

Genealogy of the Needle

By Colin Wisely

A Thesis Submitted in
Fulfilment of the Requirements
of Manchester Metropolitan
University for the Degree of
Doctorate of Philosophy

Department of Sociology
Faculty of Humanities,
Languages and Social Sciences
Manchester Metropolitan
University 2014

Abstract

The Foucault influenced *Opium and the People* (1981) has generated considerable interest in its dealing with the construction of the medico-legal persona of the addict and has come to dominate many different interdisciplinary areas of study. An important critique of this work can be found in Henry Bryan Spear's response to criticisms of civil servant Sir Malcolm Delevigne. These points reveal the operation of the *repressive hypothesis* in drugs discourse. The limitations of *Opium and the People* call for a fuller genealogical analysis of the subject of addiction. *Discipline and Punish* (1991a) and *History of Sexuality Part One* (1998) are the publications closely associated with the genealogical period of Foucault's thought. The earlier publication of *History of Madness* (2006a) and Foucault's lecture series also enable further interesting insights into the hermeneutics of addiction. One minor area for *Opium and the People* is the emergence of injection drug use and this phenomenon represents the focus of this thesis. It is through the story of the hypodermic syringe that we can see with more detail how the hermeneutic processes that were intended to eradicate opium use for pleasure ultimately led to the spread of intravenous injection. Beginning with the structural elision of the pain controlling from the pleasure producing elements of opium we can see the unexpected consequences of utopianism in

the form of an outbreak of intravenous knowledge in the 1920s New York City following the imposition of a total prohibition on opiates. Through the tale of the hypodermic we can see the creation of the modern day ‘Tom Thumb horror’, the influence of confessional technology and the importance of resistance to bio-technico power in the creation of the phenomenon of intravenous injection drug use.

In Part One: ‘Self and Truths’ I outline the methodological project, the role of Friedrich Nietzsche’s thought upon Foucault’s idea of history. Here we will establish the core elements of Foucault’s genealogical method with a specific emphasis on the importance of the repressive hypothesis as outlined in *The History of Sexuality Part One* (1998) for the creation of the pejorative archetype of the *junkie*.

In Part Two: ‘Structure, Monsters and Poets’ the importance of Descartes’ thought on the experimental enquiry into the control of pain are considered along with the inability to include the euphoria that opium induces. The importance of the *History of Madness* (2006a) is developed in this section as a key problem in our comprehension of the prohibitive response to the pleasures that are associated with opium. This section considers the importance of juridical process in the creation of the ‘Tom Thumb horror’, a process whereby legal case law is linked to broader medical and legal processes, thus enabling the creation of medico-legal persona that are related to specific jurisprudence. The importance of the creation of the idea of

inebriety and the link developed between opium and alcohol enables us to observe this ongoing process. I consider the role of Thomas DeQuincey and Samuel Taylor Coleridge in the creation of the opium eater and the mysterious process whereby these musings became established as legal and medical facts. The significance of DeQuincey's Stoic method of introspection and its impact on the creation of a new medical condition is developed.

In Part Three: 'The Needle, Inebriety and Resistance', I explore the invention of the hypodermic and its spread across the globe. I look at the ongoing legal process that led to the abolition and the creation of an industry around a new medico-legal identity of the opium eater. The decline of the opium trade and the eventual prohibition are set against a paradoxical response of a small proportion of opium users that provides clear empirical evidence of a phenomenon that Foucault termed *resistance*. The importance of the relationship between hermeneutics, public policy and resistance in the creation of the conditions that led to the spread of the knowledge of intravenous injection forms the basis of the main conclusion of this study. In the final section I explore the implications of this study in the present-day and consider a Cynic alternative to the Stoic view of opium addiction.

Contents

Abstract i

Introduction 1

PART ONE SELF AND TRUTHS

- I *Self* 24
 The Problem of the Subject 34
 The Carceral Society 40
 The Repressive Hypothesis in Drugs 48
 Making Opium Speak 61
 A Genealogy of the Junkman 66
- II *Truths* 74
 Critics 86
 Truth is in the Future 100
 The Cold Monster 109
 Medicine and the Sovereign Voice 116

PART TWO STRUCTURE, MONSTERS AND POETS

- III *Sorting* 127
 Spiritus Animales 137
 The Seven Sisters of Sleep 140
 At the Edge of the Table 146
 Poison 153
- IV *Monsters* 160
 Tom Thumb Horrors 171
 The Normal and the Pathological 182
 Diseases of the Will 187
 The Power of the Monster 192

V	<i>Poets</i>	200	
	Know Thyself	216	
	The Civil Servant and Raison d'état		242

PART THE NEEDLE, INEBRIETY AND RESISTANCE
THREE

VI	<i>Hypodermatic</i>	265	
	Pandora's Box	272	
	Aftermath	279	
	Opium and the People	288	
	The Birth of the Junkie	298	
VII	<i>Inebriety</i>	304	
	Freedom and Destiny	315	
	Degenerates	324	
	The Priest and the Physician	330	
	Managing the Morphinist	335	
VIII	<i>Resistance</i>	342	
	Into the Wasteland	357	
	Romance with Krokodil	368	
	What is to be Done?	376	
IX	<i>Conclusion</i>	386	
	The Hermeneutics of Addiction	399	
	Governing the Wasteland	408	
	<i>Bibliography</i>	413	

Introduction

My work with people that inject drugs began as a social work student in the early 1990s, during the early phase of the HIV epidemic. I was working in the East End of London at the Healthy Options Team of Mile End, working with the consequences of shared injection equipment, providing primary health care and syringe exchange.

I have worked throughout my subsequent professional life with injecting drug users and also in other related areas, including the drug and alcohol treatment and recovery field, at first as a practitioner and more latterly as a commissioner. My professional experience is at many different levels including the voluntary sector, also working in the clinical field and with many governmental bodies. I worked in local government for the City of Salford from 2001 until 2012, commissioning harm reduction, medical treatment and recovery oriented services. I am presently working as a research fellow at Coventry University.

In my professional career I have also conducted international, national and local research into drug trends whilst commissioning interventions with injecting drug users and other people with dependencies; operating the disciplinary apparatus that surrounds the body of the addict. The continuing persistence of these apparently irrational behaviours, particularly injection became a matter of interest. I began to ask the question of where the practice

of injection had emerged and was encouraged at that time to begin this study by Professor Chris Allen, who gave me the title of a *genealogy of the needle*.

Injection drug use has created a major cross-disciplinary research industry in the present age but we know very little of its past. There is very little historical academic commentary upon the origins of the hypodermic syringe. The subject of this thesis is therefore at face value, a social history of injection drug use, concerning the discovery of the bloodstream, the early experiments of the intravenous method, the refinement of opium to morphine, the ingenious invention of the hypodermic syringe and the subsequent popularisation of the injection method of pain control through the journals and offices of general practitioners. I will also follow the disaster that ensued. In that sense we will retrace the historical evidence of an iatrogenic catastrophe that followed the invention of the hypodermic.

The other subject of this thesis is how the publication of the confessional revelations of two poets led to the development of a biotechnical process that enabled a scientific description of a new medical condition: *opium eating*. This thesis also considers how these two separate events: the invention of the syringe and the generation of the opium eater persona were to become inexorably entwined in the creation of the preconditions that led to the first major outbreak of injection drug use in New York in the 1920s. That this process was to lead to pejorative associations between the new methods of delivering intoxicants and its users is an irony of the modern age that I also

explore. Behind these ironic images of injecting drug users, there lurk powerful racial, class and gender forces that when combined with deeper economic and technological shifts, produced a new form of deviance. These forces led to the abolition of opium use for pleasure at the same moment as the invention and popularisation of the hypodermic needle and were ironically ultimately to produce a new form of folk devil: the *junkie*.

Within this historical boundary I hope to consider several of Foucault's main themes: truth, selfhood, objectification, subjectification, confession and the hermeneutics of the subject in relation to the creation of the campaign for the abolition of the trade in opium. I will trace thereby a social history of the phenomenon of injection drug use whilst demonstrating the importance of the confessional forces that underlay the creation of this process.

The history of the needle is the tale of human technological ingenuity which met with 'the conduct of conduct' gone awry. I claim the bio-technico power of opium abolition met an equal force in the form of cohorts of successive resistant opium, morphine, cocaine and heroin users, in order to produce the phenomenon of injection drug use. It is here in the first outbreak of intravenous knowledge that I detect a process of *resistance* which marks the limit of the imposition of a particular form of prohibition of opium eating and smoking and also the evidence of a bio-technico disaster.

There have been but a handful of technical articles concerning the history of the spread of hypodermic use for illicit pleasure and I am drawing deeply from those authors who went before me. Historical academic articles and books are limited most notably to Howard-Jones (1947), O'Donnell and Jones (1968) and Courtwright's recent studies (1989, 2001). These form the most important historical analysis and discussion and yet these have not influenced our understanding of the origins of the *British System*.

Courtwright the historian provides a correction to the sociologist Lindesmith's assertions that the *British System* effectively prevented the spread of heroin addiction in the United Kingdom. Courtwright asserts instead that although we cannot draw any firm historical conclusions from the evidence available, we can at least assume that the *classical drug policy* of the United States did produce the impetus for the spread of injection drug use in New York during the 1920s. *Classical drug policy* can be defined as a form of the prohibition of opium that is combined by the complete prevention of any long term alternative prescribing of other opiate type drugs by physicians and that is 'simple, consistent and rigid' (Courtwright, 1992: 1). Courtwright's emphasis can be summarised thus: there is no strong evidence to support the preventive power of the *British System* for prescribing opiate drugs over a long period but there is clear evidence that the *classical drug policy* of preventing this intervention worsens the situation.

One might wonder whether this work is a ‘true’ genealogical study. I note that there is no ‘School of Foucault’ that can certify each work that claims to be a genealogy, hence a question mark will always lie over such a claim. Certainly Michel Foucault is a star of enormous literary, philosophical and historical dimensions and one might ask if anyone therefore can claim to be walking in his footsteps?

One might ask; what did constitute Foucault’s genealogical method therefore? How does one create a genealogy, if indeed such a thing exists?

Foucault’s genealogical period encompasses the two published works:

Discipline and Punish (Foucault, 1991a) and *The History of Sexuality Part One* (Foucault, 1998). One might also add that there are now all of his lectures available during this period, in order to illuminate the themes in more depth that he briefly explores in those two publications. These lectures have served as a template for this thesis and help to form the structure. During this period Foucault explored two key principles: objectification and subjectification. He moved from an interest in the Nietzschean myths of history and the power of psychiatric institutions towards the study of monstrosity and abnormality in the legal context in order to produce *Discipline and Punish*. His thoughts later moved towards an introspective process of confession, one that fused Stoic techniques of personal refinement with the development of the notion of rational government in scientific, legal and medical processes in order to write *The History of Sexuality Part One*.

In the first part of this thesis I will place particular emphasis upon the philosophical and historical background to the two key ideas of objectification and subjectification. In the section ‘Self’ I will discuss the historical context of structuralism and Foucault’s struggle with the Cartesian *subject* as a topic of philosophical enquiry. Here I will attempt to clarify the historical and theoretical basis of Foucault’s early ideas and their role in the genealogical approach. In ‘Truths’ I will discuss the question of the *repressive hypothesis* in drugs in detail, considering recent historical evidence to support the case for the existence of this principle in drugs discourse. The *repressive hypothesis* is the central feature of *The History of Sexuality Part One* (Foucault, 1998). Beyond a recent essay by Gerda Reith (2004) there has been no consideration of the operation of this principle in drugs discourse. There has therefore been no detailed consideration of how this process might have created the present day phenomena of injection drug use.

In the section ‘Truths’ I detect evidence of the operation of the repressive hypothesis in drugs discourse emerging in a critique by Bryan Henry Spear of the seminal *Opium and the People* (1981) written by Virginia Berridge and Griffiths Edwards and also of Edwards’ (1978) portrayal of the role of Sir Malcolm Delevigne in the construction of the *British System*. The *British System*, essentially comprises a pragmatic willingness on the part of physicians, in order to prescribe legal alternatives of opiates to addicts, under the context of a general opium prohibition elsewhere.

The impact of the subjectification of the opium eater, the development of pastoral power with opium eaters, the objectification of opium smoking and the emergence of injection drug use from this process is the focus of this study. The origins of the term *junkie* are also a focus for this study. It is here that I have turned to *The History of Sexuality Part One* (Foucault, 1998) and also to recent scholarly interest in the notion of waste for an explanation of the origins of the term *junkie*. I have turned also to the lectures on the idea of rational government (Foucault, 2003b, 2007) and the hermeneutics of the subject (Foucault, 2005) in my explanation of the processes that led to suppression of opium use for pleasure and the consequent spread of injection drug use.

I will adopt a chronological approach from Part Two onwards, beginning with the earliest scientific enquiries into the powers of opium. In 'Sorting' I will look at a period of opium experimentation spanning from the Classical Age, a period that Foucault invariably defines as beginning with Descartes *Meditations* (2010) until the onset of the Victorian era when the refinement of the secrets of opium was completed. Foucault thus uses the term Classical Age in relation to the later Renaissance period particularly referring to the consequent scientific, philosophical and political revolutions.

Long prior to the invention of the hypodermic syringe, we can observe the experimentations of Hooke, Boyle and Wren following the discovery of the circulatory system at the beginning of the Classical Age, happening at the

same moment as Jones, Waldschmied and Sydenham began to enquire into the secrets of opium. I will explore in ‘Sorting’ the experimentation and the technical refinement of these secrets of opium, secrets so valuable that they generated the entire new branch of alkaloid chemistry. ‘Sorting’ also introduces an essential idea in genealogical thought drawn from *The History of Madness* (Foucault, 2006a): the idea that the stigmatisation of the mad is encoded in Cartesian logic. I will claim a similar process emerging from the experimentation with opium leading to a bio-technical exclusion of opium intoxication in that process. This scientific and medical distinction of pleasure from pain, I will argue, would ultimately lead to a judicial exclusion resulting in the stigmatisation of all opium pleasure seekers. Injecting drug users are to be found at the most resistant end of this continuum. I will argue in ‘Sorting’ that this process of the exclusion of the pleasures of opium is also associated with the increasing technical and bureaucratic manipulation of the pain controlling properties of opium. Changes in the manufacture and distribution of pain control resulting in the invention of morphine thereby antiquated the traditional trade in opium, along with its traditional pleasures.

The *Cartesian moment* of this study thereby marks the point of the distinction between the pain controlling properties of opium and the pleasure and delirium inducing element were associated with a certain insatiable hunger for the drug. At that same moment we can also observe the beginning of a process of the definition of these intrapsychic forces of pleasure and

desire that are to be found in the *Confessions of an Opium Eater*. I claim that this work accidentally began the hermeneutics of addiction in modernity and that having identified the *opium eater* as an object to be known that there then followed a process of subjection similar to that outlined in *The History of Sexuality Part One*. Foucault proposed that the chalk circle that was drawn around a medieval mad person was also mirrored in Descartes' geometrical exclusion of madness in his *Meditations* and here I identify a similar exclusion of the pleasures of opium. I will propose that in a similar fashion the unbounded class, race and gender bound ecstasies of opium smoking and eating were separated from the pain controlling properties of the drug by scientific enquiry and bureaucratic categorisation. This was achieved through an inexorable process of medical experimentation and technical description that met with the dissemination of the knowledge of the injection of morphine in the 1850s consulting rooms of physicians across the globe.

In 'Monsters' I am indebted to Jessica Warner for her work on the gin craze of the eighteenth century and to the earlier work of Mary Dorothy George who brought the century to life for me. Foucault's focus in the early 1970s turned to the legal production of case histories and the creation of abnormality as a new form of legal psychiatric power. He considered the boundaries between myths, monsters, the legal process and the emerging social sciences (Foucault, 2003a). Focusing on the development of psychiatry in jurisprudence, he found evidence of an entwined relationship in the process

of jurisprudence. Certain legal precedents created quasi-scientific medical entities that Foucault called *Tom Thumb* figures. At certain points I have attempted to use Foucault's visual method and in 'Monsters' I attempt to analyse the *Tom Thumb* figure in Hogarth's *Gin Lane*. This lithograph was produced as propaganda supporting the Gin Acts of 1753 along with Fielding's pamphlet on highway robbery. I will argue in the section concerning abnormality that successive waves of unruly elements of the population have been pejoratively associated with certain forms of intoxicant. 'Monsters' thereby considers a process of stigmatisation that can be found in relation to the gin drinker of *Gin Lane*, the infant doping scandals of the opium eater, the racialised fears of miscegenation around the opium smoker and the cocaine and heroin 'snuffers', leading finally to the demonisation of lower class injecting drug users.

As Foucault began to focus increasingly upon the ancients and the creation of the concept of confession in early Christianity, he also began a process of self correction of his former work *Discipline and Punish*, realising the importance of confession and of indirect forms of pastoral or salvation oriented power. In 'Poets', I will attempt to apply the idea of confession and the notion of the hermeneutics of pastoral power in relation to *Confessions of an Opium Eater* and the scandal related to the correspondence and diaries of Coleridge. The harnessing of opium to the process of pastoral power through a process of subjectification represents a new human scientific technology

and opium was one of the first objects of this power. Foucault proposed that this ‘science of the self’ had its roots in the ancient Stoic tradition (Foucault, 2005) and had been brought into the modern age via the *Cartesian moment* wherein self-reflections could become science and the reflections of the enlightened individual become synonymous with the good of the city (Foucault, 2005, 2010b). We can observe that *Confessions of an Opium Eater* follows a Stoic template that provides us with the *opium eater* persona. The publication of the correspondence of Coleridge is also crucial in providing the moral tone that would become the dominant theme of the opium abolition movement.

I have attempted at the start of Part Three to follow an empirical object: the syringe and its history. I begin with the section ‘Hypodermatic’. Here I will sketch out the historical evidence of an iatrogenic disaster. The injecting drug user is occluded by the contemporary discussion of addiction and yet the tale of the hypodermic reveals a surprise in that it is one of the first bio-technico catastrophes and one that first occurred in the heart of the bourgeois family. I hope, by focusing on this object, that we might see clearly how the injection drug use phenomenon emerged from the conjunction of various technological innovations during a period of enormous change. I also explore how the knowledge of injection began to spread beyond the confines of the consulting room following the introduction of a project of towering ambition: the abolition of the opium trade.

There has been much work in relation to the role of institutions in the abolition of opium, most notably thanks to Virginia Berridge (1977, 1978, 1979). The section ‘Inebriates’, concerns itself with the construction of the idea of inebriety, in essence the conclusion of the hermeneutic process begun by DeQuincey. I draw my analysis from Foucault’s 1974-75 lecture series concerning psychiatry (Foucault, 2006b) during this section. The creation of a fixed medical condition began in the 1830s with Hufland’s notion of *Opiumsucht* and concluded with the creation of an industry that developed this concept into the generic notion of inebriety at the turn of the twentieth century.

I will argue that Foucault drew heavily upon the ideas of Althusser during his genealogical phase both in terms of the notion of *ideological state apparatus* in the form of the prison and also the idea of *interpellation* concerning his perspective on the malleability of sexuality. I will use both of these notions in relation to the abolition of the traditional practices of opium use, sometimes referring to them as objectification and subjectification. The aim of this study is to reveal the repressive hypothesis in drugs and to demonstrate how the operation of the process of the objectification and subjectification of the opium user led indirectly to the creation of the spread of intravenous knowledge. This, I will argue, was an unplanned consequence of a particular attempt to eradicate the use of opium for pleasure, a strategy that forgot about the capricious nature of desire.

It is with the impact of *classical drug policy* that I begin to explore the importance of the notion of resistance towards the strictest form of the *classical* opium prohibition in the penultimate section ‘Resistance’. *Classical drug policy* is defined by a strict drug prohibition that prevents physicians from the long term prescribing of alternative opiate drugs.

Foucault was heavily influenced by Nietzsche’s *Genealogy of Morals* (2003). In this work Nietzsche proposes that morality is a process of dominance whereby the morals of a specific class are imposed upon others. For Foucault (1991b) Nietzsche’s major contribution to historical analysis is to highlight three German terms: *Ursprung*, *Herkunft* and *Entstehung*: these terms are used ironically. *Ursprung* represents an optimistic, up-springing view of history, presented as a march of progress from the standpoint of the perfect present. It is a history emerging from a distinct origin denoting an orderly history moving towards a form of completion.

It belongs, very simply, to an invention (*Erfindung*), a sleight of hand, an artifice (*Kunststück*), a secret formula, in the rituals of black magic, in the work of the *Schwarzkunstler*. (1991b: 77)

For Foucault *Entstehung* and *Herkunft* denote the true genealogical historical approach: opposing a pursuit of any origin. *Herkunft* relates to the idea of

blood and stock whilst *Entstehung* refers to the moment of arising, referring to tangled roots, accidents and a constant struggle. In this study I have found that race, class, gender and ‘drugs’ are inextricably linked. I have also found that one utopian action in history can create a social catastrophe of dystopian proportions.

Nietzsche sees in the traditional history of morality an attempt to hide the ultimate master-slave relationship that underpins Western society. The origins and idea of judicial punishment itself are explored in *The Genealogy of Morals* (Nietzsche, 2003) and this inspired *Discipline and Punish* (Foucault, 1991a). I find the question of how the use of opium for pleasure came to be identified as an ‘evil’ of similar interest. We can see clearly how an attempt by the emerging *ideological state apparatus* of the medical profession in order to *interpellate* a whole population of opium eaters and smokers towards opium sobriety led paradoxically to the growth of injection drug use. I explore this process during the section ‘Resistance’. The relationship between the failure of a form of mass interpellation and the emergence of a new type of resistance in response to that interpellation is at the centre of my thesis concerning the spread of injection drug use.

In his original study *The History of Madness* (2006a), a work that I argue is directly in the genealogical lineage, Foucault encountered the experience of madness as a product of economic and social forces that aimed to master the unbounded delirium of unreason. This model of madness, as one

of the refinement of domination rather than the traditional tale of liberation, was a thesis that proved controversial. One might wonder what kind of model of addiction I am presenting in this thesis. I state therefore that there is no physical *essence of addiction* as such nor do I claim that De Quincey conjured it into being from nothing. Addiction is produced by the economic, social, historical and the discursive context in which it is problematised in the same manner as madness, criminality and sexuality. I do however perceive a timeless struggle over the human desire for intoxication that is a fundamental drive. For this reason I have included the *Lotos Eaters* as an emblem of this endless struggle.

One might consequently take the view that these injecting behaviours are almost completely caused by features of social, technological and economic environments, driven by contingent historical events in time. What is not to be denied however is the particular desire for the special type of oblivion that opium provides and I argue that this is impossible to eradicate.

There are not two different kinds of alcohol user in a descriptive sense: normal and alcoholic, rather alcohol is consumed along a continuum upon which people can be found at different points in their lives. Whilst drug use is always classified as abnormal by its illicit nature there is no need for similar distinctions of normal and abnormal use for illicit drugs either. The injecting drug user does not represent a particular species of human pathology but rather an example of a consumer at the extreme end of a continuum of illicit

consumption. The needle does not signify any intrinsic quality in the user; it is a signifier of a form of human desire driving a sustained economic demand for opiates within a particular social and economic context. The high price paid for heroin in the current market conditions is the primary cause of injection drug use. It is for this reason that I claim that injection drug use is entirely the product of the social, technological, economic and the diplomatic processes that I outline in this study and is not really an extreme variant of a disease called addiction.

