

Essay Reviews

VIRGINIA BERRIDGE and GRIFFITH EDWARDS, *Opium and the people: Opiate use in nineteenth-century England*, London, Allen Lane; New York, St. Martin's Press, 1981, 8vo, pp. xxx, 369, £20.00.

After reading *Opium and the people*, one is tempted to believe that opium was the religion of the masses. The drug was omnipresent in Victorian society. It was sold, without restriction, not only by chemists, but by booksellers, drapers, and even haberdashers. It was available as powder, as pills, and, most popularly, in alcohol, as laudanum. Later in the century, it was available as an injectible alkaloid, morphine. It was the active ingredient in many of the most notorious Victorian patent medicines, including Godfrey's Cordial and Collis Browne's Chlorodyne. Opium was used as a sedative, an anaesthetic, an anodyne, a hang-over remedy, and as an anti-diarrhoea agent. It was bought by the Nottingham lace-worker to quieten her colicky infant; by the Fenland agricultural labourer to relieve the pains of ague; by the London clerk to commit suicide; and by Thomas De Quincey to enhance the sensual pleasure of a night at the opera.

The first seventeen historical chapters are written by Virginia Berridge. Griffith Edwards has added a concluding chapter that relates the nineteenth-century experience to the present. Berridge draws imaginatively on an array of literary and quantitative evidence to construct a richly-documented case. She argues that the perception of opium changed drastically in the course of the century. Before 1850, opium was used freely and widely without arousing much concern. In the latter half of the century, both medical and lay observers began to denounce the drug. This was not so much because actual opium consumption was rising, Berridge states (although this is a matter of some confusion in the book), but because of the changing social context. Professionalization of pharmacists and medical men, the debate over the India-China opium trade, the temperance movement, and the class bias in society all affected the way later Victorians perceived the drug.

On the whole, Berridge makes a powerful and convincing case. Over the past few years, I have been dealing with some of the same issues that Berridge addresses in this book, although I have sometimes approached them differently.¹ It seems appropriate to me to emphasize three of these major differences.

Berridge argues that the campaign against the non-medical use of opium reveals the class bias in Victorian society: "The question of who used the drug was central; and the control of lower-class deviance was undoubtedly important." (p. xxvii). Specifically, she questions the motives of those Victorian investigators who expressed reservations about the widespread practice of quietening infants with small amounts of opium: "The rationale, however imperfect, behind practices like child doping was ignored. Opium, as elsewhere, was a useful scapegoat. Criticisms of its use diverted

¹ Terry M. Parssinen, *Secret passions, secret remedies: Narcotic drugs and British society, 1820–1930*, Philadelphia, Publications of the Institute for the Study of Human Issues, 1982.

attention from the social situation to the individual failings of working-class mothers.” (p. 98). Berridge asserts that this particular part of the health issue was “in part a question of social control.” (p. xxvii). That assertion stretches a thinly-worn phrase well past its breaking-point.

The best information about Victorian child-doping emerges in parliamentary blue books. The authors of these tomes were not unaware of the conditions of life and work among the working classes, nor were they unsympathetic to the victims of these conditions. Indeed, the purpose of the investigations was usually to rally parliamentary and public opinion behind legislation to shorten the hours of labour, improve sanitation, or shield children from the brutalities of the workplace. Dr. Hunter’s famous investigation of opium-eating in the Fens was motivated by a desire to ameliorate the unusually high infant mortality rate in the district, which he rightly traced to the nearly universal practice of feeding opiates to children. Engels, in his revelations about working-class life in industrial Manchester, bitterly denounced child-doping. Surely it is misleading to accuse these investigators of cynically ignoring the “social situation” that gave rise to child-doping.

Berridge cites as evidence of the class bias of the issue the fact that child-doping in middle- and upper-class families was not commented on. True, parliamentary investigators did not generally go poking around in Kensington and Tunbridge Wells. But that was due not to cultural imperialism, but to their legislative goals. They rightly felt that whatever difficulties the well-to-do encountered in their lives and work, they had the means to deal with them. Legislation, however, was often necessary to make mines safer, to protect children, or to improve sewage disposal in urban slums.

Berridge presents a few examples of middle-class denunciations of the use of opium as a stimulant by working-class adults, which she characterizes as “a justification for control.” (p. 105). What she fails to mention, however, is how *rarely* such denunciations occurred. Given that opium was a cheap narcotic, and that the condition of life might well have disposed the working classes to use it as an intoxicant, one cannot help but be struck by the lack of public concern about its use. Either opium was used infrequently as an intoxicant, or middle-class investigators overlooked it. In any case, it was insignificant as a social issue.

