

'Patient Zero': China and the Myth of the 'Opium Plague'

Inaugural Lecture

given by

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Introduction

Ladies and gentlemen, I would first like to thank Professor Glen Dudbridge for chairing the lecture, and express my gratitude to Mary O'Shea for organising the evening. I would also like to thank Dr Xun Zhou and Dr Lars Laamann, who have worked with me on the ESRC-funded project I would like to present tonight, namely the myth of the opium plague in China.¹

In the *Cambridge History of China* John King Fairbank, doyen of modern Chinese studies, characterised the opium trade as 'the most long-continued and systematic international crime of modern times'.² Indeed, in the field of modern history there appears to be a general consensus that Britain, in its merciless pursuit of financial gain, trampled on the sovereign rights of China in the early nineteenth century to enforce a shameful trade in opium. As the silver which Britain had to spend on buying tea from China began to drain the treasury, it was discovered that opium found an eager market in that country, starting a huge addiction problem - or so we are told - among

¹ My inaugural presents some aspects of Frank Dikötter, Lars Laamann and Xun Zhou, *Narcotic culture: A history of drugs in China*, London: Hurst; Chicago: University of Chicago Press, 2004.

² John K. Fairbank, 'The creation of the treaty system' in Denis Twitchett and John K. Fairbank (eds), *The Cambridge history of China*, Cambridge University Press, 1978, vol. 10, part 1, p. 213.

the local population. Britain used overwhelming military superiority to crush the imperial army, enforce the traffic with gunboats, burn down the Summer Palace in Beijing, and impose several unequal treaties during the 'Opium Wars' in the 1840s and ' highly sophisticated civilisation was powerless against the pernicious forces of an imperialist drug cartel, as Britain gradually extended its control over the ports of the country the better to further the opium trade. The evil of opium turned China into a nation of hopeless addicts, smoking themselves to death while their country descended into chaos.

I will leave aside an examination of the complex political issues behind the 'Opium Wars' tonight as our time is limited, and instead would like to focus on the belief that China was poisoned by opium. The image at the core of this belief has rarely been examined, either at the time by contemporaries or more recently by historians: nationalists in China were eager to find a scapegoat in imperialism by emphasising the catastrophic results of the opium trade, at the same time as foreign missionaries and campaigning journalists published sensational reports portraying China as a victim of gunboat policy.³ According to George T. Lay of the British and Foreign Bible Society, for instance, the typical opium smoker was characterised by 'lank and shrivelled limbs, tottering gait, sallow visage, feeble voice, and death-boding glance of the eye'.⁴ The missionary T. Windsor added that opium - 'one of the devil's chief agents to bind the people to himself' - kept 'hundreds of millions of people bound in absolute slavery', the only salvation being faith in Christ and belief in the Gospel.⁵ During the first decades of the twentieth century, as a narcophobic discourse gradually established itself in other parts of the world, the image of China as an opium slave became the *locus classicus* of the modern drug debate, the cornerstone of the anti-opium movement, the founding case of concerted international efforts to enforce increasingly draconian

³ Mike Jay, *Emperors of dreams: Drugs in the nineteenth century*, Sawtry: Daedalus, 2002, pp. 71-2.

⁴ Quoted in G. E. Morrison, *An Australian in China*, London: Cox, 1895, pp. 37 and 45-6.

⁵ YDL, Yale Divinity School Archive, Miner Searle Bates Papers, RG 10, II, box 11, file 196, T. Windsor, 'Opium: Methods of rescue', 1899, p. 184.

measures not only against opium but against all illicit drug use in America, Europe and Asia. China is 'Patient Zero' in what is represented as a drug plague that has contaminated the rest of the globe; it is the single most important example in history of a culture commonly claimed to have been 'destroyed' by an intoxicant other than alcohol. I would like to question this image, which not only structures the entire historiography of modern China, but also underpins much of the legitimacy of today's war on drugs.

The first step in dismantling the opium myth is to underline the lack of any medical evidence about the impact of opium on the health of individual consumers - bar mild constipation.⁶ In nineteenth-century England, where opium was chewed and eaten in tiny portions or dissolved in tinctures by consumers of all social categories, frequent and chronic users did not suffer detrimental effects from it: many enjoyed good health well into their eighties.⁷ Laudanum could be found in every home, often made to order by shopkeepers, while going to the grocer's for opium was a child's errand.⁸ In South Asia a diversity of evidence offered by both Indian and British physicians in the nineteenth century showed that opium pills were commonly taken without creating serious social or physical damage, in contrast to the strong spirits imported from abroad in the face of opposition from both the Hindu and Muslim communities.⁹

Opium is portrayed in narcophobic discourse as a drug which produced an irresistible compulsion to increase both the amount and frequency of dosage, although the historical evidence shows that very few users were 'compulsive addicts' who 'lost control' or suffered from a 'failure of will'. Richard Miller and others have pointed out

⁶ Richard K. Newman, 'Opium smoking in late imperial China: A reconsideration', *Modern Asian Studies*, 29, no. 4 (Oct. 1995), pp. 767-9; another critical voice is Mark Elvin, in Caroline Blunden and Mark Elvin (eds), *Cultural atlas of China*, Oxford: Phaidon Press, 1983, pp. 148-9, as well as Virgil K. Y. Ho, 'The city of contrasts: Perceptions and realities in Canton in the 1920s and 1930s', doctoral dissertation, Oxford University, 1995, pp. 79-123; Jack Gray, *Rebellions and revolutions: China from the 1800s to the 1980s*, Oxford University Press, 1990, is exemplary in his refusal to uncritically reproduce the stereotypes of dominant historiography; one of the earliest opponents of the opium myth was the sinologist Herbert Giles, *Some truths about opium*, Cambridge: Heffer, 1923.