It is my proposition that the injecting drug user persona, characterised as the *junkie*, is simply a development of the pejorative image of the woman in the propagandist Hogarth's lithograph, *Gin Lane*. Within this image of the disorderly woman I also detect associations with racialised, gender based and class ridden prejudice that have often been linked to specific cultural practices of intoxication.

In 'Resistance' I will explore Foucault's ideas of race struggle (2003b) and of the economic features of 'economies of pleasure' (Foucault, 2007). In these final sections I explore how the prohibition of opium created the social and economic conditions that were eventually to create the environmental situation wherein injection drug use would flourish in New York as a behavioural practice of resistance for those opium eaters that would not comply with the new legal regime.

In the final section, 'Conclusion', I consider the implications of the processes that have been observed at the macro level and implications for the present. The development of the hypodermic syringe enabled the creation of a new variant of the previous characters of the opium eater, the opium smoker and thereby enabled the creation of the *morphineuse*. This feminised injecting character was ultimately to lead to the birth of the lower class image of the *junkman*, a condition that would be compared to leprosy by the radio evangelist Richmond T. Hobson in the 1920s. Let us briefly consider the lineage of the term *junkman*. The term *junkman* is a pejorative term from the 1920s that was applied to lower class injecting drug users that would scour garbage tips near New York for scrap metal (Courtwright, 2001). This term would later be shortened to *junkie* and in the English speaking world this term has become strongly associated with injection drug use. I am grateful to John Scanlan for his work on the topic of waste and his constant supervisory support throughout this process.

The role of the genealogist, according to Dreyfus and Rabinow (1983), is to make *novel construals* in history, in other words to detect new patterns in the existing body of knowledge. I do not have the time to conduct in-depth analysis of such fascinating areas as the economic, diplomatic or technological forces that enabled the amplification of the opium taboo. This genealogy might be better described as an attempt to pull the existing historical, economic and technical knowledge together in order to construct a

narrative of what caused the emergence of injection drug use as a phenomenon and to explain the irony of the subsequent creation of the *junkie* archetype.

I develop in ‘Conclusion’, some new theories concerning the connection between certain forms of drug policy and the phenomenon of resistance. I am concerned in this chapter with the more recent examples of resistance including the spread of kitchen sink drugs such as methamphetamine and of the recent innovation *Krokodil*. I also consider the implications of new psychoactive substances in terms of resistance.

The particular type of genealogy that I offer thereby draws from the lectures and books of Michel Foucault during his genealogical phase. I am focusing very much on how the insights of two poets produced a range of racialised and utopian discussions and how these also found changing structural systems that no longer required opium itself. No one could have foreseen the consequences of these poetic musings when they met the simple technological marvel of the syringe.

The operation of power within medical institutions is already well covered by *Opium and the People* (Berridge and Edwards, 1981) and *Diseases of the Will* (Valverde, 1998). The specific role of the general practitioner in the spread of injection drug use is another topic upon which I touch briefly in ‘Hypodermatic’ and is potentially an area of further detailed

empirical investigation. To be explicit, this thesis is only briefly concerned with the various local struggles that form the skirmishes of a wider conflict. The debate around the history of the *British System* is just one such skirmish but it reveals a much wider combined objective, the exclusion of the pleasures of opium. This thesis uses the notion of the repressive hypothesis as a basis to reveal the broader hermeneutic process that underpinned this work and the unplanned consequences that followed.

The idea of the confessional led Foucault into his second genealogical work, *The History of Sexuality Part One* (1998). Here the focus fell upon the development of a worldly pastoral power that governs each and every soul; apparently for its own good. During the lectures of this period we can glean a background to this thinking in the form of an idea of rational government (Foucault, 2007), an idea that met with ancient techniques for introspection (Foucault, 2004) and a system of ancient political myths (Foucault, 2003b) in the context of opium.

The opium eater persona emerged in this fusion of poetic introspection, racial myths and Baconian rationality in order to become an object and subject of apparently dispassionate science of addiction. In the Nietzschean worldview, systems of domination and control of sub-groups of the population are prone to social and cultural factors that have nothing to do with science and everything to do with intolerance. His world depicts the

struggle of the strong over the weak, a tale told by the victors led by ideas of blood struggle and with tangled forgotten roots.

There is a modernist dictum according to Foucault that governance should aim to enable the maximum impact of a policy upon the individual with the least effort on the part of power. He added that this power is most efficient when internalised by its subjects. To this extent one might note that the importance of a population internalising new norms and behaviours is the end goal of much social policy in public health today. The abolition of the traditional use of opium for pleasure is perhaps one of the most important pastoral policies of our age and its consequences are potentially a template for other similar strategies. The enormous success of this strategic and tactical ‘conduct of conduct’ in terms of producing a scarcity of opium and thereby restricting the overall prevalence of opium use has been matched by the emergence of a smaller but much more unruly behaviour: injection drug use. Here in the history of the needle we can see the extent and limits of the ‘conduct of conduct’.

Paul Veyne (Davidson, 1997), in his reconsideration of the causes of the end of gladiatorial combat reflects upon how Foucault’s notion of the *flock* led Veyne to a deeper understanding of the decline of the circuses. In the pastoral process that enabled the end of gladiatorial combat Veyne sees a shift from an idea of people as a flock of sheep that must be led. The idea of a *child-people* that must be individually cared for therefore makes obsolete the

need for such bloodthirsty spectacles. There was no longer any need on the part of the Emperor, to contain those mass popular energies in the form of the cruel satiation of desires because a new style of governmentality was beginning to emerge. Pastoral power began with a shift towards a narrowing of various freedoms of the people along with the banishment of such spectacles. The idea of the pastoral care of the *child-people* at such a historical level can also be observed in relation to the abolition of the opium trade: producing scarcity and ultimately designating the remaining opium eaters as criminal. Veyne proposes that we observe history in all its absurd ‘self-evidence’.

And then, in the place that was previously occupied by the big thing that goes-without-saying, there appears a strange little ‘period’ object, a rare, contorted object that has never been seen before
(Davidson, 1997: 159).

Foucault took the view that drug markets were a perfect example of the functioning of the notion of *homo oeconomicus* in terms of crime. Drug markets are for Foucault the object of a structuring of risk associated with the use of illicit substances:

We must be prepared to accept that, in any case, however pathological the subject may be at a certain level and when seen from a certain angle, he is nevertheless 'responsive' to some extent to possible gains and losses, which means that penal action must act on the interplay of gains and losses, in other words, on the environment: we must act on the market milieu in which the individual makes his supply of crime and encounters a positive and negative demand. (Foucault, 2008b: 259)

To this extent we can observe in the process of creating new structures of risk and scarcity in terms of drugs and crime the seeds of an iatrogenic disaster. We can also observe the creation a series of consequent new taboos as history stumbled forward from one accident to the next. The process of the association of judicial monstrosity with certain practices of intoxication of racial, gender and class groups also further contributed to the cause of injection drug use and at the same moment led to the most extreme taboo against those individuals.

PART ONE

Self and Truths

Hateful is the blue sky,
Vaulted o'er the dark blue sea.
Death is the end of life; ah why
Should life all labour be?
Let us alone. Time driveth onward fast,
And in a little while our lips are dumb.
Let us alone. What is it that will last?
All things are taken from us, and become
Portions and parcels of the dreadful Past.
Let us alone. What pleasure can we have
To war with evil? Is there any peace
In the ever climbing up the climbing
wave?
All things have rest, and ripen towards
the grave
In silence; ripen, fall and cease:
Give us long rest or death, dark death, or
dreamful ease.

Tennyson, *The Lotos Eaters* (1833)

CHAPTER ONE

Self



Rene Descartes played a crucial role in defining pain as proper object for rational enquiry thus enabling the ongoing inquiry into the properties of opium as a therapeutic agent.

Early views on opium- the beginnings of the notion of selfhood - importance of Cartesian logic – the importance of Althusser in Foucault’s thinking – the publication of The History of Madness and its response from Derrida – the magic chalk circle around insanity – the methodological failure of the archaeological period – activism and genealogy – confessional technology – the repressive hypothesis in drugs – critique of the repressive hypothesis – the establishment of the British System – the notion of alcoholism – the significance of opium smoking – Nietzsche and The Genealogy of Morals

Thinkers as diverse as Derrida (1990), and Adorno and Horkheimer (1997) were drawn to the story of the lotus-eating oarsmen of Homer's *Odyssey* when considering the question of drugs. These oarsmen who were bound and forced back to their station after being found under the narcotic influence of the lotus. Derrida saw these oarsmen as symbolic drug users, reflected in opposition to the memory of the home as well as the sin of idleness noted previously by Adorno and Horkheimer. The forgetting of time and place leads Ulysses to forcibly return the sailors to their station. We might also add that this struggle around idleness and forgetfulness of the home that is caused by narcotics is therefore noted in the earliest Western writing. Although a mythical drug, the lotus can stand as a cipher for all substances that induce the drowsy and languid state that opium induces.

The emergence of the Enlightenment brought the bright gaze of reason to bear upon the saturnine wordless, infinite space of the opium. That opium use has existed since prehistory is testimony to its central role in human culture as a painkiller and bringer of all consuming joy. It has in a sense, always-already been with us, as much a part of what makes us human as language. These private domestic struggles however became very public spectacles in the United Kingdom along with the bourgeois distaste for the ostentatious use of opium at the court of George IV at the advent of the nineteenth-century and its apparent decadence (Davenport-Hines, 2002: 66).

Pathological science, at the start of the twentieth century had begun to question the dualistic relationship between mind and body assumed by Descartes. Since the ground-breaking work of Goldstein (2000), following his experience with brain-damaged veterans from the First World War, the notion of a clear pathological split between mind and body has been under challenge from medical pathology and more recent advances in neuroscience. Goldstein proposed that mind and body are to all intents and purposes the same, with a propensity to finding a new equilibrium following catastrophic damage.

From all quarters the Cartesian order was scrutinised. If the nature of subjectivity was effectively a product of a material process therefore ultimately all human conduct could be explained by material methods. This appealed to poststructuralists inspired by Marx's materialism and the idea of a history without the need for the idea of the subject emerged. The idea of a purely material history without the need for an autonomous subject was highly significant in 1960s French thought. There was an attempt, led by Louis Althusser (2005, 2001) to create a materialist theory of a history without subjects, emphasising the importance of economics, political science and ideology particularly with regard to the infrastructure and superstructure of economies. Louis Althusser no doubt continued to play an enormous and unaccredited theoretical influence on Foucault that can be seen in the use of concepts such as 'ideological state apparatus' (Althusser, 2001: 85-126) and also the notion of 'interpellation' (2001: 117-120) that also emerge in

Foucault's genealogical 'toolkit'. Notions of infrastructure, superstructure, ideology and the role of institutions are all commonly used by Foucault in his genealogical phase but these notions are tied directly to the human body and the human will in a body-desire-power axis. Foucault continued to deploy Althusser's notion of *interpellation* throughout the genealogical period alongside the more conventional notion of the embodied subject. Althusser saw the individual as constantly being formed by systems of power that were deemed to be natural, thus challenging the idea of *human nature* itself at its most fundamental root. Ultimately the means of the production of wealth, changes in industrial production, developments in science and technology and their impact upon the fragile and malleable human subjectivity became the focus in Althusser's view of history rather than the sovereignty of the individual subject. From this position Althusser attempted to describe the path towards a true Marxist science of history that would do away with bourgeois notions of 'mankind'. The subject in history was viewed as a dubious economic and legal entity imbued with a spurious independence that ignored the greater importance of the structurally bounded conditions in which humans lived.

Throughout this schema we observe that the ideological representation of ideology is itself forced to recognize that every 'subject' endowed with a 'consciousness' and believing in the 'ideas' that his 'consciousness' inspires in him and freely accepts, must *act* according to his 'ideas', must

therefore inscribe his own ideas as a free subject in the actions of his material practice. If he does not do so, 'that is wicked' (Althusser, 2001: 113).

Michel Foucault had earlier attempted to produce a history of madness, 'as if madness did not exist', where a system of ideas had been imposed upon those categorised as mad. Here Foucault drew also from the ideas of Georges Canguilhem, the author of *The Normal and the Pathological* (2007), a philosophical treatise upon the history of medicine that was highly influential with regards to Foucault's approach towards psychiatry. Canguilhem had addressed the construction of medical ideas such as disease and 'normality' revealing the complexities of definitions and diagnosis of illness in medical practice. Canguilhem's critique of psychiatry as a branch of medicine and his assertion of the importance of the notion of ideological *illusion* in psychiatry had great influence upon Foucault's thought.

In his studies of madness Foucault found a system of ideas that was both autonomous from any objective pathological method and that was also self-regulating. He also identified the economic role of madness during the Enlightenment and found compelling evidence of the physical exclusion of those that fell short of the test of sanity. Thus a system of ideas was developed without any reference to material pathology. Foucault proposes that a spurious mental condition was posited and consequently developed with medical

terminology that mirrored medical process and method, thus enabling the psychiatrist to dominate the body of the person categorised as mad. The serious discourse created by these institutional systems acquires an institutional truth that does not have any particular meaning beyond the harnessing of the primal force of madness within a new economic system. Foucault concluded that the management of madness was essentially an economic and political construction in the modern age. It was a construction that responded to growth in new economic systems of production and changes in the labour market. Theories of madness were therefore providing little more than specious arguments for the incarceration of the insane. Thus the creation of the asylum conveniently enabled a new economic system to manage those that were useless to it. The psychiatrist Pinel had humanised the treatment of the mad, striking off their chains but as Foucault asserted, he did not release these patients from the walls of the asylums.

Foucault's 1961 PhD thesis, published in French as *Folie et Deraison* was well-received and almost immediately made him a figure of national importance (Dosse, 1997, Eribon, 1993). The work also had a rapid impact once introduced into the English-speaking world, when it was first published in its abridged form – in the translation *Madness and Civilization* (Foucault, 1988) (originally published in 1964) – and has seen its reputation grow through its more recent (and full) translation as *The History of Madness* (2006a).

In November 1963, Jacques Derrida launched an attack on Foucault's newly published book *The History of Madness* (2006a). In a now well-known lecture titled 'Cogito and The History of Madness' (2009) Foucault's former student accused him of having built the logic of his argument upon false premises. Derrida focused upon Foucault's claim that Descartes had excluded madness along with unreason from the experience of thought in his famous conclusion *cogito ergo sum* (I think, therefore I exist).

Derrida's argument centred on a passage of no more than three pages concerning an assumed 'evil demon' that Descartes imagined might deceive one's senses, leading one to the question of whether one might therefore doubt the experience of our very existence. In resolving the puzzle, Descartes concluded that in asking this question 'How do I know that I exist?' The presence of the question itself was sufficient to prove the existence of someone asking it: therefore the 'cogito' was proven. Descartes used the notion of the madman and the dreamer to illuminate his thesis. He claimed that only in madness and dreams could we find analogues in order to doubt our very existence and it is here that Foucault saw a process resulting in the structural exclusion of madness. Derrida disagreed with this essential assertion and hence found a flaw in the entire project consequently.

Khalifa (Foucault, 2006a) proposes that Derrida claims that Foucault appears to ignore the importance of dreams in Descartes' analysis and that this proves that Descartes did not exclude the possibility of a cogito for the dreamer and

therefore also for the mad and that consequently Foucault is wrong in his first premise. Secondly Derrida accuses Foucault of calling into question the whole enterprise of philosophy and the philosophical method that requires division:

In other words, what Foucault attributes to a moment in time (the division reason/unreason, the idea of history as a meaningful whole) is in fact the initial philosophical gesture, without which Foucault could not have written his book (Khalifa, 2006a: xxiii).

Derrida concludes that Foucault imposes a further form of structural violence upon the mad. He claims that Foucault is guilty of the self-same act of exclusion of which he had previously accused Descartes: defining and dominating the mad with a process of writing.

Harrison (2007), in a reappraisal of the dispute some three decades later, suggests that the positions of the two philosophers actually inverted and mirrored each other, creating an impasse that could not be overcome. She proposes that Foucault's view of Descartes' designation of madness:

Does not so much produce the philosophical exclusion of madness so much as rely upon an accepted medical and currently popular account (having the brain gorged with vapour) and more importantly, upon its

juridical disqualification in order to constitute the subject as continuing validly (Harrison, 2007: 93)

Wendy C. Harrison (2007) proposes that the argument centres upon the importance of the written word and in particular upon the transgressive nature of the writing of Artaud, Joyce, Mallarme and Nietzsche. The nature of madness is also at stake for Harrison along with the many different images of madness that present themselves through history. She finds that there is no one permanent notion of madness in Foucault's work. Boyne (1999) however proposes that Foucault makes three main assertions concerning madness, first its connections with the political economy, second a relationship with art and thirdly a relationship with science.

If this essential premise that Descartes' design had emphasised the alienation of the mad were flawed therefore the entire project would be flawed in its foundations. Foucault responded to this criticism some time later (1999) replying that the original Latin use of the terms *insanus*, *amens* and *demens* support his view that Descartes had encoded madness as an evil through their legal application:

Insanus is a descriptive term; someone who is *insanus* suffers from illusions and delusions. The terms *amens* and *demens* are juridical terms affirming what the insani are unable to do. (Boyne, 1990: 73)

Foucault's work was also the focus of Althusser who detected a reference to an elementary ahistorical essence of madness (Montag, 2001) in the preface to the original publication that he concluded was lost in the search for the origins. This is certainly the case and Foucault rapidly removed the offending preface, replacing it with a briefer preface that emphasises the futility of prefaces that tell the reader how to read the text. The Kantian problem methodological of the search for the origins which emerged in *The History of Madness* led to the *Order of Things* (published 1966, with English translation in 1970) and *The Archaeology of Knowledge* (originally published, 1969). I consider that the two later genealogical works, *Discipline and Punish* (1991a) and *The History of Sexuality Part One* (1998), have greater continuity with the original thesis contained in the *History of Madness*.

In order to respond to his critics and to refine his ideas concerning the understanding of the limits of human knowledge Foucault continued to develop his work on the potential for a linguistic discursive autonomy. Foucault turned to the formal topic of the influence of shared notions such as the botanical table across a range of academic disciplines in *The Order of Things*. This was followed by *The Archaeology of Knowledge*, which sought to further describe the unwritten and unthought rules that he perceived governing human systems of thought. For subsequent philosophers these conclusions also presents further problems including the three main Kantian

anthropological questions outlined by Hubert Dreyfus and Paul Rabinow (1983) in *Foucault: Beyond Structuralism and Hermeneutics*. One of the problems of Cartesianism therefore according to Kant and for Foucault also is the infinity of unreason that surrounds reason. This problem of reasoning within a meaningless background and the transcendental disembodied subject that is placed within that infinity presents us with three important *anthropological* problems:

1. The Empirical and the Transcendental
2. The Cogito and the Unthought
3. The Retreat to the Origin

The Problem of the Subject

Dreyfus and Rabinow (1983) place Foucault along with existentialists and phenomenologists such as Husserl, Heidegger and Nietzsche in identifying the problem of 'reason within unreason'. The uncanny and in this case madness is therefore automatically encoded as outside of Cartesian logic.

The notion of the modern 'self' is a surprisingly new idea. Sir John Davis with his '*Nosce teipsum*' in the seventeenth century Classical revolution is perhaps the first to describe the modern 'self'. The Classical Age began in 1650 with the Cartesian moment. This period abounded in improvisation upon the theme of the self with the emergence of 'self-knowledge' (1613), 'self-

denial' (1640), 'self-examination' (1647), 'self-destructive' (1654) and 'self-conscious' (1687) (Seigel, 2005). Foucault proposed in the last months of his life that this selfhood is closely related to the idea of the nation State and the emergence of the modern bourgeois order:

I would like to say, first of all, what has been the goal of my work during the last twenty years. It has not been to analyse the phenomenon of power, nor to elaborate the foundations of such an analysis. My objective, instead, has been to create a history of the different modes by which, in our culture, human beings are made subjects. My work has dealt with the three modes of objectification, which transform human beings into subjects (Foucault, 1983: 208).

These three forms included:

- a. *Modes of Enquiry* – the objectification of the speaking subject
- b. *Dividing Practices* – the classification of subjects into sorts
- c. *Technologies of the Self* – the practice of ensuring the human beings refine themselves into subjects by their own volition

The Order of Things adopted a quasi-structuralist perspective, radically concluding that as 'the archaeology of our thought easily shows, man is an invention of recent date. And one perhaps nearing its end' (Foucault 2002:

422). It provided a novel take upon the history of ideas emphasising the arbitrary nature of the development of the use of certain methodological techniques and specific concepts such as the botanical taxonomic table. Idea such as *homo aeconomicus* and fixism developed between the different disciplines of grammar/linguistics, analysis of wealth/economics and natural order/biology. These notions Foucault proposed might be arbitrary, having no necessary meaning as such beyond their own internal logic. At this point Foucault assumed that certain internal impersonal rules governed this process, a position he would later refine. The power of these 'epistemes' lay in their abstract nature and the power that they enabled in control over concrete, real world, problems. Thus these structures literally were devices for producing truths about people. Foucault found underlying structural assumptions between each of these disciplines based upon symbolic and hypothetical ideas, which he claimed thereby structured human thought and consequently our perceived reality.

The opening pages of *The Order of Things* provide us with an ancient Chinese encyclopaedia wherein paradoxical and at times hilarious categories are presented. Having established the arbitrary nature of all such classificatory endeavours from the ancients until modernity Foucault opens up an unsettling possibility. He implies that our present systems of classification could one day look equally as absurd:

It is useless, then, to say that the human sciences are false sciences; they are not sciences at all; the configuration that defines their positivity and gives them their roots in the modern episteme at the same time makes it impossible for them to be sciences. (Foucault, 2002: 400)

Foucault presents us with the possibility that mankind might be the product of autonomous language. Thus Foucault poses us with a powerful conundrum: that the power of representation and the force of desire that lie at the root of modernity are implacably placed in opposition to each other around the body and the very subjective experience of truth. In Foucault's words:

The result is a field of a priori sciences, pure formal sciences, deductive sciences based on logic and mathematics and on the other hand we see the separate formation of a domain of a posteriori sciences, empirical sciences, which employ the deductive forms only in fragments and in strictly localized regions (Foucault, 2002: 267).

The absurdity of 'anthropological' intellectual endeavour itself within the midst of the void of a meaningless universe is a theme that returns frequently in the work of Foucault, who was first and foremost always a Nietzschean. The notion of the episteme presented in *The Order of Things* later developed into a language-based notion of these impersonal forces gave way to the rule based 'discourse' of *Archaeology of Knowledge*. Dreyfus and Rabinow

(1983) conclude that this attempt to describe such rules by which discourse itself is autonomously structured fell short of the second and third of the three Kantian anthropological doublets, the cogito and the retreat/return to the origin:

First, the causal power attributed to the rules governing discursive systems is unintelligible and makes the kind of influence the social institutions have – an influence which has always been at the centre of Foucault’s concerns – incomprehensible. Second, insofar as Foucault takes archaeology to be an end in itself he forecloses the possibility of bringing his critical analysis to bear upon social concerns. (Dreyfus &

Rabinow, 1983: xxiv-xxv)

Dreyfus and Rabinow conclude that Foucault’s early attempt to escape the boundaries of structuralism has led him to the challenge of hermeneutics. Foucault, unlike Heidegger sees no particular meaning-giving element to the background of everyday practices. Dreyfus and Rabinow conclude that as a radicalization of Husserlian phenomenology this attempt to dispense with meaning, the transcendental, the cogito and the origins leaves the author with a lack of meaning also:

But then, if the archaeologist speaks from outside of any horizon of intelligibility, how can his discourse have any meaning at all? Having resolved merely to ‘make differences’ how can the archaeological study of dispersion make any important difference? Having bracketed truth, meaning and seriousness, there seems to be no way to get back to them (Dreyfus & Rabinow, 1983: 86).

