

FROM PANACEA TO PROBLEM:

THE DEMONISATION OF OPIUM

IN LATE NINETEENTH CENTURY BRITAIN

LUCINDA OWER

A thesis in partial fulfilment of the
requirements of the degree of Bachelor of International
Liberal Studies (Honours) in History

The University of Sydney

October, 2012

Abstract: This thesis considers the multivalent role of opium in the last decades of the nineteenth century in Britain. It traces the not insignificant changes to the perception of the safety and suitability of opiate use in medical and non-medical contexts between their instigation in the 1870s until century's close. It argues that there is a paucity of meaningful contextualisation and synthesis of opium in the existing historical scholarship. By re-assessing three particular historiographical landmarks in this field, this work contributes historical detail of the medical, cultural, and scientific character of this period, and critique of the scholarly approach to opium in late-nineteenth-century England.

Acknowledgements

My thanks, first and foremost, go to Alison Bashford for her enthusiasm, encouragement, patience, and confidence in my abilities. I consider myself exceptionally fortunate to have had the privilege of her guidance this year. I am also indebted to Nick Eckstein for encouraging me to apply for Honours in the first place, and for being such a wonderful co-ordinator.

To Tiarne, Zoe and Sam go my unending gratitude, firstly, for the laughter, support and camaraderie that has made this year so very enjoyable, and secondly, for not minding too much that I'm not actually British. Thanks also go to the irreplaceable Heidi, Claudia and Bella for their care and many kindnesses; and to Bel and Dani, for their answering of technical questions and interest. Thanks also to Hannah, my honours guru, and to G., for always managing to understand.

I must also thank my wonderful parents Lorianna and Terry for their unwavering support, love, editing, and generosity. Finally, to my darling brother Charles, your salvage of a crucial draft from a parallel computer universe will never be forgotten.

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ABBREVIATIONS

SSI: THE SOCIETY FOR THE STUDY (AND CURE) OF INEBRIETY

SSOT: THE (ANGLO-ORIENTAL) SOCIETY FOR THE SUPPRESSION OF THE OPIUM
TRADE

INTRODUCTION

Prior to the 1870s, the eating of opium, or the drinking of laudanum, was not only ubiquitous across British society, but also a decidedly quotidian occurrence.¹ Due to its narcotic properties and relative ease of manufacture, it was the most efficacious drug available to this time.² For some two centuries it had been the undisputed fulcrum of Britain's materia medica; it was prescribed for almost any complaint – in any patient, young or old.³ Perhaps unsurprisingly, what initially began as a therapeutic dose often quietly persisted beyond the ailment's end; yet this attracted neither concern nor condemnation.⁴ Quite simply, opium was not a problem either medically or socially: indeed, no such distinction between the two existed.⁵ Given this, and

¹ See, for example, Virginia Berridge, 'East End Opium Dens and Narcotic Use in Britain', *The London Journal* 4, no. 1 (1978), pp. 3-4. Also: Virginia Berridge, 'Opium Over the Counter in Nineteenth Century England', *Pharmacy in History* 20, no. 3 (1978), pp. 91-92; Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics* (London and New York: W.W. Norton, 2004), p. 53.

² "So necessary an instrument is opium ... that medicine would be a cripple without it; and whosoever understands it well, will do more with it alone than he could well hope to do with any single medicine". Thomas Sydenham, (1848), quoted in Davenport-Hines, *The Pursuit of Oblivion*, p. 36.

³ See: Elizabeth Lomax, 'The Uses and Abuses of Opiates in Nineteenth Century England', *Bulletin of the History of Medicine* 47, no. 2 (March-April, 1973), p. 167.

⁴ See, for example, John C. Kramer, 'Opium Rampant: Medical Use Misuse and Abuse in Britain and the West in the 17th and 18th Centuries', *British Journal of Addiction* 74, (1979), pp. 386-387.

⁵ Dolores Peters, 'The British Medical Response to Opiate Addiction in the Nineteenth Century', *Journal of the History of Medicine* 36, no. 4 (1981), p. 455. Virginia Berridge, 'Fenland Opium Eating in the Nineteenth Century', *British Journal of Addiction* 72, (1977), pp. 275-276. Geoffrey Harding, *Opiate Addiction, Morality and Medicine: From Moral Illness to Pathological Disease* (Basingstoke and London: The Macmillan Press, 1988), pp. 7-8.

the fact that opium was readily available and inexpensive, it is thought that England had the highest rates of opium consumption in Europe during the nineteenth century.⁶

These entrenched practices, however, were underwent a profound change in the space of barely three decades. Where previous orthodoxy had been that “the use of opium, by a person in good health, may be continued for years, not only without any harmful effects, but with absolute benefit”,⁷ the spectre of the depraved opium habitué began to haunt novels from 1870. This once unremarkable and invisible habit now functioned as a powerful synecdoche for an individual’s irreversible, irredeemable physical, social and moral ruin. Where doctors such as Surgeon-General Sir William Moore had once been uncontested in claiming that opium could be administered continuously to children and adults without injury, men of science began lobbying society and parliament alike to have the dangers attendant to opium habituation recognised and minimised.⁸ Where once artists and audiences alike revered its psychoactive properties, by 1893, the spur to Coleridge’s poetry and fillip of De Quincey’s prose was the subject of a Royal Commission. Opium, within a very short space of time, transformed from a universal panacea to a national problem.

⁶ Lomax, ‘The Uses and Abuses of Opiates’, p. 167.

⁷ G. H. M. Batten (24th March, 1891), ‘The Opium Question’, as an Appendix in Thomas Brassey Brassey, *The First Report of the Royal Commission on Opium: Minutes of Evidence, Volume I* (London: Eyre Spottiswoode, 1894), p. 139.

⁸ William Moore, in Alexander J. Arbuthnot, ‘The Opium Controversy’, *The Nineteenth Century: A Monthly Review* 11, no. 61, (March, 1882), p. 412.

This thesis aims to explain this transition. Previous approaches have considered the major events in the history of late nineteenth-century-British opium, but in isolation from contextual factors, and from each other. In consequence, there is appreciation for the developments of the components, but little understanding of the period as a dynamic whole. I argue that the influence of contemporary theories of the degeneration of man and state were integral not only to the late-nineteenth-century demonisation of the cultural, medical and political estimation of opium, but also explain the fundamental 'problem' of opium at this time. My analysis, therefore, re-examines three prominent historiographical landmarks through a close study of the transactions of the Society for the Study (and Cure) of Inebriety (a medico-political society interested in the 'crave' mechanism; henceforth SSI) and the minutes of evidence, and Final Report of the 1893-1895 Royal Commission on Opium.

Current historiography on opium is largely dominated by the work of historians Virginia Berridge, Dolores Peters and Richard Davenport-Hines. They - and the other historians who have contributed to this field - principally perceive this period to have sown the seeds of the narcotic prohibition, theories of addiction, and the stigmatisation of habitual use and user that would emerge in the twentieth century.⁹ However, their approaches,

⁹ See Virginia Berridge, 'What is Happening In History', *The British Journal of Addiction* 81, no. 6, (1986), p. 721. Virginia Berridge, 'Opium and the Historical Perspective', *The Lancet* 310, no. 8028 (July, 1977), p. 78. Davenport-Hines, *The Pursuit of Oblivion*, esp. pp. 99-130 and pp. 152-225. Peters, 'The British Medical Response to Opiate Addiction', pp. 455-488. See also: Barry Milligan, *Pleasures and Pains: Opium and the Orient in Nineteenth-Century British Culture* (Charlottesville and London: The University Press of Virginia, 1995); Lawrence Driscoll,

firstly, consider the various components, such as the rise in the visibility of opium in culture, the work of the SSI, and the Royal Commission, as distinct from any other feature of the period; and secondly, the development of these three decades subsumed into justifications of recent drug attitudes and legislation.¹⁰ Ultimately, however, these approaches haven't seen the forest for the trees.

Berridge's extensive corpus of work both pioneered and predominates the historical knowledge of opium in late-nineteenth-century Britain. She is notably influenced by social history: her particular objective appears to be to illuminate the relationship and practices of non-elites to the drug, patterns of consumption in the absence of formal and informal power structures, and the development of power hegemonies associated with the rise of professional associations.¹¹ As such, Berridge treats opium as a yardstick by which the professionalization of the medical and pharmaceutical bodies can be measured, or as an inroad into the experiences of agricultural labouring

Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses (Basingstoke and New York: Palgrave Macmillan, 2000), Louise Foxcroft, *The Making of Addiction: The 'Use and Abuse' of Opium in Nineteenth-Century Britain* (Hampshire and Burlington: Ashgate, 2007); Geoffrey Harding, *Opiate Addiction, Morality and Medicine: From Moral Illness to Pathological Disease* (Basingstoke and London: The Macmillan Press, 1988); Terry Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930* (Manchester: Manchester University Press, 1983).

¹⁰ The Introduction of *Opium and the People* demonstrates this clearly. Berridge assigns each of the prominent developments in the perception of opium to different class groups and interests, and not only examines them individually, but maintains throughout that there was little room for mutual benefit during this period. See: Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* (London and New York: Free Association Books, 3rd Edition, 1999), pp. xxx-xxxii.

¹¹ Virginia Berridge, 'Opium Eating and the Working Class in the Nineteenth Century: The Public and Official Reaction', *The British Journal of Addiction* 73, no. 1 (1978), pp. 107-109. Berridge, 'Opium Over the Counter', p. 94. Berridge, 'What is Happening in History', pp. 721-723.

classes, or as a marker to gauge class tensions.¹² Her final area of interest is analysing the causes and effects of legislative controls on opiates, with the view to understand her own context of the 1960s and 1970s drug culture.¹³ While she has undermined orientalist bias that has held opium as an 'exotic' substance by demonstrating its ubiquity in England,¹⁴ her thesis of the importance of professional interest, (from newly emerging pharmacy and medical associations) structured about a legislative-reform framework, ultimately gives the impression of England internally fractured along class lines.¹⁵

Berridge has promulgated three distinct impressions about opium in this period that have been ratified in subsequent scholarship. The first is that the anxiety surrounding opium smoking was mainly attributable to wider xenophobic trends of the *fin de siècle* period.¹⁶ The second is that the theories

¹² See, for example: Berridge, *Opium and the People*, pp. xxx-xxxii, and parts four and five. In this interest in medical history and social development she is joined Peters and Griffith Edwards. See: Peters, 'The British Medical Response to Opiate Addiction', pp. 455-488. And Griffith Edwards, 'Drugs and Society: Opium and After', *The Lancet* 315, no. 8164 (1980), pp. 351-354.

¹³ For a succinct summation of her historical interests in opium, see: Berridge, 'Opium and the Historical Perspective', pp. 78-80. And Virginia Berridge and Nigel S.B. Rawson, 'Opiate Use and Legislative Control: A Nineteenth Century Case Study', *Social Science and Medicine* 13A, no. 3 (1979), pp. 351-363. Also, Berridge, 'Opium Eating and the Working Class', p. 107.

¹⁴ See: Berridge, 'Opium and the Historical Perspective', p. 79. Berridge, 'Fenland Opium Eating', p. 282. Virginia Berridge, 'Opium in the Fens in Nineteenth Century England', *The Journal of the History of Medicine* 34, no. 3, (July, 1979), pp. 307, 309-10.

¹⁵ See: Berridge, 'Opium and the Historical Perspective', p. 79. Also, Virginia Berridge, 'Victorian Opium Eating: Responses to Opiate Use in Nineteenth-Century England', *Victorian Studies* 21, no. 4, (1978), pp. 437, 451, 457-8. Berridge and Rawson, 'Opiate Use and Legislative Control', pp. 351-363. And Berridge, 'Fenland Opium Eating', p. 281. Berridge, 'Opium in the Fens', p. 311. Berridge, 'Opium Eating and the Working Class', p. 110.

¹⁶ Berridge, 'East End Opium Dens', pp. 4-5. There were, of course, racist elements in the description of opium dens. See, for example, Foxcroft's analysis: Foxcroft, *The Making of Addiction*, p. 64. See also: Parssinen, *Secret Passions, Secret Remedies*, pp. 61-67.

of the SSI were the immediate predecessors to current addiction discourses.¹⁷ The third and final idea is twofold. Firstly, the Final Report, and indeed, the whole 1895 Royal Commission on Opium represented a “whitewash” of the valid challenges to opium’s safety.¹⁸ Secondly, despite this, it amounted to only a temporary setback to the widespread acknowledgement of the dangers of opiate habituation the twentieth century would witness.¹⁹ While the majority of the work on this subject has clear debts to her research, it is this interpretation of the isolation of the individual developments of opium in last three decades of the century that has proved to be the most enduring.

As such, Davenport-Hines’s colossal 2002 undertaking, *The Pursuit of Oblivion*, despite defining itself as a “global” history of narcotics, and representing a dramatically different approach to and style of history to that which had preceded it, illustrates this tenacity of Berridge’s influence.²⁰ While his work examines the various international components of opium, the interlaced examples of British domestic history – both cultural and structural

¹⁷ See, for example: Berridge, *Opium and the People*, pp. 150. Peters, ‘The British Medical Response to Opiate Addiction’, pp. 456 and 480. Gillian Tober, ‘The Society for the Study of Addiction (SSA)’, *Addiction* 99, (June, 2004), pp. 677-681. Parsinnen, *Secret Passions, Secret Remedies*, pp. 87-88. Foxcroft, *The Making of Addiction* (2007), Harding, *Opiate Addiction, Morality and Medicine* (1988).

¹⁸ See Berridge, *Opium and the People*, pp. 186-187. Or, indeed, was related to questions of foreign policy. See: Peters, ‘The British Medical Response to Opiate Addiction’, p. 474; R.K. Newman, ‘Opium Smoking in Late Imperial China’, *Modern Asian Studies* 29, no. 4 (October, 1995), p. 768; John F. Richards, ‘Opium and the British Indian Empire: The Royal Commission of 1895’, *Modern Asian Studies* 36, no. 2 (May, 2002), p. 418. Parssinen, *Secret Passions, Secret Remedies*, p. 91.

¹⁹ Berridge’s periodization is clear. See: Virginia Berridge, ‘Drugs and Social Policy: The Establishment of Drug Control in Britain 1900-30’, *British Journal of Addiction* 79, (1984), pp. 17-18; Virginia Berridge ‘War Conditions and Narcotics Control: The Passing of Defence of the Realm Regulation 40B’, *Journal of Social Policy* 7, no. 3 (1978), pp. 285-304. See also: Parssinen, *Secret Passions, Secret Remedies*, pp. 91-92.

²⁰ The scope of the work also includes global histories of cocaine, cannabis and heroin, among other substances. See: Davenport-Hines, *The Pursuit of Oblivion*.

- do not furnish any new insight into opium in a domestic context.²¹ Indeed, despite the scholastic and temporal distance between them, Davenport-Hines nonetheless follows the same methodology and reiterates the same conclusions about opium as found in earlier scholarship.

Perhaps the only challenge to the predominant historical view of opium in the late nineteenth century comes from Dolores Peters.²² In her 1981 article, Peters attempts to elaborate on, and partially revise, Berridge's work. Berridge and Peters have taken slightly different approaches to the subject of late-nineteenth-century opium in Britain. Whereas Berridge concerns herself with the history of legislative control of opium, Peters is instead interested in the development of the medical idea and definition of addiction - a phenomenon she argues did not rise in tandem with the social and pharmacological interest in limiting the supply of the drug. The consequence of this ostensibly minor divergence is manifested differing interpretation of the Commission. Where Berridge implies that there were some immediate domestic ramifications of the Final Report, Peters attempts to locate them in situ.²³ However, while she does note that the Commission failed to resolve certain questions pertinent to the British medical fraternity at that time, ultimately, however, she does not go far enough in her contextualisation.²⁴ This is in part a consequence of her focus; her exclusive consideration of the development of British addiction discourses evidently necessitated only a

²¹ Davenport-Hines, *The Pursuit of Oblivion*, pp. 46-7, 78, 81-3, 121-2.

²² Peters, 'The British Medical Response to Opiate Addiction', pp. 455-488.

²³ See Berridge, *Opium and the People*, p. 173.

²⁴ Peters, 'The British Medical Response to Opiate Addiction', pp. 455-459.

cursory glance at the Commission as, relative to these theories, the Final Report appears only marginally significant. Peters makes no inroads into understanding opium in the wider (non-medical) social context. Ultimately, therefore, she does not go far in her critique of the historiographical orthodoxy, instead preserving intact the approach that attempts to find the twentieth century in the nineteenth.²⁵

My approach will be to individually re-assess the aforementioned interpretations of, first, the panic of opium dens in London, second, the SSI, and lastly, the purpose and significance of the Royal Commission that prevail in the scholarship. By demonstrating that each of these components can be synthesised into the degeneration discourses of late-nineteenth-century Britain, I argue that, despite this period's proximity to the twentieth century, the transformation of opium from quotidian article to dangerous drug between 1870-1895 was a product of its own time and particular context.

Chapter One, therefore will look at the beginning of the 'opium controversy': the 1870s and the emergence of the defined cultural demon of the recreational, habitual opium user.²⁶ I will also suggest that this anxiety was not only situated in the practice of opium smoking, or exclusively a by-product of imperialism, as suggested by historians Terry Parssinen – who perhaps exemplifies this approach and conclusions – Barry Milligan, Ruth

²⁵ Peters, 'The British Medical Response to Opiate Addiction', pp. 455-6. For an example of this methodology, see: Berridge, 'Opium Over the Counter', p. 92; Berridge, 'East End Opium Dens', p. 23.

²⁶ Terry Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930* (Manchester: Manchester University Press, 1983), pp. 61-67.

Lindeborg and others, but rather from a more generalised, scientific fear of degeneration.²⁷

While Parssinen's central thesis does acknowledge that the various opium-using characters in Charles Dickens' *The Mystery of Edwin Drood* (1870), Oscar Wilde's *The Picture of Dorian Gray* (1891) and Sir Arthur Conan Doyle's Sherlock Holmes novel, *The Man with the Twisted Lip* (1892) had hidden, "degenerate" facets to their otherwise respectable characters,²⁸ he does not connect this analysis to formal theories of Morellian (1809-1873) or Lombrosian (1835-1909) degeneration.²⁹ Instead, Parssinen prioritises the aspects of the oriental found in these works. Similarly, Lindeborg, by using a London missionary's 1895 autobiography, argues that opium, a commodity Britain had traded with China since the eighteenth century, functioned as a vector of undesirable elements located in the Empire.³⁰ She concludes that

²⁷ Parssinen, *Secret Passions, Secret Remedies*, p. 67.

These historians notably make use of the literary device that uses the fictional body of a character as a metaphor for the nation state. For more on this, see: Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford: Stanford University Press, 1995). While Louise Foxcroft intimates this, she ultimately stops short of any meaningful discussion, leaving causation at the door of "xenophobic and nosophobic anxieties". See: Foxcroft, *The Making of Addiction*, p. 75.

²⁸ Parsinnen, *Secret Passions, Secret Remedies*, p. 61.

²⁹ For an overview of these figures and theories, see: Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848 - c. 1918* (Cambridge: Cambridge University Press, 1989). For a more in depth discussion of the English context, see, for example: Lucy Bland and Lesley A. Hall, 'Eugenics in Britain: The View From the Metropole', in Alison Bashford and Philippa Levine eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010), pp. 213-227. And Rafael Huertas and C.M Winston, 'Madness and Degeneration: I-III', *History of Psychiatry* 3-4, (1992-1993); James Allen Rogers, 'Darwinism and Social Darwinism', *Journal of the History of Ideas* 33, no. 2 (April-June, 1972), pp. 265-280; Marius Turda, *Modernism and Eugenics* (Basingstoke: Palgrave Macmillan, 2010). This lip service is also evident in Davenport-Hines. While he devotes a chapter to "Degeneration", there is only the barest of references to it. See: Davenport-Hines, *The Pursuit of Oblivion*, pp. 170-172.

³⁰ Ruth H. Lindeborg, 'The "Asiatic" and the Boundaries of Victorian Englishness' *Victorian Studies* 37, no. 3 (1994), pp. 381-404, esp. p. 383.

