

Chapter 9

Colonising cannabis: Medication, taxation, intoxication and oblivion, c. 1839-1955.

James H. Mills

Introduction

As the editors of this volume make clear in their introduction, the question ‘what is colonial about colonial medicine?’ has stimulated a range of fresh approaches to the issues it raises. Among these approaches has been a focus on substances considered to be medical and the production of detailed accounts of their histories and the ways in which they came to feature in British scientific and medical circles. After briefly considering the rewards to be had from such an approach, this chapter will look at cannabis products and their history in the nineteenth and twentieth-centuries. In part this story is about the entry of preparations of the plant into western medical knowledge and practice. However, the paper also demonstrates that cannabis was not simply constructed as a medicine in western circles in this period. The ways in which competing understandings emerged of the plant and the substances that could be manufactured from it will also be explored. The purpose of doing this is two-fold. In the first instance the chapter begins to provide some answers to the question related to the one above of ‘what is medical about colonial medicine?’ In addressing this question the chapter also addresses its second concern, which is to put the plants back into the picture of the history of medicine in the colonial period.

‘Colonial’ medicines and their histories

Two recent papers provide fine examples of the benefits of considering the history of medicinal substances rather than practitioners, institutions or programmes in colonial South Asia. Markku Hokkanen's article on *Strophanthus kombe* shows how an African substance became a 'medicine' in Western systems during the colonial period.² Extracts from the plant were used in poison arrows in various parts of Africa including Malawi and also featured in local medical systems, although the extent to which this was the case could vary considerably. Interest in the nature of the poisons used ensured that British botanical explorers in the region worked hard to trace their sources with the help of local chiefs and guides. Once *Strophanthus kombe* was 'discovered' samples were sourced and regularly sent back through commercial and missionary networks to Edinburgh University's laboratories. There the important work was done in translating an African substance into a western medicine through the medium of experimentation, and eventually the publication of results in scientific journals; work which caught the eye of representatives of the British pharmaceutical sector. A market for the substance already existed as its properties were thought to make it useful for the treatment of cardiac conditions which were routinely treated with digitalis. As such the Burroughs Wellcome & Company set about funding facilities to perfect the process of producing 'Tincture of Strophanthus' for commercial purposes. The Company's marketing campaigns and free samples served to establish its product in the Victorian doctor's medicine chest by 1887. The paper is an excellent study of the processes and actors involved in producing a Western 'medicine' from an African plant. The story features African leaders, locals and their knowledge, 'bio-prospectors', colonial governments, missionary organisations, private companies and university laboratories. Warfare,

² M. Hokkanen, Imperial Networks, Colonial Bioprospecting and Burroughs Wellcome & Co.: The Case of *Strophanthus Kombe* from Malawi (1859–1915), *Social History of Medicine*, 25, 3, 2012, pp. 589-607. Additional information on the plant and the colonial history of its extracts can be found in A. Osseo-Asare, 'Bioprospecting and Resistance: Transforming Poisoned Arrows into Strophanthin Pills in Colonial Gold Coast, 1885–1922', *Social History of Medicine* 21, 2008, pp. 269-90.

diplomacy, exploration, colonialism, investment, experimentation, commercialisation and validation by ‘science’ are among the processes that shaped the trajectory. If those who have recently observed that movement and circulation between locales is crucial for the production of scientific knowledge are right, then Hokkanen’s paper is a reminder of the importance of looking for who and what drives that travel.³

Guy Attewell’s *longue durée* perspective on tiryaq faruq, a concoction used to treat beri-beri, offers other important conclusions. It shows how British doctors grappling with the condition in the 1830s failed to successfully deploy their own medicines and reluctantly turned to the local remedy. They had initially viewed this with some reservation as it was an unfamiliar substance recommended by both Muslim and Hindu medical practitioners. Yet its provenance was more complex, as the drug was in fact an import to local medicines, delivered by Indian Ocean traders at the end of a journey from Venice where the substance had originally been prepared by Jewish physicians using Greek-inspired Arabic medical texts. Attewell concludes that ‘Tiryaq meets criteria for being western, colonial, Islamic and Indian medicine at the same time- and it therefore highlights the problem with using these very terms to describe and analyse complex intercrossings and encounters’.⁴ In his account the history of the mobility of the substance renders unstable any effort to locate it in the categories that dominated the historiography until recently, and therefore similarly renders those categories unstable.

