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Cannabis and the Cultures of Colonialism:

Government, medicine, ritual and pleasures in the history of an Asian drug (c. 1800 – c. 1895)

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Abstract

The paper examines attitudes towards cannabis evident in the colonial archives of British India. It identifies and historicizes both European and Asian perspectives on preparations of the plant. On the one hand the paper argues that even in societies that had long experience of cannabis, cultural practices and understandings surrounding the drug were never homogenous or static. On the other hand, it shows that even where the methods of 'modern' government are focused on the issue of cannabis, they bring no more clarity than the local cultural constructions that have grown out of experience. The conclusion is that cannabis eludes simple location in any cultural system, partly because the substance is complex and unpredictable in its effects on human physiology, and partly because its properties place it in an often ambiguous or unstable relationship with moral codes, government systems and social organisations.

Introduction

<1>

Cannabis was regularly used as a medicine, a tonic and an intoxicant in societies in three broad regions prior to the nineteenth century: North Africa, Central America and South Asia. Economic and political forces from 1800 onwards drove processes that spread knowledge and consumption of cannabis products across the world, and societies that had never encountered these substances before both embraced and condemned them. Some of my previous work has considered these societies, particularly Britain, but today I want to look at South Asia. I will argue that even in those societies where use of cannabis products was well-established and of long standing, attitudes towards them were never homogenous, agreed upon or static. The British, in seeking to learn more about the potential and problems of cannabis conducted a number of wide-ranging surveys of consumers in India in the nineteenth century and it is from these that this paper will seek to reconstruct a picture of attitudes towards cannabis in South Asia in this period.

Indian perspectives

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Not everybody in India used cannabis narcotics or indeed approved of them. One British officer could write in the 1840s that in Gurhwal "the Khussea and the Doom class as above stated, alone cultivate the Hemp – the Rajpoots and Brahmins considering it quite a degradation to have anything to say to its culture and I am told that both in Kumaon as well as here it is reckoned a term of severe reproach and abuse for one of the latter class to be

told that he cultivates it or that it is found close to his own door"¹. Use in this part of India was evidently frowned upon by the elites of the area (Rajputs and Brahmins are of high status in the Hindu caste system whereas the Khussea and Doms are of lower status). Other reports also give the impression that use of the substances was limited only to certain groups of people in India. George Watt was a reporter on economic products for the Government of India and described in the 1880s his experience of users among the population in Bengal. It must not be forgotten that the agricultural classes who of course constitute the vast majority of the inhabitants of India never partake of hemp narcotics. It is the artisans, mendicants and domestic servants who are the chief consumers; the middle and upper classes partake of hemp only at certain religious observances and even then to but a very small extent.²

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However, the picture elsewhere seems to suggest that consumption was common to Indians in urban and rural contexts and throughout the many castes and classes. In Delhi it was observed that both the rich and the poor among Hindus indulge in this narcotic, whereas only the lower class of Muhammedans partake of it. The habitual indulgers are to be found in saises, dhobis, faquirs, labourers, kahars, and halalkhors. They may be found in groups of 20 or 30 from three to five in the afternoon in the Kerdun Shuraf, Panch Kua, Eed Ghar or on the banks of the Jumna, clubbing together for a smoke at from a dumrie to a pic or two a head. The pipe is passed round until they become merry or angry and too often quite intoxicated. Brahmins, mahajuns and bunyas generally smoke charas at their own houses every day in the afternoon.³

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Elsewhere in the country similar groups seem to have taken hemp narcotics. As in Delhi, where workers like the saises⁴ and the labourers resorted to the drug, it was felt in Hyderabad that "these drugs are taken by the labouring poor as a means to lighten their daily work,"⁵ and in the Central Provinces it was reported that "persons whose employment subjects them to great exertions and fatigues, such as palki bearers etc. are solely enabled to perform the wonderful feats that they not unfrequently do by being supported and rendered insensible to fatigue by ganja".⁶ The working population of India resorted to narcotic preparations as a sort of combination of intoxicant and medicine to combat the effects of a hard life and to aid rest and recovery or as one British official wrote, "to dull the pain of exposure and starvation and [...] to induce a pleasant languor and stupor."⁷

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¹ "Report on Hemp Cultivation et cetera in British Gurhwal by Captain H. Huddleston, 14th July 1840," in: Papers Regarding the Cultivation of Hemp in India, (Agra: Secundra Orphan Press, 1855), XVIII.