Foucault therefore fails to achieve his unstated objective of setting out a theory of history without the need for subjects. The rules he provides are consequently deemed incomprehensible. The authors of *Foucault: Beyond Structuralism and Hermeneutics* (Dreyfus and Rabinow, 1983) conclude, like Derrida before that Foucault, whilst still seeking rules behind the day to day empirical practices had also posited an ‘unthought’, which cannot be captured in those apriori system of rules embedded in language. They conclude that ultimately Foucault fails to demonstrate these rules without reference to an autonomous subject that they are supposed to construct. According to Dreyfus and Rabinow (1983) *archaeology*, like phenomenology before, claims not to need to raise the question of the origins but the authors disagree on the count that Foucault has still not gone further than the problem of the cogito that Derrida had already raised. They conclude the sharing of methodological devices, including the taxonomic table across disciplines, provides a compelling hint of what Foucault was attempting to describe.

Foucault did not write another book for six years following the *Archaeology of Knowledge* until *Discipline and Punish* (originally published, 1975, with English translation in 1977) perhaps indicating the philosophical *cul de sac* in which he found himself. These were also turbulent years in which the message of structuralism was to be overturned by direct student activism upon the streets of Paris and the challenge of Maoist opposition to a history without subjects.

The Carceral Society

Within the sweep of post-war developments François Dosse (1997) considers that the long silence following the publication of *Archaeology of Knowledge* concluded ultimately in the reappearance of the embodied subject, thanks to Pierre Bourdieu and his notion of the body and agency. Foucault became deeply involved with campaigning on human rights issues concerning prisoners in general and certain high profile court cases of wellknown criminals and left wing activists of the era. This included advocating for two condemned for the attempt on the life of General Franco in 1975 (Eribon, 1993: 263-269) and Klaus Croissant, a member of the Baader Meinhof gang, during in an extradition case (Eribon, 1993: 259-262).

The preoccupation with abstract rules in the philosophical sphere was modified for a direct engagement along with a refined notion of subjectivity and the importance of a new form of power; a power that was both total and

very specific to the individual. There had been a particular metamorphosis during these intervening years via direct political engagement along with the playwright Jean Genet, the communist philosopher Jean Paul Sartre and others. Foucault returned from this activism with a book *Discipline and Punish* that placed the prison and the device of the *Panopticon* invented by Bentham at the centre of the modern age. This was followed within a year by *The History of Sexuality Part One* (in French, 1976, and English, 1978), essentially a methodological correction of the previous year's work and also an attack upon the entire discipline of psychology embodied for Foucault in Jacques Lacan's Freudian School.

The subject returned in these two books embodied. This body was at first discussed through the ancient sovereign power in the gruesome form of a hanging, drawing and quartering. This spectacle of the torment suffered by the condemned regicide, Damians, gives graphic account of embodied suffering in the face of sovereign power at its most savage. Here the impact of power was literally visceral, direct and obvious. Foucault proposes that some fifty years later the Enlightenment ideas of the eighteenth-century had enabled this power to become more insidious and more pervasive whilst apparently cloaking its motives in philanthropic apparel. Here Foucault's (1991b) reading of Nietzsche's *Genealogy of Morals* paid dividends. It was Foucault's project to show how power had become more indirect and yet more ubiquitous and effective. Foucault demonstrates that within a matter of

decades these forms of spectacular and cruel punishments were replaced with a new form of power: the prison. Whilst the apparent purpose of the prison aimed to humanely correct the criminal's behaviour rather than to make a spectacle of his punishment, Foucault claimed that this hid a further unconscious purpose; to structure and codify criminality.

The birth of the prison could be traced via the scientific example of the literal isolation (quarantine) of the bodies of residents during the plague in Renaissance Italy and from this he claimed the idea of quarantine had sprawled into a disciplinary society based on this notion. It was clear that the old notions of episteme and discourse were therefore not abandoned. The success of, quite literally boarding plague victims into their own Renaissance homes had inspired this new way of thinking that would spread far and wide. Foucault proposes that through the discovery of this portable notion of quarantine developed in Renaissance Italy ultimately came the prison and the philosophical revolution of utilitarianism that produced Bentham's Panopticon.

Foucault began to explore the manner in which power literally controls bodies in *Discipline and Punish*. The modern age thus devised a way to deal with criminals that effectively used the total amount of force and effort on the part of the mechanism of power combined with the capacity for total surveillance of each individual's body. This *vertical* view of power, embodied

in architecture, human sciences and political theory was thereby refined to include the workplace, the school and the family.

This view of a power structure that is imposed encompasses the idea of permanent surveillance and the minimisation of effort required to induce the perception of this surveillance. Thus the subject would never know when the surveillance was occurring, maximising the total nature of the effect of the surveillance. This system of power resembles the traditional Marxist analysis of class domination but with the criminal replacing the working classes in the system. This system was corrected the following year by a deepening understanding of a process of *pastoral power*. This system of power was incorporated within the self, going beyond typical class boundaries into the realms of sexuality. This work proposed that power was intricately involved in the very experience of modern selfhood itself: constructing what we hold to be truth. Thus a two-way ‘capillary’ connection between the individual and power was posited: a power that went both ways, rather than simply downwards wherein the confessional was central to the increasing grip of power upon the selfhood of individuals. Foucault asserted that this power, following the Enlightenment, had maintained ‘a capillary from below to above’ via the confessional ensuring that a new relationship of power was maintained through the intermediary of institutions and experts that interpreted the confession and that intervened in the life of the individual consequently. Laws, courts and direct physical force were only a part of the

apparatus of control. Foucault (1998) also continues to suggest that there is no overall governance of this broad strategic direction but that society emerges from 'local' conflicts, blindly moving forward and thus producing strategies that are pragmatically deployed. With no guiding mind and no intelligible background behind the whole enterprise the results of social scientific enquiry often bring unintended and sometimes grotesque consequences such as 'degeneracy theory' of the late nineteenth-century (Foucault, 2003a).

Foucault adopted Marxist analysis combined with insights drawn from John Nash's *game theory* (2008b: 53). The limitations of the Marxist theory of power combined with Foucault's personal experience of the outsider within the prosperous French bourgeoisie. His work notes the increasing moralisation of the behaviour of the lower classes but also observes the tight strictures imposed upon the members of the ruling classes. These various strategies to bring useful and docile hands to the new machinery of the Industrial Age revealed no concern for the morals of the lower classes other than their usefulness to the means of production (Foucault, 1991a). Foucault also observes that new medical, psychological and social theories tend to embed themselves first of all in the upper classes. Within the bourgeois family therefore the generation of morals were of great interest and the application of new theories of human conduct was very direct.

The structuralist movement had collapsed under the weight of the revolutionary activity of the students in the streets of 1968. Foucault's insight however remained popular with readers, retaining Althusser's notions of the critique of subjectivity. We might consider the following quotation from *For Marx* for the illumination provided Foucault's mentor:

The 'subjects' of history are given human societies. They present themselves as totalities whose unity is constituted by a certain specific type of complexity, which introduces instances that following Engels, we can see reduce to three: the economy, politics and ideology. (Althusser, 2005: 231-232).

We might say that 'history without a subject' took a fatal turn upon the streets of Paris, during May 1968. It was proven that this condition was fatal when the students wrote 'structures don't take to the streets' (Eribon, 1993: 115) and students denounced their structuralist tutors and proclaimed their individual power to change the world (Dosse, 1997). The real possibility of revolution in France also reflected tensions in international relations amongst Communist party of that era with the pro-Soviet old guard under attack from Maoist radicals. This conflagration in French politics occurred at the moment when Foucault was writing *The Archaeology of Knowledge* in Tunisia, whilst hiding local student activists in his garden. The emergence of turbulence in

the left wing of France cleared the way for the resurgence of the subject in the new form of an embodied historical agent, led by the sociologist Bourdieu (Dosse, 1997). Maoist students had already denounced Althusser's work as 'useless' and reminded Lacan that 'those were people who were on the streets' (Dosse, 1997: 122). In the context of what seemed a pre-revolutionary situation, Althusserian notions of infrastructure and superstructure appeared abstract and pointless during street clashes with the police. With the shift towards such direct activism Foucault moved with the times but he remained concerned with the autonomous embedded systems of speech in language and thought that silent, blind and unconscious power that is governed by no one. Foucault found himself along with Jean Genet involved in the Information Group on Prisons in 1971, a movement for the human rights of prisoners and along with many focused upon the prison revolt in Attica. He threw himself into this project for several years and this combined with a radical turn towards Frederick Nietzsche's *Genealogy of Morals* (2003) and *Will to Power* (1968) that produced the genealogical period.

During this period Foucault developed a new theory of combined political, ideological and economic force that he called bio-technico-power. This force systematically structures the field of possibilities for the individual thus achieving a form of not entirely successful nor completely conscious but nevertheless effective *interpellation*. Althusser's emphasis on material forces was augmented during the intervening years with a Nietzschean and mythic

history, which was informed by the *will to power* (Foucault, 2003b). Foucault also drew upon Hobbes, Bacon and an ancient connection to Catholic confessional practice (2007), that when combined with demography, and the idea of national security (2008b) explains the growth of psychiatry (2006b), the prison and the asylum around the general acceptance of abnormality as a branch of medical epistemology and through the juridical notion of abnormality (2003a). All of these forces of the refinement of the self and the body of the nation he eventually saw as combined together around the body.

Subjectivity became an infinitely malleable product of its own creation forever caught in the ‘always-already’, having no fundamental essential nature, reflecting upon objects that are chosen primarily for pragmatic reason. Even such ‘given’ objects as our own sexuality came under question in Foucault’s last genealogical work *The History of Sexuality Part One*. This idea no doubt was borrowed from Heidegger’s notion of the hermeneutic circle and the always-already made nature of the world and the language that we inherit. We are all thrown into that which only seems natural since it is all that we have ever known and is therefore that which we were taught to take as natural. Here Foucault radically revised his earlier emphasis on repression in *Discipline and Punish* and turned instead upon the prevailing psychoanalytical school of thought that was led by Lacan. Foucault detected a millennialist purpose concerning the nature of repression and the idea that ‘sexual revolution’ required ongoing written serious discussion. To the

contrary Foucault argued that such ongoing discussion was how the problem was created in the first place as Charcol and others before had produced sexuality through their writing. Foucault therefore opposed the prevailing psychological reading of history that was characterised in the form of Jacques Lacan's Freudian school wherein sexuality was seen as an ahistorical force of nature that needed to be liberated by open discussion. For Foucault it was this very serious speech that had produced various new species of humanity that included the idle woman, the masturbating child, the homosexual and the pervert. Foucault claimed that there existed only 'the sins of the flesh' beforehand and that these new types of sexual personas came with the Enlightenment. These were ideological monsters that emerged with fixed characters to be known and objectified from the confessional studies of physicians during the nineteenth-century. Foucault now proposed a new species of humanity that was to be claimed and at the same time invented by a new confessional quasi-science: the abnormal.

The Repressive Hypothesis in Drugs

But for decades now, we have found it difficult to speak on the subject: we are conscious of defying establishing power, our tone of voice shows that we know we are being subversive, and we ardently conjure away the present and appeal to the future, whose day will be hastened by the

contribution we believe we are making. Something that smacks of revolt, or promised freedom, of the coming age of a different law, slips easily into this discourse on sexual oppression. Some of the ancient practice of prophecy is reactivated therein (Foucault, 1998: 7).

Liberal authors working within the tradition of Alfred Lindesmith (1965, 1968) are often to be found speaking against a supposed *war on drugs* from the point of view of a *dove* position, criticising a supposed *hawkish* repressive juridical campaign against drug users, this masks a much more sophisticated process. Often the spiralling problems associated with the international drug trade are also categorised by liberal commentators as a result of this supposed war. Liberals therefore perceive themselves as doves opposed to a depiction of the *hawkish* Richard Nixon's historical declaration of war on drugs. It was Nixon who coined the term *war on drugs* that has since assumed common currency since its first declaration at the beginning of the 1970s. This rhetorical device made a clear separation with the previous Democratic administration and announced a shift towards international supply control. One of the controversial elements of the previous administration's policy that was not changed was the shift towards maintenance prescribing that was retained. The *classic* phase of American drug policy was now finished.

The claim for *soft power* coming from the doves emerges in the role of medicine originally promoted by Lindesmith and in particular in the present-day, such pragmatic strategies such as methadone maintenance therapy and

needle exchange that aim to reduce the harm associated with injecting drug use are promoted by liberals. The voice with which these proponents speak is one of liberation from repression as if they are contradicting Nixon's strategy. Here one is reminded of Foucault's original repressive hypothesis in sexuality. The repressive hypothesis proposes that by open discussion about sexuality we are engaged in the process of liberation. Foucault argues that it is the very process of discussion that promotes the systems of power that structure sexuality. The same process can be viewed in the liberal discourse generated around drugs. The repressive hypothesis in drugs speaks of freedom from oppression and of a New City that can be reached through the openness of discourse, portraying the physician as a liberating force. This ignores the role of the physician in the creation of the persona of the drug addict in the first place. Foucault finds this position of the open speaking and the writing of sexual freedom in the role of the psychiatrist in *The History of Sexuality Part One* as disingenuous in terms of masking their role in the spread of power rather than the maximisation of freedom and here I suggest that a similar process exists in drugs discourse. Foucault sees an interaction between the *hard power* of the sovereign, combined with the impact of liberal ideological apparatus rather than an opposition and this is evidenced in drug policy where without the physician drug markets can develop features that present a threat to public health. The purpose of this double functioning is to change social norms and personal mores, constructing what we come to know to be true

from confessional practice and hermeneutic process. One might conclude therefore that liberals are as much a part of systems of power as conservatives. The repressive hypothesis consequently deploys the speaker's benefit in drugs on behalf of the proponents of liberal strategies through the illusory creation of a liberating role for physicians and health pragmatists.

It must be insisted however that the doves continue to speak from within the prohibition discourse, in that they oppose a supposed war but do not see beyond its continued prosecution. The liberals do not problematise the origin of the taboo against opium, assuming that addiction is a material object to be known nor do they consider the role that physicians played in the genesis of the phenomenon of injecting drugs use. They do not look beyond simple juridical and technological solutions to the problems of euphoria. We might therefore say that liberal scholars operating within the war on drugs discourse generally do not oppose the implicit assumptions that addiction is a natural evil that has been discovered as an object to be known for the purpose of scientific knowledge.

The European system is thereby often characterised by liberals as opposed to the American system within a sealed dialogue that appears to have no exterior beyond the war on drugs. I will argue here that the American and British Systems have become much closer since the end of the *classical drug policy* period.

Foucault's work has produced many responses including his assertion of the repressive hypothesis in sexuality. Sedgwick (2003) has recently represented her two main critiques of Foucault's repressive hypothesis. We might summarise these as follows:

- i. Despite his proposal of a constructive form of power, repression continues to present itself as the main problem
- ii. Foucault himself remains trapped within his own repressive hypothesis and fails to identify the 'beyond', thus reinforcing the status quo

Firstly, Sedgwick claims that Foucault ignores the continuing persistence of the importance of repression as a problem in history. Despite all the revelations of bio-power she asserts that the problem of repression continues to present itself and remains the main concern. To this first critique Foucault answered that his critics had misunderstood his endeavour by assuming that he thought them wrong in the first place. The rights and the wrongs of repression are not irrelevant to the genealogist who also looks beyond such struggles. Thus it is possible to say that the debates concerning the right of physicians to prescribe methadone and to provide clean injection equipment are crucial within the present-day context but ultimately these strategies are limited in their objects.

We might suggest that Foucault proposes that there always exists a war that bisects society, that this war will never end and that the liberator of one moment can become the tyrant of the next. Foucault, like Nietzsche before, concludes that there is no way out of the constant struggle of each against all. It is a struggle between the strong and the weak in which roles frequently change. Foucault warns us to guard against notions of any final liberation that has ‘made people dream of a New City’ – for such notions, in his view, are ultimately the promises of a false dawn that will never come.

Foucault’s work lacks the satisfying synthesis and conclusion that the Hegelian tradition requires. His conclusions seem despairing and pessimistic and his opposition to ‘march of progress’ narratives have led to concerns that he is simply writing a dystopian ‘march of unfreedom’ version of history. This criticism misunderstands the methodological project. Foucault’s work is better referred to as an agonistic analysis and therefore as opposed to the dialectical approach, which sees a spirit of progress hidden in the opposition of ideas. Thus in relation to the issue of abortion Foucault stated that he would take a position on the rights and wrongs of this debate but would still assert the right to see that there was an exterior to the debate:

Yes! These matters have yet to be cleared up. They’ve had me saying in effect, that there is no difference between the language of condemnation and that of contra-condemnation, between the prudish

movements and that of sexual liberation. They claimed that I was putting them all in the same bag to drown them like a litter of kittens.

Completely false: that's not what I wanted to say (Foucault, 1996: 217).

The second critique presented by Sedgwick is that Foucault himself is caught within the repressive hypothesis, and as a result ends up producing analyses that in turn are caught within the web of power that he described. If there is therefore nothing beyond the power that Foucault describes there can be no final liberation. To this critique Foucault would no doubt reply that this was true in one sense: there is nothing beyond power. Foucault might state that the point of the study of bio-technico power is to change that power relationship by focusing upon freedom and not some promised liberation. How can we make power the least intrusive and the least totalitarian would no doubt be the answer. This belies Foucault's rejection of such notions of historical progress that come from the dialectical approach.

Thinkers as diverse as Habermas (1984), Rorty (1986), Walzer (1986) and Taylor (1984) find Foucault's unwillingness to define a 'good' against an 'evil' frustrating. His unwillingness to provide an escape or a way to liberation from power opposes the notion of progress in the opinion of Habermas. According to Taylor, this relation of dominance is caused by the breakdown of the consensual community that can be rebuilt. For Taylor on the positive side, Foucault adds the insight of the interiorization of certain disciplines,

relating his work to the Frankfurt School. What Taylor finds most frustrating however is Foucault's willingness to adopt a viewpoint from nowhere, avoiding synthesis:

And indeed in his major works, like the *Order of Things* and *Discipline and Punish*, Foucault sounds as though he believed that, as an historian, he could stand nowhere, identifying with none of the *epistemai* or structures of power whose coming and going he impartially surveys (Taylor, 1984: 98).

Taylor finds Foucault's stubborn reluctance to seek a dialectical solution an irritation but this reveals a fundamental difference in their worldview. To critics of Foucault's unwillingness to adopt synthesis he replied in Nietzschean fashion:

One must pass to the other side -the 'good' side- but in order to extract oneself from these mechanisms which make two sides appear, in order to dissolve the false unity, the illusory 'nature' of this other side with which we have taken sides. This is where the real work begins, that of the historian of the present (Foucault, 1996: 222).

One might wonder what a proposed repressive hypothesis in drugs says about the possibility of going beyond the 'good' and 'bad' when thinking about this

persona. The problem begins with a silence concerning the origins of the syringe and the collective disavowal of Dionysian for euphoria. The repressive hypothesis in drugs assumes therefore that that the carnival force of intoxication should be either excluded as euphoria to the wasteland or contained as pain relief within the consulting room.

The struggle for control over the bodies of opium eaters was joined by the definition of the morphinomaniac that we now know to be the injecting heroin addict. With addiction of all forms defined as abnormal and unwanted, the individuals that met this description found themselves caught within a disciplinary apparatus. In the British context this apparatus was strongly influenced by physicians that were managing perhaps no more than a thousand individuals.

Henry Bryan Spear (2002) reveals that the supposed triumph of the Rolleston committee in the establishment of *the British System* of heroin prescribing was simply a further stage in the development of bio-technico power in the United Kingdom, not a notable victory for the liberation of addicts but rather the highpoint of the abolition of opium. We might also note that but for Delevigne's intervention there was proposed by the Rolleston committee, an asylum for the addict (Spear, 2002). Spear's recollections remind us that the Rolleston Committee is rather a perfect example of the functioning of *raison d'état* as the tectonic forces of the Home Office, The India Office and Ministry of Health produced policy through local battles.

Struggles within the bourgeois family are often the feature of the creation of new forms of subjectivity according to Foucault, the farcical and grotesque campaigns against childhood masturbation, the creation of the persona of the homosexual and the Victorian idea of female hysteria are but a few examples. The story of the syringe certainly supports this thesis: that the ‘struggle’ over the needle was first present within the bourgeois family is an incontrovertible fact. The use of morphine prescribed within the syringe within the bourgeois families reveals an ambiguous role for physicians of the British and American within the ruling classes.

For Foucault the traditional Marxist notion of class struggle is actually limited by its very emphasis on class – he therefore beckons us to consider the instances of struggle throughout all human institutions, including the family. This was, in fact, an interest he later pursued in the work *Les Desordres des Familles* (Farge & Foucault, 1982), which reveals that the use of royal edicts to confine those of aristocratic background in the Bastille was more commonplace than any use of absolute power to control the lower orders. The rapid adoption of the injection of morphine and the role of women in the upper classes is of particular interest here and the lack of support for the opium abolition movement amongst the lower classes is also telling:

We must return, therefore, to formulations that have long been disparaged; we must say that there is a bourgeois sexuality, and that there are class

sexualities. Or rather, that sexuality is, originally and historically, bourgeois, and that in its successive shifts and transpositions it induces specific class effects (Foucault, 1998: 127).

It must be said that the *British System* did not succeed completely if we might say that the objective was to eliminate the intravenous injecting drug user. The condition of drug injection continued stubbornly until the export of American jazz culture began to provide different forms of injecting drug use characterised by Spear as ‘jazz junkies’. From this we presume that he is referring to individuals other than his predominantly professional and iatrogenic ‘addicts’.

I propose therefore that the repressive hypothesis is at work in *Opium and the People*. The repressive hypothesis in drugs considers itself in the opposition to the continued prosecution of a supposed ‘war on drugs.’ Here I claim that this voice uses the speaker’s benefit and ignores its own role within the genesis and subsequent domination of the injection drug user.

The speaker’s voice talks of Europe as a New City compared with a supposed *American gulag* but along with Courtwright I argue that this remains simply a matter of scale and not a matter of qualitative difference in policy after Kennedy. Here I find that Courtwright has already identified the operation of the repressive hypothesis with his critique of the liberal discourse

in the war on drugs. Spear notes also the deployment of the ‘speaker’s benefit’ on the part of Griffith Edwards in his analysis:

The British response to drugs as founded in the 1920s, was founded to deal with a small problem – no one could claim that it was initially set up to bring a large problem under control, for the historical evidence is quite in the other direction (Edwards, 1978: 6)

Edwards gives the impression that the Rolleston committee were planning ahead with the ‘small problem’ but Spear notes that the ‘Committee was not concerned with the wider non-medical aspects of drug addiction and there is no evidence that they wished to extend their enquiry beyond their terms of reference.’ Elsewhere we can also observe the speaker’s benefit at work:

It is crucial to realise that the period before 1968 was in effect an ‘experiment’ in liberal prescribing which was coincidental with growth in the general illicit drug traffic and with burgeoning increase in the incidence of drug addiction (Edwards, 1978:13).