Berridge actually attempts something of a cultural analysis in her article 'East End Opium Dens and Narcotic Use In Britain'. However, while she traces the fears attendant to the major

opium smoking was sufficiently foreign as to galvanize late-nineteenth British ideas of geographical and cultural Imperial borders by embodying perfectly the sense of the menacing 'other'.³¹ In this conceptualisation of the drug, Milligan, who argues that the cultural pairing of opium and "the Orient" was predicated on cultural experiences of both from an imperialist perspective, joins Lindeborg in connecting opium and domestic incursions of empire, even if he does not take literature as his primary corpus.³² While there is consensus among Lindeborg, Milligan and Parssinen in the significance they accord to the 'foreignness' of opium smoking, these historians do not offer any compelling reason that would explain the cause of the dramatic alteration in the perception of habitual opium that, furthermore, extended beyond concern about opium smoking.³³

In Chapter One, I intend to address this historicisation. Firstly, I will demonstrate that contemporaneous theories of degeneration not only adequately explain the origins of the identified cultural issue of the opium smoker, but also the wider social changes that concurrently began to view *any* habituation to opiates - but especially to morphine - as a problem where previously no concern existed. As a secondary, but no less important aim, I also wish to address the inclusion of the (Anglo Oriental) Society for the Suppression of the Opium Trade (henceforth, SSOT) in discussions of the *late*

cultural landmarks utilised by the cultural historians, ultimately she is interested in the (empirical) reality of the rumours at the heart of the anxieties. See: Berridge, 'East End Opium Dens', pp. 14-5.

³¹ Lindeborg, 'The "Asiatic"', p. 401.

³² Barry Milligan, *Pleasures and Pains: Opium and the Orient in Nineteenth-Century British Culture* (Charlottesville and London: The University Press of Virginia, 1995), pp. 3-5.

³³ Parssinen, *Secret Passions, Secret Remedies*, chapter five.

nineteenth century.³⁴ While they were certainly an active presence, I show that they were emblematic of earlier ways of thinking, and ultimately had less relevance than that accorded to them by Berridge, Peters, and others; a point important for Chapter Three.³⁵

Chapter Two will examine two of the claims made of the SSI's medical prescience.³⁶ The SSI, established in 1884, comprised mainly of medical men, attempted to biologically delineate the mechanism that is now understood as 'addiction'. The inaugural President, Dr Norman Kerr, used the society to advance his own theory of the "disease of inebriety". This model drastically revised the previous social and medical thinking that held drug and alcohol dependence was symptomatic of individual idiosyncrasy, or, more accurately, personal failing, and proposed instead that irrational consumption of substances was indicative of "a disease of the nervous system allied to insanity".³⁷ Certainly, there are superficial parallels between 'inebriety' and current medical understanding of addiction. Historians, however, in claiming that the SSI's work was the direct predecessor to present-day psychiatric knowledge, necessarily discount contextual elements that do not further their twentieth- and twenty-first century agendas; and thus obfuscate the Society's true historical function and significance. It is my contention that the SSI's

³⁴ Virginia Berridge, 'Opium in the Fens in Nineteenth-century England', *Journal of the History of Medicine* 34, no. 3 (July, 1979), p. 311. Peters, 'The British Medical Response to Opiate Addiction', p. 475.

³⁵ For instance, Harding, *Opiate Addiction, Morality and Medicine*, pp. 31-31. And Foxcroft, *The Making of Addiction*, p. 75.

³⁶ Like those made by Berridge. See: Berridge, 'Victorian Opium Eating', p. 5. Also, those made by Foxcroft. See: Foxcroft, *The Making of Addiction*, p. 124.

³⁷ Norman Kerr, 'Colonial and International Congress on Inebriety: Opening Address', *Proceedings for the Society of the Study of Inebriety* 13, (August, 1887), pp. 1-2.

theories of inebriety were strictly products of the specificities of their late-nineteenth-century medical, cultural, and scientific context, and were necessarily contained within their theoretical and temporal boundaries.

In the course of Chapter Two, I also address the evaluation of the SSI made by historians of its 'anti-opiumist' character, which puts it in the same category as the SSOT.³⁸ Accordingly, it has been assumed by Berridge, Peters and others that any progress and success the SSI had made until the mid-1890s was fundamentally denied and dismissed by the findings of the Royal Commission.³⁹ While Chapter Three will address the Commission in detail, Chapter Two will demonstrate the problems inherent in this overly simplistic determination.

Chapter Three critically examines the 1895 Royal Commission on Opium. The body was appointed in 1893 after the House of Commons – ostensibly – finally concurred with the charge – oft laid since the First Opium War – that British involvement in the Indian-Chinese trade of opium was unethical. The Commission began hearing evidence in London on Friday, 8 September 1893. It was to be in session for seventy-seven days over four months, and asked a total of 28, 270 questions of over nine hundred witnesses, including many who testified strongly to the adverse effects of

³⁸ See: Peters, 'The British Medical Response to Opiate Addiction', p. 475.

³⁹ See, for example, Peters, 'The British Medical Response to Opiate Addiction', pp. 475-481.

habitual opium use.⁴⁰ The 1895 Final Report, however, defended British involvement in both the trade and the manufacture of opium in India.

There have been two broad analytical approaches to the Commission. The first, and smaller, considers the Commission with respect to its assumptions of and significance for Chinese and Indian opium consumption and cultural practice. This school includes historians such as R.K. Newman and John F. Richards, the latter of which has argued that the Commission faithfully represented the views of the native Indian populace in a rare instance of Imperial interference being thwarted.⁴¹ While this is of interest, it fails to take into account why the Commission was called by the English parliament in the first place. The second is characterised by its interpretation of the Commission as something of a backward step in the march towards recognisable social and medical attitudes towards opiate use. As discussed previously, this is the most common reading. However, this view, a consequence of these historians' penchant to ascribe nascent forms of twentieth- and twenty-first-century social, cultural and medical theories of and attitudes towards opiate addiction onto the last three decades as of the nineteenth century has resulted in the Commission not commanding the attention it deserves.

⁴⁰ See Thomas Brassey Brassey, *The First Report of the Royal Commission on Opium: Minutes of Evidence, Volume IV* (London: Eyre Spottiswoode, 1894).

⁴¹ Richards, 'Opium and the British Indian Empire', p. 420.

As I will demonstrate, however, the Commission was not as it seemed, either then or as it is depicted in history. From its appointment to its Final Report, the Commission was both enigmatic and problematic: there was apparently no real need for it, there were difficulties with its conclusions, and it ultimately revealed more problems than it solved. This thesis argues that the Commission, far from being “set up to mollify the temperance reformers”⁴² or a concerted effort to “whitewash” the anti-opiumists’ claims, was actually grappling with the domestic “opium question” that had developed in the preceding twenty-five years.⁴³ My final chapter therefore attempts to rehabilitate the Commission’s place in the history of Britain’s relationship to opium in the late nineteenth century. This thesis aims to accomplish a number of things: firstly, to demonstrate the importance of context for understanding the cultural, medical, and political changes in attitudes towards opium that took place between 1870 and 1895; secondly, to try to account for this period of upheaval as a whole; and lastly, to demonstrate that viewing the end of the nineteenth century as the wellspring for the drug controls and perception of drug use that dominated the twentieth century is inherently problematic in its idealism and approaches.

⁴² R.K. Newman, ‘Opium Smoking in Late Imperial China: A Reconsideration’, *Modern Asian Studies* 29, no. 4 (October, 1995), p. 768.

⁴³ Historian John F. Richards, however, has specifically refuted this charge of “whitewash”. See Richards, ‘Opium and the British Indian Empire’, p. 380. He is joined, to an extent, by Davenport-Hines. The latter’s 2004 work *The Pursuit of Oblivion* rejects the judgements favoured by Berridge that the notion that the Commission’s finding was a foregone conclusion because of the appointment choices. See: Davenport-Hines, *The Pursuit of Oblivion*, p. 181. Nevertheless, the most common interpretation of the Commission was that it signified – if inadvertently – a conclusive defeat for the domestic faction clamouring for the restriction of opium and recognition of its dangers. See Berridge, *Opium and the People*, chapter 14, Dolores Peters, ‘The British Medical Response to Opiate Addiction in the Nineteenth Century’, *Journal of the History of Medicine* 36, no. 4, (1981), p. 481.

- I -

**'EASIER TO ATTAIN THAN
TO GET RID OF'**

FROM UNIVERSAL PANACEA TO NATIONAL PROBLEM

In like manner, I do by no means deny that some truths have been delivered to the world in regard to opium; thus, it has been repeatedly affirmed, by the learned, that opium is dusky brown in colour; and this, take notice, I grant; secondly, that it is rather dear, which I also grant – for, in my time, East India opium has been three guineas a pound, and Turkey, eight; and, thirdly, that if you eat a good deal of it most probably you must do what is particularly disagreeable to a man of regular habits, viz. die.

Thomas De Quincey, Confessions of and English Opium Eater, 1821.¹

¹ Thomas De Quincey, *Confessions of An English Opium Eater* (New York: Dover Publications, 1995, originally published 1821), p. 35.

This chapter aims to challenge, firstly, the prevailing impression that opium smoking existed in isolation, and, secondly, the assumption that this phenomenon was reflective of anxieties generated by the sense of the *oriental* other in the empire. This chapter shows instead that fears over opium smoking were both responsive to English interpretations of contemporary European theories of degeneration and other intellectual currents, and a part of a broader demonisation of opium included the so-called morphinomania epidemic (the social and medical anxiety over the increasing number of habitués of hypodermic injections of morphine), as well as general opiate consumption.² The chapter will, firstly, illustrate the historical reality of opium and opium use in England prior to the dramatic changes that occurred from 1870. After briefly exploring the shifts witnessed in the last three decades of the century, the chapter's second task is to critique the historical interpretation of the significance of the opium den. Arguing that the prevailing xenophobia reading is too restrictive at the expense of other and contextual factors, the third and last section will consequentially consider opium smoking in relation to other shifts in the perception of opium during this crucial period. Ultimately I wish to demonstrate that there was a strong interrelation between morphinomania and the fears over opium-smoking via the English degenerationist paradigm, and that attitudes to opium in the period 1870-1895 were reflective of profound national introspection.

² For insight into contemporaneous views of morphinomania, see: Anon., 'Abuse of Morphine', *The Lancet* 136, no. 3506 (8 November, 1890), pp. 986-987.

I. OPIUM

Opium is thought to have originated in the vicinity of modern-day Afghanistan, and has been domesticated for some 8000 years in various parts of the world. Its presence can be found in antique Greek, Egyptian, Roman and Arabic texts. The raw form is derived from the sap of the *Papava somniferum* poppy. These poppies are usually white, not red, but can also be pink, crimson, purple or multi-coloured. The pods contain an opaque, white fluid that solidifies and darkens in the presence of air. Raw opium is the dehydrated form of this sap, which is dark and adhesive to the touch. Prepared opium – opium suitable for consumption – requires subsequent boiling and drying.³ It is in this form that it can be smoked, or, more importantly for England, pulled into pill shapes.

From the sixteenth century, solid opium and laudanum – a piece of solid opium dissolved in alcohol – administered orally, were two prominent therapeutic regimes recommended for anything from diabetes, tuberculosis, syphilis, cholera, rheumatism, to any type of pain, fever or cough, mental

³ Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics* (London and New York: W.W. Norton, 2004), p. 29-30.

illness, digestive disorders, insomnia and gynaecological complaints.⁴ In 1804, the active alkaloid of opium, morphine, (named for Morpheus, the Greek god of dreams) was isolated. However, it did not begin to displace raw opium as an analgesic until the perfection of the hypodermic syringe in the latter half of the century.⁵ Morphine remains one of the most psychoactive substances known to humanity, however, in the nineteenth century, a great number of medicines and remedies contained opium, and thus morphine, including many marketed for the soothing and quieting of children.⁶

In addition to its medical importance, opium was also an important article of trade. From the eighteenth century, opium grown in India was shipped to China. From this time, the Imperial trade in opium consistently expanded in pursuit of the lucrative opium revenue. In 1833, the East India Company monopoly of the trade was dismantled by the British government; effectively opening up the profitable trade to private enterprise.⁷ It is widely understood that this contributed to the outbreak of the so-called “First Opium War” of 1839-42. While consignments of opium were involved initially (British-Indian shipments were seized and burned, catalysing the hostilities) it

⁴ See, for example, Elizabeth Lomax, ‘The Uses and Abuses of Opiates in Nineteenth-Century England’, *Bulletin of the History of Medicine* 47, no. 2 (March-April, 1973), p. 168. Virginia Berridge, *Opium and the People: Opiate Use and Drug Control in Nineteenth and Early Twentieth Century England* (London and New York: Free Association Books, 1999), p. xix. And Barry Milligan, ‘Morphine-Addicted Doctors, the English Opium-Eater, and Embattled Medical Authority’, *Victorian Literature and Culture* 33, no. 2, (2005), p. 542.

⁵ Davenport-Hines, *The Pursuit of Oblivion*, pp. 23, 29, 99-102. See: Berridge, *Opium and the People*, pp. xvi and xix.

⁶ See: Virginia Berridge, ‘Opium Over the Counter in Nineteenth Century England’, *Pharmacy in History* 20, no. 3 (1978), p. 94. Virginia Berridge, ‘Opium Eating and the Working Class in the Nineteenth Century: The Public and Official Reaction’, *The British Journal of Addiction* 73, no. 1, (1978), p. 107. Lomax, ‘The Uses and Abuses of Opiates’, pp. 169-175. Berridge, *Opium and the People*, p. xix.

⁷ Davenport-Hines, *The Pursuit of Oblivion*, pp. 66-68, 78, 80-1.

is perhaps more accurate to say the cause of the conflict was a clash of values and cultures. The “Second Opium War” of 1856-60 was similarly a dispute about British trade to China in general, rather than an attempt to prohibit the importation of opium.⁸ In England during the nineteenth century, however, the use of opium for any type of illness, of any grade, past, present or imaginary (as well as what would now be considered recreationally) continued unabated.⁹

While an awareness of the idea of addiction to opium use is identifiable as far back as the 1790s, habitual opium use would simply not be a concern until some eight decades later.¹⁰ Indeed, by virtue of its ubiquity and ease of purchase, opium dependence, which was often induced by therapeutic administration of the drug, were more or less ‘invisible’. Opium addiction, as the twentieth-first century would deem it, was probably rife; but for much of the nineteenth century, its existence did not warrant remark; possibly because observation of the effects of deprivation by a member of the (expensive) medical profession was rare.¹¹

Perhaps the only exception to this was the Earl of Mar insurance case.¹² In the 1820s, the death of John, the thirty-first Earl of Mar (1772-1828), a

⁸ Davenport-Hines, *The Pursuit of Oblivion*, p. 82.

⁹ Opium was also particularly cheap. A penny bought a beer, or a quarter of an ounce of laudanum, which contained about ten grains of opium. See: Lomax, ‘The Uses and Abuses of Opiates’, p. 167.

¹⁰ Virginia Berridge, ‘Fenland Opium Eating in the Nineteenth Century’, *The British Journal of Addiction* 72, no. 3, (1977), p. 276.

¹¹ Berridge, ‘Opium Over the Counter’, p. 94.

¹² See: Berridge, *Opium and the People*, pp. 75-86.

habitual opium user, and the subsequent legal investigation into the validity of his life insurance policy, catalysed public debate about the effect on longevity of long-term opium use. Before his death in 1826 from jaundice and dropsy, the Earl had insured his life as collateral against a personal loan from a Scottish bank.¹³ The Edinburgh Life Insurance Company, when called upon to execute the policy, refused, stating that the extent to which the Earl took opium had artificially shortened his lifespan.¹⁴ The dispute went before the court; where, for the first time, public and medical scrutiny was focussed upon opium eating and its likely effects on an individual's health. This specific question of longevity and opiate consumption had ramifications beyond a judicial context. Indeed, it demonstrably catalysed a wider debate whose resolution hinged upon the determination of the physiological consequences of long-term opium use.¹⁵ Nevertheless, despite the identification by Dr R. Christison, the expert witness in the trial and the pre-eminent authority on opium addiction in the first half of the nineteenth century that:

It is singular how very little is known by the medical profession of the effects of the practice of eating opium or drinking laudanum on health and longevity. Yet the habit really prevails to a very considerable extent among the lower orders and better ranks of society.¹⁶

¹³ Davenport-Hines, *The Pursuit of Oblivion*, pp. 66-7.

¹⁴ Davenport-Hines, *The Pursuit of Oblivion*, p. 67.

¹⁵ See, for example: Virginia Berridge, 'East End Opium Dens and Narcotic Use in Britain', *The London Journal* 4, no. 1 (1978), p. 4. And Davenport-Hines, *The Pursuit of Oblivion*, p. 67.

¹⁶ R. Christison, 'On the Effects of Opium-Eating on Health and Longevity', *Lancet* 17, no. 439 (28 January, 1832), p. 614.

There was no concerted effort to resolve it definitively. The Edinburgh Life Insurance Policy lost its case; there was therefore, a legal determination that opium did not materially affect mortality. This tentative conclusion by no means sated public discussion, but neither did it inspire social or pharmaceutical reform on opium taking and availability.¹⁷ Opium, in the decades following the case quietly held a fragile position: officially, use of the drug caused no harm. Nevertheless, it was widely recognised that sustained opium use rendered the habitué with a range of unfortunate physical and mental symptoms that were not conducive to prolonged life in the short term, and in the long term were productive of irrevocable mental decline.¹⁸

Remarkably, despite occurring almost contemporaneously, the Earl of Mar medical and social debate did not appear to tarnish the cultural prestige of the two most celebrated examples of habitual opium users in the contemporaneous English consciousness. The use of opium by the poet Samuel Taylor Coleridge (1772-1834) and essayist Thomas De Quincey (1785-1859) – whose *Confessions of an English Opium Eater* (1821) remained seminal throughout and after the Mar case – provided the prevailing image of

¹⁷ This argument is proposed by many historians. See, for example, Davenport-Hines, *The Pursuit of Oblivion*, p. 67. The question of longevity thrown up by the Earl of Mar case was demonstrably still being debated in 1891. In a paper to the Society of Arts entitled “The Opium Question”, G.H.M. Batten refuted the danger of opium use by quoting the relatively long life (75 years) of Thomas De Quincey. See: G. H. M. Batten (24th March, 1891), ‘The Opium Question’, as an Appendix in Thomas Brassey Brassey, *The First Report of the Royal Commission on Opium: Minutes of Evidence, Volume I* (London: Eyre Spottiswoode, 1894), pp. 138-9.

¹⁸ See the case of T.F in Anon. ‘Case of Delirium Tremens from Opium Eating – Improved General Health, But Terminating in Dementia, with Clinical Remarks by Dr. Basham’, *Lancet* 1, no. 1174 (28 February 1846), pp. 254-6.

conscientious opium dependence.¹⁹ The autobiographical *Confessions* were first serialised in the *London Magazine* in the September and October of 1821.²⁰ Far from demonstrating any enduring concern over his regular, recreational, and large doses, De Quincey rather recounts his opium dependence in a particularly blasé fashion, while largely extolling the mental stimulation the drug initially bestowed upon the user.²¹ De Quincey did not actually contribute anything new to the understanding of habitual opium use.²² Rather, De Quincey, and, to a lesser extent, Coleridge, romanticised the use of opium for artistic purposes, as well as self-experimentation for the wider public.²³ In the last decades of the century it did become clear that the cultural influence wielded by *Confessions* had influenced the medical profession.²⁴ Ultimately, however, De Quincey's authority stemmed from his artistic contributions:²⁵ that is, it was in an aesthetic capacity that opium was largely understood throughout the nineteenth century.²⁶

¹⁹ Davenport-Hines, *The Pursuit of Oblivion*, pp. 23, 30-31, 35, 46, 56, 61-3.

²⁰ The *Confessions* were republished in book form in 1822, with subsequent editions in 1823 and 1826. See: Berridge, 'Opium Eating and the Working Class', p. 108.

²¹ "... the reader is to consider me as a regular and confirmed opium-eater, of whom to ask whether on any particular day he had or had not taken opium, would be to ask whether his lungs had performed respiration, or the heart fulfilled its functions. ... No: I give notice to all, whether moralists or surgeons, that, whatever be their pretensions and skill in their respective lines of practice, they must not hope for any countenance from me". De Quincey, *Confessions*, p. 48.