² G. Watt: Hemp or Cannabis Sativa (being an enlargement of the article in the 'Dictionary of Economic Products of India'), Calcutta 1887, 26.

³ J. Penny: Civil Surgeon Delhi to Government of Punjab, in: "Papers relating to the consumption of ganja and other drugs in India." in: British Parliamentary Papers 66 (1891), 14.

⁴ Saises are grooms, as in horses.

⁵ J. Stubbs: Commissioner Hyderabad to Resident Hyderabad, in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 23.

⁶ L. Neill: Sec to Chief Commissioner to Dept. Agriculture, Revenue and Commerce, in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 11.

⁷ A. Rogers: Revenue Commissioner to Government of Bombay, in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 59.

As mentioned in the Delhi report above, hemp narcotics also had a place in the religious life of Indian society. The faquirs are mentioned as smoking it there, while in the Bombay Presidency it was noticed that "ganja appears to be chiefly used by 'gossavees', 'faquirs' and other mendicants, generally of a low class,"⁸ and in Bengal it was considered an act of charity to supply religious wanderers with ganja.⁹ Preparations of the drug were also used by the wider society within their religious and cultural rituals. In Hyderabad it was the case that "some people, except Marwaris, offer it first to their gods,"¹⁰ and in Uttar Pradesh it was noticed that "there is also a concoction of bhang and sweetmeats called majum, which is an accompaniment at festivals and other great gatherings of the brethren."¹¹ One such festival was that of the goddess Durgá that was celebrated with most energy in Bengal. There, drinks prepared with hemp narcotics were integral to the celebrations: "On the last day of the Durgá Pujá it is religiously offered to every guest and member of the family, and those who do not like to take it put a drop of it on their tongue by way of acceptance."¹²

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Indeed, it is also evident that it was not just the wealthier and elite groups of Delhi who used the narcotics and it seems that members of high income or high status groups elsewhere in India were also consumers. In Bombay it was asserted that "all classes of the community make use of hemp, and all castes of Hindus from the Brahmin downwards."¹³ In Madras, the elites seemed to prefer to drink their hemp preparations, "bhang is used in the shape of a drink prepared in various ways and chiefly consumed by the better classes"¹⁴.

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One reporter despaired of any generalisation when it came to Indians and their favourite intoxicants:

It must always be borne in mind that a statement which holds good for any given tract may be in no sense true of the tract next to it [...]. Thus there are certain tracts which may be described as country-spirit consuming tracts, and others which may be respectively described as opium, ganja and pachwai (rice/grain beer) consuming tracts; and it will be shown in the course of this report that not only is country-spirit the main excisable article used in the tracts first mentioned, but that its consumption elsewhere is comparatively unimportant. Similar statements hold good of the opium, ganja and pachwai tracts. But when the various parts of each of these tracts are examined in detail, all sorts of differences are found. In one part of the country-spirit tract for instance there is a considerable consumption of tari, in another pachwai is much used by certain classes, in some parts ganja is greatly consumed and in other parts opium.¹⁵

⁸ L. Reid: Commissioner of Customs Bombay to Government of Bombay, in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 54.

⁹ Hem Chunder Kerr: "Report of the Cultivation of and Trade in Ganja in Bengal." in: "Papers relating to the consumption of ganja and other drugs in India." in: British Parliamentary Papers 66 (1891), 141.

¹⁰ Iajoodeen Hoosain: "Report on the subject of ganja and bhang," in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 26.

¹¹ Abstract of replies regarding abuse of ganja and bhang [in Oudh], in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 45.

¹² Kerr: "Report of Ganja" (FN 8), 105.

¹³ H. Carter: "Memorandum on effects of Hemp," in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 57.

¹⁴ E.G. Balfou: Inspector General of Hospitals to Government of Madras, in: "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 80.

