

Historical Perspectives: Opium, morphine and opiates

Professor David Clark traces the history of the opiates, from use in Summarian and Assyrian civilisations through to the Opium wars between China and Britain and the cultural impact of opium smoking by Chinese in the Californian gold fields.

Opiate, or opioid, refers to any drug, either natural or synthetic, that has properties similar to opium or its main active ingredient, morphine. Opium comes from one type of poppy, *Papaver Somniferum*.

Opium was used by the Summarian and Assyrian civilisations as long ago as 4,000 B.C. It is mentioned in Egyptian medical scrolls dating to 1550 B.C. Greek and Roman physicians made medical use of opium.

The use of opium spread from the Middle East with the expansion of the Islamic religion. While the Koran forbade use of alcohol and other intoxicants, opium was not banned. When tobacco smoking was banned by a Chinese emperor in 1644, the Chinese invented the practice of opium smoking.

Europeans became aware of opium in the early 1500s, the drug being imported from the East. Opium use in Britain dramatically increased in the 19th century. It was available as a medicine in many formulations from food stores, pubs, and even peddlers on the street. The most popular form was laudanum, which was opium dissolved in alcohol. Preparations were even made for children and babies, *eg* Streets's Infant Quietness.

Opium use spread to all levels of British society. The Fens area of Eastern England became specially known for its opium production. Opium was sold on market days, in shops and by travelling salesmen.

Samuel Taylor Coleridge was so addicted to opium that in one attempt to break his habit he hired a man to follow him about and prevent his entry into any druggist's store. Other well-known opium users were Thomas De Quincey, who wrote the classic *Confessions of an English Opium-Eater*,

Wilkie Collins, Byron, Shelley and Keats.

There as no concern about opium use until the 1830s. At this time, it was becoming apparent that opium was being used as a cheap pleasurable alternative to alcohol.

In 1803, Frederick Sertuerner



isolated a potent alkaloid from opium he called morphine, after Morpheus, the God of sleep and dreams.

Morphine remained more under the control of the medical profession and was not sold in shops like opium. Morphine was more commonly used by upper and middle classes, since the lower classes seldom saw a doctor.

Public concern over opiates, which was influenced by the Temperance Movement, was directed at opiate use by the lower classes. It was believed that working women in industrial towns doped their babies when they went to work. The upper classes could have their addictions, but not the working class, who needed to be protected from themselves.

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In 1868, Parliament passed the Pharmacy Act, which restricted the sale

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of drugs to pharmacists' shops. It was harder for the masses to get drugs, but use by the upper classes did not change. Although consumption fell, it returned to normal levels with a few years of the act.

The invention of the hypodermic syringe in the 1850s strongly influenced use of morphine, since doctors realised that intravenous injections gave more rapid and intense responses when compared with previous routes of administration. The rapid pain-relieving properties of injectable morphine made it the treatment of choice during recovery from serious wounds. However, withdrawal from the drug was often more difficult than recovery from the wound.

Morphine dependence was so

common during the American Civil War, it became known as Soldier's Disease. Opium was cultivated in both Union and Confederate territories. It was used to treat endemic dysentery, and as a preventive against malaria and diarrhoea. By 1906, there were 50,000 patent medicines containing opiates in the U.S.

China had long exercised the upper hand in economic relations with the West. Silks, tea, fine pottery and other items flowed West, but China needed little itself. Attempts to redress this balance provided a major impetus for Western expansion.

The growing popularity of opium smoking provided a partial solution to trade imbalances with China. Throughout the 18th century, the British East India Company had a monopoly where they bought opium from farmers (particularly from India) and then sold it to independent wholesalers.

Opium production provided a living for peasants, merchants, bankers and government officials. Exports to China earned hard currency, reducing the trade imbalance. Monopolising opium buying in India provided revenue for hard-pressed colonial administrations.

Official China considered opium smoking a moral vice and an economic threat. In 1729, Peking issued an Imperial Edict against the practice, but this had little effect. Further Imperial edicts in 1796 and 1799 led to the development of a thriving illicit drug trade.

In 1838, a new Imperial commissioner tried to control trafficking in Canton. This precipitated the Opium War with Britain and an embarrassing defeat. In subsequent years, the Imperial government could not enforce dictates against the drug. By the turn of the century, opium permeated all aspects of Chinese society and economy.

The cultural impact of Chinese opium smoking was felt further afield. The Californian gold rush of 1848 created a high demand for Chinese mine workers. Some had smoked opium before leaving for America, but their new harsh working circumstances were conducive to addiction. Many Westerners believed overwrought reports concerning the spread of the opium habit. Although grossly exaggerated, fears about the opium den's effect upon young white men and women fed resentment against the Chinese.

To be continued in the next issue of DDN