Paris reported cases of “chronic poisoning” by physicians. One man, forty-eight years of age, had been prescribed morphine for colic in 1878. In 1886, his physician switched the patient to the use of cocaine. The story suggested, first—and alarmingly—that the man had continued his use of morphine for eight straight years. Secondly, instead of seeing a physician who tapered him off that level of usage, he found one that recommended cocaine instead. After two months of consistent cocaine use, he began “to have many and various hallucinations—he saw things moving around him, heard strange sounds which frightened him; and was in a state of abnormal excitability.” This man, eight years after being given morphine for colic, began presenting with drug-induced mental illness and no follow-up on his case could be found in the record.⁴³

Local Anaesthetic, Muriate of Cocaine, In Operations within the Nasal and Laryngeal Cavities,” *Medical and Surgical Reporter*, Vol. 51, Iss 21 (November 22, 1884): 323; C.F. Clark, “The Hydrochlorate of Cocaine as an Anaesthetic in Eye Surgery,” *Medical News*, Vol. 45, Iss. 21 (November 22, 1884): 570; George M. Lefferts, “Hydrochlorate of Cocaine in Laryngeal Phthisis,” *Medical News*, Vol. 45, Iss. 22 (Nov. 29, 1884): 597; Charles E. Sajous, “Original Articles: Hydrochlorate of Cocaine in the Treatment of Nasal Affections,” *Medical News*, Vol. 45, Iss. 25, (December 20, 1884): 610; Kelly A. Howard, “On the Anaesthetic Use of Hydrochlorate of Cocaine Upon Parts of the Body Other than the Eye,” *Medical News*, Vol. 45, Iss. 26 (December 27, 1884): 290; “Medical Progress: The Use of Cocaine in the Nose,” *Medical Times and Gazette* (New York), Vol. 46, Iss.1 (January 3, 1885): 545; “Cocaine in Dysphagia,” *Medical and Surgical Reporter*, Vol. 53, Iss. 2 (January 10, 1885); John Forrest, “Cocaine in Dysmenorrhoea,” *Medical News*, Vol. 46, Iss. 2 (January 10, 1885): 109; “Cocaine in Diseases of the Throat and Nose,” *Medical and Surgical Reporter*, Vol. 52, Iss. 3 (January 17, 1885): 890; T.P., “Notes and Queries: Cocaine in Vaginismus,” *Medical News*, Vol. 46, Iss 5 (January 31, 1885): 344; “Notes and Comments: The Application of Cocaine to the Urethra,” *Medical and Surgical Reporter*, Vol. 52, Iss. 6 (February 7, 1885); William S. Little, “Communications: Therapeutic Value of Cocaine in a Case of Diphtheritic Conjunctivitis. First Chief Clinical Assistant, Eye Department of Jefferson Medical College Hospital, Philadelphia,” *Medical and Surgical Reporter*, Vol. 52, Iss. 8 (February 21, 1885); William F. Faugh, “Hydrochlorate of Cocaine in Purpura Haemorrhagica,” *Philadelphia Medical Times*, Vol. 15, Iss. 11 (February 21, 1885); Kelly A. Howard, “Cocaine in Diphtheria,” *Medical News*, Vol. 46, Iss. 17 (April 25, 1885); “Cocaine in Cancer,” *Medical and Surgical Reporter*, Vol. 52, Iss. 18 (May 2, 1885); “Cocaine in the Vomiting of Pregnancy,” *Medical and Surgical Reporter*, Vol. 52, Iss. 21 (May 23, 1885); H.A. Smith, “Muriate of Cocaine in External Hemorrhoids,” *Medical News*, Vol. 46, Iss. 21 (May 23, 1885).

⁴³ “Chronic Cocaine Poisoning,” *The Buffalo Commercial*, January 4, 1890.

In the ensuing battle over who was better suited to manage the nation's drug crisis, the medical profession continued to lose—fairly or unfairly. The relentlessly sensationalistic news, which fixated on drug-related tragedy and drama, underwritten by burgeoning local political action, proved no match for an insular community of often aging physicians. Already covering the morphine epidemic with sensationalist flair, it was relatively easy for media attention to pivot towards a focus on cocaine as well. In a syndicated article entitled “The Cocaine Habit,” a South Carolina newspaper argued that use of the drug was “a comparatively new addition to the evils by which humanity is beset” and argued that it promised to “excel even morphinism in the insidiousness of its growth, in blasting destructiveness and the number of its victims.” In 1902, the *New Orleans Times-Democrat* suggested that “never a vice was killed, though, that another did not spring up in its place” and that cocaine had “superseded opium.”

As the medical community sought to address the growing problem with intravenous morphine addiction, doctors' use of cocaine as a potential therapeutic continued to raise concerns about their approach to vetting new narcotics for the marketplace. Moreover, the medical community, which expressed itself primarily through journals, failed to counter the often-misguided portrayals of its work. Thus, the situation often centered on the social power of messaging more than it did a nuanced conversation on modern medical practices. Instead, the profession's alleged misuse of cocaine continued to nurture theories of widespread medical incompetence; one that gave credence to media narratives and that justified political intervention.⁴⁴

⁴⁴ “The Cocaine Habit,” *The Intelligencer* (Anderson, South Carolina), May 15, 1895; “The Cocaine Habit: Is Superseding the Opium Habit—Its Terrible Effects,” *Parsons Daily Eclipse* (Parsons, KS) [Reprinted from *New Orleans Times-Democrat*, December 10, 1902.

As the profession struggled with the use of cocaine within the context of an opioid crisis, it did develop a new empathy in approaching morphine addiction. While that modified approach did not dramatically change the rhythm of the opioid epidemic, it led to a gradual reformation within the practice of medicine. By framing morphine dependency as a disease, some physicians pursued a more thoughtful approach to its use. That was especially true when it came to the counterintuitive practice of treating disease by implanting a new one in the form of a chemical dependency. Moral prejudice was difficult to eradicate, however. One doctor compared inebriety in the upper-classes and lower-classes and found lower-class Americans were less prone to the “functional nervous disorders” that caused addiction while the “vice of drunkenness” abounded in its “most revolting aspects.” In other words, middle-class Americans often developed an accidental and organic form of addiction that could be treated in the clinic. They had trusted their local physician and accepted treatment for chronic pain or nervousness and, through that faith, developed a dependency. They were, in this telling, mere victims of a system that had not responsibly regulated itself.⁴⁵

Within the lower-classes, however, it was an altogether different story. Those individuals did not seem to suffer from fundamental psychological or physiological issues other than a desire for perpetual intoxication. They had not been duped, like the middle-class had, but had instead manipulated the system intentionally to get what they craved—inebriation. Both the popular and academic presses reinforced the need to be able to distinguish a debauch from a victim. Often, the formula seemed to be rooted mostly in social prejudice, and poor whites, immigrants, and anyone of color represented the debauch while the middle-class white American stood apart as a victim. The tendency to united prejudice and professional theory nurtured an unfortunate

⁴⁵ “The Cocaine Habit: Is Superseding the Opium Habit—Its Terrible Effects,” *Parsons Daily Eclipse* (Parsons, KS) [Reprinted from *New Orleans Times-Democrat*], December 10, 1902.

storyline that would hold significant sway for the remainder of the twentieth-century and dramatically influence the trajectory of public policy.

The *Scientific American* suggested the best response to the crisis was to simply wait it out and let evolution deselect those involved in it. The publication theorized that degenerates would soon become unable to procreate because of substance abuse, thus eliminating their influence on humanity. It argued that “the excessively feeble and nervous stocks must perish...and thus, by a process of successive eliminations, a race may be developed that shall be every way adapted to the complex conditions of high civilization.”⁴⁶ For any advance made within the medical profession to combat the epidemic, other theorists—like eugenicists, in this case—also contributed to the conversation. The crisis then became something of a national debate that extended far beyond the clinical setting and entered the arena of pseudo-science, spiritualism, literature, entrepreneurship, and politics.⁴⁷

That reality did not stunt the medical community’s efforts at reconsidering the nature of opioid addiction, however. J.B. Mattison, of Brooklyn, argued that “the vast majority of opium *habitués* become such *not* from *choice*, not from merely vicious indulgence—an idea mistakenly held by many both in and out of the profession—but from a *physical necessity*.”⁴⁸ To him, the source of addiction began with a painful ailment eased by the use of morphine. After that legitimate use, the drug often “forged around its unsuspecting victim a chain so powerful that self, unaided, was powerless to break it.” In the last ten years, Mattison claimed, he had treated

⁴⁷ “Inebriety as a Disease,” *Scientific American* (New York), Vol. XXXVI, Iss. 4 (January 27, 1877): 48.

⁴⁸ J.B. Mattison, “A Somewhat Unique Case of Opioid Addiction,” *Medical and Surgical Reporter*, January 20, 1883.

many cases of opium addiction and the diversity of the users surprised him. He had even treated other physicians, typically men of “iron will,” who proved no match for the power of the drug.⁴⁹

Innovative new terminology continued to function as a key way to combat the crisis. Instead of presenting those addicted to morphine as “opium-eaters,” the medical community advanced its experimentation with more clinical labels like morphinism or morphiomania. The shift was subtle, but it placed the blame on the drug itself and removed the “eater” from the equation. Dr. Seymour John Sharkey, an English neurologist, argued in 1887 that new diseases, especially those considered a vice, required changes in the English language. He argued that “we now find ourselves face to face with a new vice, which some French writers have named *morphinomanie*, and which the Germans call *Morphiumsucht*.” Sharkey called users morphinomaniacs; others in the field preferred morphinism. He wrote that “most people will be startled to hear that London society resorts freely to the use of morphia injections for the purpose of killing time or of producing certain vague and pleasurable sensations similar to those which are derived from tobacco-smoking.” While Sharkey considered moderate doses of morphine to be medically beneficial, the drug was “only safe in the hands of medical men who appreciate its dangers; abuse almost certainly follows if its administration be left to the patients themselves.”⁵⁰

The fact that the opioid crisis, specifically the rise of “morphiomania,” was not a uniquely American problem validated opinions that morphine addiction had become a major global issue. The international reach of the crisis also undercut notions that American physicians and pharmacists were solely to blame. Morphine addiction seemed to be a broader crisis highlighting systemic problems within the practice of Western medicine. Considering that the British and American medical community collaborated in the development of a trial-and-error

⁴⁹ Ibid.

⁵⁰ Dr. Seymour J. Sharkey, “Morphiomania,” *Littell's Living Age* (1844-1896), Oct. 22, 1887.

style of vetting new medicines for public use, it made sense they would also share any consequences resulting from that shared approach. An Australian paper based in Sydney reported that in France morphine use had spread from rich to the working classes and that they were trading in their “pipe, pouch, and matchbox” for a “prickling needle, a syringe, and a small phial of morphine.” The Parisian elite felt “some feelings of shame at their degradation,” but, according to sources, they rarely missed opportunities to indulge in morphine. Even at the opera, “there [were] ladies” who would “retire to the back part of the box, and indulge in the puncture and the pump.”⁵¹

Outlying newspapers, like *the Indiana State Sentinel*, published articles on the morphine crisis abroad. It noted that “morphiomania” had become “a great scourge in Berlin” and that it began with the overuse of morphine to treat “bodily suffering and sleeplessness.” Those afflicted included men and women from all walks of life, “tradespeople, merchants, judges, barristors [sic], soldiers, students, doctors, and clergymen.” By the time most patients sought treatment, the addiction had deepened to a level difficult to treat. The article repeated what had become a common tale in the press: “First, these subcutaneous injections offer the quickest and easiest means to allay pain and bring rest to the sufferer.” Afterwards, however, the patient became so “accustomed to these skin injections that they [became] indispensable.” The article appeared in Fort Scott, Kansas, Oakland, Washington, D.C., Wilmington, North Carolina, Staunton, Virginia, Pennsylvania, and Marion, Ohio.⁵²

From rural Indiana and the Virginia Valley to Berlin and Paris, France, morphiomania appeared to tighten its hold. The trend of blaming physicians was also apparent in Europe. “When physicians discovered that pain could be subdued by inserting under the skin a small

⁵¹ “Morphinomania,” *Camperdown Chronicle*, July 1, 1885.

⁵² “Morphine in Berlin,” *The Indiana State Sentinel*, March 27, 1878.

pointed instrument provided with a tube containing morphia,” a British reporter expounded, “they little thought they were paving the new way for a vice.” Those who took it fell into “a delicious languor” where “happy thoughts and bright imagination” filled the body. The piece concluded by arguing that “the heritage of insanity, of inebriety, of imbecility, will in the future be traced back to those tiny tubes.” Morphine, which was once looked at as “a blessed means of relieving pain” had been unleashed by an overly optimistic medical profession that failed to understand that “blessings and curses go hand in hand in a crooked world.” This “later born sister fiend,” it wrote, “is morphiomania.”⁵³

Connecticut physician T.D. Crothers announced, in 1892, his “emphatic dissent against the common use of the word *habit*, in describing the opium disease.” He asserted that healing from morphine addiction required an extensive knowledge of physiology and psychology, skills beyond what could be expected of everyday citizens. It was a clinical issue. Crothers railed against the notion that those addicted to drugs reached that point through personal choice. He claimed that most attempts at resolving entrenched drug addiction was due to overreliance “on the old superstition of a moral origin, and some wilful [sic], wicked impulse.” Not only had many doctors created drug addictions through their liberal approach to prescriptions, but they then pivoted to a condemnation of the addict afterwards.⁵⁴

Crothers had theoretical problems of his own, however. He claimed that signs of addiction could be observed early in life and used one of his colleague’s sons as a case study. He believed the two-year old boy already exhibited traits consistent with alcoholism. The doctor claimed the child ate and drank excessively from all placed before him. He “ate exclusively of such foods as he liked, for days living on potatoes or bread alone, then changing to soups or

⁵³ “Morphiomaniac,” *Choctaw County News*, November 9, 1881.

⁵⁴ T.D. Crothers, “Some New Studies of the Opium Disease,” *Medical and Surgical Reporter*, March 5, 1892.

liquids.” As the boy grew, he had trouble focusing as a student, “drank too much cider when he visited the country, and only seemed to take interest in eating or in taking in the odors of perfumes or drugs.”

At the age of fourteen, the boy “became very licentious” and was sent to a boarding school. At eighteen, he drank beer every day and associated “with low characters” and, by the relatively young age of twenty, he had been institutionalized as a drunk. While the boy’s father blamed his son’s friends for his alcoholism, Crothers argued that the signs had been evident early in the boy’s life. Crothers was so confident in his analysis that he urged colleagues to look for “impulsive and unregulated tastes for foods and drinks, morbid selfishness and changeableness of plans and purposes, great irritability and sensitiveness, emotional disturbances, conditions of depression and exhaustion, insomnia, and always neurasthenia.” Given that broad methodology, a great percentage of Americans would have likely showed traits of addictive behavior.⁵⁵

There also remained legitimate fears about drug addiction within the medical community itself, which was an alarming proposition considering the reality at the time. Crothers reported that, based on a survey of 3,244 physicians “residing in the Eastern, Middle and some of the cities of the Western states,” 21 percent of the medical profession used “spirits or opium to excess.” Six percent of them used morphine openly and ten percent were found to use opium or other drugs “secretly.” In a separate study of 170 physicians, seven percent were found to use opium or morphine and six percent were “secret drug takers.” Crothers argued that “from the personal observations of a number of physicians who have a large acquaintance with medical men, from 8 to 10 per cent are either secret or open drug and morphine habitués.”⁵⁶

⁵⁵ T.D. Crothers, “Clinical Studies of Inebriety—Early Symptoms,” *Medical and Surgical Reporter*, Vol. 41, Iss. 7 (August 16, 1879): 134.

⁵⁶ T.D. Crothers, “Morphinism Among Physicans,” *Current Literature*, Vol. XXVII, No. 1 (January 1900).

These kinds of stories, in this case generated by a fellow physician, did not help the medical community's reputation. The internal divide over whether compulsive inebriation was a disease or evidence of moral blight also slowed reform measures within the profession. In the meantime, other agents began to address the problem. In the early-1900s, as the opioid crisis peaked, a rehabilitation industry emerged to treat drug and alcohol addiction. It was a free-market response to the crisis that appropriated medical language and practices for profit.

In Pittsburgh, the Rational Treatment Association, LTD, offered a cure for the “alcohol, morphine, and tobacco habit” and provided a space where “habitues” would be “treated by competent physicians without going to an institution.” They would return home cured “without publicity—without loss of time from business—without excessive cost—without FAILURE.” The Keeley Institute developed into one of the most prolific early-twentieth century rehabilitation centers and funded facilities across the United States. It offered services to all Americans suffering from “liquor and morphine diseases, cocaine, chloral, and drug addictions” and boasted that over 400,000 men and women had been cured of “drug slavery.” The institute operated a four-week program for alcoholism and a four-to-six-week cure for drug addiction. It also offered to treat women in their homes or outside the institute if they desired that approach. “Why be a slave” it asked, “when you can be free?” Dr. Keeley, founder of the institute, was a native of New York and trained at the Rush Medical College in Chicago. He had made “inebriety his life-study” and, as a surgeon in the Civil War, began studying it “practically as other doctors studied surgery.” He refused to reveal his method and “the formula [had] always been a secret.”⁵⁷

⁵⁷ “Cures for Alcoholism,” *The British Medical Journal*, Vol. 1, No. 2144 (February 1, 1902); “Alcohol, Morphine, and Tobacco Habit,” *Pittsburgh Post-Gazette*, January 1, 1900; “A Positive and Permanent Cure is Guaranteed,” *Albuquerque Citizen*, January 1, 1900.

At the Pittsburgh Sanitarium, which opened in 1898, physicians administered Dr. R. Parks White's Improved Vegetable Cure, which allegedly treated alcoholism, morphine "and other drug addictions, and the tobacco and cigarette habits." The Dr. Long Co., in Atlanta, Georgia, guaranteed a cure that would be instantly noticeable for only \$10.00. At the more prestigious Ocean View Sanitarium, in Provincetown, Massachusetts, which served primarily as a "private home for invalids," doctors began to accept "nervous cases, convalescents, and a few selected cases of drug addiction." The facility overlooked a picturesque harbor, promoted bathing in the sea, and declared that insomnia was "almost unknown" within its walls. Dr. Crothers, a tireless reformer within the medical community, tried his hand at rehabilitation as well and promoted Antikamnia Tablets, produced by the Antikamnia Chemical Company based in St. Louis, Missouri. He claimed that he had used them with "excellent results to quiet the pain following the withdrawal of morphia."⁵⁸

The Oppenheimer Institute, in New York City, declared "the medical profession has, after many disappointments and failures, succeeded in educating the public to understand that victims of alcohol and other drugs are not to be regarded as criminals." Instead, they were to be seen as "patients worthy of the utmost consideration, care and sympathy." The advertisement continued: "this is an age of specialism" where results came from "careful and systematic work" carried out by "those who have followed one idea through good and bad report to the conclusion which leads to accurate results." Ironically, Oppenheimer reiterated the ethos of the nineteenth century medical community, which had long trumpeted the notion that all gains in medicine were

⁵⁸ "Advertisement 18—No Title," *Southern Cultivator* (1843-1906), June 1, 1903; 61, 11; "Advertisement 19—No Title," *The American Journal of Medical Sciences*, December 1905; "A Fine Establishment: Pittsburgh's Magnificent New Health Resort," *Pittsburgh Post-Gazette*, January 11, 1898; "Advertisement 555—No Title," *Health* (1900-1913), December 31, 1903.

made by following one idea extensively while reporting both successes and failures along the way.⁵⁹

While the medical community struggled to find a consistent voice regarding America's alleged drug crisis and for-profit rehabilitation centers proliferated, the epidemic increasingly developed into a political issue. At the New York statehouse in Albany, The Assembly of Public Health passed a bill on February 8, 1900, that banned "the sale of drugs, whether in original packages or otherwise, in department stores." Four days later, the same Assembly worked to pass a bill that would establish a "reformatory asylum" for the habitual users of drugs and alcohol. The institution planned to accommodate "300 inmates, each to be studied individually and compared to their peers."⁶⁰

While the bill banned so-called "incurables" from entering such facilities, those who showed promise were to be confined for up to five years where a system of "discipline and labor" aided their recovery. Those committed would be sent by magistrates. Legislators believed this system would "result in a better knowledge of alcoholism and narcotism [sic] and other methods for prevention."⁶¹ The day after the proposal for a reformatory asylum, the bill to ban drugs sold in department stores advanced to a third reading on a vote of 65-40. While it had its opponents, including state representative Mr. Green, who considered it "entirely radical" that, under the bill's provisions, a department store could not sell "cough-drop packages," the law seemed destined to pass. Those in favor argued that it was a public health measure aimed at preventing children in New York City from selling drugs on the streets obtained from popular department stores.⁶²

⁵⁹ "Advertisement 25—No Title," *Medical News*, June 27, 1903.

⁶⁰ "Anti-Department Store Drugs," *New York Times*, February 8, 1900.

⁶¹ "Plan to Cure Drunkards: Mr. Weekes Will Offer a Bill..." *New York Times*, February 12, 1900.

⁶² "Department Store Drugs," *New York Times*, February 13, 1900.

Those who adopted a more legislative reform approach argued that their “cousins across the water did not prescribe or swallow one-fourth as much medicine” as the United States did. They suggested that “the common-sense practitioner knows by experience that the constant, frequent prescribing of innumerable drugs only ends in detriment to his patients.”⁶³ A journalist for the *New York Times* reported that one employee of a city drugstore said that he had tasted every narcotic in stock and that the practice was “probably not an uncommon one.” The writer added that “many a victim of drug poison which is slowly corroding all that is best in him, physically and morally, can trace his deadly habit to that unfortunate day when he began indiscriminate tasting, when he first ate from the tree of knowledge.”⁶⁴

Even in small towns like Union Springs, Alabama, a movement against morphine gained ground in 1905. The city passed a “cocaine and morphine law” to counter the “promiscuous sale of these baneful drugs.” That was especially true of cocaine, which had become “widespread among the negroes” and threatened a “rapid deterioration of an already poor class of laborers.” In adopting the ordinance, the City Council had done “the proper thing” and urged the town’s “officers and all good citizens to see that the law is enforced.”⁶⁵ The City Council in Austin, Texas, passed the Paregoric Bill, which prohibited the sale of laudanum, morphine, cocaine, and opium without a prescription. It further stipulated that physicians were not to prescribe those substances to habitual users.

On the eve of America’s first attempt at comprehensive narcotic reform—the Pure Food and Drug Act on 1906—a sizeable municipal and state level movement towards anti-drug policy had already taken shape. While the medical community worked to reform its practices, the opioid

⁶³ “Over-Drugging,” *New York Times*, April 14, 1901.

⁶⁴ “The Drug Habit,” *New York Times*, August 11, 1901.

⁶⁵ “Union Springs now has anti-cocaine and morphine law,” *Union Herald Springs*, April 12, 1905.

epidemic had already entered the popular vernacular, gained an outsized presence in the national media, and inspired political activists. From the close of the Civil War to the early 1900s, drug abuse and inebriety rose to become a preeminent American socio-political problem. Turning the opioid epidemic back to the medical clinic would prove an impossible task. As the public searched for a culprit on which to convincingly blame the nation's drug problem, the average American physician had been indicted. While convincing arguments could have been made—both then and now—that it was an unfair categorization, the narrative held real sway and had the effect of transforming the issue of drug abuse from a clinical problem to a political one.

Chapter Four

The Making of a Prohibition State: The Social and Political Response to an Opioid Crisis

On the afternoon of Feb 5, 1901, a group of women approached a drug store owned by Charles G. Foucek at Eighteenth Street and Central Avenue in Chicago. They were in a “well organized band” and “most of them wore automobile coats, under which they concealed their instruments of destruction.” As they quietly entered the store, Foucek greeted them as he did all his customers—with a pleasant eagerness to help. This would not be an ordinary encounter, however, as one of the ladies, presumably the leader of the band, quickly “upbraided [Foucek] for dealing in traffics of the devil” and another asked if he was not aware that “all the ills of humankind” could be cured through prayer. “Hurray for Dowie!” the women allegedly screamed before removing canes, umbrellas, and actual pitchforks from their overcoats, which they then used to assault Foucek. He took cover behind the counter and “the women turned their attention to the shelves and showcases and began to strike left and right.” In makeshift counter-attack, the clerks of the store filled buckets of water and began dumping it on the women, who promptly fled, but not before leaving a trail of destruction.¹

The group of “middle-age and well dressed” women, true believers in turn-of-the-century faith healer John Alexander Dowie, were conducting an anti-drug crusade. The group visited four other stores that afternoon, threatened the managers with violence, and destroyed valuable product. As word spread, frightened pharmacists looked for immediate ways to defend themselves. They used what was on hand: ammonia, a charged soda suddenly opened and pointed at their targets, and buckets of water. By late afternoon, pharmacists had armed themselves with loaded guns while waiting anxiously for more attacks. Headlines claimed the

¹“On the War Path,” *Voice of the People* (Buffalo, NY), February 9, 1901.

women were “On the War Path,” that “Chicago Faith Purists Begin Anti-Drug Crusade” and that they were armed with “pitchforks and canes.” These “female disciples of Dowie” did not hesitate in carrying out their mission. As far away as Buffalo, newspapers printed the story of the “the women who adopted Mrs. Nation’s methods and partially wrecked five druggists’ establishments on the West Side of the city.”²

The pharmacy attacks that February illustrated the growing intensity of the anti-drug movement in the United States, which came, in part, as a reaction to the ongoing opioid epidemic. That crisis, which had significantly eroded faith in the medical profession and the pharmaceutical industry, began to inspire the kind of social backlash exhibited by the women in Chicago. As part of the reaction to the opioid epidemic, the media, the general public, and political reformers broadened the definition of what constituted a dangerous narcotic. For decades, the focus was fixed on morphine, thus creating the sense that the crisis was manageable. By the opening decades of the 1900s, drug concerns broadened to include cocaine, smokable opium, cannabis indica, chloral, hashish, marijuana, and heroin. The seemingly endless deluge of new and dangerous drugs—some of them being the same drugs with different names—nurtured the idea that narcotics were an overwhelming menace that threatened the country on multiple fronts.

In response, the movement for the political reform of narcotic policy accelerated at the turn-of-the-century and included a wide conglomeration of concerns. In the face of what seemed to be an intractable problem, municipal, state, and federal governments reacted by pursuing drug reform measures to better protect the public. The work of grassroots activists, state and federal politicians, lobbyists, philanthropists, anti-drug vigilantes, judges, ministers, and diplomats

² “On the War Path,” *Voice of the People* (Buffalo, NY), February 9, 1901.

overlapped, ultimately facilitating a profound rethinking of the country's relationship with narcotics. Their combined efforts inspired a drug reform revolution that transformed American politics, reshaped public opinion, and placed historic oversight on the medical profession and the nation's pharmaceutical economy. No longer confined to the reified pages of medical journals, considerations of how to best control the spread of narcotics in the United States developed into a pressing national concern.

The Government Response to the Domestic Drug Crisis

As medical and political reformers continued to critique common practices within the profession, political interventions became increasingly common. Oregon introduced a bill in 1887 stating that “no person shall offer for sale opium, morphine, eng-she or cooked opium, chloral hydrate or cocaine who has not previously obtained a license from the country clerk.” The license cost one dollar and would be valid for one year. The only individuals who qualified for the license, however, were physicians or pharmacists. The drugs in question were also not to be prescribed except “for the cure of disease.” The punishment for violating the law was either a fine between \$50-\$250 or a prison sentence ranging from thirty to ninety days in jail. California, an early leader in anti-opium legislation, followed by passing restrictions on cocaine in 1892. The State Assembly of New York drafted its own anti-cocaine and anti-morphine bill in 1893, which prohibited the sale of both without a physician's prescription. At the Texas statehouse in Austin, in 1895, politicians and reformers pushed for the passage of a similar bill outlawing the sale of cocaine and morphine without a prescription. The Nashville City Council followed in 1900 with a similar law and, one year later, the Tennessee House passed it nearly unanimously. Kentucky, Nebraska and Alabama soon followed with similarly worded laws.³

³ “The Morphine Law,” *The Daily Astorian*, May 27, 1887; “The Candidates for Mayor: Nominees of Five Parties Who Want to be Chief Magistrate,” *The San Francisco Examiner*, September 27, 1892; “Blanket Ballot Bill: To Be

While the flurry of new state laws aimed at curtailing access to drugs did not directly address perceived failures within the medical profession, they made it clear that local government intended to address the nation's alleged drug problem with political solutions. It was not a widely disputed fact—even amongst practicing physicians—that the medical community had significantly contributed to spiking addiction rates in the United States. Consequently, as politicians sought answers to address what had become a public problem, few turned to the somewhat discredited medical profession. Thus, within that power vacuum, local politicians introduced laws that not only curtailed public access to “dangerous” narcotics, but also sought to place strict limitations on the discretion typically granted to physicians in prescribing them.

At the same time that state governments began regulating the sale of drugs, government agents commenced the raiding of opium dens and, to a large degree, those moves represented the end of an era in which drugs could be freely attained through a loosely organized and unchecked pharmaceutical culture. Indeed, the process of more strictly curtailing access to narcotics began in the wake of the Civil War, in the 1860s, as public opinion turned against seemingly unnecessary or excessive dispensations of drugs. In the 1870s, as the morphine crisis accelerated, there were a variety of responses to the question of how to best manage its spread. The medical community consistently worked to change certain practices within the profession indicted with causing the problem, but it was a slow process that yielded unconvincing results in the short-term. Consequently, the state took more definitive action and pursued a fairly uncontroversial enforcement strategy—the heavy policing of American opium dens.

Further Amended, and Made a Special Order for Thursday Week,” *The Buffalo Commercial*, February 28, 1893; “Anti-Cocaine and Morphine,” *The Galveston Daily News*, February 8, 1895; “Anti-Cocaine Bill Passed,” *The Courier Journal* (Louisville, Kentucky), November 23, 1900; “In Kentucky Today: Senate Passed Two Bills Affecting Second Class Cities,” *News-Democrat* (Paducah, Kentucky), March 11, 1902. “Cocaine Ordinance Effective,” *Jones Valley Times* (Birmingham, Alabama), June 15, 1905.

Opium den raids also presented a new kind of drug user to the American public, one far less sympathetic than middle-class women inadvertently addicted to morphine through a physician. Those pulled from dens were considered the dredges of society and shown little mercy. According to media reports, they were misfits, rebels, and criminals. In an 1877 article, “Opium Smoking in Nevada,” it was reported that “the class who patronize these resorts” were “outside the pale of society—men and women who [had] lost all self-respect and [sought] the comforting influences that steal over them after their indulgence, and possibly to obtain some moments of forgetfulness and calm contentment.” They were “gamblers and lewd women” and they could be found in opium dens in “great numbers.”⁴

In an 1894 opium raid, the St. Louis, Missouri Police Department arrested “eleven fiends” in one afternoon at 717 Walnut Street. The *St. Louis Post-Dispatch* confessed the city had known about the dens for years, but police chose “not to molest Chinese proprietors as they carried on their business quietly.” The city changed course because the Chinese had become “bolder in opening their doors to the general public.” St. Louis mothers, who recently organized an awareness campaign, inspired the new vigilance. “So as Jeu-Jeu’s had become particularly bold in his operations,” the department decided to conduct a Friday night raid. From “ill-smelling holes,” police pulled Jeu-Jeu, John Hong, Joe Ling and Jo Jas, all Chinese men. Accompanying them were May Bennett and William Seymour, both white, and Delia Walker, Ida Johnson, Bessie Payne, Ida May Bolnies, and Blanche Blackwood, who were black residents of the city. The “Chinese paid costs,” the paper exclaimed, while “the negroes got a continuance,” and May Bennett and William Seymour were “too sick to appear in court.”⁵

⁴ “Opium Smoking in Nevada,” *Quad-City Times* (Davenport, IA), September 25, 1877.

⁵ “Found Women and Men,” *St. Louis Post-Dispatch*, March 11, 1894.