The idea that the Rolleston Committee planned their strategy as an alternative to the black market is also refuted by Spear who states that there never was any ‘experiment’ nor any centralised control of the physicians that prescribed.

He reminds us that the system was designed for a small number of mostly middle-class cases. If this system had any preventive impact, this was not with forethought other than the consequence of scrupulous detailed consideration of maintenance prescribing and the care and control of addicts that was informed by medical ethics.

The speaker's benefit in drugs can be seen most clearly as an embedded assumption of Sir Malcolm's hostility to the idea of maintenance therapy that appears to be a neutral fact in order to ignore the position of the speaker who omits key statements from correspondence. Spear notes the full document does not agree with Edward's thesis.

I agree with Spear (2002: 293) that along with Lindesmith, Griffiths Edwards and Virginia Berridge repeat the *liberal* claim to have constructed a system that: (i) was designed as an alternative to the black market, and (ii) that aimed to prevent the growth of that black market by providing licit supplies of heroin.

Berridge and Edwards (1981) therefore overstate the case for the foresight of the Rolleston committee and for the power of the *British System*. In doing so they are also undermining the importance of the Home Office civil servant Sir Malcolm Delevigne in the construction of this system. I also claim that Berridge and Edwards (1981) do not sufficiently critically consider the earlier role of the physician in the construction of the conditions for the spread of injection drug use during the 'early classic' period of the American policy of

anti-maintenance. I will propose therefore that the important historical message for the present is of the *classical drug policy* that reigned in New York during the 1920s and 1930s and of the spread of intravenous knowledge under that regime.

Making Opium Speak



The invention of the powerful painkiller, heroin at the turn of the twentieth century was to have enormous unplanned consequences for the creation of a black market following the international prohibition of opium use.

The grip of power upon the object of opium as a product of the Enlightenment made opium speak of both pleasure and pain but only pain was contained within the Cartesian order. This informed Rolleston and Delevigne's consideration of maintenance prescribing for addicts but could not help Delevigne with the problems of cocaine in Soho. The abolition of the trade in opium for pleasure has a greater importance in the creation of the phenomenon of injection drug use than might appear at first sight and the failure to contain the unbounded euphoria produced by cocaine and heroin led ultimately to the needle.

The Victorian age brought about the invention of the syringe and saw those that manipulated the device for pleasure and in order to prevent the pains of withdrawal increasingly marginalised. This process began from the moment this practice began to spread from consulting room into the heart of the bourgeois family. Eventually this struggle would spread to the lower classes where the traditional practice of opium eating and smoking was simultaneously suppressed, resulting in the unforeseen consequence of the spread of lower class use of heroin. I will therefore consider the deliberate yet unconscious inducement of the body towards needle. We shall find an object that discovered an unforeseen Dionysian purpose beneath the gaze of the disciples of Apollo. The purpose that sought to identify and eradicate the opium eater and the opium smoker simultaneously produced the injection drug user. These early physicians forgot the deep rooted, wordless power of

what Bakhtin termed the ‘carnival force’ that emerged before their very eyes in the form of their own patients.

There is the crucial importance of writing in the construction of injection drug use. David Lenson (1995) sketches out the sober-inebriety discourse that is at the centre of the contemporary psychiatric construction of inebriety. The construction of inebriety as a catchall concept in the late nineteenth-century is crucial to the creation of the conditions in which injection drug use began to spread. The increasing attempt to construct a medical persona for the opium user led to an entanglement with the temperance movement concerns with alcohol. These were to become linked to the prohibition movement leaving opium users caught in the gravitational pull of international conventions. Plant (1999) and Milligan (2003) emphasise the importance of romantic literature in the creation of the modern trope concerning opium use, recognising the importance of such writers as DeQuincey and Coleridge, Dickens and Collins. Mike Jay (2011) finds that it is DeQuincey who first identifies the pain-pleasure break and this is a very significant observation. These authors reflected prevailing views on opium and in turn played a role in forming those views.

In their analyses the liberal authors do not look far enough into the past. They appear to consider that the history of drugs began with the Hague convention, or at best with the Pharmacy Act. Yet the interest in opium – and debates concerning opium – had been underway for many years.

Take the example of imprisonment that apparatus, which had the effect of making measures of detention, appear to be the most efficient and rational method that could be applied to the phenomenon of criminality. What did this apparatus produce? An entirely unforeseen effect which had nothing to do with any kind of strategic ruse on the part of some kind of meta or trans-historic subject conceiving it and willing it. This effect was the constitution of a delinquent milieu very different from the kind of seedbed of illegal practices individuals found in the eighteenth-century society. What had happened? The prison operated as a process of filtering, concentrating, professionalising and circumscribing a criminal milieu. (Foucault, 1995: 194-195)

It is surprising that there has been little serious discussion of the *junkie*. This artificial symbolic personage silently haunts the margins of serious speech and is of great importance. The deployment of this image has enabled the creation of a real international phenomenon that flourishes paradoxically even as authorities attempt to suppress it.

The latest insights of Room (2003) concerning the nineteenth-century construction of addiction and alcoholism that were previously proposed by Levine (1978) are based on the assumption that alcoholism and addiction are

essentially synonymous simultaneously emerging in the early nineteenth-century:

The concept of addiction was thus seen as brought to the foreground in this period by social conditions in the new American republic (Room, 2003: 222).

Somehow the needle has disappeared in all but technical discourse. Here I will argue that:

i. The ‘addiction’ concept falsely encompasses all modes of illicit drug use and also fails to tell the history of injection drug users; ii. The original ancestor of the ‘addict’ and the ‘alcoholic’ and the presumed mother of the *junkie* can be traced to Hobbes’ *Leviathan* and Bacon’s notion of discontents of ‘the belly and the head’ and was first envisaged as the woman in Hogarth’s *Gin Lane*; iii. The dualistic nature of Enlightenment thinking concerning opium has reinforced the exclusion of euphoria from the powers of opium and thereby provides us with no answers to the problems associated with the desire for the drug.

I claim therefore that many commentators on addiction do not notice that the construction of the alcoholic identity began with Hogarth’s *Gin Lane* one hundred years previously. Here I will propose, following Harvie Ferguson

(1995) that the purpose of the Enlightenment bourgeois order was to suppress luxurious enjoyment and pleasure amongst the masses. I will propose that these pleasures at times verged on insurrection and this has led to the construction of useful archetype of the woman in *Gin Lane* and herein we can find the first modern root of the ‘alcoholic’ and the ‘addict’ family tree. Mariana Valverde (1998) has much to say upon Enlightenment constructions of ‘alcoholism’ and Room identifies her discussions of ‘loss of control’ and ‘disease of the will’ as the central historical axes for discussions around euphoria. The free will versus deterministic pathology approach presents a conundrum at the centre of the addiction/alcoholic discourse. If alcoholism and addiction are not willed as such, can we blame the individual? It is crucial to consider the embedded *truth* of ‘addiction’ and ‘alcoholism’ but at the edge of these personas there is the needle.

A Genealogy of the Junkman

Courtwright indicates that the original, as Kolb had described them, ‘delinquent type of addict’ had already emerged from the suppression of opium smoking during the 1880s and the 1890s long before the Harrison Act (2001: 111). By 1912 Dr John Phillips was already warning of the gangs of young men in New York that were enthusiastically ‘snuffing’ heroin around

‘drug stores’ (Davenport-Hines, 2002: 215). These men were soon to learn the technology of intravenous use.

Milligan (2003) notes the infrequency of actual opium smoking in Great Britain and makes a very important case for the impact that fictional characterisations of opium smoking have had in generating concern about use of the drug. Books like Charles Dickens’ *The Mystery of Edwin Drood*, with its representations of opium dens, went hand-in-hand with the emergence of a contemporaneous and sensationalist popular journalism, which served up the horrors of East London’s slums to shocked readers. Harry Hubble Kane provided an estimate of perhaps no more than 6,000 opium smokers across the United States (1881b). Opium smoking therefore represents a minor phenomenon when compared with the wider trend of laudanum use that would appear to have developed during the nineteenth-century.

The campaign against opium smoking in the United States began several decades before the Harrison Act. The campaign was proposed by the physician Harry Hubble Kane (1881a) and was informed by Charles Dickens’ earlier fictional work *The Mystery of Edwin Drood* in the similar process of the development of the negative characterisation of this new form of opium use. Parsinnen (1983) considers the spread of Chinese Immigration across the United States to be one of the most significant features of the American scenario. Kane noted approvingly that local actions against opium smoking were spreading across the United States and these were to be

reinforced by a steep rise in duty imposed on smoking-grade opium (Courtwright D. T., 2001), thus paradoxically reinforcing the control of the tongs over the opium den and creating the condition for an increase in smuggling during the last two decades of the nineteenth-century. I will argue here that these actions when combined with the abolition of laudanum and the promulgation of morphine, cocaine and heroin by pharmaceutical companies were ultimately to become the main causes of the shift towards the needle and ultimately the vein.

The opium smokers that caused such alarm for Kane began to increase in numbers during the 1870s and are characterised by Courtwright (2001) as primarily male, young and involved in the criminal demi-monde of gamblers and prostitutes. Notions promulgated by Kane concerning the numbers of bourgeois smokers do not appear to be held up by evidence but these same impressions were also promoted twenty six years later by Harrison Wright (1909) in the lead up to the Smoking Opium Exclusion Act of 1909. Smoking opium was associated with pure pleasure and was strongly connected to the Chinese in the popular imagery. Female smokers were few in number and tended to be working as prostitutes (Courtwright, 2001) and yet the spur of concern for the morals of 'white women and girls' became a potent call to arms. One might assume however that along with the increasing use of heroin for 'snuffing', the knowledge of intravenous technology also began to circulate more rapidly alongside the increase in the price of smoking grade

opium. Market features following hikes in taxes during the 1880s and 90s combined with the later Opium Smoking Exclusion Act 1909 began to play a large part in the popularisation of cocaine and heroin.

As morphine and heroin proved easier to smuggle than opium these drugs proved very convenient to the black market and proved most economically efficient when injected by the consumer. The ‘black market virtues’ of heroin combined with the crackdown upon opium smoking enabled the syringe to spread more widely beyond the original iatrogenic injectors in the United States.

In his essay ‘Nietzsche, Genealogy, History,’ Foucault (1981) outlined his genealogical method. To illuminate his explanation Foucault used three German terms to illustrate his historical purpose: the first term, *Ursprung*, refers to guilt and to moral duty. This form of history points to morals born of low motivations, political sleights of hand, it assumes that there is an essence of secret things to be found and therefore becomes lost in the search for these essences. As one can see much of the activity in the academic debates around drugs and addiction in this present-day concerns itself with the source of addiction and the origins of an apparently timeless condition. The second German term Foucault introduces is *Herkunft* or descent revealing the racial struggles that underpin much of history. Here he signals towards the traditional Nietzschean theme of an ancient affiliation of the group, a network of forces that is difficult to unravel that produces history, not a convenient

version of events that fit the purpose of the present-day but rather a history of the present that unpicks the often accidental roots of history. The final term *Entstehung* refers to the springing up from the ground, in which Foucault finds the tangled roots of historical accident rather than design. It is from this complicated network of events in the preceding century that the ‘junkman’ emerges and most definitely not from the plan of a world free of the forbidden pleasures of opium.

Dosse gives much credence to the role of Pierre Bourdieu in the introduction of the idea of *agency* as a means of resolving the impasse created by history without subjectivity. Bourdieu said:

I wanted to reintroduce agents in a certain way; Levis Strauss and the structuralists and particularly Althusser tended to abolish them by making them epiphenomena of structure (Dosse, 1997).

Dosse claims that the idea of structure led many thinkers back to a theoretical engagement with subjectivity through the related idea of agency. Bourdieu also broadened the nature of class struggle to include the symbolic universe wherein the violence of domination was also present. Whether Foucault was influenced by this notion is not clear but Foucault certainly deploys subjectivity within the genealogical toolkit. ‘Where there is power, there is

resistance' Foucault states in *The History of Sexuality Part One* and as such the importance of the individual returns with the idea of *resistance*.

The 'war on drugs' has produced no great triumph and what it has shown quite clearly is that what remains after the rhetoric subsides – when the restatement of liberal and conservative positions has been exhausted – is the irrefutable fact of the global spread of injecting drug use. Thus we can observe the universality of the needle. The failure to come to terms with the chthonic forces that this instrument contains stands testimony to the failure of liberals and conservatives alike. When combined with the ingenuity of the dissemination of street level knowledge, of the efficient means of drug consumption, the syringe has produced the means of achieving a very particular and profound form of oblivion through intravenous injection. I would therefore suggest that it is the syringe that has prevailed in these global struggles rather than either the *liberals* or *conservatives*.

Finally in *The History of Sexuality Part One* the identity-desire equation was the main target where Foucault felt a further element was lacking: culture. Can we say the same for the addiction-desire-identity axis? Foucault felt that this identity-desire model fell short of the more complex truth. Power produces truths about sexuality rather than simply repressing the expression of an original and ahistorical ontologically unique sexual nature. Did power produce the truth about opium addiction rather than unearthing the opium eater? Has that truth inadvertently produced injection drug use? Foucault

posited a new form of power that stretches deeply into human selfhood, producing new truths concerning sexuality that people encounter as if they were natural beings consequently normalising their own behaviour in line with these ideologically defined truths.

Thus for Foucault the sexual liberation movement of the 1970s was in a sense still stuck within the construct of the nineteenth-century debates. Can we say therefore that the invention of the intravenous injecting drugs user has become akin to the construction of homosexuality? Is the *junkman* a relative of the homosexual in this sense? With opium it is clear that prior to the Harrison Act of 1919 in the United States of America a distinctive form of human subjectivity had already begun to be pushed towards the syringe and morphine. What emerged around the other traditional uses of opium following their suppression is clear evidence that these forms of subjectivity are highly sensitive to bio-technical apparatus. There is persistent resistance that is paradoxically strongest in the most repressive scenarios such as the total abolition of opium. What is interesting is the persistence of this use, despite the conditions under which the descendants of the opium eater live these days in some of the most repressive systems.

Finally Foucault's most trenchant critique of the repressive hypothesis came from his former disciple, Jean Baudrillard. In *Forget Foucault* (2007) Baudrillard proposed that Foucault's notion of the repressive hypothesis was not new, in the sense that Deleuze had already sketched out the

methodological project with his treatment of desire. For Baudrillard the terms power and desire were essentially interchangeable within that same metaphorical model, an empirical model of a presumed material object that revealed their grip on the scientific. Baudrillard (2007) proposed that both notions were in fact limited and scorned their persistence with the idea of the real. Ultimately for Baudrillard only the idea of seduction and the importance of the order of simulation could replace these models.

CHAPTER TWO

Truths



A New York City opium den at the turn of the twentieth century

The elusive nature of truth in The Moonstone – Orientalism and pernicious opium imagery – the importance of DeQuincey and Coleridge in the modern truth of opium – Nietzsche and genealogy – critics of Foucault – Ubuesque power – Bacon and Foucault – Western philosophy and Foucault – Von Clausewitz's aphorism reversed – the race war – opium smoking and the Chinese – the relationship between opium prohibition, the physician and injection drugs use

Above all, there is no exception (though there are opportunities for exceptions) to this rule, that the idea of political superiority always resolves itself into the idea of psychological superiority in those cases where the highest caste is at the same time the priestly caste, and in accordance with its general characteristics confers on itself the privilege of a title which alludes specifically to its priestly functions. It is in these cases, for instances, that 'clean' and 'unclean' confront each other for the first time as badges of class distinction; here again there develops a 'good' and a 'bad' in a sense which has ceased to be merely social (Nietzsche, 2003: 15).

First published in 1868, the nature of truth and opium is the central theme of Wilkie Collins' *The Moonstone* (1998). In the first example of the detective novel, the master of plot and device concerns the reader with shifting perspectives and different perceptions of the same event. The romantic hero, Franklin Blake, apparently steals an ill-starred yellow coloured Indian diamond. This diamond was looted during the storming of the fortress of Seringapatam. In *The Moonstone* this diamond, previously owned by Tippu Sultan, the implacable enemy of the British East India Company had carried a curse that seeded death and confusion all around.

Milligan (2003) claims this diamond as a symbol borrowed from Coleridge that represents a reflection of the grieving Coleridge's vision of 'opium as a curse visited upon the Empire': a political and personal metaphor

of opium itself crystallised in a symbol of baneful evil. The forgetfulness of the hero, Blake who was in a trance brought on by opium when the diamond is stolen, is a crucial plot device. He had been secretly administered opium as a wager on the part of other guests. It is the conceit of the multiple misunderstandings of these events, including the protagonist upon which the structure of the story turns. Memory, time and multiple perspectives question the nature of truth in a plot that hinges on a series of revelations that require each participant to hold only a part of the whole truth. Multiple narrators and different media in this work also contribute to the disturbingly disassociated atmosphere of the tale. The book was written entirely under the influence of enormous doses of laudanum during a severe attack of rheumatic gout that plagued the writer. The shifting perspectives of the different narrators, combined with the ever-present threat of the three Brahmin Hindoo assassins that track the holy gem throughout, adds to the sense of an exotic oriental threat. Throughout the story, new information continues to cast a different light upon apparently innocuous events of the past. The novel's very premise is based upon the idea of a truth that is both elusive and unknowable to the two main romantic protagonists. Rachel witnesses Franklin taking the diamond with her own eyes but does not realise that he is under the influence of opium at that time. Franklin, in turn, has no recollection of these events because of the influence of the drug: the fact that the opium was administered without his awareness remains unknown to both of them. A man who has no

recollection of his actions is the central assumption upon which the plot turns and opium provides the *deus ex machina*. From this mutual incomprehension emerges the tragedy that we are led to believe is in the inherent nature of the diamond. Foucault's later genealogical works, in fact, acknowledge the existence of a real that lies beyond the epistemic structure and the spoken and written word; but this reality remains - like the Wilkie Collins plots that remain obscure to his characters - beyond the capacity of any one person to understand.

The final work of Charles Dickens, *The Mystery of Edwin Drood* (2002) originally published in 1870, cements the baneful connection. It also adds a clear link between the imagery of opium and the crime of murder that combines with the practice of opium smoking to form a popular association between opium, death and crime. Berridge and Edwards (1981) inform Milligan's analysis that opium smoking was a rare phenomenon of British port cities of the nineteenth-century. In fiction however opium smoking served several purposes not the least in responding to recent events:

The swarms of threatening Orientals in Jasper's vision would have been especially resonant for Dickens and his readers, for at the time he was writing *Edwin Drood*, Britons were still reeling from the sensationalistic tales of the Oriental savagery that followed the infamous Indian Mutiny of 1857 (Milligan, 2003: 104).

Racial conflict and drug use intertwined in the popular imagination. Parsinnen (1983) reminds us that the United States saw the growth of Chinese immigration during the 1870s that led to a spread of the popularity of opium smoking amongst a small but significant element of the white population. The exotic practice of opium smoking had become an object of fascination for the *slumming* popular press in the United Kingdom in the mid nineteenth-century. Dickens joined such a party into Limehouse wherein he witnessed opium smoking that was reproduced in *The Mystery of Edwin Drood*. Gone in Dickens' work is Collin's sympathetic portrayal of the opium-eater who unlocks the puzzle in the Moonstone. Collins' unfortunate pharmacist's assistant, is replaced with a villainous opiumsmoking murderer who descends into the submerged residuum of the Victorian world. The opium den in *The Mystery of Edwin Drood* stands for all that is fallen and fuses degradation with the hint of exotic luxurious pleasures of the East.

He notices that the woman has smoked herself into the strange likeness of a Chinaman. His form of cheek, eye, and temple, and his colour, are repeated in her. Said Chinaman convulsively wrestles with one of his many Gods, or Devils, perhaps, and snarls horribly. The Lascar laughs and dribbles at the mouth (Dickens, 2002: 7).

The role of opium as an agent of forgetfulness of the family and as a sign of the sin of idleness clearly stretches throughout history. Towards the end of the nineteenth-century the importance of opium as an agent of crime and a cause of wrongdoing is most apparent in the fiction. Milligan (2003) claims that an anti-oriental thread was originally spun by Coleridge and DeQuincey that reappears in a new weave later in the century. The three Brahmin assassins of the Moonstone, the baneful opium god of the cursed diamond and Dickens' villainous opium smoking murderer mix danger with foreigners. This trope began to influence popular perceptions of opium and its consumers. Milligan claims this negative characterisation of opium was to become the dominant manner in which the drug was to be conceived. He claims that later authors drew heavily from the original work of DeQuincey in 1821 in his *Confessions of an Opium Eater* and also from the diaries of Coleridge and the confessional revelations of his contemporaries particularly Dr. Gilman. Coleridge lived with Gilman's family during his later years, with Gilman acting as his personal physician and a close personal friend. In response to the scandalous publication of Coleridge's correspondence, Gilman published reminiscence in defence of his old friend particularly against claims that he squandered his genius and allegations of idleness. During this earlier period the private argument amongst friends concerning Coleridge's opium use had ultimately led to acrimonious correspondence that was to be published following the death of Coleridge (Lefebure, 1977). This is the most significant

moment in the hermeneutical process, when the private and public space became one in order to generate a new discourse concerning Coleridge's self-diagnosed condition. We might consequently claim the romantic themes of these personal confessions concerning opium that were developed by this Romantic poet have played a highly significant although unwitting role in the creation of the construction of the notion that we now term addiction. I shall consider the significance of Foucault's concept of confessional technology, a form of Stoic introspection that has come to dominate social sciences, later in the development of this trope. Dickens' work certainly cemented the public image of the opium smoker as a villain, connecting opium smoking to an underbelly of Victorian Britain and developing a sinister association between the East and opium. Before this cementing of the persona came an earlier confessional process that had been borrowed from the ancient Greeks and deployed by Thomas DeQuincey, who used classical methods to explore his own use of opium for pleasure and subsequent description of the pains of his dependency. Developed through the notion of the nation state, the thoughts of DeQuincey became a public discussion and the idea of the subject as an item of economic consideration became of concern following Coleridge's revelations of the horrors of the opium eater.

A flood of literature in the 1880s and 1890s concerning opium and crime was produced by this process and in turn these fictional images reinforced those earlier confessional perceptions and prejudices of which *A Picture of*

Dorian Grey (Wilde, 1990) and *Dr. Jekyll and Mr. Hyde* (Stevenson, 1999) are just two of the better examples of the new genre. By the end of the nineteenth-century the use of opium was commonly associated in popular imagery with evil and death.

Can we truly say that the confessional work of two bourgeois poets created this trope in which opium use for pleasure became considered a sin? Certainly this was not DeQuincey's objective. Clearly opium and its use was already a matter of contention and the work of experimental physicians had already begun to define and problematise the use of the drug.

