

Opium and the British Indian Empire: The Royal Commission of 1895

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Introduction

The primary aim of this article is to take a fresh look at the massive report of the Royal Commission on Opium of 1895. This document is one of the great Victorian inquiries devoted to the Indian Empire. In it we see displayed the cultural tensions and conflicts negotiated between British colonizers and Indian colonized subjects.¹

Opium, like colonialism, is a sensitive and charged issue. The question of mood-altering drugs—opium, alcohol, tobacco, and cocaine, among others—is always fraught. Each society and culture is convinced that its own drugs of choice are normal and natural; and that those of other societies are depraved and unnatural. Generally each society and culture has drugs of choice that have been assimilated to its cultural practices. The pleasures of these familiar drugs are known; their dangers minimized by taboos and social rituals of consumption, and their damage contained and ignored. Similar adaptations in other cultures are invisible or, if seen, grotesque.

When first new drugs appear and spread in any society, there is a period of adaptation that can often be devastating. This was true of the Chinese who began smoking opium in pipes during the mid-1700s. This habit had spread throughout the Qing Empire and to virtually all strata in society by the 1820s. In vain, the Qing Emperors forbade the consumption of opium and its sale. In this early period most of China's opium came from India where poppy had long been cultivated and opium consumed—although not smoked. Indians usually ate opium by swallowing small pills or they

This is an extended version of the Kingsley Martin Memorial Lecture delivered at the University of Cambridge on 23 May 2001.

¹ The author is indebted to Richard Newman for suggesting that the Royal Commission on Opium deserves reappraisal.

0026-749X/02/\$7.50+\$0.10

drank it in opium infused water. British and Indian traders sold Indian opium to coastal Chinese traders. They, in turn smuggled this illegal but valuable product along the numerous rivers to inland markets.

Throughout the nineteenth century opium sent to China, and, on a far lesser scale to Southeast Asian consumers, was one of India's most valuable exports. In 1797, in the Governor-Generalship of Lord Cornwallis, the East India Company abandoned its practice of using private contractors to work the official monopoly on the export of opium. In its place Cornwallis set up an official state agency that licensed peasant cultivators to grow poppy. Under this system, within a relatively confined region in the eastern Gangetic plain, the opium agency offered advances and a fixed price to selected poppy growers. Only licensed cultivators could grow poppy; unlicensed cultivation was a criminal offense. At harvest time, the agency bought the dried opium juice from the licensed growers, and sent it to two large factories where workers processed and shaped 1-kilogram balls of opium of uniform morphine content. The export opium, packed forty balls to a wooden chest, went downriver to regular auctions at Calcutta. Once established, this Bengal system continued with very little change until the twentieth century.²

By 1830 the East India Company had also devised a stable arrangement for western India whereby peasant cultivators in land-bound Indian princely states could grow poppy for export by sea to the Far Eastern market. Under what was called the Malwa system, in the princely states, but not in directly ruled British India, private Indian traders advanced funds to peasant cultivators to grow poppy, based on market calculations. At harvest they bought up the raw opium, processed it and packed it in chests to be sent by a series of intermediaries to Bombay. The rulers of the states benefited from higher taxes imposed on the valuable crop. Before the opium shipments left the princely states, the traders were obliged to pay a fee of several hundred rupees per chest to an agent of the British Indian government. Payment of the 'pass fee' entitled the holder to ship a specified number of chests of opium from the port of Bombay. The revenues flowing into the coffers of the Government of India from the sale of passes grew steadily throughout the nineteenth century.³

In tandem with these two systems aimed at exports, the Government imposed an excise system for domestic use of opium within

² J. F. Richards, 'Indian Empire and Peasant Production of Opium in the Nineteenth Century,' *Modern Asian Studies* 15 (1981): 59–82.

³ *Ibid.*

British India. From retail sales of opium the regime drew considerable revenues, but not anything like the profits from Calcutta sales or Bombay pass fees. Uninterrupted profits from the combined Bengal and Malwa systems constituted a reliable and growing source of state revenue for the regime in Calcutta. Opium was also a lucrative source of profit for those Indian and British merchants who engaged in buying, shipping and selling opium to the inhabitants of China and Southeast Asia. Throughout the first half of the nineteenth century opium was one of the four principal exports from India. Even after mid-century when Indian exports diversified, opium continued to be one of India's top export products.

So valuable had this trade become by the late 1830s that its threatened closure by the Qing government caused the British government to send ships and troops to attack Canton and other Chinese coastal cities in the First Opium War. The British thereby forcibly prevented the Qing authorities from effectively ending the smuggling of Indian opium and its illegal sale to consumers in China. The Qing authorities, however, refused to legalize the sale of opium. This policy, among other tensions, led to the Second Opium War of 1856–1860 in which an allied British and French force occupied Beijing and forced the Qing Emperor to legalize the import of opium.⁴

By the 1880s, opium was one of the most valuable commodities moving in international trade. In an average year, export opium leaving Calcutta and Bombay averaged over 90,000 chests containing more than 5,400 metric tons. This staggering amount would meet the annual needs of between 13 and 14 million opium consumers in China and Southeast Asia who smoked opium on a daily basis—and many more if less intense use were assumed.⁵ Each year, opium revenues poured 93.5 million silver rupees into Government of India coffers—approximately 16% of total official revenues.

British Reformers and the Royal Commission

As Indian opium traffic soared, the volume of criticism directed at it grew—especially in Britain. Reformers, headed by evangelicals and Quakers, organized, petitioned and put Parliamentary resolutions aimed at stopping the trade. Finally, in 1893, under Gladstone's

⁴ J. Y. Wong, *Deadly Dreams: Opium, Imperialism, and the Arrow War (1856–1860) in China* (Cambridge: Cambridge University Press, 1998).

⁵ John F. Richards, 'The Opium Industry in British India' (unpublished paper, 1999), p. 10.

Liberal government, anti-opium pressures prevailed and Parliament approved the appointment of a Royal Commission on Opium. The Commission was to report on whether India's export trade to the Far East should be ended and, further, whether poppy growing and consumption of opium in India itself should be prohibited save for medical purposes.

After an extended inquiry the Royal Commission released its report in early 1895. This proved to be an unexpected and devastating blow to the hopes of the anti-opium reformers in Britain. The Commission's conclusion was clear and unambiguous:⁶

As the result of a searching inquiry, and upon a deliberate review of the copious evidence submitted to us, we feel bound to express our conviction that the movement in England in favour of active interference on the part of the Imperial Parliament for the suppression of the opium habit in India, has proceeded from an exaggerated impression as to the nature and extent of the evil to be controlled. The gloomy descriptions presented to British audiences of extensive moral and physical degradation by opium, have not been accepted by the witnesses representing the people of India, nor by those most responsible for the government of the country.

This was an extraordinary finding. The Commission's conclusions effectively removed the opium question from the British public agenda for another fifteen years. The 1895 report firmly rejected the claims made by the anti-opiumists in regard to the harm wrought to India by this traffic.

The Commission's conclusions also undercut criticism of the morality of exporting Indian opium to China. To the Commission members, and to anyone who reads the evidence today, the Government of India had little difficulty demonstrating the many types of economic losses that would accompany the ending of opium exports. Moreover, the Commission pointed out that India's financial sacrifice would be futile. Rapidly expanding domestic poppy cultivation in China had begun to cut into the demand for Indian opium. If Indian opium shipments ended, opium production in China would simply increase to fill the gap. In fact, the Qing Emperor could stop Indian imports at any time if he chose to do so without fear of British reprisal—unlike the past. Her Majesty's Government had publicly stated in Parliament that Britain would not use force to compel the Chinese to accept Indian opium. These were hard arguments to refute.

⁶ Great Britain, Sessional Papers of the House of Commons, 1895, XLII, Final Report of the Royal Commission on Opium, p. 94.

Predictably, opium opponents protested that the report was a masterful piece of public relations, adroitly stage-managed by Gladstone's government and the Government of India. In the Parliamentary debate on the final report, Joseph Pease asserted: 'The whole power and the money of the Indian Government were against the subscribers of the anti-opium movement.' John Ellis denounced the report in slashing terms: 'The whole thing was the most complete inversion of the ordinary rule to which we were accustomed in this country when it was desired to elicit the truth upon any question'. Instead of trying to get at the truth, the Indian Government used 'misleading circulars, prescribed questions, suggestions in a particular direction, examination and filtration of evidence, and withholding of certain witnesses.'⁷

Later scholarship on the history of Indian opium has echoed those opinions. David Owen, in his standard 1934 book, *British Opium Policy in China and India*, commented that 'by rubberstamping the system as it stood, the commission provided a parliamentary rationale for the government of India and its revenue'.⁸ Virginia Berridge and Griffith Edwards, writing a half century later, wrote that 'the Report of the Royal Commission as published in 1895 has long been regarded as whitewashing the Indian opium question'.⁹ Kathleen Lodwick, in her *Crusaders Against Opium: Protestant Missionaries in China, 1874-1917*, published in 1996, ended a lengthy discussion of the Parliamentary inquiry with the comment: 'the Royal Commission on Opium was not an impartial body seeking to learn the truth about the Opium Commission. The Commission's report defended the status quo and left the anti-opium advocates with the unfinished task of stopping the opium trade.'¹⁰ In 1998, Jasper Woodcock concluded that 'the restricted terms of reference' for the Commission permitted it to evade entirely the question of opium smoking in China, which was 'the main concern of the anti-opium movement'.¹¹

To a certain extent these criticisms are accurate. The Government

⁷ Hansard, May 24, 1895, Col. 295.

⁸ David Edward Owen and Yale university, *British Opium Policy in China and India*, Yale historical publications. Studies 8 (New Haven, London: Yale University Press; H. Milford, Oxford University Press, 1934), p. 318.

⁹ Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-century England* (London, New York: A. Lane: St Martin's Press, 1981), p. 186.

¹⁰ Kathleen L. Lodwick, *Crusaders against Opium: Protestant Missionaries in China, 1874-1917* (Lexington: University Press of Kentucky, 1996), p. 108.

¹¹ Jasper Woodcock, 'Commissions (Royal and other) on drug misuse: who needs them?', *Addiction* 90 (1995): 1297-1308, p. 1,299.

of India was an extraordinarily conservative institution in the late nineteenth century that resisted change. Badly shaken by the Revolt of 1857, the Government feared civil unrest if it engaged in any radical social legislation or social change. Whether this was well founded apprehension or paranoia is open to debate, but official resistance to intrusive measures was palpable.¹²

The Government of India did its best to influence the outcome of the inquiry.¹³ The Secretary of State for India, the Permanent Secretary of State at the India Office in London, the Viceroy and his Council, and a group of active and retired high Indian officials coordinated the official response to what they perceived as a major threat to the financial and political security of India. James Lyall, a recently retired high-ranking Indian officer who served on the Commission, forcefully and persuasively managed the Government's campaign from within. Simultaneously, however, the two anti-opium members of the Commission were equally intent on shaping the Commission's findings—an effort led by Henry Wilson, a prominent reform Member of Parliament. As with any similar official inquiry into a long-debated and highly charged issue like the opium trade, the Royal Commission on Opium was the venue for a political struggle—a conflict that the Government of India won.

To assume, however, that the Government of India somehow deceived the members of the Commission by a Potemkin village façade is also erroneous. This view does not do justice to the work of the Commission. The Royal Commission on opium was not a white-wash. Instead, Commission members faithfully followed their Parliamentary instructions, reported accurately and drew reasonable conclusions from their witnesses and evidence. Undoubtedly, if witnesses who were serving members of the Indian Civil Service were to express outright anti-opium positions they might suffer from the dis-

¹² Typical of these sentiments is this passage from James Lyall's diary for 9 November 1893. 'Sir C. Crosthwaite came in morning: had a good talk with him about affairs; he thinks there is a dangerous growth of antipathy to our Raj brought about partly by our over governing and innovating procedures and partly by contempt created by the constant abuse poured on Govt officers and Govt measures by the nation[al] press and congress members.' India Office and Oriental Collections, British Library, MSS Eur F.132/170 'Diary of a Brief Visit to India'.

¹³ See Marc Gilbert, 'Lord Lansdowne in India: At the Climax of an Empire, 1888–1894, A Study in Late Nineteenth Century British Indian Policy and Proconsular Power' (Ph.D., University of California at Los Angeles, 1978). Cited, for Lord Lansdowne's attempts to respond to the criticisms of opium reformers and the appointment of the Royal Commission.

approval of their colleagues and superiors. However, most Indian officials appear to have entertained few doubts about opium and needed no prompting in their testimony.