Those found in the dens were typically from America's marginalized classes—poor, immigrant, and people of color. The *Chicago Tribune* reported on September 30, 1907 that “of nineteen colored men arrested in the city's opium dens, saloons, and other resorts on Saturday and yesterday, seven [had] police records and were wanted for crimes in other cities.”⁶ The arrests, in this case, were made under city's “vagrancy act,” which police believed was “the most effective way of preventing crime” and promised that more arrests would “be made at once in saloons, cheap billiard halls, and other rallying places of the idle and criminal classes.”⁷

This raid-and-arrest style of enforcing the law complemented, in uncoordinated ways, the more institutional approach that sought to create new pharmaceutical industry oversight. In some cases, the strategies overlapped. In 1908 San Francisco, for example, the California State Board of Pharmacy conducted “a sudden swoop” of San Francisco's Chinatown as part of a “campaign” for the “prevention of the sale of opium without a prescription.” So, in addition to the raids conducted by the San Francisco Police Department, Chinatown also began to endure similar sweeps carried out by the unsuspecting California State Board of Pharmacy. The fact that opium dens were not pharmacies did little to slow the drive nor did it create significant create backlash.⁸

The opium dens raids benefited from the media's coverage of a similar crackdown on those sites in China. Those stories also provided an ongoing global context for the drug crisis

⁶ “Opium Den Raids Reveal Fugitives Wanted by Police: Batch of Colored Vagrants to be Examined at Bureau of Identification—More Resorts to be Searched,” *Chicago Tribune*, September 30, 1907.

⁷ Ibid.

⁸ “Net Woman in Opium Den Raid,” *The San Francisco Call*, April 6, 1908; “Opium Den Raid,” *The Honolulu Advertiser*, April 30, 1895; “May Bibighaus, Opium Victim, Laid in Grave,: No Morbid Crowd at the Funeral Services Held Over Her Body,” *The Times* (Philadelphia, PA), January 28, 1900; “Opium Den Raid in Paris: Police Capture Eight Belonging to the Best Society,” *The New York Times*, March 24, 1900; “Police Raid Opium Den,” *Chicago Tribune*, December 7, 1900; “Edward Jacobs Said to be Man Who Instigated Opium Den Raid,” *Buffalo Evening News*, March 13, 1902; “Police Discover a New Opium Den,” *The Oregon Daily Journal*, February 20, 1904; “Police Raid Opium Den,” *The Seattle Star*, June 21, 1905; “Raid Opium Joint,” *The Butte Daily Post*, January 1, 1906; “Police Raid an Opium Den,” *Oakland Tribune*, December 23, 1906; “Charge Against Opium Smokers,” *the Independent-Record* (Helena, MT), March 26, 1907; “Opium Den Raided and Hop is Found,” *Salt Lake Telegram*, March 25, 1908.

that validated domestic concerns. In a 1901 expose on the opium problem in China entitled “Macao’s Big Opium Farm,” the author suggested that the opium den provided a gateway to morphine use. The piece also argued it was nearly impossible to break an opium habit and that “some of [the addicts] pretend to be permanently cured, but upon investigation it [was] usually found that they [had] changed from opium to morphine.” Those Chinese men and women who took morphine pills were “as many as the opium smokers.” It further noted that “in some cities along the Yangtse the hypodermic method of injecting morphine” had become commonplace. Injections were delivered by “professional morphine peddlers” who traveled with “hypodermic syringes up their sleeves” and offered subcutaneous delivery for one cent a piece.⁹

By the opening decades of the twentieth century, there were several competing approaches to solving America’s perceived narcotic crisis. On the West Coast, state government had successfully wrestled the drug problem from the medical community. Not only had states like California and Oregon passed laws limiting the public’s access to narcotics sold at the local pharmacy, but they also instituted a hardline raid-and-arrest style of policing opium dens and marketed it to the reading public. Those early laws regulating the statewide flow of morphine and cocaine complemented another local push for pure food and drug legislation. At that point, a layered (and oftentimes confused) approach to managing the broader drug crisis emerged. On one hand, states experimented with an early form of anti-drug policing through the continually raiding of opium dens. Those efforts existed parallel to a local, legislative, and administrative attempt to politicize the dispensation of cocaine and morphine. At the same time, these efforts intersected with a grassroots movement for the purification of the nation’s drug and food supply,

⁹ “Macao’s Big Opium Farm,” *The Atlanta Constitution*, January 13, 1901.

which had been active in the last two decades of the nineteenth century. Even in areas not related to the prescription of so-called “dangerous drugs,” the medical profession seemed to struggle.

In St. Louis, Missouri, in October 1901, May Baker, the 4-year old daughter of Minnie Baker, a widowed single mother who also ran a confectionary shop in the city, died in the middle of the night of lock-jaw. The day before, Minnie’s eldest child, six-year old Bessie Baker, passed away from the same sickness. The children’s physician, R.C. Harris, told the *St. Louis Post-Dispatch* that Bessie’s only remaining child—Frankie—had also developed lock-jaw and would likely share the fate of her siblings. Experts cited contaminated anti-toxins produced by the city chemist’s office as the culprit. Other deaths soon followed until, at the height of the outbreak, thirteen children lost their lives in St. Louis that fall.

A horse named Jim proved to be the cause of the crisis. In the 1890s, scientists discovered that immunized animals produced antibodies that fought against certain diseases like diphtheria, a bacterial infection that haunted turn-of-the-century children. As this new treatment reached market, St. Louis, like other major cities, fully adopted its use. Jim, a reliable equine donor, had—unbeknownst to his handlers—recently contracted tetanus and it toxified his sample. During the decade leading up to October of 1901, this horse-extracted antidote had reliably worked in cases of diphtheria; that is until news broke that the city of St. Louis distributed contaminated antitoxins that were confidently injected into sick children, unwittingly causing their deaths. Reports of the tragedy spread through the syndicated press and fueled an already heightened anxiety over drugs, poisons, and accidental deaths. The *New York Times* covered the tragedy extensively with a series of articles titled “Lockjaw in Diphtheria Cure:

Eight Deaths in St. Louis from the Antitoxin,” “Another St. Louis Antitoxin Victim,” and “Antitoxine and Lock Jaw: Scientific View of Fatal Diphtheria Cases in St. Louis.”¹⁰

Shortly after the St. Louis tragedy, Dr. Thomas C. Smith, secretary of the Medical Society of the District of Columbia, endorsed a congressional bill regulating virus, serums, and toxins. He wrote to Congress, “although the preventative and curative powers of virus, serums, toxins, and analogous products, when properly prepared, has long since been established,” he nonetheless agreed that “certain unfortunate accidents which have resulted from their administration, notably those which recently occurred in St. Louis, Mo., have tended to discredit their use.” With the support of the mainstream medical community, Congress unceremoniously passed the Virus-Toxin Law—later known as the Biologics Control Act of 1902. It was an uncontroversial law, but nonetheless proved to be the moment in which the federal government began asserting legislative control over the medical profession and the pharmaceutical marketplace.¹¹

The Biologics Control Act, now largely forgotten, served as a crucial foundational piece in the construction of an American Prohibition State. Within a highly decentralized medical community resistant to oversight, passing the law was no small feat. It might be argued, in fact, that because it dealt with vaccines—and not opioids or cocaine—it entered the political arena as

¹⁰ “City Anti Toxin Given to Babes Caused Deaths,” *St. Louis Post-Dispatch*, October 30, 1901; “Deadly Antitoxin: St. Louis Patients Dying and Others Affected,” *The Minneapolis Journal*, October 31, 1901; “Serum Taken From a Horse to Prevent Diphtheria the Cause of Deaths,” *The Cincinnati Enquirer*, October 31, 1901; “Coroner Will Make an Investigation: To Inquire into Deaths of Children Who Succumbed to Anti Toxin Treatment,” *The St. Louis Republic*, October 31, 1901; “Seven Are Dead: Fatal Effects Follows Treatment with Anti-Toxin to Prevent Diphtheria,” *The Saint Paul Globe*, November 2, 1901; “Caused Lockjaw: Diphtheria Anti-Toxin Given to Children: Eleven Dead,” “Lock-Jaw in Diphtheria Cure: Eight Deaths in St. Louis Supposedly from Antitoxin,” *New York Times*, November 2, 1901; “Another St. Louis Antitoxin Victim,” *New York Times*, November 6, 1901; “Antitoxine and Lockjaw: Scientific View Fatal Diphtheria Cases in St. Louis,” *New York Times*, November 15, 1901.

¹¹ “Medical Society on the Antitoxin Law: In Favor of Restriction of the Sale of Virus, Serums, Etc.,” *The Evening Times* (Washington, D.C.), May 2, 1902.

a kind of Trojan Horse. The law also led to the creation of a board within the Department of Treasury immediately empowered and funded to enforce the new standards. In that sense, the bill blazed a trail for the far broader and more controversial Pure Food and Drug Act and thus provided an example of coalescing policies that laid the foundation for a platform of continued regulation. Whether it came in the form of state laws regulating morphine and cocaine, law enforcement raids on opium dens, the diphtheria crisis in St. Louis, or the movement for pure food and drugs, the control of narcotics became one of the most prominent political issues of the early-twentieth century.

A mere four years later, Congress passed the Pure Food and Drug Act, a revolutionary piece of legislation that transformed the food industry and the pharmaceutical economy in one fell swoop. Often attributed to a single novel—Upton Sinclair’s *The Jungle*, which exposed the horrors of Midwestern meatpacking—the process that led to its passage came as the result of an extensive and lengthy political campaign. The campaign began in 1898, when politicians, lobbyists, and representatives of the industries to be affected met in the National Hotel in Washington, D.C. to confirm a set of political and economic principles regarding food and drug reform and then drafted them into widely distributed pamphlets. They conferred again in 1899 and then in 1900, where representatives lobbied, networked, and perfected pitches for a truly monumental reshaping of the government’s role in the pharmaceutical and foodstuff economies.¹²

Indicating the deep level of support the movement gained in the latter years of the nineteenth-century, the 1900 conference included representatives from “46 states and territories and some 300 delegates were in attendance.” Speakers focused on the latest issues preventing

¹² “National Pure Food and Drug Congress,” *American Journal of Pharmacy*, February 1899.

passage of earlier iterations of a pure food and drug law and highlighted talking points—like the fact that eleven states already passed their own versions of the law. Leaders of the movement argued that the language of state laws differed from region to region and the result of putting the lives of Americans in harm’s way by sewing confusion. They also suggested that the subsequent incoherence validated the old snake oil salesman of the previous generation by enabling the laissez-faire economy in which they thrived. “Give us,” Mr. W.B. McMeechin appealed at that 1900 gathering, “a national law on the subject.”¹³

McMeechin got that national law when President Theodore Roosevelt signed the Pure Food and Drugs Act on June 30, 1906. It went into effect on January 1, 1907. The bill ratified similar movements at the state level and confirmed Congress’s power to oversee interstate commerce to exert stricter controls on the flow of drugs across state lines. Along with the Biologics Control Act, it more firmly established the legislative foundations of the Prohibition State; or, at the very least, corroborated the notion that the national government could be empowered to control the dispensation of the nation’s narcotic supply—a controversial notion in 1906. Perhaps most importantly, the bill led to the creation of one of the first drug control bureaucracies—the Chemistry Bureau of the Department of Agriculture—which evolved into the Food and Drug Administration.

When combined with the state laws intended to control morphine and cocaine and the raids on opium dens, the Biologics Control Act and the Pure Food and Drug Act represented a government seizing control of drugs away from the medical community. While seemingly unconnected, those movements combined to create the building blocks of the Prohibition State. Indeed, the two acts marked the federal government’s entrance into drug reform legislation. In

¹³ Mitchell, Guy E, “Pure Food and Drug Congress,” *Ohio Farmer*, March 22, 1900.

the process, it complemented and stabilized more aggressive anti-drug movements at the state level. Having secured those victories, government officials then looked at the reformation of American foreign policy around the issue of narcotic control. By 1909, the United States' approach to the nation's drug problem had been remarkably transformed. From San Francisco to The Hague, a new strategy towards managing the flow of drugs took shape.

Just before passing the Pure Food and Drug Act, the federal government began developing drug restriction policies within its newly acquired foreign territories. These territories served as a laboratory for the federal government to test policies that would eventually be implemented domestically. After the United States took possession of the Philippines at the conclusion of the Spanish-American War in 1898, opium and alcohol prohibition quickly became one of the central features of America's New Imperialism. At the end of a tour of Southeast Asia in 1900, missionaries argued that "the baleful effects of liquor and opium on the natives of every country visited" presented a dire situation. Consequently, "strong pressure" had been put on President McKinley to "prohibit its sale in lands over which the country exercises control—notably the Alaskan Territory, Hawaii, and the Philippines." These new holdings proved an ideal site for the immediate implementation of a prohibitionist agenda. Not only was it a landscape void of the strong liquor and pharmaceutical interests that characterized American politics, the Philippines also lacked an entrenched system of democratic politics that required decades of lobbying to achieve the implementation of even basic consumer safeguards. Even in that environment, however, anti-opium policy proved hard to establish.¹⁴

¹⁴ "Liquor and Opium Prohibition: Missionary Influence Brought to Bear to Stop the Traffic," *The Washington Post*, April 30, 1900.

The Federal Government takes its Anti-Drug Crusade Global

In 1903, the War Department announced that the Philippine government would create an “opium monopoly” that would then be sold to the highest bidder. “The contemplated action of the scheme,” according to the press, was to create a situation in which the use of opium would be restricted to protect the Chinese, “who had used it all their lives,” and Americans and Filipinos, “many of whom [were] falling victims to it.” The Chinese protested against this idea first. They considered the monopoly to be a centralization of power that would drastically cut into their profits; the second from the American and Filipino evangelical community, who wanted to see all sale and use strictly prohibited.¹⁵

In response to this resistance, Governor Taft appointed an opium commission tasked with investigating “the laws and conditions with regard to opium in all Oriental countries.” Major Edwin C. Carter, Bishop Charles Henry Brent, and Dr. Jose Albert would visit Japan, Formosa, Hong Kong, Singapore, Java, and Burma to determine the most effective way to eradicate the use of opium in the Philippines. A year later the committee delivered its verdict: that all opium sales should be brought under a governmental monopoly “at once.” After the passage of three years, the plan suggested, federal authorities would be in a position to totally prohibit it. Opium could still be used as medicine and, generously, “confirmed habitues” who were over the age of twenty-one years old could get a “smoker’s license.” The committee also recommended that anti-opium lessons be a part of primary education, that all opium addicts be allowed to receive

¹⁵ “Opium in the Philippines: A Question that is Not Altogether One-Sided, It Seems,” From the New York Mail and Express, *The Washington Post*, July 11, 1903; “Opium in the Philippines: It is Probable that the Sale of it Will Not Be Licensed,” *The Washington Post*, July 14, 1903; “Opium in the Philippines,” *The Independent...Devoted to the Consideration of Politics, Social and Economic Tendencies, History, Literature and the Arts* (New York), July 16, 1903; “Opium in the Philippines: Gov. Taft Champions the Theory of Regulation,” *The Washington Post*, July 16, 1903.

treatment at local hospitals free of charge, and that any Chinese citizen found smoking it in the Philippines be deported.¹⁶

The questions that animated the Opium Wars between Britain and China in the mid-nineteenth-century reemerged, however, to slow the progress of establishing a federal monopoly over the Filipino opium economy. Missouri Representative John Joseph Cochran argued that the bill establishing the market essentially legalized the sale and use of opium and that the United States would profit from such an economy. Cochran's resistance touched on the infamous history of Great Britain's profit from the importation of opium into the Chinese market and he did not want the United States to follow that model. Nebraska Representative Gilbert Hitchcock introduced a counter bill that would prohibit the importation of opium to the Philippines except for medicinal use, a strategy modeled after legislation being shaped locally in the United States. Congress ultimately decided to leave the issue to the Filipino government and to the counsel of the commission established by Governor Taft.¹⁷

The Opium Wars between China and England lingered in the backdrop of the negotiations. If the United States seized the opium supply of the Philippines for profit—even if it did so with the interest of destroying that supply—then it was no better than England. Reformers

¹⁶ "Philippine Opium Monopoly Approved: Secretary Root Hopes, In Time, to Prevent Sale of the Drug," *St. Louis Post-Dispatch*, August 9, 1903; "An Observer in the Philippines—XXIV: The Commission Tables a Bill Providing for an Opium Concessionary," *New York Observer and Chronicle*, Vol. 82, Iss. 7, February 18, 1904; "Federal Opium Monopoly: Recommendation of the Committee Investigating the Traffic in the Philippines," *New York Times*, August 6, 1904; "Opium in the Philippines: Committee Recommends that it Be Made Government Monopoly at Once," *The Washington Post*, August 6, 1904; "Our Government May Sell Opium to Filipinos: Commission Recommends a Monopoly in the Islands," *New York Times*, Sept. 22, 1904; James LeRoy, "The Opium Question in the Philippines," *Medical News*, Vol. 86, Iss. 7, February 18, 1905; "Opium Commission Named: Will Investigate and Recommend Regulation Methods for the Philippines," *New York Times*, August 9, 1903; "Federal Opium Monopoly," *New York Times*, August 4, 1904.

¹⁷ "Stop Sale of Opium: Filipinos Adopt Drastic Measures to Stamp it Out," *The Washington Post*, March 13, 1906; "The Opium Inquiry Plan: Originated Through Our Desire to Stop the Habit in the Philippines," *New York Times*, March 22, 1907; "Opium in the Philippines: Commission to Control Drugs in Insular Possession," *The Washington Post*, February 22, 1905; "Opium in the Philippines: Commission to Control Drugs in Insular Possession," *The Washington Post*, February 22, 1905.

in England and the United States had long chastised the country for fighting to keep opium markets open in the interest of revenue. In order to determine how the global opium supply should be managed, the United States created a coalition of nations who gathered to provide insight and reach conclusions. In May 1908, President Roosevelt, transitioning into his last months in office, sent a letter to Congress “counseling the immediate beginning of an international investigation into the opium question in the far east.” His request accompanied another: the granting of \$20,000 to fund the United States’ participation in a global conference focused on the spread of opium. The conference, originally scheduled for New Year’s Day, 1909, in Shanghai was postponed to February 1st due to the deaths of the Emperor and Empress Dowager of China. The purpose of the meeting was to discuss the “limitation or total prohibition by the nations of the production and importation of opium” for any non-medicinal reason. Those gathered included Great Britain, France, Germany, Portugal, Holland, Turkey, Persia, Japan, Russia, China, and Siam (Thailand).¹⁸

Indicating a building anti-drug synchronicity, the conference, held just three years after the signing of the Pure Food and Drug Act, led directly to the passage of the nation’s first drug prohibition—the Smoking Opium Exclusion Act. That bill, which banned the same substance in the Philippines, not only gave the United States credibility in the international sphere of opium regulation, but it also codified the excessive policing of opium dens on the West Coast. By criminalizing smokable opium, rarely sold outside of dens, Congress joined the drive against America’s Chinatowns. It also highlighted overt connections between municipal, state, federal, and international drug policy. While Congress pursued the ban on smoking opium to bolster its anti-opium credentials in Shanghai, the bill also codified a rather illogically aggressive style of

¹⁸ “Asks for \$20,000: President Urges Congress to appropriate for Representation at the Opium Conference,” *The Boston Globe*, May 12, 1908 “Congress Acts in the Nick of Time,” *Outlook* (1893-1924), February 13, 1909.

law enforcement moving across the country from the West Coast. The American periodical *Outlook* nonetheless argued that Congress acted “in the nick of time to save our delegates at the Shanghai Conference from the mortification of being a less favorable light than their colleagues as to recent action in their own constituency in the warfare against opium.” The First Opium Conference in Shanghai essentially served as the Third Opium War and included many of the same players. This one, occurring over a half century since England and China warred over a drug market, was bloodless. “Except in reference to opium and morphia in the commercial treaties with China,” the American periodical *Outlook* explained, “no international action in the matter [had] been taken since the Opium War sixty years ago and more.”¹⁹

On the domestic front, political attention focused on the enforcement of the Pure Food and Drug Act. Chief Chemist at the Department of Agriculture, Dr. Harvey Washington Wiley, who had implemented the core values of the law, praised its success in 1909. As the first International Opium Conference left for Shanghai, Wiley spoke to the American Association for the Advancement of Science in Baltimore, Maryland. He argued the bill had altered the ethics of the food and drug industry and that “it was the universal opinion of all high-grade manufacturers and merchants in food and drug products that the majority of the trade [had] been directly improved.” Wiley noted that the stipulation forcing products to be named and labeled had the effect of revealing them as fraudulent and driving them from the legitimate market. That being the case, those who sold high-grade products no longer had to participate in “debasement” of products in order to remain competitive.²⁰

Dr. Wiley also praised the legal evolution of the bill. He cited a decision from a United States District Court in Kansas City where the judge claimed the statute had been designed “to

¹⁹ “Congress Acts in the Nick of Time,” *Outlook* (1893-1924), February 13, 1909.

²⁰ “Wiley Tells Effects of Pure Food and Drug Act,” *The Topeka Daily Capital*, January 1, 1909.

protect consumers and not producers,” which represented a significant change in public thinking from just a few decades earlier, during a period when accidental poisonings and overdoses were glossed over. He continued by proclaiming it to be a “righteous statute, and within the powers of congress to legislate” before urging its continued enforcement. Additionally, a “rigid inspection of imported drugs” kept from the country all drugs that were “not up to pharmaceutical standard” and instituted a “careful control” at the federal level. The law had achieved, in a short period of time, results that exceeded the wildest expectations and led to a situation in which the country’s food and drug supplies had been cleansed, at least to Dr. Wiley’s mind. *The New York Observer and Chronicle* urged its readers to remember that “selfish interests sway many men, manufacturers or others, and for the sake of bigger dividends many merchants [were] willing to take the risk of sacrificing the public health.” It would take several years, in fact, for the Chemistry Bureau within the Department of Agriculture to gain the authority it needed to prosecute violations of the act and overcome the resistance from the cumulative power of the food and pharmaceutical industries.²¹

There were signs, however, that progress had been made. Dr. L.J. Desha, chemist enforcing Pure Food and Drug laws in Tennessee, travelled to Chattanooga in 1912 to conduct fifty-hearings involving pharmacists who had violated the act. The vast majority of them failed to properly label popular “headache powders” that were alleged to contain “various forms of dope.” Investigators found in many cases that mail-order cures for morphine and opium addiction, and alcoholism, contained the actual drugs they were purported to cure. The United States Post Office then issued “fraud orders against the manufacturers.”²²

²¹ “Wiley Tells Effects of Pure Food and Drug Act,” *The Topeka Daily Capital*, January 1, 1909.

²² “Some Educative Talk on Medicine and Disease by a Local Physician,” *The Evening Sun* (Baltimore, Maryland), July 14, 1911; Pure Food and Drug Law: Headache Powders Branded Wrong,” *The Chattanooga News*, May 13, 1912.

Although significant gains had been made in the nation's attempt to arrest the non-medicinal use of drugs, challenges remained. First, there were few signs that the morphine epidemic had been adequately addressed. The media continued to present numerous cases of accidental poisonings, suicides, and overdoses. In that area, the federal government had not yet been able to act. Perhaps more alarmingly, the racialization of the crisis, a longstanding tradition dating to the West Coast's anti-opium den drives, accelerated in the early-1900s and coexisted with these rationalist institutional shifts.²³

Indeed, during the rapid development of the Prohibition State, government began implementing and enforcing drug laws in socially discriminatory ways. By the 1910s, that tendency—always an underlying motive of the policing of opium dens in Chinatown—expanded to include African-Americans and Mexicans. The media also did not hesitate in stoking racially motivated drug anxieties. “One negro in every four uses cocaine,” declared the *Times and Democrat* of Orangeburg, South Carolina in the summer of 1910. The paper further argued that

²³ “Killed Himself with Morphine: Slayton Ended a Debauch with Death,” *St. Louis Post-Dispatch*, January 17, 1901; “Took an Overdose of the Drug: Howard S. Rogers Saved from Fatal Result of Morphine Poisoning,” *The Washington Post*, January 18, 1901; “Morphine in Glass of Wine: Ms. Friendly Claims She Was Induced to Take the Drug By a Neighbor,” *The Washington Post*, February 4, 1901; “Rochester Man Killed by Morphine,” *New York Times*, February 7, 1901; “Death Busy in This Family: Daughter, Latest Victim, Killed by Morphine Overdose,” *New York Times*, February 8, 1901; “Suicide Follows a Toast,” *Chicago Daily Tribune*, February 13, 1901; “Walking” Dope Shop: New York Police Looking For ‘Morphine Mike’” *St. Louis Post-Dispatch*, February 24, 1901; “Suicide of a Civil War Veteran,” *The Washington Post*, August 19, 1902; “Morphine Victim Unknown,” *St. Louis Post-Dispatch*, August 27, 1902; “Motorman Swallows Morphine,” *St. Louis Post-Dispatch*, September 25, 1902; “Visitor Attempted Suicide: William J. Grant Took Large Dose of Morphine,” *The Washington Post*, October 11, 1902; “Baby Killed by Morphine: Two Year Old Pound the Morphine Bottle While Mother Was Absent,” *The Washington Post*, July 17, 1903; “Lovers Fight Drug: Girl and Her Sweetheart Enter Hospital At Once. Each Loyal To The Other,” *Chicago Daily Tribune*, September 21, 1903; “Student Found in Stupor: Morphine Taken in Too Large Quantity By Young Man From Medical School,” *St. Louis Post-Dispatch*, January 27, 1904; “Wound Made Him Victim of Drug: Opium and the Other Habits,” *St. Louis Post-Dispatch*, February 11, 1904; “Forger Says Morphine Ruined Him,” *New York Times*, March 19, 1904; “Came From Coffee: A Case Where the Taking of Morphine Came From Coffee,” *New York Times*, April 26, 1904; “Unemployed Man Takes Morphine,” *St. Louis Post-Dispatch*, February 11, 1905; “Barber Dead on Shop Floor: Matthew H. Stafford Thought to Have Taken Overdose of Morphine,” *The Washington Post*, March 22, 1905; “Took Overdose of Morphine: Daughter of Thomas E. Watson Supposed to Be Dying in Athens, Ga,” *The Washington Post*, March 31, 1905; “Talked of Taking Morphine, Dead Now,” *St. Louis Post-Dispatch*, May 14, 1905; “Doctor Dies of Morphine Poisoning,” *New York Times*, June 9, 1905; “Overdose of an Opiate Killed,” *St. Louis Post-Dispatch*, July 23, 1905.

“Negroes are very susceptible to the influence of cocaine and under its sway will commit acts from which they would shrink under normal conditions.” That narrative, which directly mirrored the ones already established with Mexican immigrants and marijuana and Chinese immigrants and opium, had persisted for decades. *The Charlotte News* contended that “the cocaine habit was most common among the river negroes, nearly all of whom are addicted to it.” It also reported that the “cocaine habit is fast driving out the morphine habit, which, however, never had much hold among the negroes.” By the 1910s, the problem showed no signs of easing. Reverend J.W. Ham of Atlanta, Georgia wrote that “most every Southern city has now the problem of cocaine dens to deal with.” If the problem persisted, he averred, it would “only be a short time before the use of cocaine among the negroes [would] be as universal as opium [was] among the Chinese.”²⁴

The racism that was increasingly becoming a part of the story of cocaine also more intensely defined the opium den raids on the West Coast. In Salt Lake City, Detective George Cleveland shot and killed sixty-two-year-old Louie Loy, who he suspected of running an opium den in the city. Loy, “a pioneer Chinese resident of the city,” had been born in China, immigrated to the United States, and lived in Salt Lake City for thirty-five years. When he fled the scene of a police raid and failed to acknowledge calls to stop, Detective Cleveland fired a bullet “that entered the Chinaman’s brain.” In San Francisco, in the fall of 1911, “two white girls, a white man, and six Chinese” were pulled from an opium den. The two girls were given

²⁴ “Cocaine Evil Now Southern Problem: Slum Conditions in Atlanta, GA, Described by the Rev. J.W. Ham After Personal Tour—Cocaine Is Worse than Opium,” *The Inter Ocean* (Chicago, IL), June 3, 1911; “Negroes Take to Cocaine,” *The Charlotte News*, March 27, 1900; “Evil Spreading: One Negro in Every Four Uses Cocaine,” *The Times and Democrat* (Orangeburg, South Carolina), July 7, 1910; “Negroes Take to Cocaine: the Evil Has Become Common Among the Roustabout and Spreading Fast,” *Paxton Daily Record* (Paxton, Illinois), April 4, 1900; “Cocaine Among Negroes,” *The Morning Journal Courier* (New Haven, Connecticut), November 7, 1902; “Cocaine Fiends: Use of the Drug Has Spread to Negroes on Cotton Plantations,” *Kansas City Daily Gazette*, November 28, 1902; “Cocaine Sniffers: Use of the Drug Increasing Among Negroes in the South,” *Evening Times Republican* [New York Tribune], July 25, 1903; “Cocaine and Vile Liquor,” *St. Louis Republic*, September 18, 1906.

the choice of paying a \$120 fine or serving sixty days in jail. The white man, Richard Bernstein, was a salesman for a San Francisco firm and he was given a similar choice: pay \$40 or spent twenty days in jail. The six Chinese men obtained lawyers and had their sentencing hearings postponed. The conclusions of their cases were never reported.²⁵

Just as the political and institutional approaches began to coalesce to reshape American social reality, so too did the punitive styles of addressing the issue, which often veered directly into a method of racist enforcement. For decades, Chinese immigrants stood essentially alone as the target of these practices. By the 1910s, police included African-Americans and Mexicans with equal resolve. *The El Paso Morning Times* called the marijuana moving northwards with Mexican immigrants “The Mexican Opium” and argued that it produced effects similar to that of Chinese opium— “mental delusions and hallucinations” that most frequently ended in “homicidal or suicidal mania.” The marijuana anxieties that would begin to continually haunt the American mind coupled with similar characterizations of African-Americans and cocaine use and Chinese immigrants and the smoking of opium.²⁶

These multifaceted and seemingly disconnected attempts to control the flow of drugs both domestically and internationally coalesced to become a broader war on drugs. Many of the strategies occurred simultaneously. For example, it was impossible to separate the relatively localized raiding of opium dens from the International Opium Conference in Shanghai in 1909, a gathering that pressured Congress to pass the Smoking Opium Act. The connection of African-Americans to rampant cocaine use aided in the passage of cocaine and morphine laws across the

²⁵ “Chinaman is Shot in Opium Den Raid,” *The Daily Missoulian* (Missoula, MT), July 16, 1911. “White Women Caught in Opium Den: Police Dragnet Catches Number of Drug Victims,” *The San Francisco Call*, September 3, 1911.

²⁶ “The Mexican Opium,” *El Paso Times*, July 23, 1913; “Crazed by Weed, Man Murders: Is Himself Killed by Police in Juarez; Close Call of Two El Pasoans,” *El Paso Herald*, January 2, 1913.