²² Peters argues that the physical and psychological effects were comprehensively catalogued in John Jones' 1701 treatise, *Mysteries of Opium Reveal'd* and George Young's 1753 work *Treatise on Opium*. See: Dolores Peters, 'The British Medical Response to Opiate Addiction in the Nineteenth Century', *The Journal of the History of Medicine* 36, no. 4, (1981), p. 465.

²³ For a discussion of De Quincey's influence, see: Aletha Hayter, *Opium and the Romantic Imagination: Addiction and Creativity in De Quincey, Coleridge, Baudelaire and Others* (Irthlingborough; Northamptonshire: Crucible, 1988), p. 104.

²⁴ See: Milligan, 'Morphine-Addicted Doctors', pp. 541-553.

²⁵ See: Susan Zieger, "'How Far Am I Responsible?": Women and Morphinomania in Late-Nineteenth-Century Britain, *Victorian Studies* 48, no. 1 (Autumn, 2005), p. 59.

²⁶ See: Peters, 'The British Medical Response to Opiate Addiction', p. 466.

Unsurprisingly, the experiences of these artists tended to be viewed as remote and esoteric, rather than representative, and as such were held at some conceptual distance from the quotidian. Hence, habitual opiate consumption, especially in the marshy fens district – an area of swampy agricultural land in Cambridgeshire, Norfolk, and Lincolnshire – which had been socially and culturally ingrained for at least a century, persisted unaffected by these artistic ideals or the medical debates surrounding the Mar case; indeed, it was largely ignored.²⁷ In the Fens, opium was regularly added to beer; agricultural workers could be seen drowsily affected by their morning doses; and large sums of money were spent at the chemists', druggists', pharmacies, village shops, grocers, general stores, corner shops, and other outlets that sold opium.²⁸

Indeed, it was only in 1868 that a restriction of the type of vendor able to sell opium was imposed.²⁹ However, the Pharmacy Act of 1868, rather than being reflective of concern about the extent to which opium was available, was actually something of a ploy by the emergent Pharmaceutical Association to gain the retail monopoly of the drug.³⁰ As such, the Act officially imposed

²⁷ The Fens had a high rate of malarial infection. Opium, although only a febrifuge, was thought to be a prophylaxis against the “chills” or “ague” that heralded the onset of a viral episode. Berridge, ‘Fenland Opium Eating’, pp. 275-284. Berridge, ‘Opium in the Fens’, pp. 307, 309.

²⁸ See Virginia Berridge, ‘Opium and the Historical Perspective’, *The Lancet* 31, no. 8028, (July, 1977), pp. 78-9. It is thought that the Norfolk and Lincolnshire consumed half of the amount of opium imported into Britain. See: Berridge, ‘Opium in the Fens’, p 305.

²⁹ For a description of the relative ease of purchase, see, for example, Berridge, ‘Opium over the Counter’, pp. 91-100.

³⁰ See Virginia Berridge, ‘Victorian Opium Eating: Responses to Opiate Use in Nineteenth Century England’, *Victorian Studies* 21, no. 4, (1978), pp. 446-52. The 1868 Act placed opium in Schedule Two: while this meant that only a registered pharmacist, druggist, or qualified apothecary could sell the drug, no record of the sale had to be kept, nor was any restriction of

no real impediments to its accessibility, and in reality was neither effective nor enforceable.³¹ Accordingly, opium was still widely available, within and outside of pharmacies. Indeed, the only notable change was that all opium-containing products sold in pharmacies had to be labelled with 'Poison'.³²

II. OPIUM SMOKING

From the 1870s, however, the established patterns of the nineteenth century and before began to dramatically alter. In particular, there was a significant and visible change in the profile, as well as social and cultural ramifications of an individual's opium use. 1882 saw Alexander Arbuthnot publish his article 'The Opium Controversy' in the journal *The Nineteenth*

sale imposed. See Berridge, 'Opium Over the Counter', pp. 95-6. As Lomax notes, originally the Act was to impose on opium much harsher restrictions: opium was to be kept secured by the pharmacist, sold only to an adult known to the pharmacist, in the presence of a witness who knew both buyer and seller, and a written record kept of the transaction. Pressure by the pharmacist body in the eleven years the Bill was before parliament whittled down these 'unnecessary' and 'intolerable' conditions to the relatively lax controls enshrined in the final document. See: Lomax, 'Uses and Abuses of Opiates', p. 173. Generally, see: Berridge, *Opium and the People*, pp. 113-122.

³¹ See: Virginia Berridge, 'Opium over the Counter' p. 98. and Terry Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society, 1820-1930* (Manchester: Manchester University Press, 1983), p. 72. Parssinen notes that the act was essentially "toothless". Any non-pharmacists found selling opium preparations could only be prosecuted at the Pharmaceutical Society's expense, and the maximum penalty was a five-pound fine. The low chance of being charged, coupled with the miniscule punishment meant that many flagrantly ignored the legislation altogether. Also, as Berridge details, there was a substantial loophole in the Act with regard to 'patent' remedies. These items often contained substantial amounts of opium, however, they were exempt from the restrictions on who could sell them. (Berridge, 'Opium Over the Counter', p. 97). Lomax has ascertained that the Act's primary effect was to make accidentally administering opiates (in the place of something else) harder. Indeed, the number of infant deaths caused by opiate overdose fell after the Act came into force. See Lomax, 'The Use and Abuse of Opiates', pp. 174, 175.

³² Lomax, 'The Uses and Abuses of Opiates', p. 169. For a discussion of the 1868 Pharmacy Act, see, for example, Berridge, 'Opium Over the Counter', pp. 94-97.

Century, in which he threw his support behind a review of the ‘medical aspect’ of the ‘opium question’.³³ In the mid 1880s there was a spate of articles in sensationalist newspapers, such as “The Opium Demon” series in the *Northern Echo*, about the dangers and spread of opium use.³⁴ Moreover, as Dolores Peters notes, by 1886 – the same year as the *Northern Echo* articles – *The Lancet* was lamenting the national “plague of narcotics”.³⁵ In 1890, a correspondent of *The British Medical Journal* wrote in concerned that the availability of opium and morphine – unchanged since the 1868 Act – was too free, and that it posed a veritable danger to society.³⁶ By 1892 the major loophole in the 1868 Act – which allowed the unrestricted and unsupervised sale of patent medications, such as Chlorodyne (which contained laudanum, cannabis and chloroform) – had been closed by legislative amendment.³⁷ Concern for non-medical opium use, it seemed, had surpassed its traditionally minimal dimensions.³⁸

The transformation from panacea to problem in the last three decades of the century is perhaps most readily observable in the fiction of the era. Beginning with Charles Dickens’ *The Mystery of Edwin Drood* (1870), opium use and or dependence began to infect late-nineteenth century fiction

³³ Alexander J. Arbuthnot, ‘The Opium Controversy’, *The Nineteenth Century: A Monthly Review* 61, no. 11 (March, 1882), p. 403.

³⁴ Virginia Berridge, ‘Opium Eating and the Working Class in the Nineteenth Century: The Public and Official Reaction’, *British Journal of Addiction* 73, (1978), p. 111.

³⁵ *Lancet* (1886), quoted in Peters, ‘The British Medical Response to Opiate Addiction’, p. 473.

³⁶ Edward H. Ryan-Tenison, ‘The Sale of Opium’, *The British Medical Journal* 1, no. 1533 (17 May, 1890), p. 1168.

³⁷ See: Berridge, *Opium and the People*, pp. 123-134, esp. p. 130.

³⁸ See: Berridge, *Opium and the People*, p. 130. See also: Berridge, ‘Opium Eating and the Working Class’, p. 111.

narratives with discordant note, lending a depraved taint to any character who indulged in opium. In addition to *Edwin Drood*, the most prominent examples of this are Oscar Wilde's *The Portrait of Dorian Gray*, (1891), and Sir Arthur Conan Doyle's *The Man With The Twisted Lip* (1892).

For John Jasper, the choir-master protagonist and probable murderer of Edwin in Dickens' unfinished novel, the opening scenes in the opium den serve to highlight the depravity of his character, and infer to the reader his profound untrustworthiness.³⁹ For Dorian Gray, his excursion to the East End opium den is the true point of no return. Despite the dens being "where one could buy oblivion, dens of horror where the memory of old sins could be destroyed by the madness of sins that were new"⁴⁰, Gray's wages of sin are seemingly too great, with his final demise occurring not long after. Finally, while the opium den in *The Man With The Twisted Lip* apparently functions as only an inroad into the titular mystery, its horrors are nevertheless vividly described. Ostensibly, however, the den setting – even if only the backdrop for the initial scene – is actually significant. The man with the twisted lip is the beggar upstairs who is finally revealed to be a missing, supposedly well-to-do family man, who has lived a double life since finding that 'working' as a beggar was more lucrative.⁴¹ This conforms to an underlying pattern present in all three works: the motif of the life split between outward respectable

³⁹ Parssinen, *Secret Passions, Secret Remedies*, p. 61.

⁴⁰ Oscar Wilde (1891), quoted in Parssinen, *Secret Passions, Secret Remedies*, p. 65.

⁴¹ Arthur Conan Doyle, *The Man With The Twisted Lip* (1891).

appearances and inward depravity. Opium, suddenly and literally, was not as it seemed.

The prevailing interpretation of this literary trope, however, is that it was a xenophobic response to a flux in Chinese immigration that started from the 1860s.⁴² While it is possible to perceive the rather obvious “echoes of De Quincey’s “Oriental dream”” in *Edwin Drood* and in the other examples, this evaluation is underwhelming, not the least because Chinese nationals and businesses were essentially confined to two streets in London’s Eastern docks.⁴³ Furthermore, while there were Chinese establishments where opium could be smoked, they possibly numbered as many as six.⁴⁴

Parssinen and Davenport-Hines alone pay lip service to ‘degeneration’. While Davenport-Hines makes a cursory observation connecting *Dorian Gray* to Max Nordau’s particular conceptualisation of degeneration, Parssinen sees degeneration as intertwined with the xenophobia theory.⁴⁵ However, Parssinen does not tie these concerns to any particular theory or school; indeed, there is no context or justification given.⁴⁶ Therefore his evaluation of the significance of the visibility in fiction of gratuitous opium use is not given primarily to the denigration of the humanity of its victims; but rather to the

⁴² Berridge, ‘East End Opium Dens’, pp. 3-6. See also: Davenport-Hines, *The Pursuit of Oblivion*, p. 125

⁴³ Parssinen, *Secret Passions, Secret Remedies*, p. 61.

⁴⁴ Berridge, ‘East End Opium Dens’, pp. 3-6.

⁴⁵ Davenport-Hines, *The Pursuit of Oblivion*, p. 171.

⁴⁶ Parssinen, *Secret Passions, Secret Remedies*, p. 61. Similarly, Milligan does not attempt to explain the root cause of the cultural anxiety he discusses. See Barry Milligan, *Pleasures and Pains: Opium and the Orient in Nineteenth-Century British Culture* (Charlottesville and London: The University Press of Virginia, 1995).

invocations of what Parssinen terms De Quincey-ian orientalisms.⁴⁷ Accordingly, while Parssinen notes the general forms and features of what amounts to a radical recalibration of opium, ultimately he tethers the association between Asian immigration, personal ruin, and opium use to imagery within an autobiography that was half a century old.

Berridge, on the other hand intimates in her article 'Opium Over the Counter' that the experience of a West-End opium den was closely tied to the Decadent tenets that underpinned *Dorian Gray*.⁴⁸ While she makes a brief mention of concerns for the "quality of the race", ultimately, however, she subsumes this into discussions of inter-class tensions of the late-nineteenth century, emergent 'addiction' discourses, or merely dismisses the theory as an uninteresting consequence of "late Victorian imperialism".⁴⁹ Elsewhere, and more frequently, Berridge emphasises the significance of the anti-opium movement, spearheaded by the (Anglo-Oriental) Society for the Suppression of the Opium Trade (SSOT) and the professional aspirations of the emergent Pharmaceutical guild for this period of changing perceptions of opium.⁵⁰ However, no approach actually sheds much light into why opium transformed from an unremarkable "cure all" to something that clearly struck deep at the nation's psyche. With respect to her claim that the medical profession was responsible for effecting the dramatic revision of opium, while tempting to accept, it nevertheless denies theories of degeneration and the

⁴⁷ Parssinen, *Secret Passions, Secret Remedies*, pp. 61-67.

⁴⁸ Berridge, 'Opium Over the Counter', p. 15.

⁴⁹ Berridge, 'Opium Eating and the Working Class', p. 109. Berridge, *Opium and the People*, pp. 193, 199-200.

⁵⁰ See, for example, Berridge, 'Opium and the Historical Perspective', p. 79.

developing Eugenics organisations any significance beyond temporal coincidence.⁵¹

For the former, however, the timing is certainly also correct. The SSOT (the “Anglo-Oriental” was relatively quickly dropped) formed in 1874 to pursue Quaker (moral) objections to the British-endorsed Sino-Indian trade of opium.⁵² Indeed, for Berridge, all the hints she makes about the ‘degenerative’ aspect of opium are related back the specific SSOT agenda. Nevertheless, her particular approach is not without its problems. In *Opium and the People*, she somewhat paradoxically attributes the (negative) image of the opium den to the work of the anti-opium movement, but then almost immediately suggests that the two arose in tandem, before concluding that the “the establishment of opium smoking in England as well as in China was weighty argument for the anti-opium point of view”.⁵³

This aside, there do appear to be plausible reasons for including the SSOT in an analysis of opium in the last years of the nineteenth century. Elements of the SSOT’s platform reflect knowledge of the contemporaneous disease theories of contagion and infection that were beginning to replace

⁵¹ See, for example, Peter Scott, ‘Pioneers in Criminology. XI. Henry Maudsley (1835-1918)’, *The Journal of Criminal Law, Criminology, and Police Science* 46, no. 6 (March-April, 1956), pp. 753-769 and Lucy Bland and Lesley A. Hall, ‘Eugenics in Britain: The View From the Metropole’, in Alison Bashford, Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010), pp. 213-227.

⁵² See, for example, Berridge, ‘Opium Over the Counter’, p. 97 and Berridge, *Opium and the People*, pp. 175-6. For a discussion of the SSOT, see: J.B. Brown, ‘Politics of the Poppy: The Society for the Suppression of the Opium Trade, 1874-1916’, *Journal of Contemporary History* 8, no. 3 (July, 1973), pp. 97-111.

⁵³ Berridge, *Opium and the People*, p. 197. She reiterates the importance of the SSOT with associating domestic opium use with the domestic Chinese population. See: Berridge, ‘Victorian Opium Eating’, p. 460.

older models of sin and punishment (The “disease theory” of inebriety will be discussed at length in Chapter Two).⁵⁴ Specifically, there are references to the threat of racial contamination from outside sources. The SSOT’s mouthpiece, *The Friend of China* intimated that opium use and its consequences could be spread by the immigrants who indulged in the practices to the native population.⁵⁵ As Ruth Lindeborg and Louise Foxcroft identify in separate studies, there was considerable concern, arising from social applications of Lamarckian-Darwinist evolutionary theory, of “permanent effects of “cross-racial” contact” – which, crucially, could be communicated via opium smoke.⁵⁶

However, the SSOT fundamentally represented a continuation of a mid-century agenda.⁵⁷ The general aim of the SSOT, it must be noted, was precisely what the name implied: the cessation of the trade between India and China. Their primary rationale for this came from debates that originated from the first half of the century: specifically, the reality of China’s ‘freedom’ to refuse British opium imports which had been in currency since, and a result of, the first opium war.⁵⁸ Indeed, the SSOT had perhaps more in common with the early nineteenth-century campaign to end the slave trade

⁵⁴ For an examination of the intersection of pseudo-science and nationalistic fears, see Ruth H. Lindeborg, ‘The “Asiatic” and the Boundaries of Victorian Englishness’, *Victorian Studies* 37, no. 3 (1994), pp. 381-404.

⁵⁵ See, for example: Anon. ‘Opium Smoking in London’, *The Friend of China* 6 (1883), pp. 239-42.

⁵⁶ Lindeborg, ‘The “Asiatic”’, pp. 388 and 397. See also: Louise Foxcroft, *The Making of Addiction: The ‘Use and Abuse’ of Opium in Nineteenth-Century Britain* (Hampshire and Burlington: Ashgate, 2007), p. 64.

⁵⁷ Berridge, *Opium and the People*, p. 176.

⁵⁸ See: Geoffrey Harding, *Opiate Addiction, Morality and Medicine: From Moral Illness to Pathological Disease* (Houndmills, Basingstoke, Hampshire and London: The MacMillan Press, 1988), p. 24.

(in which Quakers too played a prominent part), than later, “scientific” discourses. As *The Friend of China* makes clear, medical questions were decidedly of secondary importance:

The important and growing agitation for the abolition of the Indo-Chinese opium trade, seems to me to demand something like an authoritative expression of opinion on the question, more especially in its medical bearings, from the medical profession, ...⁵⁹

Quite simply, the SSOT was something of an adaptive anachronism. While it made use of newer medical debates, it was ultimately motivated by concerns originating in the first half of the century rather than responsive to the new, more panicked, and domestic-centric theories that presented itself in English society and culture at the century’s close. This particular feature of the SSOT became apparent immediately prior to the instigation of the Royal Commission, and will be further discussed in Chapter Three.

Despite the effort that Parssinen, Barry Milligan and to a limited extent, Richard Davenport-Hines and Virginia Berridge make, two questions nevertheless remain substantially unanswered.⁶⁰ The first is why the use of

⁵⁹ Gro. Shearer, ‘The Present Position of the Opium Question’, *The Friend of China* 6, (1883), p. 242. See also: Anon., ‘Consumption of Opium in England’, *The Friend of China* 2, (1879), pp. 361-3. The question of domestic consumption is seconded to that of China’s. This is confirmed by Harding’s analysis of the Society, in which he notes that the underpinning beliefs of the SSOT were primarily related to the realities of the international trade, with the effects of opium on consumers running distinctly second, with no mention of the domestic opium case at all. See: Harding, *Opiate Addiction*, pp. 24, 28 and 31.

⁶⁰ See: Parssinen, *Secret Passions, Secret Remedies*, pp. 63 and 65. See also: Berridge, ‘Opium Over the Counter’, p. 15; Milligan, *Pleasures and Pains*, p. 14. Berridge, however, is critical of Milligan’s overall approach and contextualization of opium dens, especially in his deployment of the SSOT, in order to highlight the depravity of the London-Chinese smokers.

opium was suddenly and unprecedentedly visible in fiction. The second is why it was suddenly a problem. While these historians have noted the negative portrayal of opium in these texts, there is neither any comprehensive explanation given as to the cause of this trend, nor is there any real understanding of the issues in play. However, in fairness, it is perhaps unsurprising that there is a paucity of contextualisation. The aforementioned works do predate Daniel Pick's seminal work, *Faces of Degeneration* (1989), which specifically connected English fiction (and a greater number of examples than the three examined by Parssinen et al.) to European degeneration theories and theorists.⁶¹

Pick, however, does not specifically consider opium in his treatise. For the remainder of this chapter, I intend to show that the English conception of degeneration, as delineated by Pick, is applicable to not only the rise in opium smokers in novels, but also the very serious, and concurrent, concerns over morphinomania.

See: Berridge, *Opium and the People*, p. xxviii. Berridge also considers the "Myth of the Opium Den," including *Dorian*, *Twisted Lip* and *Drood* in Berridge, *Opium and the People*, pp. 195-205. See also Davenport-Hines, *The Pursuit of Oblivion*, p. 123.

⁶¹ Pick, *Faces of Degeneration*, pp. 155-175.