⁷ Martin Booth, *Opium: A history*, London: Pocket Books 1997, p. 63.

⁸ *Ibid.*, pp. 22-31.

⁹ John F. Richards, 'Opium and the British Indian empire: The Royal Commission of 1895', *Modern Asian Studies*, 36, part 2 (May 2002), pp. 406-8.

that most reach a level beyond which they will not increase their intake: users want reliable, not infinite supplies.¹⁰ Like nicotine, opium is a psychotropic which is generally taken in determined amounts rather than ever-increasing ones: even the habitual smoker reaches 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 smoke more and more.¹¹ The riddle of opium, as Jean Cocteau observed, is that the smoker never has to increase his dose.¹² Opium smokers, in short, could moderate their use for personal and social reasons and even cease taking it altogether without help. 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.¹³

Another element of the opium myth is the refusal to accept that most opium use in Europe, the Middle East and Asia was light and moderate. The existence of a class of occasional, intermittent, light and moderate users was one of the most controversial issues in the opium debate in the late nineteenth century: recognising that the majority of consumers used the substance in moderation would have undermined the case against cultivation of the poppy.¹⁴ The denial of moderate use would also have damaged the medical argument that dosage increases could not be reversed and addiction was unavoidable, making all regular users hopeless 'addicts' and hostages to the medical authorities who alone could prevent their physical descent to certain death. However, many smokers only took up the pipe on special occasions: to take an example from nineteenth-century China, the official He Yongqing exclusively smoked opium to treat

¹⁰ Richard L. Miller, *The case for legalizing drugs*, New York: Praeger, 1991, p. 4; see also Ted Goldberg, *Demystifying drugs: A psychosocial perspective*, Houndsville: Macmillan, 1999, pp. 22-8.

¹¹ Peter Lee, *The big smoke: The Chinese art and craft of opium*, Bangkok: Lamplight Books, 1999, p. 121.

¹² Jean Cocteau, *Opium: Diary of a cure*, London: Icon, 1957, p. 20.

¹³ Virgil K. Y. Ho, 'The city of contrasts: Perceptions and realities in Canton in the 1920s and 1930s', doctoral dissertation, Oxford University, 1995, p. 112.

¹⁴ Virginia Berridge, *Opium and the people: Opiate use and drug control policy in nineteenth and early twentieth century England*, London: Free Association Books, 1999, p. 192.

diarrhoea,¹⁵ while countless others smoked no more than a dozen grams 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.¹⁶ A British consul based in Hainan 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 peasantry, healthy and energetic.'¹⁷

Another problem which needs to be addressed is the demonisation of 'opium' into a single and uniform substance. The paste varied immensely in strength and quality, while many consumers were connoisseurs who could distinguish between a large variety of products, ranging from expensive red Persian opium to qualitatively poor local produce.¹⁸ Opium is an extremely complex compound containing sugars, gums, acids and proteins as well as dozens of alkaloids which varied in proportion and content. General statements about the purported effects of 'opium' are thus as vague as blanket condemnations of 'alcohol': a world of difference existed between weak home-brewed beers in medieval Europe and strong spirits in Victorian England, and both were used in radically different social contexts. Most of the imported paste from India

¹⁵ 'Donghe zongdu Wen Chong zouqing jiang cengjing xiyapian zhi qianzong He Yongqing chigepian' (The governor general of Donghe requests the dismissal of official He Yongqing for using opium), *Junjichulu fuzouzhe*, 23 Aug. 1840, reprinted in Ma Mozhen (ed.), *Zhongguo jindu shi ziliao* (Archival materials on the history of drug prohibition in China), Tianjin: Tianjin renmin chubanshe, 1998, p. 209.

¹⁶ Royal Commission on Opium, *Final report of the Royal Commission on Opium*, London: Eyre and Spottiswoode, 1895, vol. 5, p. 244.

¹⁷ Quoted in Newman, 'Opium smoking in late imperial China', p. 779.

¹⁸ In his pioneering article on the history of opium in China, Jonathan D. Spence pointed out the diverse types of opium, although it is unfortunate that his otherwise exquisite piece invariably describes every smoker as an 'addict'; see Jonathan D. Spence, 'Opium smoking in Ch'ing China' in Frederic Wakeman and Carolyn Grant (eds), *Conflict and control in late imperial China*, Berkeley: University of California Press, 1975, pp. 143-73.

and the locally cultivated opium in China had a very low morphine content, on average 3 or 4 per cent. On the other hand, the opium imported every year into England from Turkey in tens of thousands of tonnes was very rich in morphine, ranging from 10 to 15 per cent. Moreover, 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.¹⁹

Finally, researchers working on the history of opium in China have trained their gaze exclusively on issues of supply and policy, replicating the conventional knowledge that supply determines demand.²⁰ However, the intricate and diverse ways in which drugs interact, collude and even collaborate with human beings in a range of diverse social contexts give psychoactive substances their particular epistemological interest.²¹ 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 sustained its consumption in the specific historical context of the late imperial

¹⁹ Joseph Westermeyer, *Poppies, pipes and people: Opium and its use in Laos*, Berkeley: University of California Press, 1982, p. 58.