The Government had little trouble in recruiting and encouraging private, unofficial witnesses to support its case. Opinion in the Indian-owned English language and Indian language press strongly opposed prohibition. For example, the Madras *Hindu* in its issue of 11 May 1895 commented: 'Opium may be a great evil, but national bankruptcy is a greater evil'.¹⁴

Significantly, a majority of the leaders of the fledgling Indian National Congress, while uneasy with the moral aspect of the opium trade, adopted a position virtually identical to that of the Government of India.¹⁵ They disapproved of the anti-opium agitation occurring in England and, although they did not use the term itself, saw the reform campaign as a form of cultural imperialism. The Congress leaders concluded that India's interests as a putative nation-state were not served by abolishing the opium trade.

The Royal Commission's final conclusions closely resembled the position of the Government of India, but this was not the result of manipulation. Agreement stemmed more from the reasonableness and merit of the Indian Government's policies and its practices. The Commission and the Indian Government were more protective of India's economic interests and more sensitive to Indian public opinion than the anti-opium reformers. In their zeal to attack the iniquities of the opium traffic and the British imperial interests that supported and profited from it, the reformers sensationalized the presumed harm done to Indian consumers of opium and minimized the costs to India of ending the traffic. They ignored Indian sensitivities by denying any cultural and social value to the use of opium. The opium reformers were blinded by strongly ethnocentric biases—more so than those British officials, physicians, and others who actually lived in India.

This argument is best supported by a closer study of the Royal Commission on Opium than has previously been the case. If we look carefully at the Parliamentary debates and resolutions that established the Commission, at the members appointed, at its procedures and hearings, and at the testimony and documents it considered, the

¹⁴ Quoted in Bipan Chandra, *The Rise and Growth of Economic Nationalism in India; Economic Policies of Indian National Leadership, 1880–1905* (New Delhi: People's Pub. House, 1966), p. 567, n. 278.

¹⁵ *Ibid.*, pp. 562–71.

Royal Commission appears in a far better light than that cast by its critics. In particular, the Commission considered two key issues: first, that of the actual consumption and use of opium—for medicinal and for mood-altering purposes—within Indian society and second, the means by which the Government of India regulated both the production and consumption of opium.

Much, although not all, the necessary data can be drawn directly from the 2,500 pages printed in the seven volumes offered to the British Parliament. In addition to over 28,000 often-lengthy questions and witness responses printed verbatim from shorthand transcriptions, the report contains numerous notes and memoranda prepared especially for the hearings. Members of the Commission also wrote extended notes on various aspects of the opium issue. Perhaps put off by the notion that the evidence was somehow biased, historians have largely ignored the massive documentation produced by the Commission's hearings. The printed report is one of the most valuable sources we possess for studying all aspects of opium in India in the latter decades of the nineteenth century.

Parliamentary Victory

Throughout the nineteenth century evangelicals and Quakers were disturbed by the moral implications of Indian opium. They were unhappy about forcing the Qing Emperors to accept a product that they regarded as harmful to their people. They saw opium as an obstacle to the work of Christian missionaries in China. They were doubtful about the Government of India's role as official monopolist in the Bengal system and its heavy reliance upon opium revenues.

In 1874, a group of Quaker reformers in London formed the Society for the Suppression of the Opium Trade, which proved to be an effective pressure group. The Society enrolled among its members many radical, reform-minded Members of Parliament. Periodically the Anti-Opium Society (as it came to be referred to) submitted extensive memorials protesting the trade to Her Majesty's Government. In 1875, 1880, 1883, 1886, and 1889 society-inspired resolutions calling for the abolition of the opium trade were introduced into the House of Commons only to be soundly defeated. Sir Joseph

Pease, a Quaker industrialist and President of the Society, tirelessly reintroduced the last four motions.¹⁶

Slowly, however, the campaign of the Society started to take effect. Methodists, Baptists, Presbyterians, Unitarians, Quakers and other dissenting churches enthusiastically adopted this cause. Parishes and convocations held meetings and submitted numerous mass petitions in support of the anti-opiumists. They were energized by reports from their missionaries in China who were dismayed by the association the Chinese made between foreign opium, opium smoking and the missionaries and their message.¹⁷

Finally, in 1891 the Society won a momentous victory—an anti-opium measure actually gained a majority in the House of Commons. At an evening session on 10 April Joseph Pease moved:¹⁸

That this House is of opinion that the system by which the Indian Opium Revenue is raised is morally indefensible, and would urge upon the Indian Government that they should cease to grant licenses for the cultivation of the poppy and sale of opium in British India, except to supply the legitimate demand for medical purposes, and they should at the same time take measures to arrest the transit of Malwa opium through British territory.

The four-hour debate that followed touched on every issue and argument raised in the half-century long campaign to end sales of Indian opium to China. Against opium, the reformers pleaded Christian ethics. In rebuttal, opium apologists pointed to the financial interests of India and equated consumption of opium in the Orient to that of alcohol in the West.

In his speech, Pease eloquently argued the anti-opium case. Britain made the laws and appointed the Government of India. Therefore, Britain had ‘for the sake of pecuniary gain, fostered, promoted and encouraged the growth of the poppy and the sale of the poppy’ in a ‘traffic which is a disgrace to our Christianity and our morality’. Opium was a useful medication but should be treated in India, as it was in Britain, as a poison subject to harmful abuse. He recited the

¹⁶ J. A. Baines, ‘On the Course of the Movement in England Against the Opium Traffic, with Especial Reference to the Action Taken in Connexion with it in Parliament’, Memorandum VI, Final Report, Royal Commission on Opium, pp. 163–71.

¹⁷ Lodwick, *Crusaders against Opium*, pp. 27–71.

¹⁸ Hansard, Vol. CCCLII [Third Series] ‘The Indian Opium Traffic’, 10 April 1891, Cols. 285–344. Text of the motion Col. 304. Pease’s motion was actually in the form of an amendment to the procedural question ‘That Mr Speaker do now leave the Chair’ to substitute his motion after ‘That’.

lengthy list of anti-opium memorials and petitions that he had received from church convocations in Britain, and Chinese Christians in Hong Kong, Singapore, Canton and Peking. He read testimonials from missionaries in China that graphically described the grievous effects of opium smoking on the Chinese. Pease went on to cite examples from the recent experiences of 'China, Java, Burmah, California and our own colonies in Australia of the evil that is done by this drug in which we traffic.'

As for India, he quoted their own statements to show that Government of India officials completely ignored moral questions and were only concerned with opium as a source of revenue. Pease argued that the peasants in India did not fare well by growing opium instead of food crops and that this left them vulnerable to famine. He pointed out the precariousness of opium as a revenue source subject to the Chinese market; to the fact that the opium revenues were overstated and probably did not net more than 3.5 million pounds sterling per year; and that the Indian army consumed far too much of the Government's revenues. He ended his speech by appealing to Britain as a Christian country and its 'beautiful ideal—that as a nation we acknowledge a Supreme Being and worship Him. In this House we have prayers read every day, and we pray that God's Kingdom will come upon earth. If we go on with this opium trade, we are not spreading God's Kingdom; we are spreading the kingdom of the devil.'

In rebuttal, Sir J. Fergusson, the Under Secretary of State for Foreign Affairs, speaking for the India Office denied that the Government of India was 'intent on demoralizing the people of India and China'. He asserted that the Government of India was making every effort to restrain consumption in India and to gradually reduce export to China. He denied that the wars with China were on account of opium and asserted that if the Chinese government were to choose to prohibit import of Indian opium that 'this country would not expend 1 [pound sterling] in powder and shot or lose the life of a soldier in attempt to force the opinion upon the Chinese.' This was a startling declaration for the government to make. The next, anti-opium, speaker immediately responded to 'this most important concession . . . that the British Government has practically repented of the policy pursued towards China for the last 100 years.'

The most forceful spokesman for the pro-opium position was Sir Richard Temple, a distinguished Government of India official, now retired. Temple rose to address what he called the 'practical morality' of the matter in an extended comparison of opium in China

and India with alcohol in Britain and other European countries. He undertook to defend the opium system of India and China because it was 'morally justifiable'. If it were not, he would say end the system whatever the cost and forget about finances. The present system within India 'is just as defensible as the Excise system of England, or of any civilized country in Europe'. He pointed out that most of the opium consumed in China was grown domestically by producers who were continually increasing quantity and improving its quality, thus driving the more expensive Indian opium from the market. China was free to set its own policies: '... if China is poisoned by opium, she poisons herself'. Moreover, 'opium is not deleterious in reasonable moderation, and is ... far less deleterious than alcoholic drink'. He denied that the Chinese were a degraded race drugged by opium. Instead they were a temperate and productive race of whom only a minority actually consumed opium. In India 'the most stalwart and enduring races' took opium with no ill effects.

That the Government of India drew tax revenue from opium was proper: 'If it be righteous to draw taxes from a gin-palace, it is equally righteous to do the same thing from an opium den. There is no wrong morally in taxing a spirit or in taxing a drug. Either is harmless when used in moderation. ... Either ... is dangerous only when used to excess, though the drug is less dangerous than the spirit.' Temple strongly defended the Bengal monopoly system with its tight controls over poppy growers and heavy excise taxes on domestic consumption. If opium were prohibited in British India and the native states already producing opium under the Malwa system were prevented from shipping their opium from Bombay, 'all along the whole course of our frontier there would be a vast increase in the illicit traffic in opium and in the consumption of that article by our people [in British India].'

At the division, the House accepted the substitute motion by a vote of 160 to 130. This left the main motion ready for a vote. However, Robert Fowler rose to offer an amendment: 'And this House, feeling the pressure of taxation on the people of India, will take steps to reimburse the deficiency so caused by the Indian Government.' Debate had just begun on the amendment when, at one o'clock in the morning, the Speaker adjourned without a vote due to the lateness of the hour. Although the substantive vote was never taken, the anti-opiumists proclaimed the vote actually taken as an affirmation of their stand. They put renewed pressure on the Indian government, but did not see any sweeping change in policy.

Approval for a Royal Commission

Pease and the anti-opiumists were heartened when their Liberal Party with William Gladstone at its head won the elections of 1892. In November 1892, the General Council of the Society for the Suppression of the Opium Trade sent a memorial to The Earl of Kimberley, Gladstone's Secretary of State for India. The memorial referred to the Parliamentary resolution of 1891, to the growing public support for closing the trade, and cited Gladstone's own words during his campaign in which he pledged to do anything 'within the bounds of reason' to bring the trade to a close. The memorial asked for an end to the export of opium produced under the Bengal monopoly; an end to the export of Malwa opium from Bombay, and an end to freely available opium sold in excise shops within British India. Opium in India should be restricted to medical uses only.¹⁹

Gladstone, faced with growing reform sentiment, turned to an expedient that had been discussed for some time—a great public inquiry into the question in the form of a Royal Commission. Officials of the Indian Government had also mooted this possibility and, on balance, thought that, properly directed, such an inquiry would vindicate their position. The anti-opium reformers, confident that their case was strong, saw the Commission as a forum to mobilize further public opinion in their favor. Informal discussions on both sides finally culminated in Parliamentary action.

On 30 June 1893 Alfred Webb, seconded by Joseph Pease, moved this resolution:²⁰

That having regard to the opinion expressed by the Vote of this House on the 10th April, 1891, that the system by which the Indian Opium Revenue is raised is morally indefensible, and which urged the Indian Government to give practical effects to that opinion by ceasing to grant licenses and by taking measures to arrest the transit of Malwa opium through British territory, and recognizing that the people of India ought not to be called upon to bear the cost involved in this change of policy, that oppressive taxation, and the stoppage of expenditure necessary for the welfare and progress of the Indian people must be avoided, this House is of opinion that a Royal Commission should be appointed to inquire, both in India and in this country, and to report as to (1) what retrenchments and reforms can be effected in the Military and Civil expenditures of India; (2) by what means Indian resources can be best developed: (3) and what, if any, tempor-

¹⁹ Royal Commission on Opium, Final Report, Appendix III, 'Memorial Presented by the Anti-Opium Society in November, 1892'.

²⁰ Hansard, XV, 30 June 1893, Cols. 591–634.

ary assistance from the British Exchequer would be required in order to meet any deficit of revenue which would be occasioned by the suppression of the opium traffic.