III. MORPHINE.

Despite occurring in the same time frame, morphinomania and the rise of the opium den are analysed by historians separately. Moreover, there is no attempt to link either of these to degeneration – one of the prominent intellectual currents of this time. However, while some of the most important central texts of degeneration were being formulated, the terms “morphinomania”, “morphinism” and *Morphiumsucht* were being coined by French and German doctors in the wake of the obvious (worrying) growth of habitual morphine use.⁶²

During the 1840s, the eighteenth-century innovation of subcutaneous injections was refined. The 1850s saw the perfection of a hypodermic syringe, and by the 1870s, morphine injections were popularised throughout Europe.⁶³ Whilst initially thought more harmless than orally-administered opium, it quickly became apparent that this was not the case.⁶⁴ During the 1870s and the 1880s, the disease of “morphinomania” and its defining nomenclature,

⁶² Edward Levinstein in his book *Die Morphiumsucht* (translated into English as *Morbid Craving for Morphia* pioneered the study of morphine ‘addiction’. See Edward Levinstein, trans. Charles Harrer, *Morbid Craving for Morphia* (London: Smith, Elder & Co., 1878). The Preface reads: “It is not my intention in this work to write on the importance of Morphia from the time of its first introduction into the treatment of diseases. I must likewise abstain from mentioning ... its extensive use in France. The scope of this work is limited, its sole object being to clearly demonstrate the ill effects which continued injections of morphia have upon the human body; to show the dangers threatening society by such a continuous use of the drug; and to point out the remedies for the redress of this abuse”.

⁶³ Levinstein, *Morbid Craving for Morphia*, pp. 1-2.

⁶⁴ See: Davenport-Hines, *The Pursuit of Oblivion*, pp. 29, 38-9, 77, 99-100.

were infiltrating public consciousness.⁶⁵ By 1893, it was recognised that a large proportion of morphine habitués were medical doctors or their wives.⁶⁶ Moreover, it was, in addition to being a disease very much on the increase in France and Germany, evidently one that women seemed especially prone to contracting.⁶⁷

While morphine, or rather “morphinomania”, has certainly not been ignored by historians, the lens in which it has been viewed leaves something to be desired. While Berridge has interpreted morphinomania as critical for the “changing attitudes toward opiates”, it is in the sense, as Dolores Peters notes, that it was the catalyst for “medical elaboration of a disease theory of addiction”.⁶⁸ Morphine, more than opium smoking, has been seen by historians as significant for the development of the addiction theories, as well as the widespread recognition that opiates require strict control, that would emerge in the following century.⁶⁹ The prevailing historical perception of this period, however, has created a vicious cycle. As morphinomania is considered part of a different discourse to that of opium smoking, even the cursory mention of degeneration given to opium smoking has not been

⁶⁵ See Zieger, “How Far am I Responsible?”, p. 59.

⁶⁶ Anon. ‘Morphinomania Among Medical Men’, *The British Medical Journal* 2, no. 1698, (15 July, 1893), p. 142.

⁶⁷ Anon., ‘Morphinomania in the Medical Profession’, *The British Medical Journal* 2, no. 1758, (8 September, 1894), p. 551. And Anon., ‘Morphinomania Among Medical Men’, p. 142.

⁶⁸ Berridge, ‘Victorian Opium Eating’, p. 454. And Peters, ‘The British Medical Response to Opiate Addiction’, p. 456.

⁶⁹ See Berridge, ‘Victorian Opium Eating’, p. 456. Despite Peters’ critique, she herself sees the panic over morphine as instrumental for the development of a model of addiction recognizable to the twenty-first century. See Peters, ‘The British Medical Response to Opiate Addiction’, p. 456.

applied to morphine use.⁷⁰ This has then facilitated the impression that morphinomania ought to be considered with reference to the development of addiction, while fears over opium smoking were responsive to fears of immigration.⁷¹ As such, there is no connection made between the two.⁷² Consequentially, as with the discussion of opium smoking, there is with morphine a similar paucity of causal explanation as to *why* addiction to morphine became a problem, given that habituated use of other opiates had been until that point so well tolerated socially.⁷³

Firstly, it is my contention that morphinomania it should be viewed as synergistic, not separate, to the rise in fears over opium smoking. Secondly, I argue that this general trend of demonising of opiate use to which ought to belong has not been adequately considered with respect to degeneration.⁷⁴ Lastly, the fears of morphinomania, opium smoking and other forms of opium use that emerged from 1870 can be explained by an intersection of the

⁷⁰ The influence of Berridge and general Social History is clear: morphinism is located within the hegemony and discourse of the emerging medical profession, which has been perceived as being contra to English non-elites and their opiate-taking practices. See: Berridge, *Opium and the People*, pp. xxx-xxxii, Susan Zieger, "'How Far Am I Responsible?': Women and Morphinomania in Late-Nineteenth-Century Britain', *Victorian Studies* 48, no. 1 (2005), pp. 59-81.

⁷¹ Despite an otherwise enlightening and seminal gender approach to the subject of morphinomania, Zieger's work ultimately places morphinomania within the narrative of twentieth century addiction paradigms, with only a brief mention of its significance for the historical milieu outside that of women's "self-representation". See: Zieger, "'How Far am I Responsible?'" , pp. 59-60.

⁷² While Susan Zieger's approach to morphinomania - by looking at it from a perspective of "gender, self-representation, medico-scientific and cultural authority" - is unique in its feminist approach to opium, she nevertheless adheres to historiographical convention. That is, she states, firstly, that morphinomania was materially different to the opium use of the past, (without explaining why this change occurred), and secondly, its primary significance was for the development of addiction theories. See Zieger, "'How Far Am I Responsible?'" , pp. 59-81.

⁷³ See the discussion in Davenport-Hines, *The Pursuit of Oblivion*, pp. 102-103.

⁷⁴ See, for example, Davenport-Hines, *The Pursuit of Oblivion*, pp. 17-171.

British school of degeneration, and the fin de siècle climate of competitive nationalisms. For the remainder of this chapter, I claim, firstly, that the degeneration theories which influenced English medical, biological, social, political and cultural spheres, catalysed and encapsulated the significant shift in the English domestic estimation of opiates. Secondly, I demonstrate that this was crucial for the remainder of the nineteenth century, which will be considered in the next two chapters.

Originating perhaps with French physician's Bénédict Morel's (1809-1873) 1857 work, *Traité des Dégénérescences Physiques, Intellectuelles et Morales de l'Espèce Humaine et des Causes qui Produisent ces Variétés Maladies* (Treatise on the Physical, Intellectual and Moral Degenerations of the Human Species and Some of the Causes which Produce these Pathological Variations), the term "degeneration" signified both the scientific 'certainty' that humanity was threatened with evolutionary retrogression, and a (pseudo) scientific discourse that attempted to establish taxonomies of its vectors and symptoms. By the 1870s, Morel, and the theories of Italian criminologist Cesare Lombroso, were gaining traction and followers in England. As intellectual historian Daniel Pick ascertains, in reality "degeneration" was something of a nebulous concept universally, yet had distinguishable regional variations.⁷⁵ While it transcended the boundaries, and many of the mores, of science,

⁷⁵ Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848 - c. 1918* (Cambridge: Cambridge University Press, 1989), pp. 110-111.

politics and culture, its indefinite *esprit* nevertheless enjoyed definitive authority within the specific geographical and temporal bounds.⁷⁶

While England lacked a central figure or text, a general outline of the English school can nevertheless be ascertained.⁷⁷ Pick's work, by far the most comprehensive historical study of this idea, delineates two distinct forms of English concern with degeneration. The first, as he demonstrates, is highly plastic and receptive to Continental ideology and primarily found in the fiction of the era.⁷⁸ Fears and concerns, leavened by the age, were identified and reflected in the literature, rather than diagnosed. The heterogeneous morass of theory that facilitated this cultural production – and its overarching, generalised concern for the future of the British 'race' – sat somewhat uncomfortably, however, with the second, 'formal' component of English degenerationism. At the centre of this more scientific faction were essentially the theories of naturalist Charles Darwin (1809-1882) and those of psychiatrist Henry Maudsley (1836-1918).⁷⁹

⁷⁶ Pick, *Faces of Degeneration*, Introduction.

⁷⁷ See Pick, *Faces of Degeneration*, parts I and II for a discussion of the French and Italian degeneration theories. Otherwise, see Pick, *Faces of Degeneration*, p. 176. Also, Daniel Pick, 'The Faces of Anarchy: Lombroso and the Politics of Criminal Science in Post-Unification Italy', *History Workshop* 21, (Spring, 1986), pp. 60-86.

⁷⁸ See Pick, *Faces of Degeneration*, pp. 155-75. He specifically highlights the demonstrable influence that European theorists had upon the cultural production of the era. As such, he demonstrates that elements of Freudian psychoanalysis echo in *Dracula* (1897); sexual 'perversion' as formulated by Richard von Krafft-Ebing underpins *The Strange Case of Dr Jekyll and Mr Hyde* (1886); Social Darwinian theory is at play in H.G. Wells' *The Time Machine* (1894-5), and Gissing grapples with Lombrosian-esque questions physiognomy in *The Nether World* (1889). See also: James Allen Rogers, 'Darwinism and Social Darwinism', *Journal of the History of Ideas* 33, no. 2 (April-June, 1972), pp. 265-280.

⁷⁹ To a lesser extent also were those of Edwin Ray Lankester, (1847-1929) and Herbert Spencer (1820-1903). See Pick, *Faces of Degeneration*, pp. 189-221.

Darwin's *The Descent of Man and Selection in Relation to Sex* (1871) had essentially extended the biological theory proposed in *On The Origin of Species* (1859) to humanity.⁸⁰ In so doing, he confirmed the application of the principle of "survival of the fittest" to humanity, which, far from being an authentically Darwinian notion, was actually a phrase coined by philosopher, biologist and sociologist Herbert Spencer as early as 1852.⁸¹ The significance of this, as well as other arguments made in *The Descent of Man*, was the revision of the doctrine of positivism.⁸² Darwin's demonstration of the similarity of mental faculty between man and certain mammals effectively removed, firstly, the assumed division between man and beast, and secondly, all certainty of the positive direction of evolution.⁸³

Maudsley, on the other hand, was very much a disciple of Lombroso and Morel's theory of the influence of intoxicants, certain environmental conditions, social milieu, heredity, illness and a deficit of requisite amounts of morality on degeneration.⁸⁴ This last concept was of particular importance for Maudsley. In an article published by the *Lancet* he argued that all that could be considered moral was inherently conducive to the preservation and

⁸⁰ For a discussion of this, see: Rogers, 'Darwinism and Social Darwinism', p. 273. Pick argues that the social application of Darwin's *On the Origin of Species*, and other Spenserian tenets were being debated as early as the 1850s and 1860s in response to, firstly, the publication of Morel's *Traité*, but also social upheavals at the time. See Pick, *Faces of Degeneration*, p. 190.

⁸¹ Rogers, 'Darwinism and Social Darwinism', p. 266.

⁸² Pick, *Faces of Degeneration*, p. 193.

⁸³ Pick, *Faces of Degeneration*, p. 193.

⁸⁴ See Peter Scott, 'Pioneers in Criminology. XI. Henry Maudsley (1835-1918)', *The Journal of Criminal Law, Criminology, and Political Science* 46, no. 6 (March - April, 1956) p. 757. See: Cesare Lombroso, *L'Uomo Delinquente* (Torino: Fratelli Bocca, 1878) and B.A. Morel, *Traité Des Dégénérescences Physiques, Intellectuelles et Morales de L'Espèce Humaine et Des Causes Qui Produisent ces Variétés Maladies* (Paris: Chez J.B. Baillière, 1857).

advance of the race, while “immorality”, if indulged in, would “lead to the degeneration, if not extinction, of man-kind”.⁸⁵

Maudsley’s concern with the interrelationship of degeneracy, crime, and physio-psychological influences thus hinged upon the type and quotient of an individual’s morality.⁸⁶ Morality, in this sense, was a loaded term. As he insinuates, it essentially encompassed the traditional British ideal of the individual and the nation. However, his conception of morality, and more importantly its neurological production, was highly influenced by the Social-Darwinian idea that over-evolution – which was understood as a Lamarckian mechanism, and therefore highly sensitive to environmental influences – could lead to the deterioration of an individual, which was then transmissible to progeny. Pick’s analysis suggests that a generalised version of this conceptual framework was applicable to the late-nineteenth-century anxiety about the “city”. Specifically, whether the metropolis was actually the culmination of progressive civilisation it had been thought to be, or whether advance had overreached itself and become degenerative.⁸⁷

While illuminating, Pick’s historical interest in degeneration is primarily in the language of degeneration and its necessary complexities.⁸⁸

⁸⁵ Henry Maudsley, ‘On Relations Between Body and Mind, and Between Mental and Other Disorders of the Nervous System’, *Lancet* (30 April, 1870), pp. 611-12.

⁸⁶ For a discussion of this, see: Peter Scott, ‘Pioneers in Criminology. XI. Henry Maudsley (1835-1918)’, *The Journal of Criminal Law, Criminology, and Police Science* 46, no. 6 (March-April, 1956), pp. 753-69.

⁸⁷ Pick, *Faces of Degeneration*, pp. 190-92. See also, Edward Carpenter, *Civilisation: Its Cause and Cure* (1889).

⁸⁸ Pick, *Faces of Degeneration*, pp. 7-9.

As such, he does not discuss the late-nineteenth-century 'reality' of the perceived threat posed by foreign infiltration, merely affirming that the intersection of Imperialism and Social Darwinism fostered a "spectre of internal degeneration" upon the pertinent nations. Athena Vrettos, who, like Pick, does not specifically deal with opium, nevertheless posits a useful schematic between health, degeneration, and incursions of empire in the late nineteenth century.⁸⁹ She argues that literary concern with the state of the body – and in particular bodily decline – was not only reflective of socio-imperial concerns about the integrity of national borders and character, but also a site in which of Social-Darwinist ideas played out.⁹⁰ This relationship between the colonial "other" and degeneration is pursued by Ruth Lindeborg. Her analysis ascertains that there was significant cultural anxiety that the infiltration of national borders by foreign groups was sufficiently corrupting as to effect national and racial destabilisation.⁹¹ These ideas are prominent in the interpretation of this period; however, I argue that a more generalised, binary version, of "British" and "non-British" were more applicable to this period.

Generally speaking, the English "school" of degeneration can be defined by three major axioms. The first was its concern with the consequences of a somatic evolutionary trajectory that was not necessarily propelling the nation or the individual in a positive direction. The second

⁸⁹ Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford, California: Stanford University Press, 1995).

⁹⁰ Vrettos, *Somatic Fictions*, pp. 124 and 126.

⁹¹ Ruth H. Lindeborg, 'The "Asiatic" and the Boundaries of Victorian Englishness', *Victorian Studies* 37, no. 3 (1994), pp. 381-404.

was a racist-based fear of the 'other' that neatly aligned with the nationalist ideology of the age. The third is a composite: that is, the anxiety the English body politic was susceptible to practices and influences that had the potential to turn the tide from progressive evolution to engineered decline.

A cursory glance at one highly topical work – Seymour Sharkey's article 'Morphinomania' in *The Nineteenth Century* of 1887 – demonstrates the validity of connecting degeneration, as described above, morphinomania, and opium eating. Indeed, he explicitly states so: noting that, eventually all habitual morphine users suffered physical and intellectual decline; including impotency and extreme fixation upon the drug.⁹² Indeed, he almost perfectly traces the specific moral consequences that morphine habituation imparts so warned of by Maudsley and echoed in the more well known examples of opium (den) fiction:

The physical troubles are bad enough, but the moral change eclipses them. No one who has not had experience of these melancholy cases can form an idea of the moral perversion which this habit produces.⁹³

Furthermore, he highlights the apparent inability of morphine users to be truthful.⁹⁴ In this, he is rejoined by the anonymous author of the 1889 'Confessions of a Young Lady Laudanum-Drinker', who alludes to the degenerative effect of her opium habit has on – specifically – her feminine

⁹² Seymour J. Sharkey, 'Morphinomania', *The Nineteenth Century: A Monthly Review* 127, (September, 1887), p. 339.

⁹³ Sharkey, 'Morphinomania', p. 339.

⁹⁴ Sharkey, 'Morphinomania', p. 339.

qualities. Firstly, she complains that her laudanum habit rendered her consistently untruthful.⁹⁵ Secondly, she lost her social graces.⁹⁶ Thirdly, she became incapable of running a household, a consequence that Sharkey also warned of, noting that a morphia habit had been observed to have destroyed not only matrimonial feeling but also examples of entire matrimonial endeavours.⁹⁷ Finally, she was singularly apathetic to anything other than her own needs:⁹⁸

Even mother's grief did not affect me, I only felt irritated at her... I was once or twice very nearly strangling myself, and I am ashamed to say that the only thing that kept me from doing so was the thought that I would be able to get laudanum somehow.⁹⁹

An opiate, therefore, was causing organic changes to her character and morality, which were perceptibly contra to the prevailing standards of the day. Her lack of gainful employment, empathy and morality closely resembles the protagonist in the 1896 novel *The Tides Ebb Out To The Night*. The novel takes the form of a journal, and documents the opium eating, smoking, and (morphia) injecting of a (fictional) young novelist.¹⁰⁰

⁹⁵ Anonymous, 'Confessions of a Young Lady Laudanum-Drinker', *The Journal of Mental Sciences* (January, 1889). Available at <http://www.druglibrary.org/schaffer/heroin/history/laudlady.htm>

⁹⁶ Anonymous, 'Confessions of a Young Lady Laudanum-Drinker'.

⁹⁷ Sharkey, 'Morphinomania', p. 340.

⁹⁸ Anonymous, 'Confessions of a Young Lady Laudanum-Drinker'.

⁹⁹ Anonymous, 'Confessions of a Young Lady Laudanum-Drinker'.

¹⁰⁰ Hugh Langley, *The Tides Ebb Out To The Night: Being The Journal of a Young Man*, Basil Brooke, Edited by His Friend, H. Langley (London: British Library, Historical Print Editions, 1896).

To the select among our more sensitive thinkers, degeneracy itself has its own allotted place, its own peculiar harmony of lambent beauties, as penetrative as the gloss of pearls (themselves born of disease) or the hovering, prophetic gleams of the necromantic opal, focussed thus in their familiar and baleful crucible. ... Kate laughed at my fervour. She thinks that on the whole the world grows not only better, but saner and wiser and more salubrious. She shares Hugh's belief that progress will gradually stamp out every evil; it may perhaps unavoidably destroy a certain amount of beauty and poetry in the process.¹⁰¹

His Decadence, cynicism, imposed bachelordom, and suicide in foreign waters - catalysed by his opiate-taking - are exemplary of a *fin de siècle* 'degenerate': the epitome of failed British manhood.¹⁰² In this respect he has a lot in common with the 'dandy' Dorian Gray, and his preceptor, Lord Henry Wotton, who in the opening pages of the book reclines in the sumptuous surrounds of Basil Hallward's studio, smoking a cigarette heavily laced with opium.¹⁰³ In these two examples, the Decadism of the unproductive protagonists is linked with opium smoking that does not take place within the confines of an East-End (Chinese) opium den. This suggests that the significance afforded by historians to the physical location of the 'oriental' opium den within London is somewhat excessive, and rather it is the idea that it is the "otherness" of the *purpose* of the behaviour, as well as the consequences - suddenly crucial in this time of degeneration, that is more important. Therefore, the incidence of opium smoking perhaps ought to be understood as part of a spectrum of consumption that was being re-evaluated

¹⁰¹ Langley, *The Tides Ebb Out To The Night*, pp. 205-6.

¹⁰² See Max Nordau, *Entartung (Degeneration)*, (1892), esp. Book I.

¹⁰³ Oscar Wilde, *The Picture of Dorian Gray*, (1890).

in the light of the fear of general degeneration represented by 'non British' conscientious patterns of behaviour.

What is evident in all three works is the idea that their particular, "luxurious" use of opium – be it laudanum, morphine, smoking (as in the case of *Dorian Gray*, *The Man With the Twisted Lip* and *Edwin Drood*) or all three, is decidedly not quite "British". That is, it is not comparable to the De Quincey-ian paradigm.¹⁰⁴ Demonstrably, this was so: De Quincey, the archetype of (English) habitual, excessive and licentious opium use flatly denied any moral perversion arising in consequence to the habit.¹⁰⁵ Furthermore, his opium use was seen as productive, at least aesthetically; as was Coleridge's'. The cases examined above, however, were decidedly unproductive, and possibly destructive. They were therefore unprecedented, dangerous, seemed to indicate progressive decline, and, importantly, clearly not English.