United States; acts then celebrated by reformers who pushed for a national law mirroring those local ones. As anti-drug legislative victories mounted, there was a building sense that the nation was not just fighting a national drug problem, but had rather declared war on it. As a Second International Opium Conference approached in 1911, the *Memphis Commercial Appeal* noted “nations of the world will join hands in a world-wide war on drugs.” Because of this new “crusade, morphine, cocaine, and opium” would finally be destroyed. The article further argued that “our Christian people” had been so dedicated to fighting for alcohol prohibition that they had, “to present time, permitted the drug evil to grow to such an extent that society is threatened.” After England protested that the revenue from the sale of morphine and cocaine in the United States exceeded the profits it collected from opium, the United States committed to inaugurating “a war against the three fatal drugs,” one that would “be waged relentlessly.” Indeed, the State Department instructed delegates arriving at The Hague to push for a “world-wide fight” against narcotics.²⁷

At the Second International Opium Conference, held July 1-9, 1913, the inauguration of a World War on drugs seemed less certain than presented in the press. While thirty-five countries signed an agreement to battle the spread of opioids, several were reticent to act, including Bulgaria, Greece, Turkey, Switzerland, Austria-Hungary, Norway, Sweden, Romania, Montenegro, and Serbia. Turkey, Greece, and the Balkan countries were in a state of war and could not take on the responsibilities the Americans called for. Switzerland claimed that cooperating would not enhance the countries interests and claimed it had no identifiable traffic in drugs. Austria-Hungary, Norway, and Sweden refused because those countries believed it would

²⁷“Worldwide War on Drugs,” *The Montgomery Times* [Memphis Commercial Appeal] February 13, 1911
“Advises Study of All the Drug Evils: Society Will Attempt Restriction of Dread Traffic,” *Jackson Daily News*,
February 5, 1911; “War on Drugs,” *The Charlotte News*, February 12, 1911.

require new legislation, a burden they were hesitant to pursue. Because Austria refused to sign the agreement, Germany remained neutral; and because Germany hesitated, the British had serious misgivings.²⁸

The international hesitation did little to quell the United States' growing support for an international battle against drugs, however. In a 1913 article titled "China's War on Opium," the *New York Times* praised the country's efforts at cracking down on narcotics. The paper thought it "one of the most hopeful and significant signs" of modernization because opium had done "more than any one thing to retard China's progress." General Chang of the National Opium Association of China even travelled to London "to lay before the British Government and its people a plain statement of facts" to gain support for anti-opium legislation. A year later the paper reported that "China, Too, Has a Drug War," and noted it was being waged more ruthlessly than in the United States. "The new Chinese government," it continued, "is acting energetically to stop the use of opium, as well its production and importation." In waging this war, the Chinese had resorted "to Oriental measures of severity," especially in their provision that anyone under the age of forty found in possession of opium "shall be shot." It further suggested that "New York's campaign against the sellers and users of narcotics" had made trouble, "but for a real drug war one must go to China."²⁹

From Shanghai and the Hague, through major new prohibition bills passed by Congress, and to the grassroots movements that compelled them and continued to thrive, the anti-drug agenda gained a strength that it had not previously enjoyed. Many publications argued that the conventions even created monumental change. The *American Review of Reviews* argued that "the

²⁸ "Looking for Speedy End of Traffic in Opium: Unique Measure by the Hague Conference to Insure Ratification of Convention," *New-York Tribune*, July 24, 1913.

²⁹ "China, Too, Has a Drug War," *The New York Times*, July 20, 1914.

full significance of this admirable step toward a higher social efficiency” could not be appreciated unless one kept in mind “the corresponding movement on the international scale.” As of 1915, *American Review* reported that thirty-four nations had joined the United States in pursuing drug prohibitions and concluded that “what the United States has done in Cuba, in Porto [sic] Rico, and the Philippines it is doing in a wider sphere through its moral leadership of the great movement to save mankind from a degrading vice.” The federal government, once ambivalent towards the issue, resituated itself to become a moral leader in an international fight to control the drug supply that purportedly threatened its society.³⁰

Mrs. Vanderbilt’s War, the Harrison Narcotic Act, and the Expanding Prohibition State

Anne Harriman Sands Rutherford Vanderbilt, wife of William Kissam Vanderbilt, heir to the family fortune, declared her own war on drugs. On January 21, 1914, the press claimed that Mrs. Vanderbilt believed the New York City Police had been negligent in arresting the drug problem and so she announced a personal campaign. It was a movement against “the sale and use of cocaine and heroin.”³¹ Her battle also brought attention to a new narcotic that had been overshadowed by morphine, cocaine, and opium—heroin. *The Evening World* of New York City exclaimed “Crusade on Drugs Backed by Rich Society Woman” and reported that she was “furnishing the sinews for a nationwide investigation of the whole subject preparatory to a campaign for legislative and other action to restrain the evil.”³²

³⁰ “The World Fight on Dope,” *The Daily Gate City* (Keokuk, IA), May 7, 1915.

³¹ “Investigate Sale of Coke,” *The Tampa Times*, January 21, 1914; “Against Sale of Two Drugs: Mrs. W.K. Vanderbilt, Sr. Would Curtail Cocaine and Heroin,” *The Wichita Beacon*, January 21, 1914; “Mrs. W.K. Vanderbilt to War Upon Drug Evil,” *The Pittsburgh Press*, January 21, 1914; “Investigate Sale of Cocaine,” *Jackson Daily News* (Jackson, MS), January 21, 1914; “Campaign Against Drugs: Mrs. Vanderbilt Interested in Crusade Against Use of Cocaine and Heroin,” *Evening Times-Republican* (Marhsaltown, Iowa), January 21, 1914; “To Fight Sale of Drugs: Mrs. Vanderbilt Institutes Campaign of Investigation,” *The Muscatine Journal* (Muscatine, Iowa), January 21, 1914; “Mrs. Vanderbilt in Nation-Wide Fight on Cocaine Traffic,” *The Gazette* (Cedar Rapids, Iowa), January 21, 1914; “Mrs. Vanderbilt Wars on Cocaine,” *Quad City Times* (Davenport, IA), January 21, 1914;

³² “Crusade on Drugs Backed by Rich Society Woman,” *The Evening World* (New York, NY), January 21, 1914.

The Washington Post reported on January 22nd that Vanderbilt, in her role “as a leader of society,” had “began, through her agents, a war on the drug evil.” She launched her campaign by employing a team of investigators to analyze the problem on the streets of New York City. Vanderbilt had allegedly been “stirred” by reports “of the promiscuous sale and use of cocaine and heroin” and concluded this phenomenon had been enabled by the “failure of the police to enforce the laws or of the courts to inport [sic] them.” She instructed her lawyer, Ernest K. Coulter, to “superintend an investigation into the situation” and then to start “a hard-hitting campaign against the evil, not only in this state, but in all others.”³³

Anne Harriman—or “Mrs. W.K. Vanderbilt”—had built a name associated with the progressive causes of her time. She constructed model tenement housing to inspire better building projects, helped create the Big Sister’s Movement, and generally worked to eradicate poverty. Advocates of her work claimed Vanderbilt’s latest effort would be one of her “most daring campaigns” yet and that she “would carry this drug war through to the end.” A New York Magistrate told Ernest Coulter “to assure Mrs. William K. Vanderbilt, Sr. that he would cooperate with her in every way in her campaign against the promiscuous sale and use of cocaine.”³⁴

Her well-funded operation spurred the police to immediate action. The Chief Magistrate, now under Vanderbilt’s influence, claimed the laws needed to fight the war would “be wide reaching and should include heroin as belonging to the habit-forming drugs.” O.F. Lewis, the general secretary of the Prison Association of New York, offered his support as well, along with

³³ “Mrs. W.K. Vanderbilt Backs Campaign Against Soporific Drug,” *Parsons Daily Eclipse* (Parsons, KS), January 24, 1914.

³⁴ “She Builds Model Buildings to Fight Tuberculosis,” *Wilkes-Barre Leader, The Evening News*, January 18, 1912; “Sanitary Apartments for the Poor,” *Fergus County Democrat* (Lewiston, Montana), March 19, 1912; “Drug War Aid Comes to Mrs. Vanderbilt,” *The Sun* (New York, NY), January 22, 1914.

New York's new health commissioner. She also had the support of the 40,000 pharmacists who made up the state's pharmaceutical association. At their 1914 meeting, Dr. William C. Anderson introduced a resolution commending Vanderbilt's effort and added that before anything could be done to address the growing drug problem, the United States Congress had to pass legislation "affecting the traffic in all states." Headlines across the country proclaimed, "Mrs. W.K. Vanderbilt Starts Crusade against Cocaine and Heroin Sellers."³⁵

Just days after announcing her "crusade" on the drug "menace," *The Washington Post* reported that her fight against the "indiscriminate sale and use of habit-forming drugs" would be carried "to Congress, where national legislation to prevent the evil" would be strongly urged. Ernest Coulter argued that even preliminary reports of the problem in New York City had convinced him that only national legislation curtailing sale and use would suffice. "Since Mrs. Vanderbilt started her crusade," the *Post* continued, Coulter had received numerous letters from "judges and municipal and state authorities in other states offering their heavy cooperation." From as far as Moscow, Idaho, mayors sent notes bemoaning the spread of drugs in their communities and urging her to carry on the battle.³⁶

A week after her declaration of war, the *New-York Tribune* claimed that "a definite move" had been made on "the drug evil" after Coulter gained the cooperation of local federal agents who told him their hands were "absolutely tied through a lack of sufficient laws to cover the evil." Those agents could only act at the federal level where it was demonstrated that opium was "to be used for smoking purposes." That, at the time, constituted the only real restriction on drug use at the national level—the Smoking Opium Exclusion Act, passed hurriedly to gain

³⁵ "Social Leader in Drug War: Mrs. W.K. Vanderbilt Starts Crusade Against Cocaine and Heroin Sellers," *The Washington Post*, January 22, 1914.

³⁶ *Ibid.*

firmer standing in Shanghai in 1909. The agents claimed national drug laws were tragically limited and needed “radical amendment.”³⁷

In March of 1914, along with William Kissam Vanderbilt’s first wife, Miss O.H.P. Belmont, Anne Harriman Vanderbilt extended her drug war to Chicago too. On the Chicago front, Frederick H. Robinson, president of the sociological fund of a New York medical journal, led the charge. Robinson announced that the women intended the campaign to last a year and that it would be entirely funded by Mrs. Vanderbilt and Miss O.H.P Belmont. Back in New York City, three theaters played a new film called “The Drug Terror,” billed as the “Greatest Motion Picture Ever Shown.” It claimed to expose the underworld and was shown “in conjunction with Mrs. W.K. Vanderbilt’s Remarkable National Crusade against the Alarming Cocaine Habit.”³⁸

The film toured the United States, arriving in Rock Island, Illinois, in April 1914. The local paper claimed “for the first time in the history of the world the public is being given a chance to see in all its blackness a true picture of the nation’s scourge—the cocaine habit, through the six-reel photodrama, ‘The Drug Terror.’” The film allegedly showed “in perfect detail the conditions that caused Mrs. Vanderbilt to start her great campaign for the saving of drug-entrapped human souls.” The *Chicago Tribune* suggested that “every local citizen who loves his county, self, relative, friend, or neighbor should see the thrilling photo drama.”³⁹

Mrs. Vanderbilt’s drug war shone an even brighter light on the problem than the Pure Food and Drug Act, the First International Opium Conference in Shanghai, the Smoking Opium Exclusion Act, or the Second International Opium Conference in The Hague. The investigators

³⁷ “Law Bars Federal Aid in Drug War,” *New-York Tribune*, January 28, 1914.

³⁸ “Anti-Drug War Spread: Mrs. Vanderbilt and Mrs. Belmont Now Aiding Chicago,” *New-York Tribune*, March 20, 1914; “Advertisement: The Drug Terror,” *The Evening World* (New York, NY), February 28, 1914.

³⁹ “At the Empire,” *the Rock Island Argus* (Rock Island, IL), April 22, 1914; “Advertisement: The Drug Terrors,” *Chicago Tribune*, April 26, 1914.

she hired argued that 4.5 percent of the United States—or 4.5 million Americans—were addicted to drugs compared to only 4.45 percent of the Chinese population addicted to opium. *The St. Louis Star and Times*, in bold headline font, informed its readers, “American Drug Fiends Outnumber Chinese.” It further lauded Mrs. Vanderbilt’s efforts at urging the passage of a national law that strictly regulated the transportation of cocaine across state lines as a crucial modern development.⁴⁰

As Mrs. Vanderbilt’s war expanded to new fronts, the New York State Assembly passed the Boylan Law, which restricted opium, chloral, morphine, and “other habit-forming drugs.” The act stated that only small amounts of certain drugs could be prescribed and could not be refilled unless the doctor approved. Later that year, Mrs. Vanderbilt attended a meeting discussing the need for a “Farm Colony” in New York to house the addicts that had been revealed since the passage of the Boylan law.

In response to the publicity and growing public concern generated by Vanderbilt’s war on drugs, Congress passed the Harrison Narcotic Act in November of 1914. The Harrison Act—America’s “New Dope Law”—was billed as modern legislation that would “greatly decrease the use of drugs and tend to lessen crime in the country.” After March 1, 1915, all sales of morphine and cocaine without a physician’s prescription were considered illegal and punishable by the law; a law that specifically included opium, cocoa leaves, and all “compound, manufacture, salt, derivative or preparation made from such drugs.” Included on the list were remedies which contained more than two grains of opium, one-fourth grain of morphine, one-eighth grain of heroin, or one grain of codeine.⁴¹

⁴⁰ “American Drug Fiends Outnumber Chinese: One Person in United States Out of Every 23 Uses Some Opiate, Investigators for Mrs. W.K. Vanderbilt, Sr. Discovers,” *The St. Louis Star and Times*, May 16, 1914.

⁴¹ “Making it Harder to Get the Drugs: Buffalo Druggist Agree That New Boylan Law, Restricting Opium and Chloral Sale, Is Good,” *The Buffalo Commercial*, June 25, 1914.

It was not a total prohibition, and physicians continued to prescribe the drugs. They were, however, ordered to pay a one-dollar per year licensing fee. If they refused, those physicians were then subject to no more than a \$2,000 fine, five years in prison, or both. To hasten enforcement of the law, Congress immediately made \$150,000 available to enforce it through the Internal Revenue Service. The bill also required that all medical transactions, from the retail filling of the prescription, to the wholesalers who supplied it, and down to the compounders, had to be properly documented and reported to the government so that it could keep inventory on the national supply. *The Evening Sun* of Baltimore believed that “anyone, no matter how clever” could not evade the law for very long without facing a federal prison sentence. That reality was largely due to ways the government worked closely with “reputable” pharmacies who helped “in seeing that the Harrison Law is not violated.”⁴²

In the meantime, pharmacies adjusted by advertising general compliance with the law. In Wilkes-Barre, Pennsylvania, O'Brien, Apothecary, bought space in the local paper to say that “The Harrison Anti-Narcotic Act goes into effect March 1st, 1915” and that the law would “be welcomed by every reputable druggist, but will deal a death blow to the unfit.” In that sense, it was a more aggressive elaboration of the Pure Food and Drug Act and represented the power an incrementalistic approach to drug reform. Indeed, few, if any, connected the Harrison Narcotic Act to the Pure Food and Drug Act that preceded it nearly a decade earlier. Fewer still connected it with the Smoking Opium Exclusion. In reality, the Harrison bill was a hybrid of the two—a consumer protection that required pharmacists to register with the government and a prohibition on non-medicinal opioids and cocaine. Whereas the Pure Food and Drug Act sought merely to

⁴² “Medical Men Like Harrison Drug Law,” *The Evening Sun* (Baltimore, Maryland), March 6, 1915.

inform the public and gain a modicum of control over the pharmaceutical market, the Harrison Act aimed to directly regulate it.⁴³

The federal government made a show of vigorously enforcing the law. In May of 1915, federal authorities issued sixteen warrants that included 100 people who were charged with “conspiracy to violate the Harrison anti-narcotic act.” They were issued by an Assistant United States District Attorney and an Internal Revenue agent. On one night in Chicago, “physicians and druggists from all sections” of the city “had been arrested” and taken to a regional commissioner, who had kept his office open late into the night to process bond money. The bail for doctors stood at \$5,000 and for pharmacists it was \$2,500. The news spread across the country and the *New York Tribune* exclaimed that “Chicago Gets 100 in Drug Crusade.”⁴⁴

Two weeks later in the same city, police arrested H.L. Eberhard, who managed the drug department of Siegel, Cooper, and Company. Along with Eberhard, they detained W. Henry Matthes, employed by the Auditorium Pharmacy, Joseph Trinens, a pharmacist employed at 65 West Monroe Street, and Dr. W.H. Martin of 321 North Clark Street. They were all released after posting \$2,500 bail. At the same time, a judge released Dr. A. Baxter Miller, of 77 East Washington Street, after his lawyer successfully argued that the illegal prescriptions for drugs bearing his name had been forged.⁴⁵

These men were not what most Americans would consider drug dealers. Joseph Trienens, for example, was the son of German immigrants who made his way from being a clerk in a

⁴³ “New Narcotic (‘Dope’) Law,” *Wilkes-Barre Times Leader*, March 4, 1915.

⁴⁴ “Drug Raid Sweeps Chicago,” *Harrisburg Daily Independent*, May 7, 1915; “Chicago Gets 100 in Drug Crusade,” *New York Tribune*, May 7, 1915. The story spread beyond that: “Chicago Doctors and Druggists Jailed,” *The Billings Gazette* (Billings, MT), May 7, 1915; “Physicians Are Arrested,” *The Anaconda Standard* (Anaconda, MT), May 7, 1915; “Endeavors to Stop Illicit Drug Trade,” *The Salt Lake Herald-Republican*, May 7, 1915; “Chicago Druggists and Doctors Taken in Under Anti-Drug Act,” *The Star Press* (Muncie, IN), May 7, 1915; “Dope Sellers Arrested,” *Pittsburgh Post-Gazette*, May 7, 1915; “After Drug Sellers,” *The Tennessean* (Nashville, TN), May 7, 1915; “100 in Chicago Drug Raids,” *St. Louis Post-Dispatch*, May 7, 1915.

⁴⁵ “Druggist and a Doctor Arrested Under Dope Law,” *Chicago Tribune*, May 19, 1915.

Chicago drugstore to owning it by 1920. He had four kids and, at various points in life, took in his brother, widowed sister-in-law, niece, and widowed daughter and grandchild. Despite his 1915 encounter with the law, he remained in the drugstore business and retired in the 1930s in a house worth \$16,500 (\$250,000 adjusted for inflation) with his wife of many decades, Annie Bullock. W. Henry Matthes, the other pharmacist arrested in the group, had a similar story. He was also the son of German immigrants. He married Amanda Blettner in 1899 and they had one son, Henry A. W. Henry. Like Joseph Trienens, Matthes also worked his way up from an apprenticeship in a drugstore to owner of one. He retired with his wife in a house worth \$16,000 (\$240,000 adjusted for inflation). They were middle-class professionals and first-generation Americans who made good on the promise of their adopted country. For a brief moment in history, however, they were charged as illicit drug dealers under new federal law.

A year after its passage, the United States Department of Revenue claimed that the Harrison Act had done more than expected. Collector Joseph P. Scott argued that the law had “decreased the use of drugs by making them scarcer,” a result that required ongoing collaboration. Agents were not randomly policing pharmacies, he argued. Rather, the bill had effectively marginalized those who sought to evade the law, rewarded those who followed new protocols, and created a situation where the industry basically policed itself. When pharmacists observed one of their colleagues shirking legal responsibilities, the narrative suggested, they reported him or her to the authorities. Because government intervention had worked, the illicit supply of opioids had been greatly reduced while also maintaining sufficient amounts for the medical community to address legitimate needs. The new conditions made the price of the drug “beyond the means of many a poor drug fiend.” Scott also signaled the government’s intentions for the future: “the effect of the Harrison Act will be one of gradual extermination. Within a few

years the price of drugs will be so high and their quantities so small that there will be practically no drug fiends left.” This was what Taft’s committee intended to do in the Philippines. It failed there, and, over time, it could be convincingly argued that it failed at home too.⁴⁶

There were also those who believed it did not go far enough. That sentiment continued to inspire legislative evolution. At a 1916 meeting, the American Pharmaceutical Association declared the federal law too weak and vague. They decried a recent Supreme Court ruling where justices decided that, of those in possession of opium, only subjects actively selling it could be subject to arrest and conviction. Those deemed mere users of the drug—maintaining addictions and not seeking profit from an illicit supply—could be in possession of small amounts. Charles B. Towns, one of the authors of the bill, noted that the “national law should be equally effective” as state laws in prohibiting possession of drugs “if any actual reform is to be accomplished.”⁴⁷

In three crucial cases, the Supreme Court ultimately upheld the constitutionality of the Harrison Narcotic Act, which not only preserved the Smoking Opium Exclusion Act and the Pure Food and Drug Act, but also paved a legal trail for the continued and incremental growth of the Prohibition State. In *United States v. Doremus*, the court ruled that “while Congress may not exert authority which is wholly reserved to the states, the power conferred by the Constitution to levy excise taxes, uniform throughout the United States, is to be exercised at the discretion of Congress.” More important to the continued development of the Prohibition State, the justices concluded that the fact Congress “may have been impelled by a motive, or may accomplish a purpose, other than the raising of revenue” could not invalidate laws like Harrison. That stipulation undercut notions that the government could only intervene in American life in the interest of raising revenue or in the interest of interstate commerce. According to this reading of

⁴⁶ “Law Decreases Use of Drugs,” *San Francisco Examiner*, March 2, 1916.

⁴⁷ “Interpret Harrison Law,” *The New York Times*, June 6, 1916.

the constitution, Congress could pass legislation with a moral goal that had little to do with revenue raising or interstate regulation. Similarly, the Harrison Narcotic Act could not be considered unconstitutional by the mere fact that such laws might “affect the conduct of a business which is subject to regulation by the state police power.”⁴⁸

That ruling had clear ramifications for the prohibition of alcohol. Had the Supreme Court ruled that Congress had no power to govern in the interest of a motive other than raising revenue, it would have created a precedent that would have made the Volstead Act—passed the same year as the *Doremus* ruling—significantly more challenging. The case involved a physician—Doremus—who “unlawfully and knowingly” distributed “one-sixth grain tablets of heroin” to Ameris, a patient, “not in the course of the regular professional practice” of the physician “and not for treatment of any disease which Ameris was suffering.” Rather, Ameris was a known heroin addict and popularly understood to be a “dope fiend” and the drugs prescribed him “for the purpose of gratifying his appetite for the drug as a habitual user thereof.” That verbiage, too, was significant, as it took a measure of discretion away from the physician when prescribing medicine. It was thereafter a federal offense to prescribe a patient opioids or cocaine in order to “maintain” an addiction. Of course, what constituted maintaining an addiction versus relieving pain also became a discretionary matter and would create controversy within medical circles for decades to come.⁴⁹

The next case, *Webb v. US*, involved a practicing physician at Goldbaum’s pharmacy in Memphis. He—Webb—became known for prescribing morphine for habitual users of the drug in order to stabilize their addictions. The court concluded that Webb and Goldbaum, although wholly cooperative with the registration requirements of the Harrison Narcotic Act, nonetheless

⁴⁸ United States v. Doremus, 249 U.S. 86 (1919).

⁴⁹ United States v. Doremus, 249 U.S. 86 (1919).

continued to indiscriminately supply morphine to customers in Memphis with no intention of breaking their habits. The ruling noted that Goldbaum “purchased from wholesalers thirty times as much morphine as was bought by the average retail druggist doing a larger general business, and he sold narcotic drugs in 6,500 instances.” Goldbaum and Webb also wrote and filled repeated prescriptions under fictitious names for the same patient.⁵⁰

The rulings represented a stunning validation of the national government’s approach to drug control. As cocaine spread throughout the medical community alongside morphine in the latter two decades of the twentieth century, the federal government could do little more than observe. Twenty-five years later, Congress had essentially seized control of the drug reform agenda. It placed broad restrictions on the pharmaceutical industry through the Biologics Control Act and the Pure Food and Drug Act, before pursuing a new opium control foreign policy that resulted in the nation’s first outright prohibition of a drug. Finally, the Harrison Narcotic Act nationalized those early state laws aimed at prohibiting the non-medicinal use of morphine and cocaine. This profound legislative pivot created a new Prohibition State that, even with the Harrison Narcotic Act, had not yet peaked.

Conclusion

Four months after the Supreme Court ruled the Harrison Act constitutional, a Republican majority passed the Volstead Act, placing a historic prohibition on alcoholic beverages. It passed 287-100 and was vetoed by President Woodrow Wilson on procedural grounds, but, the House and Senate quickly overrode his veto. Volstead, like Harrison, then made its way to the Supreme Court, which ruled on seven alcohol prohibition cases on June 7, 1920 and grouped them into what is known as the National Prohibition Cases. Relying on legal precedent established in part

⁵⁰ Webb v. United States, 249 U.S. 96 (1919).

through rulings on recent drug laws, the court ruled that the Volstead Act was constitutional as was the enormous power granted to the federal government to enforce it.

The legislative and legal foundation of the Prohibition State had been fully established. A mere twenty years after the true believers in the philosophical wisdom of John Alexander Dowie raided pharmacies in Chicago, a veritable revolution in drug reform policy had occurred. The pharmaceutical practices the women loathed had been reformed through state laws, the Pure Food and Drug Act, and the Harrison Narcotic Act. A new foreign policy centered on the control of the world's opium supply allowed the United States to mold a new international drug policy just as Great Britain once had. The United States declared war on drugs in the opening decade of the twentieth century and, as of 1919, that conflict had been won, at least legally and politically. The medical profession would never regain the control it once had over its profession and the pharmaceutical industry, despite valiant efforts, would fail to free itself of the historic regulations placed upon it during that period. The issue of access to drugs had been fully publicized and politicized and it was a trend difficult—if not impossible—to reverse.

Chapter Five

And Then Came Reefer Madness

In the spring of 1887, in one of the first stories involving “marihuana” to hit the American press, *The Memphis Appeal* reported that Jose Molinez, a young resident of the Mexican state of Zacatecas, died while under the influence of cannabis. After hearing his “girl had been untrue,” he began smoking “several enormous cigarettes of marihuana” with suicidal intent. Afterwards, and for reasons that are not clear from the story, Molinez laid down in a pool where “venomous insects...while he was insensible, destroyed his life.”¹ One month earlier, American newspapers reported about another incident in Zacatecas, in which a corporal in the Second Cavalry “got drunk on the marihuana,” took out a light artillery rifle and forty cartridges and fired on his fellow soldiers and their superiors. After he killed three and wounded five others, “the troops, finding it impossible to capture him, managed to kill him.”² These two reports linking cannabis to violence and temporary insanity foreshadowed media coverage that became commonplace in the early-twentieth century and culminated with the film *Reefer Madness* in 1936.³

Time and again during this period, the American public encountered sensational stories about the menace that cannabis use posed to society. By the 1920s and 1930s, the accumulation of those stories shaped a new political reality in which anti-cannabis legislation seemed urgent

¹ “A Mexican Priest Flogs the Corpse of a Dead Wizard,” *The Memphis Appeal*, April 25, 1887. The same article appeared in *Austin American-Statesman*, April 17, 1887; *The Austin American-Statesman*, again, on April 24, 1887; *Jacksonville Republican* (Jacksonville, AL) May 7, 1887; *The Courier-Journal* (Louisville, KY), May 7, 1887.

² “Scraps and Facts,” *Yorkville Enquirer* (York, South Carolina), March 30, 1887. The story also appeared as “Drunken Work of a Bloody Corporal,” in *The Evening Bulletin* (Maysville, Kentucky), March 21, 1887; *The Times and Democrat* (Orangeburg, South Carolina), March 30, 1887; *Troy Messenger* (Troy, Alabama), March 31, 1887; *Austin Weekly Statesman*, April 28, 1887.

³ “A Mexican Priest Flogs the Corpse of a Dead Wizard,” *The Memphis Appeal*, April 25, 1887. The same article appeared in *Austin American-Statesman*, April 17, 1887; *The Austin American-Statesman*, again, on April 24, 1887; *Jacksonville Republican* (Jacksonville, AL) May 7, 1887; *The Courier-Journal* (Louisville, KY), May 7, 1887

³ “Scraps and Facts,” *Yorkville Enquirer* (York, South Carolina), March 30, 1887.

and long overdue. How did these alarmist narratives, entirely detached from the science framing cannabis as a relatively benign substance too weak for medical use, become so prominent in the early-twentieth century? This work suggests that the public alarm about marijuana use, which manifested in the “Reefer Madness” narrative, resulted from a complex set of factors, including longstanding social anxiety about an evil side to human nature, fears that marijuana use unleashed that darker aspect of human behavior, concerns about the spread of drugs due to an opioid crisis that still challenged the medical community, and social prejudice against Mexicans.

By the time the “Reefer Madness” narrative gained prominence in the media, the public had already been exposed to a morphine crisis, the spread of cocaine, and the rise of heroin use on the streets of the United States. In response to this larger narcotic crisis, one centered primarily on opioids, the American public abandoned any sense of tolerance towards drug use. At the peak of this intolerance, marijuana, the Mexican name for cannabis, began entering the country from the Southwest and was immediately associated with Mexican immigrants. Consequently, this “loco-weed,” a raw and less powerful form of cannabis than what Americans found in medicinal tinctures sold in pharmacies, received a disproportionately intense response.

A far more pronounced sensationalism distinguished coverage of marijuana from that of morphine, cocaine, and heroin. In the late-nineteenth century, it was difficult to deny that middle-class women, for example, were addicted to intravenous morphine use. While the press may have overcovered those incidences, fundamental truths guided reporting. That was not always the case in stories of alleged marijuana addiction. The idea that cannabis caused short term hallucinations had existed for centuries, but there was no evidence that those delusions led to rape, murder, and an inexplicable desire to upend civilized society. The media nonetheless began to report those theories as fact. It became a “loco-weed”—a portal to instant madness.

Indeed, the stories also seemed to draw on the Gothic fiction of the Romantic era, featuring novels like *Frankenstein* and *The Strange Case of Dr. Jekyll and Mr. Hyde*, and blurred the lines between fiction and reality. Ultimately, the coverage of marijuana during this period sought to sway audiences by appealing to long held anxieties and emotions regarding substance abuse. A clear recitation of the facts regarding the substance and its impact became a very secondary goal.

The literature on Reefer Madness in the United States is often as sensationalistic as the stories that propelled the phenomenon itself. Popular explanations harbor a distinct conspiratorial tone. The marijuana hysteria, journalists have suggested, came as the result of a corporate coup of public policy or were due to the delusions of a single man—Bureau of Narcotics Chief Harry Anslinger—who forced the nation into marijuana prohibition. Moreover, these popular accounts have gained credibility and acceptance in the absence of sustained scholarly analysis of the subject.⁴

The historical literature on “Reefer Madness” in the United States is underdeveloped. With the exception of Isaac Campos *Homegrown: Marijuana and the Origins of Mexico’s War on Drugs*, there is little scholarly focus on the cannabis-related hysteria that swept the United States in the early-to-mid nineteenth century. Campos locates the origins of cannabis anxiety in the Mexican press of the early-twentieth century and argues that the sensationalist coverage migrated northwards and ultimately influenced American perceptions of the drug. Campos work complicates and complements an established narrative that the twentieth century response to

⁴ For an example of the popular and more journalistic accounts of Reefer Madness that have influenced the narrative, see: Larry “Ratso” Sloman, *Reefer Madness: A History of Marijuana* (New York: St. Martin’s Griffin Press, 1979); Alexandria Chasin, *Assassin of Youth: A Kaleidoscopic History of Harry J. Anslinger’s War on Drugs* (Chicago: University of Chicago Press, 2016); Johann Hari, *Chasing the Scream: The First and Last Days of the War on Drugs* (New York: Bloomsbury, 2015).

marijuana was entirely rooted in a xenophobic reaction to Mexican immigration to the United States in the 1910s.⁵

While this work does not challenge the claim that anxiety over Mexican immigration fueled Reefer Madness in the United States, it nonetheless seeks to put the topic in deeper historical context. For example, Eastern physicians claimed the recreational use of cannabis caused insanity as early as the fifteenth century. In England, cases of temporary insanity due to alcoholic intoxication proliferated in the early-to-mid nineteenth century just as “hasheesh” confessionals portrayed cannabis as an agent that produced a profound loss of senses. These examples then intersected with a style of literature that increasingly focused on the possibility of losing one’s mind and inadvertently unleashing a darker side of humanity on the general public. Then, in the late-nineteenth century, British officials argued that recreational cannabis use amongst Indian laborers led to an unprecedented number of mental patients in Indian asylums.

