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mostly smoked opium in modest quantities, and usually in the course of hospitality. The consumption of opium for recreational purposes, according to his observations, averaged between 4 to 8 grams, rarely exceeding 12.⁴³ Higher per capita figures could also be found, though heavy smokers were capable of managing their lives despite the large amounts of opium they consumed.⁴⁴ A one close observer exclaimed while on a mission to Sichuan in 1882, 'Nowhere in China are the people so well off, or so hardy, and nowhere do they smoke so much opium.'⁴⁵ Even the League of Nations had to concede in the 1920s that people in China had 'better control over themselves, avoiding excessive use and keeping the daily consumption within the limits', and that individuals would find by experience a quantity 'which will not endanger his earning capacity or bring other undesirable results.'⁴⁶

Many smokers only took up the pipe on special occasions. The official H. Yongging exclusively smoked opium to treat diarrhoea,⁴⁷ while countless others smoked no more than three or four mace a year strictly for medical purposes. Many were intermittent smokers, drifting in and out of narcotic culture according to their personal and social requirements. Men and women would smoke a pipe or two at festivals and ceremonies several times a year without ever becoming regular users. R. A. Jamieson, a doctor in Shanghai, noted at the end of the nineteenth century that if those who smoked a few pipes on the occasion of a festival such as a marriage were to be counted, few adult males could be excluded, although habitual consumers were very rare.⁴⁸ A British consul based in Hainan, an island notorious for malaria, also reported that 'although nearly everyone uses it... one never meets the opium-skeleton so vividly depicted in philanthropic works, rather the reverse—a hardy peevish, healthy and energetic.'⁴⁹ In Taiwan, opium could be smoked after local ceremonies taking place during the festive season.⁵⁰ As late as in 1932 missionaries based in the Hubei and Hunan region reported that 'at funerals, weddings, or feasts, on any occasion when many guests are invited, a number of rooms is prepared for smoking with beds, pipes, lamps and opium provided for all smokers. Opium is provided as a matter of course, just as is wine.'⁵¹ As the journalist Richard Hughes noted, even foreign bankers and merchants in cities like Shanghai and Hong Kong occasionally enjoyed a few pipes without ever developing a craving for the substance: 'Those few who became addicts would have become alcoholics had they stuck to liquor.'⁵² Even ardent opponents of opium in the early twentieth century had to concede that only a minority of smokers were physically dependent. In *Drugging a Nation* (1908), Samuel Merwin observed that 'probably the majority of the victims take it up

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as a temporary relief. It is a social vice only among the upper classes.'⁵³ Similar observations came from local anti-opium associations: 'In Yunnan and Guizhou, few have not smoked a couple of puffs of opium. However, not everybody has become addicted. Even among habitual smokers, degrees of craving can vary enormously.'⁵⁴ J. F. Molyneux, working as a surgeon in Ningbo at the end of the nineteenth century, confirmed that many men 'habitually smoke a limited amount with so little effect that they are easily able to conceal the fact.'⁵⁵ There is no doubt that opium could also be smoked in excessive quantities among wealthy circles, some scholars retiring to their mansions, rich merchants leaving business to their partners, or government administrators handing over their districts to clerks in order to smoke away their assets: they could develop a complete dependence and spend their lives in compulsive reliance on opium.⁵⁶ On the other hand, many individuals did not take to opium at all because they could not inhale the smoke or were repelled by the taste.⁵⁷ Zhou Zhaoxi recalls that as a child he was once offered an opium pipe by his aunt when suffering from a stomach pain but disliked the taste.⁵⁸ Shushan, a keen reader of Coctreau, had tried opium several times but found the smell too foul (chou).⁵⁹ Countless others smoked opium once or twice only to reject it.

Not unlike tobacco, opium was a substance generally taken in determined amounts rather than in ever-increasing ones: even habitual smokers reached a plateau, often between seven and fifteen pipes a day, a number rarely exceeded. The same daily dosage could easily be maintained year after year without developing a tolerance that required the user to increase the dose over time.⁶⁰ The riddle of opium, as Jean Coctreau observed, is that the smoker never had to increase his dose.⁶¹ Opium smokers, in short, were perfectly able to determine the desired level of consumption. They could moderate their use for personal and social reasons and even cease taking it altogether without help. The idea that smokers felt an irresistible compulsion to use increasing doses of opium has little foundation, and none can be found for the supposition that consumers suffered from 'loss of control' in their use of opium. The idea that opium smoking had devastating economic consequences, inevitably leading to financial ruin, is equally simplistic: smokers could determine the quantity and quality of opium they wanted to consume, while abundant supplies of cheap local produce, including recycled dross, made the practice affordable even for regular smokers among the poor. In the late 1930s, when opium prices soared in Canton, most smokers halved the amount they consumed in order to make ends meet: few would rigidly hold on to their usual dose.⁶²

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Many occasional, intermittent or moderate smokers may even have been unaware of any undesirable effects. Even the medical missionaries Lockhart and Medhurst considered the use of 3.5 to 4 grams, as smoked daily by the consumers, to be entirely 'harmless', since the effects of opium were reduced by 80 per cent through burning.⁶³ However, the authors stated that the quantity ingested orally in a solution with alcohol, as was common in England, could lead to poisoning.⁶⁴ According to another medical author, opposed to opium, the substance was six to seven times more powerful when swallowed than when smoked. He also underlined that domestic opium has a morphine content of merely 3–7 per cent, thus being considerably weaker than produce imported from India.⁶⁵ Smoking was generally acknowledged to be more wasteful than ingestion, although the morphine content reached the bloodstream more quickly and caused a rush: 80–90 per cent of the active compound was lost from fumes which either escaped from the pipe or were exhaled unabsorbed by the smoker.⁶⁶ An expert of the League of Nations confirmed in the 1930s that eating opium or dross was more harmful than smoking prepared opium, since much larger quantities of morphine entered the system via ingestion than by smoking.⁶⁷ Dr P. L. McAll, on the other hand, had already concluded from his experience with opium patients in 1903 that 'one part of opium swallowed by the mouth has the same effect as smoking six or seven parts' through a pipe.⁶⁸

A variety of figures indicate that opium was smoked widely but in relatively small quantities in the nineteenth century. While the available statistical evidence is often contradictory, it does not support the prevalent view that a majority of smokers lived in the grip of addiction and were compelled to take ever-increasing amounts of opium. However, mere numbers fail to convey the cultural meanings and social uses of opium in late imperial China, which are analysed below.

Opium as social status

Opium is often understood to have been widespread in China because of its addictive properties, foreign traders using the drug to create a physically dependent market. This popular explanation defies common sense, since opium was also used in many other parts of the world, not least in India, Turkey and Persia where it was traditionally produced. Rather than focusing exclusively on the pharmacological properties of opium, it would be more fruitful for us to examine the cultural norms and social factors which sus-

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tain its consumption in the specific historical context of the late imperial period. At the core of such research is the analysis of opium as a marker of social status in a culture of conspicuous consumption.

Pena opium was an exotic commodity which became an object of conspicuous consumption for wealthy scholars and rich merchants during the early nineteenth century. Within these privileged circles, opium was appreciated in intricate rituals, very much as the careful boiling of high-quality tea could confer social distinction. Terms such as 'yellow' (*huang*), 'long' (*chang*) or 'loose' (*song*) were used to describe the proper preparation of opium (*shuangyan*). A rich family normally had at least one 'opium sous-chef' (*stanzhi shou*) to prepare its pipe.⁶⁹ The cooking would be done by using two needles (*yanshen*), one in each hand, kneading and rolling a wad of opium between the two points in the heat above the lamp. A properly trimmed wick in the lamp would generate a flame with just the right temperature, over which the carefully cooked opium would gradually acquire a dense rubbery texture and a deep tan, the appearance and colour of the substance signalling that it was ready for smoking. Once cooked, the wad was removed and hardened like caramelised sugar. Most of the opium would set on one needle, while a small pellet was left on the other for smoking. After being pulled out of the heat, the pellet was rolled into a cone and inserted into the hole of the bowl for smoking.⁷⁰

Inserting the pellet into the hole was a delicate operation: the bowl was first held inverted over the flame to heat the hole, then the tip of the needle would be spun back and forth over the heat, allowing the pellet to soften slowly without melting or charring. When sufficiently soft, it was plunged into the hole and pressed down, forming a small compact ring on the hole like a miniature doughnut. After withdrawing the needle, a round hard clump of opium with a hole in the middle was ready to be smoked. The pipe would be held with the pellet exposed towards the lamp at a 45 degree angle. Lips had to be pressed against rather than around the mouthpiece to create an airtight seal. A slow and steady draw on the pipe with the bowl securely in place over the lamp would cause the pellet to sizzle and vaporise as the fumes were sucked into the bowl, which cooled and distilled the smoke before it moved through the pipe into the smoker's lungs. The opium vapours, by abruptly expanding and condensing in the pipe, separated from any impurities which gathered as a crust, also known as 'dross', on the chamber walls. A smoker would therefore only inhale the chemically purest form of alkaloïdised vapour, unencumbered by any unpleasant by-products.⁷¹