¹⁵ Report of the Commission appointed by the Government of Bengal to enquire into the Excise of Country Spirit in Bengal, 1883–84, Calcutta (Bengal Secretariat Press) 1884, 4.

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In short, the picture from the middle of the nineteenth century that emerged from across India was of a population that enjoyed its intoxicants. These were resorted to for the pleasure of stimulation or for the relief of torpor. They were taken as aphrodisiacs by some and to enable a hard afternoon's work by others. The elites in some parts of the country enjoyed them as much as the workers did in the towns and the villages and in similar ways to that of the peasants in other parts of the country. The various classes and castes of the Indian population constituted the largest market in the world for cannabis products.¹⁶

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Reports from the end of the century showed how complex the beliefs could be about these cannabis products. In Bombay, for example, the Collector of Land Revenue and Customs wrote a lengthy report in which he regaled the Indian Hemp Drugs Commission of 1893/94 with details of exactly how embedded cannabis preparations were in Indian culture. "The properties of the bhang plant, its power to suppress the appetite, its virtues as a febrifuge, and its thought-bracing qualities show that the bhang leaf is the home of the great Yogi or brooding ascetic Mahadev," claimed Campbell asserting that "such holiness and such evil-scaring powers must give bhang a high place among lucky objects." Preparations of cannabis were central to Hindu legend: "Shiva on fire with the poison churned from the ocean was cooled by bhang. At another time, enraged by family worries, the god withdrew to the fields. The cool shade of a plant soothed him. He crushed and ate of the leaves, and the bhang refreshed him. For these two benefits bhang is shankarpriya, the beloved of Mahadev."

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Because of these religious properties the drugs were used as a part of all manner of rituals and celebrations. Marriages were sealed with the use of cannabis preparations: So evil scaring and therefore luck bringing a plant must play an important part in the rites required to clear away evil influences. During the great spirit time of marriage in Bombay among almost all of the higher classes of Gujarat Hindus, of the Jain as well as of the Brahmanic sects, the supplies sent by the family of the bride to the bridegroom's party during their seven days' sojourn includes a supply of bhang. The name of the father who neglects to send bhang is held in contempt. Again, after the wedding when the bridegroom and his friends are entertained at the house of the bride, richly spiced bhang is drunk by the guests. The Gujarat Mussalman bride, before and after marriage, drinks a preparation of bhang.

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Campbell also mentioned that oaths were taken with the hand on the cannabis leaf, and that during eclipses, war and times when the rains failed bhang was offered to the gods. Indeed, the drugs were not just part of Hindu culture and he was concerned to show that Muslims in the west of India also approved of bhang "to the follower of the later religion of Islam the holy spirit in bhang is not the spirit of the Almighty. It is the spirit of the great prophet Khizr or Elijah." Both Muslims and Hindus believed, asserted Campbell, that cannabis preparations dulled the pangs of hunger, helped to cure madness, calmed panic, gave comfort in times of trouble and indeed allowed even the most humble to experience heaven. He ended his note

¹⁶ For more on the consumers of cannabis and the customs surrounding the drug in South Asia see J. Mills: Cannabis Britannica: Empire, Trade and Prohibition, Oxford 2005, 47-69.

by quoting a local saying: "We drank bhang and the mystery I am, He grew plain. So grand a result, so tiny a sin."¹⁷

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However, while the IHDC report does contain plenty of evidence that cannabis preparations were a welcome and integral part of Indian culture, it also shows that elements in various cultures rejected them. The Commission member, Lala Nihal Chand, collected together a number of songs and sayings from among the volumes of evidence. In the North West Provinces for example, there was a saying that "if one smokes charas, one's learning is diminished, the seed is burnt up within, coughing goes on till one's belly bursts, and one's face grows red like that of a monkey." In the Punjab, it was not redness of face that was the problem but quite the opposite: "Whoever smokes ganja, his face grows pale, His wife will complain he is impotent, His brother will say he is afflicted with pain, But the smoker will turn to his chillum again." Of the rhyming warnings, the best comes from Sind:

It is not charas but a curse
It burns the chest and heart to its worse.
It brings on dimness of the eyes
To phlegm and cough it must give rise.
To blind the eyes it never fails
Or cripple limbs that once were hale.
In what but death, ends its sad tale?¹⁸

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Among the most interesting stories that came from the reports to the IHDC was one of a religious revivalist movement, known as Trinath worship, in Eastern Bengal. Started in 1867 by a former policeman, Ananda Chandra Kali, the focus of the worship was the Hindu holy trinity Brahma, Bishnu and Shiva ('Tri' means three and 'Nath' means lord in Sanskrit). Crucially however, the rituals were intended to socially unite the divided Hindu community by appealing to the rich and poor and to all of the various local sects and castes. Ananda Chandra therefore wanted to keep his ceremony simple and cheap so he focused on the consumption of three articles that all could afford from the local market: oil, betel leaf and ganja. The votaries should assemble at night and worship with flowers. The ganja should be washed in the manner in which people wash ganja for smoking. The worshipper must fill three chillums with equal quantities of ganja, observing due awe and reverence. When all the worshippers are assembled the lamp should be lit with three wicks and the praises of Trinath should be sung. As long as the wicks burn, the god should be worshipped and his praises chanted. The god should be reverentially bowed to at the close of the ouja. When the reading of the Panchali is finished, those that will not show respect to the Prasad (the offering which has been accepted by the god) id est chillum of ganja, shall be consigned to eternal hell, and the sincere worshippers shall go to heaven.

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The Inspector of Excise who wrote this report, Abhilas Chandra Mukerji, explained that the worship had quickly spread as it appealed to the many ganja smokers of the region legitimising their habit. Indeed, he speculated that Ananda Chandra, the high priest of the Trinath rituals, had just such an agenda in mind when he first set up his temple: "Being a

¹⁷ Note by Mr J.M. Campbell, Collector of Land Revenue and Customs and Opium, Bombay, on the religion of hemp, in: Report of the Indian Hemp Drugs Commission 1893–94, vol. 3, 250–252.

¹⁸ Note of dissent by Lala Nihal Chand, in: Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 401–402.

ganja-smoker himself, Ananda Kali may have also thought that by introducing the worship he would be able to save the ganja-smokers from disrepute, as then ganja could be consumed in the name of a god and under colour of doing a religious or pious act." Whatever the motives behind the form of the religion, it certainly seems to have caught on and the Inspector mentions ten districts in eastern Bengal where it was popular, many of which were key ganja producing regions.¹⁹ It seems that the place of cannabis in India's culture was far from fixed by ancient tales and customs. It had become a symbol and vehicle of unity in a Hindu revivalist cult that was emerging in response to the conditions of the late nineteenth century.

British perspectives

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The closest British observers of cannabis in India in this period were the doctors working at the colony's mental hospitals. Throughout the nineteenth century the British had set up a network of lunatic asylums across colonial India. At first these had been established to separate out Indian soldiers that had gone mad from the rest of the regiment, and later on the British found that they were useful places in which to place those that they found dangerous and disruptive in the local population. As the colonial superintendents at these asylums kept increasingly detailed records of their charges and began to collate these into statistical tables in end of year reports for their superiors, an alarming conclusion began to emerge. The largest single cause of the mental problems experienced by their patients was cannabis use.²⁰

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By 1871, these statistics establishing a link between cannabis and madness had alarmed the Government of India. The colonial administration ordered an enquiry into cannabis use in its South Asian empire with the following remit:

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

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

But as it is desirable to make a complete and careful enquiry into the matter, the Governor-General in Council requests that Madras, Bombay et cetera., will be so good as to cause such investigations as are feasible to be carried out in regard to the effects of the use or abuse of the several preparations of hemp. The enquiry should not be simply medical but should include the alleged influence of ganja and bhang in exciting to violent crime.²¹

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The survey went out to colonial officers across India, to magistrates, tax collectors and police officers as well as to doctors and to scientists and its conclusions were presented in 1872.

¹⁹ Note by Babu Abhilas Chandra Mukerji, Second Inspector of excise, on the origin and history of Trinath worship in Eastern Bengal, in: Report of the Indian Hemp Drugs Commission 1893–94, vol. 3, 253–254.