³ K. Raj, *Relocating Modern Science: Circulation and the constitution of scientific knowledge in South Asia and Europe, 1650-1900*, (Palgrave: Basingstoke, 2007); C. Hayden, *When Nature Goes Public: The Making and Unmaking of Bioprospecting in Mexico*, (Princeton: Princeton University Press, 2003).

⁴ G. Attewell, ‘Interweaving Substance Trajectories: Tiryaq, circulation and therapeutic transformation in the nineteenth-century’ in A. Digby, W. Ernst and P. Muhkarji (eds), *Crossing Colonial Historiographies: Histories of colonial and indigenous medicines in transnational perspective*, (Newcastle: Cambridge Scholars, 2010), p. 14.

Cannabis and colonial medicine

Before the nineteenth-century the cannabis plant and its preparations sometimes featured as entries in medical and botanical dictionaries but were little-known or discussed in practice in the UK.⁵ It was not until the nineteenth-century that accounts began to appear in British medical circles of preparations of cannabis and it was the efforts of one scientist that lay behind their emergence in Victorian medicine in the 1840s. William Brooke O'Shaughnessy was born in Limerick in 1809 and graduated as an MD from Edinburgh University when only twenty-one. Just three years later he was on his way to India as an assistant-surgeon.⁶ On arrival in India he eagerly conducted experiments with local drugs and medicines and published the results of these in journals such as the *Transactions of the Medical and Physical Society of Bengal*, eventually collecting his conclusions and observations together in *The Bengal Dispensatory, and Companion to the Pharmacopoeia* in 1842 and *The Bengal Pharmacopoeia* in 1844.⁷ In 1842 he also found time to publish *A Manual of Chemistry* arranged for Native, General and Medical Students⁸ and by then had been made a Professor of Chemistry and Medicine in the Medical College of Calcutta.

⁵ J. Mills, *Cannabis Britannica: Empire, trade and prohibition, c. 1800-1928*, (Oxford: Oxford University Press, 2003), pp. 17-39.

⁶ India Office Library L/Mil/9/383/124 Assistant Surgeon's Papers

⁷ W. O'Shaughnessy, *The Bengal Dispensatory and Companion to the Pharmacopoeia*, (London: Allen, 1842); *The Bengal Pharmacopoeia and General Conspectus of Medicinal Plants*, (Calcutta: Bishops College Press, 1844).

⁸ W. O'Shaughnessy, *A Manual of Chemistry arranged for native, general and medical students and the subordinate medical department of the service*, (Ostell and Lepage: Calcutta, 1842).

His entry on cannabis in the *Bengal Dispensatory and Companion to the Pharmacopoeia* spanned twenty-five pages and had already been partially published as 'On the Preparations of the Indian Hemp or Gunjah (*Cannabis Indica*)' in the *Transactions of the Medical and Physical Society of Bengal* of 1839. What set his work apart from the entries on cannabis in earlier medical and botanical dictionaries was the evidence provided from O'Shaughnessy's close personal work with the substance. He was careful to refer to the 'several experiments which we have instituted on animals, with the view to ascertain its effects on the healthy system; and lastly, we submit an abstract of the clinical details of the treatment of several patients afflicted ... in which a preparation of hemp was employed'. His first test subject was a 'middling sized dog' that 'became stupid and sleepy' for six hours on being fed a cannabis sample. Further experiments revealed that 'while carnivorous animals and fish, dogs, cats, swine, vultures, crows and adjutants, invariably and speedily exhibited the intoxicating influence of the drug, the graminivorous, such as the horse, deer, monkey, goat, sheep and cow experienced but trivial effects from any dose we administered'.