Before the smoke reached the lungs, a smoker would feel a bittersweet sensation on the palate, followed by a pleasant tightening of the capillaries.⁷² A

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single breath sufficed to absorb each serving, as larger pellets tended to pop and evaporate unevenly and to overheat the bowl. When the pipe was finished, the hole was cleared with the needle and a cloth was used to wipe the surface of the bowl.⁷³ Here is a description from Emily Hahn, who had acquired a smoking habit during her days in Shanghai:

Heh-ven never stopped conversing, but his hands were busy and his eyes were on what he was doing—knitting. I thought at first, wondering why nobody ever mentioned that this craft was practiced by Chinese men. Then I saw that I had taken for yarn between the two needles he manipulated was actually a lump of gummy stuff, dark and thick. As he rotated the needle ends about each other, the stuff behaved like taffy in the act of setting; it changed color, too, slowly enough from its earlier dark brown to tan. At a certain moment, just as it seemed about to stiffen, he wrapped the whole wad around one needle end and picked up a point object about as big around as a teacup. [The bowl] looked rather like a cup, except that it was closed across the top, with a rimmed hole in the middle of this fixed. Heh-ven plunged the wadded needle into this hole, withdrew it, leaving the stuff sticking up from the hole, and modelled the rapidly hardening stuff so that it sat in the cup like a tiny volcano. He then picked up a piece of polished bamboo that had a large hole near one end, edged with a band of chased silver. Into this he fixed the cup, put the opposite end of the bamboo into his mouth, held the cup with the cone suspended above the lamp flame, and inhaled deeply. The stuff bubbled and evaporated as he did so, until nothing of it was left.⁷⁴

Smoking utensils could become sought-after collectables. Expensive pipes were made of precious black wood, ivory, jade or tortoiseshell, with ornate silver decorations.⁷⁵ The stem could be long or short, the knot carved out of silver or precious wood and the bowl carefully polished. Flowers or leaves would climb along slender silver pipes, with blooming hibiscus surrounded by leaves of wild mint, while some ivory or jade pipes resembled an elephant's tusk.⁷⁶ Some connoisseurs cherished the accessories to such an extent that the pipe became more important than the substance itself, and affluent households sought to signify for many the most atmospheric aspect of the smoking experience. The invitation to 'light the lamp' (*dian deng*) meant to share the comfort and peace of the smoking chamber.⁷⁸

The close interrelation between status, consumption and connoisseurship was not confined to China, as the *chinoiserie* craze of eighteenth-century Europe shows. As tea became a sign of gentility and respectability in the higher echelons of British society, serving the beverage became associated with other novel objects of conspicuous display—fine china porcelain tea ware

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gilded mahogany tea furniture, silver tea *espurgers* including tea caddy, teapot, tea-kettle, milk or cream jug, sugar bowl and spoon-tray.⁷⁹ China's opium utensils, likewise, were an integral part of the smoking ritual. The wealthier the smoker, the more expensive the material chosen, with exquisite jewels embellishing the pipe. Seduced by beautifully carved woodwork, illuminated by soft light intermingling with the smoke and the scent of opium, smokers experienced—according to enthusiasts—an intoxicating 'journey of immortality' (*shenxian*), a veritable 'ascent to the moon' (*dao yuezhong*).⁸⁰ The following observation in 1801 by Yu Jiao (1751–1820) is one of the earliest on record:

My friend Yao Chunpu has praised opium in front of me. He said that it is fragrant and sweet in taste: 'On a miserable rainy day, or when you feel down, light up an opium lamp on a low table, recline face to face, pass the pipe around and inhale. At first there is a sudden feeling of refreshment, one's head and eyes becoming very clear. Soon afterwards, there is quietude and profound well-being. After a while, one's bones and joints become extremely relaxed and the eyes heavy. This is followed by a gradual descent into slumber, and detached from all worries, one enters a world of dreams and fantasies, completely free like a spirit: what a paradise!⁸¹

In a period marked by social mobility and anxiety over class distinctions, the traditional attributes of the scholar—calligraphy, art, literature—were perceived as being less desirable than clear markers of social status: opium clearly contributed to this role.⁸² The ability to spend money on opium became a direct manifestation of wealth and status, while opium houses became known as 'money-spending holes' (*xiaojizhen*) where customers vied to outdo each other in the conspicuous consumption of the prized narcotic.⁸³ As the following account demonstrates, great amounts of money filled the pockets of enterprising opium house owners in the prosperous Jiangnan region:

Frequenting opium houses was as common as going to inns and teahouses. These places of entertainment possessed exceptional charm, and customers visited them as often as they could. In the most prestigious places, couches were made of red sandalwood, mattresses beautifully embroidered with soft cushions and pillows made of white copper. The servants were usually very attentive and took pride in making customers feel at home. There were also many peddlers who sold food all day long. Besides smoking, customers indulged in desserts and fruits, such as rolfée apples, Huzhou lotus rice and other fancy snacks. Some big spenders could smoke up to thirty or forty holders a day, an attraction exclusively for the rich, for whom the couches had to be exquisite. The same was true for the [smoking utensils]: rainbow-coloured bowls from the Yongzheng period, equipped with silver lamps, ivory pipes with translucent jade heads. How could anyone not be seduced by this experience?⁸⁴

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A committed opium user would, in competitive conspicuousness, become an 'opium connoisseur', connoisseurship being a carefully cultivated gentleman's art. Connoisseurs were defined not only by their expertise, also by their ability to spend considerable amounts of money in expensive opium houses on the highest quality of opium. However, the availability of cheaper opium also meant that narcotic culture was shared by less wealthy social groups, who had little more than an oblique relationship to the social attributes of elite connoisseurship. One disapproving observer also noted in the 1840s that 'everyone becomes fond of [opium smoking] and eventually succumbs to it. Together they have turned our Divine Land into a world of smoke. All good fields have now been cultivated with poppies, good homes display smoking utensils; all famous red light districts are lit with smoking houses.'⁸⁵

As opium smoking progressed down the social scale during the second half of the nineteenth century, it gradually became a popular marker of male sociability. It emerged as a vector of hospitality: the 'welcome smoke' (*yingshi*) offered to guests became an indispensable aspect of social etiquette, and failure to offer opium was considered a serious *faux pas*. Refreshments and tobacco would also be served, while the honoured guest reclined on a cushioned platform (*yukenang*), at times covered in auspicious red, in order to receive the pipe.⁸⁶ Discussions would be animated, while the elderly were allowed to drift into a light slumber, as one foreign observer noted in 1891.⁸⁷ Even among the less privileged, the example of the 'lonely smoker' was generally eschewed; smoking was a collective experience, an occasion for social intercourse, a highly ritualised event which set strict parameters for the consumption of opium. Either in public opium houses or in the privacy of one's home, opium would be smoked by friends while enjoying leisurely conversations or groups where the pipe was passed around. During the socio-economic changes experienced in the second half of the nineteenth century, opium and tea houses as well as alcohol-serving inns provided spaces of social comfort where even less privileged groups could meet and socialise.⁸⁸

Opium consumption and consumer taste

As we have seen, opium, just like tea, came in different grades which were marketed for carefully targeted social groups.⁸⁹ In order to suit the different tastes of consumer groups, raw opium was often refined. Opium from Yunnan, for instance, was turned into four varieties before being transported to the

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'Horsethite' (*maifeng*) was made of raw opium from the southeast of Yunnan; blackish-red and wrapped in bamboo leaves, it had the distinctive appearance of horse manure. However, it was considered the best of all domestic opium and was custom-made for the Guangdong market. 'Bums' (*baoru*) came second, consisting of raw opium from the west of Yunnan. Wrapped into characteristic oil paper, 'bum opium' was mainly sold in Sichuan, Hubei and Shanghai. 'Opium cakes' (*guzi*) resembled home-baked cakes and were dark in colour. This third type reached its target markets of Guangdong, Hunan and Guangxi and retailed in bamboo containers padded with bamboo leaves. The most affordable category was 'brick opium' (*kuaisi*), red or yellow, wrapped into rough paper and particularly popular in Hubei and Guangxi. Once reconstituted into the form of liquid or paste, dates, sesame seeds or other local specialities could be admixed to all four categories, while cutting the opium with even cheaper varieties was also common.⁹⁰ Although these alterations generally increased the profit margin of retailers, they were also frequently dictated by consumer demand. For instance, arsenic was occasionally added to opium since it gave a pungent edge to the smoke. A special variety of green tobacco from Beijing produced a similar effect and was extremely popular with consumers who liked the flavour.⁹¹ Despite the sophistication of China's internal opium culture, Chinese produce failed to make inroads into the Southeast Asian market. In British Malaya, Indian and Persian opium easily outsold Chinese varieties, at least unblended.⁹²