Finally, it is necessary to stress that throughout the entire period covered by this book, there was no effective legislative control on opium-taking by the working classes, or by anybody else. The Poisons and Pharmacy Act of 1868 required only that opium preparations be labelled “poison” and that they be dispensed by registered pharmacists. Even these minimal controls were virtually unenforced, and opium continued to be freely available until the twentieth century. And, despite the best efforts of the members of the Society for the Study of Inebriety and their parliamentary allies, no opium *habitué* (“addict” was not generally used in the nineteenth century) was ever incarcerated against his will. All in all, this does not add up to a very convincing case for the campaign against working-class opium use as a form of social control.

As the nineteenth century wore on, Victorians talked, wrote, and worried more about opium. But did they actually consume more? From the late 1820s until 1860 it is

possible to answer this question with reasonable accuracy from the import statistics. As domestic opium production was negligible, virtually all of the opium consumed in Britain was imported, primarily from the Ottoman Empire. Until 1860, opium was dutiable. Hence the import statistics record an annual amount of opium "entered for home consumption", as opposed to opium which was imported, stored in warehouses, and exported, on which no duty was paid. According to Berridge's figures (Table 2), per capita imports of opium entered for home consumption increased from an annual average of 1.62 lbs. per 1000 population in the period 1827–31 to 2.89 lbs. in the period 1856–60. Did opium consumption continue to rise in the late nineteenth century, when concern about it became particularly intense?

It is difficult to know. With the elimination of the duty on opium in 1860, no separate record was kept of opium entered for home consumption. The trade statistics record only opium imports and exports. In an attempt to fill the gap, Berridge has constructed a graph which projects "estimated home consumption" through 1910 (p. 35). She derives this figure by subtracting exports from imports. Berridge admits that "this is an uncertain method of assessing anything but the most general trends in overall consumption." (p. 146). Nevertheless, she assumes that the resulting figures *do* reflect changes in home consumption: "The general trend of home consumption also bore a strong relation to the business cycle. The connection with the onset of the 'Great Depression' of the 1870's was particularly marked, and consumption appears to have declined." (p. 146).

If Berridge's assumption is correct, then opium consumption in late Victorian Britain showed astounding variation. Between 1860 and 1880, per capita estimated consumption of opium increased from less than 3 lbs. per 1000 to nearly 11 lbs. Then it fell to about 3 lbs. by 1895, and soared again to 11 lbs. by 1910. What could possibly account for such a startling rise in the consumption of opium, particularly in the period after 1895, when all the literary evidence suggests that both medical and lay people were increasingly cautious about the use of opiates? I am not convinced by Berridge's suggestion that these massive swings in opiate consumption were touched off by economic misfortune. While drug-takers may cut back their intake somewhat during hard times, it seems to me unlikely that even the Great Depression could have caused the consumption variation that showed up in the statistics.

Furthermore, the absolute amounts that Berridge records in her estimated home consumption are barely credible. If the figure of 11 lbs. per 1000 is correct, the amount of opium consumed in Britain was over twice the amount consumed in America at the height of opium consumption there.² This is difficult to believe, since contemporary observers agreed that the "opium problem" was much worse in early twentieth-century America than it was in Britain.

In fact, the difference between opium imports and exports bears no relationship to the amount of opium consumed domestically, especially in the late nineteenth century. Particularly after 1860, manufacturers of morphine and opiate-based patent

² David Courtwright, *Dark paradise: Opiate use in America before 1940*, Cambridge, Mass., Harvard University Press, 1982.

medicines accounted for a large and increasing amount of opium imported into Britain. Firms like J. F. Macfarlan, T. & H. Smith, and T. Whiffen imported raw opium, manufactured it into morphine and other products, and then exported a large amount of it. Berridge recognizes the growth of morphine manufacturing, but she stresses that “the importance of morphine should perhaps not be over-emphasized or singled out.” (p. 146). I disagree.

Exported morphine was not separately recorded until 1911; until then it was included under the general category of “Drugs and Medicines”. Thus there is no way to track the exact amount of opium that was consumed domestically, and that which was manufactured and exported. Although pre-1911 export figures are not available, from fragmentary manufacturing records and from literary evidence one can infer that, from the late 1890s, the amount of morphine manufactured in Britain was prodigious (nearly 500,000 ounces per annum), and that it was largely destined for the illicit market, especially in the Far East.³ Although one cannot be certain about exact amounts, it seems to me that this explanation makes more sense of the sky-rocketing opium import figures than Berridge’s assumption that it was largely consumed domestically.