In response, William Gladstone, while accepting the proposal for a Royal Commission, proposed a substitute motion. This motion, prepared by the Under Secretary of State for India, considerably altered the brief of the Commission. In the ensuing vote, the House defeated Webb's motion by a wide margin. After an extended debate, Gladstone's amendment prevailed on a vote of 184 to 105.²¹

The resolution as passed read as follows:²²

Resolved, That, having regard to the strong objections urged on moral grounds to the system by which the Indian opium revenue is raised, this House presses on the Government of India to continue their policy of greatly diminishing the cultivation of the poppy and the production and sale of opium, and desires that an humble Address be presented to Her Majesty, praying Her Majesty to appoint a Royal Commission to report as to:

I Whether the growth of the poppy and the manufacture and sale of opium in British India should be prohibited except for medical purposes, and whether this prohibition should be extended to the Native States;

II The nature of the existing arrangements with the Native States in respect of the transit of opium through British territory, and on what terms, if any, these arrangements could be with justice terminated;

III The effect on the finances of India of the prohibition of the sale and export of opium, taking into consideration (a) the compensation payable, (b) the cost of the necessary preventive measures, (c) the loss of revenue;

IV Whether any change short of total prohibition should be made in the system at present followed for regulating and restricting the opium traffic, and for raising a revenue therefrom;

V The consumption of opium by the different races and in the different districts in India, and the effect of such consumption on the moral and physical condition of the people;

VI The disposition of the people of India in regard to (a) the use of opium for non-medical purposes, and (b) their willingness to bear, in whole or in part, the cost of prohibitive measures

As the anti-opiumists protested during the debate, Gladstone's wording used 'whether' rather than the 'what' of the original resolution to make it clear that the question of prohibition was open and far from resolved.

²¹ Woodcock, 'Commissions (Royal and other) on drug misuse: who needs them?', 1297–308; Owen, *British Opium Policy*, pp. 314–28; Berridge and Edwards, *Opium and the People*, pp. 185–8.

²² Hansard, 'Indian Opium Revenue,' 30 June 1893, Cols 591–634. Text on Col. 634.

The official motion also specifically required the Royal Commission to report on the consumption of opium in India and its effects and to report on Indian opinion as to the merits of prohibition. By adding these stipulations, Gladstone left open the question of whether opium consumption in India was harmful and regarded to be so by the population. These were points that the anti-opiumists assumed to be already firmly demonstrated. This forced the Commission to inquire into and take seriously the Indian as well as the British public. Indian officials believed that Indian opinion was, in fact, opposed to prohibition. As James Lyall, subsequently appointed a member of the Commission, wrote to Lord Lansdowne, the Viceroy of India: 'the facts of the case are all really well known enough, and the object appears to be to get an expression of opinion, of native opinion in particular, which will carry sufficient weight to enable the question to be shelved'.²³

Neither the original nor the Gladstone resolution mentioned China and the effects of opium smoking on the Chinese population. For Webb, the previous 1891 motion had already established that Parliament wished to see the Chinese opium trade end. The British had 'fixed a terrible evil upon the Chinese people' by the pressures put upon that society to accept the import of Indian opium.²⁴ And Gladstone and the Liberals largely shared that view. This was to be an examination of India, not China.

Membership

Queen Victoria appointed nine members to what came to be called The Royal Commission on Opium. These consisted of seven British and two Indian members, headed by a member of the House of Lords, Lord Brassey, who served as chairman. Those appointed were accomplished, prominent public men who had to have sufficient resources to serve without pay on the Commission for a considerable period of time. All those appointed were experienced at sifting through complex issues and coming to reasonable conclusions based on evidence presented to them. All were men who had good reputations for balance and objectivity. (It is perhaps not surprising that no women were appointed and, in fact, only a tiny number of British,

²³ Quoted in Berridge and Edwards, *Opium and the People*, p. 186.

²⁴ Hansard, XV, 30 June 1893, Col. 598.

not Indian, women gave evidence to the Commission.) The assemblage had a distinct north-of-England complexion that reflected the intense interest opium aroused in that region and was a concession to the anti-opium party, which announced that it was satisfied with the appointments. The Society for the Suppression of the Opium Trade commented in its journal that after attending the early hearings in London, 'the Commission is as fair-minded and impartial a tribunal as could have desired to hear our case'.²⁵

The Chairman, Baron Thomas Brassey, (1836–1918) later the first Earl Brassey, was the son of Thomas Brassey, the railway contractor of Cheshire. Trained to the parliamentary bar, Brassey had an extended career as a Liberal Member of Parliament. He maintained a strong interest in naval matters, in wages and labor issues, but had little previous experience of India. Defeated in the general election of 1886, he became Baron Brassey of Cheshire in that year. Brassey was a prolific author best known for his *Brassey's Naval Annual*, a survey of naval affairs around the world.²⁶ The Earl of Kimberley, Secretary of State for India, summarized the prevailing view of Brassey in a letter to the Marquess of Lansdowne, Viceroy of India: 'I hope that you will have been satisfied with our nomination of Brassey to the Chairmanship of the Opium Commission. He is perhaps not a very strong man, but he is hard-working, well-informed, and fair-minded. We may rely on his impartiality which is the most important qualification in such an inquiry. After the most careful examination of all possible names, his seemed to me, on the whole, to be the best'.²⁷

Two members actively associated with the Government of India were firmly pro-opium: Arthur Fanshawe (1848–1931) currently dir-

²⁵ Editorial in *The Friend of China*, October 1893, vol. XIV, p. 145. 'Three months ago we wrote in these columns: "If the Commission is mainly composed of unprejudiced and competent men, including some independent Indians, with a reasonable representation, on the one hand, of officials of high character, on the other hand, of those who have carefully studied the Opium question, and can be accepted as competent representatives of the Anti-Opium party, the judgment of such a Commission will undoubtedly carry great weight." It is only just to Lord Kimberley, some of whose acts and utterances we have had occasion severely to criticise, to acknowledge that the Commission entirely satisfies the conditions we thus laid down.'

²⁶ Sidney Lee (ed.), *Dictionary of National Biography*, 63 vols, vol. 1885–1900, 63, v.; Notes: With Suppl. (3 vols, 1901), Index and epitome (1903), Errata (1904), 2nd suppl. (4 vols, 1912–13) (London: Oxford University Press, 1901, 1903, 1904, 1912–1913). Supplement, 1912–1921 'Brassey'.

²⁷ British Library, India Office and Oriental Collections, Lansdowne Private Papers, MSS Eur. D.558/6, Kimberley to Lansdowne, 21 July 1892, No. 39.

ector-general of the Indian Post Office, who had earlier experience with excise revenues in the Indian Civil Service, was seconded to this task.²⁸ Sir James B. Lyall (1838–1916) had just retired to Britain in 1892 after a distinguished Indian career that culminated in his last appointment as Lieutenant Governor of the Punjab.²⁹

Robert G. C. Mowbray (1850–1916), a conservative MP from Lancashire and an Inner Temple Barrister by profession was uncommitted to a position on the issue.³⁰ George Russell, Parliamentary Under-Secretary of State for India described him in a letter to the Indian Viceroy, Lord Lansdowne, as ‘The “Society Man” of the Commission: Eton and Oxford; 1st class Fellow of All Souls; a pleasant gentlemanlike little fellow; not alarmingly clever, but quite sharp enough for all practical purposes.’³¹

The two avowedly anti-opium British members included Henry Wilson (1833–1914), an aggressive, radical Liberal Member of Parliament. Born in Nottinghamshire to a strongly Nonconformist, temperance and reform-minded industrial family, Wilson had been a Liberal MP from the northern constituency of Holmfirth since 1885.³² He was a stubborn and tireless campaigner for ‘social reform, religious freedom, and goodwill among men’.³³ Russell characterized Wilson as ‘a capital specimen of the Non-Conformist Radical, a thorough Puritan, a very earnest social reformer, a good man of business; sincerely anxious to know the truth, and remarkably accurate and painstaking.’³⁴

The second anti-opium figure was Arthur Pease (1837–1898), brother of Sir Joseph Pease, and a former Member of Parliament who served on the governing council of the Society for the Suppression of the Opium Trade. The Pease brothers were from a Nonconformist north-of-England family long involved in collieries, ironworks and railways. Russell described his fellow MP as ‘a conscientious quaker,

²⁸ *Who Was Who*, v.2 1916–1928.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ British Library, Lansdowne Private Papers, MSS.Eur./D.558.15, No. 196C p. 129. Russell to Lansdowne, 12 Sept. 1893.

³² Wilson replaced W. S. Caine, MP, who had first been nominated by the Anti-Opium Society. Much to the relief of Indian officials, Caine, noted for his invective on this issue, resigned due to illness before the Commission met.

³³ W. S. Fowler, *A Study in Radicalism and Dissent: The Life and Times of Henry Joseph Wilson, 1833–1914* (London: Epworth Press, 1961), p. 8. These were the words of Henry Wilson’s daughter.

³⁴ Russell to Lansdowne, 12 Sept. 1893.

and strong Liberal Unionist; a high-principled, grave, rather pompous and self-satisfied, sort of gentleman.³⁵

The final British member was a Manchester physician, Sir William Roberts (1830–1899), one of the best-known clinicians and medical researchers in British medicine at the time. He was knighted for his medical work in 1885. Roberts moved from Manchester to London in 1889 to take up a professorship at the University of London. In Russell's assessment, 'Sir William Roberts is a most eminent physician, who had for many years the chief practice in Manchester: a Welshman; keen, intelligent, and agreeable, mourning the loss of his wife and only son'.³⁶ In a letter to Lord Kimberley, Secretary of State for India, a colleague wrote: 'He [Roberts] has a singularly logical and scientific intellect, approaching every question without bias, and investigating with the utmost thoroughness, sparing no labour to arrive at the truth, and shrinking from no conclusion that facts enforce. On this Opium question I believe he has never expressed any opinion, and may, therefore, be regarded as certain to be untrammelled. He will command the entire confidence of the medical profession . . .'.³⁷

The Secretary of State for India asked the Viceroy to nominate two Indians to serve on the Opium Commission. In turn the Viceroy sent out a request to his provincial governors for names. Determining whom to nominate was a delicate matter for Lansdowne, since this was purely voluntary service asked of private persons and one that presented ample opportunity for withering criticism from the anti-opium forces. As MacDonnell, the acting Lieutenant Governor of Bengal, pointed out to Lansdowne, service on the Commission was especially awkward for committed Indian nationalists who generally disliked the anti-opium agitation but who viewed the radicals in Parliament as friends of India.³⁸

There is no *Bengali* whom I would recommend to your Excellency for nomination to the Opium Commission. There are several who are of the standing requisite, and whose views on the question are reasonable, such

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ British Library, India Office and Oriental Collection, Lansdowne Private Papers, MSS.Eur./D.558.15, p. 114 A Wodehouse, Private Secy to the Earl of Kimberley to Colonel J. C. Ardagh, Private Secy to the Viceroy 25 Aug. 1893. The quote is from a letter of Dr Gowers to Kimberley.

³⁸ British Library, India Office and Oriental Collection, Lansdowne Private Papers, No. 1 68 p. 62b, MSS Eur. D558.25, from Sir A. P. MacDonnell, Offg. Lieutenant Governor of Bengal to the Marquess of Lansdowne, 30 July 1893.

as Sir Jotendro Mohun Tagore and Sir Romesh Chunder Mitter. But they will not themselves, or run the risk of putting themselves, into opposition to the anti-opiumists, who are at the same time, like Mr Caine, M. P. Congress men. They condemn the anti-opium agitation, but will not oppose it at the risk of alienating their English supporters in 'Congress' matters.

Acting primarily on the advice of MacDonnell, the acting Lieutenant Governor of Bengal, the Viceroy approached the Maharajah of Darbhanga. Lakshmishwar Singh (1858–1898) owned a vast landed estate in norther Bihar (Tirhut) in the eastern Gangetic valley. Although the Darbhanga lands were close to the opium-producing region, his tenants were not involved in growing poppy.

Lakshmishwar Singh was an active, visible participant in the circumscribed public sphere permitted Indians in the late nineteenth century. He was a member of the British Indian Association, a landlord's interest group, and a prominent donor to the cow-protection movement suppressed by the Government in 1893. The Maharaja was also a committed Indian nationalist who was one of the most generous financial supporters of the Indian National Congress from its inception in 1885. At the time of his appointment to the Royal Commission, Lakshmishwar Singh was an elected non-official member of the Supreme Legislative Council that advised the Viceroy.³⁹ MacDonnell strongly recommended the Maharajah's appointment:

The only man of sufficient standing and strength of character whom I know to be willing to take a nomination to the Opium Commission is the Maharajah of Durbhungah. His views are in favour of the maintenance of the opium revenue; and I think he would assert these views on the Commission, though I am not prepared to say that the anti-opiumists and *pro*-Congress people, such as Mr Caine, may not influence him. But I should be disposed to run that risk, and I should be very glad to see Durbhungah get some mark of your Excellency's confidence [H]e is a man of wide influence here, and I think he can be, if he likes, of great help to us. He and I are personally good friends, and I find him very reasonable, . . .