'Taste' and 'quality', reflected in the range of prices, thus became markers of social distinction, much as beer and wine appealed to different social groups in Britain. The upper rank of opium consumers—Manchu aristocrats, high officials and wealthy merchants—generally preferred to smoke expensive imports as well as the best domestic produce from Yunnan. An intermediate rank of consumers normally smoked the less expensive opium from Sichuan, whereas the lower rank, including labourers, performers, prostitutes and beggars, would be resigned to smoking dross (*yantui*), the residue left in the pipe after opium had been smoked. The outcome of this method was popularly known as 'dragon head dregs' (*longtou shai*) or 'dragon head water' (*longtou shui*). Though generally considered waste, it would be sold by most retailers to those who could not afford proper opium. Sometimes dross was recycled several times to satisfy the desperately poor,⁹³ much as 'spent' tea leaves in poor English homes were dried and reused, and 'donkey tea' made of burnt bread was sometimes substituted.⁹⁴ Dross was so valuable that in opium houses in Sichuan customers were only allowed to recycle the ashes if they paid 50 per cent more than usual.⁹⁵

Dross products accounted for nearly half of the opium smoked by the second half of the nineteenth century, an indication of how exaggerated some claims about opium addiction were. The exact morphine contents of dross, despised by connoisseurs as the opium for the poor,⁸⁷ can be ascertained. Dr O. Anselmino, who examined it for the League of Nations in the 1930s, was unable to reach a conclusion, since the content depended on smoking habits, the type of pipe used and the duration of each session; longer the prepared opium was burnt in the pipe, the less morphine remained in the dross: 'As it is scientifically unknown how much morphine is lost in prepared opium is smoked, it is not possible to indicate the average morphine content of dross.'⁸⁷ Dross was cheap and could often be found in opium houses for the poor, although even wealthy consumers preferred to blend stronger opium with ash in order to make the taste smoother. Chinese opium could be reused up to three times—this could not be done with Indian opium,⁸⁸

Good quality opium underwent no major changes during storage, except that it became gradually harder, whereas opium varieties that were too moist could become mouldy and lose their value. However, when kept free of impurities and well sealed in a cool place, opium paste could be stored for many years without losing its qualities.⁸⁹ When stored as a dense syrup in ceramic clay jars sealed with cork and beeswax, it could even improve considerably with age due to a process of gradual fermentation. In Shanghai, for instance, the better opium houses used to season their opium for three years in porcelain jars, adorned with auspicious characters such as *shou* (longevity), *fu* (good fortune) or *xi* (happiness), before serving it to their customers.⁹⁰ The price that opium could fetch depended on its origin, taste, consistency and age. As the following citation by a high-ranking member of the British-Indian government shows, matured prime quality opium from north-eastern India was a sought-after in nineteenth-century China as a rare bottle of exceptional vintage in Europe: 'The flavor and delicacy of opium excite as much attention in the East, as those qualities in the wines of France and Spain in Europe. A connoisseur will tell at a glance whether the dark juice in its earthen vessel is the produce of the poppy of Mundisore or Rudlam... It is only opium of the best quality which is fit for the China market. China takes the new and fresh opium, which is used in a liquid form. In India, amongst the wealthy, old opium is valued as much as old port at home, and for the same qualities, mellowness and softness. Opium of a good season and vintage 20 or 25 years old commands a fabulous price, and is only to be had in the houses of the rich.'⁹⁰ Because good opium could improve with age, it was an excellent investment

in periods of strong currency fluctuations, which were common in the nineteenth century.

The myth of the opium den

Social and economic differences between various consumer groups were expressed not only in terms of quality and price, but also through frequency of use and mode of consumption. Justus Doolittle, a medical missionary in Fujian, observed that 'officers, merchants, literary men, the wealthy, and generally all those who have their time at their leisurely disposal, buy the drug by the ball or in smaller quantity, and prepare it at their residences, where they smoke it whenever they please.'⁹²

Whereas the wealthy sought solace in their private gardens and mansions, opium houses, alongside temples, theatres and tea-houses, were the social venues for ordinary people. Opium houses were a far cry from the depraved and secretive 'dens' imagined by literary figures like Charles Dickens. W. Somerset Maugham, like so many other foreign travellers in search of the mystical East, was surprised to find that the opium house he visited was neat and bright, with clean matting in every room. Far from being the expected 'dope fiends', the customers were an elderly gentleman reading his newspaper, two friends chatting over a pipe and a family with a child. The atmosphere reminded him of the little intimate beerhouse of Berlin where the tired working men could go in the evening and spend a peaceful hour. Fiction, Maugham concluded, 'is stranger than fact.'⁹³ A League of Nations report dated 1930 observed that opium houses were often clean and tidy, failing to conform to the stereotype of the 'opium den' as a breeding place for crime and immorality... scarcely, even at their worst, more repulsive than the localities where the corresponding classes of the Western peoples consume beer or stronger alcoholic beverages.⁹⁴ John Blofeld, who entered an opium house in Beijing during the Second World War, was also surprised to find that 'it was nothing like the sort of hell I had pictured':

The Te I Lou was a hotel outside the Ch'ien Men which owed to Japanese protection its immunity from visits by the police. Equipped with baths, telephones, majong tables and several sorts of cuisine, it had become a nest of small opium dens (one to each room) where some people were said to pass the whole of each day between rising at noon and returning home at dawn to sleep. We entered a number of rooms each furnished with padded divans and the six to eight lamps necessary to accommodate about thirty smokers per room each day. Some of the customers we saw were busy cooking little pellets of opium over their lamps or inhaling clouds

of smoke from their heavy pipes. Others sat or lay upon the divans talking to another with the noticeable animation which opium-smoking produces in the evening. Those not ready yet for a smoke were seated at square tables in the margins of bending over delicious snacks brought in by hawkers or ordered in neighbouring restaurants. We saw very few people asleep or sleepy-looking, only two or three elderly and undernourished men resembled my previous observation of 'dope-friends'. In fact, I was disappointed to discover that, if the opium could have been substituted for the sweet and all-pervading odour of opium, the atmosphere would have been very much indeed like that of a London pub on Saturday night.¹⁰⁵

The saloon in nineteenth-century America, rather than the pub in Victorian London, might have been a better comparison (Londoners, after all, had a choice of entertainment venues, from the theatre to the music-hall). In a world lacking cheap restaurants, public lavatories, libraries or meeting halls, it was an oasis where prostitution, pornography, gambling, narcotics and local politics were all available to the male consumers.¹⁰⁶ Like the opium house, moreover, the saloon was an exclusively male preserve. Just as the saloon in America and the pub in Britain were important venues for male sociability, the opium house was a socially sanctioned place for male customers in search of recreation (*yiqing* and leisure (*yousi*)) in the second half of the nineteenth century.

Opium was rarely taken on its own. The paste was considered to be at its extreme *yin*-end of a balanced intake, and strong *yang* elements were ingested by customers to counterbalance it, mainly in the form of tea, food (meat shellfish, mushrooms, pumpkin, plant oils) or herbal tonics (garlic, ginger, cinnamon, wolfberry and schisandra).¹⁰⁷ Opium and tea in particular were ideal partners, as the beverage would quench the thirst created by opium and clean the palate. Food was served in most opium houses, from elaborate meals to simple snacks. During the late Qing smokers in the opium houses of Hangzhou liked to eat sweets, fruit and dim sum, while every smoking couch in the better establishments offered cakes and candies. Up to 300 such opium houses existed in Hangzhou in the 1880s, most catering to merchants from Ningbo and Shanghai.¹⁰⁸ Even in the 1930s, when prohibition forced many opium houses underground, almond tea was served to smokers in the morning in Changchun, followed by soy milk, fried doughnuts, cured meat and baked bread. Congee, chicken soup, dumplings, smoked beef, pancakes, fruits and candy were among the other delicacies served during the day.¹⁰⁹

Rock-bottom prices at the end of the nineteenth century meant that even the very poor could participate in narcotic culture. Reports from Hangzhou described the cheapest type of opium house as open round the clock, equipped

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in spartan fashion with iron couches and straw mattresses, and acting as a magnet for homeless migrants and rising gamblers. Such opium houses provided many of the poor with a temporary home, bath facilities and the opportunity to eat.¹¹⁰ A good example from the twentieth century is the Heng Lak Hung in Bangkok, which in the 1950s was the largest opium house in the world: in this self-contained universe, 5,000 permanent boarders enjoyed their opium, accommodation and a frugal meal, all at less than half their normal day's pay; they left in the morning for work and returned in the evening, when they straggled to underpants and slippers for a couple of hours of leisurely smoke before falling asleep on the plain wooden floors of their cubicles.¹¹¹ Opium houses in the nineteenth century fulfilled a similar role, as the treaty ports began to benefit from foreign transport and banking, attracting a massive influx of labourers in search of a temporary home. On the other hand, the decline of the rural economy, a series of natural disasters which made millions homeless, and the impact of the mid-nineteenth century rebellions forced many displaced people to seek refuge in the burgeoning cities of the coast. When the opium houses were closed in the wake of the prohibition movement in 1906, many poor people lost their homes. In Shanxi province, Samuel Merwin noted that many of the poor were homeless: 'I was calling on one of the foreigners in Tai Yuan-fu and found a beggar lying on one of the door-steps, with his pipe and lamp all going. I asked him why he was there, and he told me he had nowhere else to go, now that the smoking dens were all closed, and that he had to find some sheltered nook where he could have his smoke.'¹¹²