²⁰ For more on this network and for the details of the argument of this section see J. Mills: *Madness, Cannabis and Colonialism: the 'native only' lunatic asylums of British India, 1857 to 1900*, Basingstoke 2000.

²¹ "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 7–8.

The resolution of the GOI at the end of the cannabis enquiry stated that "it does not appear to the Governor-General in Council to be specifically proved that hemp incites to crime more than other drugs or than spirits. And there is some evidence to show that on rare occasions this drug, usually so noxious, may be usefully taken. There can, however, be no doubt that its habitual use does tend to produce insanity."²² In other words, while the allegations about the drugs and crime were in doubt, there was no such equivocation about the link between hemp preparations and madness. The Government of India prohibited the cultivation and consumption of ganja in Burma and urged other areas of British India to "discourage the consumption of ganja and bhang by placing restrictions on their cultivation, preparation and retail, and imposing on their use as high a rate of duty as can be levied without inducing illicit practices."²³

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The reason that the Government of India felt so confident in its assertions about the link between use of hemp substances and mental illness was that it could produce statistical evidence in support of its conclusions. In its resolution, asylums in the Central Provinces, Mysore, the Punjab and Bengal are all mentioned and a reproduction of the table of Dr. Penny at the Delhi institution is included along with excerpts of his conclusions.

Of 317 lunatics received into the Nagpur Asylum since 1864, there were 61 in whom insanity had been occasioned by an immoderate use of ganja [...]. From this result it is inferred that excess in ganja-smoking does produce an insanity which is transient.²⁴

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The colonial officials in the Government of India, caught in a morass of anecdotes and scare stories on the issue of cannabis, found comfort in the science of the cold statistic. As such it based its conclusions and policy upon these numbers generated by the British doctors in the asylums of India.

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However, within two decades British administrators in India were themselves seeking to challenge this statistic. Members of the IHDC organised a review of the lunatic asylum statistics as part of their investigations. They explicitly acknowledged the importance of these statistics in stirring up the whole debate about cannabis in the Empire.

There has been undoubtedly a popular impression that hemp drugs do cause insanity [...] besides this popular impression there has been great prominence given to asylum statistics as affording some tangible ground for judging of the effects of hemp drugs. Over and over again the statistics of Indian asylums have been referred to in official documents or scientific treatises not only in this country but also in other countries where the use of drugs has demanded attention.²⁵

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²² "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 92.

²³ "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 92.

²⁴ "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 88.

²⁵ "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 225.

Indeed, the Commission reiterated its belief in the influence of the numbers generated by the asylums in going as far as to say that "hitherto any opinion regarding the connection between hemp drugs and insanity which has professed to have any solid basis at all or to be more than a vague impression has been based on the figures contained in the annual Statement no. VII appended to the Asylum reports."²⁶ As such a comprehensive review of asylum practice and asylum records across the whole country was decided upon and the members of the Commission set off on a mammoth tour of the psychiatric system of India.

Every asylum in British India was visited either by the Commission or by some members of the Commission and careful enquiries were conducted on the spot in every case of insanity attributed to the use of hemp drugs for a given period. The period selected was the calendar year 1892, the last for which statistics were available at the commencement of the Commission's labours.²⁷

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The report identified the source of the information about the cause of the state of mind of the new admission supplied to the medical officers at the asylums.

The enquiry into the history of the case is not an enquiry conducted by a professional man from the persons likely to know most about the lunatic. The information consists often merely of the guesses of police officers as to the history and the habits of a friendless and homeless wanderer; and in other cases, where a local inquiry is possible, it is generally made by a subordinate police officer [...]. It would be absurd to accept without great distrust the statements, especially as to the cause of insanity, compiled by such an agency as has been described.²⁸