This work concludes that the narratives responsible for Reefer Madness in the United States were the result of a global collaboration. It suggests that in early-twentieth century America, those storylines collided with a sensationalist press, an already established drug epidemic, and a wave of Mexican immigration, and attained new power. Although it relied heavily on centuries old theories about intoxication, madness, and the capacity for evil all humans were assumed to have, the marijuana madness of the mid-twentieth century reinforced public support for a vigorous Prohibition State, which proved especially important in the aftermath of the end of alcohol prohibition.

⁵ Isaac Campos, *Homegrown: Marijuana and the Origins of Mexico’s War on Drugs* (Chapel Hill: University of North Carolina Press, 2012); The scholarship on marijuana panic in the United Kingdom puts the topic in larger context. See: James H. Mills, *Cannabis Britannica: Empire, Trade, and Prohibition* (Oxford: Oxford University Press, 2003); James H. Mills, *Cannabis Nation: Control and Consumption in Britain, 1800-1928* (Oxford: Oxford University Press, 2013).

Pre-Victorian Alcoholic Violence, Hasheesh Visions, and Cannabis Induced Colonial Insanity

In 1787, *The Times* of London offered a meditation on excess and sin. “Vice is decked in all the gaudy apparel of fine taste,” it opined, pointing out that “here”—in the metropolis, where vice commonly dressed up as sophistication—there were “numbers of unhappy prostitutes.” In their “reflecting moments,” the women sincerely regretted that loss of virtue they could never regain. They were unable to maintain any consistent devotion to improvement, however. As the *Times* put it, they were “incapable of bearing the force of their sober reflection” and thus sought to drown the unpleasantness of that clarity by indulging in “every species of excess.” When their spells of “temporary insanity” ended, “terrible [were] the thoughts these unfortunate beings experience.” It was a classic tale central to Christian ideology and it spoke to the travails of overcoming the human condition, which was often guided by original sin. The narrative served as an early rendition of the plot to Jekyll and Hyde where “sober reflection”—Dr. Jekyll—appeared as a form difficult to maintain; one that gradually gave way to that monster Hyde, or a plunge into “every species of excess.”⁶

In a pre-Victorian society, in which the spiritual and material world seamlessly interacted, great importance was placed on mental stability, temperance, and a sense of diligence in performing good works. Social critics, clergy, and the legal system consistently presented the mind as a fragile and unpredictable agent capable of producing all varieties of social evil. These notions characterized public thought in the western world as it transitioned from the eighteenth to nineteenth centuries. In the United States, for example, the Salem Witch Trials, which had occurred less than a century before, still weighed on the minds of early American commentators. They grappled with its legacy and attempted to learn from it. What did it signify? To them, it

⁶ “To the Reformer,” *The Times* (London, Greater London, England), October 22, 1787.

pointed to that deathless societal instinct to privilege folkloric impressions of the world and express them in a kind of mass delusion which often led to grave consequences.

After outlining the array of horrific executions following those famous trials, a writer for *The Rural Magazine; or Vermont Repository*, argued in 1795 that “such was the credulity, delusion, and infatuation of those times that in the year 1690 a scene opened up and plunged the whole province into horror and bloodshed.” To the author of the piece, who went simply by the letter H., it was an example of the unbelievable horror that could come from a false mental formation allowed to take hold of the community. The whole scene, to this writer, was a classic moral panic with devastating consequences. “The business of witchcraft was begun at Salem,” H. continued, and then it proliferated until “the most intimate friends, children and parents, wives and husbands, became accusers and witnesses against each other.” Even worse, “the magistrates, courts, clergy, and people, were carried away with infatuation: delusion, iniquity, and revenge” That fixation then “carried the accusers to the prisons, and the prisoners to the gallows.”⁷

H. and *The Rural Magazine* were one of several publications in the late-eighteenth and early-nineteenth centuries still processing the social lessons of that event. Embedded in those startling moments seemed to be a moral about maintaining mental stability and the importance of isolating and marginalizing irrational or delusional thoughts before they could take hold. H. noted that “when their reason returned, they were astonished at their former madness and outrage” and even the “courts and clergy had no more wisdom than themselves.” H’s writing mirrored *The Times*’ analysis of unhappy prostitutes, who fell into the comfort of sin; a sin that, after passing, gave way to tremendous guilt and bewilderment. It was, it seemed, an inherent part of what it meant to be a human; to err—oftentimes violently and reprehensibly—before taking

⁷ H. “Spirits, Ghosts, and Witches,” *The Rural Magazine; or Vermont Repository. Devoted to Literary, Moral, and Political Improvement*; Rutland, June 1, 1795: 317.

up the work of making amends and setting it right. H. finally arrived at a startling conclusion: the Salem Witch Trials and its lessons had still not been “eradicated from the minds of the gloomy, fearful, and ignorant.” In the year 1748, in Wurzburg, Germany, an elderly lady had been convicted of witchcraft and burned at the stake. A similar event, which H. did not elaborate upon, had also occurred in the United States.⁸

In an age allegedly reborn with notions of enlightened liberty, with a successfully separated church and state, another primal force seemed to linger beneath the surface and it reminded all that the human condition did not change so suddenly. Illustrating that tendency in 1797, *The Methodist Magazine* reported “an extraordinary circumstance” which it claimed could be depended on as “an absolute fact.” It involved a twenty-year-old Scottish girl who had a dream about a local woman the town considered to be a witch. She dreamt the witch had put a spell on her and the next day she began to suffer from inexplicable convulsions that plagued her for weeks. The story was to be continued, but it never was.⁹

In Germany, Scotland, England, and the United States, occasional stories of witchcraft illustrated the staying power of widescale social fantasy. To many writers, that was certainly the case with those who failed to learn the lessons of the Salem Witch Trials. They were deemed stubborn, delusional, and dangerously superstitious. The idea of resisting that line of thinking became more of an imperative and critics felt it required the development of a mind devoted to suppressing the hidden and animalistic aspects of human nature. An American magazine—*The Portfolio*—argued in the summer of 1810 that “there is no property of human nature that excites risibility on fairer terms than our total blindness to those follies and vices which form the dark

⁸ H., *The Rural Magazine*, 317.

⁹ “Witchcraft,” *The Methodist Magazine, Containing Original Sermons, Experiences, Letters, and Other Religious Pieces*, Philadelphia, March 1797.

shades of our character.” That darkness of personality threatened to “diminish and oftentimes ruin the value of our good qualities” while exciting the “pity of our friends and the ridicule and contempt of our enemies.”¹⁰

It was a pre-psychiatric age; or, perhaps better put: a full generation before a pre-psychiatric age. Whether it came in the form of the Salem Witch Trials, the deathless idea that individuals could be possessed by the devil and required exorcism, or even that it was possible to transform into werewolves, folk beliefs about the nature of sanity and identity dominated from medieval times well into the twentieth-century.¹¹

It counterbalanced any sense of unfettered social progress. Even in industrializing and urbanizing New York City in 1897—a full century after these reconsiderations of witch trials—those ideas could still emerge. That year, James Rubinstein, a resident of the city, considered himself to be a werewolf and took to walking “on all fours” while barking and howling at the moon. He was eventually reported and taken to Belleville Hospital for treatment. The newspaper considered it a delusion and explained to its readers that “a werewolf was in legendary lore supposed to be a human who, having given some offense to some supernatural being, was metamorphosed by the latter into the shape of a wolf.” The person retained “their soul” and its “human attributes, passions, hopes and desires,” but in physical form, they existed as a beast. It also argued that “in the middle ages the belief in the existence of werewolves was general” and that “seemingly well attested instances were cited, and in some parts of Germany that belief [had] come down to this day.”¹²

¹⁰ “The Table D’Hote, No. V: Self-Delusion. Etymology,” *The Port-Folio* (June 1810): 519.

¹¹ H. Westernik, “Demonic Possession and the historical construction of melancholy and hysteria,” *History of Psychiatry*, September 2014; William Menzies Alexander, *Demonic Possession in the New Testament: its relations, historical, medical, and theological* (SI: Forgotten Books, 2015); Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca, NY: Cornell University Press, 2003); Sarah Ferber, *Demonic Possession and Exorcism in Early Modern France* (Ann Arbor, Michigan: ProQuest, 2013).

¹² “Rubinstein’s Delusion: He Thinks he is a Werewolf and Acts Like One—Overwork the Causes,” *Wilkes-Barre*

In the early-nineteenth century, the critiques of “delusions” and a call for greater mental self-control easily commingled with a nascent movement for alcohol temperance. It is difficult to accurately reconstruct the extent of alcohol related violence and crime in pre-Victorian society, but the news coverage suggests it was a significant problem. In an 1811 story resembling the Drunken Corporal of Zacatecas, a Scottish man, “formerly in the army,” attempted to kill his wife and, after failing, “put to death one of his children, a fine boy of four years of age, by repeated wounds in the head and body.” He was arrested and after consulting his lawyer claimed “he was at the time in a state of intoxication, which, in his case, always [created] a temporary insanity.” The notion of temporary madness, thereafter, gained social acceptability and while it had been defined legally, the basic storyline remained relatively consistent with Christian notions of momentarily straying from God’s will only to return with a deep sense of remorse and shame.¹³

Tales of alcoholic violence dominated British news in the early-nineteenth century just like drugs and madness would the American press of the early-twentieth. In Truro, England, in 1815, John Sims, a soldier, killed a police officer who tried to disarm him during a fight. The victim, Burnett, according to the judge’s record, was, “in the capacity of a Peace Officer” using his “utmost endeavours [sic]” to prevent Sims from “committing that mischief” which he, through his “intoxication and temporary insanity at that time was capable of doing.” The judge regretted that Sims seemed wholly unprepared to deal with the consequences of his crime, but the “circumstances of [his] intoxication” was no “extenuation” of his guilt. The judge felt it was

Times Leader, The Evening News, Wilkes-Barre Record, October 21, 1897.

¹³ There is a deficit in the literature on pre-Victorian alcoholism and its social impact. For a cursory view, see: Thomas L. Reed, *The Transforming Draught: “Jekyll and Hyde,” Robert Louis Stevenson and the Victorian Alcohol Debate* (Jefferson, NC: McFarland, 2006); Henry Yeomans, *Alcohol and Moral Regulation: Public Attitudes, Spirited Measures, and Victorian Hangovers* (Bristol: Policy Press, 2004); “Private Correspondence,” *The Caledonian Mercury* (Edinburgh, Scotland), September 23, 1811.

his duty, which he considered painful, to deliver the sentence Sims himself had “drawn down upon [his] own head.” Sims was then encouraged by the judge to make peace with a God that he had so “grievously offended.”¹⁴

The notion of temporary insanity became an explanatory tool most used in incidences of suicide where there was a short trial (as suicide was considered a crime) and the only victim was the person who had been indicted. In the summer of 1817, Captain George Washington Hutchins, had recently “thrown himself overboard from the sloop Friendship.” After questioning all those onboard the ship the court, “it satisfactorily appeared” to the court and jury “that the death of Captain H. was solely owing to temporary insanity.” In other words, these investigations were pursued to ensure it was merely an outbreak of inexplicable madness and not, for example, a homicide, accidental poisoning, or a reasoned decision to take one’s life. Average and seemingly well-adjusted citizens did not, after all, throw themselves off ships to their own deaths. It was, to them, common sense to label it an outburst of madness and in a judicial environment based on intuition and instinct, temporary insanity became a broad and elastic term.¹⁵

That was evident on a Saturday night in March of 1825, when the Honorable J.H. Stanhope, of Waterford, Ireland, was found hanging from the rafters in an outbuilding used for cattle on the property of the Earl of Mansfield in Northern England. A Coroner’s jury was immediately summoned and they met at Fox-under-the-Hill Public House in Highgate at ten o’clock Monday morning. J. Wheeler, Stanhope’s aide, reported that he had last seen the Colonel at four o’clock that Saturday and, when he did not appear for dinner at seven, he went searching for Stanhope. As the family ate dinner without him, many suspected he had gone back to town in

¹⁴ “Second Day,” *The Royal Cornwall Gazette, Falmouth Packet, and General Advertiser*, April 22, 1815.

¹⁵ “Wilmington, (NC) June 14,” *The Evening Post* (New York, New York), June 23, 1817.

order to address paperwork associated with a house he had purchased that day. Lord Mansfield ordered carriages to check the town for his whereabouts and when they returned without leads, the mansion at Caen Wood began to panic. A search party formed and eventually found him “not quite cold,” but lifeless.

Stanhope, a war veteran and a Member of Parliament for Dartmouth, had hanged himself. After gathering all information, the Coroner’s office determined that he suffered from a momentary insanity caused by the lingering pain of an old war injury. While fighting the French in the Basque Region in 1813, he had been shot through the shoulder during the Siege of St. Sebastian. The wound had never properly healed and, years later, excruciating pain suddenly seized his body. In the weeks before his suicide, he began to lose sleep because of the pain and often sat motionlessly throughout the day for hours. The Coroner thus concluded that “the pain and nervous irritation, created by the wound, acted upon by mental causes” most likely induced temporary insanity. His wife, the eldest daughter of Lord Mansfield, had also died two years earlier and that, friends observed, was when the pain from his war wound began to significantly flare. He was thirty-nine years old when he died and even though his death was most likely due to mental illness brought on by heredity, grief, or pain, it was ultimately attributed to temporary madness.

These varied tragedies, likely caused by depression, personality disorders, post-traumatic stress, and chemical dependencies, were neatly arranged under the idea that individuals were prone to a short-lived and difficult to explain form of madness that often led to violence—visited on oneself, family, or strangers. Whether or not the person demonstrated signs of actual mental illness was not determined by a doctor, but rather by untrained judges and juries. Their willingness to determine that “temporary insanity” played a part in the crimes depended largely

on social standing of the perpetrator, the severity of the crime, and whether or not it was a case of suicide. In the case of suicide, juries nearly always and unanimously declared it a situation of temporary madness.¹⁶

While the practice was widely accepted in British and American courtrooms, it was not completely without critique. In 1830, London's *The Examiner* questioned the court's leniency on the topic. "Nothing can be stupider than this common indulgence for intoxication," it began before asking "what consolation is to an individual that his head has been broken, or ears of his wife or sister polluted by the obscene [sic] ribaldry of a ruffian in a state of frenzy from drunkenness?" The paper continued by declaring that "the excuses allowed for inebriety" were "encouragements to inebriety." It concluded that if the drunken individual "chose [sic] to part with his reason, he should be made answerable for all the consequences of his temporary insanity." Even with this critique, the notion that an intoxicated person driven to violence was

¹⁶ "Cornwall Summer Assize," *The Royal Cornwall Gazette, Falmouth Packet, and General Advertiser*, August 25, 1821; "F. Screiber, Esq.," *The Morning Post* (London), July 22, 1824; "Miscellanies," *The Bury and Norwich Post* (Bury, Suffolk, England), September 8, 1824; "Police," *The Observer* (London), July 17, 1825 and July 18, 1825; "Suicide," *The Morning Chronicle* (London), January 19, 1826; "Coroner's Inquest," *The Morning Chronicle* (London), April 28, 1826; "Suicide," *The Morning Post* (London), October 27, 1826; "Serious Outrage," *The Standard* (London), September 8, 1827; "Poisoning," *The Observer* (London), November 26, 1827; "Mulum in Parvo," *The Newcastle Weekly Current* (Newcastle Upon Tyne), June 14, 1828; "Cutting and Maiming," *The Morning Chronicle* (London), September 15, 1828; "Beverley" *The Hull Packet; and East Riding Times*, October 14, 1828; "Fatal Accident," *The Yorkshire Herald and the York Herald* (York, North Yorkshire, England), October 25, 1828; "Suicide," *The Hull Packet; and the East Riding Times* (Hull, East Yorkshire, England), October 28, 1828; "Inquest," *The Observer* (London), March 8, 1829; "Coroner's Inquest," *The Times* (London), March 9, 1829; "Coroner's Inquest," *The Standard* (London), March 9, 1829; "Suicide," *The Manchester Times and the Salford Advertiser and Chronicle* (Manchester, Greater Manchester, England), June 20, 1829; "Deliberate Suicide," *The Morning Chronicle* (London), September 9, 1829; "Suicide," *The Hull Packet; and East Riding Times* (Hull, East Yorkshire, England), September 29, 1829; "Coroner's Inquest," *The Morning Chronicle* (London), October 21, 1829; "Melancholy Suicide," *The Observer* (London), November 1, 1829; "Dreadful Event," *The Bristol Mercury and Daily Post, Western Countries and South Whales Advertiser* (Bristol), December 1, 1829; "Two Cases of Suicide," *Belfast News-Letter* (Belfast, Antrim, North Ireland), December 4, 1829; "Sir Walter Scott," *The Standard* (London), January 12, 1830; "Suicide of a Park Keeper in Greenwich Park," *The Observer* (London), January 24, 1830; "Matricide and Suicide," *The Hull Packet; and East Riding Times* (Hull, East Yorkshire, England), March 2, 1830; "Shocking Occurrence," *The Bristol Mercury and Daily Post* (Bristol), March 9, 1830; "Suicide by a Female," *The Observer* (London), May 17, 1830; "Suicide," *The Bristol Mercury and Daily Post* (Bristol), June 22, 1830; "Shocking Accident," *The Freeman's Journal* (Dublin, Ireland), June 22, 1830; "Marlborough Office," *Leicester Chronicle*, June 26, 1830; "London: June 21st," *The Newcastle Weekly Current*, June 26, 1830.

momentarily insane was not questioned. The counterpoint centered on the question of who was responsible for his madness. Was it society, the alcohol, or the man or woman themselves? The notion that they were transformed—like a witch or a werewolf—into a social aberration was accepted as a given.¹⁷

The Dublin Penny Journal told the story of a once prosperous lawyer who was known to dress well and exhibit good character. Until he became an alcoholic, that is. Thereafter, he gradually transformed into a different being. He went from a stylish middle-class professional to a person who wore clothes “besmeared with mud, from his rolling in the streets, or torn to ribbons in his furious fits.” The young boys of the town—for their own amusement—often followed him and “provoked a feeble and unavailing retaliation” while “females fled his approach, for his besotted faculties were void of even the slightest sense of decencies required by civilized life.” Often, locals lifted him up, “bruised and bleeding from the floor of the shop or the pavement of the street” after he had fallen “from excess of drunkenness.” Eventually, he died, “half-mad, half drunk.” It was, again, the transmutation of a functioning citizen into a social menace; one who attempted assaults on local children who tormented him for his appearance; a sad case who had to be lifted off the floor of the taverns and streets he often collapsed in.¹⁸

The prevailing understanding was that intoxicants transformed personalities and facilitated those dreaded detours into the dark enclaves of the unchristian mind (where original sin ruled). This distrust of intoxication, however, was not necessarily unique to Britain, the United States, or even to alcohol. In Irish physician William O’Shaughnessy’s celebrated piece, “On the Preparation of Indian Hemp, or Gunjah,” first published in 1843, he noted a similar eastern distrust of cannabis that had centuries of precedent. In O’Shaughnessy’s work, he

¹⁷ “Outrage Encouraged by Lenity,” *The Examiner* (London), July 18, 1830.

¹⁸ Martin Doyle “On Dram-Drinking,” *The Dublin Penny Journal*, July 27, 1833.

extensively quoted Egyptian historian Al-Maqrizi, who wrote at the turn-of-the-fifteenth-century that cannabis caused “general corruption of sentiments and manners” and argued that “every base and evil passion was openly indulged in” after even mild consumption.¹⁹

Al-Maqrizi also described the contrary effects of the substance, writing that, at first, it exhilarated “the spirits, [caused] cheerfulness, [gave] color to the complexion, [brought] intoxication, [excited] the imagination into the most rapturous ideas, [produced] thirst, [increased] appetite, [excited] concupiscence.” After these emotional and physical highs, however, consequences emerged just as they did in alcohol intoxication. “The spirits [sank], the vision darkens and [weakened]; and madness, melancholy, fearfulness, dropsy, and such like distempers, [were] the sequel—and the seminal secretions [dried] up.” He further argued that continued use led to “weakness of the digestive organs,” “flatulence, indigestion, swelling of the limbs and face, change of complexion, diminution of sexual vigor, loss of teeth, heaviness, cowardice, depraved and wicked ideas; skepticism in religious tenets, licentiousness, and ungodliness.” In short, Middle Eastern views of cannabis from the eleventh through the fifteenth centuries resembled conclusions drawn about the overconsumption of alcohol in early-nineteenth century London.²⁰

In the 1820s, Thomas De Quincey’s essays on drug abuse—later compiled into the wildly popular novella *Confessions of an Opium Eater*—popularized the notion that drug use inspired the birth of a darker side of the personality. In one of the first reviews of the work—in *The Freeman’s Journal* of Dublin, Ireland—the paper claimed “of the incidents in this narrative, we cannot pretend to offer any abstract; they detail the circumstance under which a sufferer was

¹⁹ W.B. O’Shaughnessy, “On the Preparations of the Indian Hemp, Or Gunjah,” *Provincial Medical Journal and Retrospect of the Medical Sciences*, Vol. 5, No. 122, January 28, 1843.

²⁰ *Ibid.*

induced to seek relief and afterwards enjoyment from opium.” It then reiterated a theme that surrounded issues of substance abuse and noted that “a terrible retaliation followed. Opium possessed him like an evil spirit, and it made the night the time of its most exquisite inflictions.”²¹

Opium, like alcohol, led to a form of insanity that overthrew De Quincey’s rational and scholarly mind. It struck at night and took control of the body and mind like the devil often did. Similar to those who alleged that witches lived amongst them, De Quincey had nightmares that haunted “him with horrors, of which no language but his own [could] give an adequate idea.” De Quincey, in a nod to St. Augustine’s *Confessions*, outlined the damage opium did to his life, mind, and body and, in doing so, created a new genre of literature: the drug confessional. After a resurgence in the mid-nineteenth-century, this style of confessing to one’s misdeeds—in this case pursued in a form of intoxicated insanity—became a significant subgenre in American literature. In the stories, hashish, opium, chloral, alcohol, and even sometimes tea and coffee, served as a kind of supernatural agent—an avatar for the devil—that derailed the user. In the confessional, however, the writer (like St. Augustine) survived the delusions and then detailed them after having been restored to good health and rationality. Like the lyrics to “Amazing Grace,” written a few decades earlier in 1779, the writers were grateful that “a wretch” like them who had “once been lost” finally was found. In the beginning of the confessional they were blind and by the end they could see again.²²

Twenty-years later, Jacques Joseph Moreau and his *Les Club des Hachichins* ingested cannabis and documented their reactions in emulation of De Quincey. These experiments led to the 1845 publication of Moreau’s most significant work *Hashish and Mental Alienation*, which

²¹ “The Opium Eater,” *The Freeman’s Journal*, November 7, 1821.

²² *Ibid.*

cast cannabis as an “agent provocateur” capable of inciting activity in the brain that resembled mental illness. By doing this, he theorized, a sane person could manually trigger the mind into a form of temporary insanity that could then shed light on the causes of mental illness and potentially lead to better treatments.

In American writer Bayard Taylor’s “The Vision of Hasheesh,” the author wrote that “the sense of limitation—the confinement of our senses within the bounds of our own flesh and blood—instantly fell away.” He then noted it was “difficult to describe this sensation, or the rapidity with which it mastered me.” In his state of “mental exaltation,” which he had been “plunged into,” “all sensations, as they rose, suggested more or less coherent messages.” His brain, however, showed them in “double form—one physical, and therefore to a certain extent tangible; the other spiritual and revealing itself in a succession of splendid metaphors.” It walked that thin line the genre had drawn between romanticizing the use of the drug, confessing the sin, and outlining the horrific highs and lows it inspired. Even though Taylor did not lose total control, he still entered a realm where it was clear to him the substance would “master” him if he continued to use it. In Fitzhugh Ludlow’s *The Hasheesh Eater*, he acknowledged becoming a “slave of the hasheesh” and “by the aid of this wizard of plants” he “fabricated” a “palace of alternating pleasure and torture.”²³

The most famous portrayal of mental and bodily transformation—*The Strange Case of Dr. Jekyll and Mr. Hyde* written by Robert Louis Stevenson—was published in January of 1886, sixteen years after Ludlow’s untimely death. It also arrived one year before American papers began printing the marijuana related madness in Mexico and it famously captured the horror of transmutation in the life of an everyday character: Dr. Henry Jekyll. The classic novel centers on

²³ Bayard Taylor, “The Vision of Hasheesh,” *Putnam’s Monthly Magazine of American Literature, Science, and Art*, Vol. III; No. XV (April 1854).

Jekyll's ingestion of a substance he created to unleash that darker and less restrained element of his personality. Mr. Hyde is introduced as the bodily manifestation of that dark spirit all assumed lived within them. Moreover, it was a pharmaceutical product that brought him out. In the first description of Hyde, the observer claims "there is something wrong with his appearance; something displeasing, something down-right detestable. I never saw a man I so disliked, and yet I scarce know why." Mr. Hyde gave a "strong feeling of deformity" and was an "extraordinary looking man." Dr. Jekyll's transformation into Mr. Hyde revealed to the world in human form what lurked in the imagination of a handsome and respected doctor. A friend who knew Jekyll throughout his life claimed that Mr. Hyde "seems hardly human! Something troglodytic" and that he was "the mere radiance of a foul soul that thus transpires through, and transfigures, its clay continent." He told his friend "O my poor old Harry Jekyll, if I ever read Satan's signature upon a face, it is on that of your new friend."²⁴

In the last chapter entitled "Henry Jekyll's Full Statement of the Case," the doctor confessed, "hence it came about that I concealed my pleasures; and that when I reached the years of reflection, and began to look round me and take stock of my progress and position in the world, I stood already committed to a profound duplicity of life." He thus set about to sever "those provinces of good and ill which divide and compound man's dual nature." Here, then, is a return of that timeless concern about the double nature of humanity and the ongoing struggle to suppress that side in possession of humankind's original sin. In Stevenson's last chapter, Jekyll takes on the role of St. Augustine, Thomas De Quincey, Bayard Taylor, and Fitzhugh Ludlow. "Though so profound a double-dealer," Jekyll continues, "I was in no sense a hypocrite; both side of me were in dead earnest; I was no more myself when I laid aside restraint and plunged in

²⁴ Robert Louis Stevenson, *The Strange Case of Dr. Jekyll and Mr. Hyde*, New York: Charles Scribner and Sons, 1886.

shame, than when I laboured [sic] in the eye of day, at the furtherance of knowledge or the relief of sorrow and suffering.” The doctor engaged in a “perennial war” against himself, fought by the “moral and intellectual” side which “drew steadily nearer to that truth” which was “that man is not truly one, but truly two.”²⁵

Stevenson wrote Jekyll’s confession during the onset of America’s first opioid epidemic and in the aftermath of the popularity of the hashish confessional. The influence of those social and literary trends was evident as he continues the narrative. Jekyll writes, “For any drug that so potently controlled and shook the very fortress of identity, might, by the least scruple of an overdose or at least inopportunity in the moment of exhibition, utterly blot out that immaterial tabernacle which I looked to it to change.” That “immaterial tabernacle” of social custom and a deep devotion to the ascendant manners of the Victorian period could be, Jekyll realizes, overthrown by ingesting a narcotic. “I had long since prepared my tincture,” he writes and—like an opium addict—“purchased at once, from a firm of wholesale chemists, a large quantity of a particular salt which I knew, from my experiments, to be the last ingredient required.”²⁶

This drug, possessed with the power of giving birth to Mr. Hyde, worked just as opium did for De Quincey and hashish for Ludlow; it mirrored Arabic writers’ descriptions of how initial cannabis use caused great joy in those hours and days before the full consequences arrived. His “agonies began swiftly to subside” and he came to himself “as if out of a great sickness.” There was “something strange” in his sensation—“something indescribably new and, from its very novelty, indescribably sweet.” He felt “younger, lighter, happier in body” and then a “current of disordered sensual images” ran like “a millrace” in his “fancy.” He no longer felt the burden of responsibility. He also knew himself “at the first breath of this new life, to be more

²⁵ Ibid, 75-77.

²⁶ Ibid, 78.

wicked, tenfold more wicked, sold a slave to [his] original evil.” Dr. Jekyll had taken a drug that almost immediately shed off those manners he had learned through the civilizing process and returned to a state of original sin. In the Victorian Era, an immediate return to what Jekyll described as the “original evil” was a horrific idea.²⁷

Jekyll then compares himself to an alcoholic. “I do not suppose that, when a drunkard reasons with himself upon his vice, he is once out of five hundred times affected by the dangers that he runs through his brutish, physical insensibility.” Neither had he. His “devil had long been caged” and it “came out roaring.” Ultimately, however, Jekyll was no longer able to control Hyde. It was like an addiction and Jekyll became “a creature eaten up and emptied by fever, languidly weak both in body and mind, and solely occupied by one thought: the horror of my other self.” It got worse as Hyde resisted Jekyll’s attempt to get rid of him. Hyde’s “terror of the gallows drove him continually to commit temporary suicide.” Hyde loathed how far Jekyll had fallen and resented the “dislike with which he was himself regarded.” He then completely took over through “ape-like tricks” and scrawled “in my own hand blasphemies on the pages of my books” after burning portraits of Jekyll’s father. Hyde was nihilistic and would have long ago “ruined himself in order to involve me in the ruin.” In a moment in which Dr. Jekyll had clarity enough to express his own thoughts, he wrote the confession that ended with the realization that he would have to “bring the life of that unhappy Henry Jekyll to an end.”²⁸

The Strange Case of Dr. Jekyll and Mr. Hyde captured the feelings of an era in which anxiety over the social control of public spaces peaked. Two years after the publication of the book, in fact, Jack the Ripper, notorious British serial killer, took his first victim. Literary critic Jenny Davison writes that actor Richard Mansfield, who played Dr. Jekyll and Mr. Hyde in a

²⁷ *The Strange Case of Dr. Jekyll and Mr. Hyde*, 80.

²⁸ Stevenson, *Jekyll and Hyde*, 78.

travelling opera, was momentarily accused of the crimes by a journalist suspicious of how thoroughly he could transform into the character for the stage. The play, by all accounts, utterly terrified audiences who—at least in London—walked home from seeing it in a new reality that included Jack the Ripper. “Just as Mansfield’s performance blurred the boundaries between theater and real life, so too, did Stevenson’s tale seem paradoxically to invent the figure of the modern serial killer.” The serial killer also lived a double life; a respectable citizen and oftentimes loving parent and spouse by day and social pariah by night; maneuvering tactfully through the dark spaces of the city to indulge in unspeakable desires very much like a junkie.²⁹

Robert Louis Stevenson’s book, which elaborated on the opium and hashish confessionals, combined with concerns over insanity and the dual nature of men and women to exacerbate a well-established fear of duplicity in the public sphere. Hyde, like witches, werewolves, Thomas De Quincey, Fitzhugh Ludlow, and Jack the Ripper, transformed—typically at night—into a monster. It was no surprise, in the late-nineteenth century, that the substance that transformed Jekyll into Hyde came from a pharmacy. More, that substance did not turn Jekyll into an entirely different person, but simply allowed another other aspect of his personality—darker and less responsive to custom—to reign over this body.

In literary communities, in art, medicine, psychiatry, and law, Americans and Europeans probed the issue of insanity, its social implications and threats, how it emerged in the mind, and its legal viability in criminal cases. They did so with alcohol, opium, morphine, cocaine, and, by the 1880s and 1890s, cannabis. In London, for example, attention turned to the empire’s Indian colony and to reports that asylums were filling there with men driven insane by hashish use. In September of 1893, T.W. McDowall published “Insanity from the Abuse of Indian Hemp” in the

²⁹ Ibid, 4.