Opium houses were sites of male sociability, women generally smoking at home, although in much smaller numbers than men. There was no gender distinction where the medical uses of opium were concerned, and men and women alike intermittently resorted to the pipe as a palliative for a range of ailments. However, in wealthier circles smoking was an acceptable pastime for women gathered together, as demonstrated by Mrs Little, who visited a gentry house and observed that she was asked into the bedrooms of the ladies to smoke opium.¹¹³

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Even if the poor worker and the wealthy merchant both participated in a flourishing narcotic culture, the uses of opium could vary significantly from one social group to another. Social elites may have regarded opium houses as suitable locations for intimate chats of business meetings, but the poor often used them

as cheap hostels to spend the night. Opium houses welcomed the many poor of the late nineteenth century, providing not only affordable accommodation but also some relief from misery, diversion from boredom (*jimen*) and escape from anxiety (*xingjiao*): 'When those who struggle to survive a life of hell are to inhale a little opium, they immediately forget all the pains and miseries of life.'¹¹⁴ Opium also provided an escape from the strains of working-class Victorian England: 'Men reverted to it to calm their fears of insecurity and poverty, to kill memories of long hours at the loom, the coal face or the plough. Women took it to numb the grinding poverty in which they lived and work struggling to raise a family and feed a husband.'¹¹⁵

Opium in China served as a refreshing tonic for hard-working men and women, including government runners, rickshaw pullers, factory workers, and female entertainers, often on the job for long hours throughout the night. Workers could take opium to stay awake (*fishen*) at night, while labourers throughout Southeast Asia used it for refreshment.¹¹⁶ European travellers reported that after half a day's hard work Chinese coolies would rest and inhale a few puffs, then return 'refreshed' to work for several more hours.¹¹⁷ Even in Shanghai the manager of a tannery employing 200 workers who was recruited indiscriminately and paid enough to afford opium noticed that they were never unfit to work.¹¹⁸ Opium smoking was a habit carefully managed by users as an aid to hard work. Many prepared their pipes as a 'pick-me-up' before carrying on with their daily chores and enjoyed opium in moderation.¹¹⁹ Even when their meagre earnings hardly sufficed to buy a meal, luggage carriers in Yunnan often preferred an invigorating whiff of opium to more food at the start of their long working day.¹²⁰ When opium smoking was effectively prohibited after 1906, thousands of poor salt miners were—at least temporarily—unable to continue with their work;¹²¹ many had used opium either to induce sleep (*zaimian*) or to keep themselves awake in order to burn the midnight candle.

Opium was also used as a hunger-suppressant, akin to coca in Peru and Bolivia: it had the power to dull fatigue and silence hunger, and alleviated the misery felt by workers in strenuous occupations, from rickshaw pullers to miners.¹²² In Canton opium smoking was one of the favourite and most affordable pastimes among rickshaw pullers, although many other labourers in the city also used it to lessen the pain of prolonged toil, keep the body warm and allay hunger.¹²³ As Virginia Berridge has noted about Chinese immigrants in London, 'opium smoking was an aid to hard work, not a distraction from it, and smokers managed to combine their habit with a normal working exist-

ence.'¹²⁴ When the poor used opium to suppress hunger or kill pain, foreign observers critical of the substance often confused the symptoms of addiction with those of starvation, which marked the countless famished paupers produced by the mid-century rebellions. Many wealthy consumers, on the other hand, tended to smoke far more than the poor could ever afford, although they lived to a ripe old age. Some of the best studies which questioned popular notions of 'drug addiction' appeared in Europe and the United States during the first decades of the twentieth century. A captive prison population of drug users was closely examined for the effects of sudden withdrawal.¹²⁵ Dr Ayres, chief surgeon of the colonial administration in Hong Kong, had already used medical statistics from Victoria Gaol in 1889 to reveal that 'There were no deaths among them, and no cases of cholera occurred among them, enfeebled as though they are said to be by this said-to-be pernicious habit'. He charted the changes in body weight of all inmates during their time in gaol: habitual smokers reacted to the dietary regime in the same way as prisoners who had never used opium. Dr Ayres concluded: 'This habit in itself appears to me to be perfectly harmless. In conjunction with women, wine, late hours and gambling it is very possibly injurious, but in this case "it is not in it", to use a slang phrase.'¹²⁶ When opium was taken in excessive quantities, it was generally ingested deliberately to commit suicide.

Opium and suicide

Foreign medical experts such as William Lockhart observed that the swallowing of opium, along with more traditional methods such as hanging, drowning and the use of arsenic, had become one of the most popular ways of committing suicide in China.¹²⁷ Medical missionaries were well aware of the use of opium for such purposes, since it had topped the list of favoured suicide poisons in Britain in the second half of the nineteenth century.¹²⁸ Although opium poisoning had been known for many centuries in China, the vast expansion of narcotic culture in the nineteenth century transformed it into a relatively widespread means of suicide. Opium, in turn, was partially displaced by other products of modernity in suicide attempts by the end of the century, in particular rat poison, 'Ningpo Yarnish', bed bug powder and phosphorus matches.¹²⁹ Several decades later, as the Lester Chinese Hospital observed in 1929, the number of patients using opium to commit suicide further decreased in a climate of opium prohibition, as many turned instead to synthetic drugs, including veronal, adalin and medinal, all comparatively cheap

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NARCOTIC CULTURE

and easy to obtain: 'One can quite well prophesy that if and when opium made really difficult to obtain, these other drugs will be so much more that some form of legislation against them will be found necessary.'¹³⁰

Specific case histories illustrate the range of motives behind attempts with opium. One patient at a mission hospital in Shanghai had poisoned himself with a large dose of opium because he had lost all his business and was too ashamed to face his partners. Apart from loss of face, gambling and family pressures were behind many suicides. One woman told her husband so much following an argument over the way she had trimmed the oil lamp that she took revenge by swallowing a large dose of opium. Even housewives who were fully dependent economically would have their coppers it took to purchase a potentially lethal amount of raw opium.¹³¹ October 1866 a Jiangsu widow refused to remarry after the death of her husband. Following intense pressure by her stepmother she took an overdose of opium to join him.¹³² When Bao Tianxiao compiled his memoirs, he observed that in his native Suzhou those who killed themselves by eating opium were mainly married women. During an upsurge of opium poisonings in the 1870s and '80s, a charitable emergency service was specifically set up to deal with the problem.¹³⁴ Even among high officials and their families, suicide by taking opium was not unknown. A foreign medical officer reported a case involving the three sons of a former magistrate resident in Shanghai. After suffering the effects of financial recklessness, all three ended their own lives by swallowing raw opium.¹³⁵ As opium was also openly available in Europe, even Qing envoys would occasionally resort to it to kill themselves while on missions abroad. In 1886 while on a diplomatic visit to England a senior official, Kong Zhaogang became increasingly jealous of his colleague Liu Qitong, and when the latter received orders to act as chief representative, Kong became estranged from the group, showed clear signs of madness and eventually swallowed half a jar of raw opium.¹³⁶

Practitioners of traditional medicine in China were also familiar with accidental or intended opium poisoning and tried to develop antidotes. Imperial manuals recommended animal fluids and excretions to be forced down the victim's throat to induce vomiting. The body would then be drenched in cold water, the mouth forced open with the help of chopsticks and the patient led to recover protected from direct sunlight.¹³⁷ Medical missionaries used modern methods with the same objective but would resort to more scientific means to achieve recovery: hot infusions of coffee and potassium permanganate as well as injections of atropine sulphate were administered to make the

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victim regurgitate the poison. Cold water, artificial respiration, washing out the stomach and the forced walking of patients were also common.¹³⁸ To the amazement of some foreign doctors, many of those who had been brought back from the clutches of death were far from grateful. Some refused to accept medical help: '[The victim] was much incensed at the trick that had been resorted to, and he thereupon flatly refused to assist me by swallowing water to wash out the stomach more completely.'¹³⁹

Some smokers suffered health problems from the chemical substances blended into the opium paste. In order to maximise profits, wholesalers and retailers could mix opium with dross or herbs, jujube paste, pork rind, tobacco, arsenic and mercury.

Other adulterants were poppy heads and petals, dried fruit such as figs and apricots, turpentine, gum, stone, lead, clay, sand, soot, cow dung, flour, betel nut, powdered charcoal, dyes, liquorice, husk, and other mucilaginous, albuminous, farinaceous and saccharine substances.¹⁴⁰ Adulteration of opium also became a major problem in Victorian England, explaining why opiates often featured in the poisoning statistics.¹⁴¹ On the other hand, reputable opium houses and private households in China often refined their own paste from raw opium purchased through a reliable supplier, not only to ensure that the smoking mixture was blended according to their consumers' requirements and tastes, but also to remove the adulterants which might have been added.¹⁴² Patina opium was the exception: produced under government supervision to a standard degree of purity, it was famous for its consistent quality.