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Those on the Commission also identified the forces acting on the police officers to make sure that the forms were correctly completed. They cited the example provided by a Commissioner of Excise in Assam²⁹ who recounted stories of instructions being issued to impose fines on subordinate police officers for failing to supply the necessary information. He also pointed to the action taken by Indian officials at the asylums who felt compelled to provide information where none was forthcoming: "A striking illustration of the effect of this pressure is found in the Dullunda Asylum returns for the following year (1863) in which the cause in several cases dating from the year 1857 and onwards was later changed from 'unknown' to 'ganja-smoking.'"³⁰

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If the Commission discovered that the information being supplied to medical officers was coming from non medical officers they also discovered that these medical officers were happy to believe this information. Surgeon-Major Willcocks at Agra provided the following testimony:

Ordinarily it has been the practice to enter hemp drugs as the cause of insanity where it has been shown that the patient used these drugs. I cannot say precisely why this is the practice. It has come down as the traditional practice. As a matter of fact until recently I looked upon these

²⁶ "Papers relating to the consumption of ganja and other drugs in India," in: British Parliamentary Papers 66 (1891), 227.

²⁷ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 7.

²⁸ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 231.

²⁹ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 232.

³⁰ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 232.

drugs as very poisonous. As I have already said, my ordinary medical practice did not bring me into contact with them at all. I only came into contact with them in the asylum. I had no idea that they were used as extensively as I find on enquiry to be the case.³¹

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Dr. Crombie of the Dacca asylum had published an article in the *Indian Medical Gazette* in 1892 that explained the statistical evidence of the asylums and showed how this proved that hemp drugs caused insanity. However, he was forced by the Commission to agree that his conclusions were unreliable, and admitted that his observations were almost entirely based on encounters in the asylum. "In my practice outside of lunatic asylums my experience is confined to very few cases, only two or three in the whole course of my service, of ganja intoxication brought to hospital."³²

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If the information coming in to the hospitals was difficult to believe, then the statistics that were based on this information must also be questionable, decided the IHDC members. Indeed, they found that administrative interference or errors also tended to inflate the number of cannabis related cases. The report included a case to show where there were discrepancies between what was on the descriptive roll which accompanied the admission from the police or the magistrate, and what was included on the asylum register: "Dr. Macnamara, Superintendent of the Tezpur Asylum says: 'the cause is entered in the general register from the police statement id est from the descriptive roll. We have nothing whatever to do with it. It is entered by the Overseer in charge of the Asylum, and ought to correspond with the entry of the descriptive roll'. As a matter of fact, eleven of the thirteen cases for 1892 showed entries regarding cause which did not correspond with the descriptive rolls; and of these 11, no less than 10 were made, not by the Overseer but by his subordinate, the jemedar."³³ Similarly they reproduced a case of apparent carelessness.

Moung Min Thay was admitted on 25th June 1871. There has been no improvement in his mental state. There are no papers in his case except an order from the Magistrate to receive the man 'supposed to be insane'. The original entry in the case book shows cause as 'predisposing disease of the brain, exciting drinks, and smokes opium', and it shows the duration as 'probably from birth'. It also shows that the man was epileptic. There is no mention of ganja. The register for 1885 (the first to show causation) shows 'alleged duration' as 'congenital' and 'alleged cause' as 'drink and opium smoking'. The entry 'congenital' is continued until 1892 when it is replaced by a 'Do' under the 'Not Given' of a previous case. In 1886 the 'cause' similarly undergoes undesigned alteration. The word 'drink' is replaced by 'ganja' and in 1888 the reference to 'opium' is finally dropped. The case thus became a ganja case, and has been shown as such ever since. These all may be instances of exceptional carelessness but as a general rule it cannot be said that these entries have been made with care. Superintendents have not attached much importance to them. It has been left to subordinates to do this work; and that work as a rule has not been carefully supervised.³⁴

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When the Commission went back through the records of those in the asylums apparently admitted in 1892 due to behaviour caused by hemp preparations, they found that of the 222 cases across India attributed to use of cannabis only 98 could be regarded as in any way reliable. The Commission had acknowledged that the asylum statistics were an important

³¹ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 236.

³² Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 234.

³³ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 234.