Truth is a contested notion in Foucault's world wherein power generates truth itself and where there are a proliferation of many kinds of truth and no one particular truth as such to which we can refer. The Nietzschean notion of the 'truth-producing' nature of power is of importance in the understanding of the confession in Foucault's genealogical and ethical perspectives: moral truth is a product of the process of power. It is of note that Jay (2011), Plant (1999) and Milligan (2003) all propose that the work of DeQuincey and Coleridge are of great importance to the status and public perception of opium. Jay (2011) proposes that DeQuincey identifies the pleasure-pain axis concerning opium and that the embryonic Brownian interests of Thomas Beddoes and Erasmus Darwin had fuelled the enthusiasm of their peers:

Far more enduring was his framework of the 'Pleasures and Pains' of opium, which has remained the hallmark of the vast majority of drug literature right up to the present; and his association of opium with the Orient and all the amoral bliss and ecstatic cruelty this entailed (Jay, 2011: 62-63).

DeQuincey's observations of dependence, tolerance and withdrawal all inform the discourse and are morally informed by Coleridge's conflicted voice. Plant proposes that Dequincy's hatred of the oriental and Dickens' malign opium den peopled by sinister foreigners 'had paved the way for vehement racist hostility'(1999: 222) towards the Chinese. Milligan (2003) argues that the anti-orientalism of Coleridge and his theme of opium as curse visited upon the Empire are at the centre of the later climate of the nineteenth-century:

This image of a collective British body engaged in contaminative drinking appears often in Coleridge's writings, where it consistently figures fears of retribution for unsavoury British behaviour in the colonies (Milligan, 2003: 32).

These themes summon the 'sovereign voice' of a nation, in that these nationalistic statements strike deeply emotional chords, raising concerns for

the security of a nation and its people carrying warlike undertones. These clearly became the dominant voices and themes of discussion around opium as the century progressed. The theme of the ongoing spread of opium within the vitals of nations is strongly developed in the work of many fictional authors in the later part of the nineteenth-century. These later adopted more grotesque forms as the century drew to a close, continuing until the early years of the 21th century.

Simply put, Foucault proposes that in the bio-technico process: our own introspections provide us with truths that we take consequently to be natural. These forces are often driven by various motives, frequently driven by accident and often influenced primarily by the infrastructural and super-structural developments and requirements of the economy. The fictional orientalism concerning opium became entwined with the reality of Chinese opium smoking through the debates concerning the Opium Wars. Britain's triumph in forcing the opium trade upon the reluctant Emperor paradoxically drove out all American interest in the Chinese trade, thus enabling America to adopt a prohibitionist position concerning the trade. Brilliant Chang, was to be characterised as the evil genius of public popular perception during the 1920s (Kohn, 1992) court case where he was accused as the Soho 'Dope King'. This came following the scandal of the death of Frieda Kempton and hit a popular note of xenophobia. We might argue that Chang embodied an

archetypal character already well-established in popular imagination: Fu Manchu.

Religious organisations were involved in the opium abolition movement in the United Kingdom, most notably Church of England evangelists and Quakers. An implicit anti-orientalism essentially provided the narrative for these later prohibition movements generating solicitous paternalistic concern for China. This movement led to the development of organs such as the journal *Friends of China* and The Society for the Suppression of the Opium Trade. These organisations harried the British Empire from within, supporting the Chinese Dragon Empire in its struggles against what most Quakers held to be a form of slavery. Domestically the suppression of opium smoking and increasing racialised discussion of Chinese opium smokers in the United Kingdom and the United States show a different face to the diplomatic relations. Domestically within the United States and also in Britain the preoccupation with opium smoking reinforced racial tensions for a tiny community but on an international stage this same campaign brought the United States closer to China.

One might argue that modern truth of opium was conjured by just one Lakeland poet: Coleridge. Whilst DeQuincey popularised the drug in popular discourse, Coleridge provided the moral weight. Opium was compared to slavery, as something fundamentally evil, a curse upon the very Empire that had prospered from it, a threat that carried a foreign curse that was to enfeeble

the British people and to feminise its men with the emasculating nature of the drug whilst at the same time inflaming the lusts of its women. This became the truth that was self-evident alike for temperance campaigners, journalists, authors, diplomats and statesmen. We might find that Coleridge's conflicted voice is silently embedded in the foundations of our present thinking concerning 'drugs' in general. The nation's very health and security was threatened by the newly self-discovered disease of opium eating, which was found at both the individual and collective level.

The romantic and poetic musings of the Georgian period became commonly held scientific truths through a hermeneutic process of expert interpretation of the words of the poets. Without any evidence of a material disease, the sin and the vice of the idleness and penury associated with opium use merged with the idea of a metaphorical illness to become something new: a signifier of criminality tethered to the notion of the body of the 'addict'. Power quite literally produces subjects and the confessional of the opium eater therefore played a vital role in the production of the later symbolic images that in turn produced the social context wherein the actual conditions of injection drug use were constructed. The injecting drug user emerged from this inexorable process and was finally labelled a junkie.

These uncovered truths reflected a self that could not be contained, an unbounded and uncanny self that would not obey reason and that belonged to a more primitive force. Collins, perhaps the most sympathetic towards the

positive qualities of opium and its users, nevertheless adopted the sinister oriental motif of the diamond in *The Moonstone*:

There, raised high on a throne – seated on his typical antelope, with his four arms stretching towards the corners of the earth – there soared above us, dark and awful in the mystic light of heaven, the god of the Moon. And there, in the forehead of the deity, gleamed the yellow Diamond (Collins, 1998: 472).

Critics

But I've never written anything on Heidegger and only a very short article on Nietzsche. Yet these are the two authors whom I've read the most. I think it's important to have a small number of authors with whom one thinks, with whom one works but on whom one doesn't write (Foucault, 1996: 470).

When Foucault said in his last ever interview, cited above, 'Heidegger has always been for me the essential philosopher', or later in that same interview 'I am simply a Nietzschean' he was placing his life's work alongside the tainted phenomenologist and the iconoclastic *bête noir* of philosophy. These two philosophers were considered at that time, in the French post-war era of

the 1960s and 1970s, dangerously associated with Nazism. These statements certainly would have set Foucault against the structuralist orthodoxy of the era and also place his work well beyond the analytical tradition in philosophy. The continental school had long since parted company from the Anglo-American school of analytics and hence Foucault found himself mainly ignored in the Anglophone world of philosophy: categorised as a purveyor of irrationalism (Martin, 1991). Foucault's early work in the English speaking world was considered as a form of structuralism and dismissed therefore for a perceived 'extreme relativism' by the analytical school (Prado, 1999), his invitation from English speaking philosophy departments were rare (Eribon, 1993, Dosse, 1997).

Foucault did not see himself as separate from the empirical and Kantian tradition, referring to himself as a pluralist (Foucault, 1996) meaning that he believed that there were many different truths rather than one particular truth to be known. Exact truth for Foucault only lies within the realms of mathematics, astronomy and certain branches of physics: this he referred to as the threshold of scientificity. The later disputation on Kant on January 5th and 1982 (Foucault, 2010b: 1-39) inspired Foucault's own 'What is Enlightenment?' Dreyfus & Rabinow, (1983) exploring Foucault's interpretation of Kant's essay on the meaning of the Enlightenment. Foucault provided an original interpretation that this essay in essence had established Kant's entire blueprint for his three subsequent famous critiques.

Foucault's main assertion is therefore often mistaken. There is an oversimplification that he believes there to be no truth, an extreme form of relativism. Outside of the epistemic structures formed around madness there is one historical constant, the need to control the mad. Perspectivism is the most significant Nietzschean element of Foucault's worldview: a view that there can only be perspectives upon the social truth and that any general theory therefore is doomed at the outset. The real is too complex, fragmentary and too ineffable to know comprehensively. What Foucault finds so fascinating is our capacity to change our shared truths concerning our collective perceived reality and consequently the impact of such a power upon our lived experiences thereafter as these truths become normative.

The term 'Ubuesque' is common in French and refers to the impact of the play *Ubu Roi* by Alfred Jarry, first performed in 1896. It is a satire of power, greed and the abuse of the defenceless. At the centre of the play stands Pere Ubu, the corrupt, stupid and brutal King. Foucault also posited a history without human consciousness wherein meaningful participants produce grotesque Ubuesque consequences. Speaking of legal documents concerning homosexuality that continued archetypal gross assumptions concerning the accused as if such caricatures were true, Foucault discussed the 'Ubu-esque':

I am calling 'grotesque' the fact that, by virtue of their status, a discourse or an individual can have effects of power that their intrinsic

qualities should disqualify from having. The grotesque, or if you prefer, the ‘Ubuesque’ is not just a term of abuse or an insulting epithet ... there is a precise category, or in any case, that we should define a precise category of historico-political analysis, that would be the category of the grotesque or Ubu-esque. Ubu-esque terror, grotesque sovereignty, or, in starker terms, the maximisation of effects of power on the basis of disqualification of the one that produces them (Foucault, 2003a: 11-12).

A genealogical history implies that all individuals are subject therefore to unconsciously embedded, culturally hidden codes and that these silent structural frameworks have unintended consequences. The deployment of these codes in turn results in the further deployment of new systems over centuries rather than decades. These epistemes, are complex systems of ideas or conceptual schema embedded throughout many systems of thought exercising silent force just as the taxonomical table originally developed for botany can be shown to structure thought across several disciplinary boundaries. These systems limit and structure the field of human thought and ultimately of possibilities. These notions are therefore applied thoughtlessly yet powerfully throughout discourse and proliferate with lives of their own, often beyond the boundaries of competence or utility, verging into moral

territory. These silent and unconscious forces that govern the human condition occasionally produce unexpected consequences.

Such structures can emerge in many different forms and Foucault perceives such systems as closely linked to the legal process. In order to explain the inexplicable crime these structures define abnormality and consequently spread further into human systems.

History in the genealogical perspective therefore lurches forward and backwards from one contingent battle to another without any one person having control of events or foresight of the consequence. Physicians promoted a form of drug use that at first seemed miraculous in its power as a panacea. Those same physicians, plucking themes from the inner reflections of poets produced a new truth concerning opium that collided with their new invention. Few, if any, understood the wider context within which the needle would circulate in the space that the absence of opium revealed.

The change of opinion concerning opium therefore presents us with an excellent recent example of these processes in active practice. A combination of the changing tectonic plates of economic, industrial and diplomatic produced forces that resulted in this shift when combined with moral arguments that developed following the publication of *Confessions of an Opium Eater*. When these economic and political imperatives found an association of opium use with slavery the metaphor became useful. Metaphors of a sickened nation were harnessed to racial tensions concerning the

traditional uses of opium providing the rationale for a review of the international trade in opium. We might therefore conclude that the decision to abolish the use of opium served certain economic and political objectives, whilst simultaneously generating a self-perpetuating discourse concerning the new topic of discussion. The mad, the criminal and the homosexual had all previously been caught in this process of identification and cultural confinement.

The work of Foucault has faced intellectual opposition from those who dismiss his work as lacking rigour with such grand sweeping gestures. At their most generous his more trenchant critics have described his work as being closer to insightful literature rather than to a rigorous philosophical enquiry. Richard Rorty was reportedly discouraged by an unnamed but very distinguished analytical philosopher from reading Foucault (Prado, 2000), whilst Nola (1998) accused Foucault of offering a theory of truth, power and knowledge that was not as rigorous as Bacon's. This characterisation of Foucault's thought certainly underplays Foucault's broad erudition and especially his understanding of Bacon's thought and its place in the theory of rational government. This is particularly so in relation to the development of the need to prevent sedition and common sources of discontent that are summarised as 'problems of the belly and the head' (hunger and discontent). Bacon thereby provides us with a crucial connection between the economy, security and the idea of population. The micro-level analysis of the market,

the road and the toll become crucial features of this analysis just as the population, the town and statistical measurement become enabled at the macro level of the State. A complete system of thought concerning the idea of the state begins to take form at both the root and branch, one that requires considerable more control over the population:

That is to say must act on the consciousness of people, not just impose some true or false beliefs on them, as when for example, sovereigns want to create a belief in their own legitimacy or in the illegitimacy of their rival, but in such a way that their opinion is modified, of course, and along with their opinion their way of doing things, their way of acting, their behaviour as economic subjects and as political subjects (Foucault, 2007: 275).

Foucault spoke at length on the work of Bacon and Hobbes, who together might lay claim to innovation in governance of the idea of the nation state. For Foucault Bacon plays an essential role in the construction of the modern state:

The calculation of government, says Bacon, must be brought to bear on wealth, its circulation, duties, taxes and so forth, all of which must be the object of government. It is a calculation concerning opinion, that is

to say not how the Prince appears, but what is going on in the minds of the governed (Foucault, 2007: 275).

Rorty (1986) previously considered that Foucault was encountering the same territory as the pragmatist philosopher John Dewey who maintained a critique of democracy that emphasised the anti-democratic nature of institutions. Here we might add that these institutions that Foucault considers certainly resemble Althusser's *ideological state apparatus*. Althusser used Gramsci's idea of hegemony to develop the idea of cultural institutions that served a political purpose: the medical profession, the city authority, the school, the factory, each playing a role in constructing daily life. To say that Foucault claims originality of thought is very difficult for there is nothing new as such in his toolkit. Of course this is to misunderstand Foucault's endeavour if we think he provides us with any comprehensive theory but instead a range of pragmatic methods of enquiry. Arnold Davidson's (1995) conclusion that like a craftsman approaching each problem with a different approach, Foucault takes his philosophical toolkit each time in a different way, in order to produce a uniquely crafted work is the correct analysis of Foucault's method.

Most Anglophone philosophers made little use of Foucault's work at the time but his work has become widely popular in the English-speaking world. Eribon (1993) reports that the 1980s Anglophone analytical philosophical

tradition considered Foucault's work literature alongside Sartre's. Taylor certainly suggests that Foucault might best be considered 'view from nowhere' philosopher (Taylor, 1984). Taylor (Couzens, 1986) finds the notion of the Panopticon appealing especially the unconscious interiorization of norms but ultimately dismisses Foucault as a disciple of Nietzsche and as impossibly confused in terms of his concept of truth. Michael Walzer in 'The Politics of Michel Foucault' (Couzens, 1986) compares Foucault to a prose poet finding an innate conservatism tending towards reformism – an 'infantile leftism'.

The most extensive and rigorous philosophical discussion concerning Foucault's thought is continued by Dreyfus and Rabinow (1983) from the Kantian tradition. These authors find various fatal Kantian *doublet* errors, as previously discussed, in the earlier archaeological phase preventing the completion of a total theory. They find an argument in the early Foucault with Wittgenstein, Dewey and Heidegger concerning the role of human agency, against the background of meaningful cultural practices that they conclude Foucault cannot win. Foucault abandons both seriousness and meaning in his early phase, presenting speech acts that have no serious purpose against a background that provides no deep meaning. Thus they argue he is discounting the seriousness of his own statements.

Dreyfus and Rabinow recommend the genealogical approach in the form of Foucault's notions of objectification via the repressive apparatus of the state such as the prison, finding the notion of the Panopticon inspiring:

The Panopticon then is an exemplary technology for the disciplinary power. Its chief characteristics are its ability to make the spread of power efficient: to make possible the exercise of power with limited manpower at the least cost: to discipline individuals with the least exertion of overt force by operating on their souls; to increase to a maximum the visibility of those subjected; to involve in its functioning all those who comes in contact with the apparatus (Dreyfus & Rabinow, 1983: 192).

The increasing judicial role of the physician in modernity also enables the medical profession to adjudicate upon a range of legal cases involving precedence. The development of judicial thought introduced the idea of rationality and hence the concept of motivation. Where there was an absence of motive there also stood the space of 'unreason.' The case of Henriette Cornier, who, in 1826, murdered the eighteen-month-old child of a neighbour whilst in a state of melancholy, in an apparently motiveless murder, is a clear example. Similar notorious cases in courts also served the purpose of cementing and clarifying a new medico-judicial persona in the form of the

monomaniac. These cases in turn often spawn further civil controls that sprawl beyond their original legal boundaries. This is one of the ways in which the confessional process is taken up and developed into policy. The importance of confessional technology and the connectedness between this new form of power and the creation of human subjectivity are profound insights into the nature of power and truth according to Dreyfus and Rabinow (1983).

The importance of the Panopticon in both its practical and broader cultural-symbolic power is just one of Foucault's insightful visual metaphors. Dreyfus and Rabinow (1983) find a particular significance in the insight into the truth/power of such normalising technologies that they also perceive emerging from the social sciences. They dub Foucault's technique interpretive analytics:

A doctor can stand outside a patient and treat him objectively, but a practitioner of interpretive analytics has no such external position. The disease he seeks to cure is part of an epidemic, which has also affected him (Dreyfus and Rabinow, 1983: 202).

Prado (2000) adopts a different approach towards his defence of Foucault and addresses the analytical school of philosophy directly. Prado reminds us that the notion of the problem of the internality of standards is not new and he

remarks that Thomas Kuhn no doubt would agree that all scientific endeavours are beset by this problem including those that have achieved normalcy. It is essentially Foucault's contention in *The Order of Things* that the further we move away from the exactness of these physical sciences, the more that any such remaining claims of a true scientific objectivity becomes dubious.

Many commentators agree. Rorty (1986), like Habermas (1984), accuses Foucault of fostering disengagement and lacking a political programme, this has recently been echoed by Eve Sedgwick (2003), as noted in the previous chapter. Rorty characterises the Anglophone philosophical tradition in response to Foucault's early project when he says:

Whereas Descartes and Locke and Kant and the positivists and the phenomenologists have assumed the job of signs was to represent preexistent reality (even if only phenomenal reality, constituted by consciousness), I will show you a new way to look at what people say (Rorty, 1986: 42).

In the archaeological phase Rorty finds that Foucault mocks Husserl for the same failing of 'pure description' (Rorty, 1986: 41-50). For Rorty Foucault's early phase fails to provide a rigorous method or to provide a general theory. Rorty suggests that Foucault might be mistaken for a Hegelian

but reminds us that ultimately Foucault's project is for Nietzsche, an enemy of the idea of progress and a purveyor of 'self-indulgent radical chic'. Nevertheless Rorty maintains that Foucault's critique of the Hegelian enterprise is still valid. These authors find something of the conservative in this passiveness and unwillingness to set out a manifesto. Foucault was certainly not a member of the Communist Party for long and this placed him in the minority of French intellectuals of his era. It may be that this failure to join the communist movement has in turn also been compounded by a misunderstanding of Foucault's essential Nietzschean agonistic style. Foucault, no doubt would reply that it is the genealogist's job to diagnose a condition not to provide the cure; those questions are for other thinkers.

More recently Nikolas Rose (2007) has challenged this statement and argued that it the role of those working within the tradition that Foucault has established to make recommendations and to become more engaged in proposing solutions.

Despite his own self-acknowledged flaws there is a deep appeal to Foucault's approach that has led to an enduring influence. Gutting (2007) identifies in Foucault's thought, Canguilhem's idea of the distinction between concepts and theories. Concepts being theoretically polyvalent can create numerous possibilities for knowledge rather than discovering essences. Michel Serres (1999) finds the uses of geometrical idiom of particular interest

and later we shall discuss the use of visual metaphor as a one of Foucault's most successful means of illuminating difficult concepts and ideas.

Prado (2000) reminds us that Foucault's apparent mischief concerning the nature of the truth is actually well grounded philosophically in an understanding of wider debates concerning the nature of truth. He identifies five separate versions of the notion of truth that Foucault uses:

1. *Criterial* – relativistic and associated with regimes of truth
2. *Constructivist* – power produced truth
3. *Perspectivist* – truth as a function of interpretation
4. *Experiential* – truth resulting from enquiry or test
5. *Tacit-realism* – an apparent acceptance of ahistoric truths that appears contradictory

It is this last version of the truth – truth as 'tacit realism' – that Prado finds most intriguing. He suggests that Foucault is actually referring to the truth statements in the light of 'brute reality'. Foucault's project is often taken as dismissing the existence of such a reality, however this is a misrepresentation. Foucault states that he is not interested in the business of discovering the ensemble of true things that are there to be discovered in the world. By this he means that he is interested only in those statements that confer truth and

how truth itself is conferred rather than any apriori 'truth' as such. Therefore the nature of madness is of no import other than how it is managed in each changing age. The existence of an external truth is acknowledged as a fact but also opposed in the sense that Foucault opposes essences or natures. In this sense every discourse is finally incomplete and lacking in comprehensiveness. Ultimately what Foucault opposes is the 'not the world but ultimate commensurability and descriptive completeness' (Prado, 2000: 152). It is not the fact of madness or of sexuality that Foucault is interested in, he wishes to consider how these discussions are constantly made fresh by experience and how truth comes to be defined by the 'normative, conventional, discursive constraints of the language game'.

Truth is in the Future

In his last interview Foucault (1996) wanted us to know that he was a Nietzschean and he spoke of the one time that he written on Nietzsche. The essay 'Nietzsche, Genealogy, History' (Foucault, 1991b) must be the jumping off point for any genealogy of the present. In this work Foucault explores the parodic, dissociative and sacrificial uses of knowledge that he detects in Nietzsche's work. By the *parodic* I mean that a genealogy of morals is opposed to the notion of history as any accurate reminiscence of the past that corresponds exactly to what actually happened. The role of the genealogy therefore is to expose that each prevailing historical view is written from the

point of view of the present. History is therefore not an objective discipline in the mind of the genealogist and this truth reveals something more than the apparent disinterest of the supposed scientific enquiry into social problems.

In terms of the *dissociative*, this opposes any particular tradition or method that explains history from the point of view of the present as the best of all possible outcomes. Finally a genealogy is *sacrificial* in that it is opposed to the notion of history as having any correspondence with any particular all-encompassing idea of truth in history. There is no march of progress for the genealogist; there is rather a collective illusion of progress that masks further, the progress of a blind domination of silent impersonal forces that no individual can control.

There are only truths in Foucault's relativistic universe not one particular truth. In one of his lectures Foucault discusses the Enlightenment liberal notion, of a history that speaks from a perfect present. This is the voice of the repressive hypothesis in drugs. This point of view perceives the present as the fullest moment; a moment that is always better than what went before:

Once history is polarized around the nation/State, virtuality/actuality, functional totality of the nation/real universality of the State, you can see clearly that the present becomes the fullest moment, the moment of greatest intensity, the solemn moment when the universal makes its entry into the real. It is at this point that the universal comes into contact with

the real in the present (a present that has just passed and will pass), in the imminence of the present, and it is this that gives the present both its value and its intensity, and that established it as a principle of intelligibility. The present is no longer the moment of forgetfulness. On the contrary, it is the moment when the truth comes out, when what is obscure or virtual is revealed in the full light of the day. As a result the present both reveals the past and allows it to be analyzed (Foucault, 1998: 227-228).

The Anglo-American analytical consensus concerning the work of Foucault is well summed up by Scull: it is an endeavour that is built upon 'the shakiest of scholarly foundations and riddled with errors of fact and interpretation' (Scull, 1990) and yet Foucault has had more influence in the English speaking world than any other philosopher of his era.