British Medical Journal recounting a recent lecture given by Dr. Thomas Ireland who argued that “the excessive use of Indian hemp, or cannabis indica, has long been recognized in Eastern countries as one of the most common vices, and as a very prolific cause of insanity.”³⁰

He further noted that use seemed to depend solely on gender and religion as almost all users were male and Hindu. In the question-and-answer period following the talk, Dr. Murray Lindsay was “greatly impressed” by the fact that nearly all cannabis users were male “because it was well known that in the United Kingdom the alcohol and opium habits were by no means confined to one sex.” Mr. Peele Richards asked if any legislative action had been pursued to arrest the problem and Dr. Tuke asked if the common problem of “running amok” amongst the Malay population could be attributed to the use of cannabis. Dr. Ireland responded that women did not smoke cannabis primarily because they did not have an opportunity to do so through lack of exposure, that “stringent legislation” been introduced in Trinidad “with the purpose of preventing the Coolies getting Indian hemp” and that, yes, the “persons who made homicidal attacks on others (running amok) were at the time under the influence of Indian hemp.”³¹

This debate over “stringent legislation” passed in order to prevent working class Indians from possessing cannabis, which caused homicidal insanity, illustrates the global roots of Reefer Madness. A month later, the *British Medical Journal* published an article refuting the madness cannabis allegedly inspired. Dr. Thomas Ireland pushed back and lamented the fact that the writer—an interlocutor who referred to himself as Pyramid—had attempted “to throw doubt on the statement that the excessive use of Indian hemp is a potent cause of insanity.” Pyramid argued that cannabis use in Egypt was “almost universal” and, yet, there was “no country in the

³⁰ Indian Hemp as a Cause of Insanity,” *The British Medical Journal*, Vol. 2, No. 1710 (October 7, 1893): 813-814.

³¹ Ibid.

world where lunacy [was] so rare.” Pyramid admitted that he came to this conclusion after travelling broadly and observing that the “number of idiots was surprisingly small.” Ireland thought Pyramid’s methodology was “much too loose” and that, even by Pyramid’s own admission, “other persons also acquainted with Egypt [did] not hold his opinion that the use of haschisch [sic] is a salutary practice.” Ireland also referred a paper that had recently been published in *Zeitschrift fur Psychiatric* in which a professor from Berlin found that one-third of the asylum admissions (120 out of 367) were due to the influence of cannabis. Only 13 were due to the abuse of alcohol.³²

Even though Egypt passed anti-cannabis laws that created a situation in which “its sale [was] menaced with imprisonment and even its indulgence with a fine,” several shops in Cairo still openly sold it and it was widely consumed. As Ireland wrote the retort, the British government planned a special Commission of “experienced officials” who would be “empowered to inquire into the effects of the use of cannabis upon the people of India.” He believed they would find that a person addicted to cannabis—in the form of local *churrus* or *bhang* was “the analogue of a drunken sot” in English culture. It was also “undoubtedly the cause of much noisy behavior and rioting in the bazaars.” Pyramid claimed that the insanity attributed to Indian hemp had actually been there before the smoking of cannabis and was thus being covered by it. Ireland found Pyramid’s theory to be the work of an individual suffering from “a very great ignorance on the subject” and concluded “whenever a man takes to over-indulgence in cannabis there is good reason for questioning his sanity.”³³

Three days before Ireland’s letter-to-the-editor, *The Pall Mall Gazette* argued that “the subject haschisch, or bhang [had] been a good deal before the public” and that every writer on

³² “Indian Hemp as a Cause of Insanity,” 813-814.

³³ *Ibid*, 814.

the topic seemed to take it for granted that “the use, or abuse, of the drug—for in this case the terms are apparently synonymous” was “invariably attended by the most frightful consequences.” No one seemed to be willing to take up the opposite argument and, as a result, defendants were “condemned *in absentia* without benefit of counsel” and judges were uninterested in mitigating any aspect of the following punishment. The paper noted that “in spite of what teetotalers may affirm to the contrary” it was nonetheless an “undeniable fact” that “all nations of the earth, whether civilized or uncivilized, [were] in the habit of employing stimulants in one fashion or another.” The paper opined that no legislation would be effective in prohibiting a population into abstemiousness and that if one drug happened to be removed from the market, people simply turned into another—and likely more dangerous—one.³⁴

These debates in England highlighted the extent to which Reefer Madness was not a uniquely American nor Mexican phenomenon. Indeed, had the British government not intervened to study the issue and quell growing concerns that India’s laboring class had become prone to fits of homicidal insanity, it is very likely that the phenomenon of marijuana hysteria would have taken root in London and Calcutta much earlier than it did in the United States. It is also clear from William O’Shaughnessy’s experiments with cannabis in the 1840s that Indian doctors themselves believed that recreational cannabis use among the laboring class had the potential to cause sudden insanity. O’Shaughnessy’s research, in fact, suggests that idea had been prominent in eastern medicine since the fifteenth century.

The momentary outbreak of Reefer Madness in London in the 1890s influenced a similar trend in the United States. A Buffalo, New York paper published an article entitled “Hasheesh JimJam’s” on November 29, 1896 with the byline “Insane Asylums in Cairo are filled with its

³⁴ “Bhang Versus Alcohol,” *The Pall Mall Gazette* (London, Greater London, England), October 4, 1893; “Indian Hemp as a Cause of Insanity,” 813-814.

Victims.” It argued that in 1896, 253 “lunatics” had been admitted and that it was an “undeniable fact that the habit was growing in Egypt.” The article categorized various forms of cannabis related insanity. First, there was “hasheesh intoxication,” which manifested as “an elated reckless state, in which optical hallucinations and delusions that devils possess the subject frequently exist.” Another form emerged as “acute mania” induced by cannabis use, which caused “fear of neighbors, outrageous conduct, continuous restlessness and talking and most insane ideas.” That particular condition had the ability to persist for months while a mere “hashish intoxication” passed within hours. Thirdly, hashish produced “weak-mindedness, with fresh outbreak of mania.” The symptoms included “victims being lazy, unconcerned about the future, and having no interest in anything but food and cigarettes.”³⁵

During these lengthy discussions on the dangers of hashish use in the late-nineteenth-century west, the British government created the Indian Hemp Drug Commission to further probe the issues. It concluded that moderate cannabis use caused no discernable effects, physical, mental, or moral. Excessive use damaged the body and frequently led to dysentery or bronchitis. It argued that the drug did tend to weaken the mind and could, at times, produce a distinct form of insanity, but it led mostly to “mental depravity and poverty, but rarely crime.” Importantly, it concluded, “the injury caused by excessive use is confined almost exclusively to the consumer, and scarcely affects society.” The *Democrat and Chronicle* pointed out that the report had been made by a government which “derives a part of its revenues from a tax on hasheesh and opium.”³⁶

The new focus on hashish, insanity, and how it intersected with colonial policy had roots in the phenomenon of “running amok,” or losing one’s senses because of intoxication of one

³⁵ “Hasheesh JimJam’s: Insane Asylums Full of Victims,” *The Buffalo Commercial*, November 28, 1896.

³⁶ *Ibid.*

kind or another and then perpetrating violence on the community. The term had a long history. In 1801, *The Observer* of London reported that two slaves had been executed in the British colony of St. Helena for murdering two men and wounding several others “in the frantic and diabolic practice of running a muck.” These “infatuated wretches,” it continued, “impressed with revenge for real or supposed injuries, by the use of strong liquors work the passions to a state of frenzy.” Often armed with a “crease or dagger,” they frequently ran through high population areas “stabbing indiscriminately” at everyone they met. *The Vermont Journal* printed a story in 1821 recounting the travails of a slave and his master in Havana, Cuba. The “driver” of a person of “considerable note” had been chastised by “his master for improper conduct” and as he “reflected upon his disgrace, he grew desperate.” He then grabbed a sword and attacked everyone he met, killing three, and wounding three others. After being captured, the man said that his only regret was that “he did not murder fifty” and that he was prepared to meet his fate. The title of the story was simply “Running A Muck.”³⁷

A very similar story, which ran in November of 1828, reported that a black man in New Orleans “ran about the city with a dagger in each hand, menacing every person who attempted to stop him.” He was ultimately hit over the head with a brick, detained, and imprisoned.³⁸

By the 1870s, reporters began to connect incidents of “running a muck” with the use of hashish. *The Elk County Advocate* of Ridgway, Pennsylvania reported in 1874 that “running a muck by Orientals” could be attributed to a variety of causes “as, for instance, to the consumption of opium, hasheesh, (Indian hemp), etc. to religious frenzy, to a thirst for revenge, or to acute mental and bodily suffering of some description.”³⁹

³⁷ “Two Slaves Were Lately Executed,” *The Observer*, April 5, 1801; “Running A Muck,” *The Vermont Journal*, May 7, 1821.

³⁸ “Running A Muck,” *Journal of the Times* (Bennington, Vermont), November 14, 1828.

³⁹ “Runnian A Muck,” *The Elk County Advocate*, September 10, 1874.

Early Reefer Madness, 1900-1920

On January 20, 1901, the *Democrat and Chronicle* of Rochester, New York published a feature on Mexicans who baffled “the government by bringing in the marihuana which sends its victims running amuck when they awaken from the long death-like sleep it produces.” It marked the beginning of a twentieth century explosion of anti-marijuana writing. A widely reported and particularly influential story appeared in 1904, about Manuel Guerrero and Florencio Pino, who had spent weeks smoking “big cigarettes in which tobacco was mixed with the dangerous weed.” On a Tuesday afternoon, they smoked cannabis and then “went out into the street shouting, vociferating and attacking everybody.” They “marched hand in hand” and shouted that they were the bravest men on earth “and would kill anybody who dared to say a word to the contrary.” Then, Pino announced he was braver than Guerrero and the two attempted to kill each other. The story concluded with an ominous prediction, “it is feared that the two men, if they recover from their wounds, will lose their minds permanently, as is often the case with marihuana smokers.”⁴⁰

⁴⁰ “Doctors of Ancient Mexico,” *Democrat and Chronicle*, January 20, 1901 “Dangerous Mexican Weed to Smoke,” *The Boston Globe*, June 26, 1904. The story also appeared in: *The Sun* (New York, NY), June 19, 1904; *The Boston Globe*, June 26, 1904; *Hartford Courant*, June 27, 1904; *Star-Gazette* (Elmira, NY), June 28, 1904; *The Lincoln Star* (Lincoln, NE), July 15, 1904; *Western Newspaper Union*, July 16, 1904; *The Standard Union* (Brooklyn, NY), July 17, 1904; *Davenport Morning Star* (Davenport, IA), July 19, 1904; *The Chapman Advertiser* (Chapman, KS), July 21, 1904; *Bureau County Tribune* (Princeton, Illinois), July 22, 1904; *Norton County New* (Norton, KS), July 22, 1904; *The King City Chronicle* (King City, MO), July 22, 1904; *Jewell County Republican* (Jewell, KS), July 22, 1904; *The Evening Kansas Republican* (Newton, KS), July 22, 1904; *The Coffeerville Record* (Coffeyville, KS), July 23, 1904; *Pond Creek Daily Vidette* (Pond Creek, OK), July 25, 1904; *Garnett Evening News*, July 27, 1904; *Monmouth Democrat* (Freehold, NJ), July 28, 1904; *The Osage County Chronicle* (Burlingame, KS), July 28, 1904; *Washington Register* (Washington, KS), July 28, 1904; *Clyde Voice-Republican* (Clyde, KS), July 28, 1904; *Red Cloud Chief* (Red Cloud, NE), July 29, 1904; *The Norwich Herald* (Norwich, KS), July 29, 1904; *Vancouver Daily World* (Vancouver, British Columbia), July 29, 1904; *Daily News Democrat* (Huntington, IN), August 1, 1904; *The Chronicle Telegram* (Elyria, OH), August 1, 1904; *Arkansas City Daily Traveler* (Arkansas City, KS), August 1, 1904; *Carlisle Evening Herald* (Carlisle, PA), August 1, 1904; *Iola Daily Register and Evening News* (Iola, KS), August 4, 1904; *Hagerstown Exponent* (Hagerstown, IN), August 4, 1904; *The Streator Free Press* (Streator, IL), August 4, 1904; *Meade Globe* (Meade, KS), August 5, 1904; *The Western Advocate* (Mankato, KS), August 5, 1904; *The Narka News* (Narka, KS), August 5, 1904; *The Salina Sun* (Salina, KS), August 6, 1904; *The Bucyrus Evening Telegraph* (Bucyrus, OH), August 6, 1904; *The Scranton Truth* (Scranton, PA), August 9, 1904; *The Coffeerville Record* (Coffeerville, KS), August 10, 1904; *Arkansas City Daily Traveler* (Arkansas City, KS), August 10, 1904; *The Evening Star* (Independence, KS), August 11, 1904; *The Herington Times* (Herington, KS), August 11, 1904; *The Kensington Mirror* (Kensington, KS), August 11, 1904; *The Jet Visitor* (Jet, OK), August 11, 1904; *The Weekly Independent* (Coffeerville, KS), August 12, 1904; *Haven Journal* (Haven, KS), August 13, 1904;

That simple story, featuring Pino and Guerrero, went viral in the summer of 1904 and nearly two hundred papers reprinted it—many in Kansas, the first state in the nation to prohibit alcohol. The article created a sense of anxiety and strengthened alarmist concerns about cannabis. The two men compounded British fears of cannabis use by devolving into a form of temporary insanity and “running amuck.” The latter activity, which the English attributed primarily to Indian and Middle Easterners, had spread to Mexico and threatened to enter the United States’ southern border. The narrative also highlighted the extent to which these tales were transatlantic creations. The events told occurred in Mexico, not the United States, and featured anxieties once prominent in the English press—insanity induced by intoxication.

Journalists and psychologists then inadvertently exported the theories to the United States. More, a significant portion of the stories—including the tale of Pino and Guerrero—emerged from the American owned *Mexican Herald*, which served British and American business interests in Mexico City. On January 28, 1905, the *Herald* argued that the appointment of special inspectors in Mexico to “see that Indian women do not sell ‘marihuana’ or other dangerous plants in the markets of city” constituted a “move in the right direction.” The headline demanded attention—“Drugs Act Like Black Magic.” The *Herald* argued that use of marijuana caused “delirium, insanity or death” and reported “it is said that immediately after the first three

Stanberry Owl-Headlight (Stanberry, MO), August 16, 1904; *Sterling Standard* (Sterling, IL), August 16, 1904; *The Colby Free Press* (Colby, KS), August 18, 1904; *The Eskridge Tribune-Star and Eskridge Independent*, August 18, 1904; *The Perry Mirror*, (Perry, Kansas), August 18, 1904; *The Nardin Star* (Nardin, OK), August 18, 1904; *Halstead Independent* (Halstead, KS), August 18, 1904; *The Alva Review* (Alva, OK), August 18, 1904; *The Jennings Daily Times-Record* (Jennings, LA), August 18, 1904; *Florence Bulletin* (Florence, KS), *Claflin Clairon* (Claflin, KS), August 18, 1904; *Greeley Graphic* (Greeley, KS), August 18, 1904; *Phillipsburg Herald* (Phillipsburg, KS), August 18, 1904; *The News Chronicle* (Scott City, KS), August 18, 1904; *Custer County Clarion* (Arapaho, OK), August 18, 1904; *The Mountain View Republican* (Mountain View, OK), August 18, 1904; *The Howard Courant* (Howard, KS), August 19, 1904; *The Big Sandy News* (Louisa, KY), August 19, 1904; *The Nortonville News* (Nortonville, KS), August 19, 1904; *Neodesha Register* (Neodesha, KS), August 19, 1904; *The Daily Item* (Great Bend, KS), August 19, 1904; *The Fall River News* (Fall River, KS), August 19, 1904; *McPherson Opinion* (McPherson, KS), August 19, 1904.

or four draughts of smoke smokers begin to feel a slight headache; and then they see everything moving around, and finally they lose all control over their mental faculties.” Additionally, users tended to “see herds of tigers, lions, devils, and un-heard of monsters coming to attack them.” Even worse, they “were not afraid at all” even as everything the smoker saw took “the shape of a monster, and men look like devils.”⁴¹

From Pittsburgh, Raleigh, North Carolina, Hartford, Connecticut, Lancaster, Pennsylvania, and Poughkeepsie to Buffalo, Wichita, Chattanooga, and Vicksburg, Mississippi, the story connecting cannabis to black magic spread. The tale concluded by arguing, “people who smoke marihuana finally lose their mind and never recover it, their brains dry up and they die, most of the time suddenly.” These were ancient themes by the early-twentieth century and quite reminiscent of the Salem Witch Trials, the narratives of De Quincey and Ludlow, and the plot of Jekyll and Hyde. The theory that even limited cannabis use caused temporary insanity, which served as a prelude to a permanent loss of the mind, echoed the theories of late-nineteenth century British psychologists, Dr. Jacques Joseph-Moreau, and William O’Shaughnessy and indicated the deep historical roots of the budding Reefer Madness story.⁴²

In many cases, marijuana alarmists simply changed the headlines to stories that had already circulated through the press. *The York Daily*, for example, changed the headline from “Drugs Act Like Black Magic” to “A Weed Poison to Men’s Brains—Plant Whose Extract is Maddening—Imparts Killing Mania—Men Who Smoke Marihuana Cigarettes Have an Insane Desire to Slay, It Is Said.” An Oklahoma paper announced in 1907: “Marihuana Is the Name” and argued that “United States marshals in the Indian Territory [had] discovered a new kind of

⁴¹ “Drugs Act Like Black Magic: Marihuana, Tolvache, and Carreras Mean Delirium, Insanity, and Death,” *The Cincinnati Enquirer*, January 28, 1905.

⁴² *Ibid.*

‘dope’ which [promised] to cause even more trouble than morphine and cocaine [sic].” Those who indulged were “beset with the most homicidal mania” and “wanted to kill.” The “homicidal mania,” very much like in earlier British cases involving temporary insanity inspired by alcohol, was typically followed with “stupor and remorse.”⁴³

Thirty years before Reefer Madness peaked in the United States, sensationalist marijuana headlines proliferated. “Insanity and Death in Use of Marihuana Weed of Mexico,” *The Fort Wayne Sentinel* howled. *The Washington Post* added: “Weed Sets Smokers Crazy: Marihuana Produces Insanity in Form of Murderous Impulse Until Effects of Fumes Wears Off.” The stories flowed through the syndicated press until, in the summer of 1907, Mexico declared war on cannabis. The *New-York Tribune* published a widely shared article reporting “the effects of smoking the marihuana weed” were so devastating that the government of Mexico planned to exterminate it throughout the country. The article then turned to the case of Malquiades Mireles as an example of why such extraordinary action proved necessary. In Monterey, Mireles smoked a marijuana cigarette and, before he had even finished it, was “seized with a fit of insanity” which caused him to “make a murderous assault on his wife with a knife.” He then stabbed a police officer, who overheard the man’s assault on his wife and responded, and ran for several blocks as police pursued. Mireles then turned to fight them and “was struck over the head with a club and knocked senseless.” In Guadalajara, “several hundred convicts in the prison” were “crazed by smoking a deadly drug known as marihuana, which was smuggled to them.” As a result, they formed together and incited a riot.⁴⁴

⁴³ “A Weed Poison to Men’s Brains,” *The York Daily* (York, PA), April 4, 1905; “Marihuana is the Name—Said to Make Dope Fiends Powerful,” *Ardmore Morning Democrat* (Ardmore, OK), May 21, 1907.

⁴⁴ “Insanity and Death in Use of Marihuana Weed of Mexico,” *The Fort Wayne Sentinel*, June 5, 1907; “Weed Sets Smokers Crazy,” *The Washington Times*, June 6, 1907; “Death in Marihuana Weed,” *New-York Tribune*, June 17, 1907; “Convicts Crazed by Drugs,” *The Washington Post*, November 23, 1907.

As Mexican immigration rose in response to revolution, refugees moving north brought marijuana across the border. Thereafter, the American press began characterizing the substance as even more dangerous than opium. The *El Paso Herald* argued in 1912 that “the marihuana of the Mexican” was “worse than the other drugs” but that all of them “wreck and ruin life.” The *Herald*, an early exporter of marijuana related anxiety, called the substance “The Mexican Opium” and claimed it produced “effects similar to those of the hasheesh of India or the opium of China.” The plant, it averred, caused “mental delusions and hallucinations that frequently [ended] in homicidal or suicidal mania.” The *Arizona Republic* also called it “stronger than opium” and compared it to the “hasheesh of the east.”⁴⁵

The emergence of the Reefer Madness narrative had a complicated history and its success in swaying popular opinion depended on a variety of factors. First, the idea that intoxicants of any variety could cause temporary madness or permanent insanity had become something of a truism not just in the west, but on a global scale; an idea believed in China, Japan, India, England, France, the United States, and etcetera. The media’s insinuation that marijuana revealed a darker version of the user, one hidden under normal conditions from the public, highlighted the Victorian belief in double forms. Journalistic insistence on this aspect of the storyline represented an homage to Thomas De Quincey, the Hashish Club, Bayard Taylor, Fitzhugh Ludlow, and Robert Louis Stevenson. The presence of black magic and demonic possession, a persistent leitmotif, added a Biblical grimness of the kind that inspired the Salem Witch Trials.

As early as the 1910s, the emerging Reefer Madness narrative encouraged anti-marijuana laws at the local level. In June, 1915, the El Paso city council passed an emergency ordinance to prevent the sale of marijuana. The measure made “it unlawful for any person, firm or corporation

⁴⁵ “Hellhole of Temptation,” *El Paso Herald*, June 15, 1912; “The Mexican Opium,” *El Paso Herald*, June 24, 1913; “Stronger than Opium, the *Arizona Republic*, September 20, 1915.

or association of persons to sell, barter, exchange, or give away or have in his or their possession any marihuana, or Indian hemp.” In Santa Ana, California, a local sheriff pushed for a country law outlawing the substance. The local paper argued “the trouble with the weed is that it is just as likely to make a murderer out of the smoker as it is to make them a dancer.” The Deputy District Attorney planned an ordinance “making it a misdemeanor to have the seed, to grow the stuff or have it in possession either dried or undried, root, branch, leaves, flowers, pods or seed.” New York’s *The Sun* claimed “cocaine, opium, and morphine are nursery tonics compared with marihuana,” arguing “one who takes it becomes instantly mad and proceeds to do whatever is in the mind with an insane courage.” The publication enumerated the sensational claims beneath the headline “Worst Vice in the World.”⁴⁶

By the 1920s, stories of marijuana induced madness dominated sensationalist press coverage. *The Baltimore Sun* argued in 1924 that “all the vicious tendencies in the makeup of humans” was brought “to the fore by indulgence in the dreaded marihuana weed.” In this telling, “victims of the habit” had the tendency “to lock themselves up in a small, tightly closed room” where they placed “a quantity of the weed in a pot over a bed of coals.” The subsequent “fumes” then drove “the occupants into a frenzy.” The article included a sketch of Mexican men packed into a small room overlooking a pot of marijuana, whose fumes drifted upwards. Inside the fumes was a portrait of the devil looking down on them. It added weight to the idea that “its hold, once its talons have been fastened on a victim” was “most tenuous” (like the Devil himself) and after using it once or twice, a deep addiction developed and it could only be treated by physicians. It was worse than liquor, which had “less tendency to arouse a man to fight”

⁴⁶ “Marihuana Sale Now Prohibited,” *El Paso Herald*, June 3, 1915; “Jackson Wants County Law So He Can Land on Marihuana Garden,” *Santa Ana Register*, July 28, 1915; “Worst Vice in the World,” *The Sun* (New York, NY), August 26, 1915.

Cannabis, on the other hand, brought “all the vicious tendencies to the fore” and furnished “untiring energy and fearlessness to make them more troublesome.”⁴⁷

“The use of the drug is not limited to Mexicans,” the story continued, “although by far the greater number of smokers of that race.” It further noted that “a few negroes and quite a number of white youths are marihuana fiends.” There is little doubt that an influx of Mexican immigration after the revolution in 1910 spurred the sense that cannabis had become uniquely menacing, but that anxiety fit relatively neatly within a western tradition of shackling feared “others” with the entirety of America’s problem with drugs. The American and British press had similarly demeaned Chinese men and opium dens during spikes in immigration after the Civil War. Then, they pivoted to a repudiation of Indian and Egyptian men and their alleged cannabis use in the 1890s. From there, the narrative attached Italian, Polish, and Russian men and morphine and cocaine use at the turn-of-the-century. Finally, it pivoted to focus on Mexican men and marijuana in the early 1900s. The tendency, in fact, would characterize America’s response to drug use for the rest of the twentieth-century. It was a shameful response, but it had precedent and made Reefer Madness a later iteration of it; one propelled to levels earlier panics did not reach due to a more rapidly produced and sensationalist media.

By the 1930s, cannabis-related social anxiety peaked, began to inspire national and international political action, and greatly accelerated the rise of the Prohibition State. In the process, it validated, normalized, and nationalized a folkloric perception of the drug crisis that continually undermined the rationalist spirit that guided laws like the Pure Food and Drug Act and the Harrison Narcotic Act. The response to marijuana in the early-twentieth century was not without precedent, however. The drive against opium dens in the late-1800s exhibited that same

⁴⁷ “Mystery of the Strange Mexican Weed,” *The Baltimore Sun*, August 24, 1924.

spirit—and similarly focused on a form of drug use that posed little harm to social stability: indulgence in smokable opium. While the outbreak of Reefer Madness served as a sequel to the backlash against opium dens, the smoking opium narrative failed to achieve the complex social shaping power marijuana inspired in the 1930s. Indeed, the relentlessly sensationalistic cannabis coverage of that period created an era of marijuana hysteria that effectively guided the Prohibition State through the remainder of the twentieth-century and helped maintain support for a largescale war on drugs.

Chapter Six

A More Sober Union: The Triumph of the Prohibition State, 1919-1939

Wilbur E. Sutton, writing for the *Muncie Evening Press* in 1934 argued that “the liquor problem” had occupied so much of the public’s attention that Americans had missed a situation that “was far worse than even alcohol excess—the smoking of marihuana cigarettes by boys and girls.” An Elkhart, Indiana judge then called on the federal government “to root out marijuana smoking among the young men and women of Northern Indiana.” City officials believed marijuana had been brought to Elkhart by Mexican laborers eighteenth months earlier and that those workers were “making considerable profit on [selling the] dope.” In a statement that surely elevated Judge Sutton’s concern, one Indiana youth arrested for smoking cannabis informed local police that “the use of marijuana leaves one without will. It gives to time an incredible expansion which dwarfs the commonplace and reaches through the mind toward infinity for a temporary glimpse of heaven.”¹

That same year, a sweeping expose published by the *St. Louis Post-Dispatch*, entitled “Drug Menace at the University of Kansas,” reported that the college had been overrun with marijuana. University officials attributed the spread of cannabis on campus to travelling jazz bands visiting Lawrence, Kansas. Will Johns, Special Investigator for the Kansas Attorney General’s office, noted that jazz band members often resorted to “marijuana or some other drug” in order to “obscure the monotony of their lives” and to quiet that “ceaseless thumping of jazz night after night.” The problem then spread to University of Kansas orchestras, one of which maintained its own campus cannabis patch. From the orchestras, marijuana spread throughout the campus. According to the article, marijuana became popular at the university because of alcohol

¹ Wilbur E. Sutton, “‘Doping’ Youth with Marijuana,” *Muncie Evening Press* (Muncie, Indiana), January 26, 1934.

prohibition and a university rule that forbade liquor at dances. Now, “marijuana smoke” could regularly be smelled around campus.”²

Whether it was morphine, codeine, chloroform, cocaine, heroin, opium, hashish, alcohol, or marijuana, Americans felt besieged on all sides by drug and alcohol abuse. By the 1920s, state and local governments, along with the federal state, had opened a two-front war on the problem—one aimed at alcohol and the other at drugs. Drug reform had, since the turn-of-the-twentieth-century, complemented a similar drive for the prohibition of alcohol. As one gained legal and constitutional backing, those precedents propelled the push to restrict the other. There was consistent overlap not just in policy solutions, but the use and abuse of drugs and alcohol were apparently also often mutually reinforcing. Journalists, politicians, and the medical community often found bootleggers to be drug dealers, morphine addicts who suffered from alcoholism, and former binge drinkers who, as told in the story regarding University of Kansas orchestras, sought a cannabis high in a world without liquor. The public often viewed drugs and alcohol as twin evils and sought to prohibit them both in equal measure.³

The various measures aimed at remedying the nation’s drug and alcohol use led to a confluence of legal, political, and social movements directed towards prohibiting both drugs and alcohol. The prohibition-minded state that anti-drug reformists and prohibitionists sought to establish reached its peak in 1919. That year, the Supreme Court not only validated the power of

² “A Drug Menace at the University of Kansas,” *St. Louis Post-Dispatch*, April 8, 1934.

³ J.B. Mattison, “A Case of Double Narcotic Addiction—Opium and Alcoholic Imbecility: Recovery,” *Medical News*, Vol. 46, Issue 12 (March 21, 1885); John S. Marshall, “Communication: Three Cases of Acute Dementia, with Recovery: One from Alcohol Addiction, One From Opium Addiction, and One From Double Addiction, Alcohol and Opium,” *Medical and Surgical Reporter*, Vol. 54, Iss. 13 (March 27, 1886); “Alcoholism and Narcomania,” *The British Medical Journal*, Vol. 1, No 2200 (February 28, 1903); Horatio M. Pollack, “The Classification of Mental Diseases in New York State,” *Publications of the American Statistical Association*, Vol. 15, No. 117 (March 1917); Frank L. Heacox, “Parole Violators: A Study of One Year’s Parole Violators Returned to Auburn Prison,” *Journal of the American Institute of Criminal Law and Criminology*, Vol. 8, No. 2 (July 1917); “Drug Addiction,” *The British Medical Journal*, Vol. 1, No. 3876 (April 20, 1935).

Congress to regulate and prohibit opioids through a series of rulings confirming the constitutionality of the Harrison Narcotic Act, but it also passed a historic ban on the manufacture and sale of alcohol. It seemed to the drug and alcohol prohibitionists that a more sober union, underwritten by tight restrictions on non-medicinal opioids and liquor, had finally been perfected. The task of policing these twin bans on drugs and alcohol fell to one governmental body—the Internal Revenue.⁴

As public support for maintaining a prohibition on alcohol eroded during the 1920s, those two intersecting movements diverged for the first time—or so it appeared. The federal government responded to the public’s declining support for alcohol prohibition by ensuring that its regulations on drugs did not share the same fate as the liquor law. In 1933, when Congress repealed the Volstead Act and the Eighteenth Amendment, the move marked a stunning repudiation of the Prohibition State’s crowning achievement. The federal government, then, quickly shifted its focus to that other pillar of the restrictive state—the fight against narcotics—and utilized it as a site to rebuild the damaged foundation of the Prohibition State. The state, once fixated on the enforcement of alcohol prohibition, rapidly shifted towards drug control and alcohol tax violations.

While the Pure Food and Drug Act and the Harrison Narcotic Act laid the legislative and legal foundations of the Prohibition State, the Volstead Act and the Marihuana Tax Act featured

⁴ For an overview of the Supreme Court validation of the Harrison Narcotic Act, see: *United States v. Jin Fuey Moy* 241 U.S. 394 (1916); *United States v. Doremus*, 249 U.S. 86 (1919); *United States v. Webb* 249 U.S. 96 (1919); For the best overview of the social, political, and cultural processes that led to the rise of alcohol prohibition, see: Lisa Lindquist Dorr, *A Thousand Thirsty Beaches Smuggling Alcohol from Cuba to the South During Prohibition* (Chapel Hill: University of North Carolina Press, 2018); Lisa McGirr, *The War on Alcohol: Prohibition and the Rise of the American State* (New York; London: W.W. Norton & Co., 2016); Marni David, *Jews and Booze: Becoming American in the Age of Prohibition* (New York; London: New York University Press, 2014); Catherine Gilbert Murdoch, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1998); Edward Behr, *Prohibition: Thirteen Years that Changed America* (New York: Arcade Publishing, 1996).

the state's ability to reflect, respond, and adjust to uncertainty and crisis. Once fixated on the rigorous enforcement of alcohol prohibition, the federal government seamlessly pivoted after the repeal of the Volstead Act to the policing of alcohol tax violations and containing the spread of marijuana. This elasticity maintained the core values of the Prohibition State—the gradual evolution of a set of restrictive policies aimed at curtailing public access to drugs and alcohol.⁵

It was a seamless pivot illustrating a bureaucratic elasticity that protected the core values of the state, especially the government's capacity to develop an evolving set of policies aimed at restricting public access to substances that seemed to threaten the public welfare. The reprioritizing of drug prohibition also preserved the budgets and personnel invested to execute the Prohibition State's agenda, which changed surprising little even after the repeal of the national alcohol prohibition law. As support for alcohol prohibition waned in the 1920s, Congress created an independent Bureau of Prohibition also charged with enforcing drug laws. When that seemed to fail as well, it transferred alcohol enforcement to the Department of Justice and created the Bureau of Narcotics. After the repeal of alcohol prohibition, Congress then created the Alcohol Tax Unit which worked alongside the Bureau of Narcotics to continue the Prohibition State's agenda. In that sense, it was a story of resilience and institutional elasticity that preserved investments in federal law enforcement.