²⁰ An excellent introduction to questions of supply and policy appears in Edward R. Slack, *Opium, state, and society: China's narco-economy and the Guomindang, 1924-1937*, Honolulu: University of Hawai'i Press, 2000; other recent studies, in alphabetical order, include Alan Baumler, *Modern China and opium: A reader*, Michigan: University of Michigan Press, 2001; Alan Baumler, 'Playing with fire: The Nationalist government and opium in China, 1927-1941', doctoral dissertation, University of Illinois, 1997; Timothy Brook and Bob T. Wakabayashi (eds), *Opium regimes: China, Britain, and Japan, 1839-1952*, Berkeley: University of California Press, 2000; Dong Yiming, 'Étude sur le problème de l'opium dans la région du sud-ouest de la Chine (pendant les années 1920 et 1930)', doctoral dissertation, Paris: École des Hautes Études en Sciences Sociales, 1997; Paul W. Howard, 'Opium suppression in Qing China: Responses to a social problem, 1729-1906', doctoral dissertation, University of Pennsylvania, 1998; Lin Manhong, 'Qingmo shehui liuxing xishi yapian yanjiu: Gongjimian zhi fenxi (1773-1906)' (A study of opium consumption in late Qing society: A supply-side analysis [1773-1906]), doctoral dissertation, Taipei: National Normal University, 1985; Joyce Madancy, 'Revolution, religion and the poppy: Opium and the rebellion of the "Sixteenth Emperor" in early republican Fujian', *Republican China*, 21, no. 1 (Nov. 1995), pp. 1-41; Thomas D. Reins, 'Reform, nationalism and internationalism: The opium suppression movement in China and the Anglo-American influence, 1900-1908', *Modern Asian Studies*, 25, no. 1 (Feb. 1991), pp. 101-42; Carl A. Trocki, *Opium, empire and the global political economy: A study of the Asian opium trade 1750-1950*, London: Routledge, 1999; Zhou Yongming, *Anti-drug crusades in twentieth-century China: Nationalism, history, and state-building*, Lanham, MD: Rowman and Littlefield, 1999.

²¹ David Lenson, *On drugs*, Minneapolis: University of Minnesota Press, 1995, p. 60.

period. The next part of this lecture will reconstruct the narcotic culture which endowed opium smoking with social significance in China.

The Spread of Narcotic Culture

The spread of opium in China from the eighteenth century onwards depended on the discovery of an entirely novel mode of delivery: smoking. Our history thus starts in America, where European settlers enthusiastically adopted the local habit of inhaling tobacco before spreading it to the rest of the world. Tobacco was first introduced into China by European traders in the late sixteenth century. The tobacco plant rapidly became a popular crop, particularly in the tropical south where it was attributed many medicinal virtues.²² In the hot, humid summers of the south, tobacco fumes were thought useful in fighting off miasmatic diseases such as malaria; in the provinces of the north, smoking was used against the effects of cold and hunger. Yao Lü (d. 1622) was an early observer of the smoking habit : 'You light one end and put the other in your mouth. The smoke goes down the throat through the pipe. It can make one tipsy, but it also protects against malaria.'²³ As tobacco was increasingly produced locally and its price became more affordable, its use spread, gradually becoming the ideal companion of tea: the teahouse acted as a venue for a combined activity which became known as *yancha*, namely 'smoke and tea' (illustration 2: a teahouse in Hong Kong, 1870s).²⁴ Guests would first smoke and then drink tea, which was supposed to cleanse the palate of the lingering taste of tobacco. Water also took time to boil: customers were offered a smoke while waiting for tea to be prepared.²⁵ Tea fulfilled a variety of social roles which account for its success in late imperial China: it could be a vector of male

²² G. Cordier, *La province du Yunnan*, Hanoi: Imprimerie Mac-Dinh-Tu, 1928, pp. 184-5.

²³ Yao Lü, *Lushu* (A journal of travels and customs), 1628-44 edition, *juan* 10, no page number.

²⁴ Yuan Tingdong, *Zhongguo xiyān shihua* (A history of smoking in China), Beijing: Shangwu yinshuguan, 1995, p. 48.

sociability, a social lubricant, a medicinal product, a recreational item, a badge of social distinction and even a symbol of elite culture. As tea varied widely in price and quality, from rare leaves brewed with imported water down to cheap jasmine tea made with ordinary rainwater, it was ideal as an indicator of social status.

Opium appeared in the early eighteenth century laced with tobacco: this blend was called madak.²⁶ The mixture was prepared by the owners of smoking houses and fetched prices significantly higher than for pure tobacco. Opium house owners in Taiwan also provided the smoking implement: a bamboo tube with a filter made of fibres produced from local coconut palms.²⁷ Only by the end of the eighteenth century was the tobacco content dropped, allowing the smoking of pure opium to become a marker of social status: in a period characterised by increased social mobility and conspicuous consumption, large amounts of money could be spent in one evening on pure opium. Wealth and status could be displayed far more effectively by smoking many pipes of pure opium than by drinking expensive tea or alcohol. The shift away from madak towards opium was facilitated by changes in the quality of opium produced in India: Malwa - shipped from India by Portuguese traders - not only varied in quality, it was also fiery and irritating when smoked pure, while high-quality Patna - produced in India under British control - was mild and pleasant to the palate.²⁸ The quality of Patna further improved after poppy cultivation in Bengal was monopolised by the East India Company in 1793, the paste being bought and transported to the rest of Asia by independent traders. Affluent smokers in China appreciated the sudden improvement in

²⁵ Qian Gechuan, 'Yanjiu yu pengyou' (Alcohol, tobacco and friends) in Lao Pin, *Mingjia bixia de yanjiuchadian* (Famous people talking about tobacco, alcohol, tea and dim sum), Beijing: Zhongguo guoji guangbo chubanshe, 1994, p. 341.