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'THE BEST POSSIBLE AND SURE SHIELD'
OPIUM, DISEASE AND EPIDEMICS (c. 1840–1900)

The last chapter noted that smokers generally controlled their intake and were unlikely to feel any involuntary compulsion to increase the quantity or frequency of their doses. Smoking was a complex social ritual with inbuilt restraints on the amount of opium which could be consumed, and had no serious consequences for the health or life expectancy of the vast majority of users. However, merely to argue that the physical consequences of moderate smoking were innocuous at best would not be sufficient to debunk the opium myth. Opium was primarily a painkiller. As Virginia Berridge noted for nineteenth-century England, opium was a medical panacea for many working people before modern synthetic medications became available.¹ The chief motive for smoking opium in China was self-medication: to reduce pain, fight fevers and suppress coughs. Opium was an effective cough, a respiratory depressant, an antitussive, an analgesic, an antispasmodic and a febrifuge. The lowering of the cost of opium in the nineteenth century allowed ordinary people to relieve the symptoms of endemic diseases such as dysentery, cholera and malaria and to cope with fatigue, hunger and cold. Nothing was more effective than opiates in treating diarrhoea.² Opium was our medicine, it was all we had, one ex-Guomindang soldier told interviewers in Thailand.³

Thomas Szasz has argued that the demonisation of opium was made possible only by the commercial production of acetylsalicylic acid (i.e. aspirin) in the 1890s.⁴ However, aspirin remained beyond the reach of most working people in China well into the second half of the twentieth century, and opium retained its

overwhelming importance as a painkiller. As an American delegate to the International Committee on Combating Drug Trafficking, he was elected to the committee in 1934. China is a country which does not produce opium, but its dependence on opium may have been problematic for a minority of its population with personal or social problems. Its medicinal use was a considerable benefit before the advent of affordable alternatives in the Second World War.

Opium as a medical panacea

Opium has been used since antiquity as a panacea for common ailments, and also thought to have been instrumental in sleep therapies.⁶ Arab traders and scholars built on existing knowledge and helped popularise opium in China and medieval Europe, where it was known under pseudonyms such as theriac, mithradatum or philonium. The physician Paracelsus (1493–1541) who introduced the use of medications made from minerals including sulphur, mercury, and antimony, popularised 'laudanum', a solution of opium in wine and alcohol. This became common in parts of Europe during the eighteenth and nineteenth centuries, in particular as a form of self-medication by those unable to afford expensive medical fees.⁷ Opium-based medications were used throughout England to treat a variety of illnesses and as a general tonic for weak people. By the farming populations of the Fenlands around Norwich in Cambridge, where rheumatism, pneumonia and 'miasmatic diseases' were widespread, opium was used against the physical effects of pervasive damp. Medical opinion did not turn till the very end of the nineteenth century, coinciding with intense public pressure from the abolitionist movement.⁸

In imperial China sources usually refer to the opium poppy as *yingzhi*, whereas the now commonly used name *yapian* is thought to be derived from the Arabic word *afyuan*.⁹ As early as during the Tang (618–907), opium capsules were being imported on Arab ships and along the caravan routes linking China with Central Asia and the Mediterranean. Travel accounts of the period bear witness to fields of the poppy plant (*yingzhi*), while the poppy was mentioned in an official pharmacopoeia (*bencao*) in 968.¹⁰ During the Song (960–1279), capsules of the opium poppy (*yingzhi*) were used for curative purposes. The soup made from them was highly regarded for cleansing the mouth and throat and for benefiting the lungs and digestion; it was also taken by the elderly and infirm.¹¹ Poppy soup was noted by travellers as a remedy against diarrhoea in Sichuan.¹² The opium capsule was cleaned, its outer skin removed, then dried in the shade, sliced and soaked in rice vinegar or honey. It was ab-

used in the treatment of anal prolapse and coughs, as well as for the relief of pain.¹³ The eleventh-century *Bencao jing* (Illustrated materia medica) elaborated that the major medicinal property of opium was to alleviate 'bad heat' (sore), treat stomach trouble (sore) and to relieve blockages in the respiratory system (*sanbi*). However, opium could upset the functions of the bladder (*pingguang*) if taken in excess.¹⁴ The Yuan (1279–1368) physician Wang Gai promoted a formula known as *Sanmen san* (sanbar powder), containing poppy capsules, Chinese angelica and root of sanguisorba, to treat infections, abdominal pains and diarrhoea, as well as heavy bleeding through dysentery or vaginal discharge.¹⁵

During the Ming (1368–1644), the *Yiyao jianfeng* (Collection of prescriptions from the Imperial Medicine Bureau) cited opium in nine different formulas, including pills against stomach problems (*huanchang wan*), soporifics (*anmian san*) and powders for soothing the lungs (*ningfei san*).¹⁶ The *Yilinjiào* (A collection of major medical treatises, 1488) by Wang Xu, a former military official posted in the empire's western fringes, gave a detailed account of the methods of producing opium, and among its medical merits cited its effectiveness against dysentery.¹⁷ The opium poppy was further popularised through preparations such as the 'golden elixir pills', recommended in Li Shizhen's (1518–1593) *Materia medica* against bowel disorders and as a general tonic.¹⁸ Li Shizhen also suggested that poppy capsules could be used to treat diarrhoea, anal prolapse, seminal emission, coughs and as an anodyne, while a late Ming account compares opium to the 'immortality medicines' (*danyao*) of Daoist alchemy.¹⁹ Xu Boling traced the origins of medicinal opium in China to both the sea route via the coastal provinces and commerce along the trade routes of Central Asia:

A remedy known as *hefangong* has been produced in several countries overseas and in central Asia. It is also known in China as opium (*yapian*). It looks like myrrh, is dark yellow, pliable but strong like beef tendons [i.e. glue] and smells of horse. It is bitter, hot and can be poisonous. It is used as an aid to sex stamina (*zhu yangqi*), can strengthen the male fluid (*zhu yangjing*) and restore the qi. Experts of esoteric arts and courtesans who practise the art of the bedchamber often take it. It can also cure chronic diarrhoea and deficiency of primordial qi. It should only be used occasionally and one should not exceed three doses. If taken in excess it can cause severe boils and crusty sores, as well as heat disorders. It is as lethal as sulphur and red lead, and can lead to more body heat and dryness than *stryx liquidus*, *herba cynomaria*, powerful than many other drugs, including rhizoma curculiginis, *herba cynomaria*, hairy deer horn, dragon bones and dodder seed. During the nineteenth year of the Ming Xianzong period [1483], an imperial edict was issued ordering rich mer-

chants to buy and collect the drug from overseas via Hainan, Fujian, Zhejiang, Sichuan, Shaanxi and areas bordering central Asia. It is as valuable as gold.

Fang Yizhi (1611–71), on the other hand, remarked on the custom of preserving opium paste in jars sealed with paper. Once the paper of the imperial clan, opium seems to have reached a wider market with the arrival of imports from India, mainly as a popular remedy against dysentery as an alleged aphrodisiac (*fengshang yao*).²¹ Eighteenth-century manuals, such as the *Jiyao bangfang* (A collection of good remedies, 1724) also listed preparations to cure typhoid fever (*shanghan*), plague (*wenyi*), heat, headache, fever, vomiting and diarrhoea and stomach pains. Opium remedies were designed in accordance with medical tradition, e.g. for controlling 'fiery fluids' (*qing*) and preserving 'vital energy' (*baoyang*), for 'warming' organs, muscles and joints (*nuanshen bujiaoxi*). The application of opium plaster to the navel could expel chills and prevent physical decay.²² Q scholar Shen Zhongyan even saw the poppy as the only comfort for the poor and misery.²³

Even after the first Sino-British War (1839–42), opium continued to be classified as a 'medicine' (*yao*), for instance by the celebrated scholar Zhengxite in his essay on the substance. Commenting on its important role in traditional medicine, Yu further observed:

[From] various translations of documents and from the Tongwenguan collection [we] know that in the Ming period opium was a royal gift, as well as a popular medicine. In China opium has been known as *wuziang* (black incense), or *niqun* (black smoke), although originally it was known as *yapian*, *apiyan*, *yarong*, *afim*, or *hefaning*, terms common in a variety of texts from the Ming onwards.²⁴

Opium was thus an important component of medical culture in imperial China, prescribed by experienced practitioners and popular for self-medication well before the spread of a smoking culture.