Indeed, the prohibitionist platform emerged from the repeal of prohibition relatively unphased and found as much work policing the evasion of taxes on legal alcohol as it did policing violations of the Volstead Act. The Bureau of Narcotics continued to thrive as well and

⁵ See: H.H. Gerth and C. Wright Mills, editors, *Essays in Sociology* (New York: Routledge, 1967). Analysis of the Prohibition State is guided by Max Weber's writings on bureaucracy. It is particularly influenced by his assertion that "once it is fully established, bureaucracy is among those social structures which are among the hardest to destroy." Indeed, the Prohibition State, as it pivoted away from its failure to enforce the Volstead Act, exhibited qualities that mirrored Weber's assessments. He wrote "and where the bureaucratization of administration has been completely carried through, a form of power relation is established that is practically unshatterable."

focused increasingly on the criminalization of marijuana, which was perceived as a growing menace in the 1930s. Instead of reeling from reputational and budgetary losses when alcohol prohibition came to an end in 1933, enforcement seemed to thrive. After the prohibition of marijuana in 1937, Congress gradually folded the Alcohol Tax Unit, along with the extensive resources once used in the enforcement of alcohol prohibition, and partially reinvested them in the intensifying drug war. While the media consistently portrayed the country's experiment with alcohol prohibition as a titanic failure, its portrayal of the war on drugs was far more favorable and contributed to a national consensus that drug prohibition was a legitimate and vital state function warranting a well-funded enforcement administration. The Prohibition State had triumphed indeed.⁶

Prelude to the War on Marijuana: The Rapid Decline of Support for the Prohibition of Alcohol, 1919-1933

In 1920, John F. Kramer, the first head of the prohibition unit within Internal Revenue, claimed he loved his job so much he felt guilty receiving pay. He had no doubt that the law would be easily enforced, that the nation largely supported it, and that all the resources needed to win the battle would be readily granted. Congress allotted \$2 million for national enforcement—or roughly \$30 million in 2020 dollars when adjusted for inflation—and hired a staff of just 1,500 officers to police the new law across the entirety of the United States. It was difficult to

⁶ For a review of the historical and sociological works that deal explicitly and extensively with the intersection of alcohol prohibition and the drug war, see: David Musto, *The American Disease: Origins of Narcotic Control* (New York; London: Oxford University Press, 1973); Richard J. Bonnie and Charles Whitebread, *The Marihuana Conviction: A History of Marihuana Prohibition in the United States* (Charlottesville: University of Virginia Press, 1974); Harry G. Levine and Craig Reinerman, "From Prohibition to Regulation: Lessons From Alcohol Policy for Drug Policy," *The Milbank Quarterly*, Vol. 69, No. 3, Confronting Drug Policy: Part 1, 1991, 461-494; Gabriel Recio, "Drugs and Alcohol: US Prohibition and the Origins of the Drug Trade in Mexico, 1910-1930," *Journal of Latin American Studies*, Vol. 34, No. 1 (February 2002): 21-42; Lisa McGirr, *The War on Alcohol: Prohibition and the Rise of the American State* (New York: W.W. Norton & Co., 2015).

determine in that early period just how difficult policing violations of the nation's new alcohol prohibition would be. Kramer, along with millions of other Americans, remained optimistic.⁷

To skeptics, the budget and staff allotted to the cause seemed to indicate the government was not serious about enforcement. Frederic J. Haskin theorized that it would take "a fair-sized standing army to enforce it" and opined that the men of the Bureau of Internal Revenue felt like "the prince in the fairy tale who was handed a spoon with a hole in the bottom of it by an old witch as the price of his liberty." Moreover, the obstacles confronting the Internal Revenue, an agency still evolving after the Sixteenth Amendment created a new income tax in 1913, were only exacerbated by its new task enforcing prohibitions on all alcohol and opioid violations while also overseeing the collection of the nation's income taxes. Indeed, the tasks given Internal Revenue between 1913-1919 had become varied and complex.⁸

The agency had been enforcing the Harrison Narcotic Act since 1914 and had encountered a variety of struggles in doing so. Haskin compared the "prohibition law to the anti-narcotic law" in order to highlight how difficult enforcement would likely become with the additional responsibility of policing the Volstead Act. The problem with drugs, to him, had been "infinitely smaller" and characterized by a number of offenders that were a "mere fraction of those involved in bootlegging." Even still, "it was found impossible to enforce the anti-narcotic law until public sentiment for it had been aroused by publicity." Nonetheless, the Bureau of Internal Revenue was, by the 1920s, "charged with the enforcement of the Harrison Act and the Volstead Law enforcement" in a world in which alcohol prohibition was being "patterned after the experience secured with drug laws for many years past." Coupling the budgets for both drug

⁷ Theodore M. Knappen, "Prohibition Can and Will Be Enforced, Officials Say," *New York Tribune*, January 18, 1920.

⁸ Frederic J. Haskin, "A Sea of Rum and Government Spoon," *Palladium-Item* (Richmond, Indiana), September 13, 1921.

and alcohol enforcement served as a firewall that protected the stability of the new Prohibition State. Prohibition agents and narcotics officers shared purpose, space, training, expertise, and money.⁹

Whether it was prepared for the task or not, the federal government pursued the dual enforcement of prohibitions on the nation's robust and thriving drug and alcohol economies. Frank M. Silva, director of prohibition enforcement in California, declared in 1920 that he would also take over the work of enforcing the Harrison Narcotic Act in the state.¹⁰ Then, in February 1920, the government announced that "all agents and supervisors for the enforcement of the Harrison narcotic act" would be transferred from Internal Revenue to the federal alcohol prohibition director.¹¹ Also in 1920, Congress increased the budget for the Bureau of Prohibition to \$10 million from the initial \$2 million and mandated that \$1.25 million of it go to the enforcement of drug laws. From there, the teams worked together enforcing both alcohol and drug prohibitions and, by the end of 1921, had been involved in over 42,000 violations of the liquor laws and 9,000 narcotic offenses. The fines associated with the arrests resulted in \$3,032,174 in revenue.¹²

Sustaining the enforcement of a near total ban on both alcohol and opioids was, as Haskins pointed out so eloquently, a Herculean task. Worse, it seemed as though predictions that prohibition would lead to more economic productivity were perhaps unfounded. In an analysis of the results of two years of alcohol prohibition, the *New York Herald* reported in 1922 that the federal government had lost \$361,216,118 in revenue—approximately 8% of the federal budget.

¹⁰ Haskin, *Palladium-Item*, September 13, 1921; "Silva Will Enforce Anti-Narcotic Law," *Oakland Tribune*, January 17, 1920.

¹¹ "Dry Law Officers to Enforce Drug Acts," *The Chattanooga News*, February 20, 1920.

¹² "Ten Millions for US to Enforce Law," *La Grande Observer* (La Grande, Oregon), November 20, 1923; "Work of Prohibition Unit is Shown," *Arkansas Democrat* (Little Rock, Arkansas), June 27, 1922.; "The Harding Administration and Law Enforcement in 1921-1922," *Chillicothe Gazette* (Chillicothe, Ohio), October 21, 1922.

That loss in crucial tax dollars also accompanied an \$11 million budget for policing the prohibitions on drugs and alcohol. Moreover, the report concluded that there had been no discernable increase in bank deposits to offset those figures. One of the few bright spots in the report came in the fact that theater receipts had increased by nearly eighty percent. While Americans may have been taking in more theater, there were not nearly enough theatrical productions to offset the enormous loss in tax revenue.¹³

From its inception, arguments against prohibition began to accumulate and reshape public perceptions about its plausibility. One of the more powerful arguments was that the nation's alcohol laws had led to a correlative increase in drug dependency. A movement started as early as 1925 connecting the two. The *Washington Post* noted "it has been asserted by those opposed to prohibition that its enforcement has resulted in a large increase in the use of narcotics and habit-forming drugs."¹⁴ In the federal prison in Atlanta, advocates of this argument pointed out, there were 173 persons incarcerated for violating revenue and prohibition laws. There were 322—or 21.3 percent of the population—locked up for violating narcotic laws. Not only had prohibition led to a devastating loss in national tax revenue, according to this line of thinking, but it also promoted a rising tide of crime and drug addiction that required expanding budgets to combat. In turn, it was then impossible to allot those budgets because of the financial hemorrhaging caused by the very law requiring those expanded budgets.¹⁵

The narrative of failure began to implant itself in the national political story. Advocates of total alcohol prohibition had reckoned it would increase productivity and that working-class Americans would save more money, which banks would then earn interest on; that crime and the

¹³ "Two Years of Prohibition—An Unbiased Report," *New York Herald*, January 29, 1922.

¹⁴ "Prohibition and Narcotics—From the Washington Post," *The Evening Journal* (Wilmington, Delaware), August 15, 1925.

¹⁵ *Ibid.*

administrative costs associated with punishing it would markedly decline and a kind of modern utopian society would gradually emerge in response to this organically restructured economy. The opposite seemed to be occurring. The billions lost in tax revenue were not in any way offset by increased savings and crime.

Social commentator John Erskine wrote in 1924 that “if we had a prohibition law which represented the will of the people, which frankly forbade the thing it was intended to stop, then Prohibition would be here, and perhaps here to stay.” If that had happened, he surmised “we who still prefer the Christian virtue of Temperance to the Mohammedan discipline of Prohibition, should be voted down, relegated to the past with a good many other vestiges of Christian civilization.”¹⁶ Had alcohol prohibition arrived with that kind of clarity, he hoped “we should be good sports” and “accept with some show of grace the passing of a civilization we loved.” At that point, at least, they would know, “for our comfort, that another civilization had arrived as a substitute for it, and that those who voted us down had now the satisfaction of trying out their new ideals.”¹⁷ Erskine believed, however, that his side was being asked to “give up a freedom we believed in for something the other side does not believe in either.”¹⁸

It appeared to writers like Erskine that not only had alcohol prohibition been an immediate financial failure, but that those who demanded its implementation did not even possess the turpitude to properly enforce it. Charges of corruption and nepotism set enforcement back early. As of June of 1922, even though the unit boasted 2,312 employees, 6 percent of the force—120 agents—had been dismissed between June 30, 1921 and June 30, 1922. The grounds for dismissal included “conduct unbecoming an officer, extortion, acceptance of bribes,

¹⁶ John Erskine, “The Prohibition Tangle,” *The North American Review*, Vol. 219, No. 819 (February 1924) pp. 145-149.

¹⁷ Erskine, “The Prohibition Tangle,” 147.

¹⁸ *Ibid.*

falsifying accounts, and general inefficiency.” A New York Grand Jury even concluded that “almost without exception” the agents who appeared before them were “not men of the type, intelligence, and character qualified to be charged with the enforcement of this difficult and important federal law.”¹⁹

Those issues infected the narcotics division of Internal Revenue too. In 1920, Dr. W.H. Sage, one of the first heads of the division, appeared before a grand jury accused of accepting \$6,400 in bribes. A month later, he was indicted on charges of violating the Harrison Act, the anti-opioid legislation he was charged with enforcing. Like alcohol prohibition, the oversight of all opioid prescriptions presented a monumental—if not wholly impossible—task. In a syndicated newspaper piece entitled “Narcotic Peddlers at Root of Grave Menace that Grips United States,” it was reported that the extensive guidelines of the Harrison Act, which required monthly reports from wholesalers and retailers, needed more effective enforcement. While these mandates placed a “check on all legitimate traffic,” the Narcotics Division of the Prohibition Unit had “never more than 170 men to enforce the statute, one hundred and seventy men to cover the entire United States!” Not only that, but one of their figureheads faced an indictment on bribery charges.²⁰

Despite these setbacks in enforcement, Congress continued to expand the legislative purview of the Prohibition State. On March 26, 1922, it passed the Narcotic Import and Export Act—or the Miller-Jones Act. The law served as an amendment to the Smoking Opium Exclusion Act of 1909 and placed much stronger limitations, as the title of the act suggested, on

¹⁹ Imogen B. Oakley, “The Prohibition Law and the Political Machine,” *The Annals of the American Academy and Social Science*, Vol. 109, Prohibition and Its Enforcement (September 1923) pp. 165-177; *Ibid*, 167.

²⁰ “Bribery Charges in US Narcotics Division,” *Belvidere Daily Republican*, January 27, 1920.

²⁰ “Drug Peddlers Are at Root of Grave Menace that Grips United States,” *Rutland Daily Herald* (Rutland, Vermont), April 3, 1922.

both the import and export of opium and cocoa leaves. The act “expressly” prohibited the importation of any narcotic drug into the United States except the crude opium and cocoa leaves necessary “to provide for medical and legitimate uses only.” The latter amounts would be decided by a board assembled by the Secretary of State, the Treasury, and Commerce.²¹

The Anti-Heroin Act followed on June 7, 1924, which prohibited the importation of opium for the purpose of synthesizing it into heroin, a bill that received almost no coverage in the United States press. Pharmaceutical firms were simply instructed to sell existing supplies and that medicinal heroin would no longer be available for consumption. While the Prohibition State continued to expand its anti-drug platform through legislation, struggles with implementation and the collection of objective data continued to impede real progress. The Federal Narcotic Control Board, created by the Narcotic Import and Export Act, assigned with determining the quantity of opium the United States needed for medical purposes, seems to have failed, over time, to develop an accurate number.

Pointing to the evidence of a growing drug crisis, Ellen N. La Motte, writing for *The American Journal of Nursing*, cited a statistic showing that the importation of opium had actually increased throughout the 1920s. From 47,024 pounds in 1921, 135,093 in 1922, 99,353 in 1923 to 142,139 in 1928 and 140,172 in 1929. Despite the revolutionary legal developments that empowered the Prohibition State after the First World War, rates of addiction seemed not to have fallen according to her statistics, which were as reliable as any others of the time period. La Motte argued “the number of addicts in America is variously estimated to range from 250,000 to a million, similar to estimates from the 1910s. She added: “being a secret habit, and not

²¹ “Current Legislation: the China Trade Act and the Narcotic Import and Export Act,” *American Bar Journal*, Vol. 8, No. 12 (December 1922): 110.

recognizable until the patient is down and out, these estimates can only be the merest guesses. There are no accurate statistics.”²²

Paul Kach, of the Baltimore Bar, argued in 1926 that “friend and foe of the Volstead alike admit its ineffectiveness” and suggested that “the present situation is well nigh appalling.” The reasons were familiar: corruption, a concomitant disrespect for those charged with enforcing the law, and a perceived increase in crime due to its passage—a devastating development for the architects of the Prohibition State. Kach painted a dire portrait where “new classes of offenders arise” and steadily added to the population of American criminals. They were “lured by the easy profits of bootlegging.” He added that as “the expense of administration mount ever higher...not even drunkenness decreases.” Alongside these alarming trends, he also noted that the “drug menace grows, and terrible though that be, it is often preferable to the vile and health-shattering substitutes used in place of liquor.”²³

In the face of accusations of nepotism and corruption, the Senate responded in 1925 to a questionnaire about whether it supported patronage in selecting prohibition agents. Eight stated yes while thirty-five responded no. *Colliers* had approached the Senate after conducting a poll of more than 260,000 Americans, in which a majority expressed extreme dissatisfaction with the agency and its approach to enforcement. Senator Norbeck of North Dakota claimed that “the failure of enforcement” could be attributed to those members of Congress who disagreed with the bill and responded by appointing their friends to state enforcement agencies.

A majority of those surveyed believed that prohibition agents should be selected according to extant civil service protocols and that the decision should be entirely removed from

²² Ellen N. La Motte, “The Opium Problem,” *The American Journal of Nursing*, Vol. 29, No. 7, July 1929.

²³ Paul R. Kach, “Another Thought on Prohibition Enforcement,” *The Virginia Law Register*, Vol. 11, No. 11, March 1926.

politics.²⁴ Without effective enforcement strategies or a central bureau intent on coordinating a professional agenda against the bootlegging industry, the predictable consequences of any prohibition—a black market economy in the banned substance—thrived without serious interference from a prohibition force. Even President Harding, in a message to Congress, decried “prohibition enforcement as a national scandal.”²⁵

In response to Hardings’ sentiment that the enforcement of prohibition represented a national crisis, Congress, with the support of Hardings’ successor Calvin Coolidge, created the Bureau of Prohibition in 1927. Its creation illustrated a strategy similar to the one they would deploy three years later with the formation of the Bureau of Narcotics. These transformations pointed to a strategy central to the Prohibition State’s survival. When faced with scandal or a potential loss of public support, it either transferred agencies or created new ones and installed fresh leadership that had the effect of diverting attention from the failings of the previous offices. The creation of the Bureau of Prohibition, however, could not stem the growing tide of anti-prohibition sentiment and so it was remade again in 1930 and transferred to the Department of Justice as part of Porter’s Bill creating the Bureau of Narcotics.

By putting the enforcement of prohibition within the prosecutorial arena of the federal government, Congress hoped to improve the agency’s reputation. It was theorized that the Bureau of Prohibition, which was very capable of making alcohol related arrests, still had trouble prosecuting cases because of its lack of experience gathering convincing evidence. Andrew W. Mellon, former Secretary of the Treasury, argued that the Bureau of Prohibition should have never been part of Internal Revenue and agreed with several congressman that it made sense to

²⁴ “35 Senators Against Dry Agent Patronage in Collier’s Survey,” *St. Louis Globe-Democrat* (St. Louis, MO) October 25, 1925.

²⁵ “President Harding Says Prohibition Enforcement a National Scandal,” *Orlando Evening Star*, December 27, 1922; “Harding Raps Haynes,” *The San Francisco Examiner*, July 11, 1927.

move it to the Department of Justice, where it would work in close contact with those responsible for prosecuting the cases the bureau initiated in the field.

In 1932, the Bureau of Prohibition employed just 130 agents yet still managed a budget of \$9,436,646. Much of the original prohibition unit had been transferred to the enforcement of provisions of the Volstead Act related to industrial alcohol, which was a far less controversial area of policing. That unit employed the bulk of the prohibition agents—1,754—and maintained budgets averaging \$4.5 million. The Bureau of Narcotics, in comparison, boasted 442 agents and a budget of \$1.7 million. In that sense, the shifts were largely optical and the Prohibition State continued to secure significant moneys and personnel. While the reduced Bureau of Prohibition only had 130 agents, its budget was still nine times that of the Bureau of Narcotics, which had 300 more agents to support. That procurement, combined with the \$4.5 million given to the enforcement of industrial alcohol laws, meant that the budget for alcohol prohibition remained around \$15 million—or \$280 million adjusted for inflation—at the onset of an economic depression and just one year prior to repeal.²⁶

In the early-1930s, prohibition arrests also began to decline. The Bureau of Prohibition reported 7,033 arrests for the month of August 1932. That number was down from the 7,459 arrests in August of 1931. A majority of the agency's work came in the form of seizures. In that same month, it seized 1,224 automobiles and boats, 1,578 stills, 163 breweries, 264,877 gallons of beer, 150,792 gallons of spirits, and 12,080 gallons of wine. The bureau did not maintain a strong record in the courts, however. Of the 7,033 arrested, 2,193 (33%) resulted in criminal convictions; 68 led to convictions by verdict and 1,323 simply plead guilty and faced, on

²⁶ "Federal Government's Law Enforcement Costs People More than a Hundred Millio," *Republican and Herald* (Pottsville, Pennsylvania), February 4, 1932.

average, 170 days in jail and a fine of \$164. Compared to the sentences levied against those in possession of drugs, a Volstead violation represented a slap on the wrist.

A frenetic raid, arrest, and seizure style that led to few significant convictions characterized the enforcement of alcohol prohibition. It was also a costly exercise. Not only had the federal government lost the modern equivalent of \$5 billion in annual tax revenue, but it spent roughly half a billion dollars (in today's dollars) in the enforcement of alcohol and drug laws. In the early phase of a severe economic depression, it was increasingly difficult to justify these administrative experiments. Worse, accusations of corruption, uneven enforcement, and the inability to convict a vast majority of those the bureau arrested only added to the arguments of those calling for repeal. After repeal occurred in 1933, however, the prohibition unit within the Department of Justice simply transitioned into the Alcohol Tax Unit of Internal Revenue and moved from the Department of Justice back to the Treasury.

The Alcohol Tax Unit that emerged after the repeal of alcohol actually represented a restoration of the original prohibition unit. The new agency inherited the staff of the Bureau of Industrial Alcohol and the 660 agents left in the old prohibition bureau of the Department of Justice to bring the force of the Alcohol Tax Unit to 1,850. It was the same number of employees the Bureau of Prohibition and the Bureau of Industrial Alcohol had two years earlier and one year before prohibition's end.

The Alcohol Tax Unit also maintained a nearly identical budget of \$15 million—or \$360 million adjusted for inflation. Those invested in the prohibition of alcohol simply pivoted, once again, rebranded the cause, and triumphed quickly over what seemed to be an existential crisis: the repeal of the prohibition law. Additionally, Congress had also created the highly effective

Bureau of Narcotics, which focused on promoting a more active war on drugs, one that pivoted quickly to a war on marijuana in the mid-1930s.

The Stepson of Prohibition No More: The Formation of the Bureau of Narcotics in the Waning Years of Alcohol Prohibition

It would be impossible to police America's drug problem, Pennsylvania Congressman Stephen G. Porter argued in 1930, if it was continually viewed "as a stepson of prohibition." That year he introduced what became known as the Porter Bill, a plan to divorce the enforcement of drug laws from the fledgling prohibition bureau. His efforts reorganized crucial federal bureaucracies and marked an attempt to diversify the government's investments in the Prohibition State and refocus it on a new war it had a better chance of winning—the one on drugs. Although Congress intended to continue funding the enforcement of the Volstead Act, representatives like Porter believed it was a mistake to fixate on that issue.²⁷

The Bureau of Prohibition, once seen as a vital administrative experiment in the enforcement of anti-liquor law, had failed to gain footing in its battle against a deeply entrenched substance—or so went the narrative. From 1919-1930, in fact, politicians, the media, and the public continually charged the bureau with corruption, nepotism, abuse of power, and the mismanagement of resources. Whether the criticism was fair mattered less than the ways those accusations reshaped its public image, one that had been irreparably damaged by 1930. At the same time, the narcotics division, a subsidiary agency working in the shadow of the prohibition bureau, continued its fight with drug use, a situation many considered far more threatening to the public sphere than the average violation of liquor laws. The agency was, as Porter said, the

²⁷ "Porter Urges New Bureau in Narcotics Fight," *Arizona Republican*, March 9, 1930.

overlooked stepchild of a troubled parent and the congressman hoped to offer it the attention and resources he believed it deserved.

The United States Congress, at the behest of Porter, who was considered an expert on the nation's problem with narcotics, initiated a bureaucratic reshuffling that would change the course of the Prohibition State's history. The Porter Bill created a Bureau of Narcotics within the Treasury Department, under the direction of a commissioner appointed by the Secretary of State, who would earn a \$9,000 yearly salary. The new agency would also "include all present employees of the Prohibition Bureau engaged exclusively in the enforcement of any law related to narcotic drugs."²⁸ Simultaneously, Congress transferred the Bureau of Prohibition to the Department of Justice, where it would play a supporting role in the nation's broader fight against federal crime. While it would continue to gain outsized budgets and a deep staff, it was ultimately removed—as much as it could be—from the public eye, renamed, and relegated to the shadows of federal law enforcement.²⁹

In one fell swoop, then, the federal government downgraded the public importance of alcohol prohibition enforcement by disbanding the Bureau of Prohibition and moved it to a new department where it was rebranded as a subsidiary agency. Still not done, Congress then reinvested a portion of the prohibition bureau's budget in a campaign against drugs. In the process, the Bureau of Narcotics gained esteem and became a prominent new face in the national drive against crime. Porter argued that "the principal object of the bill is to take narcotics control away from the Prohibition Bureau and added, "In my opinion the subject of narcotic control is of greater importance today than prohibition."³⁰

²⁸ "Bureau of Narcotics Proposed in Bill," *The Wilkes-Barre Record*, January 24, 1930.

²⁹ *Ibid.*

³⁰ "Narcotic Curb Porter's Goal: Pittsburgher Asks Congress to Separate Drug Corp from Dry Bureau," *The Pittsburgh Press*, January 24, 1930.

Porter's bill passed just as the narcotics division fell into a crisis of corruption, ineptitude, nepotism, and abuse of power that had similarly plagued the public reputation of the prohibition bureau. As Congress considered Porter's Bill, the Deputy Commissioner of Prohibition in Charge of Narcotics, Colonel L.G. Nutt, found himself in the middle of a scandal. An investigation revealed that his son, Roland H. Nutt, and son-in-law, L.P. Mattingly, had borrowed money from Arnold Rothstein, notorious head of the Jewish mafia in New York, who had made a fortune from both bootlegging and the illegal sale of narcotics. The state of New York found money transfers from Rothstein to Col. Nutt's family along with evidence that his son represented the gangster in an income tax case. A grand jury ultimately determined that those connections, while alarming, did not prevent Nutt from enforcing federal drug laws. However, while investigating his possible connections to Arnold Rothstein, the state of New York discovered that Nutt padded his arrest reports by including narcotic busts made by local police, not federal agents. A new investigation into that matter then commenced.³¹

As a result of these allegations, Harry J. Anslinger, Assistant Commissioner of Prohibition, replaced Colonel Nutt as Chief of the Bureau of Narcotics, which was still an agency under the umbrella of the Bureau of Prohibition. That was about to change, however. Two weeks later, on March 22, 1930, the House Ways and Means Committee approved Porter's proposal separating the control of narcotics from the Bureau of Prohibition. Then, on June 14th, President Herbert Hoover signed the bill and mandated the new bureau be established in thirty days.³²

³¹ "U.S. Jury Hears Nutt's Son on Rothstein Dope Bribery," *Daily News* (New York), January 15, 1930; "Dope Quiz Jury Finds Rothstein Loan No Salve," *Daily News* (New York), February 20, 1930; "Son of Dope Bureau Chief Faces Inquiry," *The San Francisco Examiner*, February 20, 1930.

³² "Committee Approves Narcotics Bureau Bill," *Courier-Post* (Camden, New Jersey), March 22, 1930.

The creation of the Bureau of Narcotics signaled a revolutionary change in the history of the Prohibition State. In terms of political optics, it pointed to a willingness on the part of the government to acknowledge that its strategies guiding the war on alcohol were not effective nor sustainable and that it was open to change and administrative experimentation. That agility, perhaps more than any other factor, preserved the Prohibition State. While Congress could not abandon the enforcement of the Volstead law, it did shift its focus from pursuing liquor violations to fighting the nation's alleged narcotic problem. It also continued to bestow historic budgets on the enforcement of alcohol prohibition, which became more of a hidden battle. The rebranding of agencies that year also saved both bureaus from descending into deeper levels of scandal, which threatened to discredit the enforcement of both alcohol and drug laws. For those looking to investigate corruption in those agencies, the fact they no longer existed made them exceedingly difficult to further probe.

With new leadership under Harry J. Anslinger, a mandate from the United States Congress to pursue any and all violations of drug laws, and strong public support, the Bureau of Narcotics wasted little time asserting itself. In one of the bureau's first drug raids, it was clear that Anslinger intended to escalate the government's response to the nation's perceived narcotic problem. In Oakland, California on August 15, 1930, agents seized opium, morphine, cocaine, and heroin with a street value that exceeded \$100,000. It was a major bust carried out by Harry D. Smith, supervising agent in charge of the Pacific Coast, who proposed the raid after he intercepted intelligence suggesting drug dealers were using an abandoned building at 320 Seventh Street as a dispensary. Harry J. Anslinger then ordered the seizure from Washington,

D.C., which led to the discovery of 127 cans of opium, one ounce of morphine, and fifty bundles of heroin.³³

The media viewed the raids favorably. Indeed, it celebrated the new bureau and those in charge of directing its movements. In a nationally syndicated article entitled “Fight on Narcotics Advanced,” the unnamed author argued that “the [drug] problem is akin to the prohibition problem.” The writer of the piece then corrected himself and argued that, in the end, the two issues could not even “be considered on the same plain” in terms of addictive potential. Even “the most ardent wet [was] apt to fully consent to restriction of the sale and use of narcotics,” it averred. That was because alcohol, after initial use, paled in comparison to the addictive power opium or cocaine wielded over first-time users. In popular discourse, in fact, it was almost taboo to question the importance of policing the nation’s drug laws, which made Anslinger’s vigorous enforcement seem justified and appropriate.

To those who had advocated for a stronger national response to the spread of narcotics, the notion that alcohol prohibition had accelerated the traffic in drugs held considerable sway. It was a reiteration of the point made about marijuana use in the University of Kansas orchestra—that the prohibition of alcohol, while perhaps admirable in its promotion of restraint, had ultimately created a far worse problem by instigating increased drug use. In an article entitled “Fight on Narcotics Advanced,” the author of the piece argued, “it has been said that under prohibition of alcohol, a great many” Americans had “turned to narcotic drugs.” The writer did not, however, want to get into a broader discussion about the similarities or dissimilarities of alcohol to narcotics. Rather, they were simply satisfied that “something [was] being done.”³⁴

³³ “Bay Raiders Get \$100,000 in Narcotics,” *San Francisco Examiner*, September 15, 1930.

³⁴ “Fight on Narcotics Advanced,” *Lansing State Journal* (Lansing, Michigan), August 19, 1930.

In a sweeping editorial titled “The Economic Losses through Drug Addiction,” writer Frances N. Ahl contended that the narcotic menace is the most serious problem confronting our police and other law enforcement officers.” Ahl claimed that the economic burden of the 250,000 drug addicts (which they considered a conservative estimate) in the United States amounted to a loss of \$1.57 million daily (\$573,875,000 per annum). The author arrived at those numbers by analyzing the ways “these addicts prey upon our nation to the extent of millions,” and strained “our law enforcement system, our police, our judiciary, our jails, prisons, penitentiaries.” This many tentacled malady made the narcotic problem “an industrial menace as well as a social one.”³⁵

With many of the same concerns in mind, Congress appropriated \$1,708,000 for the fight against drugs in the 1931 budget. This represented a \$47,000 increase from 1930 and illustrated the extent to which Congress, even as public revenue plummeted due to the onset of the Great Depression, nonetheless devoted itself to greater investments in the policing of drug laws. On the eve of the election of Franklin D. Roosevelt, amid a social milieu characterized by a sense that the prohibition of alcohol would not survive the 1930s, Congress dutifully reoriented the Prohibition State and prepared it for long-term survival. In the face of unexpected and unprecedented threats posed by a decline in popular support of alcohol prohibition and economic depression, it would be no small task.³⁶

The appointment of Harry J. Anslinger appeared to provide the correction Porter and Congress had hoped. The Bureau of Narcotics emerged as a far more organized, professional, and active agency than it had been under the prohibition bureau. It communicated regularly with

³⁵ Frances N. Ahl, “The Economic Losses Through Drug Addiction,” *Overland Monthly and Out West Magazine*, Vol. 88, No. 9, September 1930; That represented an annual loss of nearly \$8.1 billion when adjusted for inflation.

³⁶ “House Increases Anti-Narcotic Fund,” *The San Francisco Examiner*, December 6, 1930.