Indeed, in the case of *The Tides Ebb Out To The Night*, the use of opium is decidedly 'foreign'; although not strictly 'oriental'. Whilst an English physician originally prescribes the use of opium for the protagonist Basil's neuralgia, and Basil has notable affinity with De Quincey himself, and the Romantics, there is an added dimension to his character. Firstly, he already

¹⁰⁴ Zieger notes this in her study of women and morphinomania: "This illness differed significantly from the habitual opium ingestion represented as an eccentric, visionary delight and torment by Thomas De Quincey in his *Confessions of an English Opium-Eater* (1821)". Zieger, "How Far am I Responsible?", p. 59.

¹⁰⁵ Seymour J. Sharkey, 'Morphinomania', *The Nineteenth Century: A Monthly Review* 127, (September, 1887), p. 339.

has an established practice of smoking an opium-like substance, which, the reader is told, he had initially encountered whilst travelling in Egypt. Secondly, Basil, whilst sufficiently English, is a decided Francophile, and, on occasion, also displays German sympathies.¹⁰⁶ This is particularly significant with respect to morphinomania. While Levenstein's *Die Morphiumsucht* has been considered the definitive text in identifying the disease, the English word 'morphinomania' has more in common etymologically with the French cognate *morphinomanie*.¹⁰⁷ Furthermore, British medical and social institutions were clearly under the impression that addiction to morphine, or rather, the sensation that it brought, was a continental import; (while opium smoking, as has been established, was an 'oriental' practice). In particular, the British Medical Journal in the 1880s and 1890s ran a series of articles that detailed the extent to which the depravity of the profligate - and public - morphine disease was present in France, and reassured its readership that wide-spread practice in England had not yet occurred.¹⁰⁸

Similarly, as Sharkey noted, the morphine 'vice' was "comparatively rare and only secretly indulged in' in England".¹⁰⁹ However, there was cause for vigilance, as the disease had been observed to spread rapidly, as it had "among the French", and once a high prevalence of the disease was established in society, "the drug is used for the most trivial reasons, or even

¹⁰⁶ See, for example: Langley, *The Tides Ebb Out To The Night*, p. 238.

¹⁰⁷ See: Anon., 'Abuse of Morphine', *The Lancet* 136, no. 3506 (8 November, 1890), pp. 986-987.

¹⁰⁸ See, for example, Anon., 'Morphinomania Not Hypnotism', *The British Medical Journal* 1, no. 1316, (20 March, 1886), p. 554; Anon., 'Morphinomania Among Medical Men', p. 142; Anon., 'Morphinomania in the Medical Profession', p. 551. Anon., 'Morphinomania in Paris', *The British Medical Journal* 2, no. 1766, (3 November, 1894), p. 998.

¹⁰⁹ Sharkey, 'Morphinomania', p. 339.

simply to produce a condition of intoxication".¹¹⁰ This is particularly important with respect to the English degenerationist paradigm, as it is demonstrably a composite fear of extraneous contagion (or, "a very serious vice which threatens to take root among us, as it appears to have done among our neighbours"¹¹¹) effecting significant and possibly irreversible changes ("once established ... few of its victims succeed in releasing themselves from It by their own unaided efforts"¹¹²) to British individuals and thus the nation as a whole.

A final demonstration of the interconnection between opiate use and degeneration as it is understood comes from the similarity between their intellectual end points. Attempts to resolve 'degenerationist' problems, like the city, were hampered, as was opiate use, by a particular absence of any acceptable resolution whatsoever. Fundamentally, there was a vicious cycle at the centre of late nineteenth century English degeneration that demonstrably also encompassed opium. Concern for the nation ostensibly began with concern for the circumstance of the individual; yet any resolution of the former would have required an unprecedented interference with the latter's traditional liberties. As the subsequent Eugenics movement would testify, England could not definitively conclude that the state of the nation as a whole was more important than the "recalcitrant classical liberal conception of the

¹¹⁰ Sharkey, 'Morphinomania', pp. 336-7, 339.

¹¹¹ Sharkey, 'Morphinomania', p. 341.

¹¹² Sharkey, 'Morphinomania', pp. 336-7.

individual” and its rights.¹¹³ As will be discussed in the following chapter, the particular rights of the individual, and thus the nation, to opium, were manifestly complex; which, in turn would play a significant part in the 1895 Royal Commission.

The beginnings of opium’s shift from panacea to problem were therefore a product of the international intellectual climate that united national competitiveness with a ‘scientific’ paradigm that predicted almost certain decline. Traditional opium use, crucially, had been expanded by “new” the innovations and practices of opium smoking and morphine injections. Given the cultural tinderbox of the last decades of the nineteenth century, which was encapsulated so clearly in the fears for the impact of the city and its apparent hand in the creation of the toxic “residuum”, it is therefore hardly surprising that the substance-specific degeneration theories of Morel would be perceived to exist within the English milieu.¹¹⁴ This concern for the nation, now perceived as being highly dependent on the health of its individuals, then perceptively had the effect of generally calling into question the motivation of habitual opium use of any type, where previously it had been unquestioned, and unquestionable.

Historians scrutinising this period, however, have only highlighted the reverberations of this, rather than the root cause: it has merely been noted that

¹¹³ Pick, *Faces of Degeneration*, p. 184.

¹¹⁴ For a discussion of the concept of the “residuum”, see: Richard Soloway, ‘Counting the Degenerates: The Statistics of Race Deterioration in Edwardian England’, *Journal of Contemporary History* 17, no. 1 “Decadence” (January, 1982), p. 139.

opium smoking, and, in parallel studies, morphinomania, were problems for British society and medicine. As such, in addition to maligning the historical importance of degeneration, the prevailing approach has thus taken the superficial 'problems' of opium at this time as the whole. The true problem with opium, as will be discussed at length in the next two chapters, was actually more fundamental than what has been indicated, and, importantly, it was specific to the nineteenth century and its understanding of the individual and the English liberal tradition, relative to the nation and body politic.

- II -

**'A MADNESS WHICH IS NOT ALWAYS
VOLUNTARY'**

THE SOCIETY FOR THE STUDY AND CURE OF INEBRIETY

... I refer to the alcoholic, opium, and other drug symptoms, which are affirmed to be purely vicious acts and the voluntary giving way to lower animal impulses ... Anyone who persists in using alcohol or opium to excess is suffering from some brain degeneration and disease, which requires medical study and care.

T.D. Crothers, 'Early Psychological Symptoms of Traumatic Brain Injuries' (1892).¹

¹ T.D. Crothers, 'Early Psychological Symptoms of Traumatic Brain Injuries', *Proceedings of the Society for the Study of Inebriety* 31 (March, 1892), pp. 10, 12.

This chapter examines the Society for the Study (and Cure) of Inebriety's transformation of what had been the sin of overindulgence into the disease of "narcomania": the irresistible urge for the effects of narcotics, then understood to include alcohol, opium, ether, chloroform and other consciousness-altering substances. While it briefly sketches the history of the SSI, the overall purpose of this chapter is to firstly, address two prominent elements of its historicisation, which will be important for the re-assessment of the Royal Commission undertaken in Chapter Three. Secondly, the chapter will demonstrate that the SSI - and the medical contributions it made to the re-evaluation of opium - was demonstrably a product of degeneration theories and their consequences; and, moreover, reproduced them.

The existing historical interpretation of the SSI can be summarised into two main points. The first is that the SSI's disease theory of inebriety directly foreshadowed the twentieth century's attitude towards opium, which, broadly speaking, viewed the neurological state of 'addiction' negatively, and accordingly saw the close medical supervision and legislative control of the drug as necessary.² The second is then a consequence of the above: the SSI has been understood as being "anti-opiumist", in the mould of the SSOT; and thus doubly affected by the findings of the Final Report of the Royal Commission; which are widely held to have essentially denied the existence

² Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* (London and New York: Free Association books, 3rd Edition, 1999), pp. 152-153.

of addiction, and to have prolonged the public's exposure to opiates.³ The first part of this chapter outlines the history of the SSI and its significance. The second part will address the idea that the SSI's theory of the disease of "inebriety" was the predecessor to twentieth century ideas of addiction. It will demonstrate, rather, that the SSI's theory of inebriety was beleaguered by an internal paradox that would strictly limit its validity to the close of the nineteenth century. The last section will address the "anti-opiumist" claims made of the SSI, and argue instead that the body and its theories was responsive to, reflective of, and limited by the late-nineteenth-century problems and paradigms that had yet to definitively determine that opium required strict control, rather than extra-historical conspiracy.

I. THE SSI

According to historical interpretation, rising in parallel to the cultural concern over opium smoking and morphinomania of the 1870s was a perceptible change in the way stimulants - including opium - were viewed medically. This transformation in attitude was initially a campaign to have what is now understood as alcohol addiction recognised as a medical problem, rather than a personal foible, however, it was quickly extended to

³ See, for example, Berridge, *Opium and the People*, p. 187.

opium as well. By the 1890s, the attention it had garnered had surpassed that surrounding the Earl of Mar debate.

In 1876, the Society for Promoting Legislation for the Control and Cure of Habitual Drunkards (SPLCCHD) formed, the agitations of which played a major role in the passing of the Habitual Drunkards Act in 1879. The Act was underpinned by the unprecedented concept that what is now called alcoholism was a medical condition that required remedy.⁴ Until this time, the excessive consumption of alcohol was considered a 'sin', to be remedied by religious exhortations and or moral persuasion.⁵ Indeed, for a late nineteenth century social and medical audience, the idea that excessive and habitual indulgence of a substance was indicative of anything other than a sinfully weak willpower was supremely novel. As C. Holthouse identified in 1885, until very recently, "drunkenness was almost universally regarded but as a weakness, a crime, or a sin, according [sic] as it was viewed from a social or a religious standpoint".⁶ Indeed, only two decades previously, the "abuse"

⁴ This, however, was not without its detractors, and certainly did not represent a truly profound social shift. The Act was worded so as to be only valid for ten years. Furthermore, there was no provision for addictions to other substances other than alcohol. Lastly, the Act essentially amounted to a minor extension of the Lunacy Act of 1845 (and its subsequent amendments), yet without the latter's full force: the 'habitual drunkards' had to voluntarily commit themselves into an institution, as there was no mechanism - unlike in the Lunacy legislation - for the compulsory sequester of an individual or the involvement of the state in compelling treatment. These inbuilt limitations in the 1879 Act demonstrated the lingering ballast of the older, non-medical, thinking that until this time had held that alcoholic or other addiction was a species of moral failing, crime, or sin. See: Stephen S. Alford, *A Paper Read Before the Social Science Association, on the Habitual Drunkards' Act of 1879 with an Account of a Visit to the American Inebriate Homes, February 2, 1880* (London: H.K. Lewis, 1880). pp. 8-9 and Clive Unsworth, 'Law and Lunacy in Psychiatry's "Golden Age"', *Oxford Journal of Legal Studies* 13, no. 4 (Winter, 1993), pp. 481-482. Also, C. Holthouse, 'Critical Remarks and Suggestions on Inebriety and its Treatment', *Proceedings for the Society for the Study and Cure of Inebriety* 6 (November, 1885), p. 12.

⁵ See, for example: Alford, *On the Habitual Drunkards' Act of 1879*, pp. 3-5.

⁶ Holthouse, 'Critical Remarks and Suggestions on Inebriety', p. 12.

of opium merely denoted the medical cases in which opium was not effective.⁷

In 1884, the SPLCCHD transformed into the Society for the Study and Cure of Inebriety (SSI).⁸ Its inaugural President was Dr Norman Kerr: a lifelong temperance worker and previously one of the SPLCCHD's honorary secretaries. Under his stewardship, the Society (which was to shorten its name and restrict its purview in 1887 to the Society for the Study of Inebriety), pursue a generalised form of the SPLCCHD's medicalised theory of habitual, irrational substance abuse that included, among other things, opium.⁹ The SSI essentially acted as a vehicle to promote Kerr's personal theory of the "disease of inebriety", which aimed to draw a sharp distinction in medicine and society between the "act" of drunkenness, and the "diseased state of the brain and nerve centres" that characterised the "irresistible impulse to indulge in intoxicating liquors or other narcotics for the relief which these afford, at any peril"¹⁰. Crucially, this disease, as the SSI understood it, could be manifested in dependence on almost *any* substance:¹¹ Therefore, the SSI recognised that

⁷ James Russell, 'Opium: Its Use and Abuse', *The British Medical Journal* 1, no. 174, (5 May, 1860), pp. 334-335.

⁸ For a history of this society, see: Alford, *On the Habitual Drunkards' Act of 1879*, (1880).

⁹ For more on Kerr, see the relevant entry in the Oxford Dictionary of National Biography. David M. Fahey, 'Kerr, Norman Shanks (1834-1899)', *Oxford Dictionary of National Biography*, (Oxford University Press, 2004) <<http://0-www.oxforddnb.com.library.sl.nsw.gov.au/view/article/15464>>, viewed 29 September 2012.

¹⁰ Norman Kerr, 'President's Inaugural Address', *Proceedings of the Society for the Study and Cure* 1, (July, 1884), p. 3.

¹¹ Norman Kerr, 'Colonial and International Congress on Inebriety: Opening Address', *Proceedings for the Society of the Study of Inebriety* 13, (August, 1887) pp. 1-2.

there was “alcohol, opium, chloral, chloroform, chlorodyne, ether, cocaine” and even insanity and syphilis inebriates.¹²

Despite Kerr’s assertion in his Inaugural Address that any superficial preoccupation with alcohol was merely reflective of the situation where “alcoholic inebriety was our general drunkenness, because alcohol was our usual intoxicant”,¹³ and the intimation by SSI member Sir W.T. Charley that despite Kerr’s exhortations, there was a tendency to use ‘inebriety’ and ‘drunkenness’ synonymously (thus artificially inflating the instance of the term’s use), it has been interpreted that the SSI was primarily concerned with alcohol. Certainly this claim is not entirely without merit: alcohol does feature quite prominently in the SSI’s quarterly periodical, *The Proceedings of the Society for the Study (and Cure) of Inebriety*. However, the assertion that non-alcoholic inebriety was merely a side issue for the SSI, firstly, is somewhat simplistic, and secondly, is demonstrably a product of a historical approach concerned only with delineating the medical history of the idea of addiction.¹⁴ The theories of the SSI were certainly indebted to alcohol; but not, however, because of the SSI’s previous incarnation and President Kerr’s involvement in Temperance movements. Rather, as will be discussed shortly, the observable effects of what is now called alcohol addiction, and the negative light in

¹² Norman Kerr, ‘The Relation of Alcoholism to Inebriety, Delivered to the British Medical Association, Held At Dublin, 1887’, *Proceedings of the Society for the Study of Inebriety* 14, (November, 1887), p. 14.

¹³ Norman Kerr, ‘Discussion’ in Tudor Trevor, ‘The Prevailing Indifference to Inebriety’, *Proceedings for the Society for the Study and Cure of Inebriety* 11 (February, 1887), p. 15.

¹⁴ See, for example, Dolores Peters, ‘The British Medical Response to Opiate Addiction in the Nineteenth Century’, *Journal of the History of Medicine* 36, no. 4 (1981), pp. 455-488; Geoffrey Harding, *Opiate Addiction, Morality and Medicine: From Moral Illness to Pathological Disease* (Basingstoke and London: The Macmillan Press, 1988);

which spirits and liquor were held by degeneration theories, made alcohol the obvious and only choice to be the conceptual basis of their theory.¹⁵

II. INEBRIETY AND DEGENERATION

Degeneration, as intimated, has not been linked historically with the disease theory of the SSI. Instead, an historical emphasis has been placed on the prescience of the SSI's inebriety theories relative to later understandings of addiction. However, historians have at times been quite dismissive of the SSI's formulation of inebriety, and in particular, its recourse to vice and religion to support its otherwise scientific disease hypothesis.¹⁶ This recourse to religion, however, far from being 'quaint' is actually insightful and suggestive of a reflective historicisation of the SSI. As Kerr reveals, it is morality that plays a crucial part in the SSI's overall purpose: "The third indication (of sound treatment) was the reparation of the physical damage wrought by inebriety, the remedying of the pre-inebriate morbid condition, and the strengthening of the moral control".¹⁷ Morality, as discussed in Chapter Two, was at the heart of English understandings of degeneration. I argue, therefore, that the theories of the SSI were demonstrably part of the

¹⁵ See, for example, W.F. Bynum, 'Alcoholism and Degeneration in 19th Century European Medicine and Psychiatry', *British Journal of Addiction* 79, (1984), pp. 59-70.

¹⁶ See, for example, Berridge, *Opium and the People*, p. 155.

¹⁷ Kerr, 'Opening Address', p. 3.

degeneration paradigm outlined above; and thus, restricted to the nineteenth century, rather than an early extension of the twentieth.

The SSI's theories, once studied closely reveal substantial prima facie evidence attesting to this connection between the theory of inebriety and degeneration. Indeed, the SSI was perceptibly influenced by continental theories of degeneration. For instance, there was a strong link made initially between the instances "of crime, lunacy, and pauperism " and "habitual drunkards" and their "insane infatuation of their drink-craving", which united Morellian theories about the influence of toxins on degeneration, Lombrosian connections between criminality and degeneration, as well as Maudslian insistence on the pressing need for social and legislative intervention.¹⁸ Finally, Kerr's 1894 monograph, *Inebriety: Its Etiology, Pathology, Treatment and Jurisprudence* no less concluded with:

It is impossible to urge the desirability of the uncured inebriate having no issue, too strongly. Apart from the transmission of the narcomaniacal diathesis, ... the offspring of inebriates, or a considerable proportion of the offspring, are apt to be the subject of some form of physical degradation. ... For the non-perpetuation of the inebriate diathesis, it should be accounted a wrong to mankind for uncured inebriates to have children.¹⁹

¹⁸ Alford, *On the Habitual Drunkards' Act of 1879*, p. 3.

¹⁹ Norman Kerr, *Inebriety: Its Etiology, Pathology, Treatment and Jurisprudence* (London: H.K. Lewis, 1894), pp. 717-718.

Moreover, the *Proceedings for the Society for the Study of Inebriety* reveal the extent to which the influence of the English, Social Darwinian-Lamarckian theories of the transmissibility of somatic, or acquired, parental attributes to offspring were fundamental to the Society. Indeed, a specific connection between environment and physical inheritance – which, as previously discussed was a tenet of English theories of degeneration – is evident from the beginning of the Society’s work: Kerr’s Inaugural Address to the Society asserted no less that: “Inebriety is for the most part the issue of certain physical conditions, an offspring of material parentage”.²⁰ Also, from its early years, the negative impact an inebriate population had on the “intellectual and physical vigour” of the nation – by both the absolute and relative losses to national productivity they represented– was vigorously asserted, with the implicit (and at times explicit) understanding that the survival of state was at stake.²¹

This particular tenet of English degenerationist paradigm moreover was prominent in subsequent years. T.D. Crothers in 1886, for instance, likened the transmission of acquired degeneration – “via the laws of inheritance” to a poisoned fountainhead, which had the capacity to infect up to four (and possibly ten) subsequent generations, assigning them to a “diseased and defective” state, from which “their whole life is a struggle to escape.”²² Similarly, in 1894, Thomas Morton affirmed the centrality of “the problem of

²⁰ Kerr, ‘Inaugural Address’, p. 3.

²¹ See, for example: Crothers ‘Sanitary Relations of Inebriety’, pp. 1-2, 6-7.

²² Crothers, ‘Sanitary Relations of Inebriety’, pp. 3-4.

heredity, by which I mean the transmission of parental and ancestral characters to each new generation of organic beings” to the discussions of the SSI.²³

Furthermore, the SSI’s theory ascribed to the necessity of swift and decisive action. By 1892 it was perceived that: “... the number of inebriates of all forms is increasing, and with them the army of neurotics and defectives is likewise rapidly growing larger”.²⁴ However, this worryingly democratic affliction had been recognised since the late eighties. As Tudor Trevor in his address to the Society in February, 1887 noted, inebriety did not appear to target any particular class of society or gender, rather “all alike [were] subject to its thralldom”.²⁵ Furthermore, it was understood that inebriety could be the precipitating cause, or even the result of what Kerr called “cross” heredity, whereby the inebriate diathesis manifested itself in other physical and or mental malformations.²⁶

The use of contemporary evolutionary theory, inflected as it was with degenerationist fears, necessitated the agent of destruction responsible for physical changes be the foreign substance imbibed. Thus the principle belief was that inebriety was caused “by either an inherited tendency to excess once the fatal potion is sipped, or by a transmitted taint or defect in the brain and

²³ Morton, ‘The Problem of Heredity in Reference to Inebriety’, p. 2.