Unfortunately, the Maharaja suffered increasingly from debilitating heart disease that prevented him from sitting with the Royal Commission on most of its Indian tour.

³⁹ Jata Shankar Jha, *Biography of an Indian Patriot, Maharaja Lakshmishwar Singh of Darbhanga* (Patna: Maharaja Lakshmishwar Singh Smarak Samiti, 1972). Curiously, the biography does not mention the Maharaja's service on the Royal Commission. Lord Lansdowne, the Viceroy of India, commented in a letter to Lord Kimberley, the Secretary of State for India, that 'Durbhunga' is well known to me. He has considerable ability and I have always found him friendly, but he is discontented,

The second Indian member was Haridas Veharidas, the former chief minister of Junagarh, a small princely state located in coastal Gujarat ruled by a Muslim dynasty. Although Lansdowne clearly chose him to represent the financial interests of the western princely states under the Malwa system, Junagarh itself was not an opium producing state.⁴⁰ The Viceroy nominated Veharidas on the advice of Sir Charles Pritchard, a member of his Council who had served in the Bombay Presidency.⁴¹

Hearings and Debates

The Government of India seconded one of its civilian officers to act as secretary to the Royal Commission—an arrangement that later occasioned some criticism from the anti-opiumists. The Commission relied upon the Indian administration to arrange and facilitate its tour in India and to recruit and make available several categories of witnesses. These included officials who could testify as to the financial and administrative details of opium; ‘selected officials, both civil and military, with experience regarding the consumption of opium by different races and in different parts of India’; police officials with experience of the criminal law in regard to opium; government and private physicians ‘who had had opportunities of observing the moral and physical effects of the consumption of opium’; and finally, ‘non-official gentlemen of recognized standing, both native and European’ who ideally should be ‘of independence of character and good general intelligence, and so completely in touch with public feeling in their respective provinces as to command the respect and confidence alike of the people of India and of the members of the Commission.’⁴² The Government of India also arranged for testimony from officials and private persons from opium-producing princely states of western

partly, I think, because we have refused to give him a salute; he is also inclined to coquet with the Congress people.’ British Library, India Office and Oriental Collection, MSS D.558/6, Lansdowne to Kimberley, 8 Aug. 1893, No. 49.

⁴⁰ *Imperial Gazetteer of India*, Provincial Series, Bombay Presidency, ‘Junagarh’. In 1891 the state counted just under half-a-million inhabitants in a 3,884 sq. mile area. The Nawab of Junagarh was a first-class ruler entitled to an 11 gun salute on ceremonial occasions.

⁴¹ Insert.

⁴² Great Britain, Sessional Papers of the House of Commons, 1895, XLII, Final Report of the Royal Commission on Opium, pp. 2–4. The final phrase quoted is from a circular sent out by the Government of India.

India and heavily opium-importing and consuming states such as Hyderabad. For its part the Commission 'issued advertisements' inviting testimony from anyone wishing to appear before them, although the response to these appeals seems to have been limited.

Both sides were anxious to find and identify unofficial Indian witnesses favorable to their cause. However, the Viceroy made it clear to his officials that they were not to unduly influence the witnesses identified and called. Upon learning that Wilson and Pease planned to identify and urge Indian witnesses to testify against opium, James Lyall wrote to Lansdowne from London urging him to encourage 'the local authorities in India . . . to explain the question thoroughly to a number of native gentlemen whose names and position will give weight in England to their evidence and get them to propose themselves as witnesses.'⁴³ Lansdowne replied: '[W]e have sent an officer round to the Local Governments to see what they are about, but we must be careful to avoid anything which might bear the appearance of tutoring the witnesses, official, or unofficial.'⁴⁴

At the same time, the Government of India refused to seek out anti-opium witnesses to appear before the Commission on the argument that this was the task of the Society for the Suppression of the Opium Trade. The British Secretary of the Society, J. G. Alexander, traveled with the Royal Commission throughout its Indian tour and 'ably and energetically represented [the Society's] interests'. Alexander recruited the Rev. Thomas Evans, a 'well-known Indian temperance pioneer' to act as a "scout" to get evidence ready for the Commission.⁴⁵ Wilson and Alexander also made effective use of the network of committed anti-opium missionaries working in India, and received assistance from members of the Brahma Samaj and temperance societies. They did produce a large number of witnesses who gave testimony. The Commission claimed that it heard every anti-opium witness nominated by the Society and turned no one away.

Generally, the Commission followed a well-established British procedure for publicly sitting and examining witnesses. After selection, but before appearing, the Commission asked each witness to write an abstract summarizing the nature of the evidence that he or she was planning to give. When, pressed for time, the Commission

⁴³ British Library, India Office and Oriental Collections, Lansdowne Private Papers, MSS. Eur.D.558.15 No. 103, pp. 121–3 J. B. Lyall to Lansdowne, 7 Sept. 1893.

⁴⁴ Lansdowne Private Papers, MSS Eur.D.558.25 No. 261 p. 206, 18 Oct. 1893.

⁴⁵ *Friend of China*, Jan. 1894, p. 202.

pruned the list of witnesses, it retained the abstracts submitted and published these in its report. After making an opening statement, members of the Commission were free to pursue any line of questioning they wished subject only to constraints of time, or occasionally, an intervention from the Chairman. At times, members subjected witnesses to vigorous questioning. The witnesses apparently did not testify under oath, but were certainly expected to be truthful. Two shorthand writers recorded the questions put and the replies of each witness—exhaustively reproduced in the final report. Most witnesses were conversant in English, but a minority was not. These, with the help of interpreters, gave their evidence in whichever Indian language they were fluent.

This was a hard-working body. The Commission held public hearings 70 of its 83 days in India; examined 723 witnesses ‘of whom 466 were natives of India or China, and 257 Europeans’; and accepted written statements from numerous other witnesses whose testimony could not be taken in person.⁴⁶ With only a few exceptions the Indian witnesses were elite members of Indian society drawn from higher status and wealthier groups and professions. British witnesses, official and non-official, had, by definition, similar status and power. As it stated, the Commission deliberately sought the views of the leaders and opinion shapers of Indian society, not its humbler members.

Broken down by occupation the largest category of witnesses included 161 (22.3%) physicians (81 in government service; 65 private; and 15 medical missionaries); followed by 133 (18.4%) Government of India civilian officials or military officers (9 retired); 100 (13.8%) landowners, planters, and tenant cultivators; 87 (12%) heads or officials of Indian states; 83 (11.5%) merchants or millowners; 52 (7.2%) representatives of both pro- and anti-opium voluntary associations; 47 (6.5%) Christian missionaries or catechists (40 Europeans; 7 Indians); and 27 (3.7%) lawyers. The remaining witnesses were a mixture of journalists (8), non-Christian religious teachers (5), professors and schoolmasters (8), civil engineers (2), a labour contractor (1), actuary (1) students (2) and three who professed no occupation.⁴⁷

Just slightly over one-fifth, 152 persons were witnesses presented by the Society for the Suppression of the Opium Trade. Of these the

⁴⁶ Final Report, p. 5. The total includes the 34 witnesses examined in London.

⁴⁷ Final Report, Table 5 ‘Showing the Number, Race, and Occupation of Witnesses’, p. 14.

largest single group were Christian missionaries (39 missionaries, 5 catechists, 14 medical missionaries) followed by representatives of anti-opium associations (26) with a mix of lawyers, journalists, merchants, landowners and tenants and even four serving government officials.⁴⁸

In its final report, the Commission explicitly stated its credo of objectivity when taking evidence and evaluating testimony:⁴⁹

In dealing with the evidence as a whole, we desire to say that, in our opinion, both the disadvantages and the advantages attending the use of opium have been in many cases overstated. It was inevitable that in an inquiry of this nature there should be some exaggeration. Strong convictions have been held on either side, and witnesses have insensibly been led to dwell on what accorded with their convictions, and to leave out of sight what might tell in the opposite direction. In forming our conclusions, therefore, we have throughout endeavoured to make allowance for this. Apart from the necessity of giving weight to individual testimony, in accordance with the representative character of the witness and his opportunities for observation, we have felt it our duty to look particularly to fairness of mind and sobriety of judgment.

The Royal Commission opened its proceedings in London on 8 September 1893 with several days of hearings. These proceeded without the Indian members. Then it adjourned to voyage to India and reassembled in Calcutta on 18 November. The Commission sat at Calcutta taking evidence until the end of December. During this period, the Commission split. A sub-committee headed by James Lyall with Roberts, Mowbray and Pease sailed to Burma to hold six sittings in Rangoon and two in Mandalay, while Brassey continued hearings in Calcutta with the remaining members. After the hearings in Calcutta finished the reunited Commission proceeded in a special train to Patna, Benares, Lucknow, Ambala, Lahore, Delhi and Agra during the month of January. Continuing on, the Commission took evidence regarding the native states at Jaipur and Ajmer. Early in February the Commission split again with a sub-group holding hearings in Indore and the remainder in Ahmadabad—both devoted to the Malwa system. Finally, in mid-February the Commission reassembled in Bombay where the members hammered out a set of draft resolutions before adjourning on 22 February 1894.

The British and Indian public attentively followed the progress of the Commission. The London *Times* engaged a special correspondent

⁴⁸ Final Report, Table 6 'Showing the Number and Classification of Witnesses Presented by the Anti-Opium Society', p. 15.

⁴⁹ Final Report, p. 15.

who telegraphed a summary of evidence given by witnesses at each day's sittings for publication in London on a near-daily basis. Both the English-language and Indian-language papers of India reported regularly on the progress of the Commission and the nature of the evidence taken. Wilson and his private secretary, Joseph Alexander, sent regular dispatches back to the Society for the Suppression of the Opium Trade that were printed in the *Friend of China*, the society's widely circulated monthly journal.⁵⁰

The two dominant members of the Commission proved to be Henry Wilson and James Lyall, each of whom was, in effect, a campaign manager for the opposing positions. Both aggressively questioned witnesses and both worked steadily to influence the chairman, Lord Brassey, and the other members of the commission. On the defensive when confronted with a growing body of pro-opium testimony, Wilson insisted on a full hearing for anti-opium witnesses and issues.

The entries in James Lyall's private diary, kept daily during his service with the Opium Commission, reveal how assiduously he applied himself to the task of shaping the final outcome. Returning to India fresh from retirement the previous year, Lyall socialized and consulted with his former colleagues, the provincial governors and highest-ranking members of the Government of India, with Indian princes and aristocrats, and high status British businessmen. Lyall was welcome at clubs, private dinners, garden parties, early-morning rides, and excursions at every place visited by the Commission in India.⁵¹ During the Commission hearings, buoyed by a flow of pro-opium testimony, Lyall contented himself with making sure that attacks on the Government were answered and, if possible, refuted. He was especially concerned with the official record of the proceedings.⁵² Lyall also pressed Brassey to be sure that the Commission drafted its recommendations and conclusions in Bombay before departing India. Lyall seems to have feared that Brassey and the

⁵⁰ 'Extracts from Mr Joseph G. Alexander's Journal and Letters. From October 28th to December 14th, 1893', *The Friend of China*, v. 20 Jan. 1894, pp. 193–213.

⁵¹ James Lyall, 'Diary of a Brief Visit to India,' in India Office and Oriental Collection, British Library, Lyall Private Papers Mss Eur F.132/17, 11 Oct. 1893 to 13 April 1894.

⁵² In his diary for 27 Dec., for example, Lyall wrote: 'Had a meeting of the Commission at which Lord B. made one of his blunders in answering some remarks of Wilson's. We closed the meeting to talk it out and I protested, and Lord B. said he was sorry, but all that did not get on the record.'

members would succumb to intense political pressures if they completed their deliberations in London.

In his overall strategy Lyall aimed at findings that would completely support the Government's position—even at the cost of a divided vote at the end. Lyall worried that Brassey might make compromises that would permit a unanimous report but that would undercut the Government of India's finances.⁵³ Brassey had floated to Lansdowne the idea of ending the official Bengal monopoly in favor of opium production by licensed private producers similar to the Malwa system.⁵⁴ This approach, often proposed over the years by British reformers and even some Government of India officials, would have sharply curtailed official opium revenues. Lansdowne and Lyall both argued strongly against this option with Brassey.