Rorty finds Foucault's work atheoretical and hostile to the rationalist project. Habermas (1984) makes a claim that Foucault is essentially a Young Conservative in his passivity. For David Couzens-Hoy (1986) these positions are based on a misunderstanding that Foucault was opposed to the Enlightenment project, a position that he later clarified with his 'What is Enlightenment' (Foucault, 1984). In the later genealogical phase Foucault acknowledges that humans are agents that make meaningful actions against this background but he also emphasizes the blind forces and the Ubuesque outcome. His preoccupation becomes the battleground that these blind forces

create and the local struggles that continue to form the present, particularly the development of social norms and the role of institutions in disseminating these norms:

I know very well that what I have done from a historical point of view is single minded, exaggerated. Perhaps I have dropped out some contradictory factors. But the book had an effect on the perception of madness. So the book and my thesis have a truth in the nowadays reality (Foucault, 1996: 301).

Foucault's notion of the connection between power and the truth is ultimately based upon the idea of a never ending racial, cultural and class struggle that was originally conjured up by Nietzsche in *The Will to Power* (1968) and also in *The Genealogy of Morals* (2002). This struggle Foucault later explained by turning Clausewitz's aphorism 'war is an extension of politics' on its head by asserting that 'politics is the continuation of war by other means' (Foucault, 2003b: 47-48). Nietzsche and Foucault claim that it is the winners of these constant struggles who are the ones that speak their truths and that they consequently provide us with our regime of truth.

Foucault's is not a theory of truth but a critique of how truth is constructed. Traditional assumptions that see truth and knowledge as opposed to power are contested particularly within *The History of Sexuality Part One*. That truth,

knowledge and power are inextricably intertwined in the process of domination over the body and subjectivity itself is Foucault's insight. This reading of Nietzsche is always on the side of the oppressed body of the individual subject.

There will be no end to the struggle over the body of the opium consumer, instead a constant provocation between the opium consumer and various sectoral, professional, financial, diplomatic and industrial interests that blindly led those bodies towards the needle and then named those opium consumers junkies for their pains. In answer to his critics Foucault replied:

People will say, 'You see, he's a liar'. But let me try to say it another way. I have written a book about prisons. I have tried to underline trends in the history of prisons. 'Only one trend,' people could say. 'So that's not exactly true.' But two years ago there was turmoil in several prisons in France, prisoners revolting. In two prisons, the prisoners in their cells read my book. They shouted the text to the other prisoners. I know it is pretentious to say, but that's a proof of truth – a political and actual truth – which started after the book was written. I hope that the truth of my books is in the future (Foucault 1996: 301).

Dreyfus and Rabinow are struck by the similarities between Foucault's notion of epistemes and Thomas Kuhn's theory of paradigm shift in normal science.

They state that Foucault has posited a similar principle in human science. They remind us that rules derive from paradigms but that paradigms do not require rules. A Nietzschean might well have asked how was it that the traditional uses associated with opium that had persisted for centuries were separated from a hedonistic purpose.

A new sovereign discourse was generated at first by the New York City physician, Harry Hubble Kane around the use of opium (1881a, 1881b). Kane developed a discourse that had previously been developed by Henry Fielding and William Hogarth and that most recently had been deployed by Dickens. The ancient judicial right to take life by the sovereign had been supplemented by a new system of power:

And I think that one of the greatest transformations political right underwent in the nineteenth-century was precisely that, I wouldn't say exactly that sovereignty' old right – to take life or let live – was replaced, but it came to be complemented by a new right which does not erase the old right but which does penetrate it, permeate it. This is the right or rather precisely the opposite right. It is the power to 'make' live and 'let' die (Foucault, 2003b: 241).

A discourse was created that harnessed notions of sexual, racial and class struggle and that also spoke of war within the bourgeois family. This

discourse implicated the Chinese and their practice of smoking opium in the corruption of the morals of American youth in 1881. Later this voice was developed by Hamilton Wright – who found the Black cocaine user – and Harry Anslinger – who found the Mexican marijuana smoker – catching each in a net of words that had originally been spun by two poets one hundred years previously. In this fashion, from one localised struggle to another, the campaign against opium proceeded whilst the new episteme concerning opium was further deployed in the racial skirmishes of the era. The use of the needle was promoted within the bourgeois family and then subsequently disseminated beyond the consulting room into a rapidly changing social milieu. The traditional uses of opium were under increasing control.

No individual could have foreseen the consequence of the confluence of these two phenomena, the dissemination of the needle and the suppression of opium smoking. The physician played a significant role in both trends supporting the suppression of traditional uses of opium and promoting the new technologies of the syringe and within the culture of the enthusiastic promotion of the newly invented pharmaceuticals that were prepared for injection. The promotion of new pharmaceuticals followed a typical path, often portrayed as wonder drugs at their invention. Various patent cures for the consequences of previous waves of drugs contained even stronger formulations of the same drug. Thus morphine, cocaine and heroin all came

prepared for injection and each went through a period of enthusiastic promotion followed by repentance.

The first repression was focused on the practice of opium smoking, a practice that had no medicinal role and that was associated with sin and vice. This practice was observed in the United States by Kane in 1881 and became the subject of local police operations, increasing taxation and finally the object of the first domestic Act of 1909:

That opium smoking is a vice that imperatively demands careful study at the hands of Americans is made manifest by the fact that the practice comparatively unknown amongst us six years ago is now indulged in by some six thousand of our countrymen, male and female, whose ranks are being daily recruited from the over-curious, foolish, indolent, or willfully vicious: that large and small towns in the West and large cities in the East abound in places where this drug is sold and been obliged to depend upon the word of the habitual smoker, which is not always reliable (Kane, 1881a: iii).

Thereafter the smoking of opium was considered the most forbidden and the first prohibited of all forms of use. In Kane's other work of that year he focuses on the spread of the hypodermic syringe. The physician notes a case that had taught her husband how to inject:

I knew of one example where the wife, a young woman of eighteen, contracted the habit of using the drug subcutaneously, through the carelessness of her physician. The husband began then to use it himself, and to-day the two are separated, the wife partially insane, the husband a confirmed habitué and also an alcoholic drunkard (Kane, 1881b: 26).

The spread of injection without any medical purpose was underway and one day the former opium smokers would discover this device. The uncontrollable persistence of injection drug use beyond the consulting room can be noted in the very first patients of Wood, with at least one woman being sent to a remote spa following hundreds of injections (Howard-Jones, 1947). Howard-Jones goes so far as to express concern about the collective silence that fell upon physicians of the era.

Thus the silent forces of science, diplomacy and economics become fixed on the body of the opium eater with a new inner-vision that was borrowed from the confessionals of DeQuincey and Coleridge; they would lead ultimately to an international prohibition that would in turn accelerate the decline of the trade in opium and the emergence of injection drug use. This phenomenon occurred via numerous personal tragedies, combined with professional blunders, leading to unintended consequences. The opium dependent rebels that would not submit emerged from the campaign for the abolition of opium

and marched towards the needle. The deployment of sovereign power embodied in the suppression of the opium smoker resulted in rising import duties for all forms of opium in the United States. This in turn led to growing incentives for smuggling. Courtwright notes the ‘black market virtues’ (2001: 111) of heroin. An illicit market emerged that would value the reduced bulk and increased strength of the newly invented pharmaceuticals, that were designed for use with the hypodermic syringe.

The Cold Monster

The prowess of a people must of necessity be influenced decidedly by a vice that affects so many of its number. This is more so when the individuals addicted to the practice are not herded together in one part of the country, but are spread over a large part of the country, indeed the whole of the empire, for then, by association and intermarriage, the spread of the vice and the preparation of its ill effects, though less marked in point of intensity, more directly affect the people as a whole (Kane, 1881a: 145).

At the centre of the genealogical critique of history is the question of the normalcy and the normalisation of the human sciences. The consequences for those dubious disciplines that fail to achieve the ‘threshold of scientificity’ is that they are condemned to ideology. Here also is a pragmatic concern with

the implications therefore for the human sciences that stray into the realms of morality and human behaviour. There remains the question of whether we are discussing statistical notions of normality or creating the appearance of quasi-scientific models of moral norms. Sudden shifts in epistemological thought within normal science preoccupied Foucault's contemporaries, with both Gaston Bachelard and Thomas Kuhn preoccupied with revolutions in scientific thought. Foucault considered similar shifts in the human sciences concerning madness, crime and sexuality. That the human sciences do not provide their own intelligibility therefore is a matter of little concern to most that work within the knowledge producing industries that have grown around the body of the injecting drug user. This knowledge however leaves open the question of the validity of the current psychiatry dominated, addiction based medico-juridical episteme within which we currently work.

The idea of the nation state is closely related to the development of statistics as a discipline. The search for the quanta of happiness led to an 'avalanche of printed numbers' that occurred in the eighteenth and nineteenth centuries (Hacking, 1999: 35-36). This avalanche produced tables of figures of opium imports and exports, estimated numbers of opium eaters, encouraging enquiries into the scale of opium use amongst the working classes, leading to investigations into the demography of opium smoking, poisonings and suicides. Few observers questioned the essential truth statement that opium eating and smoking for pleasure or in a dependent

fashion was either a 'sin, a disease or a vice' by the end of the century. It might, at first, seem of less interest to consider the practice of such disciplines rather than the theories that they claimed but analysis of practice in 'drugs' often reveals a surface that is far more interesting than the theoretical content. Thus the continued management techniques of the prison system and the asylum become of greater interest than failed theories of reform. The deployment of sexuality within the bourgeois family is of more interest to systems of power than the sexual behaviour of the masses (Foucault, 1996). This unveils a deeper layer of understanding and this is certainly the case for those families first affected by the hypodermic. The incarceration and inhuman treatment of the mad becomes the crucial feature of *The History of Madness* (Foucault, 2006a), not the varying theories of the causation and cure but the role of marginal populations during changing economic and industrial times. Similar processes can be found at work in the construction of the addict and alcoholic identity. The intelligibility of human sciences is not to be found in those specious degeneracy theories that linked themselves to the anti-opium movement but in the identification of the opium eater as an object of public discourse. We can see these as part of a larger set of organising practices of the management of those that do not serve the interests of the new economic systems produced during the Enlightenment. In the case of the abolition of opium this is most evident that in cementing their own status during the nineteenth-century the bourgeois used opium as one of the levers to establish

its difference from the other classes, particularly the decadent aristocracy and later, the feckless working classes.

These are the essential core statements of the genealogical analysis of history and we might find that behind the apparent opposition between the United States and Great Britain's policy concerning the role of the physician, a much more pertinent and broader question emerges concerning the abolition of opium and the international consensus that was established. The rise of injection drug use appears to mirror the decline of opium as a product and to respond to this decline as a form of resistance. We can tentatively claim that these two phenomena are deliberately yet unconsciously connected as a result of the ongoing suppression of the opium trade. The increasing prevalence of the opium smoking behaviour amongst gamblers, prostitutes, delinquents and those on the edge of society during the 1870s (Parssinen, 1983) also enabled the creation of a new sub-class of human beings. The repression of this form of opium use led these individuals towards morphine, later heroin and also prepared the path to the needle.

The 'problem of power', reveals the ordering of objects into a field, combined with the exclusion of certain objects and an increasing rarity in discourse concerning the domain of these objects. That this principle was originally espoused for sexuality is true but we find these principles apply equally to the prohibition of opium following the construction of the opium eater as an object and subject of public policy.

The human sciences have collectively failed to reach the threshold of scientificity that is required for the title of ‘normal science’ and yet they thrive in the world of addiction research. This lack of normalcy has resulted in the development of parasciences that have similar structures and systems of knowledge to normal sciences but that fail to notice their own lack of rootedness at the fundamental and material level of pathological or formalised evidence. We still seek in vain for the material condition that can be treated and cured that causes alcoholism and addiction. That these practices are spawned by a discourse with no firm foundation is irrelevant to the efficacy of a system that produces truth. That no working class movement ever existed for the abolition of opium and that the proponents were primarily self-interested medical professionals and evangelists with an eye upon the perfection of all humanity is of little concern to the huge industry that clusters around the body of the injecting drug user.

There has developed in the human sciences an intimate connection between power and knowledge. Political rationality moves beyond Machiavelli’s maintaining of the Prince upon his throne to become an end in itself following the Classical Age which Foucault defines as commencing with Descartes publication of the *Meditations* (2010). Opium itself became a means of the growth and increasing purchase of the British Empire for its own purpose through the objectification of the bodies of opium users as consumers. Consequently this process led to the pastoral subjectification of

domestic opium using individuals later. The rapid spread of subcutaneous injecting that was to lead to a wave of intravenous injection in the first decades of the twentieth-century was the consequence of these manoeuvres during the second half of the nineteenth-century. These forces against opium met with other processes aimed originally to produce disciplined docile bodies within the bourgeois domestic space. Instead this led to the dissemination of the hypodermic syringe amongst those opium smokers that were resisting the suppression of opium smoking amongst the criminal milieu of the United States.

Hierarchical observation and normalising judgement form the basis of the rules of bio-power, we can see very clearly that there was shift towards the establishment of new social mores around opium and the discovery of inebriety finalised the construction of the notion of addiction. This period saw the growth of the journal, the periodical and the rapid dissemination of ideas through the popular press. The interest of the 'slumming press' in opium smoking and the later use of opium within the genre of the sensation novel further emphasised the importance of opium as an agent of ill. This cemented a connection between opium and crime through the association of the 'sporting' class with opium smoking. An increased channelling of human activity through the multiple agencies of bio-technico power led to the sorting of the opium eater, the opium smoker and the morphinomaniac. This has in turn led to new challenges and new forms of resistance to this power in the

form of injection drug use. Resistance such as the spread of subcutaneous injecting behaviour and the further rapid spread of intravenous technology during the 1930s (O'Donnell & Jones, 1968) are all crucial examples of the consequences of this sorting. It is wrong to assume that the spread of injection drug use is simply the march of progress. This hides the increasing scarcity of opium during the later years of the nineteenth-century and the early decades of the twentieth century combined with those dubious black-market charms of heroin and the needle.

The two phases of confessional technology as posited by Dreyfus and Rabinow (1983) are first, the uncritical acceptance of the truth of self-reporting and the clarity of personal insight. This is particularly problematic with regards to addiction or rather discourse concerning addiction given the emotive nature of the topic. Second, the establishment of a self-referential hermeneutic disciplinary knowledge concerning the abovementioned addiction essence enables the creation of a new industry. This industry takes the addiction notion as a scientific fact enabling with the subsequent exclusion of the voices of those affected by the condition with a technical language that explains the new condition.

Subject based social sciences are therefore groundless and prone to ideological influence. Purposeful calculated behaviour in the local setting thus becomes bounded ultimately within a rule-based approach towards such introspections without any need for a predictive explanatory theory or

evidence of cure. The local cynicism of power provides the final impetus and credo for the thriving of these new industries despite the inadequacy of the intervention. Thus the Panopticon, that meticulous ritual of power sprawled beyond the prison walls and into the workplace, schoolroom and barracks.

A world of objects emerges within the normalising gaze, a world that must be sorted and categorised. Also through the process of objectification we encounter a world of subjects that appear in order to be normalised. From the standpoint of the universal intellectual the unreason of the opium eater can be brought into these fields. Strategy ultimately is the government of free men and women, a reciprocal process and it is significant that we speak not of institutions but rather of how to structure the field of possibilities in order that decisions are influenced beforehand. The use of opium became increasingly the subject of a new taboo, options for its use narrowed with the intention ultimately of extinction of the behaviour. The importance of this new form of power is that it must constantly cloak itself and hence the notion of ‘addiction’ provided a technical condition that was subject to the domain of medicine. The game of communications and the relationships of domination that emerge from our treatment of opium provide us with a perfect example of salvation-oriented power at work.

Medicine and the Sovereign Voice

Concerning the expanding role of the physician in modernity Foucault observed the extrusion of medicine into the domain of poverty:

This is reminiscent of an idea made familiar by Cabanis, that of the doctor-magistrate, to whom ‘men’s lives’ would be entrusted by the community instead of ‘leaving them to the mercy of mountebanks and gossips’ he would act according to his belief that ‘the lives of the rich and powerful are no more precious than those of the poor and weak’; lastly. He would be able to refuse help to public malefactors (Foucault, 1966: 48).

Disqualified and suppressed knowledge from the past are what defines the genealogy. The present-day construal of the ‘addict’ grew from the earlier image of the ‘inebriate’. This archetype in turn was later classified as the sub-species ‘morphinomaniac’. All of these were originally named ‘the opium eater’. How these various identities emerged from one common root is clearly a topic of interest for the genealogist and we will trace these steps later.

Foucault’s complex toolbox is ultimately a collection of the ideas of other thinkers applied to the context of social science and institutions operating within the political-power environment. Foucault returns again and again during his whole body of work to the question of the malleability of

subjectivity and of a world filled with truth(s). It is here that in a sense both his critics and his supporters part company as to the importance of these insights into history. The pessimistic dystopian perspective frustrates those that have a simple faith in progress and the idea that reason and truth are synonymous. For Foucault there is no one single truth in history, there are only truths, everything is relative to the viewer. Nothing is absolute beyond domination, violence and the struggle of each against all. Prado (2000) considers that this is certainly supported by the failure of correspondence theory in philosophy: those statements concerning the truth that refer directly to verifiable facts, reminding us that Kuhn proposes a similar notion for the normal sciences. Hacking (1999) proposes that Foucault's worldview chimes with the prevailing current of anti-deterministic theory in relation to the stochastic understanding of the nature of reality.

Foucault considered that all the dubious human sciences and history especially has an ideological purpose. It is of interest that the deeply embedded epistemes and discourse-myths of a certain historical period often serve both sides. In his lecture series in January 1976 Foucault (2003b) dealt with the topic of the *Sleeping King* myths of history. Foucault finds that both sides of an argument find the truth of a lost Kingdom in French mythology and each share the idea of a lost leader. The story of *Sleeping King* became the main paradigm for the Enlightenment struggle leading up to the French

revolution. At first this mythology was proposed by an aristocrat against the Monarchy and later repeated by the Revolutionaries.

Thus an ancient French mythical discourse of the fall of Troy referred to an original myth of the Romans that was in turn used to explain the conquest of the French by a foreign invader. Thus the decline of Rome and the invasion of the Franks were used to both support the aristocracy at one point in the beginning of the seventeenth century and later to serve the needs of the revolutionaries of the Revolution, ultimately to become the race struggle discourse of all:

The discourse of race struggle – which, when it first appeared and began to function in the seventeenth century was essentially an instrument used in the struggles waged by decentred camps – will be recentred and will become the discourse of power itself. It will become the discourse of a centred, centralized and centralizing power. It will become the discourse of a battle that has to be waged not between the races, but by a race that is portrayed as the one true race, the race that holds the power and is entitled to define the norm, and against those who deviate from that norm, against those who pose a threat to the biological heritage. At this point we have all those biological-racist discourses of degeneracy, but also all those institutions within the social body which make the discourse of race struggle function as a principle of exclusion and

segregation and ultimately as a way of normalizing society (Foucault, 2003b: 61).

It was Nietzsche, Foucault suggests, who originally found ‘something of the festival’ in the spectacle of punishment (1991a: 259). It is Foucault who later provides us with the grim details of a hanging, drawing and quartering of the regicide, Damiens in *Discipline and Punish* (Foucault, 1991a) and who proclaims the genius of De Sade. Much of Foucault’s best conceptual work is visual and artistic, for example his treatment of the philosophical construct of the knowing subject through the painting ‘Las Meninas’ by Velasquez (Foucault, 2002). The use of the Panopticon as an explanatory device for the spread of the notion of surveillance is another visual image that serves a philosophical purpose. The Panopticon reveals a level of knowledge, both practical and conceptual at the same moment revealing something new about power.

The consulting room can most certainly be viewed as a site of such a form of power; this is the site where the needle leapt from the physician’s hand into the hands of the patient. The syringe, when combined with morphia, became an effective tool for an ancient trade. It became such a solution that it was used for acute rheumatism (Gillard, 1871), sciatica (Walker, 1860), vomiting during pregnancy (Harrison, 1869), for cancer and all painful conditions of the breast (Pritchett, 1867). The physicians were slow to notice that so many

patients never finished their treatments and the profession dragged their feet as they deliberated. The medical profession attempted to monopolise the power of pain reduction and to exclude the euphoria of the opium smoker and the opium eater but they had lost control of the phenomenon that they had created. The consequences can perhaps only seem inevitable in hindsight but speaking in 1947 Howard-Jones provided us with an unsentimental assessment:

Enough has been said to show that the dangers inherent in morphine injection were not anticipated, and were for several years quite unrecognized. Even when morphine addiction had developed on a wide scale, the medical profession was extraordinarily slow to admit its significance, and sought refuge from unwelcome truths in sophistry and rationalizations (1947: 234).

Few of the physicians that were developing the use of syringe technology combined with morphia had any other view than that they should have the total monopoly of the distribution of pain controlling medication. The pleasure that was to be gained from opium was not their concern beyond its banishment into the realm of unreason. Many physicians concurred with evangelists that there was no place for intoxication and sought control over pain in an ideal world without euphoria. That the truth that this would never

be the case was evidently in front of their eyes remains a rarely unearthed object in historical discussion.

Theodore Taylor, Liberal member of the House of Commons, stated in 1906 that the Indo-Chinese opium trade was ‘morally indefensible’. By this period of history the settled view concerning opium had turned against the drug. Following the negotiations around the Hague conventions a senior British diplomat, William Collins summed the proceedings thus:

The ‘official-minded’ distinction, sometimes attempted, between the evils of opium smoking and benefits of opium eating on the other, or between the relatively harmless effects of opium on the one hand and the perniciousness of morphine and cocaine on the other, can no longer be sustained. That these drugs whose use leads to repetition and at least to habituation, when so used give rise to volitional palsy, oral degradation, vice and crime, is in fact now authoritatively and internationally now recognised. It has further been agreed that the consequences of the trade in and the illicit use of, the drugs in question is such that civilised Powers should do what they can to put a stop to so flagrant an abuse (Davenport-Hines, 2002: 161).

Certain statements concerning opium and the use of the drug were accepted. To their speakers these truths no doubt appeared self-evident statements

concerning a timeless condition that needed abolition. Opium addiction was a disease much like alcoholism and it was also an unwanted form of slavery against the free will and also a euphoric that was associated with depravity that must be excluded from a healthy society. These truths were now deeply embedded in the truths of scientists, politicians, diplomats and physicians. Certain views concerning opium became accepted as natural. Without any deep epistemological roots these ideas became entwined with the shifting trade and diplomatic relations of nations during an industrial revolution in medicine and pharmaceuticals.

An alliance of Enlightenment mythologies concerning the health of the nation and the degeneracy of the species emerged as the predominant discourses around opium use. These were accepted as natural and self-evident from the powerful medical, political and scientific institutions of the age. These combined with the much more ancient: taboo-prohibition and purity-abstinence discourses concerned with the purity of the race that were conjured by poets. Thus an alliance against opium intoxication began to form between physicians, temperance activists and politicians; one that concurred with the interests of diplomats and a professional medico-juridical episteme that had international dimensions. The alliance was illustrated by the efforts of American and Chinese diplomacy against the opium trade, and the British Empire's interests in that trade. At the international level this emphasis enabled American and Chinese diplomacy against the background of the

opium trade and the British Empire's interests in that trade. Coleridge and DeQuincey had caught this process in their confessionals and these same currents of thought were now turned inwards towards domestic populations:

Viewed from any stand-point the practice (opium smoking) is filthy and disgusting; is a reef that is bound to sink morality; is a curse to the parent, the child, and the government; is a fertile cause of crime, lying, insanity, debt, and suicide; is a poison to hope and ambition; a sundered of family ties; a breeder of sensuality and, finally impotence; and a thing to be viewed with abhorrence by every honest man and virtuous woman (Kane, 1881a: 153).

