Cannabis Britannica: The rise and demise of a Victorian wonder-drug

Transcript

Date: Monday, 18 March 2013 - 1:00PM

Location: Museum of London
There was little awareness of the medicinal and intoxicating properties of cannabis in Britain before the nineteenth-century. Varieties of the cannabis plant had long been cultivated in the country, but they were grown because the plant was a useful source of fibre for sacking, ropes and rigging. The climate in the UK and the varieties domesticated here meant that little psychoactive material was present in the plant. Medical dictionaries and botanical encyclopaedia of the eighteenth-century did include the occasional reference to the varieties of the plant which produced psychoactive substances, but these entries suggest that this knowledge was being recycled from earlier sources rather than from actual experience of these plants of preparations of them. It was only when British doctors and scientists began to circulate more regularly around the expanding empire of the early 1800s that they began to encounter societies where cannabis was cultivated for its medicinal and intoxicating potential.

One of the earliest of these British doctors was Whitelaw Ainslie. He published the following account of ‘Ganjah’ in 1813.

Ganjah (Tamil, Duk and Malay), Kanub (Arab), Hemp Cannabis Sativa, Vijya, Sanjica (Sanskrit).

Ganjah is the Tamool name of the plant from which Bangie and Majum are prepared.

Elsewhere he included an entry to cover the substances Bangie and Majum that he had mentioned here, ‘Majum: This elyctuary is much used by the Mahometans particularly the more dissolute who take it internally to intoxicate and ease pain and not unfrequently from an overdose of it, produce a temporary mental derangement. The chief ingredients employed in making it are Gunjah leave, Milk, Ghee, Poppy Seeds, Flowers of the Thorn Apple, the powders of the Nux Vomica and Sugar. Another inebriating preparation made with the leaves of the Gunjah plant is Bang or Bengie. It is in liquid form and is chiefly drank by the Mahometans and Marrattas; the Tamools and Telinges who are comparatively temperate and circumspect, use it but little. [i]

The significance of these entries was that they came in the Materia Medica of Hindoostan that Ainslie had prepared while he was a Superintending Surgeon in Madras. This was the first attempt by a British colonial official to take on the task, attempted back in the sixteenth century by the Spanish and Portuguese doctors da Costa and da Orta, of compiling a list of drugs and medicines used in India. He had worked in close conjunction with a British Botanist in India, the Reverend Doctor J.P. Rottler, who granted access to the garden at St Thomas’s Mount. Its importance is underlined by the fact that the Government Press at Madras took on the job of publishing the volume by special permission of the government of Madras itself.

The entry on ganja was careful to point out that Indians did specifically use preparations of the cannabis plant for medical reasons, in this case for piles and diarrhoea and more generally to ease pain. However, the balance of the reports was towards the use of hemp substances as narcotics for their ‘intoxicating power’. Little had changed thirteen years later when Ainslie published a revised and expanded two volume series, this time with the title Materia Indica [ii]. The entries on bangie and Majum were much the same, although they had been separated out. However, the entry on Ganjah was significantly longer. Much of his entry was dedicated to a debate about the origin of the plant and he summarised the opinions of those that were sure that it came from Persia, Europe, ‘Tartary’ or even Japan. However he did include a couple of important and new observations.

In the first place, he emphasised that Indians used cannabis preparations for inebriating purposes, ‘though some people have bestowed on the plant now under our notice the botanical appellation of cannabis Indica; yet as it does not appear except in size to differ at all from the cannabis sativa of Europe, we have retained the original specific name. It would seem however to be applied to very different purposes in Eastern countries from those for which it is resorted to in colder territories; being chiefly employed in the former for its inebriating and narcotic qualities’. This account of the love of Indians for intoxication through the drug was backed up with the conclusions of others in the passage on hemp.

I understand that in some districts of central India cordage and a coarse kind of cloth are occasionally prepared with it; in Nepal too, by Kirkpatrick’s account of that country, it would seem that linens and sackcloth are sometimes made with it: the Chinese from what Barrow says use it little for such purposes but are acquainted with its intoxicating powers. The Malays, Crawford informs us, cultivate the plant only for smoking. The Turks know well its stupefying effects and call it Dacha. Linnaeus speaks of its ‘vis narcotica, phantastica, dementens, anodyna et repellens’. It would appear that even the Hottentots use it to get drunk with and call it dacha. We are told by Avicenna that the seeds of the cannabis sativa are termed by the Arabians [sic] and that the inebriating substance prepared from the bruised leaves they name hushish.