In the end Brassey retreated and supported the hard-line Government of India position, but not without a clash with Lyall during the Commission's final private meetings in Bombay. On 19 February, Brassey produced a set of draft resolutions that were unacceptable to Lyall and the Government of India.⁵⁵ The next day, 20 February, Brassey distributed his draft set of resolutions and fixed the 22nd for a final decision and vote. A dismayed Lyall used the interim to lobby Mowbray and Pease to accept his revisions (presumably Fanshawe, Veharidas, Darbhanga and Roberts were already persuaded. Wilson was ill and not present at the final meetings in Bombay). On the 22nd as Lyall observed in his diary:⁵⁶

At the meeting after Ld B had made his speech. Got him to move his first two resolutions together—Then I made a complimentary speech about Lord B, and then moved my additions and amendments to first two Resolutions. After long and rather warm debate got all to agree though Pease in

⁵³ Lansdowne Private Papers, Lyall to Lansdowne, 1 Oct. 1893: 'I wrote you a letter some weeks ago about the Opium Commission. I do not recollect exactly what I said, but I believe I then took a less serious view of the danger involved to the Indian revenue than I have since we took evidence, and since I have seen more of Lord Brassey's attitude as President. I do not mean that Lord Brassey shows signs of having strong views favorable to the anti-opium party policy, but he seems to me to think too much of the strength of that party in the constituencies, and to favour too much the idea of arriving, right or wrong, at some compromise which could be accepted by Ministers, or Members, who have more or less pledged themselves to the electors.'

⁵⁴ Lansdowne Private Papers, Brassey to Lansdowne 21 Sept. 1893, No. 113, p. 134.

⁵⁵ In his diary entry for 19 Feb., Lyall wrote: 'Sitting of Commission at end of which I had a talk with Ld-B about his set of resolutions and my own. He wanted me to accept and amend his—I wanted him to consider adopting mine. We were both a little hot over it.'

⁵⁶ *Ibid.*, 22 Feb.

one respect qualified his agreement to the part about Bengal opium export trade. Great relief to have it over and in a satisfactory way.

The first two resolutions, as amended by Lyall, definitively rejected prohibition for both British India and the Indian states, opposed ending exports to China and refused to consider trying to amend transit agreements with the states shipping Malwa opium. This was a complete victory for the Government of India even though the report was not unanimous since Wilson refused to agree. Arthur Pease, however, the other anti-opium member, did accept the wording—much to the consternation of his fellow anti-opiumists in India and England.

Upon their return to London the Commissioners prepared an interim report followed, after more than a year, by a final report submitted to Queen Victoria on 16 April 1895. All the Commissioners save Henry Wilson, the anti-opium MP, who wrote a separate dissent, signed the final report. The two Indian members each wrote separate statements appended to the final report laid before the House of Commons.⁵⁷

The general conclusion of the Commission is quoted earlier in the introduction. To the questions posed in the 1893 Parliamentary resolution (above) the Commission answered firmly and unambiguously. As to prohibition except for medical purposes, 'It has not been shown to be necessary, or to be demanded by the people'. If prohibition were to be extended to the princely states this would be an unprecedented interference in their internal affairs 'which would be resented by the Chiefs and their people.' To cut off the export trade in Malwa opium by ending the system of passes would be unjust unless it were accompanied by 'voluntary agreement, which if obtained at all, would involve large pecuniary compensation' to both the affected states and those individuals who sustained losses. As to the financial impact of ending the opium trade, 'The finances of India are not in a position to bear the charges for compensation, the cost of necessary preventive measures, and the loss of revenues.' Short of total prohibition, some further administrative changes in the system could be made but the Commission affirmed the 'Bengal monopoly as the best system for regulating the production of opium in British India.'

Consumption of opium by the people of India does not cause 'extensive moral or physical degradation' and disentangling medical from non-medical consumption is not 'practicable'. Opium smoking,

⁵⁷ Final Report, Memorandum III, by Haridas Voharidas, pp. 134–6.

however, 'is little practised in India; it is considered a disreputable habit'. And finally, Indian public opinion rejected prohibition: 'The testimony laid before us has been unanimous that the people of India would be unwilling to bear the cost of prohibitive measures.'⁵⁸

Consumption in India

Should production and use of opium in India be limited to medical purposes? British, American and Canadian missionaries from Protestant denominations living and working in India were the strongest advocates for complete prohibition to appear before the Commission. For decades, their outspoken dislike of opium and the policies of the Government of India had fueled anti-opium protests in Britain.

Typical were the views of Bishop Thoburn, who spoke for eighty missionaries sent to India from the United States by the Methodist Episcopal Church. He testified that opium was 'a very great evil' and should be prohibited. He and his church were strongly against stimulants of all kinds. His missionaries did not permit Indian opium users to join their churches and if any members took up opium they came under discipline. The use of opium was 'inconsistent with a correct Christian life' and led to vice and immorality. Consuming opium 'takes the moral stamina right out of a man'. At least half of all opium users took it in excess with ruinous effects on their health, their morals and their finances. The Bishop conceded that coolies and other laborers sometimes used opium to work harder and reduce hunger pangs, but argued that the drug also enabled them to destroy their health by overwork. He thought the medical uses of opium were exaggerated. Opium was not a 'medical necessity' for rural people. The licensing system imposed by the Government of India by making opium available for public sale, invariably increased consumption. Indians generally disapproved of opium use. Indian opinion was overwhelmingly in favor of prohibition despite the financial costs.⁵⁹

However, Bishop Thoburn's evidence and that of other anti-opium witnesses faltered before the weight of pro-opium testimony in two key areas. First, witness after witness testified that opium use in India was not harmful to either the individual or society—far less

⁵⁸ *Ibid.* pp. 95–7 for the following quotations from the General Conclusions.

⁵⁹ Final Report, Minutes of Evidence, 20 Nov. 1893, Evidence of Bishop J. M. Thoburn at Calcutta, Questions 2238 to 2394, pp. 15–21. This is a summary of points made by the Bishop in his extensive testimony.

than that of alcohol. Second, official witnesses had little trouble showing that the Government of India tightly regulated and discouraged domestic consumption of opium—despite its fiscal interest in higher sales of excise opium. These two issues are addressed in the remainder of the article.

To support its general conclusion that opium was not harmful in the Indian context, the Commission relied heavily upon an analysis of the evidence carried out by Sir William Roberts. His medical reputation for objectivity and accuracy won credibility for the final report and its conclusions. Brassey placed Roberts' memorandum as the first appendix to the final report. In this lengthy document Roberts reviewed the 'large mass of new and interesting information, gathered by the Opium Commission during their tour in India, on the general features and the medical aspects of the opium habit in that country.'⁶⁰

Roberts began by observing that all human societies (with the possible exception of the most primitive), consumed mood-altering drugs or, in his terms 'articles of a stimulating and restorative character'. Drugs such as alcohol, opium, tea, coca, tobacco, and hemp seemed to meet a 'profound instinct of human nature' as they acted to produce 'an enhanced sense of well-being or "euphoria"'.⁶¹ Such drugs were not normally taken as foods for their nutritive value, nor were they absolutely essential because many individuals or groups abstain completely from any such substances. He thereby made an implicit claim that opium must be viewed as equivalent to other similar drugs consumed around the world and that its effects were similar.

Roberts first addressed the non-medical use of opium, or the 'opium habit' in India, which was distributed widely, but irregularly throughout the subcontinent. The heaviest usage was in the northern and western regions of the subcontinent with much lower levels in the extreme south. By its nature, opium consumption in India was unobtrusive, both in its mode of ingestion by eating small pills and

⁶⁰ Royal Commission on Opium, Final Report, Annexures, Memorandum I, 'On the General Features and the Medical Aspect of the Opium Habit in India', pp. 99–109. For each point made, Roberts listed in the margin the serial numbers for the appropriate questions and responses that supported his conclusions.

⁶¹ In a footnote Roberts commented: 'Euphoria is an old medical term, signifying "feeling perfectly well and able to bear pain and anxiety easily"' and that euphoria or euphoric, if adopted, 'would give greater precision to language in speaking of the primary and common effect of alcohol, opium, tobacco, tea and coffee, and their congeners'. *Ibid.*, p. 99n.

in the relative lack of outward symptoms among users of opium. Although estimates varied widely, it was clear that only a small minority of Indians were regular consumers. From the evidence obtained, Roberts inferred that Indians had a higher tolerance to the toxic effects of opium and were more susceptible to taking up the opium habit than Europeans. This difference 'probably depends on a combination of causes—on race and climate, on hereditary acquisition by centuries of use, on the general prevalence of the malarial constitution and the vegetable nature of the diet.'⁶²

Using statistical data compiled by several physicians in India, Roberts concluded that, in India, opium consumption was a habit of men rather than women, and middle-aged and older persons rather than children or young adults.⁶³ Daily dosages varied from the one-fifth of users who kept to a low of 2 to 5 grains of opium to the one-tenth who exceeded 40 grains a day—a few by a great deal more than that. Daily consumption tended to be heavier in the Rajput states where opium was cheap and abundant, and considerably lighter in Orissa where it was more expensive. Once begun, opium was 'usually a life-long habit' with a dose taken twice a day, usually morning and evening. Beginning users initially increased their dosage levels until they reached 'the level of individual tolerance' and often kept the same dosage for life or varied it around this level.

When a habitual user did not obtain his daily dosage, he displayed well-known symptoms of exhaustion and dullness. His eyes and nose began to run, he yawned, he suffered abdominal pains and lost his appetite. As soon as he ingested the normal dosage all symptoms vanished. When however, circumstances abruptly cut off a habitual user's daily dosage, his suffering was considerably greater than that of those deprived similarly of alcohol or tobacco. Medical officers in charge of Indian jails testified to the misery of newly jailed inmates deprived of their usual opium pills. Severe symptoms lasting a few days to as much as two weeks included 'looseness of the bowels, dejection and misery, restlessness and loss of sleep, failure of appetite, aching of the bones, lassitude and misery'.⁶⁴ Most prisoners recovered their health without incident, but some who were suffering

⁶² *Ibid.*, p. 101.

⁶³ *Ibid.*, pp. 102–3. These included 4,409 cases at Jaipur in Rajputana compiled by Dr Hendley; 100 cases compiled by Dr Huntly in Nasirabad, also in Rajputana; 215 cases in Calcutta compiled by Dr R. Moy Roy; and 613 cases observed by Dr Richards in Balasore, Orissa.

⁶⁴ *Ibid.*

from dysentery at the time or some other disease might have to have opium dosages given them at lowered levels to prevent collapse or even death.

Witness after witness testified that moderate, habitual use of opium within the individual level of tolerance did not have harmful effects on either health or longevity. Unlike alcohol, opium 'does not appear responsible for *any disease peculiar to itself*'.⁶⁵ Post-mortem examination of opium-eaters did not reveal any organic diseases or tissue changes that could be attributed to opium. Opium eaters bore surgical operations as well and recovered from them as quickly as non-opium eaters. Roberts concluded: 'The general health of opium-eaters, provided they keep within their tolerance appears to be just as good as that of other people.'⁶⁶ The Commission interviewed a number of witnesses who were professed long-term opium eaters who 'could not be distinguished in any way from other persons of the same age and station in life'.⁶⁷ Of the 215 long-term opium users reported on by Dr Moy Roy at Calcutta, 76 were over sixty years of age and of these five were in their eighties. According to Dr Moy Roy, their health was 'equal in every respect to that of the average native not given to this habit'.

However, when an opium eater consumed dosages higher than his maintenance level, he became 'persistently indolent, stupid, and incapable of attending to his business, his appetite falls off, and he becomes lean and shriveled.' The user to excess suffered from either unremitting constipation or alternating constipation and diarrhea. Beyond these symptoms, however, opium did not cause diseases and premature death; instead the user, barring other illnesses, could live out his natural life span. Fortunately, however, such an 'opium sot' was a 'rare spectacle' in India.⁶⁸

Contradicting concerns that had been raised by anti-opium reformers, Roberts reported that medical officers in charge of lunatic asylums in India gave evidence that 'the opium-habit is rarely if ever a cause of insanity'. Neither did it encourage suicide as reformers charged. Taking an overdose of opium might be an appealing method

⁶⁵ *Ibid.*, p. 105.

⁶⁶ *Ibid.*, p. 105.

⁶⁷ *Ibid.*, p. 106. In a footnote Roberts reports that he examined 20 Indian soldiers of the 32nd Pioneers at Ambala. Ten of these took 4 to 8 grains of opium per day; the other half did not use opium. He entirely failed to detect which were the habitual opium eaters in this group.