²⁶ R. M. Dane, 'Historical memorandum', in Royal Commission on Opium, *Volume VII: Final report of the Royal Commission on Opium; Part II: Historical appendices; together with an index of witnesses and subjects, and a glossary of Indian terms used in the evidence and appendices. Presented to both houses of Parliament by command of Her Majesty*. London: Eyre and Spottiswoode, 1895.

²⁷ Huang Shujing, *Taihai shichai lu* (Journal of a mission to Taiwan), orig. 1736, Shanghai: Shangwu yinshuguan, 1935, p. 40; Zhu Shijie, *Xiao liuqiu manzhi* (Account of a voyage to Taiwan), orig. 1765, Taipei: Datong shuju, 1960, p. 54.

²⁸ Ernest Watson, *The principal articles of Chinese commerce*, Shanghai: Chinese Maritime Customs, 1930, pp. 475-6.

the quality of opium, fuelling an ever-increasing demand for top-quality Patna in the early nineteenth century.

Patna opium was an exotic commodity which became an object of connoisseurship for wealthy scholars and rich merchants during the early nineteenth century. Within these privileged circles, opium was appreciated in highly intricate and complex rituals, very much as the careful preparation of high-quality tea could confer social distinction. A rich family normally had a least one 'opium sous-chef' to prepare the paste.²⁹ The cooking would be done by using two needles, 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 appearance and a deep tan, its texture and colour signalling that the substance was ready for smoking. After being pulled out of the heat, a pellet was rolled into a cone and inserted into the hole of the bowl for smoking.³⁰

Smoking utensils could become sought-after collectables (illustration 3). Expensive pipes were made of precious black wood, ivory, jade or tortoiseshell, with ornate silver decorations.³¹ The stem could vary in length, 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.³² Some connoisseurs cherished the accessories to such an extent that they became more important than the substance itself, and affluent households saw expensive pipes as a symbol of wealth and social status.³³ The close interrelation between status, consumption and connoisseurship was not confined to China, as the *chinoiserie* craze of eighteenth-

²⁹ Xiaoliu, 'Xianzi shou' (Opium sous-chefs), *Judu yuekan*, no. 85 (Feb. 1935), p. 24.

³⁰ Léon Rousset, *À travers la Chine*, Paris: Hachette, 1886, p. 289.

³¹ *Ibid.*, p. 288.

³² See Patrick J. Maveety, *Opium pipes, prints and paraphernalia*, Stanford: Stanford University Museum of Art, 1979.

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 porcelain tea ware, gilded mahogany tea furniture, silver tea *equipages* including tea caddy, teapot, tea-kettle, milk or cream jug, sugar bowl and spoon-tray.³⁴ China's opium utensils, likewise, were an integral part of the smoking ritual. 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', a veritable 'ascent to the moon' (*dao yuezhong*).³⁵

In a period marked by social mobility and anxiety over class distinctions, the traditional attributes of the scholar - calligraphy, art, literature - were perceived by some as being less desirable than clear markers of social status: opium clearly contributed to this role.³⁶ The ability to spend money on opium became a direct manifestation of wealth and status, while opium houses became known as 'money-spending holes' where customers vied to outdo each other in the conspicuous consumption of the prized narcotic.³⁷ A committed opium user would, in competitive conspicuousness, strive to become an 'opium connoisseur', connoisseurship being a carefully cultivated gentleman's art. Connoisseurs were defined not only by their expertise, but 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 cultural attributes of elite connoisseurship.

³³ See the opinion of Claude Farrère, *Fumée d'opium*, Paris: Mille et Une Nuits, 2002, pp. 16-23.

³⁴ John Burnett, *Liquid pleasures: A social history of drinks in modern Britain*, London: Routledge, 1999, p. 50.

³⁵ Bing Miao, 'Yanxia zhuiyu' (Embellished words for smoking clouds), *Jinyan zhuanke* (Special publication on opium prohibition), Shanghai: Shanghai jinyan weiyuanhui, 1935, p. 28.

³⁶ Zhang Changjia, 'Yanhua' (On opium) in A Ying (ed.), *Yapian zhanzheng wenxue ji* (Collection of literary writings on the Opium War), Beijing: Guji chubanshe, 1957, vol. 2, pp. 755-78.

³⁷ Lu Geting, 'Chunxilu shang de "xiaojinku"' (Money spending holes on Chunxi Street) in Feng Zhicheng, *Lao Chengdu* (Old Chengdu), Chengdu: Sichuan wenyi chubanshe, 1999, pp. 133-5.

As the poppy was increasingly cultivated in China and 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' (*yingchou*) offered to guests became an indispensable aspect of social etiquette, and failure to offer opium was considered a serious *faux pas*. Refreshments and tea would also be served, while the honoured guest reclined on a cushioned platform, at times covered in auspicious red, in order to receive his pipe.³⁸ 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 opium houses or at home, opium would be smoked by friends while enjoying leisurely conversations or in groups where the pipe was passed around. During the socio-economic changes experienced in the second half of the nineteenth century, opium- and teahouses as well as alcohol-serving inns provided spaces of social comfort where ordinary people could meet and socialise.³⁹

Opium houses, contrary to the myth of the opium den as a dark and depraved trap in which the opium lamp threw a feeble light on the gaping mouths of dazed addicts, were respectable sites of male sociability where moderate amounts of opium could be shared together with tea, fruit, sweets, snacks and food (illustration 4: well-to-do opium smokers, end of Qing). In a culture of restraint, opium was an ideal social lubricant which could be helpful in maintaining decorum and composure, in contrast to alcohol which was believed to lead to socially disruptive modes of behaviour. 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

³⁸ Rousset, *À travers la Chine*, pp. 288-9.