Ainslie was eager to further add to the air of strange and exotic properties that he attached to cannabis by explaining that ‘Miller notices some curious, perhaps absurd circumstances respecting the seed; such as that when eaten by fowls they make them lay many eggs; and that when bullfinches and goldfinches take them in considerable quantity as food, they have the effect of changing the red and yellow of those birds to total blackness. No oil is extracted from them in India’. Importantly however, Ainslie did also expand his observations on the medicinal uses of ganja but significantly this appeared only at the end of those lengthy passages exploring the intoxicating and mysterious character of hemp substances. ‘Some of the Hakeems of the lower provinces are in the habit of preparing with the seeds a kind of emulsion which they prescribe in gonorrhoea’ was all that he was prepared to admit.

Ainslie’s focus on the non-medical uses of cannabis preparations may well be explained by his interests outside of medical science. He was indeed an important doctor in early nineteenth century India, he was knighted for his services in this capacity and received commendations from the East India Company for his work on cholera. He was however also a committed Christian who moved in a circle of missionaries and who was the author of a range of non-medical publications. A good example of these would be his ‘An Historical Sketch of the Introduction of Christianity into India and its Progress and Present State in that and other eastern Countries’ which was published by Oliver and Boyd in Edinburgh in 1835. The objective of this book was to examine strands of Christianity in India, a country for which Ainslie evidently had much affection having served there for almost thirty years. But in the book he betrays a distinctly unscientific nature, lauding the ‘sacred truths first brought into the world by our Redeemer; that merciful being who, by miraculously[iv]healing the corporeal infirmities of men, gave promise of that yet more exalted power, by which he could heal the souls as well as bodies of such as
might faithfully believe in him: [viii] His commitment was to what he called in another of his publications ‘the bless’d reward of Persevering Virtue’ [ix] that grew from his Christian commitments. An ability to resist the temptations of worldly pleasures was part and parcel of the nineteenth century Christian zealot’s commitment to ‘persevering virtue’ and it is evident that Ainslie certainly approved of this, as he asked in defending India from its critics ‘where is there such habitual temperance? In England? Not!’ [vii]

His chapter in the ‘Historical and Descriptive Account of British India’ emphasises his commitment to a frugal and disciplined lifestyle that points to little patience for those that chose to indulge freely in their pleasures. This three-volume collection in the Edinburgh Cabinet Library series of publications, was designed to be a comprehensive introduction to India and the third volume contained essays on such topics as disease, climate and geography. Sir Whitleaw Ainslie contributed the entry on ‘Constitutions best suited to India, preservation of health on board ship and after arrival, management after return to Europe’. In this he made clear that

This is no place to treat medically of indigestion; yet it may not be amiss to warn all young Eastern adventurers who wish to avoid it that they will do wisely to live on the plainest food, which should be well done; to dine, if possible, on one dish, or two dishes at most; not to take more than two meals in the day, the second certainly not sooner than six hours after the first; not to be afraid of black tea, which, in moderation is virtually stomachic; to masticate sufficiently so as not to entail on the stomach a duty which does not belong to it; to shun crude vegetables or fruits; to prefer that liquor (sparingly used) which is least apt to produce acidity, such as Cape Madeira of the best quality, sherry or weak brandy and water; not to expose themselves to great heat more than duty requies; to sleep with the head high; to take care that the bowels are kept regularly open; and if their situation renders it convenient to use equitation (of all the modes of exercise the most conducive to health in India is riding on horseback) in the cool of the morning.

A simple and temperate lifestyle were recommended by the man who had served thirty years in India. When his entry on cannabis preparations is looked at again in the knowledge that he was writing as a committed British Christian who considered frugality to be the path to ‘persevering virtue’ it seems unsurprising but also rather unscientific that he included information that seemed to neglect the medicinal properties of the plant and instead to focus on the intoxication and intemperance that he so disapproved of.

If Ainslie was the earliest of the British doctors in colonial India to write on cannabis drugs, it was a successor there, William Brooke O’Shaughnessy, who was to ensure that cannabis was hailed as a wonder-drug in early Victorian Britain. Before his work in the 1830s in India, there was a limited awareness of the therapeutic potential of the cannabis plant and even less experience of substances made from it as few bothered to ship samples to the UK. O’Shaughnessy tackled this situation head on. He exhaustively collected existing knowledge of the plant from a wide range of sources, and more importantly still conducted his own experiments with cannabis drugs on both animals and humans. It does not seem however that the British doctors who made the first experiments with cannabis in India found out for himself exactly what the impact of cannabis substances was rather than to rely on hearsay or on recycled versions of other writer’s compilations. He seems to have been a man of formidable energy and diverse interests and indeed ended up being hailed as the saviour of the British Empire in India.