Some medical observers, however, also recognised its toxic properties, encapsulated by the term *du* or 'poison'.²⁵ As early as 1515, the well-known physician Li Ting warned that opium ingested in its raw state 'can kill like a sword, and needs to be taken in moderation'.²⁶ According to traditional medicine, medicinal herbs contained *du*, which was frequently used synonymously with *yao* (medicine).²⁷ However, for most of the late imperial period the benefits of opium were thought to outweigh its potential harm, which resulted from excessive use. The principle of moderation also applied to other 'poisonous' substances such as arsenic and mercury, commonly prescribed by physicians for pain relief and longevity. Furthermore, once a substance such as orange peel, black

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peaches, vinegar or honey had been added, it was thought that the toxic properties of opium could be effectively checked. The side effect of indigestion could be alleviated by blending the opium with the 'four noble medicines' of ginseng, astragalus alba (*baishao*), China-root and liquorice.²⁸

The spread of affordable opium titrated in small quantities thanks to the sophisticated mechanism of the opium pipe allowed even the most disadvantaged to benefit occasionally from the medical panacea in the nineteenth century. Even with the gradual spread of more modern medical facilities in the first half of the twentieth century, opium continued to be used for medical reasons by a majority of smokers. One of the few precise studies available indicates that digestive problems accounted for almost half of all the 359 cases of medical smoking examined in Taiwan in 1907–8 (44.3 per cent on average, but 88 per cent for women), followed by respiratory difficulties (30.4 per cent), and diseases affecting the genito-urinary organs (8.3 per cent), the nervous system (8.3 per cent), acute fevers (4.8 per cent), motor functions (3.1 per cent) and the circulatory system (0.9 per cent). People living in isolated parts of the island where no medical facilities were available would regularly resort to self-medication through opium smoking.²⁹

Even in the large cities of China, opium often remained the cornerstone of self-medication in the absence of effective and affordable alternatives. The North Shanghai Addiction Treatment Hospital compiled statistics for 1,000 patients in 1935, of whom nearly 90 per cent cited health concerns as the main reason for taking opium or heroin. One in three took up opium smoking to relieve digestive problems, including gastric diseases and stomach pain. Coughs and haemoptysis (spitting blood) were also important reasons for reaching for the pipe; other studies mentioned stomach troubles, rheumatic pains, tuberculosis and malaria as the conditions for which opiates were most commonly taken. While poor health may have been regarded by some patients as a socially acceptable reason for smoking, the figures nonetheless reflect the overwhelming importance of opium as a painkiller, particularly in the absence of aspirin.³⁰ Experts in detoxification in Java acknowledged in 1930 that 80 per cent of smokers used it for medical reasons and further considered that total abolition was impractical 'because for the relief of suffering we have not yet been able to procure a substitute for opium and its derivatives'.³¹

Prophylactic smoke and infectious diseases

Among the medical reasons for the popularity of opium was its imagined or genuine efficacy against the infectious diseases which destroyed countless lives

in late imperial China. Fevers³⁵ were endemic in the sub-tropical southern China, and opium was considered an unrivalled remedy for epidemic of cholera (*cholera*), causing painful diarrhoea and blood stools, also reached China between 1817 and 1822.³⁵ Cholera arrived in the opium: from India via the Straits Settlements to Canton, and further following established opium trading routes.³⁴ It may be a mere coincidence that opium and cholera proliferated in China in the same period—the some extent the result of a greater mobility of people and goods in an globalisation—but the use of opium by ordinary people was certainly encouraged by the epidemics which devastated parts of the country in the nineteenth century. Opium had long been recommended by European practitioners, as Jacobus Bontius, a Dutch physician serving in Batavia, who wrote, as in 1629 that the substance was indispensable in the treatment of cholera, as well as dysentery and tropical fevers.³⁵ Opium was also preferred by medical officers practising in India, despite long-running controversies over its use. Local people took it as an antispasmodic to ease the cramps of cholera,³⁶ and colonial medical officers with practical experience in India and China³⁶ by ointments and infusions containing opium.³⁷ As late as 1927, renowned medical journals in Britain argued that opium administered at an early stage often prevented the full eruption of cholera, and these reports were duly noted in China.³⁸

These remedies were not restricted to medical missionaries and colonial authorities. In China, Zhu Mengmei noted, ordinary people saw opium as the only effective cure against cholera.³⁹ The use of opium in fighting the infectious intestinal disorder was even defended by ardent opponents of opium. Fengbin, a keen crusader against narcotics in the 1920s, prescribed an alcoholic mixture containing opium, camphor and mint.⁴⁰ Combinations of opium, camphor and sugar were also commended by Chen Xingzhen in his popular *Self-Medication Against Cholera* (1926).⁴¹ Besides its febrifugal qualities, opium's analgesic properties were widely appreciated, and the efficacy of opiates as a remedy for digestive disorders was recognised even in modern chemical handbooks used in anti-opium campaigns.⁴²

Leprosy and typhoid were also common infectious diseases, and liable to be endemic in places where adverse climatic conditions and poverty coincided. Even Shanghai, bastion of modernity during the late nineteenth century, was a hotbed for epidemics due to the combination of hygienic and climatic conditions. Perhaps unaware that much of contemporary Europe lived in similar conditions, Alexandre Duburquois, medical officer for the French navy, stated

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that Shanghai was 'not a place for European ladies and children, since it was built on the alluvial silt of the Yangtze, source of miasmatic infection,'⁴³ which accounted for more than 70 per cent of all deaths in the hospital of the French Concession in the 1860s.⁴³

In such conditions foreign physicians also had recourse to local methods, including acupuncture and opium medications. Similar to laudanum and belladonna in contemporary Europe, opium was usually administered in combination with alcohol and aromatic oils or essences to combat fevers and dysentery.⁴⁶ Some foreigners also observed with interest the practice of inhaling opium, as prescribed by local physicians, against rheumatism and malarial fever (ague).⁴⁷ Both foreign and local practitioners commonly added arsenic to opium against malarial symptoms, for calming gastric and abdominal problems, and, ironically, to relieve the symptoms of arsenic poisoning.⁴⁸

Opium was also administered to lepers in the nineteenth century, if only to alleviate the side effects of this chronic infectious disease. British colonial surgeons often transferred experience gained in India to the China field. N. H. Choksy, a medical officer in charge of the Homeless Leper Asylum in Matunga (Bombay), argued in the *China Medical Missionary Journal* that

none of the patients had taken the drug for mere luxury. The principal reasons assigned by them being—diarrhoea, dysentery, colic, chronic cough, fevers, pains of anaesthetic leprosy, and as a hypnotic. The drug, they said, had certainly prolonged their life and made their existence less miserable, besides acting as a prophylactic against bowel complaints. When admitted into the asylum, these opium habitues had a better physique than their less fortunate brethren in distress.⁴⁹

Dr Choksy had few qualms about recommending the supervised eating of opium, since it alleviated the sufferings of the sick in his care, without any apparent problems. Soothing the suffering of potential converts had been one of the pillars of the medical missionary movement. For most of the nineteenth century, opium was therefore seen as a permissible, if not recommended, panacea for sufferers from a variety of debilitating diseases.

One of the most feared epidemics of the late imperial period was the bubonic plague, popularly known as the 'rat disease' (*shuyi*). Transmitted during the rice planting season in the south of China, the plague could also affect areas of the drier north, as it did Beijing in 1792–3. Plague spread in China during the nineteenth century, coinciding with the expansion of maritime culture. By the end of the century a major epidemic had ravaged populations in Guangdong, Guangxi, Fujian and Yunnan.⁵⁰ The rapid spread of the plague was closely linked to the increased movement of soldiers and traders,

who carried the bacterium along the interregional opium routes.⁵¹ In the twentieth century smokers in some parts of the country thought they could protect against the plague. Wu Liande, the official head of the Manchuria Plague Prevention Bureau, reported a widespread belief that opium acted as a prophylactic or a remedy against plague, so much so that some non-smokers were induced to take it during an epidemic. For example, an opium house kept by a Japanese woman in the Dalañor colliery was lately visited in 1921 by miners to protect themselves against the plague.⁵²

The smoke generated by the burning of incense, moxa, realgar, arsenic, sulphur or trisulphide, opium and tobacco produced a considerable shield against the host of epidemics such as the plague. Belief in the prophylactic virtues of scent and smoke was widespread in imperial times, and sulphur was commonly burnt in pots to emit fumes against epidemics. During the late Qing solutions of carbolic acid were even pumped in diluted form from newly imported machines to saturate the air with its pungent (called *shidansuan*). In cases of plague, people would light fire-crackers at their courtyards, hoping that the smoke would drive away their invisible enemies.⁵³ More 'modern' ways of fumigation followed in the republican era, as coffins of plague victims being burnt in kerosene in order to expel 'scientifically' the plague demons.⁵⁴ However crude such defensive measures may be to us, they may have helped in curbing the presence of insects and rodents. A puff of smoke in the evening was in itself a relatively effective measure against fleas and mosquitoes, as even staunch opponents of opium had to agree: the medical missionary W. H. Park, who considered opium a 'poison', conceded that he had never seen a case of malaria in an opium smoker.⁵⁵ The following paragraphs will examine more closely the link between malaria and opium.