Congress, promoted awareness campaigns against narcotics, advocated for tighter municipal, state, and national laws, and collaborated with other federal agencies to fight national crime. In 1931, for example, it participated in an effort to rid Chicago of organized crime and joined a network of federal bureaucracy intent on using any national law necessary to cripple the city's notorious underworld. While the income tax law was most favored in attacking gangsters, "other laws in use [were] the Volstead act, Harrison act, the Mann white slave act and the Dyer automobile theft act." The governmental branches "concerned in the war" included the Bureau of Narcotics, the Justice Department, Immigration Service, the Coast Guard, and Customs officials.³⁷

Although the Department of Justice continued to actively police alcohol prohibition, those operations faded from the headlines and were replaced, to some degree, by the more dramatic raids of the new Bureau of Narcotics. In February of 1931, a mile north of the San Francisco Airport, for example, H.S. Seager director of the California state Bureau of Narcotics ceremoniously burned over a half million dollars in drugs. *The San Francisco Examiner* gleefully reported that "a \$600,000 opium pipe was smoked yesterday by the state of California." The bonfire began early in the morning as "two big garbage trucks trundled slowly down the highway towards the rendezvous on the edge of the bay waters." A car filled with police officers armed with shotguns and a bevy of motorcycle police carrying sub-machine guns flanked the trucks. Once they arrived at the bay's edge, a large fire was built. The officers threw 8,000 opium pipes into the flames along with "cooking stoves, needles, elaborate hypodermic outfits, crude layouts consisting of safety pins and eyedropper glasses, tins of cocaine, heroin, morphine, marijuana, and other deadly habit-forming drugs." Director Seager referred to the bonfires as

³⁷ "Federal Fight on Gangland: Organized Racketeering Faces Organized Government Campaign," *The Times* (Munster, Indiana), November 21, 1930.

“opium parties” and he expected that one more would result in the destruction of all drugs collected by the state over the past ten years.³⁸

The bonfire demonstrated a new and more aggressive style of national policing, but also pointed to a kind of public performance that put on display the new resources involved in attacking the country’s problem with substance abuse. Even though the massive pile of narcotics burned that day had been collected over the past decade, their incineration created something of an optical illusion suggesting that the state’s drug problem was far worse than it had previously appeared and thus required a force much bigger than had been assembled in the past. The scene also emphasized that, in the area of drug control, the government intended to master the enforcement style the prohibition unit was thought to have bungled; that its failure to successfully prohibit alcohol represented the loss of just a small battle in a larger war against illicit substances that the federal government was committed to win.

The fight against drugs rapidly transformed into a nationwide war in the 1930s. That war included simultaneous campaigns against smoking opium, morphine, codeine, heroin, cocaine, and marijuana. Politicians, bureaucrats, and the media began to increasingly frame it as a war in public discourse as well, which helped cement the idea. “The war against narcotics is now advancing on many fronts,” a widely circulated article proclaimed in March of 1931. It explained that “the Bureau of Narcotics seeks to control the use of habit-forming drugs through the present laws governing their importation, sale, and manufacture.”

Demonstrating a spirit of cooperation, the United States Public Health Service also deployed its Division of Mental Hygiene to determine the exact quantity of drugs required for medicinal and scientific purposes in the United States. The bureau also worked with the

³⁸ “\$600,000 Dope Bonfire Here,” *The San Francisco Examiner*, February 15, 1931.

American Medical Association, which sought the same information. The National Research Council added to this coalition of experts by experimenting with the therapeutic value of narcotics that possessed no addictive qualities. The paper argued “if all these methods of attack” were coordinated then it would result in “tremendous human good.”³⁹

The dramatic raids and the warlike phraseology did not define the entirety of the Bureau of Narcotics mission. Indeed, Anslinger focused much of his attention on the issues that plagued the reign of his predecessors: lack of professionalism, inconsistencies in enforcement, and corruption. The lack of uniformity in state drug laws encouraged these issues by creating conditions where agents’ approaches to drug crime varied from state to state—an environment that made it difficult to train new staff and nurtured a lack of cohesion that bred corruption. These were the same problems that hampered the success of the Bureau of Prohibition and so Anslinger’s attempt to correct it demonstrated an overall devotion to improving the reputation of the Prohibition State generally.

In one of his first speeches, given at an annual meeting of the nation’s druggists, Anslinger pushed for better adherence to the Harrison Narcotic Act at the state level. He told delegates at the annual meeting in 1931 that “a thorough enforcement of narcotic laws was impossible as long as various state laws conflict and the Harrison drug act is limited in application.” That kind of discord created confusion and inefficiency and he reiterated and marketed the message of uniformity throughout the 1930s. Anslinger argued that “between the point in which the operation of the federal narcotic laws” extended and “the point where the operation of state narcotic laws, most of which are archaic, begins” there was an enormous gap—or what he called “a twilight zone”—that afforded “a safe refuge for the dope trafficker

³⁹ “War on Drugs,” *The Kokomo Tribune* (Kokomo, Indiana), March 31, 1931.

and racketeer.”⁴⁰ Anslinger believed that a national uniform drug law, simply worded, would do more to eradicate the drug problem than any perhaps any other measure.⁴¹

As confidence in the nation’s fight against narcotics reached new peaks in the early-1930s, the support for alcohol prohibition dramatically collapsed. In August of 1933, James A. Farley, Chairman of the Democratic National Committee, declared that the enforcement of prohibition was a joke and that the Roosevelt Administration would not “attempt to enforce Federal prohibition laws” and would not “authorize further appointments to the prohibition service.” While incredibly ominous news for the Prohibition State, those developments were somewhat overshadowed by the appointment of the first woman to serve as the Chief of the Bureau of Narcotics overseeing the regions of Illinois, Indiana, and Wisconsin.⁴²

Elizabeth Bass, who had been the Democratic national committeewoman, received word in August that she would become the latest narcotics chief in charge of the crucial district that included Chicago. Less than a year into her tenure, Chicago papers reported “a woman has succeeded in putting fear into narcotic law violators in three states.” Bass claimed that in just five months she had gained 432 drug convictions out of 450 arrests and had developed this successful record by accompanying her agents on raids and then showing up in court to testify. She also took a hardline approach and had “come around” to the belief that imposing maximum sentences constituted the surest cure for those addicted to drugs. “Some of my associates feared at first that, being a woman, I would get sentimental over addicts, especially the women,” she explained to the press, “but, of course, I don’t.”⁴³

⁴⁰ Anslinger, January 24, 1934.

⁴¹ “Druggist Meet,” *Courier-Post* (Camden, NJ), September 30, 1931.

⁴² “End Dry Law Enforcement: Efforts Are a ‘Joke,’ Is James A. Farley’s Claim,” *The Windsor Star* (Windsor, Ontario) August 11, 1933.

⁴³ “Woman Narcotics Has Splendid Record,” *The Dothan Eagle* (Dothan, Alabama), January 6, 1934.

Instead of reigning in the policing of drugs—like it had alcohol—the government gave the Bureau of Narcotics wide latitude. Anslinger, in fact, spent a significant amount of time investigating performance enhancing drugs in the sport of horseracing. The issue reached his office due to the mafia’s involvement in racetrack gambling and Anslinger claimed that the drugging of the animals had become a general practice when he testified before the House Appropriations Committee in early-1934. Out of 1,200 horses, he claimed, 300 had been “doctored just before each race.” He called it a “terrible practice” that was “ruining the thoroughbred in the country.” Anslinger informed the committee he had already submitted to the Department of Treasury “a memorandum proposing a federal law which might curb the practice.” Syndicated news articles proclaimed, “Government Joins Horse Doping War” and the Bureau of Narcotics worked directly with the state of New York to innovate a laboratory that tested horse saliva for drugs.⁴⁴

By the mid-1930s, the federal government’s approach to the regulation of drugs had been drastically altered by Congress and the Roosevelt Administration. Support for the nation’s so-called dry laws had plummeted and the White House declared that it would no longer attempt to enforce the Volstead Act, which had been—just a few years earlier—the celebrated pinnacle of the prohibitionist agenda. In the process, Harry J. Anslinger’s Bureau of Narcotics emerged as a model agency leading the Prohibition State into the modern era.

⁴⁴ “Race Horse Doping General Practice,” *Jefferson City Post-Tribune* (Jefferson City, MO), January 24, 1934; “Ohio Racing Plans Will be Discussed,” *The Akron Beacon Journal*, January 2, 1935; “Important Changes Coming in the Conduct of the Turf,” *Times Union* (Brooklyn, New York), January 9, 1935; “Suggests a Way to Halt Doping of Race Horses,” *Dayton Daily News*, January 9, 1935; “‘Mousetail Test’ and Suspended Payoff Would Stop Racehorse Doping, Treasury Chemist Says,” *St. Louis Post-Dispatch*, January 9, 1935; “Government Action on Horse Race Doping,” *St. Louis Star and Times*, January 18, 1935; “U.S. to Help in Dope Evil,” *Times Union* (Brooklyn, New York), January 19, 1935 “Use Laboratory in War Against Horse Doping,” *Vidette-Messenger of Porter County* (Valparaiso, Indiana), May 18, 1935.

The bureau promoted new and more uniform national drug laws to much acclaim, advocated for efficiency and professionalism, successfully collaborated with state and federal law enforcement agencies, and remained versatile enough to pursue developments like the Horse Doping War. Then, from 1933-1935, there was a kind of interregnum in the war on alcohol and drugs. Roosevelt abandoned the enforcement of alcohol prohibition and the Bureau of Narcotics maintained a status-quo approach to enforcing narcotics violations while wading into the issue of performance enhancing drugs. Action renewed as anti-marijuana sentiment began to spread throughout the United States in the wake of alcohol prohibition's repeal, infusing the Prohibition State's agenda with fresh energy. Simultaneously, the bureau formerly charged with policing violations of liquor laws turned, instead, to focus on the evasion of alcohol taxes, which did much to improve its reputation. The Prohibition State, which seemed badly wounded in 1933, was—just a couple of year later—poised for a significant comeback.

Rogue of the Roadside: Marijuana and a New Front in the American Drug War

In 1933, the state of California officially declared war on marijuana. *The Californian* called it “the nation’s depression narcotic” and claimed that William G. Walker, chief of the state narcotic division, was cooperating with federal officials to launch “an extensive drive on all marihuana growers, peddlers, and users.” The smoking of marijuana cigarettes, the department alleged, had grown so rapidly in California that it represented a national menace. This increased focus on marijuana resulted, in part, from a general transition by the Bureau of Narcotics from the East Coast to the Pacific, where use of the substance had always been far more widespread.⁴⁵

The newspaper media widely publicized this geographic shift in drug war fronts. The *Spokesman-Review* of Spokane, Washington declared “Enemy Pretty Well Beaten on the Eastern

⁴⁵ “Marihuana is Growing Peril to Drug Users,” *The Californian* (Salinas, California), August 22, 1933.

Front” and suggested that the Pacific Coast would get renewed attention. The “incessant warfare to control the smuggling of narcotics into the United States,” it reported, had “turned to a new battlefield—the Pacific coast.” In many ways, the shift brought the war on drugs back home, to San Francisco, a leader in anti-drug sentiment. The city had banned opium dens in 1875 and developed a raid-and-arrest style of policing Chinatown that gained national attention and led to the passage of the Smoking Opium Exclusion Act in 1909. By 1933—the year Congress repealed alcohol prohibition—national focus turned again to California where the light this time shone on cannabis.⁴⁶

That was not the sole focus of the campaign, however, and it remained a broad war on all forms of drugs deemed habit-forming. “Dope, morphine, marihuana, cocaine, and its sisters of the green dragon,” *The News Messenger* of Lincoln, California reported, “is striking at the heart of California homes and taking a toll that cannot be exaggerated.” Just as it had in the fight against opium dens and smoking opium in the late-nineteenth-century, California also spearheaded the drive against marijuana and became one of the first states to prohibit its use in 1914. The bordering states of Nevada, Oregon, and Washington did not prohibit it until 1923 and Arizona waited until 1931. California remained a trend-setter in the drug war—especially in the explicit connection of drug use to immigrant populations and their cultures.⁴⁷

The sensationalistic stories progressed. William G. Walker, chief of the California’s narcotic division, claimed a local school teacher stood accused of instructing children “how to

⁴⁶ “Narcotics War is Waged on Pacific Coast,” *The Daily Advertiser* (Lafayette, LA), August 8, 1933; “West Coast Scene of Narcotic War,” *The Emporia Gazette* (Emporia, KS), August 8, 1933; *The Battleboro Reformer* (Battleboro, VT), August 8, 1933; “Narcotic War on West Coast: Campaign of Unusual Proportion is Being Waged,” *The Greenwood Commonwealth* (Greenwood, MS), August 8, 1933; “Narcotics War Shifts to West,” *Miami Daily News Record* (Miami, OK), August 8, 1933; “Narcotics War Moves Towards Pacific Coast,” *Deseret News* (Salt Lake City, UT), August 8, 1933; “Narcotics War Turns to Coast,” *The Semi-Weekly Spokesman-Review* (Spokane, Washington) August 9, 1933; “Narcotics War Turns to Coast,” *The Semi-Weekly Spokesman-Review* (Spokane, Washington) August 9, 1933.

⁴⁷ “Narcotic Addiction Getting Strangle Hold on California,” *The News Messenger*, November 16, 1933.

use and become addicted to morphine” and that “marihuana cigarets [sic]” were being “peddled to school children and ‘thrill-struck’ adolescents” for twenty-five cents. In Humboldt County, he continued, a man smoked one cannabis-laden cigarette and “cut off the head off his best friend.” Walker concluded that marijuana was “second only to heroin for creation of cruelty streaks in its victims.”⁴⁸ Even though alcohol traditionally served as the cause of public disturbances across the United States, marijuana and heroin, by the 1930s, were billed as unique agents capable of inciting frightening mayhem.

These kinds of sensationalized stories then spread eastward—just as those involving opium dens had at the turn-of-the-century—and began to influence the national narcotics narrative. In New York, it was reported that “narcotic authorities throughout the country” had started “a grim, intensive drive against the use of marihuana, one of the most insidious and pernicious dope evils of the twentieth-century.” The anti-cannabis narrative, which had been circulating since the late-nineteenth century, reached its pinnacle during the 1930s. The substance, considered relatively benign throughout the nineteenth-century, had now become a centerpiece of a new war on drugs.

According to the “campaign” in response to the threat marijuana posed would be “prosecuted” with an intensity that no “similar past crusade” had known. Still, it would “probably fail.” The problem, those involved in it suggested, was far more entrenched than American citizens realized. Because it could not be eradicated wholly in the short term did not mean a monumental effort should not be waged. Indeed, authorities in New York urged the nation to conduct a “savage thrust against marihuana.” It was particularly menacing because addicts could grow it locally. If a person sought cocaine or heroin, the only way to obtain it was

⁴⁸ “Narcotic Addiction Getting Strangle Hold on California,” *The News Messenger*, November 16, 1933.

from a dealer, but marijuana could be grown in window boxes, in backyards, or on any “patch of earth.”⁴⁹ That made the substance particularly alarming to those inclined to fear its spread. Like tomatoes or kitchen herbs, any American could grow marijuana and then consume or sell it. For individuals convinced it destabilized society, the backyard-garden nature of the plant’s composition created panic. This panic was then exacerbated by the popular association of marijuana use with violent crime. Harold V. Smith, Chief of the Pennsylvania Narcotics Bureau began a war against cannabis in that state as well and argued that “a great deal” of “industrial unrest and sex crimes” could be attributed to those “under the influence of marihuana.” These sorts of comments illustrated the ways in which media alarmism began to significantly infiltrate the thinking of policymakers, who then used incredibly sensationalized, alarmist, and martial language to inspire government action.⁵⁰

As this crusade against cannabis gained momentum in 1934, it was still unclear which agency would ultimately house the old prohibition unit. That presented a moment of uncertainty in which the forces behind the Prohibition State’s continuation pondered the future of the personnel and resources that had already been invested in the war on illicit substances. It became immensely clear, however, that those focused on arresting substance abuse in the United States had no intention of retreating. Instead, they merely pivoted—seamlessly—to new fronts. Having gained experience in the fight on drugs in the opening decades of the twentieth century, the media, along with local and federal agencies, seemed poised to attack cannabis in unprecedented ways. At the same time, those agencies and journalists involved in combatting the substance

⁴⁹ “Seek to Stamp Out Marihuana: Authorities Start Fight on Pernicious Drug,” *Everett Press* (Everett, Pennsylvania), December 7, 1934 “Seek to Stamp out Use of Marihuana,” December 7, 1934.

⁵⁰ “State Opens War Against Drug Traffic: Marihuana Weed, Mexican Narcotics, Object of Intense Drive,” *The Daily Republican* (Monongahela, Pennsylvania), June 20, 1934.

increasingly marginalized discussions about whether cannabis actually posed the risks they alleged it did.

In that environment, the fight against marijuana expanded and took on the appearance of a socially necessary war. In a “special laboratory” maintained by the National Research Council at the University of Virginia, for example, researchers experimented with what they called “dopeless dope.” To those involved in the program, it represented the only viable option in reducing a problem the agency considered to have accelerated beyond logical control. The best statistics available suggested there were in excess of two million Americans addicted to drugs. Those numbers were never fully trusted because it was assumed most Americans refused to talk about their addictions. It was a silent scourge. That rationale made it impossible to accurately assess the exact number of dependents and provided space for a wide range of theories regarding the true extent of the problem. Many of the experts consulted still nonetheless believed that “since the advent of prohibition, the use of drugs [had] increased steadily.” They alleged that throughout the 1920s the number of addicts had quadrupled. National Research Council scientists nonetheless believed it might be possible “to keep the bee and remove the sting.” In other words, it hoped to provide the desired qualities that led to continual use while eliminating the concomitant physiological dependency.⁵¹

This broad collaborative effort to eradicate the use of drugs in American society, which was thought to have greatly increased in the wake of the repeal of alcohol prohibition, had much to do with Anslinger’s leadership at the Bureau of Narcotics. Unlike his predecessors, he avoided scandal, promoted cohesive action, and perhaps more importantly, was adept at marketing war on illicit substances in ways no other bureau chief had been. His office conducted that public

⁵¹ “Non Habit Forming Narcotics Sought in War on Drug Evil,” *News and Citizen* (Morrisville, Vermont), April 15, 1931.

campaign through editorial pieces, speeches delivered at professional conferences, educational programs, interviews, and on the radio. Shows like “Crisis in Drug War” played with regularity on the Columbia Network. Cumulatively, the newspaper industry, along with state and federal agencies, developed what is best described as a public relations campaign against marijuana.

In 1932, East Coast radio stations ran Anslinger’s speech to the World Narcotic Defense Association’s annual conference that year, where he spoke about “The Part of the Federal Government in the Narcotic Drug War.” The airing also included a similar speech by Edward P. Mulrooney, entitled “Part of Municipalities in the Narcotic Drug War.” It concluded with the Honorable Charles H. Tuttle’s talk “Coordinating the Power of the Federal Government, the States, and the Municipalities in the Narcotic Drug War.” These educational programs informed the public about the menace marijuana allegedly posed while also introducing the administrative solutions the speakers deemed necessary in curtailing its spread.⁵²

As the nation transitioned from its failure to enforce alcohol prohibition, the Bureau of Narcotics and its advocates in the media made it clear that the nation faced a different and more important war against drugs. This pivot was not unique to the United States and could not be attributed solely to the efforts of the Bureau of Narcotics. Support for alcohol prohibition did not collapse in the United States alone, but also in Canada, England, Russia, Finland, and throughout Europe. Similarly, the shift from a failed experiment with alcohol prohibition to a new war on drugs occurred elsewhere too. Indeed, the United States efforts were part of a transnational war on drugs. In May 1931, 51 nations met in Geneva to discuss the “civilized world’s fight on the drug traffic.” It was the most “extensive effort yet” to gain national cooperation in controlling the global manufacturing of narcotics. In response to an alarming increase in drug addicts on the

⁵² “Tomorrow’s Early Radio Programs,” *Times Union* (Brooklyn, New York), February 17, 1932.

streets of London and in British asylums, Scotland Yard waged “an intensive war” against “heartless traffickers.” England estimated that roughly 90% of all those confined to mental institutions had arrived there due to the abuse of narcotics.⁵³

The drug war also spread to Canada and *The Gazette* of Montreal, Quebec announced that “Mounties’ War on Drugs Continue,” arguing that officers there worked dutifully to break up an international drug smuggling ring in Canada. The members of this alleged ring, “including Chinese,” were falling “into the net laid by the Mounties.”⁵⁴ In March of 1931, a report from Paris noted that the country’s “secret police” had begun a “drive to trap international drug traffickers operating on a big scale between France and the United States.” Then, in September, 1933, the Egyptian government ordered 10 British planes to “deal with the growing practice of smuggling drugs—particularly hashish—throughout the Sinai desert.” The aircraft included bomb racks, machine guns, cameras, and radios.⁵⁵

That level of international coordination in fighting the 1930s wave of drug crime was evident in Washington, D.C. In December of 1934, a conference held by the Department of Justice illustrated the extent to which the national government sought to orchestrate a more aggressive, scientific, and coordinated assault on the nation’s alleged crime epidemic. J. Edgar Hoover, director of the division of investigation of the United State Department of Justice, presented a paper entitled “Detection and Apprehension,” Judge Charles W. Hoffman, of Cincinnati, focused on “Modern Youth and Crime,” and New York Attorney General John J. Bennett, Jr. spoke about “Commercial Racketeering.”⁵⁶

⁵³ “Resume Drug War: Fifty One Nations Join in Geneva Meeting,” *St. Joseph News-Press/Gazette* (St. Joseph, MO), May 27, 1931; “Drug War in Britain: Scotland Yard Campaigns,” *The Vancouver Sun*, October 18, 1930.

⁵⁴ “Mounties War on Drugs Continues,” *The Gazette* (Montreal, Quebec, Canada), February 16, 1932.

⁵⁵ “French Secret Police Open War on Drug Ring,” *St. Louis Star and Times*, March 9, 1931; “Egypt Orders Planes to War Against Drugs,” *The Leader-Post* (Regina, Saskatchewan, Canada), September 22, 1933.

⁵⁶ *Ibid.*

Harvard Criminologist Dr. Sheldon Gleuck read “The Place of Proper Police and Prosecution in a Crime Reduction Program” and newspaper editor Stanley Walker delivered ideas on “The Opportunities of the Press in the War against Crime.” H.V Kaltenborn elaborated on the place media held in the effort by discussing “The Role of Radio in an Anti-Crime Movement” and a Hollywood executive complemented it with “The Screen’s Contribution to the Prevention of Crime.” Harry J. Anslinger appeared at the conclusion of the conference to discuss “The Narcotic Problem” he claimed plagued the nation. Connecting various crime waves to the use of cannabis was an established trend by the 1930s. England attempted to connect it to crimes involving temporary insanity in the late-nineteenth century. In Mexico, the assertion that marijuana inspired criminal activity led the country to declare war on it. By the time the United States adopted that narrative in the 1930s, it had developed deep historical roots.

Despite this level of organization and coordination at the national and international level, state legislatures were still reticent to pass uniform drug laws. In Springfield, Missouri, Jack Arthur Fisk, twenty-two years old, was suspected as being the source of the marijuana smoked by local high school students. He was arrested and jailed for sixty days, but only served two weeks of the sentence because it was discovered that Missouri had no anti-marijuana law. Judge R. Jasper Smith ruled that the state had violated his rights by charging him with “contributing to the delinquency of a minor” as cannabis was not mentioned in the statute. The judge concluded, “The only way the state can get convictions legally of persons dealing in marihuana is for the state legislature to pass an act against it.”⁵⁷

The situation in Missouri represented a local political problem that hampered the success of the Bureau of Narcotics’ call for rigorous enforcement and blunted the momentum of the

⁵⁷ “State Has no Marihuana Law, So Dealer is Freed,” *St. Joseph Gazette* (St. Joseph, MO), January 3, 1935.

American war on drugs. Many states still struggled to sternly enforce the Harrison Narcotic Act, which was, in 1934, twenty-years old. *The San Francisco Examiner* reported, “Campaigning to enlist the States in its drive to suppress drug peddling physicians, the Federal Narcotics Bureau is urging all forty-eight legislatures to adopt a uniform anti-narcotics law.” The expansion of the Prohibition State required a broad state level buy-in and the media, along with local and federal officials, pushed for uniform laws. As of December, 1934, the uniform bill had been adopted by nine states and 17 had applied for drafts of the act. Forty-four state legislatures met in 1934 to consider a uniform narcotic law that not only strengthened the mandates of the Harrison Narcotic Act, but also included new measures to criminalize marijuana.⁵⁸

George F. Zimmer, a former Special Agent for United States Naval Intelligence, wrote that “legislatures of forty American states” would convene in January of 1935 and would be asked to “do what forty-five foreign nations” had already done—enact uniform narcotic laws. In a radio address delivered in March of 1935, President Roosevelt called upon state legislatures to pass more stringent drug laws that would align them with the national government and the international community, which had outlined its agenda in Geneva the year before. The President suggested that passing uniform legislation, which also banned marijuana, would allow the state legislatures to “give their own people far better protection than they now have against the ravages of the narcotic drug evil.”⁵⁹

As the public formed its understanding of marijuana, its effects, and the extent of its use, sensationalist and militaristic commentary thrived. Kenneth Clark, Chief Correspondent of Universal Service, wrote that “shocking crimes of violence” were increasing due to the

⁵⁸ “Uniform Dope Law Sought in All 48 States,” *The San Francisco Examiner*, December 9, 1934.

⁵⁹ George F. Zimmer, “Heroes of the War on Dope,” *The Billings Gazette* (Billings, MT), November 4, 1934. “States Urged to Ban Drugs,” *Democrat and Chronicle* (Rochester, New York), March 22, 1935.

consumption of cannabis. He continued, quite vividly, by suggesting that marijuana had led to “murders, cruel mutilations, maimings [sic], done in cold blood, as if some hideous monster was amuck in the land.” He also claimed that the “underworld” had tuned to the drug as a way to “subjugate the will of derelicts.” Commenting on a series of anecdotal cases, including a young Florida boy who executed his entire family with an ax after smoking the substance, Clark asked, “mothers and fathers of America, WHAT ARE YOU GOING TO DO ABOUT IT? Do you want this fate for your sons, your daughters?” He believed two things needed to be done immediately. First, “federal law must be broadened and strengthened to bring this dope under control, to smash this hideous menace.” Secondly, individual states had to pass “narcotic drug acts” that would “outlaw marijuana, as well as all other dope, and provide drastic punishment for offenders.”⁶⁰

To illustrate the power of a new and improved federal policing force, the bureau took part in an attempt at cleansing the nation of its illegal drug problem in the spring of 1935. It was a drive to “mop up” crime and it immediately led to the arrest of 1,909 Americans across the nation. Media commentary referred to this demonstration of Prohibition State activism as the “most sensational coup against the underworld ever attempted by the federal treasury.” The campaign included the Bureau of Narcotics along with 12,000 officers of the Treasury Department, who “swept through the country from the Atlantic to the Pacific and from the Canadian to the Mexican borders.” It linked all officers of the Treasury Department together in a raid “cut deeply into the ranks of counterfeiters, bootleggers, narcotics dealers, and other law

⁶⁰ Kenneth Clark, “Murders Due to Marijuana Sweeping U.S.,” *The San Francisco Examiner*, February 17, 1935.

violators.” By the end of the campaign to “stamp out all forms of lawlessness,” over 2,000 Americans were arrested, 580 of them for narcotics alone.⁶¹

Emphasizing the symbolic importance of this campaign, Eleanor Roosevelt wrote “the greatest weapon against this [narcotic] evil is public opinion” and she hoped that the “recent narcotic drives” had focused the attention of the courts and the public on the problem. The goal, to her, was the imposition of “severe sentences” on drug addicts so that they would not “be allowed to return to society” until they had been rehabilitated. The First Lady reiterated an ethos that had been embraced by her husband—that drug addicts had to be sufficiently punished, broken of their habits by any means necessary, and slowly reintroduced to law-abiding society. This line of thinking had characterized the Herbert Hoover administration, which created the Bureau of Narcotics, Harry J. Anslinger, mainstream journalists, and a wide network of local, state, and federal politicians, judges, and law enforcement officials.⁶²

These overt attempts to reshape public opinion marked a crucial evolution of the Prohibition State’s agenda. As it passed drug reform laws in the early-1900s, including the Pure Food and Drug Act and the Harrison Narcotic Act, public opinion had not significantly factored into decision making. With the collapse of the Volstead Act, however, it became clear that future reform efforts would require a more sustained focus on winning over the general public and convincing them of the necessity of action. In the meantime, the Roosevelt administration made efforts at expanding the government’s interests in containing the nation’s drug problem through executive action.

⁶¹ “‘Mop Up’ Order Is Given in Giant Crime Campaign,” *Battle Creek Enquirer* (Battle Creek, Michigan), March 16, 1935; “Arrests in Raids Increase to 2,000: 50 More Narcotics Violators Taken During Night,” *Argus-Leaders* (Sioux Falls, Idaho), March 17, 1935.

⁶² Mrs. Franklin Roosevelt, “Bureau of Narcotics Noted with Illicit Drug Traffic as Worthy Federal Goal,” *The Cincinnati Enquirer*, June 3, 1935.

Roosevelt's administration spearheaded the creation of a \$5 million federal narcotics "farm" outside of Lexington, Kentucky, which opened in the summer of 1935. It spread over 1,000 acres and had been built to rehabilitate upwards of 1,500 American addicts. A formal dedication for the new "farm" took place at 2pm on May 24, 1935 as a crowd of politicians and bureaucrats filed into the auditorium in the main building of the compound. The ceremony began with the song "America" and an invocation by Reverend George O' Bryan. Josephine Roche, the first woman appointed as Assistant Secretary of the Treasury by President Roosevelt, followed with "a greeting from the Treasury Department." United States Surgeon General Hugh S. Cummings delivered the dedicatory address, Dr. A.W. Fortune, pastor at Central Christian Church delivered the benediction, and the ceremony closed with the playing of the Star-Spangled Banner. With the farm in Lexington, the federal government now entered into the business of rehabilitation and exerted its power over all phases of drug dependency in the United States.⁶³

William F. Conhurst wrote that the farm, a revolutionary new concept in the nation's effort to reform the more than 100,000 drug addicts in the United States, would offer "wholesome, beneficial surroundings under the care and custody of the United States Public Health Service."⁶⁴ Conhurst asked, "What makes a man take dope?" According to the experts he consulted, more than three-fourths of the nation's addicts arrived at the predicament because "previous use of opiates in medical treatment or self-treatment for the relief of pain." Others became addicts because of their affiliation with drug using individuals or to "allay emotional distress or overcome drunkenness." Those sentenced to the new federal farm included individuals who had violated federal drug laws, those whose parole required rehabilitation before

⁶³ "Stage is Set for Dedication of Federal Narcotic Farm (Other Lexington News)," *The Cincinnati Enquirer*, May 25, 1935.

⁶⁴ William F. Conhurst, "Federal Narcotic Farm to Mark End of Prison 'Cures,'" *The Baltimore Sun*, July 14, 1935.

being integrated back into society, and natural-born Americans who voluntarily admitted themselves. In the summer of 1935, the first few inmates were transferred from the federal penitentiary in Leavenworth, Kansas to the Lexington narcotics farm to begin treatment.⁶⁵

Despite these new and revolutionary methods, the drug problem continued to evolve in new forms. In the summer of 1935, reports of a “suicide epidemic” amongst the United States military in Panama began to circulate. It started with an editorial in Nelson Rounsevell’s *Panama American*, in which he alleged soldiers were driven to the smoking of marijuana as a way of “seeking solace from harsh and cruel treatment” by their superiors. He demanded that the Secretary of War investigate the deaths of four soldiers during the six-week period from May 20th-July 5th. Indeed, the destructive potential of marijuana smoking seemed limitless. *The Los Angeles Times* reported that “when a Mexican of the lower class runs amuck, tries to snip off the ears of his wife with a carving knife, cut the throat of his compadre, and it takes six to eight burly American policeman to get him to jail—when those things happen, I say, it is as clear as day that the little chap, who otherwise would be no stronger than a cat, has been smoking marihuana.”⁶⁶

The persistence of alarmist marijuana narratives increasingly lured the Bureau of Narcotics into the fight against cannabis. Anslinger announced another federal drive in 1935 and told the press that “marijuana smoking is increasing, while the use of other drugs is decreasing.” He suggested it was primarily used by those Americans who were between the ages of 18-22 and, “in order to satisfy their cravings,” the addicts committed petty thefts or turned into shoplifters in order “to get money to pay for their cigarettes.” He also claimed that “the surest way to insanity,” as far as drugs were concerned, came through the smoking of marijuana as it

⁶⁵ Ibid.