Born in Limerick in 1809, he graduated as an MD from Edinburgh University when only twenty-one and published his first research, a translation from the French of Lugol’s Effects of Iodine in the following year. Just two years later he was on his way to India as an assistant-surgeon having impatiently answered ‘certainly not’ when asked on the application form for entry into the Indian Medical Service whether ‘any person has received or is to receive any pecuniary consideration or anything convertible in any mode into a pecuniary benefit on account of your nomination’ [viii] His nominee for service noted that ‘I do hereby certify that … I received the said appointment for my friend and fellow student O’Shaughnessy through my gratuitous solicitation, his father being dead and his mother in ill health and that no money or other valuable consideration has been or is to be paid’.

On arrival in India he took on a number of projects. He eagerly conducted experiments with local drugs and medicines and published the results of these in journals such as the Proceedings of the Calcutta Medical Society and eventually collecting his conclusions and observations together in ‘The Bengal Dispensatory and Pharmacopoeia’ in 1842 and 1844. In 1842 he also found time to publish ‘A Manual of Chemistry arranged for Native, General and Medical Students’ [ix] and by then had been made a Professor of Chemistry and Medicine in the Medical College of Calcutta. He also seems to have taken on the role of an early criminal pathologist in his role as Chemical Examiner in Calcutta and wrote reports on poisoning cases in India which included the method that he had devised of detecting nal chitta in the body, the root used in India to cause abortion in the foetus. He seemed to have a flair for this work, and indeed in a murder case in 1841 O’Shaughnessy found the critical piece of evidence, crust of metallic arsenic in the stomach of the victim despite the fact that the body had been exhumed after being buried for eight months. [x]

His most famous role, for which he was knighted and through which it might be claimed that he saved the Indian Empire for the British, was the pioneer of the telegraphy that in India. As early as 1839 he had published the findings of his own experiments with electricity and the telegraph but at the time there was little interest in O’Shaughnessy’s new technology. However, the new Governor-General of India Lord Dalhousie appointed in 1847 encouraged O’Shaughnessy to extend his experiments and by 1852 his results were so successful that the East India Company authorised immediate expenditure on lines to connect its major cities Calcutta, Agra, Bombay, Peshawar and Madras. By 1856 he had overseen four thousand miles of cable laying and hanging as Director-General of Telegraphs in India: it was the rapid communication along these new wires of troop movements and tactics that was one of the key factors behind the successful British campaigns against the Indian rebels against the East India Company of 1857 that almost destroyed its rule in Asia. Knighted in 1856 and retired in 1861, he managed to get through three wives and to live to the age of eighty; [xii]

Once his energies were focused on cannabis then the results were original and authoritative. In many ways they needed to be in order for cannabis medicines to be accepted by British doctors, given the often fierce prejudice against local medical systems on the part of many East India Company doctors. While it is true that some medical men in India were prepared to try out the full range of Indian therapies, James Esdaile famously experimented with mesmerism as a means of sedation during the 1850s using Indian hypnotists, more common seems to be the growing distrust of the British towards the region’s medical traditions and healthcare practitioners by the 1820s. For example, the first mention of the hemp plant and its properties in The Lancet came as an aside in a larger diatribe by a British doctor in Bombay against the Indians of the West who were thought to eat their food improperly and partake in their effects. It is precisely this suspicion that included such generalisations as ‘their first object is to make money, their comfort is paramount and ingratitude is invariably expressed’ came the accusation that they were ‘persons, who generally eat opium and smoke a poisonous narcotic called bhang’ [xii]

In 1842 O’Shaughnessy published the ‘Bengal Dispensatory and Companion to the Pharmacopoeia’. The section on cannabis spanned twenty-five pages and had already been partially published in the ‘Preparations of the Indian Hemp or Gunjah (cannabis indica) in the Transactions of the Medical and Physical Society of Bengal’ of 1839. This was the most comprehensive assessment of the properties of the drug and of its effects as a drug and as a medicine to appear by the hand of a British scientist in India during the entire period of British rule. It started with a frank acknowledgement of the drug’s leisure uses ‘the narcotic effects of hemp are popularly known in the south of Africa, South America, Turkey, Egypt, Asia Minor, India and the adjacent territories of the Malays, Burmese and Siamese. In all these countries hemp is used in various forms by the dissipated and depraved, as the ready agent of a pleasing intoxication’. In the same paragraph however, O’Shaughnessy makes clear that ‘in the popular medicine of these nations we find it extensively employed for a multitude of affections’. He was careful to balance his opening statement with a positive declaration of the beneficial uses of the plant.

Indeed, having gotten the ritual of condemning narcotics out of the way and of giving a brief account of the plant’s botanical characteristics and of the opinions of the drug’s predecessors, he settled to the real content of his entry. This was the ‘several experiments which we have instituted on animals, with the view to ascertain its effects on the healthy system; and lastly, we submit an experiment which we have instituted on animals, with the view to ascertain its effects on the healthy system; and lastly, we submit an
abstract of the clinical details of the treatment of several patients afflicted ... in which a preparation of hemp was employed'. O'Shaughnessy had been experimenting on people, as well as on animals.