³⁹ See Sun Jiazhen, *Xiaoxiang haishang fanhuameng* (The vanity fair of Shanghai with portraits), Shanghai: Shangwu yinshuguan, 1915 and Sun Jiazhen, *Xu Haishang fanhuameng* (Sequel to the vanity fair of Shanghai), Shanghai: Jinbu shuju, 1916; also Chen Songfeng, *Yanshi wenjianlu* (Stories on tobacco), Beijing: Zhongguo shangye chubanshe, 1989, p. 152.

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.'⁴⁰ As late as in 1930, even the League of Nations reported 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.'⁴¹

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 in spartan fashion with iron couches and straw mattresses, and acting as a magnet for homeless migrants and roving gamblers. Such opium houses provided many of the poor with a temporary home, bath facilities and the opportunity to eat.⁴² 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 (opium was tolerated in Thailand until 1957): 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 stripped to underpants and slippers for a couple of hours of leisurely smoke before falling asleep on the plain wooden floors of their cubicles.⁴³ 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

⁴⁰ W. Somerset Maugham, *On a Chinese screen*, London: William Heinemann, 1922, pp. 60-1.

⁴¹ League of Nations, C635/M254/1930/XI, Commission of Enquiry into the Control of Opium-Smoking in the Far East, *Report to the Council*, Nov. 1930, p. 33.

⁴² 'Hangzhou tongxun: Qingmo Hangzhou' (Correspondence from Hangzhou: Hangzhou during the late Qing), *Judu yuekan*, no. 98 (April 1936), p. 6.

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.

Opium as a Panacea

Smoking was a complex social ritual with inbuilt restraints on the amount of opium which could be consumed: it had no negative 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 Victorian England, opium was a medical panacea for many working people before modern synthetic medications became available.⁴⁴ The chief motive for smoking opium in China was self-medication: to reduce pain, fight fevers, stop diarrhoea, and suppress coughs. 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 opium in treating diarrhoea.⁴⁵ 'Opium was our medicine, it was all we had', one ex-Guomindang soldier told interviewers in Thailand.⁴⁶

The spread of affordable opium titrated in small quantities thanks to the sophisticated mechanism of the opium pipe allowed even the most dispossessed 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

⁴³ Richard Hughes, *Foreign devil: Thirty years of reporting from the Far East*, London: Deutsch, 1972, pp. 249-53.

⁴⁴ Berridge, *Opium and the people*, pp. 35-8.

⁴⁵ Robert M. Julien, *A primer of drug action*, New York: Freeman, 1996, p. 247; Alexandre Duburquois, *Notes sur les maladies des européens en Chine et au Japon*, Paris: Medical Faculty, 1872, pp. 12-13,.

of the few precise studies available indicates that digestive problems accounted for almost half of all the cases of medical smoking examined in Taiwan in 1907-8, followed by diseases affecting the lungs, the nervous system, and acute fevers. People living in isolated parts of the island where no medical facilities were available would regularly resort to self-medication through opium smoking.⁴⁷

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 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.⁴⁸ 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'.⁴⁹ Allow me to remind you that literally millions of individuals suffer from chronic and debilitating pain in Europe today - including one in seven in this

⁴⁶ Jon Boyes and S. Piraban, *Opium fields*, Bangkok: Silkworm Books, 1991, p. 64.

⁴⁷ K. Morinaka, 'Chronic morphine intoxication', *Zhonghua yixue zazhi*, 15, no. 6 (Dec. 1929), pp. 764-94.

⁴⁸ Shanghai shili hubei jieyan yiyuan (ed.), *Shanghai shili hubei jieyan yiyuan nianbao fuce* (Annex to the yearly report of the Zhabei anti-opium hospital), Shanghai: Shanghai shili hubei jieyan yiyuan, 1935, pp. 2-12.

⁴⁹ Kwa Tjoan Sioe and Tan Kim Hong, 'The mass treatment of drug addiction by the Modinos' phlycten method' in Phya Damrong Baedyagun and Luang Suvejj Subhakich (eds), *Transactions of the eighth congress of the Far Eastern Association of Tropical Medicine*, Bangkok Times Press, 1931, p. 53.

country alone - without adequate treatment, as medical science has yet to discover a viable alternative to opium.⁵⁰

Among the medical reasons for the popularity of opium was its imagined or genuine efficacy against the communicable diseases which destroyed countless lives in late imperial China. Fevers were endemic in the sub-tropical hills of southern China, and opium was considered an unrivalled remedy. A global epidemic of cholera, causing painful diarrhoea and bowel disorders, also reached China between 1817 and 1822.⁵¹ Cholera arrived in the wake of opium: from India via the Straits Settlements to Canton, and further inland following established opium trading routes.⁵² It may be a mere coincidence that opium and cholera proliferated in China in the same period - both to some extent the result of a greater mobility of people and goods in an age of 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.

Prohibition and its Consequences

My lecture so far has questioned the image of China as the victim of a 'drug plague' by explaining that opium was a culturally privileged intoxicant 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? The second half of the nineteenth century saw the rise of the medical profession in Europe and the United States, and newly-created medical associations sought moral authority

⁵⁰ Danielle Demetriou, 'Chronic pain costs over £24m a year', *The Independent*, 14 October 2003, p. 5.