³⁴ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 234.

factor in establishing a connection between hemp use, hemp users, violence and madness. However, they were far from convinced that these statistics could be relied upon. It was concluded that "there was no trustworthy basis for a satisfactory and reasonably accurate opinion on the connection between hemp drugs and insanity in the asylum statistics appended to the annual reports."³⁵

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Indeed, the IHDC went further and commissioned its own scientific investigations into cannabis. It directed Brigade-Surgeon Lieutenant Colonel Cunningham to begin work on a collection of monkeys. The first chosen was a male maccacus rhesus that was subjected to the systematic inhalation of the smoke of ganja over eight months. In that time the monkey smoked ganja on one hundred and eighty one occasions, on an almost daily basis, explained the Brigade-Surgeon, except on Sundays of course, and when the monkey had dysentery. The method of administering the smoke was to lock the animal inside a chamber into which cannabis smoke was pumped. At first "the animal apparently disliked the treatment as he violently resisted introduction into the inhalation-chamber, was restless when the smoke began to enter it, and not unfrequently attempted to prevent its entrance by plugging the orifice of the tube." A few days in with the fumes, however, seemed to have a remarkable effect on the subject of the experiment. As time went on, however, the experience lost its strangeness. His objections gradually diminished and were ultimately replaced by a positive desire for the treatment. He then readily entered the chamber, resisted any attempts to remove him from it before he had had a full dose, was restless and uneasy on days on which the treatment was omitted, and on two occasions on which he managed to make his escape from his cage, showed an evident desire to enter the chamber on his own account.

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Cunningham observed that the impact of the drug on the animal was to make him drowsy, unsteady on his legs and eventually to put him to sleep. On waking, the animal seemed to have trouble focusing and the medical man suspected that he had some sorts of 'optical delusions' as he seemed to stare in directions where there was little to interest him. On some occasions the monkey failed to go drowsy for a while, and then suddenly was seized by convulsions upon which he fell profoundly unconscious. Cunningham could not make up his mind whether this was linked to variations in the quality of the drug or to peculiarities in the animal.

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The experiment ended after eight months, when the animal was killed and put on the post-mortem slab. The British scientist's main observation was that there were large collections of fat on the omentum, the mesentery and in the visceral and parietal pericardium. As the monkey had been given to eating less while caged, Cunningham reached the conclusion that smoking ganja may slow the processes of tissue waste in the body. As such, he made the point that in humans this would mean that those on poor diets undertaking hard work would benefit from smoking the drugs as it would slow the rate at which their bodies wore out. The experiments ordered by the IHDC seemed to have identified a very important and beneficial effect of regular cannabis use.

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³⁵ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 237.

When the IHDC published its findings, it concluded that "it has been clearly established that the occasional use of hemp in moderate doses may be beneficial,"³⁶ and that "in respect to the alleged mental effects of the drugs, the Commission has come to the conclusion that the moderate use of hemp drugs produces no injurious effects on the mind."³⁷ In a remarkable show of dissent, two members of the IHDC refused to sign the report. Both were Indian, Raja Soshi Sikareshwar Ray and Lala Nihal Chand, entering lengthy notes into the report that stated that they were far from agreement with various conclusions. Ray made it clear that "I believe that the injurious effects of the hemp drugs are greater and their use more harmful than one would naturally suppose to be the case after reading the concluding portion of Chapter XIII of our Report, although think I should say that the facts elicited by our inquiry do not go to support the extreme opinion held by some well-intentioned people that these drugs in all their forms and in every case are highly pernicious in their effects."³⁸ He went on to explain that he felt that the drugs had physically debilitating effects on the poorly nourished in a very short time. It was just this issue that the results of Brigade-Surgeon Cunningham experiments with the monkeys had dealt with as he had concluded that certain preparations were actually physically beneficial to the poorly fed and hard working. Interestingly, Cunningham's experiments were conducted as an employee of the Government zoo in Calcutta, the capital of Bengal, the Presidency that profited most from cannabis use in Indian society.