Opium, narcotine and malaria

Humid, badly drained tracts of land had long been the object of health concerns in Europe. Roman observers visiting Britain noted the island's noxious 'humours', while Athenian surgeons commented on epidemics caused by heat, humidity and putrefaction. The naturalists of the Enlightenment drew on this classical knowledge in devising 'scientific' explanations for the diseases arising out of 'bad air' (*malaria*).⁵⁶ Following epidemics in Italy towards the end of the eighteenth century, this term was quickly adopted in the rest of Europe.⁵⁷ Malaria could be encountered in the rural tracts of Holland, Rhenish Germany and southern England,⁵⁸ but colonial expansion made the need for

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prophylactic medicines even more acute, since it was believed that Europeans in the colonies were more prone to malaria than the 'natives'.⁵⁹ This was partly explained as a consequence of perennial exposure to the most powerful types of malarial diseases, but also in part to the precautions taken by the indigenous populations against contagion. Popular prophylactics included fortified wine, juniper, mercury and arsenic, revilled by the New World imports of coffee, tea, and tobacco.⁶⁰

Tobacco also became popular in China as soon as it appeared in the late sixteenth century. The imperial army of the late Ming, during an expedition to Yunnan, was being reduced by marsh fevers—apart from one barrack block where all the soldiers were smoking tobacco. News of the medical properties of nicotine spread and prompted many ordinary people to start smoking.⁶¹ In the hot, humid summers of the south, tobacco fumes were seen to be useful in fighting off 'miasmatic diseases'. In Yunnan the local population used tobacco smoke and water to keep poisonous snakes away. While their caravans rested at night, travelling merchants would light up water pipes filled with tobacco, and the remaining water would be spread around the site.⁶² Tobacco was also widely used as a disinfectant, and its smoke was thought to have a beneficial influence on the mind.⁶³

Before the advent of tobacco, betel nut was chewed by some population groups to ward off malaria. Zhu Gong, who served as a local official in southwest Human province in the eighteenth century, mentioned that the Miao chewed the leaves of the betel-pepper with the betel nut and lime as a recreational drug.⁶⁴ Tian Wen observed in the *Book of Guizhou*: 'When people encounter these conditions [of malaria] they hurriedly lie face-down on the ground, or chew betel nut, or else hold a piece of local sugar cane in their mouths, which gives them some chance of escaping.'⁶⁵ Du Zheng also recorded that travellers carried betel nut as a prophylactic.⁶⁶ Although evidence of the use of betel nut in the eighteenth and nineteenth centuries is lacking, it was probably superseded at least in part by tobacco and later opium in the fight against malaria.

Opium is a complex substance with dozens of alkaloids which have different pharmacological properties. Two in particular attracted the attention of nineteenth-century physicians: 'morphine' and 'narcotine', originally named 'narcotine' by its discoverer Derosne. While the former supplies the anodyne and hypnotic properties of the drug, narcotine is known to act as a palliative, abating the effects of malarial fever. The proportion of morphine and narcotine varied according to specific types of opium. Turkish (Smyrna) opium was

comparatively rich in morphine (12–15 per cent), whereas Indian (the Benares, the most popular imports in China, had extremely low morphine content (2–3 or 4 per cent), Chinese opium also yielded low percentages of morphine (2.5 up to nearly 7 per cent), but in some cases contained up to 10 per cent of narcotine. The modest morphine content of opium types available by the majority of smokers can be seen as one of the factors for the relatively low rate of dependence among them. Opium types with high morphine were generally not imported into China (Turkish, English, French, German and American produce could contain as much as 20 per cent of morphine).⁶⁵ The smoking of narcotine-rich Indian opium in modern times was therefore highly commended by European observers such as H. N. Lay, formerly a customs official at Canton. Without it, Lay concluded, the water-bound populations would simply disappear.⁶⁸

European physicians, clerics and public figures may well have questioned the tendency towards habit-forming, but the moderate use of opium almost never queried.⁶⁹ Narcotine had gained a good reputation in India in the 1830s, when supplies of the potent anti-fever drug quinine were falling. Quinine, naturally present in the bark of the cinchona (also known as 'Jesuit bark'), needed to be imported from the Andes, its only natural habitat before being planted experimentally in the hills around Darjeeling.⁷⁰ Since bark required costly processing, quinine was extremely expensive and could not be synthesised before the twentieth century.⁷¹ The British medical administration therefore established experimental laboratories at Ghazipur and Parma, from which narcotine was despatched to medical depots throughout India.⁷² Colonial surgeons preferred the remedial powers of the cinchona bark, and quinine soon became the preferred cure against malaria, cholera and other 'miasmatic' diseases.⁷³ The rise of quinine shadowed the gradual decline of opium as the favoured remedy against fevers, the continued use of which among non-European peoples was observed with increasingly condemnationary comments.⁷⁴ However, this coincided with common practice in Europe: laudanum was openly available in shops in rural England, a business which provided trade for up to 26,000 shopkeepers.⁷⁵

Until the first decades of the twentieth century opium would still have staunch following among the medical community, being prescribed in particular in those wretched situations of combined poverty and disease, when habitual opium eaters in Bengal enjoyed remarkable immunity from malarial infection.⁷⁷

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Medical opinion was corroborated by medical practices among a variety of social categories in late imperial China, starting with government officials and the army. Malaria had long presented a serious threat to Qing officials posted in the south of the empire, and the high mortality rate for local representatives of the government was such a concern during the Qianlong period that magistrates who had survived an initial three-year post without any serious health problems were asked to extend their duties by another term. Similar precautions also existed in the army,⁷⁸ and soldiers often smoked opium before long marches to escape miasmatic fevers.⁷⁹ Various reports and diaries from army officers suggest that opium was used by soldiers in southern China to relieve a whole range of illnesses.⁸⁰ It was also used in the imperial army to maintain morale on military campaigns.⁸¹ In the provinces of Shanxi and Shaanxi, the imperial army was a major vector for the spread of opium smoking after the 1860s.⁸²

Opium was also embraced by ordinary people as a fever suppressant in various parts of the country. In Hong Kong the local population was so convinced of the medical efficacy of opium that many would attach small plasters to their temples to act against headaches.⁸³ The same practice was reported by a senior medical official based in Xiamen.⁸⁴ Yan Shek-tsim, a shop owner in Canton and experienced smoker, even explained that the local farmers had extolled the virtues of the substance not only in alleviating rheumatism, but also in warding off malaria and fever.⁸⁵ One foreign resident in Canton was assured by his local friends that it was smoked not only 'for amusement' and 'to welcome guests', but also against malaria. Smoke was deemed all-important, and it was stated that 'Birdseye and manilla cigars have the same effect'.⁸⁶ According to vice-consul F. S. A. Bourne, opium was 'universally regarded as a prophylactic against malaria' in the south of China.⁸⁷ Alexander Hosie, travelling through Guangxi in 1883, took three teaspoons of quinine daily, while the locals smoked opium to protect themselves from malaria.⁸⁸ An anonymous French missionary who had lived in Canton for thirty years even remarked that opium smokers suffered less frequently from illnesses than those who abstained. Those who did not smoke ingested opiate-based pills instead.⁸⁹ Dr Alexander Rennie, a medical practitioner in Taiwan who was critical of recreational opium smoking, commended its use against feverish and rheumatic malaria. In cases where a painful death seemed certain, he thought it cruel to deny his patients the anodyne qualities of the drug.⁹⁰ It was generally assumed that labour-intensive work in rice paddies and sugar plantations in the malarial districts of the island was little short of impossible without

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opium—an argument opium proponents seized upon when the new rulers began to phase out its use.⁹¹

Even in the north of China opium was thought to have febrifugal and tonic virtues. John Dudgeon, who had little direct experience of opium, observed that opium 'seemed prophylactic' and alleviated its symptoms 'in the absence of skilled physicians': it was used by a great number of coolies in Beijing to relieve pain.⁹² Henry Coakburn, a British official in China, commented on the similarities between smoking patterns in Europe and opium superfluous, while the Chinese faced the alternative between tobacco and the effects of opium.⁹³

Chinese labourers earning their living in malarial regions of Indochina and Southeast Asia usually took the habit of opium smoking as a prophylactic measure with them. Provided they remained physically active and well-nourished, it was no immediate threat and could be regarded as a 'legitimate' luxury.⁹⁴ At least half of the labourers blazing the trail for the Burma Road during the early 1940s relied on opium smoking for its antispasmodic and analgesic effects.⁹⁵ Malnutrition, beri-beri, malaria and other subtropical diseases immobilised up to one-third of the workforce, many of whom remained a constant opium stupor. Whether to dull pain or to fight a range of illnesses endemic to this part of Asia, poor workers embraced opium with its course of anti-malarial prophylactics (quinine pills containing atabrine) distributed by the company twice a week.⁹⁷ In the absence of the medical advances of the twentieth century—synthesised quinine, aspirin, penicillin—opium smoking continued to be simply 'the best possible and sure shield against malaria.'⁹⁸

Opium as a social aphrodisiac

Opium was described in the medical treatises of the late imperial period as 'medicine for the bedroom' (*fangyao*). This term is generally translated as 'aphrodisiac', meaning a substance capable of awakening or increasing sexual desire. However, available evidence indicates that opium was used less to stimulate or excite desire than to control and extend performance: after all, it is not an excitant but a sedative, and can be better described as an 'aid to sexual stamina' than as an 'aphrodisiac'. Opium is not even mentioned in the famous erotic novel *Jin Ping Mei*, suggesting that relatively few people used it for