⁵¹ Dong Lu, Xi Ma and François Thann, *Les maux épidémiques dans l'empire chinois*, Paris: L'Harmattan, 1995, pp. 59-61; see also Yu Yunxiu, 'Liuxingxing huoluan yu Zhongguo jiu yixue' (Cholera epidemics and Chinese traditional medicine), *Zhonghua yixue zazhi*, 29, no. 6 (Dec. 1948), pp. 273-88.

⁵² J. W. H. Chun, 'An analysis of the cholera problem in China with special reference to Shanghai' in Wu Lien-teh (ed.), *Transactions of the ninth congress of the Far Eastern Association of Tropical Medicine*, Nanjing, 1935, vol. 1, pp. 399-400.

and legal power by transforming opium from a folk remedy into a controlled substance. The germ theory in particular enabled medical experts to portray it as a dangerous poison which they alone were qualified to administer. Medical associations vigorously pursued a monopoly over the opium supply, legal sanctions against opium trafficking and statutory rights to treat 'opium addicts': addiction became a growth industry for the medical profession.⁵³ New notions of an 'opium plague' and a 'drug contamination' also nicely dovetailed with the moral arguments advanced by anti-opium societies in the last third of the nineteenth century: the former enabled the latter to reach a much larger audience and obtain wider public support.⁵⁴ As Mike Jay has shown, while opium did not change in itself, the world around it gradually did, as the substance became a scapegoat in the politics of nationalism, a vector of racial anxieties, a bone of contention in a professional struggle against self-medication and the very foundation of a new disease theory of addiction.⁵⁵ Moreover, 'war on drugs' allowed political leaders and social elites in China to invent a fictive enemy on to whom social anxieties could be projected: narcophobia created a scapegoat. Opium represented both the enemy within - the morally depraved and physically weak addict - and the enemy outside - conniving foreign powers bent on enslaving the country. Opium became the rallying point around which social unity could be asserted, as both addicts and imperialists emerged as the ultimate alter ego against which national identity could be defined. Peddled by imperialist powers, insinuating itself into the bloodstream of the nation, poisoning the minds and bodies of the country's millions, opium gradually became a symbol of national weakness, the cause of a massive 'failure of the will'. Just as the missionary stood as the emblematic figure of a foreign religion, opium emerged as the epitome of imperialist power: a string of anti-opium movements from 1906 onwards attempted to stamp it out.

⁵³ Jay, *Emperors of dreams*, p. 69.

⁵⁴ Berridge, *Opium and the people*, pp. 193-4.

⁵⁵ Jay, *Emperors of dreams*, p. 69.

If opium was medicine as much as recreation, there is abundant evidence that the transition from a tolerated opium culture to a system of prohibition from 1906 to 1949 produced a cure which was far worse than the disease. Tens of thousands of ordinary people were imprisoned and died from epidemics in crowded cells, while those deemed beyond any hope of redemption were simply executed (illustration 5: drug user Ding Yüting before being shot in Qingdao, 1936). Opium smokers also died in detoxification centres either because the medical authorities failed effectively to treat the ailments for which opium was taken in the first place or because replacement treatments were poorly conceived and badly administered. Plenty of archival evidence exists to illustrate how opium smokers died within the first few days of treatment. One Han Zeng took advantage of an amnesty granted to volunteers for detoxification in 1915, but died on the first day of a fever: none of his relatives could be traced to collect his body.⁵⁶ In 1946, to take an example which dates from the end of the republican era, seventy-three-year-old Luo Bangshi, who had relied on opium to control severe gastrointestinal problems, was compelled by the local court in Jiangsu province to follow detoxification treatment, and he died in hospital on the second day of his replacement therapy.⁵⁷

Official attempts to police the bloodstream of the nation engendered corruption, a black market and a criminal underclass. They also accelerated the spread of morphine and heroin. Both were widely smoked by a variety of social categories in the first decades of the twentieth century, although some of the heroin pills taken for recreational purposes contained only a very small proportion of alkaloids and were often based on lactose or caffeine. Morphine and heroin had few concrete drawbacks, and a number of practical advantages which persuaded many opium smokers to switch under prohibition: pills were convenient to transport, relatively cheap, odourless and

⁵⁶ Beijing Municipal Archives, J181/19/9807, 'Jiaoyangju guanyu Han Zeng jieyan yinbing siwang zhi an' (Report from the reform centre regarding the death of Han Zeng from illness whilst undergoing drug rehabilitation), 1915.

⁵⁷ Jiangsu Provincial Archives, 1002/2/3473, 'Yanmin siwang ji qiangjue yanfan juan' (Files concerning cases of death and execution among drug criminals), 1946.

thus almost undetectable in police searches, and easy to use since they no longer required the complicated paraphernalia and time-consuming rituals of opium smoking. Heroin pills, red pills in particular (illustration 6), enabled consumers to replicate the smoking culture created around opium while avoiding most of the problems produced by anti-opium legislation: they allowed narcotic culture to be reproduced in a different legal context. Opium houses increasingly gave way to heroin houses, which took over many of their social functions. In Beijing clandestine heroin houses were situated in private courtyards or secret locations advertised in pawnshops through cryptic references to dispensaries of patent medicines. A typical establishment would consist of the owner or manager, his wife, a waitress and a 'boy'. The owner normally looked after the business outside, while the wife or waitress sat by the till selling the goods. The 'boy' took care of rich patrons while keeping an eye on poor customers. He also administered injections.⁵⁸