⁶⁸ *Ibid.*, p. 104.

of self-destruction in India as elsewhere, but official statistics revealed that, in fact, there was no relationship between intensity of opium usage and the numbers of suicides. Areas such as Assam which had the largest consumption of opium had the smallest level of suicides. Despite its undeserved popular reputation as an aphrodisiac, opium was probably ineffectual in that regard. However, the Commission heard some clinical evidence that persistent opium usage reduced the 'procreative powers' in men.⁶⁹

Opium was an important self-administered household remedy in India. Indians reached for opium pills to treat 'diarrhoea, dysentery, chills, recurrent febrile attacks, and the neuralgic troubles of the malarial cachexia [recurring attacks of malarial fever]. It is also their chief resource in asthma, chronic coughs, rheumatic pains, diabetes, gravel, and indeed in all painful wasting diseases of any kind.'⁷⁰

Although anti-opium reformers disputed the claim, most Indians believed that opium served to alleviate the sufferings of those afflicted with malaria and that it was an invaluable preventive against contracting the disease. Physicians testifying before the Commission were sharply divided on this issue. Here Roberts referred to trials that the Indian Medical Service had carried out in the 1850s to establish the efficacy of anarcotine (or narcotine) one of the principal alkaloids found in opium. These trials determined that opium equaled quinine in its capacity to arrest 'the paroxysms of intermittent fever' associated with recurring malarial attacks, if given in sufficient quantities to the sufferer. And, if opium were taken regularly, it helped prevent recurring attacks.

Unfortunately, obtaining these benefits required consumption of large dosages of opium. Patna opium contained on average only 6.4% of anarcotine, which meant that for a dose of one grain of anarcotine, the patient would have to consume 16 grains of opium. Unless he or she was already a heavy opium eater, the patient could be poisoned by ingesting these large amounts.⁷¹ Still, moderate consumers of opium probably gained from protection against malarial fevers and some reduction of their severity if they occurred.⁷²

⁶⁹ *Ibid.*, p. 107.

⁷⁰ *Ibid.*, p. 108.

⁷¹ *Ibid.*, pp. 110–11.

⁷² Roberts mentioned that recent research in Italy, France and Germany pointed to the existence of 'a plurality of type and plurality of infection in malarial fevers. These researches have demonstrated—that the infective material of malarial fevers consists of micro-organisms, living and multiplying in the bodies of the affected persons—and that these micro-organisms are of more than one kind, and give rise

To the opium reformers one of the most alarming and off-putting of Indian customs was that of routinely giving small dosages of opium daily to infants. Mothers put a tiny speck of opium into the child's mouth, rubbed it on their breasts for nursing infants, or in Bombay gave them pills containing one-sixth or one-third a grain of opium. Begun soon after birth, mothers continued to administer opium until ages two to three—at that point, the child completely stopped taking opium. In common with adult opium consumption, this habit was most prevalent in the northern and western regions of the subcontinent, and not so much found in the south and east. Indian witnesses to the Commission testified 'that the opium not only kept the children quiet and comfortable, but also helped them to digest their milk, that it prevented diarrhoea, warded off chills and fever, served to alleviate the troubles of dentition, and generally helped to keep the children in good health'.⁷³ The Commission heard evidence that accidental poisoning might occur, but that generally the children so afflicted recovered and fatalities were extremely rare.

Some of the British medical witnesses expressed a generalized disapproval of the practice, but had difficulty listing any evils from it. In response Roberts offered a remarkably culturally neutral rebuttal:⁷⁴

Indian mothers and nurses, and the Native public generally, have an unquestioning faith in the wholesomeness of giving opium to children, and the accumulated experience of successive generations of parents, extending over hundreds of years, furnishes a body of presumptive evidence which is not to be lightly set aside on the ground of *a priori* considerations. It is difficult to believe that a practice so widely diffused through all grades of society, and carried on under the direct supervision of the vigilant maternal instinct, should have maintained itself so long in credit, if it were on the whole and to any appreciable extent injurious.

In Gujarat, Rajasthan and Central India, ceremonial use of opium was common. Rulers and hosts offered a 'strained solution of opium in water' during formal court audiences and various kinds of private receptions. Offering opium water marked religious festivals, births and funerals and was used to signify the reconciliation of enemies.

to more than one type of fever.' These discoveries implied that opium might well be more effective than quinine against one specific type of malaria and that the reverse might be true. *Ibid.*, p. 112.

⁷³ *Ibid.*, p. 113. Clinical observations seemed to bear this out. At Jaipur, Hendley examined an unselected sequence of 100 children brought in for smallpox vaccination. Of these 78 were regularly dosed with opium; 22 were not. In his estimation, both groups were equally healthy.

⁷⁴ *Ibid.*, p. 114.

Under these circumstances nearly all consumed the proffered substance even though they might not ordinarily take opium. Slowly, however this ceremonial use was dying out 'partly due to the spread of Western ideas and the substitution of alcoholic beverages for opium, and partly to economic necessity.'⁷⁵ Excise taxes levied in British India and the Indian states had steadily raised the price of opium to the consumer in the past few decades.

Testimony before the Commission established that opium smoking 'generally looked down upon in India as a low and vicious habit' was not at all prevalent. Whether *madak* smoked in water pipes, or the more expensive and potent *chandu* smoked in specially made opium pipes, smoking opium was an urban habit engaged in by 'the humbler grades of society' who frequented unsavory opium dens.⁷⁶ Whether opium smoking was any more harmful to the smoker's health than opium eating, was not at all certain.⁷⁷ Responding to Indian sentiment, the Government of India had recently prohibited any consumption of opium in public shops.

When examined in detail, Robert's summary and analysis is thorough, rigorous and persuasive. The memorandum portrays opium use in India in what appears to be a fair and reasonable description. His conclusions accurately reflect the mass of evidence printed in the report of the Royal Commission.⁷⁸

⁷⁵ *Ibid.*, p. 116.

⁷⁶ *Ibid.*, pp. 118–9. The two methods of preparing opium for smoking were referred to respectively as *madak* and *chandu*. By far the cheaper of the two versions, *madak* consisted of opium boiled in water, strained, reboiled to a syrup and mixed with betel or acacia which was smoked, like tobacco, in the bowl of a water-pipe. The much more expensive, and potent *chandu* consisted of a strained solution of opium in water boiled to a thick consistency until it crusted over, the crusts removed, redissolved in water, and reboiled until 'a thick extract is obtained of the consistency and appearance of thick tar'. Smokers burnt *chandu* in specially made clay opium pipes by dipping a pin or stylus into the *chandu* and shaping a small ball at the tip. The smoker dried the tiny pill or ball of *chandu* in the flame of a lamp, placed it in the small aperture of the pipe, and heated it again with the lamp until it smoked and bubbled. At this point he could inhale the smoke. Samples of *chandu* bought in the Calcutta bazaar yielded over 9% morphia in contrast to less than 1% for *madak*. Once prepared, *chandu* actually gained in flavor by ripening, often for ten or twelve months.

⁷⁷ Here Roberts cited the biographies of 222 opium smokers (60 *madak* users and 162 *chandu* users) in Bombay gathered by Rustomji Jehangir, Chief Inspector of the Bombay Opium Department. 'Lives of Bombay Opium Smokers', Proceedings of the Royal Commission on Opium, Vol. IV, Appendix XXII.

⁷⁸ Roberts' conclusions are also consistent with recent anthropological study of regions in Rajasthan that still cling to an opium culture. See K. K. Ganguly, H. I. Sharma, and K. A. V. R. Krishnamachari, 'An Ethnographic Account of Opium Consumers of Rajasthan (India): Socio-Medical Perspective and Commentaries,' *Addiction* 90 (1995): 9–21.

Results from an unofficial inquiry agree in every point with the Roberts memorandum. In its 25 November 1893 issue, the pro-opium *The British Medical Journal* summarized the views on opium of one hundred British physicians—some in government service, some in private employment—practicing medicine in India.⁷⁹ The previous July Ernest Hart, chairman of the Parliamentary Bills Committee of the British Medical Association, had sent a circular letter to colleagues in India asking them a series of questions about opium use in that society. The respondents agreed that opium use was widespread and generally moderate; that long-term users tended to find a tolerable dosage level and to maintain that without change; that moderate opium use rarely led to excessive consumption; and that its medical value to the population of India was very great. However, the respondents split on the question of whether opium was an effective prophylactic against malaria. Virtually all, in answer to a direct question, replied that opium use did not harm either the physical or moral condition of the people of India. Again in reply to a question comparing the adverse effects of opium with alcohol, there was: ‘absolute unanimity’ among the respondents. All firmly stated that the effects of alcohol were far worse than those of opium and all suggested that prohibiting opium’s use would lead to a rise in alcohol consumption in India.

Medical opinion in Britain had little trouble accepting the testimony of British-Indian colleagues. It is true that by the early 1890s, medical use of opium was declining and some medical men were becoming reluctant to prescribe it. The most advanced medical practitioners increasingly substituted quinine, chloral and bromides for opium in the treatment of fever and sleeplessness. Nevertheless, for most physicians in general practice opium-based medications remained a standby. British physicians, if they did not have an opium, or increasingly, a morphine habit themselves, knew that many of their patients from all classes did so. In their clinical observations they observed that continued opium use did not preclude living a productive and healthy life.⁸⁰ The conclusions drawn by the Royal Commission on Opium seemed perfectly reasonable.

The medical journal *The Lancet*, formerly supportive of the anti-opium movement, published an editorial in April 1895 that characterized the final report of the Royal Commission on Opium as a

⁷⁹ ‘Analysis and Report of Original Documentary Evidence Concerning the Use of Opium in India,’ *The British Medical Journal* (1893): 1175–6.

⁸⁰ Berridge and Edwards, *Opium and the People*, pp. 225–31.

‘crushing blow to the anti-opium faddists’ that exposed their claims to have been ‘either ridiculously exaggerated or even altogether unfounded’.⁸¹ The Commission heard ‘a marked preponderance of testimony in favour of the view that the common use of opium in India is a moderate use leading to no evident ill-effects, and that excess is exceptional and condemned by public opinion.’ The editorial commended the ‘very able paper by Sir W. Roberts dealing more especially with the medical aspects of the question.’

To drive home its point the editorial posited a sardonic counterfactual argument⁸²

If we reverse the situation and suppose that the natives of India had sent a commission to this country to inquire into the drink question—into the sum spent per head by our population on alcohol, and the degradation, misery and crime which are too often the outcome of it all—can there be any reasonable doubt that the evils traceable to alcohol here would appear to such a commission, enormous, and those arising from the abuse of opium, there, in India, altogether insignificant in comparison with them.

To physicians familiar with the symptoms of both alcoholism and chronic opium consumption, this was a powerful image. For many Victorian physicians faced with the life-threatening behavior of the deeply addicted drinker, consumption of opium or morphine seemed benign. In fact, many physicians administered morphine on a maintenance basis as a strategy for ending alcoholism. They did not do this lightly, nor did they perceive opiate use to be innocuous, but reasoned that if a cure seemed impossible, the opiate habit was far preferable to alcoholism.⁸³

Regulation and Control

British opium reformers had long assailed the Government of India for what they considered to be its disinterest in and inattention to

⁸¹ ‘The Report of the Royal Commission on Opium,’ *The Lancet* (1895): 1078.

⁸² *Ibid.* Similarly, in a long, 1893 letter to *The Lancet*, Dr A. Crombie, Surgeon-Superintendent of the European General Hospital, Calcutta, denounced ‘the cirrhotic livers, the diseased kidneys, the dropsy, the fatty hearts, the arterial degenerations, the paralysis and insanity—and the misery, brutality and crime of alcohol’ in England. A. Dr Crombie, ‘Government and the Indian Opium Trade,’ *The Lancet* (1893): 655–7.

⁸³ Shepard Siegel, ‘Alcohol and Opiate Dependence. Re-Evaluation of the Victorian Perspective,’ in *Research Advances in Alcohol and Drug Problems*, ed D. Howard *et al.*, Cappell (New York and London: Plenum Press, 1986), 279–314.

limiting and ending the consumption of opium within the subcontinent. They were especially worried that the practice of opium smoking with its highly addictive qualities, if not vigorously discouraged, would overtake the Indian subcontinent as it had China. The reformers accused Indian officials of being far more interested in enhancing revenues obtained from the sale of excise opium than in restricting its use. They suggested that whatever pious statements might be made by the Viceroy and other high officials, the excise system itself rewarded local officials when they generated additional revenues from the opium excise, not the reverse. In other words, the same fiscal incentives that caused the Government of India to promote the export of opium to the Far East acted internally to promote consumption and sale within the subcontinent. Ultimately, of course, opium reformers demanded an end to the excise system altogether in favor of sales restricted to opium for medical purposes only.