He was eager to defend this approach as he must have anticipated criticism. He was quick to point out that the various authorities that he had already summarised, a list that included DaCosta, Royle and Ainisie, had attested to the ability of hemp preparations to act as a stimulant for the digestion, as a sedative and as a painkiller. He then argued that 'as the evil sequelae so unanimously dwelt on by all writers, these did not appear to us so numerous, so immediate or so formidable as many which have been clearly traced to over-indulgence in other powerful stimulants or narcotics, viz alcohol, opium or tobacco'. Having covered himself against detractors, he turned to his experiments.

It seems that his first subject in these tests was a 'middle-sized dog'. Having been fed ten grains of Nepalese churrus the hound 'became stupid and sleepy, dozing at intervals, starting up, wagging his tail as if extremely contented, he ate some food greedily, on being called to he staggered to and fro, and his face assumed a look of utter and helpless drunkenness'. It took him six hours to get over his little debauch.

For those who would point out that the behaviour outlined above was very much what they would expect of their dog at the best of times, a smaller one was procured and a larger dose administered. This hound was under the influence in fifteen minutes, 'in half an hour he had lost all power over the hinder extremities which were rather stiff but flexible; sensibility did not seem to be impaired and the circulation was natural. He readily acknowledged calls by an attempt to rise up'. It seems that O'Shaughnessy became bored of dogs, and turned his attention to most of the other corners of the animal kingdom.

It seems needless to dwell on the details of each experiment; suffice it to say that they led to one remarkable result- that while carnivorous animals and fish, dogs, cats, swine, vultures, crows and adjutants, invariably and speedily exhibited the intoxicating influence of the drug, the graminivorous, such as the horse, deer, monkey, goat, sheep and cow experienced but trivial effects from any dose we administered.

This extensive set of trials, which must have gained O'Shaughnessy a splendid reputation as an eccentric, encouraged him to turn his attention to humans. It seems that O'Shaughnessy was not the only eccentric involved in the trials. One patient who was suffering from severe rheumatism, two hours after a grain of cannabis resin in solution had been swallowed was reported as 'becoming very talkative, was singing songs, calling loudly for an extra supply of food, and declaring himself in perfect health'. Four hours later he was fast asleep and 'finding himself bound to a chair for leaving the bed'. O'Shaughnessy discovered that when lifting up the patient's arm, 'we found that it remained in the posture in which we placed it'. O'Shaughnessy found this response to the drug so fascinating that he could not resist playing with the unconscious patient, 'we raised him to a sitting position,., and placed his arms and limbs in every imaginable attitude'. More seriously, attempts to revive him convinced the watching doctor that the drugs had acted as a sedative and as a painkiller. Once awake, the patient declared himself to be much improved and he was discharged three days later.

The experiment was repeated and had similar results. One rheumatic old coolie was given a dose of hemp in a little spirit and in no time at all 'became talkative and musical, told several stories, and sang songs to a circle of highly delighted auditors, ate the dinners of two persons subscribed for him in the ward, sought also for other luxuries we can scarcely venture to allude to, and finally fell soundly asleep'. It seems that in seeking for these 'other luxuries' the old coolie was hoping that the doctor would find him a girlfriend as well as giving him dinner and getting him drunk. Next day the patient 'begged hard for a repetition of the medicine, in this he was indulged for a few days and then discharged'. All of the cases of rheumatism that were experimented on were similarly relieved and O'Shaughnessy was quick to note that there were no side-effects of headache or sickness.

A case of rabies was treated with cannabis doses and while it did not cure the disease, it allowed the patient constant relief from the horrible symptoms of hydrophobia of the disease to the extent that he could drink water, eat fruit and swallow rice. O'Shaughnessy included this example as he was impressed by the power of hemp to alleviate these symptoms and he observed that after cure, it was the duty of the doctor to 'strew the path to the tomb with flowers'. Cholera was also in the town at the time of his experiments although O'Shaughnessy admitted that it seemed to be a mild strain of the disease. Cannabis tincture was administered to victims and it seemed to have the effect of controlling diarrhoea and vomiting and of inducing rest. O'Shaughnessy stressed in a footnote that he had experimented on European sufferers as well as on Indian patients and had seen excellent effects on the former.

Tetanus was successfully treated with cannabis in the hospital and the lives of Chuno Syce and Hurroo were saved as was that of the man who turned up at hospital with a 'sloughing sore of the scrotum'. From O'Shaughnessy's account it seems that he was not the only British medical officer using cannabis in tetanus cases and he names Drs O'Brien, Esdaile and MacRae along with the vets Hughes, Templer and Sawyer as advocates of using the substance on both humans and horses. It seems that at this time in Bengal British doctors were increasingly turning to cannabis as a remedy for tetanus.