The link between anti-opium policies and the increased use of semi-synthetics was noted by the National Anti-Opium Association of China in 1929: 'We are quite taken by surprise by the fact that inversely as the evil practice of opium smoking is on the decrease through the united effort of the people, the extent of illicit trade in, and use of, narcotic drugs, such as morphine, heroin and cocaine, is ever on the increase.'⁵⁹ The association noted that in the provinces of Shandong and Shanxi, where opium was effectively prohibited, an unexpected expansion in the volume of morphine and heroin trading was taking place in the late 1920s. Similar observations were made by members of the association based in other provinces where new regulations were being rigidly enforced.⁶⁰ Foreign experts also noted how opium suppression encouraged heroin use. Dr K. Morinaka observed that morphine intoxication in the rest of the world was often due to dependence on or misuse of medical drugs, while in China the main motive was

⁵⁸ Tao Yunde, *Yapian zhi jinxi* (A history of opium), Shanghai: Yuzhoufeng chubanshe, 1937, p. 24; Shanghai Municipal Archives, U1/4/2690, 'Report', 1935, p. 205.

⁵⁹ National Anti-Opium Association of China, 'The narcotic situation in China', *Zhonghua yixue zazhi*, 15, no. 2 (April 1929), p. 270.

⁶⁰ *Ibid.*, p. 271.

the search for cheaper alternatives to the opium available on the black market.⁶¹ Government officials made similar observations. Tang Liangli, for instance, underlined that strict prohibition encouraged opium smokers to become morphine injectors. 'By enforcing drastic measures against the use of opium the Chinese Government would run the risk of increasing the number of drug addicts,' Tang warned in 1935.⁶²

Although some heroin pills hardly contained any alkaloids, the dirty needles shared by the poor caused lethal septicemia and transmitted a range of infectious diseases (illustration 7: fortune-teller Leng Shazi and friend, 1930s). The spread of the syringe in modern China was facilitated by a popular needle lore, which regarded the insertion of needles into the body as a therapeutic practice (acupuncture is a good example). The needle was widespread among the poor: in the 1930s a journalist visiting a heroin house in Shanghai noted that some hypodermics were made from ordinary eye-droppers or pipettes and the more expensive ones from copper.⁶³ Even in local gaols, crude hand-made syringes circulated to inject shots bought for a few coppers.⁶⁴ Some observers noted that most needles were never sterilised, often being the principal vector in the spread of syphilis. Injectors contracted lung infections, blood poisoning or nephritis through needle sharing.⁶⁵ Wu Liande, a medical expert based in Harbin during his fight against a plague epidemic, also observed how thousands of morphine victims died every year of neglect, starvation and septicemia caused by dirty needles. In the cities of Harbin, Changchun and elsewhere in Manchuria the public health services had to bury hundreds of bodies found by the road with injection marks.⁶⁶

⁶¹ K. Morinaka, 'Chronic morphine intoxication', *Zhonghua yixue zazhi*, 15, no. 6 (Dec. 1929), pp. 766 and 771.

⁶² Tang Leang-li, *Reconstruction in China*, Shanghai: China United Press, 1935, pp. 120-1.

⁶³ 'Heroin injection horrors,' *North China Herald*, 8 July 1936, p. 82.

⁶⁴ L. S. Huizenga, 'Autogenous serum treatment for opium addicts', *Chinese Medical Journal*, 49, no. 7 (July 1935), pp. 719-21.

⁶⁵ *Zhonghua quanguo jidujiao xiehui judu weiyuanhui, Duji wenda* (Questions and answers regarding narcotics), Shanghai: Zhonghua guomin juduhui, 1925, p. 11.

⁶⁶ Wu Lien-teh, 'Public health aspects of the narcotic problem', *Zhonghua yixue zazhi*, 11, no. 6 (Dec. 1925), p. 423.

Ironically, the only region where semi-synthetics failed to displace opium was the British crown colony of Hong Kong. As a result of colonial commitment to a government monopoly over the sale and distribution of opium from 1914 to 1943, the paste remained more cost-effective and convenient than heroin and morphine (more research may show that a similar stability in established patterns of intoxication characterised other colonial regimes in Asia between the two World Wars, notably Java under the Dutch Opium Regie and British India). After the colonial authorities were no longer in a position to withstand American opposition to the opium trade and were obliged to eliminate state monopolies, most opium smokers switched to heroin within less than ten years.⁶⁷ Harold Traver suggests that the example of Hong Kong shows not only that opium prohibition generally encourages the spread of heroin, but that governments may be more successful when it comes to actively promoting drugs - whether alcohol, tobacco or opium - than in striving against all odds to prohibit them.⁶⁸

Epilogue

The Chinese Communist Party actively participated in the illegal opium trade during their fight against the Guomindang: opium was one of the most important financial resources of the party, allowing it to overcome a number of fiscal difficulties and build an alternative state in the hinterland.⁶⁹ After their takeover of the country in 1949, however, it took the party a mere three years radically to eliminate all illegal substances: a dense network of police institutions, resident committees and mass organisations

⁶⁷ On the role of the United States in pushing a policy of strict prohibition at all cost, see David R. Bewley-Taylor, *The United States and international drug control, 1909-1997*, London: Pinter, 1999.

⁶⁸ Harold Traver, 'Opium to heroin: Restrictive legislation and the rise of heroin consumption in Hong Kong', *Journal of Policy History*, 4, no. 3 (1992), pp. 320-1.