Human trials were hastily arranged as a result of these animal experiments. One patient who was suffering from severe rheumatism was given a cannabis substance and became 'very talkative, ... singing songs, calling loudly for an extra supply of food, and declaring himself in perfect health'. Once awake, the patient declared himself to be much improved and he was discharged three days later and O'Shaughnessy concluded that the substance had been an effective sedative and painkiller. A case of rabies was treated with cannabis and while it did not cure the disease, it allowed the patient constant relief from the horrendous hydrophobia of the condition to the extent that he could drink water, eat fruit and swallow rice.

O'Shaughnessy included this example in his account of the drug as he was impressed by the power of hemp to alleviate the hydrophobia. Cannabis tincture was also administered to

cholera victims and it seemed to have the effect of controlling diarrhoea and vomiting and of inducing rest. A case of ‘infantile convulsions’ was similarly treated, and although the child was at one point ‘in a sinking state’ it survived not only the illness but a range of treatments that included ‘two leeches ... to the head’, ‘a few doses of calomel and chalk’ and a mouthful of opiates. O’Shaughnessy also reported that considerable improvement could be effected in cases of delirium tremens through the administration of cannabis preparations.

O’Shaughnessy’s conclusions were clear. He recorded in his 1839 paper that ‘the results seem to me to warrant our anticipating from its more extensive and impartial use no inconsiderable addition to the resources of the physician’. Indeed, in his subsequent guide to the Bengal Pharmacopoeia of 1844 he described it as a ‘powerful and valuable remedy in hydrophobia, tetanus, cholera and many convulsive disorders’⁹ and as ‘narcotic, stimulant and anti-convulsive, given in cholera, delirium tremens, tetanus and other convulsive diseases, also in neuralgia, in tic doloroux etc’. He outlined the treatment to be used and advocated twenty minims and upwards, administered in syrup. He even helpfully included the recipe for the tincture of hemp ‘ganja tops two pounds, rectified spirit one gallon. Macerate for two days, then boil for twenty minutes in a distilling apparatus, strain while hot’.¹⁰

O’Shaughnessy looms so large in the story of the introduction of cannabis substances into Victorian medicine as he took on so many of the roles in it. In Hokkanen’s account of

⁹ O’Shaughnessy, *The Bengal Pharmacopoeia*, p. 91.

¹⁰ *Ibid.*, p. 428.

Strophanthin different individuals and institutions acted in various capacities. John Kirk was the ‘bio-prospector’ who sought out the plant and liaised with locals about its identity and potential and he was in Malawi as a member of David Livingstone’s Zambezi expedition. It was John Buchanan, a former missionary and settler there who began to supply it to the UK, and Thomas Fraser, Professor of Materia Medica at Edinburgh University, who used these supplies to conduct experiments. On delivering his conclusions from these experiments in an academic paper to the annual meeting of the British Medical Association in 1885 Fraser inspired Burroughs Wellcome & Co. to see the potential for profit in the concoction and to seek to develop it for commercial purposes.

By contrast, O’Shaughnessy does not appear to have been a man given to delegation. That he took on the task of working with locals to establish the uses of cannabis preparations was obvious in his acknowledgements, as he thanked both Muslim and Hindu acquaintances for their help in providing information. Syed Keramut Ali was a trustee of the local Imambarrah and Hakim Mirza Abdul Rhazes was credited as coming from Teheran and providing O’Shaughnessy with information on cannabis in the countries between the Indus and Herat. Modoosudun Goopto came from a family of Ayurvedic practitioners and he studied at the Sanskrit College in Calcutta before teaching at the British Medical College,¹¹ while Kamalakantha Vidyadanka was identified by O’Shaughnessy as ‘celebrated Pundit of the Asiatic Society’. Not that all of his contacts were elite scholars or practitioners, as he was careful to note when outlining a particular method of preparing cannabis that ‘the process has been repeatedly performed before me by Ameer, the proprietor of a celebrated place of resort

¹¹ D. Bose, ‘Madhusudan Gupta’, *Indian Journal of the History of Science*, 29, 1, 1994, pp. 31-40.