⁶⁶ “Suicide Epidemic Reported in Panama,” *The Marshall News-Messenger*, July 13, 1935; Timothy Turner, “Odds and Ends of Life in Los Angeles,” *The Los Angeles Times*, August 11, 1935.

destroyed “all reasoning power” and broke down “a person’s ability to judge space, time, and distance.” At this point in the drive against marijuana, government officials spread sensationalistic tales of marijuana as prolifically as the sensationalist press. In many ways, Anslinger—more than any figure before him—nationalized the alarmist anti-marijuana media narrative. By corroborating stories of marijuana inspired crime sprees, Anslinger not only bolstered the media’s narrative, but also used it to shape public opinion and justify historic government action.⁶⁷

Anslinger’s theories, which he used to enhance the bureau’s importance, mirrored the cannabis-related sensationalism that flowed regularly through the American press. In “The Fight Against the Hashish of America,” a widespread newspaper feature, the author began, “marihuana—a dread name, with terrifying implications—has appeared on the American scene to give officials of the United States Bureau of Narcotics a more difficult problem than the treacherous opium of the Orient, morphine, cocaine, or heroin.”⁶⁸ It continued, “For to this unusual plant, so these officials say, may be traced many of the most horrible crimes in recent history.”⁶⁹ The bureau’s efforts to protect American citizens against its presence, however, had been handicapped by the fact there was “no federal law controlling it, although 34 states and the Territory of Hawaii” had moved to regulate its sale and consumption.⁷⁰

This intensified war on cannabis became the face of the Prohibition State in the wake of the repeal of alcohol prohibition. Yet, the enforcement of alcohol laws had not significantly lessened. Even though it received far less press than the headline grabbing drug war, the Alcohol

⁶⁷ Cecil Dickson, “U.S. Officials Open Campaign on Marihuana: Commissioner Declares Drive Will be Centered Against Sales to Youthful Addicts,” *The San Francisco Examiner*, August 14, 1935.

⁶⁸ “The Fight Against the ‘Hashish of America,’” *Arizona Republic* (Phoenix, Arizona), February 22, 1936.

⁶⁹ *Ibid.*

⁷⁰ “The Fight Against the ‘Hashish of America,’” *Arizona Republic* (Phoenix, Arizona), February 22, 1936.

Tax Unit nonetheless seized 904,295 gallons of illicit liquor, 19,024,255 gallons of mash, and made 34,480 arrests. The Bureau of Narcotics, during the same period, claimed 7,108 ounces of narcotics that led to 2,560 convictions. As the headlines increasingly focused on the war with marijuana, the Alcohol Tax Unit quietly continued its crusade on illicit booze. Indeed, in 1936, it even began to grow and received an allotment of \$773,240—in addition to its \$15 million budget—to be spent on new employees. In the process, the Bureau of Narcotics received an additional \$25,850 for “expenses and purchase of field equipment.”⁷¹

The war on alcohol tax violations, however, did not have the public appeal that the war on drugs did. The government’s perceived failure to properly police the prohibition of alcohol was still relatively fresh in the American mind. At this point in the story, in fact, the repeal of the Volstead Act had occurred just three years earlier. The battle against marijuana, however less relevant than the pursuit to ensure that the national government received its fair share of liquor tax revenue, ultimately dominated the public image. In a pamphlet distributed in honor of the Tenth Annual Observance of Narcotic Education Week—sponsored by the International Narcotic Education Association, Inc. and the World Narcotic Defense Association—the Bureau of Narcotics was extensively quoted. This week of awareness, held from February 22-29, focused on marijuana. The plan for 1936 was clearly outlined. First, it called for governors of states and territories to issue proclamations requesting citizens and organization to join in the observance of the week. Secondly, it requested that press and radio give publicity to the narcotic problem through news items, editorials, educational materials, and broadcasts. Thirdly, ministers, Sunday school teachers, Y.M.C.A., Y.W.C.A., W.C.T.U., and other religions organizations were to

⁷¹ “Treasury Likes Trade Outlook: Reports All Well in Banks and Business in Asking Billion Appropriation,” *Arizona Daily Star*, February 6, 1936.

devote one meeting or part of a meeting during that week to discuss the dimensions of the nation's drug problem.⁷²

The program ultimately pointed to a broad socio-political collaboration that included both the private and the public sector. Universities, colleges, public, parochial, and private schools would offer “narcotic menace study” and “clubs, fraternal orders, civic, and philanthropic groups” were to give the “narcotic problem serious attention by addresses, discussions, and study.” Then, the organizers offered a few points under the byline “for special emphasis.” They included, first, “efficient narcotic law and prompt and effective action against violators by the courts.” The program then promoted the enactment of the Uniform State Narcotic Drug Act and, finally, an “active campaign against the Marihuana menace, including uniform legislation.” These efforts indicated the arrival of a new era in the drug war, in which unprecedented national coordination thrust the topic to the forefront of American politics. This effort benefitted, of course, from the unity inspired by Franklin Roosevelt's approach to the Great Depression. The drug war, then, served as a rare moment of cohesion—offering the country a moment to rally around a topic over which few Americans disagreed. With anti-marijuana policy, then, the Prohibition State found a way to expand in the face of its perceived failure to successfully manage the prohibition of alcohol.

Similar to efforts at controlling the spread of opium, morphine, cocaine, heroin, and alcohol, the battle against marijuana had international reach. In November of 1934, in Geneva, Switzerland, the international community had gathered again to refine its policies on drugs. The Advisory Committee on Traffic in Opium and Other Dangerous Drugs focused on “the abuse of cannabis in the United States.” Importantly, it cited the records of the Bureau of Narcotics, which

⁷² “The Fight Against the ‘Hashish of America,’” *Arizona Republic* (Phoenix, Arizona), February 22, 1936.

had a clear role in shaping the foreign agenda. A League of Nations Memorandum noted that “The records of the Bureau of Narcotics indicate that geographical distribution of wild cannabis in the United State may be said to be mainly in those States bordering the Gulf and the Republic of Mexico.”⁷³

The Prohibition State also continued and expanded its role in preventing the importation of drugs from foreign countries—an activity it began in that first International Opium Conference in Shanghai in 1909. Regarding importation, the committee cited the “Food and Drugs Act” of 1906, which mandated that “collectors of customs are directed to refuse delivery of all consignments of dried flowering tops of the pistillate plants of *cannabis sativa*” unless receiving a “penal bond” ensuring it would not be sold for purposes other than medicinal. The committee declared cannabis was highly addictive and had the potential to create “psychomotor activity with a tendency to wilful [sic] violence accompanied by a complete loss of judgment and restraint.” The evidence presented on that international stage was often culled from the American press. Oftentimes the examples used, in comparison to the variety of sensationalistic options, did not seem to confirm any other point than marijuana could be easily purchased on the streets. In one instance, those gathered discussed the story of a boy from Atlanta who purchased the substance from a food vendor:

While walking up around the curb market in Atlanta, Georgia, I passed the stand of the hot tamale man who asked me: ‘Do you want any hot tamales?’ I said ‘Don’t you have anything stronger?’ He said: ‘Yes’ and sold me two marihuana cigarettes for twenty-five cents. I had never seen this kind of cigarette before. I smoked one of them and it gave me a headache. Then I smoked the other one and began to feel it. My mind changed in a queer sort of way. I craved some more of the cigarettes; and, not having any money, I pawned my shoes for one dollar and bought a bag of dried leaves to roll my own. After a couple of more cigarettes, I began to feel like I was on top of the world. I would walk up to anyone and ask them for anything without hesitancy. Then I felt like I would do

⁷³ “Advisory Committee on Traffic in Opium and Other Dangerous Drugs: Situation as Regards Indian Hemp,” November 10, 1934.

something desperate. However, I was very tired and fell asleep for two whole days and nights.⁷⁴

This anecdotal tale from Atlanta, provided by the Bureau of Narcotics, had been submitted as evidence buttressing the idea that the country suffered from a marijuana epidemic. Although not nearly as alarmist as other stories, the article continued to illustrate the power the media played in shaping national and global marijuana policy. The Bureau of Narcotics, in fact, collected alarmist anti-marijuana news stories and disseminated them as evidence of a drug epidemic. The League of Nations, for example, also quoted “an investigation carried out in a district in New Orleans,” which uncovered that “out of 450 prisoners, 123 whose aged ranged from 18 to 31 years, were marihuana addicts and there were 68 arrests during 1930 for the sale and possession of this product.” The Narcotic Education Association, which worked closely with the Bureau of Narcotics, quoted the same statistics.⁷⁵

In one of its pamphlets from the 1930s, the Narcotic Education Association reported that “out of 450 prisoners, there were 125 marihuana addicts, all of whom were young people ranging in age from 18 to 31 years; our of 37 murderers, 12 were addicted to the use of Marihuana and out of 193 persons convicted of important thefts, 36 were similarly addicted. About one out of four of all persons arrested in the city were Marihuana addicts.” The nature of this investigation, or even the organization that carried it out, was never revealed. Yet, it was cited in both domestic educational pamphlets, internal Bureau of Narcotics documents, and even in Geneva at a meeting of the League of Nations. These stories, which circulated internationally, continued the trend of

⁷⁴ “International Administration of Narcotic Drugs, 1928-1934,” Records of the Drug Enforcement Administration [DEA], 170.3, Records of the Bureau of Narcotics, 1915-1946, National Archives, College Park, Maryland, November 14, 1933.

⁷⁵ “International Administration of Narcotic Drugs, 1928-1934,” National Archives, November 14, 1933.

institutionalizing highly questionable statistics, facts, and incidences related to the global marijuana problem.⁷⁶

The anti-cannabis campaign of the 1930s illustrated the ways in which prohibitionist forces gained ground in post-repeal America. Indeed, those responsible for the failure of alcohol prohibition enforcement, like Harry J. Anslinger, became the leaders of the anti-drug movement. Anslinger's bureau emerged as the most ascendant force in post-repeal America. His attacks on the nation's opioid epidemic, skill at avoiding scandal, and adept promotion of the bureau's core values led to a situation in which the federal government was finally able to put marijuana on a path towards criminalization.

While the threat of marijuana seemed to appear out of nowhere in the 1930s, that was mostly due to the new national exposure it received. "A Chemist," writing to the *St. Louis Star and Times*, argued that "marijuana is no new drug or dope. I have known it for twenty-five years. You are right when you state that marijuana is used as a substitute for liquor." The writer also believed that "marijuana, cocaine, morphine, heroin, opium, all alcoholic beverages and five other drugs are habit forming and known by all expert chemists."⁷⁷

In Louisville, Kentucky, officials declared that bootleggers—who had "for the most part folded up their joints and silently turned to honest toil or other rackets"—had transitioned to bootlegging "the loco weed of the southwest." In an environment heavily dependent on anecdotal evidence, the suggestion that alcohol prohibition had led to a dramatic increase in drug addicts continued to assert itself and while Harry J. Anslinger did not create this narrative, he masterfully utilized it to gain support for his bureau and the fight for uniform state laws.⁷⁸

⁷⁶ "International Administration of Narcotic Drugs, 1928-1934," National Archives, November 14, 1933.

⁷⁷ "Marijuana Classed With Morphine and Opium by Chemist," *St. Louis Star and Times*, February 4, 1935.

⁷⁸ *Ibid.*

From his office in Washington, D.C., Anslinger remained in contact with field agents and petitioned the newspaper media for printed copies of sensationalist cannabis-related tales. In 1937, he wrote his District Supervisor in Denver and requested that he “please endeavor to ascertain and advise this Bureau the name and date of the newspapers carrying the story relating to the following incident:”

In Denver, Colorado, agents of the Federal Narcotic Bureau had made arrangements with one Holloway for a purchase from a ‘plant’ of stolen cocaine. It was generally known that Holloway was addicted to marijuana and that a short time before, in a restaurant, he had made an unprovoked assault upon a policeman in full uniform who had entered to get a cup of coffee and who had to club Holloway into unconsciousness. Nevertheless, the night before a purchase of cocaine was to be completed, Holloway AGAIN RESORTED TO THE USE OF MARIHUANA, ran amuck, attempt to shoot his wife, mortally wounded her grandmother and, after shooting it out with police officers, finally killed himself.

Anslinger signed the request “Very truly yours,” and sent it from Bureau headquarters in Washington, D.C.⁷⁹

Anslinger collected these stories and then utilized them as a body of evidence pointing to the potential dangers of unchecked marijuana use. He presented Ralph H. Oyler, the District Supervisor in Detroit, Michigan, with a similar entreaty. “Please endeavor to ascertain and advice this Bureau the name and date of the newspaper carrying the story relating to the following incident:

Sometime ago the silence of the state prison at Marquette, Michigan, was shattered by the sound of fusillade of pistol shots and an hour later a kindly prison doctor lay dead and beside him lay the trusty who had given his life trying to save his friend, the doctor. An investigation developed that arms and ammunition had been smuggled into the prison in the false bottoms of herring containers and that the MARIHUANA from which Tylczak, the murderer of the doctor and trusty, had derived his demoniac courage, had also been smuggled into the prison.

⁷⁹ Anslinger to Denver Field Office Chief, Record Group 170, 170.3, Records of the Bureau of Narcotics, 1918-1935, Records of the Drug Enforcement Agency [DEA], June 12, 1937, National Archives, College Park, Maryland.

Reflecting popular assumptions about marijuana use, Anslinger urged the nation's law enforcement to "search for marijuana behind cases of criminal and sex assault" claiming that "in more than a dozen recent cases of murder or degenerate sex attacks, many of them committed by youths, marijuana proved to be a contributing case." The collection of this information—much of it resulting from questionable journalistic practices—showed the internal workings of the Prohibition State and the methods it used to advance its agenda. It also marked a significant turning point. Prior to Anslinger's reign at the Bureau of Narcotics, government officials rarely used sensationalist media accounts of the problem to push agendas. While a great deal of alarmism surrounded the passage of the Pure Food and Drug Act and the Harrison Narcotic Act, Congress ultimately analyzed the problem, as best it could, through a rational lens. Anslinger changed course and, in a landscape where little accurate information on the dangers and extent of marijuana use existed, he utilized salacious narratives connecting the substance to a variety of evils.⁸⁰

Anslinger also claimed the "menace" had been relatively new to the United States and that, in 1931, his "marijuana file" had not even been two inches thick. By the mid-1930s, however, the cases had expanded to the point that they crowded "large cabinets." The problem had not been well known, according to him, until an outbreak of unprovoked crime occurred, much of it reported by a press that had a long history of connecting violent crime with drug use. One case involved the murder of an entire family by an otherwise sane Florida teenager who had no recollection of committing the multiple homicide. Anslinger noted that during "the years 1935 and 1936," marijuana related crime saw its most rapid growth in the traffic." He strongly reiterated that all law enforcement agencies and communities had to stand up against it. His

⁸⁰ "U.S. Commissioner Asks Aid in High School Dope Traffic," *Fremont Tribune*, June 16, 1937.

confession, however, that much of his marijuana knowledge came from the stories he sought and accumulated from the alarmist press, seemed to confirm the influence the newspaper industry had on drug policy and enforcement.⁸¹

In some cases, Anslinger received and responded to letters from American citizens, showing his deep dedication to the marketing and promotion of the battle against marijuana. Functioning more like a media liaison than a bureau chief, Anslinger spent inordinate amounts of time collecting anecdotal news stories and responding to the general public. On June 30, 1937, Jack Golien, of the U.S. Navy, wrote about the time, several years earlier, when he was stationed at Coco Solo, Canal Zone. While there, he “learned that many of [his] fellows were using marihuana cigarettes” and that they could be purchased anywhere along the zone. His colleagues, however, preferred “rolling their own” and “getting their weed from the different Army Posts, principally at France Field, where there was a large garden of it under cultivation.” Golien then confessed that he had—for the duration of up to a year—used cannabis in the form of gum. He considered himself “one of the few people” able to “throw it aside.” He was now over sixty-years-old and wanted to see “this thing placed with the other drugs that are handled by [Anslinger’s] bureau.” He concluded by explaining to Anslinger that “this note is uncalled for, but I hope you will see that I would like to help in the work you are doing.”⁸²

Anslinger’s correspondence with the public also indicated the success of his marketing efforts. His campaign against marijuana had become so widely known in the United States that individual citizens wrote him letters and—rightly—expected he would read them. His agency was accessible and open to the public. Anslinger’s experience in the failed war against alcohol

⁸¹ Ibid.

⁸² Jack Golien to Harry J. Anslinger. 24 July 1937. Record Group 170, 170.3, Records of the Bureau of Narcotics, 1918-1935, Records of the Drug Enforcement Agency [DEA], National Archives, College Park, Maryland.

likely taught him that this kind of connection with the general public was the only way to ensure the long-term success of Prohibition State goals. In that sense, Anslinger oversaw the democratization of the Bureau of Narcotics, which had been connected from its inception to the Prohibition Bureau. That office, unorganized and unresponsive to the public, did not resemble the 1930s Bureau of Narcotics.

In response to one Americans' plea to send the Boy Scouts and Girl Scouts out to help search for and destroy marijuana, Anslinger wrote, "I have received and given careful consideration to your letter of June 20, 1937" and assured him that the "Bureau appreciates your interest in the problem of eliminating the abusive use of marihuana." Anslinger believed, however, that there were "objectionable features that would make the plan impracticable in its execution and dangerous in its consequences." First, there was the danger of "arousing unhealthy curiosity on the part of some of these young people relative to the physical effect of the use of marihuana." He feared that curiosity could lead to a possible "spread of the habit among the young, which we are, of course, anxious to avoid." He also mentioned to his correspondent H.R. 6906, which had already been passed by the House of Representatives. The bill, he claimed, would "curb the production, traffic, and use of marihuana for abusive purposes, through the instrumentality of a taxing measure."⁸³

There were those who dissented. Even at the time, these sensationalized marijuana narratives were—to many—difficult to swallow. A few of Anslinger's sources indicated as much. In response to his request for the murder of the doctor in a Michigan prison, L.J. Ulmer responded "I am sorry that I do not know the name of the newspaper carrying that story. As a matter of fact, the story is not entirely correct." He pointed out that "undoubtedly this newspaper

⁸³ Jack Golien to Harry J. Anslinger. 24 July 1937. Record Group 170, 170.3, Records of the Bureau of Narcotics, 1918-1935, Records of the Drug Enforcement Agency [DEA], National Archives, College Park, Maryland.

story refers to the killing of Dr. A.W. Horbogen in our Prison Hospital here five years ago.” Ulmer was, at the time, a member of the State Prison Commission and he was part of the investigation into the smuggling of guns into the prison. First, he informed Anslinger that the “guns did not come in herring cans, but they came in Hormel chicken cans” and that “we were never able to prove definitively that Marihuana had anything to do with the men who were concerned in the plot which looked like an effort to escape. We have always surmised that they did have Marihuana, but we were unable to find any at the time.” A more logical picture unfolded from the letter, in which inmates—interested in escaping—smuggled in guns and used them to carry out the plan. The marihuana, maybe tangentially related, had never been found.⁸⁴

George Vincent Holliday was more forceful and argued that while he “did not approve of the general consumption of marijuana or any other drugs indiscriminately termed narcotics,” he balked at the “alleged horrors connected with their use” which he considered “no more revolting than the monstrously publicized mouthings of the professional reformers who hysterically condemn them.” Many of the “facts” used by reformers, he informed Anslinger, were “utterly unfounded on fact, sheer tripe.” He argued that “much worse stuff has been published, of course, but rarely with full governmental approval.” These reformers—in this case Madame Wright and the Parents and Teachers “outfit”—would have been, to Holliday’s mind, “much better occupied with a study of eugenics, rather than narcotics.”⁸⁵

Men like Holliday were on the wrong side of history—at that moment in time. When Congress finally passed the Marihuana Tax Act of 1937, the bill inspired little opposition. The relative silence around new drug reform measures indicated the level of deep public consensus

⁸⁴ L.J. Ulmer to Harry J. Anslinger, 24 April 1937. Box 170, Folder 3, Records of the Drug Enforcement Agency [DEA], National Archives, College Park, Maryland.

⁸⁵ George Vincent Holliday to Harry J. Anslinger. 4 May 1937, Box 170, Folder 3, Records of the Drug Enforcement Agency [DEA], National Archives, College Park, Maryland.

on the issue. So, like the Heroin Act of 1924, the Marihuana Tax Act was quietly implemented. The debate around the dangers of marijuana had already taken place by then; not in the halls of Congress, but rather in the newsrooms, churches, and schools of America. It was a narrative driven by the media, coopted by Harry Anslinger and his bureau, and presented to institutions like the League of Nations and the United States Congress as a new and grave danger.

James F. Finneran, secretary of Massachusetts State Pharmaceutical Association, claimed that the law was of “such a stringent nature” that it would “in all probability mean that the drug would no longer be used medicinally as the amount used is small and conditions under which the drug may be sold are so severe it will not be profitable for manufacturers.” Whereas the prohibition of alcohol dealt with a widely used and culturally entrenched substance sure to become a black-market commodity, the use of cannabis had been marginalized in mainstream circles for years and its ban introduced a far less controversial and manageable prohibition. On many levels, the passage of marijuana prohibition illustrated the power of the lessons learned from the undoing of the Volstead Act and marked the reemergence of a leaner and more organized Prohibition State.⁸⁶

It helped that marijuana had never been fully trusted. From the 1840s to the outbreak of Civil War, the medical community hoped it might become an anesthetic with the power of opium (but without its infamous side effects). When it proved, in response, to be erratic, incapable of subduing patients according to expectations, and ultimately ineffective, the medical community quietly pivoted from its use. That made the substance vulnerable to being rebranded by the newspaper media, adroit agents like Anslinger, and a United States Congress eager to reassert federal policing power in an era in which it had been dramatically challenged through the repeal

⁸⁶ “Marihuana Act Effective Oct. 1: Aimed to Stop its Use by Narcotic Addicts,” *The Boston Globe*, August 26, 1937.

of alcohol prohibition. Without medical viability—confirmed by a network of physicians who disavowed its use—cannabis, or the otherized “marijuana” that it became, provided an ideal substance in the reformation of the post-repeal Prohibition State.

Conclusion

On March 3, 2020, federal prosecutors announced charges against a physician in Scranton, Pennsylvania, who was charged with “overprescribing controlled substances for no legitimate medical purposes.” The physician, who operated a pain management clinic, allegedly wrote prescriptions for “massive amounts of controlled substances, primarily opioids” and had started doing so in January of 2014. The indictment claimed that more than eighty percent of the doctor’s prescriptions were for controlled substances and that many of his patients visited more than one pharmacy in a single day to fill them. Federal authorities raided his clinic and house, seized assets, and the doctor now faces trial.¹

The federal prosecution of the physician illustrates the enduring power of the drug regulatory state. Opioid laws, largely modeled after 1914’s Harrison Narcotic Act, passed over a century ago, which placed physicians under strict oversight and made it illegal to prescribe controlled substances in the interest of maintaining an addiction. While there are those who protest the validity of this approach and advocate for maintenance clinics similar to ones found in Europe, there has been no significant alteration of the law in over a century. In Scranton, Pennsylvania, in March of 2020, the core mandates of that policy continue as strong as they were over a century ago.

In other areas, however, many values of the regulatory state have not aged well. Incarceration statistics clearly show the continued vitality of drug war thinking. As of 2020, forty-five percent of those in federal prison are serving time for “drug offenses,” a number that far outpaces any other punishable crime. Indeed, the second most common offense in the federal prison population is a violation related to weapons, explosives, and arson—crimes that led

¹ Terrie Morgan Besecker, “Physician Facing Federal Charges: Doctor to be Accused of Overprescribing Opioids,” *The Times-Tribune* (Scranton, PA), March 3, 2020, A3.

30,720 Americans to prison”.² In 2012, statistics showed that twenty-eight percent of those incarcerated in federal prison for drug crimes were there due to infractions related to crack cocaine and twenty-six percent because of powder cocaine. Twenty-four percent of the federal prison population could be attributed to methamphetamine-related crimes. Additionally, twelve percent received sentences that came as the result of marijuana possession, and six percent because of heroin. More disconcerting, Black Americans, who represent over thirteen percent of the United States population, make up thirty-seven percent of the federal prison population. That grim fact is largely due to the so-called war on drugs, which has been managed by agents of Prohibition State era bureaucracy.³

At the same time, the Prohibition State’s war on marijuana, which emerged as a signature way it stabilized itself after the repeal of the Volstead Act, has been lost. In 2020, eleven states and Washington, D.C. have legalized recreational marijuana, and a majority of the states have eased restrictions on the medicinal use of marijuana.⁴ In the 1930s, anti-marijuana activists pushed for the criminalization of marijuana and pursued it by passing state laws aimed at compelling federal prohibition. In the 2010s and 2020s, public sentiment and public policy are moving in the opposite direction. Pro-legalization activists are making strides at the state level and gaining support for a federal undoing of cannabis prohibition. And, harkening back to the nineteenth century, the notion that marijuana is a valuable medicine has regained popular acceptance and researchers and physicians are again looking for new cases in which it might prove effective.

² “Federal Bureau of Prisons: Offenses.” BOP.gov. https://www.bop.gov/about/statistics_inmates_offense.jsp (accessed May 28, 2020).

³ Sam Taxy, Julie Samuels, and William Adams, “Drug Offenders in Federal Prison: Estimates of Characteristics Based on Linked Data,” *U.S. Department of Justice Special Report*, October 2015.

⁴ DISA Global Solutions, “Map of Marijuana Legality by State.” Disa.com. <https://www.disa.com/map-of-marijuana-legality-by-state> (accessed May 28, 2020).

As public officials grapple with the overpopulated federal prison population, critiques of the American drug war accelerate, and as states move to legalize marijuana, a very real opioid epidemic lingers in the backdrop. According to the Department of Health and Human Services, over ten million Americans “misused prescription opioids” in 2018. That same year, over 67,000 Americans died from drug overdoses making it the leading cause of injury-related death in the United States. The idea that American physicians who prescribe opioids and the pharmacists who fill the prescriptions requires federal oversight is as strong as it was in the early-twentieth century. Indeed, in late-twentieth century America—just as in the late-nineteenth century—physicians, the media, and public officials turned to address an opioid epidemic. This time Oxycontin replaced intravenous morphine, but the response remained relatively the same in that it sought to curtail access through stricter oversight of the medical and pharmaceutical profession. It did so while also seeking to criminalize prescriptions of opioids when they flagrantly violated anti-maintenance philosophies.

The foundation of the Prohibition State, then, remains stable. Congressional legislation, focused primarily on restricting public access to opioids, passed from 1901-1914, has survived the decades relatively well (with the exception of the Smoking Opium Exclusion Act). A more complicated story characterizes the legislation passed between 1914-1937. The Volstead Act prohibiting the manufacture and sale of alcohol did not survive the 1930s. The push for federal marijuana reform, pursued in the wake of the repeal of alcohol prohibition, passed and was continually strengthened throughout the twentieth century. Following its perceived failure to effectively enforce the prohibition of alcohol, the federal government turned towards the waging of a more vigorous campaign against narcotics.

It was not until Richard Nixon's election in 1970 that the Prohibition State made significant modern gains. Congress passed the Controlled Substances Act, which created a classification system ranking drugs based on their alleged danger. According to that system, marijuana became one of the most dangerous drugs in the world. Not only did these moves create controversy, but they also put the regulatory state on a trajectory that would lead to the further erosion of the public's trust in its effectiveness. These policy shifts in the 1970s also led to the notion that President Nixon began the so-called war on drugs. In reality, Nixon's new battle against drugs simply modernized Progressive Era and New Deal policy initiatives—including the continued and dramatic overstatements regarding the threat posed by cannabis.

Throughout the 1970s and 1980s, cocaine continued to pose social problems just as it had at the turn-of-the-twentieth century and the Prohibition State shifted to address them. With strong regulatory and punitive laws already in place, state and federal government enabled the law enforcement community to strictly enforce them. Consequently, the Prohibition State's weaknesses emerged once again. Since the passage of the Smoking Opium Exclusion Act in 1909, the enforcement of drug laws tended to focus disproportionately on people of color and/or the impoverished. Nearly from the beginning, the enforcement of drug laws often appeared to overwhelmingly and irrationally punish Americans based on class, race, and ethnicity. Whether it was Chinese, Eastern European, or Mexican immigrants, Black Americans, Russian Jews, or poor White Americans, each suffered from what appeared to be an unfair application of the punitive tools developed by the Prohibition State.

As Black Americans entered the prison system in record numbers due to the sale and possession of crack cocaine in the 1980s, it was clear that Prohibition State initiatives had changed little since 1908. The government viewed the same substance—powder cocaine—as far

less of a public menace. The primary difference seemed to depend on the individual using the substance. As powder cocaine was favored more by the white middle class, it garnered less attention and less severe punishment. That was consistent with Prohibition State values. From its onset, the punitive measures enforced by the law enforcement community regularly fell hardest on poor Americans and people of color while middle class citizens were more often cast as unfortunate addicts in need of mild reformation.

The 1990s served as a moment of transition for the government's prohibitionist agenda. In 1996, California legalized medical marijuana offering one of the most significant setbacks for the Prohibition State since the repeal of alcohol prohibition. At the same time, however, pharmaceutical companies began pushing the sale of Oxycontin, a powerful opioid, that was then liberally prescribed in a landscape in which the enforcement of regulations on doctors and pharmacists had been significantly loosened since the 1910s. Since the early-2000s, Americans have faced with an anomalous situation, in which Prohibition State values have been significantly damaged through the continued legalization of cannabis but also more relevant than ever due to an entrenched opioid epidemic.

American public support for the so-called "drug war" has collapsed in important ways. The martial terminology casting the nation's efforts at controlling narcotic policy has always been misleading, however. Polls indicate that Americans disapprove of the harsh punitive measures associated with the Prohibition State and there is growing support for reducing sentences for non-violent drug offenses. A majority of Americans also support the decriminalization and legalization of marijuana. These numbers are then used to suggest the nation is ready to end "the war on drugs." The Prohibition State's power, however, has historically rested on the regulation and control of opioids. Given the dire situation regarding the modern

opioid crisis, it is unlikely Americans are prepared to support the elimination of oversight related to pharmaceutical drugs.

Drug history is repeating itself, but in episodic ways. As the medical community has restored its optimism regarding the healing power of cannabis, mirroring trends in the profession most prominent in the 1840s and 1850s, an opioid crisis has unfolded. Following a familiar trajectory established in the late-nineteenth century, drugs like Oxycontin, widely used by the middle-class, has trickled into the working class.

There is much hope in the modern public response, however. Instead of turning against the use of all drugs deemed illicit in response to an opioid crisis, Americans have adopted a more nuanced perspective. The legalization of marijuana continues as does a keen sense that poor Americans and people of color should not be disproportionately penalized. Researchers are also actively exploring the possibility of using psilocybin mushrooms to treat mental issues related to trauma and chronic depression. Instead of demeaning accelerated opioid use and addiction in poor white communities, the government has taken a more empathetic approach and focused on opioid restriction and rehabilitation. That trend may be a sign of continued racialization of the problem, but it also may indicate a more enlightened approach. More time will tell.