A case of 'infantile convulsions' was treated with cannabis, and although the child was at one point 'in a sinking state' it survived not only the illness but a range of treatments that included 'two leeches to the head', 'a few doses of calomel and chalk' and a mouthful of opiates. The child was either very ill or it knew what was good for it as in one day it consumed 130 drops of cannabis tincture, the equivalent of fifteen times that given to the rheumatic who fell asleep so soundly that his body could be set into poses. O'Shaughnessy also treated delirium tremens with the drug, and found that considerable improvement could be effected through the administration of cannabis preparations.

The account of the cannabis experiments given by O'Shaughnessy suggests that the period of his trials of the drug was a merry time indeed, with drunken animals in and out of the premises and patients involuntarily uttering the odd 'loud peal of laughter' while medical writers, these did not appear to us so numerous, so immediate or so formidable as many which have been clearly traced to over-stimulant for the digestion, as a sedative and as a painkiller. He then argued that 'as to the evil sequelae so unanimously dwelt on by all the watching doctor that the drugs had acted as a sedative and as a painkiller. Once awake, the patient declared himself to be much improved and he was discharged three days later.

The experiment was repeated and had similar results. One rheumatic old coolie was given a dose of hemp in a little spirit and in no time at all 'became talkative and musical, told several stories, and sang songs to a circle of highly delighted auditors, ate the dinners of two persons subscribed for him in the ward, sought also for other luxuries we can scarcely venture to allude to, and finally fell soundly asleep'. It seems that in seeking for these 'other luxuries' the old coolie was hoping that the doctor would find him a girlfriend as well as giving him dinner and getting him drunk. Next day the patient 'begged hard for a repetition of the medicine, in this he was indulged for a few days and then discharged'. All of the cases of rheumatism that were experimented on were similarly relieved and O'Shaughnessy was quick to note that there were no side-effects of headache or sickness.

A case of rabies was treated with cannabis doses and while it did not cure the disease, it allowed the patient constant relief from the horrible symptoms of hydrophobia of the disease to the extent that he could drink water, eat fruit and swallow rice. O'Shaughnessy included this example as he was impressed by the power of hemp to alleviate these symptoms and he observed that after cure, it was the duty of the doctor to 'strew the path to the tomb with flowers'. Cholera was also in the town at the time of his experiments although O'Shaughnessy admitted that it seemed to be a mild strain of the disease. Cannabis tincture was administered to victims and it seemed to have the effect of controlling diarrhoea and vomiting and of inducing rest. O'Shaughnessy stressed in a footnote that he had experimented on European sufferers as well as on Indian patients and had seen excellent effects on the former.

Tetanus was successfully treated with cannabis in the hospital and the lives of Chuno Syce and Hurroo were saved as was that of the man who turned up at hospital with a 'sloughing sore of the scrotum'. From O'Shaughnessy's account it seems that he was not the only British medical officer using cannabis in tetanus cases and he names Drs O'Brien, Esdaile and MacRae along with the vets Hughes, Templer and Sawyer as advocates of using the substance on both humans and horses. It seems that at this time in Bengal British doctors were increasingly turning to cannabis as a remedy for tetanus.

A case of 'infantile convulsions' was treated with cannabis, and although the child was at one point 'in a sinking state' it survived not only the illness but a range of treatments that included 'two leeches to the head', 'a few doses of calomel and chalk' and a mouthful of opiates. The child was either very ill or it knew what was good for it as in one day it consumed 130 drops of cannabis tincture, the equivalent of fifteen times that given to the rheumatic who fell asleep so soundly that his body could be set into poses. O'Shaughnessy also treated delirium tremens with the drug, and found that considerable improvement could be effected through the administration of cannabis preparations.

The account of the cannabis experiments given by O'Shaughnessy suggests that the period of his trials of the drug was a merry time indeed, with drunken animals in and out of the premises and patients involuntarily uttering the odd 'loud peal of laughter' while medical students voluntarily tested the drugs on themselves, no doubt all in the name of science. 'Several pupils commenced experiments on themselves, to ascertain the effects of the drug. In all, the state of the pulse was noted before taking a dose, and subsequently the effects were observed by two pupils of much intelligence. The result of several trials was, that in as small doses as the quarter of a grain, the pulse was increased in fullness and frequency; the surface of the body glowed; the appetite became extraordinary; vivid ideas crowded the mind; unusual loquacity occurred; and with scarcely any exception great aphrodisia was experienced'. The effects of the cannabis drugs on the wards were such that even the dying could contribute to the unusual hospital atmosphere, one fading Hakim dreamily speaking 'in raptures of the inmates of is zenana and his anxiety to be with them'. Subsequent enquiry proved that the old man had never had such a collection of women, but the drug seemed helping him to an end that was veiled in the fantasies of pleasure.