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sexual purposes during the late Ming.⁹⁹ Li Shizhen (1518–93), on the other hand, reluctantly supported the claim that opium enhanced sex, noting that it was taken orally by some in the bedroom.¹⁰⁰ Medical treatises of the last third of the eighteenth century were much more explicit. According to Huang Guanzhi (1731–1818), writing in 1769, opium was used in the 'art of the bedroom' in an 'unrestrained and hasty way', whether or not any medical problem had been diagnosed. As we noted in an earlier chapter, the link between opium and sex probably contributed to the gradual shift after the 1760s from madak to pure opium. Although Huang did not specify whether the opium was eaten or smoked, his observation nonetheless reflected mounting concern from the end of the eighteenth century onwards over its use as an aid to sexual stamina.¹⁰¹ Similar comments were made by medical contemporaries like Wu Yiluo (1704–66), who also mentioned the sale in the capital of a golden elixir (*jindan*) specifically designed for use in the bedroom.¹⁰²

Opium's link to sex undoubtedly contributed to the success of narcotic culture in the nineteenth century. In China's more exclusive opium houses, it was often blended with other 'aphrodisiac' substances such as pearl powder and wild ginseng. For the male elite smoking utensils became sexual fetters and objects, and these were often shaped like 'golden lily' feet or a woman's breasts. Opium houses also provided courtesans for smokers, while female entertainers in the many sing-song houses of the late Qing offered their customers the opium pipe. In Shanghai brothels were even called 'chambers of smoke and flowers' (*huayajian* or *yanyujian*).¹⁰³ Sex and opium also overlapped outside elite circles: the acting British consul at Danshui (Taiwan) estimated that around 70 per cent of ordinary smokers 'acquired the habit through associating with public women'.¹⁰⁴ Whether in the palace or the brothel, folk belief had it that opium impaired fertility and prolonged the performance.¹⁰⁵ Its habitual application in cases of syphilis and urological disorders further consolidated the sexual connotations of opium:¹⁰⁶ as late as 1935, more than 5 per cent of patients in a detoxification centre in Shanghai even claimed that smoking could cure spermatorrhoea.¹⁰⁷

If opium became inextricably enmeshed with sex in elite and popular culture alike, most customers used it to calm rather than excite their desire. For inexperienced smokers who inhaled the fumes too quickly the result could be impotence. Moderate amounts, on the other hand, assuaged sexual desire and could enhance intercourse, either at home or in the brothel. Smokers were often aware of the sedative qualities of opium, using it to delay ejaculation and thus enhance pleasure.¹⁰⁸ In Europe too, writers such as Claude Farrere

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observed that 'opium calms virility and brings it under control'.¹⁰⁸ In cases it could even be used to suppress desire altogether. The American geon Robert Coleman related the story of an old judge he had heard of talking to local practitioners. Following the death of his wife, the judge abstained from remarrying or taking a concubine and had kept his passion bay for a decade by smoking opium, but having successfully abandoned opium habit, his sexual desire returned with unprecedented violence. The story ends with the judge being so taken by the young courtesan he entered along the way to the capital that he decided to marry her. If there is truth in this story, opium has the property of counteracting sexual impulses.

The sedative qualities of opium were confirmed by a report of the Commission on Opium (1894-5) (discussed in much greater detail in the next chapter). While stressing that it could indeed increase male potency, the report also found that excess could lead to 'absolute sexual impotence, a brief period of super-excitation'.¹¹¹ When a group of Australian prosopists expressed their views on opium and sex, all denied categorically that opium had been used by Chinese customers to dull their awareness ('A woman who smokes opium has always got her senses about her').¹¹² Asked about the alleged aphrodisiac qualities of opium, the women confirmed that Chinese customers tended to share the opium pipe with them. This did not so much stimulate as reduce sexual desire, if not completely killing it off: 'The man who has the opium habit is not like another man; he does not care for women.'¹¹³

The Commission's conclusion conforms to the available medical evidence which indicates that opium has few harmful effects on the body, apart from inducing constipation and possibly impairing sexual capacity.¹¹⁴ Heroin, another opiate substance, also reduces the level of sexual activity.¹¹⁵ The aphrodisiac qualities of opium, in short, are more myth than fact. Peter Li attacks the popular link between opium and sex:

Opium does not prompt the smoker to wild behaviour or extravagant sexual orgies, as many uninitiated Western commentators have reported. The mistaken view that opium works as a potent aphrodisiac probably stems from the fact that brothels in China often offered it to their customers on request, while many opium houses provided prostitutes to smokers who asked for them. In fact, men in brothels sometimes smoked a few pipes of opium before sex to cool the heat of their desire, so that they could better control themselves during the act, not to fire up their libidos.¹¹⁶

The author backs up this claim by referring to the reminiscences of individual smokers, such as the septuagenarian Laotian-Chinese owner of an

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opium establishment, who confessed that he first began smoking for sex, to play with young ladies. 'Three pipes of opium', he concluded, were sufficient to have sex 'all night with the same girl, or with many different girls because it is very easy to control himself!'¹¹⁷

Customers in both dens and brothels, of course, could also gamble, although gambling would hardly be considered to be an 'aphrodisiac': historians have tended to characterise the activities which took place in these social spaces by reference to a single, stark and uncompromising word in English, namely 'sex'. A tendency reflected in the use of such terms as 'aphrodisiac', 'prostitute', and 'brothel'. 'Sex', however, was not necessarily the only desired outcome for male customers, who may not have perceived it as an activity as discrete and distinct from other forms of leisure as the modern notion of 'sex' implies, although sexual intercourse undoubtedly played an important role in recreational activities. Female servants employed by brothels regarded the preparation of opium pipes as part of their work as much as massaging and the serving of tea—and they often enjoyed their regular smoke.¹¹⁸ Social intercourse in a relaxed environment was the principal aim pursued in such activities as gambling, smoking, snacking or drinking, and female entertainers could help achieve these goals. Opium was a relaxant which could help male customers unwind in female company.¹¹⁹

The social anxieties projected on opium by political elites included fear of sexual license, attributing to the benign paste dark powers out of all proportion to its actual properties: some opium smokers keen to control their sexual performance better may well have shared this conviction. Late imperial China was awash with medical therapies designed to increase sexual power:¹²⁰ remedies to replenish the *yin* (*ziyin*), tonics to invigorate the *qi* (*yangqi*), prescriptions to nourish the kidney (*bushen*), medications to give tone to the blood (*huxue*). Medical authors of the Ming and Qing constantly warned against abuse of tonics and indulgence in aphrodisiacs. Spermatorrhoea (*huajing*), premature ejaculation (*zaoxie*) and nocturnal emissions (*menyue*) were some of the pathological categories constructed by medical discourse in order to enforce a message of restraint. In a patrilineal culture which revolved around the production of healthy sons, a disciplined practice of sexual intercourse and a balanced approach to food were deemed to have the potential to increase a person's generative power, prolonging life and multiplying one's descendants. By contrast, as health manuals continuously warned, over-indulgence and abuse would turn a potent weapon into a baneful force, leading to a depletion of vital forces, a waste of bodily substances, debilitating

disorders, and ultimately to early death. Death of the self sold down the river, according to Wang Yanchang, aphrodisiacs (*chiangfeng*) are destructive and capable of killing a male and extinguishing a line of descent. This alarmist rhetoric, as well as the alleged dangers of a whole group of substances, was also projected on to opium. In late imperial China sexual performance and generative power were overdetermined markers of social status and it is not unlikely that they produced male anxieties which contributed to various sexual disorders, calling in turn for the use of opiates; this hypothesis remains to be analysed by cultural historians.¹²¹

Regardless of the actual pharmacological properties of opiate substances users might have profound faith in their sexual powers. Opium would be seen as a social ritual which removes customary restraints on sexual behaviour. As Michael Goswop has argued, 'the extent to which consumers place in aphrodisiacs can be so strong that it effects conclusions them, some responses to placebos being more powerful than to active drugs. Opium, like oysters, was no different.'¹²²

WAR ON DRUGS

6

PROHIBITION AND THE RISE OF NARCOPHOBIA

(c. 1880-1940)

The previous chapters have questioned the image of China as the victims of a 'drug plague' by showing that opium was a culturally-privileged innocent generally smoked in moderate amounts for recreational and medical reasons without any loss of control. If smoking was a socially sanctioned practice with few adverse consequences, how could prohibition campaigns succeed in demonising it within such a short space of time? Rather than focus only on the pharmacological properties of psychosactive substances, historians should question the premises of narcophobic discourse and analyse the politics of prohibition. Until recently, in Europe as well as China, homosexuality was widely perceived as a medical aberration and a form of deviant sexual behaviour which threatened to undermine social order and corrupt young people, while masturbation was defined as a potentially lethal disease to be eradicated at all cost; the explanation for these anxieties cannot be found in the nature of these sexual preferences themselves, but in the social values and political choices which structure the discursive formations purporting to contain them.¹ As Thomas Szasz has argued, the difference between substance use and 'medical addiction' is not one of mere fact, but a matter of moral attitude and political strategy: with the decline of religious values, medical values instead are increasingly used to persecute individuals and social groups defined as 'unfit', 'unhealthy' or 'contaminated'.² 'War on drugs' allowed political leaders and social elites to invent a fictive enemy on to whom social anxieties could be projected: narcophobia