for Hemp devotees in Calcutta, and who is considered the best artist in his profession'.¹² If he was the 'bio-prospector' in the story then he also took on the task of translating this local substance into a western medicine through the process of experimentation and publication in scientific media. While his earliest work appeared in books and journals published in India the *Provincial Medical and Surgical Journal* back in the UK was quick to pick up on it. In 1843 it devoted the front page of two consecutive editions to updated versions of O'Shaughnessy's earlier papers¹³ and published an additional letter from him recommending cannabis for its 'extraordinary anticonvulsive power'.¹⁴ Indeed, it was O'Shaughnessy who took on the job of promoting the drug to British audiences, as he was invited to present to the Royal Medico-Botanical Society for which 'the meeting room of the society was exceedingly crowded throughout the evening, the gentlemen present manifesting the most lively interest in the discussion'. His paper went down well and he was presented with the diploma of a corresponding member of the society.¹⁵ Finally, it was O'Shaughnessy who was behind the commercialisation of the substance as he supplied Peter Squire, a pharmacist on Oxford Street in London, with a sample from which was produced a tincture that was marketed as Squire's Extract.¹⁶ If Hokkanen's account of Strophanthin is one of a drug's trajectory through professional and commercial networks, this glimpse of the route for cannabis from

¹² W. O'Shaughnessy, 'On the preparations of the Indian hemp, or Gunjah' in *Transactions of the Medical and Physical Society of Bengal*, 1838-1840, pp. 421-461.

¹³ *Provincial Medical and Surgical Journal* 5, 1842-3, pp. 343-363.

¹⁴ *Ibid.*, p. 397.

¹⁵ 'Royal Medico-Botanical Society February 22 1843' in *Provincial Medical and Surgical Journal* 5, 1842-3, pp. 436-438.

¹⁶ M. Booth, *Cannabis: A history*, (Doubleday: London, 2003), p. 138.

Asian substance to western medicine adds the picture of the determined entrepreneur who drives it through such professional and commercial networks.¹⁷

Once established as a remedy available to Victorian doctors cannabis went on to enjoy a modest career in British medicine from the 1840s until the 1890s.¹⁸ O'Shaughnessy lost interest in it once he secured more profitable work and the difficulties in isolating the active ingredient in order to produce standardised medicines from cannabis meant that tinctures prepared from it remained unpredictable in practice. But to leave the story here would be to only tell part of it. While O'Shaughnessy and his contacts in Calcutta and London succeeded in deploying the processes and language of contemporary science to establish value for cannabis as a medicine, other British doctors used similar techniques to create for the plant and its preparations a reputation as a dangerous intoxicant.

Throughout the nineteenth century the British set up a network of lunatic asylums across colonial India. At first these had been established to separate out Indian soldiers that had gone mad from the rest of the regiment, and later on the British found that they were useful places in which to place those that they found dangerous and disruptive in the local population. As the colonial superintendents at these asylums kept increasingly detailed records of their charges

¹⁷ I have argued elsewhere that O'Shaughnessy's personal circumstances and life-story suggest that he always had one eye on personal advancement and his income. From an Irish Catholic landed family on hard times, he sought employment in the East India Company after his father's death. He rose rapidly through the ranks, and while his interest in cannabis flared early in the 1840s, he soon abandoned it when he secured lucrative posts at the Calcutta Mint and eventually as Superintendent of Electric Telegraphs in 1853. ..., 'Irishman, Scottish Doctor, British Knight: The career of William O'Shaughnessy of Curragh, 1808-1889', unpublished paper at Ireland, India and Education: Colonial Connections conference, Trinity College Dublin, October 2008.

¹⁸ See Mills (2003), pp. 49-81; S. Snelders, C. Kaplan and T. Pieters, 'On Cannabis, Chloral Hydrate, and Career Cycles of Psychotropic Drugs in Medicine', *Bulletin of the History of Medicine* 80, 1, 2006, 95-114.

and began to collate these into statistical tables in end of year reports for their superiors, an alarming conclusion began to emerge. The preponderance of hemp narcotics in the statistical table on causes of mental illness among inpatients was regularly commented upon in the statements of those in charge of the hospitals. For example, the superintendent of the Dullunda Asylum near Calcutta commented in 1867 that

among the causes of admissions, there appear nothing of novelty or special interest. The fact which each succeeding year brings prominently forward, of the prevalence of ganja smoking as a fertile source of insanity, is as prominent as ever in the records of 1867.¹⁹