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

When news of this research reached the editors of the British Medical Journal (then known as the Provincial Medical and Surgical Journal)
that cannabis was 'the most horrible intoxicant the world has yet produced'.

Caine was brought up as a Baptist and he came to serve as president of such institutions as the Baptist Total Abstinence Society and the 

colleagues in Parliament, William Sproston Caine, who was to devote most energy to the campaign against cannabis.

opium campaign that finally cornered the government on the issue in the last decade of the nineteenth century. It was one of Stewart's 

considered in their own right, but were instead being lumped together with other narcotics by those that wished to attack all stimulants 

opium campaigner in the midst of campaign on the issue of opium shows that the hemp plant and its preparations were not being 

asylums of India are filled with ganja smokers''.

Cannabis in the House of Commons

could be unpredictable and vary widely.

drugs. With cannabis there was no knowing exactly what was in a lump of the drug or a bottle of tincture prepared from it, so its effects 

1964. As such doctors working with opium and cocaine could work out exactly what outcomes to expect from specific doses of those 

considered the best way of treating the complaint.

produced unpleasant psychological side effects.

Misgivings about cannabis began to emerge however. In 1883 for example a debate on the medicinal uses of hemp preparations was 

sparks in the British Medical Journal by the complaints of James Oliver, a doctor at the London Hospital for Women, about the 

This taste for experimentation with cannabis drugs continued throughout subsequent decades. One area of medicine in which doctors 

importance.

By the 1870s cannabis was being used to treat insanity. The use of cannabis drugs in asylum medicine was most famously championed 

By the 1870s cannabis was being used to treat insanity. The use of cannabis drugs in asylum medicine was most famously championed 

hysterical female complaining of sleeplessness; with her it had produced giddiness and slight nausea, but she slept soundly. [xxi]

A speech from the floor that Victoria doctors had not been slow to explore the potential of cannabis medicines.

Clouston was convinced and wrote confidently that 

If a mixture of potassium and Indian hemp so subdues intense excitement that when not taking this medicine the patient is noisy, violent, 

Cannabis in the House of Commons

question marks about the reliability of cannabis medicines emerged as the century wore on, so did anxieties about its wider effects.

Drawing on information from the sub-Continent, Mark Stewart MP stood up in the House of Commons on 16 July 1891 'to ask the Under- 

the possession and sale of ganja has been prohibited for many years past in Lower Burma and that the exclusion of the drug was stated in the 

The history of cannabis and Parliament had begun. But the introduction of the issue into Parliament by an active temperance and anti- 

Caine was brought up as a Baptist and he came to serve as president of such institutions as the Baptist Total Abstinence Society and the 

The excitement about his research resulted in an 

the Excise Report of that province for 1881-82 to have been of immense benefit to the people'. The reason for his curiosity was that he 

the Under-Secretary of State for India whether his attention has been called to the statement in the Allahabad Pioneer of the 10th May last that 

the use of cannabis medicines and tinctures but that his latest preparation had produced unpleasant psychological side effects. [xxii]John Brown wrote that in no case has it produced pleasurable feelings, generally most alarming symptoms such as complete paralysis, horrible hallucinations, double consciousness etc. However, a preparation using tincture of cannabis indica had produced remarkable results in cases of menorrhagia and he was sure that the 'green medicine' might be considered the best way of treating the complaint. [xxiv]What this debate highlighted was the shortcomings of cannabis preparations of the period, 'of a thin smoked hemp [and a] use hardly useful in institutions', by extra large the act of opium or morphia that howther had 

with eructations every five minutes' and indeed he records that 'such being the symptoms at my second visit I was afraid that my patient 

examples and it continued to have this effect over the whole nine months in which it was given. All the subjects gained weight, their 

dryness of the fauces [throat]; the day after the dose was one hundred drops when there was an increase of the giddiness and he slept 

Dr Copland said that he had obtained specimens of the drug some time since from Savory's, and had tried it both medicinally and 

He pressed his point, asking further of the Under-Secretary 'whether he is aware that 

Allahabad Pioneer of the 10th May last that 

of the 10th May last that 

He described encountering preparations of the plant
while on a guided tour of Lucknow.