The priest, the publicist and the physician-scientist all agreed briefly to turn away from their determinism versus free will debates concerning inebriety, in order to construct a new moral discourse concerning the use of opium for intoxication that was coming from the orient and threatening the very way of life of the British Empire. Other nations concurred with the diagnosis and encouraged the abolition of the trade. The trade was wrong and the users of opium were therefore also wrong and needed to be corrected. The evidence for this assertion comes from DeQuincey and Coleridge and their physician peers. It was poets who had earlier developed such anti-oriental themes within their own opium confessions and that gave the first campaign against the Chinese in United States their voice. These threads were taken up by writers

of fiction such as Collins and Dickens and subsequently by Conan Doyle and Oscar Wilde who drew together a vast tapestry of fictional narratives that portrayed opium as an agent of evil. These reflect and no doubt popularised negative images of opium and its users against a background of anti-orientalism. Sax Coburg's *Fu Manchu* novels of the first decades of the twentieth century crudely cemented the link between the sinister Chinese archetype and the drug trade, combined with lurid sexual suggestion. This reached a climax when Chinese residents in a Welsh port picketed the film *Cocaine* (Kohn, 1992) to protest against the racist assumptions that were made about Chinese people in the film. The purpose of 'drugs' had developed as an explicit racist discourse that was later to apply to a range of other stigmatised racial and social castes that were labelled as shameful by association with particular types of drugs. Ultimately this process was to find its most stark form in the figure of the junkman.

PART TWO

Structure, Monsters and Poets

When I was up and walking around, a psychiatrist came to interview me. He was very tall. He had long legs and a very heavy body shaped like a pear with the narrow end up. He smiled when he talked and his voice was whiny. He was not effeminate. He simply had none of whatever it is that makes a man a man. This was Dr. Fredericks, head psychiatrist of the hospital.

He asked me the question they all ask. "Why do you feel that you need narcotics, Mr Lee?" When you hear this question you can be sure that the man who asks it knows nothing about junk. "I need it to get out of bed in the morning, to shave, to eat breakfast." "I mean psychically." I shrugged. Might as well give him a diagnosis so he will go. "It's a good kick." Junk is not a "good kick." The point of junk to a user is that it forms a habit. No one knows what junk is until he is junk sick. The doctor nodded.

Psychopathic personality.

William Burroughs, *Junky* (2008)

CHAPTER THREE

Sorting



Marcus Aurelius is reported to have written his *Meditations* under the influence of opium.

*Nineteenth-century theories on pain control - Vitalism and opium -
iatromechanical view on opium - Descartes, Leibniz and pain - eighteenth-
century experimentation - Galen and opium- spiritus animales and addiction
- classification - grids and tables - the idea of self-control - opium as poison*

There was disagreement amongst physicians in the 1850s concerning the cause of pain relief and the precise reason for the efficacy of the hypodermic syringe when combined with morphine (Howard-Jones, 1947). In the seventeenth and eighteenth-centuries, studies in experimental pathological enquiry had already produced evidence that had already revealed the importance of nerves and blood. By the middle of the nineteenth-century these debates continued to occur in the context of the needle. The localised treatments, close to the nerves that Alexander Wood, the inventor and publicist of the hypodermic proposed were opposed by Charles Hunter. It was Hunter who refined this device with a bevelled edge, but who asserted a generalised process for the causation of the pain relief that was related to the bloodstream. The debates concerning the causation of the pain relief became the subject of the report that endorsed Hunter's theories of the role of the bloodstream produced by the Royal Medical and Chirurgical Society in 1867.

These debates led back two hundred years to the beginning of the Classical Age (1639-1800) in the mid seventeenth century with the resurgence in rational enquiry prompted by Descartes and that were still current in the eighteenth-century. Vitalism was a medical doctrine that was in vogue during the late eighteenth-century, which proposed that a 'vital spark' of life itself that is more than the sum of biochemistry. This notion was borrowed from the ancients during the Classical Age and the 'vital spark' is embedded at the basis of the notion of addiction when we speak of the cravings or of the

pleasures associated with narcotics. Dr. John Brown was an enthusiastic proponent of this doctrine. Brownian theory (Risse, 1988) proposed that the nerves contain a *spiritus animale*; a spark of life that is common to all living animate things and that illness exhausted this spirit hence the physician proposed that the consumption of *stimulants* such as brandy and opium was the best medicine.

It can be said after Richard Toellner in 1971 (Maehle, 1999: 130) that Descartes' dualism freed pain from its traditional role as a test sent by God. From that moment the investigation into the power of opium began. What followed was the conceptual separation of pleasure from pain, and hence the splitting of the spirit from the body. The result was the concealment of the essence of opium – the pleasure it offered – beneath the rational benefits of its pain-relieving agency. The beginning of the end for opium and its traditional uses began with these enquiries and the active promulgation of opium as a panacea. The notion of a peculiar exhaustion caused by opium forms the foundation of the way we think about the physical element of the *dis-ease of the will* that we now call habituation. The eighteenth century posited a metaphysical process of the stimulation of ineffable forces through opium leading to an exhaustion of the animal spirit and ultimately a debasement of the will. It was within this construct that Coleridge and DeQuincey understood their mutual condition and to a large extent this is the way we think of the mystery of addiction to this day.

Against this metaphysical model we can contrast the mechanical system that emerged with Harvey's discovery of the bloodstream, something entirely material wherein the laboratory could open up new vistas of human knowledge. Hooke, Wren and Boyle experimented with intravenous infusion at the Royal Academy. These experimenters observed overdose but took little notice of intoxication nor habituation nor withdrawal (Maehle, 1999). Enquiry was divided into two: the *chemiatic* and the *iatromechanical*. Chemiatic enquiry focused upon the properties of the spirit whilst iatromechanical study focused upon the quality of the blood.

These two theoretical approaches eventually became the essential foundations for the psychic and physical understanding of the effect of opium. What had enabled this sudden upsurge in interest into the properties of opium? Surely the conquest of pain was at the heart of the adventure but the shadow of pleasure was always present. Toellner, in 1971, argued that the Cartesian division had enabled the separation of the physical causation of pain from the previous notion of divine suffering that placed us in the hands of God's will and that placed such experiences as a test (Maehle, 1999: 130). This, Toellner claims, became a natural force that was considered similar to hunger and thirst, a manifestation of bodily disorder and therefore entirely physical. Thus pain was no longer considered as a form of spiritual test. In Descartes' opinion pain was the sign of the functioning of the body in the perfect order, indicating

a need that might be corrected like hunger or thirst, thus pain became the object of experimental enquiry:

Nature also teaches me by the sensation of pain, hunger, thirst, etc. That I am not only lodged in my body as a pilot in a vessel, but that I am closely united to it, and so to speak so intermingled with it that I seem to compose with one whole (Descartes, 2010).

Leibniz also made a clear connection between moral and physical evil, arguing that they were necessary, thus enabling the control of pain to become an object of the Enlightenment (Griffin, 2012). The subject of pain came to be seen as comparable with thirst and hunger, preventable and apparently governed by natural laws.

The peculiar intoxication associated with opium had been noted as early as the 16th century. These observations were drawn from the travel writings of physician and botanist Pierre Belon and his travels between 1546 and 1549 in Asia Minor (Maehle, 1999: 207). By the end of the eighteenth-century much was known about the mysteries of opium. There appear to be over one hundred and fifty articles written concerning the nature of opium during the seventeenth and eighteenth centuries (Maehle, 1999). Investigators had already identified habituation, withdrawal, overdose and the delirium that is associated with ever increasing doses.

Foucault defines the period following the advent of rationalism as a crucial period and uses the term Classical Age to define this period. The era precedes our current understanding of scientific method but was nevertheless a crucible of investigation prior to the Enlightenment wherein medical theories that had been taught in the court of the Roman Emperors met with alchemy, magic and mathematics that in turn generated an increasing interest in experimental and pathological enquiry. Interest in ancient classical thought generated these new ways of thinking that would eventually develop into the normal sciences and medicine. What is significant therefore is that during this period, ancient medical notions were accepted as readily as new theories that emerged from the increasing interest in the formalisation of applied mathematics, the practical experimentation at the Royal Academy and the emergence of the sacrilegious art of pathology at the margins of the cemetery. The resurgent interest in opium grew during this Classical Age with Sydenham proclaiming in the late seventeenth century:

... here I cannot but break out in praise of the great God, the giver of all good things, who hath granted to the human race, a comfort in their afflictions, no medicine of the value of opium, either in regard to the number of diseases it can control, or its efficiency in extirpating them ...
Medicine would be a cripple without it; and whosoever understands it well,

will do more with it alone than he can hope to do from any single medicine (Berridge & Edwards, 1981: xxiv).

Sydenham's original preparation for laudanum, containing the *warming* saffron, was still available in the British National Formulary, the catalogue of licensed pharmaceutical products until 1982 (Scarborough, 1995). John Jones found:

It causes a most agreeable, pleasant, and charming sensation about the Region of the Stomach, which if one lies, or sits still, dilutes itself in a kind of indefinite manner, seizing one not unlike the gentle sweet Deliquium that we find upon our entrance into a most agreeable Slumber (1701: 20).

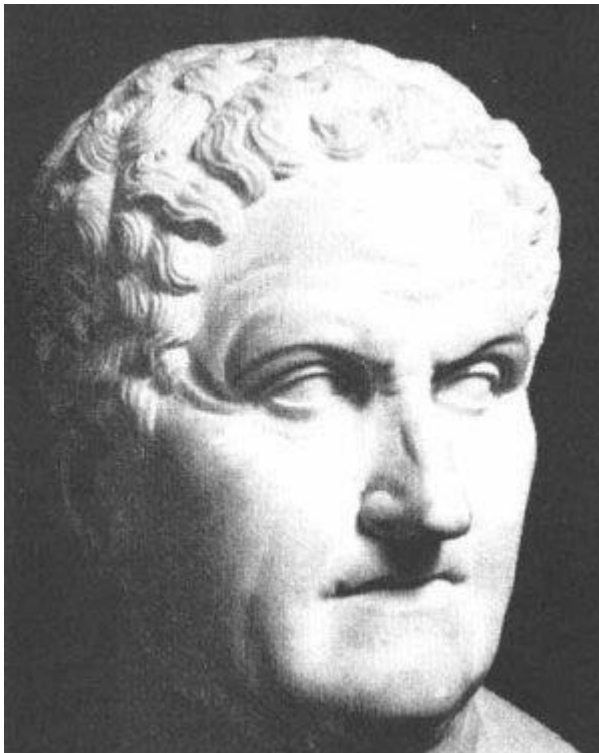
Eighteenth-century experimenters appeared to be well aware of the danger of overdose with opium and of sudden death as a result of such an accident or the occasional deliberate administration of the drug. Opium had been used as an agent of suicide in antiquity and was the cause of death of the father of the Roman senator Publius Licinius Caecina in AD 77 (Scarborough, 1995) according to Pliny.

There appears to exist throughout the seventeenth and eighteenth centuries some moral concern with the habit of opium use amongst those experimenting with the drug. In 1679, Jakob Waldschmied observed the liberal use of opium as a therapeutic indicating that the drug had two faces like a coin, with an angel on one face and a devil on the other. Waldschmied (1644-87), a Marburg professor of medicine (Maehle, 1999) like Willis worried about the indiscriminate use of the drug in medicine for all kinds of disease. Young in *A Treatise on Opium, Founded on Practical Observation* (1753) clearly believed that the habitual practice was a vice and worried that its use was ruining the families of the wealthy more than the poor. At the turn of the eighteenth-century, Jones (1701) warned of the dangers of the drug noting a few cases of death, also expressing concern that attempts to stop the lavish use of the drug resulted in:

Great and even intolerable Distresses, Anxieties, and Depressions of the Spirits, which in few days commonly end in the most miserable Death, attended by strange Agonies, unless Men return to the Use of Opium which soon raises them again, and restores them (1701: 32).

Waldschmied held views concerning the physical nature of the drug that were not far removed from those of Andromachus of the 1st century and his contemporary Dioscorides who recommended viper's skin as a corrective, to

warm the drug. Drugs with a *warm* effect were often mixed with opium during the seventeenth century to counter its cooling effects. Pepper, cinnamon and saffron were all considered useful correctives. Marcus Aurelius was a frequent user of opium and his physician, Galen was an advocate of the use of opium (Scarborough, 1995) and it would appear that his knowledge of the drug enabled Marcus Aurelius to use the drug without tolerance and habituation developing. As the Galenic theories waned in the eighteenth and nineteenth-century the question of which diseases were amenable to the drug became an important question. Theory however had little impact on practice other than to widen the prevalence of the use of the drug into many new conditions.



Galen was Marcus Aurelius' physician, and popularised the use opium as a therapeutic.

Opium had been the subject of extensive investigation and classification since the dawn of the Classical Age, at the beginning of the seventeenth century and was the object of considerable theoretical and experimental activity. The ancient Galenic view of opium saw a challenge during the seventeenth century from the school of chemiatic notions embodied by Thomas Willis, Georg Wolfgang Wedel, Michael Etmuller who had proposed that the vital spark of life, the *spiritus animales*, was bound within the nervous system (Maehle, 1999).

Elsewhere other researchers inspired by Harvey, and the work of groundbreaking intravenous work of Boyle and his contemporaries in the middle of the seventeenth century found the answer in the blood. Intravenous infusion was to inspire the iatromechanists in their enquiry into the nature of blood. In 1693 Samuel Schroeer proposed that the drug sedated the movement of blood leading to coagulation and the sluggishness and sleep so often associated with the drug (Maehle, 1999).

Led by the experimental vivisection work of Fontana other iatromechanists including Friedrich Hoffman, Johann Gottfried, John Friend and Richard Mead all concurred to the opposite that opium rarefied the blood and affected the nervous system through 'tubuli' that impacted consciousness by pressing on the nerves in the brain (Maehle, 1999). The rarefaction theory held sway until the middle of the eighteenth-century until it was overturned. Mead drew

from the recent work of John Jones and his *Mysteries of Opium Reveal'd* (1701) that held that the effect of the drug could be explained by the 'pleasant sensation', a crucial vitalistic notion, which led to the relaxation of all parts of the body.

Spiritus Animales

The mid-eighteenth-century saw a move led by Charles Alston and Robert Whytt of the Edinburgh school of medicine, as well as Abraham Kaau Boerhaave, proposing the drug acted directly upon the nerves, furthering the vitalistic cause. Alston proposed that opium acted directly upon the nerves to which it was applied, primarily the nerves of the stomach lining. The effect of the drug then disseminated over communicating nerves. The cause of vitalism was thereby revived and adopted by Brown, whose therapeutics were ultimately to influence the present system of ideas that create the notion of 'addiction', which itself comes to be seen in the early nineteenth-century as a technical notion (Maehle, 1999).

Alongside this there is, of course, the public reception of drugs; their place in the culture. The process of the discovery of a particular 'drug', and the subsequent moral panic associated with it, for instance, is explored in Jessica Warner's *Craze: Gin and Debauchery in the Age of Reason* (2004). In 'Shakespeare's Addictions' (Kezar, 2003), the earlier arrival of tobacco is also seen to have induced something of the kind of moral panic today associated with a new drug. Considering the generic construction of the idea

of opium addiction Wiessman links Brownian ideas concerning exhaustion produced by stimuli upon the *spiritus animales*. This is the first attempt to describe the new condition of addiction that will be associated with opium eating. Much of Brown's theory came from his own experience of a severe attack of gout, with Brown opposed to the prevailing therapeutics that proposed a radically limited diet. Against the evidence of his own condition, Brown rebelled against the treatment and enjoyed a full recovery (Risse, 1988). Brown continued a hearty lifestyle that he assumed had resulted in his cure. Brown's therapeutics was consequently based upon his own observations of his own recovery of gout encouraging the stimulation of the *spiritus animales* with alcohol and opium. Whilst Brown's approach would ultimately fail to pass the test of empirical observation, the use of the products of opium with gout continued. In 1868, Thaddeus L. Leayitt proposed the use of the hypodermic injection of morphia for both gout and pleurisy (Leayitt, 1868).

During the early Classical period Galenic theories held that opium had a strong cooling and drying effect. Opinions in the seventeenth century varied with Pierandrea Mattioli, Felix Platter and Michael Doring supporting the proposal that opium might have a wet and warm effect. Van Helmot saw the obvious contradiction between such schools of thought and proposed instead that certain 'bitter oils' from the substances were the cause. Van Helmot proposed that these chemicals bound the *spiritus animales*, causing it to

condense and coagulate, thus explaining the painlessness, sleep and anti-excretive powers of the drug that was rapidly becoming a staple of the physician and the pharmacist. The abandonment of previous Galenic theories reflects the growing influence of pathology as researchers began to turn to vivisection and in vitro experimental models (Maehle, 1999).

The experiments on the whole tended to aim to support various hypothesis hence there was no direct link between theory and therapy. The ancient tradition of using topical applications of opiate based ointments for instance continued despite the lack of empirical evidence. Young's 'Treatise on Opium Founded on Practical Observation' (1753) introduced direct clinical observation and marks the beginning of therapeutic empiricism in relation to opium. The crucial role that this remarkable drug played in the development of medicine as an enterprise cannot be overestimated.

Thus opium use continued in a vacuum of empirical knowledge well into the nineteenth-century. In this vacuum the appeal of Brown's theory of stimulation saw the spread of the use of opium as a therapeutic. Crumpe adopted the 'new' Brownian 'stimulant' use of the drug as means of dealing with sthenic and asthenic conditions. Crumpe thereby used opium in regular small doses for sthenic debilitating conditions such as chronic rheumatism, scrofulous infections, tonsillitis and ophthalmia and in large doses for asthenic conditions (Jay, 2011; Risse, 1988; Maehle, 1999).

Jones at the turn of the eighteenth-century, as we have seen, had already condemned the excessive use of opium as a vice that was similar to intemperance from the drinking of wine:

As an Excessive Dose of Opium is Intemperance for one time, so a long and lavish use of it is an habitual Intemperance for a long time; therefore if you could not rationally expect good Effects in that Case, any more from the best Wine taken suddenly in vast Quantity, it follows, that you cannot expect good Effects from an habitual Intemperate taking o' fit, any more than from a long and lavish Drinking of Wine (Jones, 1701: 245).

We might therefore suggest that the taboo against opium intoxication was certainly present at the dawn of the Enlightenment. Young (1753) noted that the 'people of rank' that could afford 'sleepy draughts' became confused, lost their memory and died delirious. Habituation and tolerance were recognised although of little interest to researchers who were more concerned with the poisonous qualities of the drug.

The Seven Sisters of Sleep

No Victorian treatise upon opium and indeed any present-day book concerning the ancient history of drugs can be found without a journey to the distant lands of the mythical drugs of Antiquity. These are the places where we find the mythical substances of *mekon* and *nepthenes* (Gibson, 1970) to name but two of those mythical drugs to which Linnaeus gave an entirely separate classification (Jay, 2010). No doubt the mythical status of opium merges into these tales of mythical panaceas that are sold by hawkers at the carnival, in the works of Rabelais. Opium itself became something that had already acquired in antiquity both a mystical, artistic and medical purpose. It was opium that replaced the *pharmakos* (the scapegoat), with the *pharmacon* (right action), acting as the astringent for epidemics and calamities to be applied by the thaumaturge rather than the previous practice of youthful sacrifice (Escotado, 1999).

Discussion of the use of psychoactive substances grew throughout the nineteenth-century. The empirical mastery over opium revealed its secrets in the form of morphium, the first alkaloid and increased curiosity into the ancient family of substances known since the beginning of human history.

Mordecai Cooke's *Seven Sisters of Sleep* (1995) originally published in 1860 captures this enthusiasm. The ancient drugs of tobacco, opium, cannabis, coca, betel nut, datura and fly agaric were brought into the modern gaze and placed upon the taxonomic table.

Certain forms of pain could never be soothed by the poppy, of which writers, from Homer to Shakespeare, spoke. The ancients knew of the power of the poppy and no doubt also the dangerous delights of opium referring to the drug as presumably ‘mekon’ or later ‘nepthenes’ (Gibson, 1970). The role of opium in the propagation of joy, sleep and forgetfulness seems embedded in the very names of these ancient drugs which the Sumerians called the Plant of Joy. Translated from the Latin, the botanical classificatory name for opium is *papaver somniferum*, which means *sleepy poppy*. The search of the origins of the history of opium goes beyond the borders of the text, beyond the dawn of written language and to the tradition of oral storytelling. Ever since the blind beggars told of the sailors of Odysseus that partook of those lotus flowers and of the potion prepared by Helen to help Telemachus forget, the notion of the power of intoxication had abounded in written language. From the blind storytellers that existed before the written word these tales of ‘Lotos Eaters’ and of Helen’s potion had been learned by rote. Indeed the ‘Lotos Eaters’ earned Tennyson the reputation of an opium eater himself for the rest of his life, the shame of which he vigorously resisted.

A Swiss village (Karg, 2002) and a British field project (Healy and Harding, 2003) reveal the Stone Age use of opium as a crop. Opium was represented by the Minoans in the form of a Goddess bedecked with poppies with her arms open wide. Ceres, the goddess of plenty in ancient Rome, was often depicted with opium poppies – but so were other deities; especially

those associated with sleep or death, including her son Somnus (god of sleep), Nyx (god of night), Hypnos (god of sleep) and Thanatos (god of death) (Seigel, 2005). Thus opium was considered through the form of art, healing and worship in the ancient world and the object of trade and price control to the Emperor of Rome. The Bronze Age trade in opium became one of the first to ply the Mediterranean (Arnott, 1996). The ancient Minoans depicted Demeter with opium, assuaging her grief over her daughter Persephone, as she ate the poppy of forgetfulness.

Although price controlled along with bread in the Roman Empire, opium remained relatively silent beyond mention in the medical and artistic arena. Marcus Aurelius carefully controlled his regular doses of opium in order to achieve a tranquil state in the morning, possibly in order to write his meditations and his physician Galen popularised the use of opium across the Roman Empire. Theophrastus refers to *mekon* in his 'Enquiry into Plants', this mythical drug is closely associated with opium and can be spotted frequently in the Hippocratic corpus often associated with gynaecological complaints and midwifery (Scarborough, 1995).

The renewal of the popularity of opium in medieval therapeutic practice began with Paracelsus in the 14th century. Paracelsus was an alchemist, magician, botanist and healer of the fifteenth century who it is claimed, used the drug widely with his patients. The development of guilds during the

Middle Ages brought the spread of fourteenth century apothecaries (Holloway, 1995) and with this the widespread use of opium. The ‘stone of immortality’ that Paracelsus described was commonly in use by the sixteenth century period. The poppy can be glimpsed in Shakespeare’s Othello, who noted its sleep inducing quality. In this same period Elizabeth I ordered the first records of deaths in the capital (Bowker, 2000).