Similarly, in 1871 Surgeon Cutcliffe pointed out in his report on the asylum at Dacca that 'Table no. 4 shows the causes to which the insanity of the patients has been attributed. 33 percent of all the cases are attributed to ganja smoking and 7.18 to spirit drinking'.²⁰ In 1875 the officer in charge of the asylum in Cuttack pointed out that 'Ganja is reputed as the cause of the majority of the admissions and nearly half of the admissions during the past ten years into this asylum are attributed to its abuse'.²¹ Throughout the 1860s and into the 1870s the statistical evidence emerging from India's mental hospitals pointed to the conclusion that the largest single cause of the problems experienced by their patients was cannabis use.²²

¹⁹Asylums in Bengal for the Year 1867, (Thacker and Spink: Calcutta, 1868), p. 10.

²⁰Asylums in Bengal for the Year 1870, (Thacker and Spink: Calcutta, 1868), p. 35.

²¹Asylums in Bengal for the Year 1875, (Thacker and Spink: Calcutta, 1868), p. 24.

²² For more on this network and for the details of the argument of this section see ...

By 1871 these statistics had alarmed the Government of India (GOI). The colonial administration ordered an enquiry into cannabis use in its south Asian empire with the following remit.

It has been frequently alleged that the abuse of ganja produces insanity and other dangerous effects.

The information available in support of these allegations is avowedly imperfect, and it does not appear that the attention of the officers in charge of lunatic asylums has been systematically directed to ascertain the extent to which the use of the drug produces insanity.

But as it is desirable to make a complete and careful enquiry into the matter, the Governor-General in Council requests that Madras, Bombay etc. will be so good as to cause such investigations as are feasible to be carried out in regard to the effects of the use or abuse of the several preparations of hemp.²³

In 1873 the Resolution of the GOI at the end of the inquiry stated of cannabis that ‘There can ... be no doubt that its habitual use does tend to produce insanity’.²⁴ The administration was so confident of this assertion about the link between use of hemp substances and mental illness because it had been persuaded by the numbers. In its Resolution, figures were produced from

²³‘Papers relating to the consumption of ganja and other drugs in India’, in British Parliamentary Papers, volume 66, (Hansard: London 1891), pp. 7-8.

²⁴ Ibid., p. 92.

asylums in the Central Provinces, Mysore, the Punjab and Bengal and a statistical table from the Delhi institution was reproduced as was its superintendent's observation that:

Of 317 lunatics received into the Nagpur Asylum since 1864, there were 61 in whom insanity had been occasioned by an immoderate use of ganja ... From this result it is inferred that excess in ganja-smoking does produce an insanity which is transient.²⁵

The colonial officials in the Government of India had been convinced by the science of the statistic. It acted upon its conclusion by prohibiting the cultivation and consumption of ganja in Burma and urging other parts of British India to 'discourage the consumption of ganja and bhang by placing restrictions on their cultivation, preparation and retail, and imposing on their use as high a rate of duty as can be levied without inducing illicit practices'.²⁶

It has been argued that these statistics were deeply flawed, as they were shaped by cultural misunderstandings, bureaucratic shortcomings and the assumptions of the psychiatry of the period.²⁷ However, these flaws were deemed unimportant at the time because statistical data was highly regarded in colonial India. It lent authority to the efforts of colonisers in comprehending and managing a context that they often found bewilderingly complex.²⁸ In

²⁵Ibid., p. 88.

²⁶Ibid., p. 92.

²⁷ Mills (2000).