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

With his experience of attacking the government on alcohol and opium issues in India, and with a personal belief in the evils of cannabis based on his experiences in south Asia, it is little surprise that it was he that took up the issue that Stewart had identified but quickly dropped. Before even seeing the response to Mark Stewart’s question from the Government of India he pipped up again, this time to demand action. ‘I beg to ask the Under Secretary of State for India if the Secretary of State for India will instruct the Government of India to institute the inquiry of Experts – to report upon the cultivation of and trade in the Indian economy. The commission will not have to investigate the social and moral condition of the people, and the desirability of prohibiting its growth and sale’. He also insisted that ‘the commission shall be partly composed of non-official natives of India’.[xxxvii] To what seems to have been his surprise, George Russell stood up and declared ‘the Secretary of State proposes to request the Viceroy to appoint a Commission to inquire into the cultivation and trade in hemp drugs and he will be glad if the result of their inquiry is to show that further restrictions can be placed upon the sale and consumption of these drugs’. The Indian Hemp Drugs Commission (1893) had been established, although Caine seems not to have expected this as he had a Resolution on the subject lined up on the Order Book that he had to arrange to be withdrawn.[xxxviii] Gorst, who had been the Under Secretary of State for India back in 1891 spotted that this was sudden and unexpected given the far greater interest of the House in other drugs so he asked ‘will the question of opium be considered by the Commission? The answer was in the negative and it was not until June of that year that the government authorised a royal commission on opium.[xxvii] Caine’s questions and attention to the subject meant that the House of Commons had secured an investigation into cannabis products before MPs managed to get one into opium.

This was an important year in Parliament. Gladstone presented it with the Home Rule Bill, and controversy ensued as the Commons approved it twice and the Lords rejected it once. The opium issue was also coming to a head in this year. The Society for the Suppression of the Opium Trade, under a new secretary J.G. Alexander, organised a series of public meetings and petitions from 1889 onwards and in total over 200000 signatures were collected.[xxixo] One of the most important of those gathered by opponents of the drug was of five thousand British doctors that asserted that ‘the habit of opium smoking or of opium eating is morally and physically debasing’.[xxxix] It was thought that even key members of the government, such as the Foreign Secretary Edward Grey and George Russell the Parliamentary Secretary for India, were supporters of the anti-Opium movement. The parliamentary agitators let it be known that a motion would appear. When Alfred Webb duly introduced the motion, supported by the veteran Sir Joseph Pease, it suggested that the Government of India take steps to end the production and export of opium immediately and that a royal commission be established. This commission would investigate how the cost to the Indian economy of the end of the trade could be made good by reforms in the administration of India, by a new set of economic policies and even by a grant from the British Exchequer. In other words, the motion was not simply directed at the opium trade but at the system of government in India as well. If passed and made effective the motion would not simply cost money in terms of lost opium revenue, but it would mean additional expenditure to ensure that with the ending of the trade ‘the people of India ought not to be called upon to bear the cost involved’.[xxxx]

The opium trade was an integral feature of the finances of Britain’s Asian empire. The administration of India was a costly and secretive affair and public scrutiny was a rare commodity. The only annual report on the finances of India was made of India’s financial systems. The question for the commission was not of what to do once the opium trade was abolished but rather what was to be done with the issue of the finances of India. Gladstone therefore offered an alternative motion in which a royal commission would be established, but on the government’s terms. No mention was made of India’s financial systems. The question for the commission was not of what to do once the opium trade was abolished but whether the trade might be abolished at all and what the impact of this abolition would be on the Indian economy. The commission was also to investigate ‘the consumption of opium by the different races and in the different districts of India and the effect of such consumption on the moral and physical condition of the people’.[xxxxi] This was not what the committed campaigners wanted at all, as opium was far less of a problem in India than in China, where addiction was thought to be rife and to which the Government of India supplied the bulk of its opium output in contravention of Chinese law. They therefore voted against Gladstone but many in the House felt that this was a missed opportunity to act and approved Gladstone’s rather than Webb’s motion by 184 votes to 105. Joshua Rowntree, writing for the Society for the Suppression of the Opium Trade, noted that the Royal Commission had been ‘diverted from the larger issue at stake to a minor one’.[xxxxx]

With diversionary tactics as the name of the government’s game on the opium question and with a policy of dissipating interest in the major issues by presenting other distractions it is easy to see why cannabis so suddenly merited an enquiry all of its own. Providing this manifestation of the anti-opium party at this crisis to the local evil of ganja-smoking.

‘As well try to divert the attention of a man who is killing a cobra to a nest of scorpions close by, as to divert the energies of the anti-opium party at this crisis to the local evil of ganja-smoking’.[xxxxi]

Some people who have sailed along very comfortably for a good many years without troubling themselves about the vices of the people have suddenly discovered what a very dreadful thing ganja-smoking is and how hideously wrong the anti-opium party are for not attacking this evil instead of the other … the suggestion that they should leave off fighting the opium evil to attack ganja is too absurd to be listened to for a moment. As well try to divert the attention of a man who is killing a cobra to a nest of scorpions close by, as to divert the energies of the anti-opium party at this crisis to the local evil of ganja-smoking’.[xxxxi]