⁶⁹ Ch'en Yung-fa, 'The blooming poppy under the red sun: The Yan'an way and the opium trade' in Tony Saich and Hans van de Ven (eds), *New perspectives on the Chinese communist revolution*, New York: Sharpe, 1995, pp. 263-98; his findings are confirmed in National Archives Number Two, 41/78, 'Neizhengbu Hebei ji Ping Jin shi 1946-1948 niandu yandu dujin gongzuo jihua baogao' (Annual reports on opium suppression in 1946-8 from the Beijing and Tianjin divisions of the Ministry of Internal Affairs), 1946-8, pp. 26-42 and attached report.

were used to crush drug offenders, some even being denounced by their own family members. Public trials and mass executions dealt a final blow to narcotic culture, while tens of thousands of offenders were sent to labour camps, often for life.⁷⁰ 'Opium', like 'prostitution', was portrayed as evil incarnate and the party spared no effort in suppressing these symbols of capitalist decadence brutally and massively.

While it is a major tenet of the opium myth that the communists 'successfully' eliminated the 'drug plague', with complete disregard for the human cost of their crusade, medical and social variables were as important in the long-term erosion of narcotic culture as political factors. Penicillin appeared in the 1940s as the first antibiotic successfully to treat a whole range of diseases which had previously been managed with opiates: antibiotics took over the medical functions of opiates. On the other hand, the social status of opium was already on the decline in the 1930s, abstinence being seen as a mark of pride and a badge of modernity among social elites, very much as the rising middle classes elsewhere started to 'free' themselves from morally reprehensible 'drugs'. In Java the number of opium smokers dropped drastically during the 1920s without any forceful prohibition under the Opium Regie, opium sign of the uncivilised: cigarette smoking took off instead.⁷¹ Similar social differentials were also prevalent in China as opium went out of fashion: The *Shanghai Times* confidently stated in 1937 that opium smoking was doomed in China as the practice was not 'in keeping with modern habits and outlook of life'.⁷² Jean Cocteau put it more succinctly: 'Young Asia no longer smokes because "grandfathers smoked"'.⁷³

The cigarette, on the other hand, was fashionable and modern. Despite the spread

⁷⁰ See various contributions in Ma Weigang (ed.), *Jinchang jindu* (Eliminate prostitution and eradicate opium), Beijing: Jinguang jiaoyu chubanshe, 1993; see also Zhou Yongming, *Anti-drug crusades in twentieth-century China: Nationalism, history, and state-building*, Lanham, MD: Rowman and Littlefield, 1999.

⁷¹ James R. Rush, 'Opium in Java: A sinister friend', *Journal of Asian Studies*, 44, no. 3 (May 1985), p. 557.

⁷² 'The opium question', *The Shanghai Times*, 9 July 1937.

⁷³ Jean Cocteau, *Opium: Diary of a cure*, London: Icon, 1957, p. 18.

of morphine and heroin as alternatives to opium, the commodity that most benefited from prohibition was the ready-made cigarette. It was light and palatable, easy to store and handy to use, capable of delivering nicotine straight to the lungs in short spans of time which were perfectly attuned to the faster pace of city life.⁷⁴ British American Tobacco thrived in republican China, selling half a billion cigarettes a month in a number of provinces in the 1930s,⁷⁵ and its sophisticated system of mass distribution and production was transferred to the Chinese government by Mao Zedong in 1952.⁷⁶ Tobacco cultivation and cigarette production were vigorously promoted by the communist party, as the cigarette was allowed to take over the everyday rituals and social roles of opium within a thriving smoking culture which appeared impervious to the deleterious effects of nicotine. Cigarettes evoked power and prestige and were promoted by the top leadership: Deng Xiaoping even expressed his gratitude to the cigarette as the reason for his longevity.⁷⁷ By the end of the twentieth century China would emerge as the largest market for cigarettes and the world's leading tobacco producer.

Opium should thus be understood as part of a much wider culture of intoxication based on the inhalation of smoke: as Europe took to alcoholic and caffeinated drinks from the sixteenth century onwards, China developed a sophisticated smoking culture, starting with tobacco in the seventeenth century, followed by madak in the eighteenth, opium in the nineteenth, and cigarettes in the twentieth. The habit of smoking crossed all social divides and included women and children, supported by the invention of ingenious technologies, the opium pipe being a prime example. The advent of the cigarette in the twentieth century thus completed the smoking revolution, which had

⁷⁴ David T. Courtwright, *Forces of habit: Drugs and the making of the modern world*, Cambridge, MA: Harvard University Press, 2001, p. 114.

⁷⁵ John Logan, *China old and new*, Hong Kong: South China Morning Post, 1982, p. 55.

⁷⁶ Sherman Cochran, *Big business in China: Sino-foreign rivalry in the cigarette industry, 1890-1930*, Cambridge, MA: Harvard University Press, 1980.

⁷⁷ Iris Cheng, Virginia L. Ernster and He Guanqing, 'Tobacco smoking among 847 residents of east Beijing, People's Republic of China', *Asia-Pacific Journal of Public Health*, 4, nos 2-3 (1990), pp. 156-63.

started and now ended with tobacco.

The image of China as an opium slave was the starting point of an international war on drugs which is still being fought today. China was 'Patient Zero' in what is seen as a drug plague that has contaminated the rest of the globe, from opium in the nineteenth century to ecstasy in the twenty-first. Official and popular attitudes towards psychoactive substances today are all too often based on a century of narcophobic propaganda which has disregarded the complex choices made by human beings and instead portrays 'drugs' as an intrinsic evil leading to certain death. Prohibition fuels crime, fills prisons, feeds corruption, endangers public health, restricts the effective management of chronic pain and produces social exclusion. The best way to win the 'war on drugs' may well be to stop fighting it.

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