²⁸ This argument draws on A. Appadurai, 'Number in the Colonial Imagination', in C.A. Breckenridge and Peter van der Veer (eds.), *Orientalism and the Postcolonial Predicament: Perspectives on South Asia* (Philadelphia: University of Pennsylvania Press, 1993); and B. Cohn, 'The census, social structure and objectification in South

this case the statistical data acted much as the experiments had in the tale told in Hokkanen's paper and in the story of O'Shaughnessy above.²⁹ They rendered impressions formed in south Asia into scientific conclusions for circulation amongst westerners. But, in this case, the production of scientific data on cannabis consumption gave rise to a conclusion that challenged existing understandings and practices. In the 1860s, ideas about the dangers of using preparations of the plant emerged that countered therapeutic assessments of the substance.

Cannabis and the anti-opium campaigners

Yet cannabis was also given further meanings elsewhere in colonial networks that linked south Asia and Britain. The GOI had first shown an interest in the substance not as a medicine or as a cause of disease but as a commodity. Preparations of the plant had been commercially traded across south Asia long before the arrival of the British and the cultivated form was prized as the key ingredient in a range of intoxicating products.³⁰ As early as 1793 East India Company officials at the Bengal Board of Revenue had recognised this and sought to derive income from the trade by including cannabis products in their lists of excise items to be subjected to government duties. The system that they devised demanded that the retailer of the drug, before approaching the peasant producers, had to turn up at the office of the local

Asia' in B. Cohn, *An Anthropologist among the Historians and Other Essays*, (Oxford University Press: Delhi, 1987).

²⁹ For more on the competing types of evidence that were established as valid for scientific enquiry see J. Pickstone, *Ways of Knowing: A new history of science, technology and medicine*, (Manchester University Press: Manchester, 2000), pp. 135-161.

³⁰ For more on uses for cannabis products in south Asia in this period see Mills (2003), pp. 47-51.

colonial official and pay for a licence that would grant him permission to proceed and buy his stock of the drugs. Having done this, he was free to head on to meet his supplier and to purchase as much as wanted after which he was equally free to go and sell it wherever he wanted. In other words, the government was simply concerned to guarantee that the licenses were bought and they cared little about how much of the drugs were being produced or consumed.³⁰ It was decided by the middle of the century that there was more money to be had from the trade as the scheme was changed in 1854 to tax the wholesaler in his place of business rather than at the point of purchase or production. In other words once the stock of ganja was in the wholesaler's warehouse the district collector there would be able to assess his approximate holdings and to maintain surveillance of how much the retail buyers were taking from the wholesaler. The amount sold by the wholesaler to the retailer was therefore taxed. The British gradually realised that the key to the success of levying this duty was an accurate knowledge of the amount of ganja in the system. To this end the Board of Revenue introduced a series of additional licences in 1876. The peasant producer of the hemp plant had to approach the authorities to obtain a licence to cultivate the crop. When the crop was ready and the ganja had been processed, the cultivator had to apply for a licence to store the drug. To be granted this licence he stated how much of the drug he intended to store and the permit was made out to cover this amount. The wholesaler meanwhile needed to apply for a permit to collect supplies from the cultivators which stated how much he intended to purchase.³¹ By the 1880s levies on cannabis products were worth almost Rs 200,000 in Bengal alone. This made tax on preparations of the plant in the Presidency a more important

³¹ This summary of the evolution of the ganja excise system is compiled from Hem Chunder Kerr, 'Report of the Cultivation of and Trade in Ganja in Bengal' in British Parliamentary Papers, volume 66, (Hansard: London, 1891); G. Rainy, Report on the Manufacture and Smuggling of Ganja, (Bengal Sec Press: Calcutta, 1904).

source of revenue than tax on opium sold in the region.³²

Various constructions of cannabis existed by the 1880s: the useful medicine, the cause of mental illness, the product on the excise list. As the 1880s progressed another version emerged, one that drew on these previous ideas but which recast them within the political and cultural tensions of late Victorian Britain. Mark Stewart MP stood up in the House of Commons on 16 July of that year ‘to ask the Under-Secretary of State for India whether his attention has been called to the statement in the Allahabad Pioneer of the 10th May last that ganja ‘which is grown, sold and excised under much the same conditions as opium’, is far more harmful than opium, and that ‘the lunatic asylums of India are filled with ganja smokers’. He pressed his point, asking further of the Secretary of State ‘whether he is aware that the possession and sale of ganja has been prohibited for many years past in Lower Burma and that the exclusion of the drug was stated in the Excise Report of that province for 1881-82 to have been ‘of immense benefit to the people’. The reason for his curiosity was that he wanted to know ‘whether he [the Secretary of State] will call the attention of the Government of India to the desirability of extending the same prohibition to the other Provinces of India?’³³