The IHDC also acted to attract attention in India away from the Royal Commission On Opium. The latter was conducted in India between November 1893 and February 1894 while the cannabis commission held its meetings in the country between 25th August and 6th October 1893 and also between 25th October 1893 and 25th April 1894. In other words the cannabis commission both anticipated the opium commission and accompanied it. The cannabis commission had as a leading member Sir James Lyall, the former lieutenant-governor of the Punjab while the cannabis enquiry was headed by the First Financial Commissioner of the same region. The cannabis commission
interviewed 1193 witnesses in conjunction with its enquiries and collected eight volumes of evidence. The opium commission asked
questions of 723 people and produced seven volumes. Much the same questions were asked about opium as were of cannabis and for
most of the time the questions were asked of the same people. Cannabis and opium had become jumbled together in the minds of the
campaigners while agitating for investigations and were deliberately linked by the Government of India in their strategies of complicating
and confusing the issue of India and drugs revenues.

Conclusion
The Indian Hemp Drugs Commission remains the most extensive and wide-ranging survey of a cannabis-consuming society compiled to
this day. It compiled eight weighty volumes of evidence, the result of 266 days of travel across India. Fresh experiments were ordered,
hundreds of witnesses interviewed, and data gathered on everything from methods of cultivation to religious beliefs about the plant. After
all of this work and all of this analysis the IHDC sat down to write the report. Once available, it had a number of important conclusions. It
estimated that in south Asia less than one percent of the population consumed cannabis preparations and that of these users only about
5% might be considered to be ‘excessive’ users. Moderate use of the drugs was not felt to cause physical harm and on the question of
addiction the IHDC declared that ‘the habit of using hemp drugs is easier to break off than the habit of using alcohol or opium’. Excess however would lead to physical damage but they were keen to emphasise that this was the case with all intoxicants rather than just with hemp. Conclusions on the mental consequences of using hemp drugs were similarly attached to stipulations about
moderate and excessive use. The IHDC declared that ‘in respect to the alleged mental effects of the drugs, the Commission have come
to the conclusion that the moderate use of hemp drugs produces no injurious effects on the mind’. However, the IHDC also concluded that ‘it appears that the excessive use of hemp drugs may, especially in cases where there is any weakness or hereditary predisposition, induce insanity’. Indeed, the desire to overindulge in these intoxicants was thought to be an indication of mental instability in By 1842 the IHDC felt that it was important however to point to the conclusion of its extensive research into the nature of asylum
statistics and popular impressions of the drug as it ended on the observation that ‘it has been shown that the effect of hemp drugs in this
respect has hitherto been greatly exaggerated’. Dismissing the idea of trying to prohibit cannabis consumption in south Asia, the
IHDC decided that the Government ought to do nothing to promote moderate use and ought to positively discourage excessive use. The
IHDC’s recommendations were therefore aimed at standardisation of hemp taxation policy in India to ensure that prices were high
eighteen-century attitudes and approaches towards cannabis substances have been formed by wider agendas, be they those that drew on the sober morality of Christian temperance campaigners, the entrepreneurial enthusiasms of Victorian doctors like O’Shaughnessy, or the anti-imperialism of the Liberals of the 1890s. I have argued in my most recent book, Cannabis Nation, which looks at the story of cannabis and the British in the twentieth-century that the story has followed a similar pattern ever since, and that cannabis has rarely been judged on its own merits and dangers as it has too
often been dragged into wider debates and anxieties in British politics and culture. But that is a story for another day.

What use is this story and to who? This period of the history of the drug and this country is important for three reasons. First of all it is an
important reminder that cannabis and the British have a history that is over two centuries long, and dates far back beyond the 1960s, a
decade that is often assumed to be the point where those here first came across the plant and its preparations. Secondly it shows how
the drug has from the very beginning been entangled and confused with other, very different substances, like opiates and alcohol. This
points to my third and final conclusion, which is that ever since the nineteenth-century attitudes and approaches towards cannabis
substances have been formed by wider agendas, be they those that drew on the sober morality of Christian temperance campaigners, the entrepreneurial enthusiasms of Victorian doctors like O’Shaughnessy, or the anti-imperialism of the Liberals of the 1890s. I have argued in my most recent book, Cannabis Nation, which looks at the story of cannabis and the British in the twentieth-century that the story has followed a similar pattern ever since, and that cannabis has rarely been judged on its own merits and dangers as it has too
often been dragged into wider debates and anxieties in British politics and culture. But that is a story for another day.

© Professor James Mills 2013
upon the people of that presidency and the desirability of the prohibition of their sale; not less than one half of such commission to be composed of non-official natives of India’ in Abkari 14, July 1893, p. 111.


[xxxii] Ibid., p. 591.
[xxxvii] Ibid., vol 1 p. 8.
[xxxviii] Ibid., p. 264.
[xxxix] Ibid.