²⁴ Crothers, ‘Early Psychological Symptoms of Traumatic Brain Injuries’, p. 12.

²⁵ See: Tudor Trevor, ‘The Prevailing Indifference to Inebriety’, *Proceedings for the Society for the Study and Cure of Inebriety* 11, (February, 1887), p. 9.

²⁶ See, for example, Kerr, ‘Inaugural Address’, p. 4. And Kerr, ‘Opening Address’, p. 2.

nervous centres".²⁷ As this quote unintentionally demonstrates, the basic theoretical matrix that Kerr used to formulate his inebriety theory was that of what is now known as alcoholism. Indeed, in his address to the SSI's Colonial and International Congress on Inebriety in 1887, Kerr demonstrated not only the theoretical debt he owed to Continental theorists such as Morel and Lombroso (and their belief of morbid influences on degeneration, such as social space, geography, occupation, ancestry and morality)²⁸ but also revealed the extent to which alcohol functioned as the organising principle:

Injudicious diet, bad hygienic conditions, sex, age, religion, climate, race, education, pecuniary circumstances, occupation, mental relations, temperament, and associated habits all in some cases were predisposing causes. So were intoxicating drinks by their toxic action on the brain and nerve centres...²⁹

In fairness, this is hardly surprising, given Kerr's previous activism in the Inebriates Legislation Committee of the British Medical Association, the Homes for Inebriates Association and his post as senior consulting physician to the Dalrymple Home for Inebriates (the only such home to be licensed under the Habitual Drunkards Act).³⁰ Furthermore, alcohol occupied something of a privileged position in a medical context with limited

²⁷ Kerr, 'Inaugural Address', p. 4.

²⁸ For an in depth discussion of Morel and Lombroso's respective theories, see Daniel Pick, *Faces of Degeneration*, parts I and II.

²⁹ Kerr, 'Opening Address', p. 2. See also Clark Bell, 'The Relation of Intemperance to Insanity', *Proceedings of the Society for the Study of Inebriety* 13, (August, 1887), p. 10.

³⁰ See: Fahey, 'Kerr, Norman Shanks (1834-1899)',

[<http://0-www.oxforddnb.com.library.sl.nsw.gov.au/view/article/15464>, accessed 29 Sept 2012]. See also: Norman Kerr, 'The Dalrymple Home', *The British Medical Journal* 2, no. 1133, (16 September, 1882), p. 541.

diagnostic tools: alcohol was considered by many to particularly destructive simply because lesions and other organic changes in the liver, brain, and other organs of alcohol-using individuals, and public acts of violence were readily observable.³¹

While alcohol was taken as the basic illustrative model, there was, nevertheless, some recognition that opium was a special case within the alcohol-inebriety disease construct. In terms of effects, it was understood that they were different drugs, especially with respect to behaviour and treatment protocols. For instance, as early as 1884, opium was understood to be particularly potent – relative to other “nervine stimulants” in its ability to diminish “through its physical action the power of the will”.³² Perhaps more importantly, there was a relatively early understanding that opium, and opiates in general, such as morphine, functioned pharmacodynamically in a different manner to alcohol. Kerr, in August of 1887, noted in the Opening Address for the Colonial and International Congress on Inebriety, that opium and morphia had to be withdrawn from habitués in the course of treatment far more gradually than as with alcohol, chloral, ether or chloroform.³³ However, by 1892, it was perceived by the SSI (as well as others, as discussed in chapter one) that morphinism had very markedly spread among women, not only of the poorer classes, but in all ranks of life”, but also that the “better off” in society were, in their inebriate tastes, “not confined to alcohol, but

³¹ For a list of the physical and mental perturbations caused by alcohol, see: Kerr, ‘The Relation of Alcoholism to Inebriety’, p. 14.

³² W.B. Carpenter, ‘The Etiology of Inebriety’, *Proceedings for the Society for the Study and Cure of Inebriety* 1 (July, 1884), p. 23.

³³ Kerr, ‘Colonial and International Congress on Inebriety’, p. 3.

[had] embraced morphinomania...".³⁴ Nevertheless, it was ultimately the similarities between alcohol and opium – at least for the purposes of the Inebriety-disease hypothesis – rather than the differences that were emphasised.

As such, opium was party to the same functional paradox that lay at the heart of the SSI that also affected alcohol. As intimated, the disease theory of inebriety owed a significant debt to both the older conceptualisation of addiction-as-vice, and to newer theories based on inheritance-vector laws.³⁵ This combined rather forcefully to create something that was as worrying for the members of this medical fraternity as it was supportive of their hypotheses. In reproducing the intellectual currents that had produced it, the SSI became the agents of their own destruction. While ‘vice’ was an effective means to explain the otherwise unfathomable reasons as to why and how inebriety in an individual came to manifest itself, it was also understood to be a human constant; and, according to theological calculus, any individual was as liable to sin as any other. When this was layered on top of the inevitability of the manifestation of inherited inebriate traits, transmitted from the parental “germ plasm” and transmissible to offspring, the spectre of inebriety was quite literally everywhere. That is, the SSI’s conceptualisation of inebriety held that the disease could just as easily take root through organic, non-

³⁴ Norman Kerr, ‘Discussion’, in Henry W. Williams, ‘The Urgent Need for Improved Legislation for Inebriates’, *Proceedings for the Society for the Study of Inebriety* 34 (October, 1892), p. 11.

³⁵ For an illustration of this see: C. Holthouse, ‘Critical Remarks and Suggestions on Inebriety and its Treatment’, *Proceedings of the Society for the Study and Cure of Inebriety* 6, (November, 1885), p. 12.

hereditary mechanisms that would *then* be fostered and then transmitted to subsequent generations, as it could be an expression of parental defect. Furthermore, the incidence of successful treatment of inebriety was only ever generously estimated to be at 33%, thus compounding concerns and the sense of urgency to intercede with preventative measures.³⁶

This conundrum at the heart of the SSI was essentially the product of a scientific milieu that did not have access to Mendelian genome-theory and decades of research into psychiatry and neuroscience. After the rediscovery of Gregor Mendel's theories of chromosomal genetic inheritance in 1900, the Lamarckian and Darwinian ideas of the inheritability of parental acquired characteristics were replaced with a far more complex model that took into account recessive and dominant genetic material that was unaffected by environment or behaviour.³⁷ As such, the SSI's theory of inebriety that was underwritten by a belief in somatic transmission was made fundamentally redundant. Assertions that they preceded what the twentieth century came to understand as addiction are therefore overstated; and even a lesser claims of prescience to recognising that addiction existed and required treatment are problematic. Habituation was recognised, and attempts to cure such were documented before the 1880s.

³⁶ Holthouse, 'Critical Remarks on Inebriety', p. 14.

³⁷ See: Lucy Bland and Lesley A. Hall, 'Eugenics in Britain: The View From the Metropole', in Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010), p. 222.

III. THE MEDICAL QUESTION

By the early 1890s, the vicious cycle at the heart of the SSI found a public, and practical application. In the final years of the nineteenth century, the simmering debate surrounding the moderate use of stimulants erupted into a question about the medical use of opium. As opium was understood as a cognate to alcohol, much of the debate attempted to unite or distance itself from the liquor question. Alcohol, of course, had been used in England medically, recreationally and socially for centuries, and, in these last two capacities, was widely considered to be fundamental to the English character. This medical question of opium grew out of a similar debate about the place of alcohol in British society, but, as I will demonstrate, had a unique aspect that was and is important to both the history and the historicisation of opium in this period.

The debate about the 'medical question' of opium use largely took place in medical and general publications, such as the *Lancet* and *The British Medical Journal*, the SSI's *Proceedings* and the review journal *The Nineteenth Century*, and was conducted between, amongst others, notable "pro-opiumist" medical doctors such as Robert Farquharson, but more importantly Sir William Moore, and "anti-opiumists" such as SSI member, Brigade-Surgeon Robert

Pringle.³⁸ While the debate had similarities to the Earl of Mar insurance case,³⁹ it was ultimately the newer concerns about the alleged – but not proved – “tissue degenerations” caused by opium, as well as debates about the consequences of “new” opium practices, such as smoking that were at the fore.⁴⁰ For instance, it was rumoured that the morphine content in opium was destroyed by heat, thus making opium smoking harmless.⁴¹ Importantly, especially for the next Chapter, the question of opium use in India – for both recognisable medical purposes and ‘habitually’ – was compared to alcohol use in England.⁴²

While the SSI officially disavowed the mandate to determine the admissibility of moderate use – focusing instead on the physical aspect of inebriety – due to the particular nature of its conception of inebriety this was ultimately a question that could not be avoided. As the morphinomania epidemic had revealed, inebriety could, firstly, be inadvertently acquired iatrogenically, and secondly, was considered less than ideal in a climate suffused with fears of the denigration of man and nation.

While SSI member W.B. Carpenter’s idea that repeated use of “nevine stimulants” caused an alteration “in the nutrition of the nervous system” –

³⁸ See, for example, Robert Farquharson et. al., ‘The Opium Question’, *Lancet* 139, no. 3579 (2 April, 1892), pp. 772-773. Robert Pringle, ‘The Opium Question’, *The British Medical Journal* 1, no. (16 April, 1892), p. 834.

³⁹ Robert Farquharson asked the editors of the *Lancet* whether the opium habit directly shortened life. See: Farquharson, ‘The Opium Question’, *Lancet* (2 April, 1892), p. 772.

⁴⁰ Farquharson, ‘The Opium Question’, p. 772.

⁴¹ Farquharson, ‘The Opium Question’, p. 772.

⁴² W.D.S., ‘The Opium Question’, pp. 772-773. Also, T.H. Hendley, ‘The Opium Question’, *The British Medical Journal* (30 April, 1892), pp. 934-935.

which had the effect of creating a mechanism that replicated the body's crave for food and water – appeared to explain what is now called addiction, there was nevertheless no small confusion as to what the lower threshold of use was. As alcohol and opium were both articles of medicine, as well as in use in non-medical contexts, the question of medical use was actually of extreme importance not only for the SSI, but for the entire medical fraternity.⁴³

On the one hand, their understanding of how the inebriate 'diathesis' was acquired theoretically rendered the SSI opposed to the taking of stimulants in any form. On the other, however, they were demonstrably practically troubled by the medical use of alcohol.⁴⁴ Dr Norman Kerr used his Inaugural Address to bemoan instances where members of his own profession, through their "medical prescription of intoxicants" had fostered drunkenness and inebriety.⁴⁵ Also, member of the SSI Tudor Trevor in 1887 all but rejected the belief articulated – for instance – by Scottish physician Sir Andrew Clarke in 1878 that "that in certain small doses they [inebriety-causing substances] are useful in certain circumstances, and in certain very minute doses they [alcohol, strychnine, arsenic, and opium] can be habitually used without any *obvious* ... and sensibly prejudicial effect upon health", because of the inherent danger of undiagnosed inebriety in an individual.⁴⁶ Dr Drysdale, put the

⁴³ See: Anon., 'Morphinists', *Weekly Irish Times* (24 July, 1897), p. 1.

⁴⁴ W.B. Carpenter, 'The Etiology of Inebriety', *Proceedings of the Society for the Study and Cure of Inebriety* 1, (July, 1884), pp. 17-21. Somewhat interestingly, Carpenter used De Quincey as his illustrative example. Carpenter, 'The Etiology of Inebriety', p. 21.

⁴⁵ Kerr, 'Inaugural Address', p. 7.

⁴⁶ See: Andrew Clarke, 'The Action of Alcohol Upon Health' (London, 1878), in Trevor, 'On Prevailing Indifference to Inebriety', p. 7. And Trevor, 'On Prevailing Indifference to Inebriety', p. 9.

matter rather more bluntly, saying that since alcohol (and, incidentally, opium) was a poison, both moderate and immoderate consumers of them were simply poisoned animals.⁴⁷

However, was the recognition of alcohol's use in treating illness. While it was slowly losing its prestige as a therapeutic agent, alcohol was nevertheless recognised to be of use in treatment regimes, even by Kerr himself. As he wrote in an article in the *British Medical Journal* in 1885 – a full year after his Inaugural Address to the SSI –

To the question, Ought we ever to prescribe intoxicating drinks? I unhesitatingly reply, Yes. How any one can deny that they have been useful, and have saved life, I am at a loss to understand.⁴⁸

Furthermore, two years after this, he felt compelled to address an erroneous claim by a Dr Ridge that he, as a member of the Medical Temperance Association, did not prescribe alcohol medicinally.⁴⁹ Nevertheless, he was clearly troubled by the potential consequences of such a prescription, advising that the dangers of acquired inebriety be always kept in mind, lest “the remedy itself [proves] worse than the original disease”.⁵⁰ Similarly, James Stewart, in 1892 expounded at length on the need for careful

⁴⁷ Dr Drysdale, 'Discussion', *Proceedings of the Society for the Study and Cure of Inebriety* 1 (July, 1884), p. 32.

⁴⁸ Norman Kerr, 'Ought We To Prescribe Alcohol, And How?', *The British Medical Journal* 2, no. 1288 (5 September, 1885), p. 443.

⁴⁹ Norman Kerr, 'The Prescription of Alcohol', *The British Medical Journal* 2, no. 1390 (20 August, 1887), p. 434.

⁵⁰ Kerr, 'Ought We To Prescribe Alcohol', p. 444.

prophylaxis in the cases where histories existed of any type of familial mental or physical disturbance; so high was their likelihood of contracting inebriety in some form.⁵¹ While this posed a difficulty for alcohol, the problem it represented for opium – despite their equivalency within the framework of the SSI’s inebriety theory – was far more profound: not only was it more of a contextually pressing problem (as discussed in Chapter One), but opium occupied a far more important article in medicine than alcohol.

In 1894, the medical question of opium, was addressed in two issues of the *Proceedings* of the SSI. In February, anti-opiumist Pringle discussed whether or not opium had any other use other than in a strictly medicinal role.⁵² In May came the publication of Sir William Moore’s adjudicated “Adjourned Discussion on Opium”.⁵³ Moore, as noted, was part of the pro-opiumist faction. This signified that he accepted a range of uses of opium that, even to the tentative grasp that the medical fraternity had of the difference between medicinal and non-medicinal use of opium in the late nineteenth century, qualified as extra-therapeutic. More specifically, he took the view that if the opium was being taken for a specific reason – such as for the prevention of malaria, or as a soporific, or for a mental tonic, or if it were doing no discernable harm, then no issue could be taken with such ‘use’.⁵⁴ While he did own to the possibility of its ‘abuse’ – that is, an overindulgence in the drug –

⁵¹ James Stewart, ‘Prevention of the Development of Inherited Inebriety’, *Proceedings of the Society for the Study of Inebriety* 31, (March, 1892), pp. 3-5.

⁵² Robert Pringle, ‘Opium – Has It Any Use, Other Than Medicinal’, *Proceedings of the Society for the Study of Inebriety* 39, (February, 1894), p.p. 3-16.

⁵³ William Moore, ‘Adjourned Discussion on Opium’, *Proceedings of the Society for the Study of Inebriety* 40, (May, 1894), pp. 1-11.

⁵⁴ Moore, ‘Adjourned Discussion’, pp. 1-5.

he denied that this was anything other than rare, and drew parallels between English alcohol use, and the relatively few numbers of true, denigrated and habitual drunkards.⁵⁵ Moore was essentially arguing for the legitimacy of moderate use.⁵⁶

Pringle, on the other hand was of the opinion that there was no legitimate use for opium outside of a medical context. Opium, he granted, when taken continuously, “has been traced to the beneficial effects and sensations of the strictly medicinal administration of the drug”.⁵⁷ These medical benefits, he detailed, were by no means minor; however, he was at pains to point out the fallacy that was the belief in the prophylactic power of opium for malaria, which was then so avowed of by Moore.⁵⁸ He was also dismissive of the supposed non-medical benefits of opium, such as its ability to help sustain an individual on a minimal food, its supposed capacity for mental and physical stimulation and its aphrodisiac properties.⁵⁹ Ultimately Pringle was of the opinion that opium had particular, indispensable medicinal value; however, due to the:

insidious mode of action of opium, an action absolutely peculiar to itself, viz. in luring those using it to continued indulgence, to itself, after the necessity for its use has passed, and this to an extent certainly peculiar to this drug.⁶⁰

⁵⁵ Moore, ‘Adjourned Discussion’, p. 6.

⁵⁶ Moore, ‘Adjourned Discussion’, p.

⁵⁷ Pringle, ‘Opium - Has It Any Use?’, p. 4.

⁵⁸ Pringle ‘Opium - Has It Any Use?’, p. 8.

⁵⁹ Pringle ‘Opium - Has It Any Use?’, pp. 9-14.

⁶⁰ Pringle ‘Opium - Has It Any Use?’, p. 4.

Pringle, somewhat unwittingly, stumbled into the irresolvable quandary at the heart of not only the SSI and their inebriety disease theory, but also wider socio-medical debate. Opium, being a stimulant, and a highly “vicious” one at that, was one of the harbingers of degeneration and destruction. However, opium was in such high demand for such a range of medical uses that it was simply too important to denounce in the same manner that alcohol, then of decidedly lesser therapeutic importance, could be. Essentially, the degenerative theory collated all types of opiate use, and subsumed them into ‘scientific’ projections of individual and national decline. It seemed necessary, therefore, that all use of opium be renounced for the fear of acquiring or contracting the degenerative disease of inebriety: however, while this assessment was reflective of intellectual climate of late nineteenth century Britain, it simultaneously and fundamentally antithetical to not only its medical realities and demands, but also its understanding of the rights of the individual’s self determination in all areas, including medical treatment and recreational pursuits. The theories of the SSI, therefore, were strictly products of the nineteenth century.

This medical question, and the fault-lines in English society, medical theory and foreign policy, was therefore responsive to the same late nineteenth century intellectual, cultural and medical trends that were at the heart of opium’s tribulations in the socio-cultural realm. Furthermore, it was specifically attempting to resolve the threat of national degeneration that

opium was seen to represent through the 'ground up' method advocated by degenerationist theorists. The changes to opium in England's social consciousness were thus very closely related to the theories of inebriety so often kept apart in scholarship. And, as the next chapter demonstrates, this issue of degenerative inebriety, now in need of some urgent resolution, would translate itself in calling of the Royal Commission on Opium in 1895.

'THE INSTRUMENTALITY OF AN ABLE GOVERNMENT'

THE ROYAL COMMISSION: 1893-1895

That opium is at once a drug and a poison, and a famous and valuable medicine, may be taken as admitted on all hands. It is over its non-medical use – over indulgence in the opium habit by persons not suffering from disease – that the battle rages. The field of contest is indeed a wide one. ... The danger of over sweeping generalisation is just as apparent on the part of those who honestly hold that the salvation of the race is bound up with the maintenance of the present systems of policy and law: as it is on the part of others who are impelled to warm protests against some policy and system, by the knowledge of human lives wrecked and ruined under it.

Joshua Rowntree, (1895).¹

¹ Joshua Rowntree, *The Opium Habit in the East: A Study of the Evidence Given to the Royal Commission on Opium, 1893-4* (London: P.S. King and Son, 1895), p. 103.

With minor variations, the historiographical interpretation of the Commission's significance has followed the contours encapsulated in Berridge's seminal work on the history of nineteenth-century opium, *Opium and the People*. Firstly, she has interpreted the Commission as the apogee of the political pressure applied by the SSOT (and its forebears) on the question of the opium trade.² In this respect, Davenport-Hines somewhat concurs by portraying the Commission as the result and continuation of SSOT lobbying.³ By way of contextualisation, Berridge suggests that the overall decline from the 1890s in opium exported to China catalysed the requisite parliamentary support for the SSOT's economically inflected humanitarian concerns for the effect of the opium trade on the Chinese, an argument seconded by historian J.B. Brown.⁴ According to her schemata, its intended purpose ought to have been to support its campaigns to revise the Treaties of Tientsin and Chefoo, which would have allowed China to refuse British opium; the position the SSOT had assumed for decades.⁵ However, due to "tactical mismanagement", the SSOT effectively lost control of the Commission's direction and thus potential. Finally, she considers the Final Report something of a "whitewash" of, and "decisive defeat" to the anti-opiumist cause.⁶

² Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth Century England* (London and New York, Free Association Books, 3rd Edition, 1999), pp. 185-6.

³ Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics* (London and New York: W.W. Norton, 2004), p. 181.

⁴ Berridge, *Opium and the People*, pp. 178-9.

J.B. Brown, 'Politics of the Poppy: The Society for the Suppression of the Opium Trade, 1874-1916', *Journal of Contemporary History* 8, no. 3, (July, 1973), p. 104.

⁵ Berridge, *Opium and the People*, pp. 182-3.

⁶ Berridge, *Opium and the People*, pp. 179-188.

This chapter aims to reassess the significance of the 1895 Royal Commission relative to its late-nineteenth-century British context, and consequentially revise the prevailing trend in historical literature to dismiss it as at best an anomaly or financial inquiry, and at worst a pro-opiumist conspiracy. After providing some contextualisation of the Commission's beginnings, this chapter will illustrate, firstly, that despite appearances, it was not principally concerned with finance. Secondly, I will demonstrate that the Commission was actually grappling with the contemporaneous *domestic* concerns and debates regarding the degenerative threat of opium then plaguing the SSI, and culture and society in general as explored in Chapters One and Two.

I. POLITICS

In 1891, after over half a century punctuated with failed attempts, a motion critical of England's involvement in the Indian-Chinese opium trade was first passed in the House of Commons.⁷ The principle it represented, however, had first appeared in 1840, when the future Liberal Prime Minister William Gladstone condemned opium as a "pernicious article" to the

, The term "whitewash", however, was first applied to the Commission by Charles Henry Brent, an American Episcopalian Bishop of the Philippines in 1909. See: Davenport-Hines, *The Pursuit of Oblivion*, p. 207.

⁷ See, for example, Davenport-Hines, *The Pursuit of Oblivion*, p. 181.

Commons, and decried Britain's proximity to it.⁸ Three years later, the prominent Temperance advocate Lord Ashley, Earl of Shaftesbury, denounced the trade in opium as beneath the "honour and duties" of a Christian kingdom, and thus should be abolished.⁹ Subsequently, five separate movements, all calling for the cessation, or at least the distancing, of England from the Indian opium trade, were defeated in Parliament. On Friday, 10 April 1891, however, the motion proposed by Sir Joseph Pease, Member of Parliament, and President of the Society for the Suppression of the Opium Trade (SSOT), that India's opium trade was "morally indefensible", was carried 160 to 130.¹⁰

Pease's resolution was related to the morality of foisting opium into an unwilling marketplace; a debate that had originated in and persisted through the work of the SSOT and its predecessors since the first opium war of the 1830s.¹¹ Pease believed that the Government of India should have no hand in the production or sale of opium, much less hold the monopoly as the British Raj did at that time.¹² According to his, and the SSOT's belief, no-one, governments included, "ought to carry on a trade which is detrimental to their fellow men"; a sentiment consistent with previous examples of Quaker activism; as well as their unwavering stance on the opium trade taken

⁸ Barry Milligan, *Pleasures and Pains: Opium and the Orient in Nineteenth-Century British Culture* (Charlottesville and London: University Press of Virginia, 1995), p. 21.

⁹ See Rowntree, *The Opium Habit in the East*, p. 323.

¹⁰ Thomas Brassey Brassey, *The First Report of the Royal Commission on Opium: Minutes of Evidence, Volume I* (London: Eyre Spottiswoode, 1894), p. 5. (Q.51). See Chapter One of this thesis for a discussion of the SSOT. Otherwise, see Barry Milligan, *Pleasures and Pains* (1995), and Brown, 'Politics of the Poppy', pp. 97-111.

¹¹ Davenport-Hines, *The Pursuit of Oblivion*, p. 181.

¹² See Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 2.

throughout the century.¹³ As such, Pease had originally intended for the Indian government to simply distance itself from opium manufacturing, but more importantly, trading enterprises.¹⁴ Of secondary importance, seemed to be the contemporary debate surrounding opium, which was in line with the SSOT's overall approach to the situation.¹⁵

After this initial success, however, the issue lay dormant for two years.¹⁶ When it was resurrected, an element largely unconsidered by Pease was introduced: practical matters regarding the dismantling of the trade and the equity thereof. It was in the wake of this motion that a Commission to inquire into the raised issues was mooted.¹⁷ This was to have not only a considerable impact upon the mandate underpinning the eventuating Commission, but would also substantially direct how the Commission has been interpreted by historians in the twentieth and twenty-first centuries. The tasks the Commission was to undertake were designed by then Prime

¹³ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, pp. 3 and 12. (Q. 6, and Q. 145).

An oft-quoted parallel to the Quaker anti-opium effort was that of their involvement in the anti-slavery movement, for which they had lobbied since 1783 for the legislative and fiscal changes that finally resulted in the abolition of England's slave trade in 1833.

See also John F. Richards, 'Opium and the British Empire: The Royal Commission of 1895', *Modern Asian Studies* 36, no. 2 (May, 2002) p. 382. Quaker activism against the opium trade on moral grounds was evident throughout the nineteenth century. See: Davenport-Hines, *The Pursuit of Oblivion*, p. 181.

¹⁴ Brassey Brassey, *The First Report of the Royal Commission on Opium: Volume I*, p. 5. (Q.51).

¹⁵ Berridge, *Opium and the People*, p. 176.

¹⁶ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 5.

¹⁷ Webb's resolution read: "... this House is of opinion that a Royal Commission should be appointed to enquire both in India and in this country, and to report as to (1) What retrenchments and reforms can be effected in the military and civil expenditure of India; (2) By what means Indian resources can be best developed; and (3) What, if any, temporary assistance from the British Exchequer would be required in order to meet any deficit of revenue which would be occasioned by the suppression of the opium traffic. See: Alfred Webb, quoted in Rowntree, *The Opium Habit in the East*, p. 4. Alfred Webb, quoted in Rowntree, *The Opium Habit in the East*, p. 4.

Minister William Gladstone, who, despite his earlier activism, apparently neutralised the reformative potential of Pease's original resolution by transforming it from a statement into a question; which was furthermore seemingly of secondary importance.¹⁸ The Commission was therefore to determine:

- (1) Whether the growth of the poppy and manufacture and sale of opium in British India should be prohibited except for medical purposes and whether such prohibition could be extended to the Native States,
- (2) The nature of the existing arrangements with the Native States in respect to the transit of opium through British territory, and on what terms, if any, these arrangements could be with justice terminated,
- (3) The effect of the finances of India of the prohibition of the sale and export of opium, taking into consideration (a) the amount of compensation payable, (b) the cost of the necessary preventive measures, (c) the loss of revenue,
- (4) Whether any change short of prohibition should be made in the system at present followed for regulating and restricting the opium traffic and for raising a revenue therefrom,
- (5) The consumption of opium by the different races and in the different districts of India, and the effect of such consumption on the moral and physical condition of the people,
- (6) The disposition of the people of India in regard to (a) the use of opium for non-medical purposes, (b) their willingness to bear in whole or in part the cost of prohibitive measures.¹⁹

¹⁸ See Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 2. (Q. 4). And Rowntree, *The Opium Habit in the East*, p. 5.

¹⁹ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 1.

Nine men were duly appointed to serve on the Commission. Seven were native Britons, and the remaining two were Indian. The presiding Chairman was the Right Honourable Lord (Thomas) Brassey, Earl Brassey, (1836-1918), also the Liberal Member of Parliament for Hastings. The English members of the Commission were Sir James Broadwood Lyall (1838-1916), who from 1887 and 1892 was Lieutenant-Governor of the Punjab in India; Sir Robert Gray Cornish Mowbray (1850-1916), the Conservative M.P. for Prestwich; Mr. Arthur Pease (1837-1898), M.P. for Whitby and brother to Sir Joseph Pease; Sir Arthur Upton Fanshawe (1848-1931), the Director-General of the India Post Office from 1889, and member of the India Civil Service since 1871 - notably in the excise division of the Finance and Commerce department.

The key post of Medical Expert for the Commission was filled Sir William Roberts M.D. (1830-1899), a physician and researcher from Manchester best known for his work on urinary and renal diseases and invalid nutrition. While Roberts was cognisant of the dangers of excessive use of alcohol, crucially, he was of the belief that it was ultimately valuable: his personal opinion was that there was a correlation between alcohol consumption and "advanced" racial development.²⁰ The last English post was filled by Henry Joseph Wilson, the ultra-progressive Liberal M.P. for

²⁰ D'A Power, revised David F. Smith, 'Roberts, Sir William (1830-1899)', in H. C. G. Matthew and Brian Harrison eds. *Oxford Dictionary of National Biography*, (Oxford University Press, 2004) <<http://0-www.oxforddnb.com.library.sl.nsw.gov.au/view/article/23779>>, viewed August 15, 2012.

Holmfirth. Wilson was a champion of “teetotal farming” in his rural community, and served as both vice-president and then president of the British Temperance League.²¹ The two Indian members of the Commission were Lakshmeshwar Singh (1858-1898), an Indian nationalist and Maharaja of the North Indian district of Darbhanga, and Haridas Viharidas Desai (1840-1895), diwan (head of state) for Junagadh. These two men joined the Commission for their sittings in India, after the initial phase of questioning in London.

II. PURPOSE

Certainly, the financial consequences of suspending the opium trade between India and China were by no means minor. The importance of the revenue generated from growing and manufacturing opium under the monopoly system for the native Indian population was confirmed by a great number of witnesses. As Mr Sita Nath Roy, a banker and Secretary to the Bengal National Chamber of Commerce stated, the burden of various taxes shouldered by thousands already living in poverty did not dispose the general populace of India favourably to proposals to dismantle a business that generated sixty million rupees in revenue that would have to be recouped through additional taxes, a feat other observers thought would be

²¹ M. Hewitt, ‘Wilson, Henry Joseph (1833-1914)’, in H. C. G. Matthew and Brian Harrison eds. *Oxford Dictionary of National Biography*, (Oxford University Press, October, 2009), <<http://0-www.oxforddnb.com.library.sl.nsw.gov.au/view/article/50958>>, viewed August 15, 2012.

nigh impossible due to the entrenched poverty of much of its population.²² Sir Lepel Griffin, previously the head of the administration in Central India and a resident of India for more than 18 years, elaborated upon this point: he bluntly stated that a he knew of no better way to start a rebellion in India than to attempt to reduce the opium crop.²³

Beyond the domestic economy and sentiment, the prohibition of opium would have severe consequences for both British India and the Native States.²⁴ Firstly, according to Sir George Birdwood, a resident of Western India of 15 years, and a high-ranking member of the army medical corps, the cost of the Indian bureaucracy exceeded the funds available to it.²⁵ As replacement income was not forthcoming, the Indian Government simply could not afford to forfeit the opium revenue; a view he shared with other observers.²⁶ Secondly, Birdwood concluded that “anything that would tend to deprive the native princes of their revenue from opium would be a political error of capital magnitude”.²⁷ Nor was the question of adequate compensation easily resolved. As Mr. J. H. Rivett-Carnett, an Opium Agent of the Benares Agency estimated, in addition to the compensation of the annual

²² Sita Nath Roy, in Thomas Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, (London: Eyre and Spottiswoode, 1894), p. 44. (Q. 2, 708).

²³ Sir L. Griffin, in Sir John Strachey, in Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 108. (Q. 1, 609).

²⁴ See: Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, pp. 167-168.

²⁵ Sir George Birdwood, in Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 78. (Q. 1, 165).

²⁶ Sir George Birdwood, in Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 78. (Q. 1, 165).

See also, for example, Seth Mangi Lall in Thomas Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume III*, (London: Eyre and Spottiswoode, 1894), p. 288. (Q. 19, 815).

²⁷ Sir George Birdwood, in Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 78. (Q. 1, 165).

revenue of 50 to 60 million rupees generated in British India, a subsequent – and larger – sum would have to be offered to the Native states, by way of inducing compliance. He was also of the opinion that in addition to financial incentive, physical force would probably be necessary to truly enforce acquiescence.²⁸

Gladstone's wording had ostensibly rendered the Commission a body inquiring into the feasibility of relinquishing the revenue generated by the opium trade. As the above shows, far from being a separate entity, England was very much bound to India financially. Crucially, however, the probable political consequences found by the Commission of suspending the opium trade in India, and the consequential financial burden this would pose to both England and India, were not novel concepts: indeed, they were already well known. Alexander J. Arthunot, in March of 1882 had published in the monthly review *The Nineteenth Century* an article entitled "The Opium Controversy". In this article he succinctly identified many of the concerns that would be 'raised' by the Commission over a decade later, including the hardship that abolishing the manufacture of opium would pose on the people of India, and the English administration there.²⁹ He was able to do so, because many of the questions that were to be addressed by the Commission had been already been attended to thoroughly in the course of the 1871 Indian Finance Committee of the House of Commons. The conclusions of this inquiry were

²⁸ J. H. Rivett-Carnac in in Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 55. (Q. 2936).

²⁹ Alexander J. Arbuthnot, 'The Opium Controversy', *The Nineteenth Century: A Monthly Review* (March, 1882), pp. 405-406.

that the significant loss to the gross Indian revenue could neither be made up from the Imperial treasury, nor could likely be raised from additional taxation, which were then replicated in the evidence heard by the Commission and the eventual conclusion.³⁰ Furthermore, as Batten in his address before the Society of Arts in March 1891 (some twenty years after the Commons' Committee report) revealed, its conclusion that the crop was of central importance to the domestic Indian and British-Indian imperial economy were still relevant and applicable.³¹

If it had been known since 1871 that the Indian domestic economy was too reliant on the various stages of opium manufacture for it to be relinquished abruptly, then assuming that Commission's purpose was to purely make a financial assessment makes little sense. Rightly, the inquiry it was being seen to make should not have been instigated at all. Furthermore, the financial argument does not explain why Pease was suddenly successful in his 1891 petition to Parliament, when all previous attempts had failed.³²

³⁰ Arbuthnot, 'The Opium Controversy', p. 405.

³¹ Batten, 'The Opium Question', p. 136. See also: F.J. Mouat, 'The Ethics of Opium and Alcohol: The Anti-Opium Circular to the medical Profession of Great Britain and Ireland', *The Lancet* 140, no. 3512 (19 November, 1892), pp. 1152-1154.

³² See: Berridge, *Opium and the People*, pp. 176-188. According to Richards, proposals to abolish the trade presented to Commons in 1875, 1880, 1883, and 1889 (as well as 1891), were orchestrated by members of the SSOT. See: Richards, 'Opium and the British Indian Empire', p. 382.

III. EVIDENCE

If not truly about the fiscal circumstances, the question as to what the Commission was really about arises. The answer to this presents itself when the similarities between the two countries, and the functional realities of the Commission's tasks are scrutinised in the light of the questions the Commission asked and evidence it received. Ultimately, they indicate that the Commission was attempting to ascertain the veracity of the domestic concerns about opium raised by and reflected in the SSI.

India, aside from largely under British control, possessed certain medico-cultural parallels to the historical and contemporary English milieu, such as a long and on-going history of ingesting opium medically as a universal panacea and anti-malarial that made it the perfect test case. There was also a population in both countries that used opium in what would now be termed a recreational capacity, which was facilitated by the lack of effective restriction of the drug. As Commissioner Sir James Lyall related in his questioning of Sir Joseph Pease, English druggists usually anticipated demand by preparing doses for quick sale, and anyone wishing to acquire opium in England for any purpose might do so quite easily.³³ This was subsequently alluded to in the Final Report: in reference to the 1868 Act, there

³³ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 11. (Qs. 114-8).

were fears that it had not “been effective as regards opium in parts of the country where laudanum is in demand for other than medical uses”.³⁴

It is demonstrable that any and all of the Commission’s findings in this matter were materially dependent upon whether or not habitual use of opium was serious cause for concern. That is, the question as to whether opium required prohibition for anything but “medical purposes” – the first of the six points on which the Commission was to rule, and the second half of the fifth, (which related to the moral and physical consequences of opium consumption) became the points on which the whole Commission pivoted. It was perceived that the cessation of the opium industry and trade for any lesser standard of proof would amount to inflicting on India and China - as Strachey disparaged - “imaginary evils ... in pursuit of a benevolent chimera”.³⁵ If opium were to be found dangerous, degrading and requiring restriction in India, there would be major ramifications for the debate at home. At the heart of the Royal Commission on Opium in India, therefore, were not questions about the feasibility of renouncing the trade revenue; rather, specific, late-nineteenth-century English anxieties. Hence, the Commission’s supposedly ‘secondary’ concern; the effect of habitual opium use on individuals, and whether it was sufficiently harmful as to necessitate restriction to ‘medical use only’, were actually the forefront of the Commission’s inquiry and purpose. The Commission, therefore, was

³⁴ Thomas Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*. (Eyre and Spottiswoode, 1895), p. 64. (Paragraph 179).

³⁵ Sir John Strachey, in Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 63. (Q. 872).

implicitly attempting to resolve the domestic British opium question; albeit on an international stage.

There are a number of indications of the legitimacy of this interpretation. Firstly, it explains the relatively high frequency – for a Commission supposedly enquiring into the fiscal matters of the opium trade – of the term ‘alcohol’, which is found on over a quarter of the pages of evidence. Moreover, it clarifies the otherwise paradoxical declaration by Commissioner Wilson in January 1894 that the Commission had no purview whatever to examine or rule on the effects of alcohol, amidst an entrenched procedural directive to, or acceptance of, the witnesses’ evaluation of the effects and damage of opiate use relative to alcohol.³⁶ For instance, the Chairman asked of Mr. Bhagban Chunder Dass how he compared the effects of the use of opium with alcohol.³⁷ Similar questions were asked of Mr. J. G. Alexander, the Secretary of the SSOT, Dr. F. J. Mouat, the Reverend Hudson Taylor, the general director of the China Inland Mission, Dr. Donald Morison, and Mr. T.N. Mukharji, a member of the Indian Public Service, to list but a few.³⁸

Similarly, the Commission actively pursued the question of moderation and whether it could exist; a question as discussed that was very much at the forefront of debate at home. This, in the Commission as in

³⁶ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume III*, p. 226. (Qs. 18,161-63).

³⁷ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 113. (Q. 4,608).

³⁸ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 31. (Q. 2486); p. 105, (Q.4380); p. 159, (Q. 5738). Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 75. (Q. 1126); p. 32. (Q. 423).

England, was closely related to the question of the consequences of habitual use. The responses heard by the Commission to questions regarding the effect - to society and individual - of long-term opium use, however, fell into the two broad categories that also defined the English case.

On one hand were those that claimed opium was a dangerous substance that wrought great harm on its unwilling victims. The Reverend James Legge, for instance, testified that a host of miseries were attendant to all habitual opium use, and, furthermore, true moderate consumption was nigh impossible.³⁹ Other accounts from credible witnesses heard by the Commission during its London sitting were of a particularly alarming nature. Mr. Marcus Wood, a missionary with the China Inland Mission for seven years stated unambiguously that the opium habit was morally and physically destructive - irrespective of the class of the user.⁴⁰ On this last point Dr. Maxwell concurred and elaborated: testifying that there was no class of habitu  but the habitual consumer; and any such user - regardless of dose - was physically "enslaved" to it after only a short amount of time and small doses.⁴¹ Finally, Reverend Joseph Samuel Adams, a Briton who had served in the American Baptist Mission in China for thirteen years, highlighted to the Commission the inherent danger in allowing opium to be used routinely and without supervision for minor illnesses: as he identified, users were apt to

³⁹ See: Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 14. (Qs. 170 and 178).

⁴⁰ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 49. (Q. 643).