The figures generated by India’s mental hospitals had finally arrived back in the UK, and the conclusion that they had generated, that cannabis was a source of ill-health, had been used in Parliament to challenge the idea that it was simply an article of excise. The multiple

³² G. Watt, *Hemp or Cannabis Sativa (being an enlargement of the article in the ‘Dictionary of Economic Products of India’)*, (Calcutta, 1887), p. 21.

³³ Hansard’s Parliamentary Debates, vol. 355 (3rd Series), pp. 1395-1412, 16 July 1891.

constructions of cannabis no longer existed apart from one another, but were now in direct conflict with one another. While Stewart initiated the campaign against cannabis it was his colleague, William Caine, who took it forwards. A founder member of the Anglo-Indian Temperance Association, he had visited India in 1888 to promote that organisation through the missionary networks there.³⁴ Accompanied on his trip by the experienced Baptist missionary, Thomas Evans, who had over thirty years of service in India to his name, Caine had his attention drawn to cannabis:

Here and there throughout the bazar are little shops whose entire stock consists of a small lump of greenish pudding, which is being retailed out in tiny cubes. This is another ‘Government monopoly’ and is majoon, a preparation of the deadly bhang or Indian hemp known in Turkey and Egypt as Haseesh, the most horrible intoxicant the world has yet produced. In Egypt, its importation and sale is absolutely forbidden and a costly preventive service is maintained to suppress smuggling of it by Greek adventurers; but a Christian Government is wiser in its generation and gets a comfortable income out of its sale. When an Indian wants to commit some horrible crime, such as murder or wife mutilation, he prepares himself for it with two anna’s worth of bhang from a government majoon shop. The little rooms, open to the street, of which the sole furniture is some matting and a few Hukas, are churras or Chandu shops, farmed out by the government of India to provide another form of Indian hemp intoxication which is smoked instead of eaten.³⁵

³⁴ J. Mills, ‘Cannabis in the Commons: Colonial Networks, Missionary Politics and the origins of the Indian Hemp Drugs Commission 1893-4’, *Journal of Colonialism and Colonial History* 6, 1, 2005.

³⁵ W.S. Caine, *Picturesque India, A Handbook for European Travellers*, (London: Routledge, 1890) 292.

Caine and Stewart were not simply veteran temperance campaigners but also active members of the anti-opium movement which was gathering pace in the 1890s and which was to lead to the Royal Opium Commission of 1895. They drew on Caine's networking in India to cast existing discourses on cannabis within the ideas that drove these campaigns, in which intoxication was self-evidently immoral and those that enabled it were wrong. Cannabis as a source of excise, and cannabis as a source of mental health problems, were reworked by these campaigners to produce the conclusion that cannabis was 'the most horrible intoxicant the world has yet produced'.

By the 1890s cannabis had multiple meanings in different discursive systems. In the medical world there were those that saw its positive values, and there was a revival of interest in British pharmacology towards the end of that decade in isolating its active ingredient. However, there were also those that saw it as a cause of mental health problems and, despite detailed investigation into the reliability of the statistics from Indian asylums in the 1890s, that data continued to stimulate debate into the twentieth-century. For those at the Board of Revenue in Bengal cannabis was simply a source of revenue to be managed and augmented. For the anti-opium campaigners it had a deliciously negative value in their moral system, its consumption for intoxication making it an evil and the GOI's revenue from it providing evidence of its failure to live by high standards. Such was the force of the recasting of cannabis as a moral issue that the GOI was compelled to appoint the Indian Hemp Drugs Commission (IHDC) in 1893 to investigate it. The task of the IHDC was to test the various discursive representations and to see how far they could be reconciled. It opted to privilege the version of cannabis that held it to be the source of useful medicines, and to destabilise the notion that it was a dangerous intoxicant by promoting the idea that it was a harmless one. The IHDC stood accused by its critics of really seeking to privilege the discourse that simply saw cannabis as a lucrative excise

item. Its conclusions, and the controversies surrounding them, are dealt with more fully elsewhere.³⁶