These charges were inaccurate and unfair. Throughout the nineteenth century, since inception of the Bengal monopoly, the British rulers of India had grappled with the complex issues posed by their fiscal reliance on opium. By trial and error the regime devised consistently-applied principles, laws and regulations, and procedures capable of generating revenue and controlling the production, movement, and ultimate use of opium in India. After the 1857 Revolt, the rulers of India were unwilling to adopt policies that would offend Indian cultural sensibilities and lead to possible political unrest.

Admittedly, continuing public pressure applied by the anti-opium lobby at home forced the Indian Government to be more sensitive to restraining consumption than it might otherwise have been. Nevertheless, the end product of a century of what today would be called drug policy was an effective and even praiseworthy set of policies that were humanely executed. For opium, as for alcohol and cannabis (*ganja*), the Government of India avoided absolutist positions. It assumed that consumption of these substances would continue, that abstinence was a chimera and that the best the state could do would be to restrain these habits. The system that emerged in each major region of the subcontinent was sensitive to varying local conditions, cultural preferences and economic circumstances.

The Royal Commission's final report offered a detailed description of the Government of India's laws and administrative policies. Since the passage of the Opium Act of 1878, the Government of India had assumed full authority to regulate the cultivation, manufacture, transport, import, export, sale, and possession of opium throughout

British India. In place of older provincial regulations of varying stringency and irregular coverage, the 1878 statute made it illegal for anyone in British India to carry out any of these activities unless given explicit permission by the government.⁸⁴ The Act gave provincial governments authority to set local rules consistent with its provisions. It provided criminal penalties for violations of up to 1,000 rupee fines and up to one year's imprisonment. Any opium seized as the result of illegal activity was to be confiscated. Poppy fields under illegal cultivation were to be seized. Police, revenue, opium and customs officials could be authorized by local governments to forcibly enter, search, and seize contraband opium. They might detain and arrest anyone suspected of violating provisions of the act. (Searches and seizures without 'reasonable ground of suspicion' could be punished by fines of up to 500 rupees on the offending officer). The Act offered cash rewards to informers up to the value of fines imposed in cases where their information resulted in convictions.

The final report observed that poppy cultivation in British India was restricted to the areas defined by the Bihar and Benares monopoly (in the eastern Gangetic plain), to limited areas in the Punjab and the British-administered district of Ajmer-Marwara in Rajasthan. Beyond these bounded areas poppy cultivation was illegal. What the report failed to make explicit, and could well have done so, is that the long-term effect of British conquest and rule on the subcontinent had been to sharply curtail poppy cultivation and opium production for domestic use. This was a point made forcefully by James Lyall in a question posed to Joseph Alexander, Secretary of the Society for the Suppression of the Opium Trade, when the latter testified before the Commission in Calcutta:⁸⁵

Are you aware that poppy cultivation once extended throughout India in all parts where the soil and the climate were suitable, though, except in certain favourable tracts, it was sown mainly or entire for local consumption, not for the export trade; and are you aware that the operation of the Bengal opium monopoly and the policy of the Government in connection with it since its first establishment, more than a hundred years ago, have had the effect of putting an end to poppy cultivation in much the greater

⁸⁴ Act I of 1878 passed by the Governor General of India in Council January 9, 1878. The text of the statute is reproduced in the Commission Report, Appendix XLVIII, vol. 2, pp. 534–6.

⁸⁵ Final Report, Minutes of Evidence, 21 Nov. 1893, Question No. 2477. Alexander replied 'I could not say I was aware of it as regards the Native States. As regards British India I am aware that poppy cultivation existed here and there over a large part of it until the measures at the end of the last century were taken'

part of British India and in the greater part of the territory held by the Native States—Are you aware of that?

During the eighteenth century poppy had been freely grown in Bengal and Orissa, but became illegal in those provinces when the monopoly was established in 1799. In Assam, production and consumption of opium were both heavy and unregulated under Burmese rule and under early British rule after 1826. In 1860, the Government of India prohibited poppy cultivation and imposed a system of excise sales of Bengal opium.⁸⁶ In Bombay Presidency, when the Malwa system went into effect in 1830, there were still ‘considerable tracts of land in Gujarat, Khandesh, and elsewhere were suited to, and were cultivated, with the poppy . . .’⁸⁷ A quarter-century later, in 1853, the Bombay government finally prohibited all cultivation throughout the Presidency. In the Punjab, annexed in 1848, where poppy cultivation and opium use had been widespread under the Sikh regime, excise officials permitted poppy cultivation under license and a moderate per acre fee in five districts, banned it totally in four others and levied such a heavy per acre fee in the other districts that the effect was very close to that of prohibition.⁸⁸ In the Central Provinces, limited poppy cultivation under licensed cultivators continued in the six British-ruled districts until 1878 when the Government ended all further legal cultivation in that province.⁸⁹ Finally, the Opium Act of 1878 for the first time imposed restrictions on the production, sale or consumption of opium in the Madras Presidency.⁹⁰

⁸⁶ Final Report, vol. 5, Appendix XXX, ‘Historical Account of the Administration of Opium in Assam’. Pp. 454–5. ‘Previous to the British occupation of Assam proper, there was absolutely no restriction on the cultivation and consumption of opium. Every villager grew it freely in his own compound, and the cost of production was so small that there was no check on consumption, and it was eaten everywhere to excess.’ P. 454.

⁸⁷ Final Report, vol. 5, Appendix XX, ‘Note on the System of Excise Management in the Bombay Presidency’ pp. 4550–80, p. 455.

⁸⁸ Final Report, vol. 5, Appendix IX, ‘Memorandum on the System of Excise on Opium in the Punjab with Details of Consumption, &c.’ Total cultivation was only 12,000 to 15,000 acres per year.

⁸⁹ Final Report, vol. 5, Appendix XXIX, ‘Memorandum on the Administration of the Excise Revenue from Opium in the Central Provinces’, pp. 511–22. In the mid-1860s, 7085 growers cultivated 12,226 acres of poppy; by 1878 official pressure had reduced them to 2,406 growers on 2,170 acres. They paid 8 rupees per acre fees for their license. Cultivators sold their opium to licensed vendors in the province or to licensed exporters.

⁹⁰ The Act’s provisions actually came into effect in 1880 because of protracted negotiations with the Nizam of Hyderabad.

The Government of India exerted considerable pressure on protected states outside the Malwa system to end poppy cultivation so as to reduce smuggling into British districts. In 1878, the Government of India pressured the Nizam of Hyderabad to prohibit poppy cultivation and to import either Malwa or Bengal opium for sale in excise shops.⁹¹ Mysore also capitulated to similar pressure.

As the report pointed out, under earlier Indian regimes there had been no regulation of sales and opium was freely available on the open market. After 1878, each province in British India had its own system of excise for regulation and sale of opium to domestic consumers. The broad features of these systems were similar: only persons who had paid for and obtained special licenses from the provincial government could sell opium in retail shops. The number of licenses and shops was fixed by the government for each city and district. Sales of licenses were usually for one year, although this could be extended. Under this farming system, licensees sometimes bid at auction; submitted written tenders, or simply paid a set fee for their monopoly rights. Licensees sold either Bengal or Malwa opium. For the former, the state made supplies available at a set wholesale price; for the latter, licensees could purchase Malwa opium that had paid a stipulated pass fee of so much per pound of opium as an export from the native state where it was produced. In some areas, provincial governments set the retail price; in others it did not.

The provincial governments also set limits for a single sale to an individual and for any person to have in his or her possession at any time. These relatively generous limits, ranged between 300 to 900 grains of crude opium or 180 to 360 grains of smoking opium. Possession of larger amounts was ground for arrest. Any person could purchase opium at licensed shops in any amount up to the official limit for possession. There were relatively few shops selling opium—a total of 10,118 for all of British India in 1893. Although densities varied by province, the overall average was one shop to just under 21,000 persons. Annual consumption of legally sold excise opium was just 27 grains per capita—about a week's supply for a moderate user.⁹²

'Memorandum on the Administration of Opium Revenue in the Madras Presidency', Appendix XVIII, pp. 432–47.

⁹¹ Final Report, vol. 5, Appendix XXVI, 'Memorandum on the System of Opium Excise in the Hyderabad State', pp. 500–4.

⁹² Final Report, Table 3. 'Showing Consumption of Opium in the Various Provinces of British India' p. 10. In Assam with heavy usage, the total number of shops

The overall policy was one of 'maximum revenue from minimum consumption'. Throughout British India, government policy kept the retail price of opium higher than that of an unregulated market. By adjusting the quantities of opium released, the wholesale price, and the number and distribution of shops, the government aimed at a delicate balance between supply and demand. If the price were too high, quantities available inadequate and the numbers of shops too few, invariably smuggling and illegal sales to meet pent-up demand would intensify and be nearly impossible to control. If the price were too low, supplies too ample and shops too frequent, there would be increased consumption of opium. Each of the provinces worked out its own formulas to keep this balance.

Enforcement of the opium statutes and rules followed a similar balanced approach. In every province excise, customs and police officials cooperated to discover, prosecute and punish those who illegally trafficked in opium. As the laws regulating opium were more clearly defined and expanded to cover more territory, so also did policing become more rigorous and effective. However, senior officials never assumed that they could eliminate illicit traffic in opium. Smuggling, for example, was especially difficult to suppress in British districts that bordered on western Indian states producing Malwa opium for export. Instead, in each locality and province, the authorities tried to mobilize sufficient manpower and funds to deter trafficking and to reduce its intensity without resorting to heavy-handed, and expensive, policing that trampled on individual liberties. Government of India officers were acutely aware that the under-paid police were an imperfect instrument with considerable potential for extracting bribes and abusing the Indian populace and they did not want to incite political opposition by overly-zealous policing.⁹³

Departmental yearly administrative reports supplied detailed data on prosecutions, trials, convictions, fines and rewards to informers. Opium officials tracked legal excise sales to calibrate the extent to which an illicit traffic was at work. When excise sales were far too low, they intensified their enforcement efforts through police patrols, informers and other tried and true methods. Relative to the size of the populations involved, prosecutions by provincial excise depart-

was 866 or one to only 6,160 persons. Assam's annual per head consumption was 141 grains, far heavier than the next heaviest consuming province, Berar with 91 grains.

⁹³ While one might argue that this apprehension partly rested on racist assumptions that Indians in subordinate official positions were prone to be corrupt and brutal, more often than not, Indian police behavior fulfilled these expectations.

ments and the Opium Department were modest—less than ten thousand persons convicted in British India each year.

Within the confined territory of the Bihar and Benares Opium Agencies, where government-licensed cultivators produced ‘provision’ or export opium, the Opium Department was primarily concerned to deter and punish the withholding of raw opium by cultivators for illegal sale. In 1893–94, the Department brought criminal prosecutions against 2,216 persons of whom 378 were acquitted and the remainder sentenced to fines or imprisonment or both.⁹⁴ Opium Department officials debated how stringently to police the cultivators. Some favored a softer approach in which police ignored cultivators who held back small amounts of raw opium for their medicinal use; others argued for a zero tolerance approach with the rationale that tolerance encouraged illicit traffic and thereby lost revenue. In 1893, Frank Wright, the Opium Agent for Benares Agency, argued that the police should not be permitted to prosecute poppy cultivators for possession of opium without permission from the local Sub-Deputy Opium Agent in his Agency, as was the practice in the Bihar Agency.⁹⁵

It has over and over again been shown in the annual reports of this Agency that in the majority of cases cultivators are harassed by the police and punished criminally for the possession of infinitesimally small quantities of opium. In some cases the seizures do not exceed a few grains which a cultivator’s wife or other female member of the house had retained for medicinal purposes.

In response, the Bengal Secretary to the Board of Revenue, A. Lyall, rejected the proposal on the grounds that the practice in the Bihar agency had led to ‘a very large portion of the crop being held back and to a large loss of revenue’.⁹⁶

Opium smoking, although the practice of only a very few Indians, was an especially sensitive issue. Reacting to criticism from opium reformers, the Government tracked the rise of opium smoking in India with great concern. Smoking opium seemed to be a more debilitating and addictive form of taking opium than long-standing Indian ingestion of pills. As the final report mentions, generally Indian public opinion found the habit objectionable as well. However, since

⁹⁴ The Opium Department Government of India, ‘Report on the Administration of The Opium Department Inclusive of the Operations of the Bihar and Benares Opium Agencies’ (Calcutta: Bengal Secretariat Press, 1893–94), p. 13.