Berridge adheres strictly to the timeframe announced in the subtitle: “Opiate use in nineteenth century England”. In doing so, she has done her readers a serious disservice, since virtually all of the significant trends of nineteenth-century opium use and control reached fruition in the early twentieth century.

The 1868 Poisons and Pharmacy Act, which left opium nearly uncontrolled, was replaced in 1908 by a new Act which moved opium into the category of a highly-controlled poison, and made it more difficult to obtain. Yet it was not until 1916 that opium and cocaine were first regulated as narcotic drugs rather than as poisons. And it was 1920 before the Dangerous Drugs Act was passed. In failing to discuss this latter legislation in the book, Berridge has not brought the history of opium regulation to its natural end. Furthermore, she has missed an opportunity to trace the theme of the professional competition between pharmacists and doctors over the control of narcotic drugs, which she examines in its nineteenth-century context, to its conclusion in the period 1916–26.

At the end of the century, Berridge states, there was almost no evidence of a drug subculture in England. Furthermore, the recreational use of cocaine was negligible. But by ending her story at 1900, Berridge has not traced the existence of a drug subculture, based on cocaine, that flourished in London between 1916 and 1924.

In a superb chapter on ‘The myth of the opium den in late Victorian Britain’, Berridge discusses the public curiosity and distaste that was aroused by journalistic and fictional depictions of opium-smoking in the last third of the nineteenth century. This did not come to fruition, however, until the period 1913–26, when public concern about opium-smoking and the Chinese found expression in the racist creations of writers like Sax Rohmer and Thomas Burke, and in such real-life figures as the colourful drug-dealer, Brilliant Chang.

Finally, Berridge does not discuss the Rolleston Committee Report (1926), the only

³ See Parssinen, *op. cit.*, note 1 above, chapter 10.

national survey of drug addiction undertaken in Britain until the recent past. It is not only a point of departure for an understanding of modern British drug policy, but it is a culmination of certain nineteenth-century trends. Most significantly, the Rolleston Committee Report marks the political triumph of the “medical model” of drug addiction in Britain. However, that success was not inevitable. If Malcolm Delevingne, of the Home Office, had had his way, British drug policy would have very closely resembled American drug policy, which was based on a “criminal model” of addiction. The triumph of the medical model, then, is not just a story of medical ideology but of political struggle.

Without this twentieth-century conclusion, Griffith Edwards’ thoughtful essay on ‘The nineteenth century in relation to the present’ is punctured by anomalies. In explaining why British drug policy differs from American drug policy – surely a vital question to most readers – Edwards makes only cryptic references to the Dangerous Drugs Act and the Rolleston Committee Report. But one cannot understand the Victorian contribution to modern British drug policy without a full discussion of the mediating role of these developments of the 1920s.

Despite these reservations, I believe that Berridge and Edwards have written an illuminating book which is invaluable to historians, particularly those interested in the social history of medicine.

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MICHAEL RUSE, *The Darwinian revolution. Science red in tooth and claw*, Chicago and London, University of Chicago Press, 1979, 8vo, pp. xvi, 320, illus., £12.00.

NEAL C. GILLESPIE, *Charles Darwin and the problem of Creation*, Chicago and London, University of Chicago Press, 1979, 8vo, pp. xiii, 201, £9.90.

DOV OSPOVAT, *The development of Darwin’s theory. Natural history, natural theology, and natural selection, 1838–1859*, Cambridge University Press, 1981, 8vo, pp. xii, 301, illus., £20.00.

ADRIAN DESMOND, *Archetypes and ancestors. Palaeontology in Victorian London 1850–1875*, London, Blond & Briggs, 1982, 8vo, pp. 287, illus., £15.95.

The news that some biologists (and rather more Creationists) no longer set so much store by Darwin’s theory of evolution by natural selection has not dampened historical enthusiasm for the retiring naturalist of Down House. The historical community has elevated him to its Peerage, which entitles him to several books¹ and numerous articles

¹ Recent works on Darwin which cannot be noticed here include: James R. Moore, *The post-Darwinian controversies: a study of the Protestant struggle to come to terms with Darwin in Great Britain and America, 1870–1900*, Cambridge University Press, 1979; David R. Oldroyd, *Darwinian impacts: an introduction to the Darwinian revolution*, Milton Keynes, Bucks., Open University Press, 1980; Wilma George, *Darwin*, Glasgow, Fontana Paperbacks, 1982; Jonathan Howard, *Darwin*, Oxford University Press Paperbacks, 1982; and Peter Brent, *Charles Darwin, “a man of enlarged curiosity”*, London, Heinemann, 1981.

Darwin has even been treated in the style of a novel by Irving Stone, *The Origin. A biographical novel of Charles Darwin*, London, Cassell, 1981.