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Lala Nihal Chand's objection to the IHDC's report was that there was plenty of evidence in the witness statements that profoundly contradicted the conclusions settled upon by the Commission. He went through the witness statements and listed at length those that disagreed with the IHDC's broad conclusions. He then disputed the Commission's analysis of the lunatic asylum statistics. He was in favour of prohibiting charas and ganja consumption in the long term, and as an immediate measure he wanted a register of users of hemp drugs to be drawn up as the beginnings of a surveillance system designed to keep tabs on this group of "bad characters, low class people and beggars."³⁹

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These objections were swept aside by the Governor General's Resolution on the Commission. However, it is important to note that these dissenters were not simply dismissed but that care was taken to construct a vigorous response to them. Indeed, a substantial attempt to rebut Lala Nihal Chand's note was prepared by reproducing full sets of witness statements that supported the IHDC and by reiterating the Commission's conclusion that so much of the opinion gathered was simply impressionistic hearsay and that hard evidence of insanity and crime was in fact very difficult to come by. It did not address Lala Nihal Chand's accusation that the evidence of insanity through cannabis use was there but had been manipulated by the IHDC's ruthless weeding of the asylum evidence.

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Whatever the reasons for the conclusions of the IHDC, it must be remembered that they were not unanimously agreed upon, but were in fact the conclusions chosen on the whole by the British members of the panel with two of the three Indian members opting to dispute the

³⁶ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 263.

³⁷ Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 264.

³⁸ Resolution of Finance and Commerce Department, in: Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 12.

³⁹ Note of dissent by Lala Nihal Chand, in: Report of the Indian Hemp Drugs Commission 1893–94, vol. 1, 436.

official summary and recommendations. The British members of the panel were all employees of the Government of India, an administration that derived a significant income through duties on the consumption of hemp products. Indeed, the IHDC recommendations, that the other regional administrations in India adopt the Bengal model of raising taxes on the trade in cannabis, would actually increase revenue across the country.

Conclusions

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The examples cited here are, of course, simply archival glimpses of complex and changing attitudes and cultural positions on cannabis products in South Asia. However, they do lend themselves to various conclusions about drugs and culture. The first is that even in societies that had long experience of cannabis, cultural practices and understandings surrounding the drug were never homogenous or static. The ways in which western societies currently tie themselves in knots when trying to arrive at conclusions about cannabis and its consumption are not something new or something that time is likely to correct. South Asians from across the range of communities, regions and classes consumed cannabis as medicines, tonics and as intoxicants, in social rituals as mundane as the afternoon pipe with peers and in religious rituals as important as the pujas in Bengal. Yet despite its inclusion in the social and religious practices of so many South Asians, there still remained strong strands of cultural opposition to its consumption, with the Sindhi lament of "in what but death, ends its sad tale?," reminding the historian that some believed that its use could end in the ultimate ruin. Furthermore, the story of the emergence of Trinath worship in the 1890s emphasises that cannabis was a potent symbol in South Asian culture and that the drug could be incorporated into new cultural phenomena. It was not a static entity with a single and fixed place in South Asian cultures.

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The story from the British end is that even when the methods of 'modern' government are focused on the issue of cannabis they bring no more clarity than the local cultural constructions that have grown out of experience. British 'science' stood in contrast with Asian anecdote in the volumes of the Indian Hemp Drugs Commission. However, the science produced no clear vision of cannabis as it produced muddled results. On the one hand, the statistics of the South Asian psychiatric system pointed to the compelling conclusion that the use of cannabis resulted in mental health problems. On the other hand, the IHDC pointed to flaws in the methodology that produced those statistics, and the research ordered by the Commission itself pointed to the benefits of cannabis use. Both conclusions seem open to question; the statistics of the asylums do appear to be based on questionable data while the IHDC's own investigations are tainted by the possibility of a hidden agenda.

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As such the broad conclusion is a simple one. Cannabis eludes simple location in any cultural system. Whether it may be in the practices and customs of South Asia or the science of colonial Victorians, the drug escapes a fixed or agreed position. This is partly because the substance is complex and unpredictable in itself and in its effects on human physiology. It is also because its properties as a medicine and an intoxicant place it in an often ambiguous or unstable relationship with moral codes, government systems and social organisations. All of this means that it is not simply nineteenth century India that struggled to agree on a position on the substance. Cannabis promises to defy easy or cultural understandings for some time to come.

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