⁴¹ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 18. (Qs. 221-2).

become accidentally, and often irrevocably, ensnared by the drug, and its demands for steady and increasing doses.⁴²

Furthermore, the testimony of Rai Lal Madhub Mookerjee Bahadur, a past President of the Calcutta Medical Society, an academic at the Calcutta Ophthalmic Hospital and President of the Calcutta Medical School, unequivocally affirmed the steady growth of narcotic use, and its attendant “harmful effects”, throughout all strata of Indian society. He also drew the Commission’s attention to the “degenerative” consequences of sustained opium use upon the human system, and the difficult and painful task that giving up the habit represented.⁴³ The testimony of Pares Nath Chatterjee, a surgeon and practitioner graduate of the Calcutta Medical College, corroborated that of Bahadur. In addition to noting the moral degeneration of the user and the particular need for repetitious doses, Chatterjee spoke strongly as to the long-term effects of opium, naming systemic degeneration, attended by nervous debility, neuralgic pain, damage to internal organs, gastro-intestinal complications and impotency (among others) as the results of habitual use.⁴⁴ Perhaps most importantly, Chatterjee rejected as insignificant the claims that habitual use of opium mitigated the toxicity of the drug and the major, unpleasant effects immediately noted in those unfamiliar with the substance, citing the “exceedingly injurious” effects

⁴² Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, pp. 24-7. (Qs. 296-7, 347).

⁴³ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 255. (Q. 8,805).

⁴⁴ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume III*, p. 38. (Qs. 11,816-7, 11,836-8).

sustained over the lifetime of the habit.⁴⁵ There was therefore ample evidence to support the fears surrounding the effects of opium could have on the individual and thus, the nation that had gripped England.

However, on the other were certainly those who alleged no harm, and often the opposite, could come from the long-term use of opium. The Honourable D. R. Lyall, stated that it was his opinion that opium was the least harmful out of the three principle sources of excise revenue (that is, opium, ganja and alcohol), as it had beneficial anti-malarial qualities and had an overall placating effect upon the user, a view he shared with some members of the SSI.⁴⁶ Dr. Juggo Bundo Bose testified that opium “[sharpened] the intellect and [fortified] the mind”; reiterating one of the major claims by De Quincey, and one of the principle myths surrounding Coleridge’s poetic ability.⁴⁷

The Commission’s mandate required it to make a decision regarding the overall benefit of opium with regard to its known dangers. Therefore, the question of moderate use, whether it could exist, and whether habitual moderate use in the vein of alcohol consumption, was crucial. If health could be preserved in stasis in the presence of regular, ‘non-excessive’ doses, then the ‘medical question’, and the degenerationist fears about opium could be

⁴⁵ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume III*, p. 38. (Qs. 11,816-7).

⁴⁶ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, pp. 63-64. (Qs. 3183-84)

⁴⁷ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 90. (Q. 3883).

resolved and dismissed, and the quandary facing England's most powerful medical tool and vital export would be discharged.

Understandably then, the Commissioners and witnesses alike found it expedient to attempt to define what constituted 'moderate' use; however, this was still by no means a straightforward exercise. The problems that had hampered the English medical profession's endeavours attended the Commission's own. While there were efforts made to quantify a moderate dose, the estimates of witnesses ranged from two to seven grains,⁴⁸ under six grains for a person unused to taking opium and eight grains for those who were,⁴⁹ up to ten grains,⁵⁰ half or a full pice (an unspecified quantity) in the morning, or the evening, or both.⁵¹ This was contrasted strongly with the knowledge that De Quincey, the most famous English opium habitué, was stated to have consumed 320 grains a day without serious effects.⁵² These attempts at empirically defining limits, therefore, could not be definitively concluded. The Commission, therefore, were unable to advance conventional, if problematical, general idea of "moderation" that had thus far stalled the debates at home: as exemplified by by Dr. J. A. Gama; moderate, moderate use of opium as not dependent on the absolute quantity of opium consumed,

⁴⁸ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 72. (Q. 3403).

⁴⁹ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 100. (Qs. 4273-4).

⁵⁰ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 87. (Q. 3777).

⁵¹ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 112. (Qs. 4556-8).

⁵² Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 316. (Appendix III).

but rather the relative - the benchmark being whether or not the dose rendered the individual capable of normal function: or left him languid from too little or drowsy from too much.⁵³

Further attesting to the influence the English domestic context had on the Commission's inquiries, the reverse side of "moderation" - the question of the effects of excessive use of opium - was a prominent issue. Similarly, the results were by no means straightforward. The dangers and consequences of excessive use were vividly detailed by many of the missionary witnesses (especially those with experience in China) who gave evidence. Broadly speaking, the testimonies of Dr. Maxwell, the secretary to the Medical Missionary Association in London, the Reverend Thomas Evans, and Reverend A. Elwin, were representative of those who were opposed to opium. Their evidence outlined in no uncertain terms the consequences of the "imperious grip" of the opium habit being physical emaciation, moral degradation, an insidious and ever-increasing craving for the drug that was "like a deadly hydra folding its slimy coils round its victims by slow degrees until at last the fearful craving crushes its votaries to death," and whose habitual users had a tremendous proclivity to sell their wives to finance the habit.⁵⁴ A final, worrying effect of opium use, as Reverend Taylor and the

⁵³ Thomas Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume IV*. (London: Eyre and Spottiswoode, 1894) p. 266. (Q. 25, 868).

⁵⁴ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 48. (Q. 634). Chairman, The Reverend A. Elwin, missionary to China. Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, pp.18-19. (Qs. 225-6). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 47. (Q. 2758).

testified was the habitué's eventual impotence.⁵⁵ This view was also articulated by Indian and non witnesses Mr. Isan Chandra Roy, Dr. Mahendra Lal Sircar, Mr. Krishna Kumar Mitra, Mr. Pares Nath Chatterjee, Mr. Mehta Ratan Lal, and the Reverend J. Wilkie, amongst others.⁵⁶

Fundamentally, the Commission could not definitively define the distinction between the medical and non-medical use of opium. This, as discussed, was a crucial point.⁵⁷ A major source of the ambiguity came from the witnesses themselves, and, in particular, those giving medical testimony, on which in the Commissioners own words, the question of the relative use and harm of opium turned.⁵⁸ The Commission concluded that there was a widespread belief in the "medical or quasi-medical efficacy of the drug", alongside its popular use as a "stimulant with which to comfort or distract themselves".⁵⁹ (But despite no clear distinction between these three categories, "quasi-medical" use of opium was determined to be beneficial to the average Indian).⁶⁰ Furthermore, they noted that the *two* uses – assumedly the third having been subsumed into either "medical" or "non-medical" –

⁵⁵ Brassey Brassey, *First Report of the Royal Commission on Opium, Volume I*, p. 30. (Q. 389).

⁵⁶ Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume III*, p. 79. (Q. 13,099). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 177. (Q. 6363). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume II*, p. 249. (Q. 8641). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume III*, p. 38. (Qs. 11,816 and 11,845). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume IV*, p. 52. (Q. 21,128). Brassey Brassey, *Minutes of Evidence Taken Before the Royal Commission on Opium, Volume IV*, p. 164. (Q. 23,457).

⁵⁷ Rowntree, *The Opium Habit in the East*, p. 103.

⁵⁸ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 93. (Paragraph 257).

⁵⁹ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 16. (Paragraph 60).

⁶⁰ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 16. (Paragraph 60) and Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 62. (Paragraph 173).

were is interwoven that medical graduates from the same establishment would struggle to agree on their definitions, with the chances of agreement between two differently-schooled doctors diminishing still further.⁶¹

Finally, in what appears to be a direct imposition of domestic analytical paradigms unto the Indian case, the Commission made a specific point of noting that the largest life-insurance agency in India – which had been in business for some twenty years – was not of the opinion that an extra premium were payable by confirmed opium users. The inclusion of this fabricates a subsequent connection between India and England, as this specifically traces the contours of England’s disputed Earl of Mar case.⁶²

IV. CONCLUSIONS

The conclusions drawn by the Commission, nevertheless, appeared to conservatively maintain the status quo, and deny the claims of the danger inherent to habitual opium use. Certainly, these findings were as surprising as they were predictable: predictable because it was always supremely unlikely that the British, and British-Indian government would entirely discount a source of revenue it reasonably already knew was crucial;

⁶¹ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 63. (Paragraph 176).

⁶² Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 19. (Paragraph 70).

and surprising because the Report somewhat misrepresented the evidence it heard before it. As contemporary observer Joshua Rowntree surmised, it was immediately apparent that the Commission was largely too supportive of opium. As he succinctly put it, “The Indian Government is now on the horns of a dilemma. Its friends have proved too much. If some of its zealous servants are right, ... opium should be brought into every house”.⁶³ That is, if the Report were to be taken *prima facie*, so great then were the benefits of habitual opium use, as practiced in India, that it behoved everyone to take it.⁶⁴ In this regard, the charge of “whitewash” is somewhat understandable; however, this glib assessment implies a simplicity belied by the reality of the situation.

Firstly, notwithstanding the overall support given to opium, there were some rather surprising caveats to their conclusions of its supposed harmlessness. Firstly, the Commission confirmed the iatrogenic beginnings of many opium habits.⁶⁵ Secondly, the harm that came from the excessive use of opium was not disputed.⁶⁶ Indeed, opium-smoking – specifically – if taken to excess, would result in “disastrous consequences, both moral and physical” that largely confirmed the major charges brought to bear on opium.⁶⁷ Thirdly, the “general observation” that “individuals addicted to the opium habit” required regular, repeated doses in order to function, and that the habit, once

⁶³Rowntree, *The Opium Habit in the East*, p. 107.

⁶⁴ Rowntree, *The Opium Habit in the East*, p. 107.

⁶⁵ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 16. (Paragraph 60).

⁶⁶ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 18. (Paragraph 69).

⁶⁷ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 51. (Paragraph 141).

acquired, was difficult to renounce.⁶⁸ Lastly, and surprisingly, the Commission recommended that legislation be introduced to severely restrict the availability of opium prepared for smoking, with the hope that this “repressive” legislation “will tend to prevent the spread of the habit, and lead, it may be hoped, to its ultimate extinction”.⁶⁹

Essentially, however, the Final Report’s functional inconsistencies with regard to alcohol are perhaps the most enlightening. The Commission managed to conclude that opium, firstly, was no less legitimate than alcohol,⁷⁰ alcohol was the “more serious evil”,⁷¹ whose moral and physical effects were more harmful,⁷² habitual use of opium was “on par” with alcohol,⁷³ as there were no moral problems with the alcohol trade, then there could be none with the opium,⁷⁴ and finally, to prohibit opium in Asia would pose as gross a challenge as prohibiting alcohol in England.⁷⁵ The result of this was an obfuscated view of opium and alcohol, that at once suggested that alcohol was as bad as opium, or worse (although this differed among the witnesses); that one or the other to be halted; and the relative impossibility and necessity

⁶⁸ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 19. (Paragraph 69).

⁶⁹ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 73. (Paragraph 195).

⁷⁰ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 62. (Paragraph 174).

⁷¹ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 94. (Paragraph 264).

⁷² Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 62. (Paragraph 173).

⁷³ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 60. (Paragraph 166).

⁷⁴ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 94. (Paragraph 264).

⁷⁵ Brassey Brassey, *Final Report of the Royal Commission on Opium, Volume VI*, p. 49. (Paragraph 131).

of both. Rather, the use of alcohol to judge opium essentially entwined the two to the point that the trajectory of one would necessitate the trajectory of the other, and quite simply, as Commissioner Wilson put it, the Commission was not – and likely would not want to be – in the position to examine alcohol. Furthermore, the personal opinion of alcohol and civilisation held by the Commission’s medical expert, quite aside from any of the other obstacles illuminated by the inquiries, simply would not have endorsed such a position. The use of alcohol as a comparative tool was, therefore, at best ineffective, and at worst, obstructive.

Journalist W.T. Stead surmised in 1895 that “Condensed into a nutshell, the [Final Report] may be said to assert that everything is for the best in the best of all possible worlds and that it is impossible to prohibit the use of opium in India even if it was desirable, and it is not desirable”.⁷⁶ This has been interpreted by historians to mean that the Commission was a whitewash. However, as this chapter has demonstrated, the Commission actually had the potential to severely problematicise the debate at home surrounding both alcohol and opium, but also aspects of foreign and domestic policy. Essentially, the Commission achieved nothing, and recommended nothing; not for want of damning evidence or forceful proof, but simply because finding opium to be the problem it was rumoured to be would be too financially and medically catastrophic; and to be any more strident in its praise of the drug would be to risk ridicule; the pitfalls

⁷⁶ W.T. Stead, (1895), quoted in Davenport-Hines, *The Pursuit of Oblivion*, p. 182.

attendant to habitual and or excessive use being known. The Commission's Final Report, therefore, was neither strictly positive or strictly negative. It was hampered by the same contextual problems that had plagued the SSI and the novelists for the better part of three decades: there was a problem with opium, but the real problems lay in having to resolve it, and, by extension the underlying conflict between national good and individual liberty. Opium, firstly, was simply too ingrained as a medicine and as a part of a general idea of recreational stimulant use to be entirely dispensed with - as the doctrines of degeneration seemed to demand - and, secondly, the long-standing liberal tradition that protected the rights of the individual to self-medication, the free deployment of his or her free time, and theoretically, the rights of the individual to poison themselves, were demonstrably too important to question; especially with the limited and flawed evidence available.

CONCLUSION

This thesis has attempted to address several of opium's 'problems'. The first has been historicisation, and the approaches historians have taken towards opium. While it is certainly true that the three decades preceding the Royal Commission were marked by a profound re-imagining of opium in British culture, medicine, and society, it is just as accurate to state that the twenty years that followed it represented an era of unprecedented legislative drug reform.

In the years immediately prior to the First World War, the traffic of narcotics came under international scrutiny: the Shanghai conference of 1908, and the Hague conferences of 1911-12, 1913, and 1914, were convened with the view to restrict the availability of opium globally, in response to the fears of Germany and the United States as to the effects of habitual opiate use. The Defence of the Realm Act 40B of 1916, originally instigated to address domestic British wartime exigencies, was extended and made permanent in the 1920 Dangerous Drug Acts.¹

¹ For an outline of the legislative changes both domestically and internationally in this period, see: Virginia Berridge, 'Drugs and Social Policy: The Establishment of Drug Control in Britain 1900-30', *British Journal of Addiction* 79, (1984), pp. 17-29. And also, Virginia Berridge and Nigel S.B. Rawson, 'Opiate Use and Legislative Control: A Nineteenth Century Case Study', *Social Science and Medicine* 13A, no. 3 (1979), pp. 351-363. Virginia Berridge, 'War Conditions and Narcotics Control: The Passing of Defence of the Realm Act Regulation 40B', *Journal of Social Policy* 7, no. 3 (1978), pp. 285-304.

However, from Berridge to Davenport-Hines, the agenda underpinning the historicisations of England in the late nineteenth century has evidently been an attempt to locate the causes for the the events and attitudes of the latter period, and the attendant economic, social, and medical problems and consequences witnessed by the twentieth century, in the former.²

Thus, the perceived threat of opium smoking to the English nation has either been neatly dismissed with an orderly explanation of imperial anxieties; or seen as the beginning of the end of unconscientious and unproblematic English patterns of opiate use. The SSI, too, has had its imperfect theories conjured into the noble predecessors of addiction theories of later decades. Lastly, the Royal Commission on Opium has been marginalised by history simply for not conforming to posterity's demands.

As this thesis has shown, the prevailing historical view of this period, it the approaches taken towards its major events, features and developments, and this agenda is not without its difficulties. Significantly, the connection between morphinomania, the 'spectre' of the opium smoking den and the theories of the SSI has not been made, despite the underlying and unifying tenets of degeneration theory evident in each. In consequence, the impression that this theory was a collection of unrelated fragments rather than a

² See: Virginia Berridge, 'Opium and the Historical Perspective', *The Lancet* 310, no. 8028 (July, 1977), pp. 79-80.

cohesive, organic whole, has endured in the scholarship. While this has served historiographical enterprise, it nevertheless has hindered historical vision.

This has also been the case with the Royal Commission. Demonstrably, the historical interpretation, or rather, obfuscation, of the Commission's true purpose and significance has not been from want of accessible evidence, but rather from approach. Indeed, Dolores Peters, who ascribes to the common view of the Commission's fundamental denial of the major 'anti-opiumist' tenets and disease theory of the SSI, has (unwittingly) revealed this. In expressing surprise that the SSI had continued its advocacy for the inebriety model *after* the Final Report was issued, (and before the vindication that was to come) she questions the evidence, rather than scrutinises her conclusions.³ In reality, Norman Kerr continued to proselytise about the danger, and spread, of the disease of inebriety, even after "the Royal Commission's Report, which repudiated the basic postulates of the disease theory of addiction".⁴ This would tend to suggest that the Report had not had as catastrophic effect as claimed, yet the prevailing impression of their relationship remains uncontested; ostensibly in support of the overarching

³ See Dolores Peters, 'The British Medical Response to Opiate Addiction in the Nineteenth Century', *Journal of the History of Medicine* 36, no. 4, (1981), p. 480.

⁴ Norman Kerr, 'Increase of Morphinomania', *New York Times* (2 August, 1896). Peters, 'The British Medical Response to Opiate Addiction', p. 480. However, the evidence she makes reference to, paragraph 259 in the "General Conclusions" of the Final Report, was perhaps not intended to be interpreted in the way Peters has depicted

argument of the work.⁵ Nevertheless, Peters is not alone. The proclivity of J.B. Brown, Berridge and Davenport-Hines to connect the Commission with the SSOT, over the far more relevant choice of the SSI, illustrates perhaps even more clearly the perils of artificially viewing the past through the present; rather than on its own terms.⁶

The revised model suggested by this thesis, one that shows the connectivity between the 'fragments' and their dependence on the theories of degeneration, does not trouble the trajectory of drug history in the twentieth century. Indeed, the latter can be readily explained without undue recourse to overblown 'successes' of the late nineteenth century, by merely noting the impact that the First World War, and the rise of internationalism and, more importantly, American hegemony, had on England and the West. Nevertheless, as Davenport-Hines' approach in *The Pursuit of Oblivion* demonstrates, the relatively recent historiographical trend towards 'global' histories – locating history within a wider context and considering the international dimensions of events, ideas and people, is counterproductive with respect to the Royal Commission. The Commission, whilst having the appearance of being about concerns outside of England's geopolitical borders, is, as this thesis has demonstrated, was actually substantially about specific domestic issues. Consideration of the international dimension, while admirable and historiographically contemporary, in this case adds no

⁵ That is, that "The disease model of addiction, and the program of treatment associated with it, are characteristic features of an interim period in the development of a modern concept of addiction". Peters, 'The British Medical Response to Opiate Addiction', pp. 487-488.

⁶ J.B. Brown, 'Politics of the Poppy: The Society for the Suppression of the Opium Trade, 1874-1916', *Journal of Contemporary History* 8, no. 3 (July, 1973), pp. 97-111.

discernable nuance, nor has any particular advantage.

There is a difficulty, certainly, in striking a balance between treating historical periods as discrete entities and treating them as a part of a continuum. While superficially, the late nineteenth century does seem to contain many nascent forms of twentieth century features, on closer inspection, however, they are not the neat parallels and continuities perhaps hoped for. The historiographical problem of opium has arisen from the interpretation that the years between 1870 and 1895 were a watershed for subsequent developments in attitudes towards opiates; whereas in reality, what is readily observable in this period actually belies fundamental complexity.

The 'problem' of opium in the 1870s is not, however, restricted only to its awkward historicisation. Within the time frame considered in this thesis were two other 'problems' that faced opium, and they were closely linked. The first of these problems, as discussed, was the problem opium represented in the light of degenerationist ideology. This problem was one of the role of opium and its use within the traditional framework that was profoundly challenged by social Darwinist projections of individual and collective decline. The second, while related to the first, is perhaps the more profound. The true 'problem' of opium in the nineteenth century was actually that it traced a fault line between the rights of the individual and the rights of the nation. This 'problem', along with its visible manifestations, such as social

anxiety about morphinomania and opium smoking, as well as the inebriety theories of the SSI, was simply too big to resolve through cultural mediation, 'scientific' discussion, or parliamentary inquiry. Indeed, the later, more organised Eugenics movement was to encounter the same roadblocks decades later.⁷

In conclusion, what emerges from this study is that twentieth century social, legislative and medical restraints on opium did not have their beginnings in late nineteenth century England. But this is not to argue that a profound transition from medical panacea to national problem between 1870 and 1895 did not take place. What needs to be emphasised that despite the period's proximity to the twentieth century, opium's nineteenth century demons were just that: detailed, but illusory, embodiments of specific fears that were by no means historically constant.

⁷ For a discussion on Eugenics, see: Lucy Bland and Lesley A. Hall, 'Eugenics in Britain: The View from the Metropole', in Alison Bashford, Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010), pp. 213-227.

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