Conclusion

The conclusions to be drawn from these stories for the purposes of this volume are various. Much good work has been done recently to respond to the question ‘what is colonial about colonial medicine?’ and if this chapter sheds light in that direction it is in order to draw further attention to the unstable nature of the ‘colonial’ in the question. After all, in the stories the ‘colonial’ is fractured and incoherent, with western doctors using different methodologies and samples to reach conflicting conclusions about the nature of preparations of the plant, British administrators framing the drug simply as an excise item to be carefully managed to maximise revenues, and Victorian moralists condemning cannabis substances as perilous intoxicants. Hokkanen’s paper on *Strophanthus* is an excellent account of the way that an African plant acquired technical meaning as it travelled along the scientific network that linked Malawi and Britain. This paper has shown how an Asian plant similarly travelled along the scientific network that linked the Empire with the UK, but that it did this in multiple ways, and at the same time was propelled along some of the many other networks linking south Asia with Britain in this period.

The editors of this volume are right that ‘medicine [is] an important organizing concept, which is historically produced, and yet shapes discourses, practices, and subjectivities’ but this chapter suggest that it is only one such organising system in this period and that as

³⁶ For more on attitudes towards cannabis in the 1890s and the origins and outcomes of the Indian Hemp Drugs Commission see Mills (2003), pp. 93-151.

cannabis travelled along the various networks mentioned above it acquired multiple meanings. The outcome was that the status of cannabis as a therapeutic substance in this context was a contested one, so the eye is therefore drawn to the question of ‘what is ‘medical’ about colonial medicine?’ The account given here of cannabis shows how difficult it is to fix that plant and its preparations in a medical system at all. Its history since the British arrived in south Asia has been one where efforts to establish cannabis as a medicine were constantly contested by its other associations and meanings attached to it outside of medical circles. Indeed, this chapter has not had the space to dwell on a further set of meanings established for cannabis once news of it arrived back in Britain, where at various times it was recast as an exotic source of delightful oblivion or even ‘astral travel’ in literary and occultist circles.³⁷ It seems that cannabis was sometimes, and in some places, a medicine, but that often it was not seen as medical at all, but rather it was viewed as a moral concern, an excise problem, or even a spiritual opportunity. The story of cannabis and the various ways in which it was imagined as it was encountered in colonial India and made its way to Britain points to the instability of the notion of ‘medicine’, and how historically contingent the award of that label can be.

While the chapter has traced the competing agendas and systems of meaning that framed cannabis and produced so many different versions of it in British culture, it has not fully addressed a final reason that cannabis was imagined or constructed in so many different ways. It seems important to consider the plant itself in trying to explain why cannabis has not been fixed in any one particular discursive context or by any one agenda, be it scientific,

³⁷ See Mills (2003), pp. 149-151; V. Berridge, ‘The origins of the English drug “scene” 1890-1930’, *Medical History*, 32, 1, 1988, pp. 51-64.

economic or moral. Cannabis is a bewilderingly complex plant, with over a hundred active ingredients, which have multiple effects (only some of which are psychoactive) on human bodies, which are mediated by individual constitutions.³⁸ One of the key reasons, perhaps the most significant of them, that cannabis has defied efforts to lodge it within moral, medical or economic systems of meaning is the plant itself as its complicated nature defies generalisation and easy categorisation. In this case at least, a ‘biological turn’ seems important in understanding why a set of plant substances first encountered by the British in a colonial context has enjoyed such an unstable and contested career as a medicine. It will be interesting to see if such a ‘biological turn’ is of wider use to those seeking to rethink the nature of the notion of the ‘medical’.

³⁸ R. Pertwee, ‘The pharmacology of cannabis: new discoveries and therapeutic possibilities’, unpublished paper at The Royal College of Psychiatrists in Scotland Addictions Faculty Annual Residential Meeting 2012.