⁹⁵ *Ibid.*, p. 14.

⁹⁶ *Ibid.*, p. 15.

under existing policies opium was readily available from government-licensed shops throughout British India, options for discouraging smoking were limited. In July 1890, the Society for the Suppression of the Opium Trade again submitted to Viscount Cross, Secretary of State for India, a memorial protesting that opium smoking in India was on the increase.⁹⁷ The memorial cited the dangers of opium smoking as seen in the Far East and asked that the licensed Indian opium dens be closed. In a revealing passage, the memorial ended by stating forcefully:

If such establishments must exist, better far that they should be illicit, liable to be suppressed by the police, and driven to hide themselves in holes and corners, than that they should flaunt themselves in open day, parading the license of the Queen Empress, and carrying the sanction of the Supreme Government of India.⁹⁸

Lansdowne acceded to this demand and in September 1891 ordered that all provincial governments ban the consumption of opium upon the premises of licensed shops. He did this despite vocal opposition from many of his provincial governors who argued that the ban would simply drive smokers to private homes and clubs not subject to any official supervision.

The Burmese Case

Burma was the great exception that severely tested the evolved opium policies of the Indian Government.⁹⁹ Just as the Royal Commission began sitting in Calcutta, in 1893, the Government of India published new, more stringent rules under the 1878 Opium Act. Scheduled to go into effect in 1894; these new regulations actually prohibited the use and possession of opium by native Burmans, but permitted excise sale to Chinese, Kachins, Palaungs and Shans.¹⁰⁰

⁹⁷ The text of the memorial is included in: Parliament Great Britain, 'Consumption of Opium in India,' in *Parliamentary Papers*, eds Lord Lansdowne, Viceroy of India, *et al.* (London, 1892), 275ff., and pp. 110–14. See also Gilbert, 'Lord Lansdowne in India', pp. 372–3.

⁹⁸ Memorial, p. 114.

⁹⁹ Royal Commission on Opium, Final Report, Section VIII, 'Opium Arrangements in Burma', pp. 73–92.

¹⁰⁰ Royal Commission on Opium, Minutes of Evidence, vol. 5, Appendix XXXVII, 'Note on the System of Opium Administration in Burma', pp. 463–79. This document defined Burmans as 'any person born of parents, both of whom belong to races indigenous to Burma, except a Kachin or a Shan or a Palaung. Every person who

In view of this development, the Royal Commission withheld any assessment or recommendations for the new policy. Instead its hearings at Rangoon and Mandalay focused primarily on the question of whether non-Burmans should also be forbidden to use opium—an option that its final report rejected.

The conquest and annexation of Upper Burma in 1885 focused much of the opium debate on the policies to be applied in the lands formerly ruled from Mandalay and reopened the question in lower Burma as well. British opium reformers called for a ban on opium throughout British-ruled Burma. They argued, correctly, that Burma was a predominantly Buddhist society and civilization whose history and institutions diverged sharply from those of the Indian subcontinent, and in which attitudes toward opium also differed from those in India. The Buddhist priesthood condemned the practice of taking opium (and alcohol), as did most Burmans who viewed opium taking as a disreputable and harmful habit. Throughout the nineteenth century successive Burmese rulers had, with varying degrees of severity, prohibited its use by ethnic Burmans. Generally, however, these restrictions did not apply to the Chinese, Kachin and Shan residents of Burma who were permitted to consume opium, primarily by smoking, without hindrance.

British-Indian governments did not follow Burmese policy in regard to opium. After each conquest of new territory—Arakan and Tenasserim in 1826 and Lower Burma in 1852—the Indian Government extended its standard opium rules in force at the time. These prohibited poppy cultivation and set up the Indian excise system to sell Bengal opium imported from India by licensed shop owners. British officials serving in Burma, however, became increasingly dismayed by the rise of opium smoking and put these concerns in writing in the printed and publicly available 1878–79 revenue report for British Burma. As he was leaving his post in 1880, in an official memorandum, Charles Aitchison, Chief Commissioner of Burma, ‘recorded his conclusion that opium smoking among the Burmans was spreading, that it caused great moral and physical deterioration,

ordinarily wears a dress commonly worn by persons of any race indigenous to Burma and speaks Burmese, Karen, or Talaing as his vernacular language, is presumed to be a Burman until the contrary is proved. Kachins, Shans and Palaungs are excluded from the definition of Burman, because they are in the habit of consuming opium without evil results and because, owing to the remoteness and inaccessibility of the country in which they live, it would be impossible to prevent them from obtaining opium.’ Note, p. 463.

and was one of the most fertile sources of misery, destitution and crime.¹⁰¹ Aitchison's successor, Charles Bernard supported Aitchison's analysis in response to a query from the Secretary of State for India. Both, Aitchison and Bernard, suggested various measures to discourage the sale of opium, but stopped short of recommending complete prohibition. Bernard ordered a steep increase in price and a reduction of retail shops from 68 to 28—a measure that did reduce consumption somewhat.

These documents reached opium reformers in Britain who responded by condemning the sale of opium in British-ruled Burma in an 1881 resolution of the Society for the Suppression of the Opium Trade. When the Government of India conquered and annexed Upper Burma in November 1885, the question of administering the opium and alcohol excise immediately arose. Charles Bernard, following the strict policies of the deposed Burmese rulers in Mandalay, published regulations in March 1886 that forbade the sale of opium and alcoholic liquor to Burmans, but established a limited number of shops to sell opium to the Chinese and other non-Burmans who were accustomed to its use. These stringent rules were upheld and sustained by the Viceroy and the Secretary of State for India.

For the next several years British opium reformers hammered the Government of India with a series of memorials and Parliamentary questions aimed at extending the Upper Burma prohibition of opium sales to Burmese to include Lower Burma. They also argued for complete prohibition for all races and communities in Burma. They were further prodded by an April 1892 memorandum from the Chief Commissioner of Burma, Alexander Mackenzie who argued for complete prohibition in both Upper and Lower Burma for all races, not just Burmans. Caught between these external and internal pressures the Government of India agreed, in March 1893, to extend the opium rules prevailing in Upper Burma to Lower Burma.¹⁰²

Then new rules published in 1893 forbade consumption and possession of opium by all native Burmans. This was not complete prohibition, but as the final report of the Royal Commission observed it was a radical departure from earlier policies 'to treat the mere personal indulgence in opium, or any other stimulant, as a crime'. The

¹⁰¹ *Ibid.*, p. 77.

¹⁰² The tension between the central government and Burmese provincial officials is reflected in James Lyall's harsh questioning of D. M. Smeaton, the Financial Commissioner of Burma 19 Dec. 1893 in Rangoon: Questions 7981 to 8342.

new policy meant that any Burman caught with any amount of opium in his or her possession could be prosecuted under the terms of the 1878 Opium Act and either fined up to 1,000 rupees or sent to prison for up to one year. Such interference ‘with the personal liberty of any race’ could not be successful without ‘strong evidence of widespread injury and of the active sympathy by the majority of the people of such race in such legislation.’¹⁰³ For Burma, The Government of India committed itself to a new level of social control—one that would be exceedingly difficult to enforce.

Conclusion

India was a colonized country, ruled by foreigners who since the mid-eighteenth century had forcibly imposed a foreign language, institutions and cultural practices upon her. The British opium reformers were assailing an aspect of Indian culture and society that Indians themselves did not view as especially harmful. Opium use for both medicinal and mood-altering purposes was an accepted cultural practice throughout the subcontinent with little or no disapproval attached to it. Unlike the recent debates about raising the minimum age for women to marry, the most advanced Indian reformers were not deeply committed to the anti-opium cause. The appointment of a Royal Commission on Opium constituted a newly intensified cultural assault on this issue.

Clearly, the attack on Indian opium use was a form of cultural imperialism. The reformers unanimously regarded opium consumption (other than for the most direct medical purpose) as disgusting and degrading. This was a foreign judgment that had its roots in European or western culture and society. It was a judgment that, among many others, condemned the practices and customs of India and the Orient. It was also a judgment intimately tied to that version of Protestant Christianity practiced in the British Isles in the late nineteenth century and disseminated by missionaries in India. As their testimony to the Royal Commission on Opium revealed, British and American Protestant missionaries were the most fervent anti-opium witnesses.

The arguments of the opium reformers were, however, distinctly weakened by the pervasive use of alcohol in Britain and other west-

¹⁰³ Final Report, p. 92.

ern countries. Although most reformers were themselves abstainers and avid supporters of temperance, they came from a society that in Indian eyes was addicted to a drug far more dangerous and debilitating than opium. In Indian eyes alcohol was a western drug that the colonial relationship was forcing upon them. Both Muslims and high-caste Hindus condemned the use of alcohol. Nearly invariably, when confronted with the question, opium apologists, both British and Indian, drew an unflattering comparison between Indian use of opium and British consumption of alcohol. This was the thrust of Richard Temple's 1891 attack on the anti-opium resolution and reflected the views of nearly all British officials who had served in India. Most regarded the spread of western-style spirits or beer drinking among Indians with great concern.

The Commission in its final report ignored the opium–alcohol comparison. But in his appended statement to the final report Haridas Vecharidas denounced the British anti-opium movement as ‘unfair’ in that it attacked opium ‘before any attempt is made to relieve India from the effects of alcohol.’ He predicted that if opium were restricted, this would lead to greater use of alcohol, ‘which is admitted by all parties to be much more injurious and mischievous than opium, not to speak of its objectionable character in a majority of cases from a religious point of view [i.e. from Muslim and Hindu teachings]’. He called for more stringent controls on alcohol since any amount of European spirits could be imported and sold without a license in India. At present only Indian-made ‘country liquors’ were regulated.¹⁰⁴

Witness after witness, both British and Indian, commented on the ironies of the anti-opium campaign. Among the most articulate was T. N. Mukherji, who visited England in his capacity as Officer in Charge of the Exhibition Branch of the Government of India to help organize the Colonial and Indian Exhibition and the Glasgow Exhibition. When asked directly by the Chairman as to the ‘relative effects’ of opium in India versus alcohol in England, Mukherji replied, ‘Alcohol is many times worse than opium, that is my opinion.’¹⁰⁵ When asked about Indian attitudes toward prohibition, he replied that there would be considerable dissatisfaction with such a policy since opium was ‘the poor man’s solace’. Mukherji added that there was

¹⁰⁴ Final Report, Memorandum III, by Haridas Vecharidas, p. 134.

¹⁰⁵ Royal Commission on Opium, Minutes of Evidence, Calcutta, 7 Dec. 1893, Question 5737.

considerable cynicism regarding the motives of the anti-opiumists in Britain: 'The people think that all of this agitation has for its ultimate object the introduction of more whiskey and rum into this country'.¹⁰⁶ He read from a passage he had published in 1890, in which he had argued that English people should give up alcohol and take up opium.¹⁰⁷

Cannot we induce the people of England to eat opium instead of annually spending more than two hundred crores of rupees in the consumption of alcoholic liquors? Opium is amazingly cheap, duty included; it prolongs life after a certain age, and it can be asserted with all the force of truth and seriousness that its substitution in place of alcohol, . . . will bring back happiness to thousands of families in Great Britain and Ireland where there is no happiness now . . . It will greatly benefit England if her people take to opium and it will enable us to pay off the 'Home Charges' with the fictitious value put upon it by the monopoly.

Mukherji opined that the opium reformers should direct their attention 'to persuading the people of England to take to opium'.¹⁰⁸

The Royal Commission on Opium, reflecting the views of both the Government of India and most informed Indians, rejected the cultural imperialism of the opium reformers. On this issue, at least, Lansdowne, Lyall, and other high officials involved, championed the interests of the people of India against well-meaning interference. The Government of India was better attuned to Indian opinion than the opium reformers.

The Commission's hearings became an arena for a contest between the Government of India that sought to preserve the status quo and its anti-opium critics. The Government of India prevailed, not because of chicanery or force, but because its position was consistent with that of most of the people of India. The anti-opium reformers made culturally biased judgments and accusations that could not be supported. Ironically, the colonial government of India found itself resisting a virulent form of cultural imperialism from Britain.

¹⁰⁶ *Ibid.*, Question 5739.

¹⁰⁷ *Ibid.*, Question 5740.

¹⁰⁸ *Ibid.*, Question 5741.