How was opium to become the first drug to find itself upon the table of prohibition? What logic and from which court found opium guilty and condemned this boon of previous ages to the haunt pages of recent history as a villain? *The Order of Things* begins with an ancient Chinese encyclopaedia in which animals are classified in a bizarre fashion. These are divided thus:

(a) belonging to the Emperor, (b) embalmed, (c), tame, (d), sucking pigs, (e) sirens, (f) fabulous, (g) stray dogs, (h) included in the present classification, (i) frenzied, (j) innumerable, (k) drawn with a fine camelhair brush, (l) et cetera, (m) having just broken the water pitcher, (n) from a long way off look like flies (Foucault, 2002: xvi).

The Order of Things demonstrates that there are shared concepts and constructs within such academic disciplines as economics, biology and linguistics and that certain constructs are shared across academic disciplines, particularly the key example of the taxonomic table.

The Brownian vitalistic notion of the *spiritus animales* forms one of the tectonic plates of our understanding of addiction. Perhaps the most significant shared epistemic structure is the table; or rather the taxonomic process whereby types of drugs are classified and consequently the users. The opium eater became an object for study through his or her belly and the nerves that surrounded the stomach, which brought us our notion of the curious hunger that is associated with the eating of opium. In the *Order of Things* Foucault shows us that these concepts have great silent power but that also the use of these devices are arbitrary across academic fields and the impact of inclusion or exclusion is crucial but unconsidered. This point is also made in Foucault's *Birth of the Clinic* (2010a) where the use of the botanical table was first deployed with respect to illness. Later we might say the various species of drug user would also be placed within those botanical tables. Jay (2010) reminds us that Linnaeus had classified opium within his *Inebriata* and here we are reminded also of Linnaeus' classification system that attempted to mathematise the stamen of all plants numerically.

The continued classification of opium users took a radical turn with 'Opiumsucht' in 1829 (Maehle, 1999). The new category of pathology that had been named by Hufeland enabled the hermeneutic process that had begun with DeQuincey. In 1840 in a letter to the *Provincial Medical Journal* the correspondent (F.S.M., 1840) asked the readers of the journal to report on the widespread activity of opium eating amongst the upper and lower classes. In

November of that same year the Royal Medical and Chirurgical Society heard a report (Jeffreys, 1840) that tax revenue revealed an upsurge in opium eating from 1828 to 1838.

The Seven Sisters of Sleep (Cooke, 1995) introduced the first group of substances that would find themselves upon the table marked forbidden: opium, cannabis and coca. The increasing discussion concerning opium and her sisters in many other publications helped ultimately to place the opium eater upon the table of the forbidden.

At the Edge of the Table

The classificatory rule dominates medical theory and practice: it appears as the immanent logic of morbid forms, the principle of their decipherment, and the semantic rule of their definition. (Foucault, 2002: 2)

Linnaeus included the opium plant in his attempt to map the entire space of botany. Linnaeus however deployed the same grids as Buffon:

- *Number*
- *Form*
- *Space*

- *Magnitude*

These empirical Lockean primary qualities do not capture the power of euphoria, weighing nothing, beyond measurement and yet potent and persistent, the 'luxurious' use of opium could not be contained within Linnaeus tables. This grid included the same atomic taxonomic elements of enquiry that were deployed with opium and yet there is no space for euphoria. Perhaps this explains the absence of the notion of addiction until the final years of the eighteenth-century.

The development of more refined tables of the effects of opium as the nineteenth-century developed also resulted in a bifurcation of subject and object. This gaze sought to explore deeper, into the assumed invisible features of the object and found a subject. Eighteenth-century physical medicine gradually sought to smell and touch the surface of opium but the nineteenth-century sought to see beneath the surface thus revealing the first alkaloid, the salt of morphine. Along with the increasing revelations of opium and its secrets there also occurred, a concomitant production of the form the opium eater in medico-legal discourse.

Can it perhaps be said that the embers of opium prohibition were first sparked in this earlier period, born of the bourgeois distaste of idleness and intoxication? Did these sparks fly on the evening when Coleridge's father

burned the boy's copy of the Arabian Nights, thinking such foreign tales would corrupt the boy's imagination?

The notion of addiction has been the subject of debate since the publication of *Opium and the People*. Many authors have developed the idea of addiction into an artificial quasi-scientific construction, a claim that is well made recently by both Reith (2004) and Room (2003). Both authors focus on the role of psychiatry in relation to the construction of the inebriate identity and the sprawling of the addict notion beyond its original borders:

The addiction concept is, then, a term used to describe what is perceived and defined as a mystery: the mystery of the drinker or drug user continuing to use despite was/is seen as harm – such as casualties, damage to health, and failures of work and family roles – resulting from use (Room, 2003: 225).

Room identifies that loss of control is the defining nature of this quasi-scientific object. He notes along with Reith, Plant and Sedgwick that the addiction idea has encompassed many other areas of loss of control providing a convenient narrative in the process described by Stanton Peele as 'the diseasing of America' (Room, 2003: 228).

This theme of control is developed at length by Valverde (1998) who establishes how the discourse around alcohol and 'alcoholism' was developed

in the Western World. Valverde views these processes in a more positive light, as enabling a radical transformation through the Alcoholics Anonymous movement in the form of ‘horizontal confessional technology.’ Reith finds that we can replace the word addict for the term homosexual in terms of biopower and there is much that can be compared between the two personas. Both Reith and Room appear to place the creation of the ‘alcoholic’ character at the end of the Victorian period. I will consider in the next chapter ‘Monsters’ that this process began much earlier in line with the development of pastoral power and particularly following the development of the propaganda associated with the lithograph *Gin Lane*.

The Enlightenment began to separate, classify and to analyse all substances that had been consumed since the dawn of history and to begin to assort new labels to these items that it was to place upon the taxonomical table. They were ranked according to botanical and psychological effect in the *Inebriata* of Linnaeus (Jay, 2010), which categorised drugs according to three types – ‘natural’, ‘artificial’ and ‘mythical’. Linnaeus had not yet considered ‘forbidden’ as a category.

It was John Jones, writing in English in the medical treatise *Mysteries of Opium Revealed* (1701), who further popularised the already widespread use of opium and laudanum during the Classical Age. Jones also noted the similarity to alcoholism of a certain dependency upon the drug. In 1778 Dr Thaddeus Betts took to growing the poppy in his own garden as a result of a

shortage of the drug during the American War of Independence and recommended to fellows that they did the same. In 1785 the American physician John Leigh won the Harveian Prize with *An Experimental Inquiry into the Properties of Opium and its Effects on Living Subjects* (1785) wherein the author noted that opium was used in numerous and probably innumerable ways during this period for many different medical conditions. During the following few years however opium was to move from a drug that was concerned essential in the armamentarium of the physician to one that was considered both exotic and dangerous.

In his *Confessions of an Opium Eater* (1798), De Quincey also reports widespread use of laudanum amongst the impoverished people living at the end of the eighteenth-century in London, with no apparent moral overtone beyond the general view that it was considered inferior to gin. Those same London poor that earlier filled the frame of *Gin Lane*.

This autobiographical work of DeQuincey's came shortly after the 1815 Apothecaries Act that saw the first shift in control of the ancient practice and the decline of the power of the guild and the rise of the prestige of medicine. Interest in the sale of opium grew alongside regulation and statistical enquiry that was a part of this process. By 1834 Edwin Chadwick noted opium use and the *Report on the Sanitary Conditions of the Labouring Poor* focused on deaths associated with opium. In 1838-1839 the Registrar General collated returns made to coroners of opium poisoning. The 1830s Factory Act

commissioners enquired of the working class stimulant use of opium and were surprised to discover very little (Berridge and Edwards, 1981).

The first intravenous injecting drug users were the subjects of experiments and were subjected to a treatment that we should by our present standard doubtless find appalling. The unruly servant of an aristocratic diplomat was initially forced onto the stage of the Classical Age, the object of unethical brutality, dragged into the gaze of the Enlightenment and placed upon a clinical table as the subject of the experimentation of the intravenous infusion of *crocus metallorium*. Maehle (1999) observes that these subjects often occupied inferior social positions such as servants or were found in the local asylum. The bodies of three boy servants of Setturner were used to test morphine along the experimenter himself as part of the experiment. Researchers would often use their own body as an object of analysis and here in particular the origins of the spread of intravenous drug use can presumably be discovered. An earlier case in point on the probable beginnings of intravenous knowledge are prefigured in the 1803 report to the 'Medical and Physical Journal' of Lymington physician F. Weber (Maehle, 1999: 200). Weber recorded his personal experience of opium eating in great detail and noticed that he experienced similar withdrawal symptoms to those hospital patients that had used the drug for a long time.

The control of the physical environment around opium through the Enlightenment began with the objective of increasing the knowledge in

developing its productivity and in refining the mysteries of its power (Berridge & Edwards, 1981: 285). These endeavours led to an increasing botanical knowledge and this in turn refined the science of alkaloid chemistry until opium itself – as the source of morphine – eventually became redundant to the physician and the statesman alike. Before the invention of the needle, the drive to conquer pain enabled the creation of morphine, producing the first synthetic alkaloid and also a new branch of chemistry. The distillation of the essence of opium had been subject to considerable experimental interest since the early eighteenth-century when Caspar Neumann and Friedrich Hoffman had identified an oily substance from opium that was fatal in doses of a few grains (Maehle, 1999).

That opium is closely related to the advance of science in the nineteenth-century is certainly true. The production of morphine presents one of the first fruits of international cooperative intellectual endeavour. By the second decade of the nineteenth-century, morphine was produced in industrial quantities and had already become a staple of medical practice. Derosne's salt was first produced in France in 1803 that was further refined to 'morphium' by Setturner in 1805. Learning from Robiquet in Paris, Thomas Morson had established the commercial production of the new drug morphine in the parlour of his Farringdon Street shop by 1821 (Davenport-Hines, 2002: 76-77). Within four years Heinrich Emanuel Merck had begun industrial production.

Poison

The earliest recorded mention of opium's capacity as a poison occurs in the 5th century BC, with Diagoras. Pliny the Elder records that the drug was often used in ancient Rome 'when unbearable disease had rendered life hateful' (Scarborough, 1995). Such knowledge of sudden death associated with opium is well known throughout antiquity. In 1755, Young reported that numerous deaths had been caused 'in unskilful hands':

opium is a poison by which great numbers are daily destroyed; not indeed, by such doses as kill suddenly, for that happens seldom, but by its being given unseasonably in such diseases and to such constitutions for which it is not proper (Young, 1753: vi).

Seddon (2010) notes the significance of the Poisons Act of 1868 and the increasing sovereign grip upon opium that marks the end of an era of complete free trade. Poison was the category to which opium was appended following some debate as to whether it might better be considered food. The British Apothecaries Act of 1815 and the Pharmaceutical Acts of 1841 and 1852 had begun to centrally regulate an ancient guild leading to new regulatory classifications of food and poison. The notion of opium as a poison and as an object of concern became firmly established in medical correspondence (Smith, 1854; Russell 1860; Michael, 1857). Opium was after some debate

included upon the list of poisons and hence became subject to stricter legislative focus. Thus the classification of poison was certainly a significant legislative manoeuvre towards control over opium.

The growth of the guild of apothecaries enabled the availability of all forms of poison through the late Middle Ages and Renaissance. We can glimpse such an apothecary in the poisoning scenario in the 14th century Chaucer's *Pardoner's Tale* (2003). The use of poison as a weapon can be seen in ancient Rome, in the figure of Locusta who was a poisoner of such exquisite skill that she was saved from execution to form a school of poisoners on behalf of the Emperor. The nineteenth-century saw the introduction of increasing control around the notion of poison. The Enlightenment gaze at first fell upon the ancient knowledge of opium as a refined poison in the laboratory of the seventeenth century and as a poison in the social sense during the middle of the nineteenth-century.

The growth in the mass use of opium in the early nineteenth-century was remarkable. During the last years of the eighteenth-century the Brownian movement had changed the status of the drug, leading towards a more widespread use of opium as a therapeutic with a wider range of ailments. This process potentially played a part in the greater eagerness on the part of certain Romantic bohemians such as DeQuincey to experiment with the imagination enhancing qualities of the drug. The powers of opium to enhance artistic prowess remain a matter of debate (Hayter, 1968; Lefebure, 1977).

Brownian therapeutics both popularised the use of opium and also defined the condition that it helped produce in the opium exhaustion that resulted from the overstimulation of the *spiritus animales*. This explanation of what we now term habituation or tolerance requires increasing quantities of the drug in order to achieve the same pleasant sensation and eventually simply to remain stable. Eventually doses become so high in pursuit of pleasure and delirium is possible, thus the pains of opium began to be construed as a form of exhaustion. Pleasure and euphoria were now constructed through Jones' notion of the 'pleasant sensation' and hence the new theory of exhaustion also sought a subject: the opium eater. Coleridge and DeQuincey provided the template with their own introspections and through the observations of their own physicians and contemporaries.

The will to classification is no doubt a facet of the *History of Sexuality Part One* (1998) and therefore this process in social policy can be said to stand outside of the truly scientific. This process however remains within the domain of knowledge. Classification is required by the growth of populations in modernity and for the enablement of the technological control of the wider population.

A bio-technical understanding of the mechanical condition introduced notions of habituation, tolerance, withdrawal and overdose whilst the vitalistic-confessional process enabled the metaphysical notion of craving that

grew from the observations of a peculiar form of hunger associated with opium deprivation.

Classification plays a role in moderating temporal, philosophical and scientific concerns and thus these two strands of theory have produced many different systems of classification and many different subjects (Bowker and Star, 2000). The increasing labelling of opium as poison and the invention of safer analgesics combined with the problems associated with the trade and the need for a disciplined workforce combined to produce an alliance against opium.

It was logical that the new hypodermic method might avoid the exhaustion and the hunger associated with the stomach by bypassing the stomach altogether. The new device avoided the stomach and thus morphine was initially marketed as a cure for opium eating.

The financial profits and political interests that are bound up in the desires associated with opium became invisible to a utopian gaze that began to foresee a world without any need for substances that promised an escape from the disappointments of reality. In telling the tale of injection drug use we must simultaneously consider the abolition of opium as of great significance. To the Victorian era, the syringe when combined with morphia first appeared as a wonder in terms of the efficiency of its method and the relief that it provided for the suffering. To this age the syringe now is invisible or appears as the sign of a scourge that spreads disorder and disease wherever we turn.

Michel Serres (1997: 36-56) reminds us of the geometrical space at the centre of Descartes' vision and it is important to remember that Descartes was a geometer as well as a philosopher. The Cartesian epistemological division of pain and pleasure therefore has constructed the rational grids within which our present discussion concerning opium and illicit drugs in general are currently bounded. Where there is pain, the reduction of that pain is permissible but the use of the pharmacopeia for pleasure is forbidden, thus many drugs lie beyond the scope of medical intervention. Those drugs classified as controlling pain can also cause euphoria and somehow the pleasures associated with the use of these drugs remains conceptually separate.

Bowker and Star (2000) suggest that classification is not in itself an explanation and that such endeavours are highly influenced by ideology:

Classifications are powerful technologies. Embedded in working infrastructures they become relatively invisible without losing any of that power. In this book we demonstrate that classifications should be recognised as the significant site of political and ethical work that they are (Bowker & Star, 2000: 319).

Opium itself was first classified in terms of its effects upon the organism but gradually these effects began to transfer to the classification of the user. As

scientific enquiry began to ascertain the subtleties of opium and to discern the causes of phenomenon such as overdose, habituation, tolerance and withdrawal it became simultaneously clear that this was a forbidden condition. Opium was now classified as poison and the user had also become pathological. Boissier de Sauvages's dream of becoming the Linnaeus of disease reasserts itself in the botanisation of the varieties of addiction illness, according to Foucault (2010a), which produces some new specimens from the garden." Beneath the empire of the gaze finally 'addiction' revealed itself upon the body of the opium eater in the form of Christoph Wilhelm Hufeland's notion of 'Opiumsucht' in 1829 (Maehle, 1999).

We might reasonably claim that by the beginning of the twenty-first century that the cause of mental illness continues to remain a mystery to empirical science. Nikolas Rose (2007: 187-223) has recently tackled the enormous shifts in the genetic and molecular medical science of mental illness. Despite the great leap forward in these areas he sees no conclusive pathological development in our understanding of the relationship between the brain and madness. Diagnostic manuals still contain broad headings of human abnormality and the brain has yet to reveal its mysteries in such a manner that new classifications of madness might emerge that can be understood on a physical level. Madness therefore remains primarily a managerial notion that enables a system of control and financial reward for the management of such *souls*. Rose (2007: 209-215) notes that new

medications are always marketed as specific cures with no side effects but in truth we find they remain much less specific and frequently prove to be more habit forming than claimed. We can observe this process in the nineteenth-century with promotion of morphine, cocaine and heroin in succession as wonder drugs. Parke-Davis sold a hypodermic pack at the turn of the twentieth century that included morphine and cocaine (Jay, 2010).

When we speak of ‘drugs’ and of ‘addiction’ we speak as men and women of the eighteenth-century when observing the exhaustion caused by the stimulation of the *spiritus animales* or as an iatromechanists observing the diminishing effect of the drug upon the body but neither can explain the cause of the continued consumption. We can state that the double face of the coin of opium emerged beneath the cold gaze of the early Enlightenment. The hunger in the belly that is caused by the pleasant feeling caused by the nerves of the stomach is still opposed by a mechanism that cannot perceive its own euphoria.

CHAPTER FOUR

Monsters



The lithograph of Gin Lane was produced as part of a campaign to support the passage of the Gin Act. Prints were distributed across classrooms in Great Britain.

'Drugs' - interactive power - monsters in antiquity and modernity – women and inebriety – 'the tyrant of the moment' – the importance of wonders – Gin in the eighteenth-century – Henry Fielding and William Hogarth – the role of women in propaganda – Canguilhem and normality – Opiumsucht – Luxury – the female Tom Thumb – infant mortality

In his essay 'Nietzsche, Genealogy, History' (1991b), Foucault divides the historical task into two:

... if the genealogist refuses to extend his faith in metaphysics, if he listens to history, he finds that there is 'something altogether different' behind things: not a timeless and an essential secret, but the secret that they have no essence or that their essence was fabricated in piecemeal fashion from alien forms (Foucault, 1991b: 78).

First he speaks of revealing a force and its practitioners that do not know themselves in the wider consequences of their actions. As such they are often found cloaking motives in an apparently disinterested form of language that adopts medical and scientific terminology in order to disavow the ideological motivation of the work (Foucault, 2003a, 2006b). Ultimately the potential lack of any depth of serious purpose of these endeavours reveals a surface of local struggles and contingent tactics rather than any particular progressive direction. Hence science and opinion intertwine with the result that new truths are created that people then come to accept as natural. Nearly all of the technical literature concerning psychoactive drugs and most of our knowledge concerning drugs or 'drugs' as Derrida would have it is informed by ideology of one kind or another:

Already one must conclude that the concept of drugs is a non-scientific concept, that it is instituted on the basis of moral or political evaluations: it carries in itself a norm or prohibition, and allows no possibility of description or certification – it is a decree, a buzzword (*mot d'ordre*) (Derrida, 1990: 229).

The second force at work, Foucault claims, is an effective modern invention borne by the Enlightenment: bio-technico-power. This recent historical innovation was the product of knowledge that is based upon the philosophical and statistical notion of the population within the nation state, a development of the ideas of nations as originally proposed by Hobbes, a common body comprised of many bodies harnessed by fear but at that same moment bound up within their own conquest:

Now Hobbes says that there is no essential difference between the way a child consents to his mother's sovereignty in order to preserve his own life (which does not involve an expression of the will or a contract) and the way the defeated give their consent when the battle is over. What Hobbes is trying to demonstrate is that the decisive factor in the establishment of sovereignty is not the quality of the will, or even its form or level of expression. Basically, it does not matter if we have a

knife at our throats, or if what we want is explicitly formulated or not.

For sovereignty to exist, there must be and this is all there must be – a certain radical will that makes us want to live, even though we cannot do so unless the other is willing to let us live (Foucault, 2003b: 96).

These notions of a sovereign pastoral power exercised over the population are harnessed through the use of illuminating concepts such as quarantine in *Discipline and Punish* or confession in *The History of Sexuality Part One*. This is the space of reason within the boundless darkness of unreason. It may also be stated that this notion of bio-technicopower is also influenced strongly by Althusser's notion of 'ideological state apparatus' (Althusser, 2001). Althusser in *Ideology and Ideological State Apparatus* had already presented the notion of two interlocking forces of power. He was using the notion of repressive power interlocking with institutions presenting governmental ideology in the form of science and knowledge that would make power appear natural and that would literally *interpellate* or in other terms; form the subject. Although Foucault's notion of power shifted from the institutional towards the network of relations, Althusser's notion of interpellation persists. This power therefore is based upon the notion of the nation, harnessed by the development of social sciences and the creation of the complex range of disciplinary institutions that make up this modern state. Beyond these there

exists an infinite and uncoordinated network of power relations that construct the modern individual.

In the lecture series of 1974-75 (2003a: 81-136) Foucault began to develop a more constructive notion of power, suggesting this force harnesses the role of the modern human monster. This insight is crucial. The more that power can speak and know of the hidden and the unspeakable in human behaviour, the more that this discourse harnesses larger forces of social control. The fears of the people of the Enlightenment turned from natural wonders towards criminal monstrosities.

These judicial horrors often involving atrocities against children, drive forward legislation and also create new areas of interest for bio-technico power. Because of the shift from the idea of monstrosity at the border of society to the idea of monsters amongst us, Foucault identifies this shift as one of size. We move from gigantic fearful creatures in the hinterland, to tiny but awful crimes that reveal human monstrosity. Those deviant personas are identified as 'Tom Thumb' monsters after the traditional tiny magical character of fairy tales.

We can therefore say that this constructive and confessional force that harnessed the power of the visceral horror of human monsters was therefore embedded at the heart of the complex of disciplinary institutions that developed during the nineteenth-century. These include police, prison, medicine, public health, courts, the asylum, the consulting room, the emerging

university departments of social sciences, every city hall and every parliament. The effectiveness of bio-technico power was based upon the new discipline of statistics that came into being during the nineteenth-century (Hacking, 1999). The use of medical concepts such as normal and pathological in the medico-juridical domain proliferated during the nineteenth-century stretching well beyond the strict domain of the pathologist or the statistician and into the realm of the state defined monster. The key to the shift in public attitude in drugs was primarily through the reclassification of opium as a poison but this was the end of a process rather than the beginning. In 1753, one hundred years beforehand an increasing focus upon infant mortality, in harnessing the horror of child neglect, Hogarth had begun this process.

Public concern around the traditional use of opium as ‘pacifier’ for children led to the ‘infant doping’ debate of the 1860s. Berridge and Edwards (1981) establish that these concerns revolved primarily around working class usage of opium with discussion emerging from the 1867 Harveian Society on infanticide and the 1869 Obstetrical Society into infant mortality. Valverde identifies a growing preoccupation towards the end of the century with the incarceration of unruly women drinkers, particularly prostitutes towards the end of the nineteenth-century. She notes that legislation for working class inebriates was primarily used as means of establishing the proceedings for the protection of children (Valverde, 1998) with eighty percent of those cases

affected by the 1898 Habitual Inebriates Act related to child neglect. Dr. Branthwaite the Inspector of Inebriates during this time, promoted the incarceration of inebriate mothers as a means of reducing infant mortality following his own statistical summary of mortality of children of incarcerated mothers. This was no doubt an effective technique with regards to foetal alcohol syndrome.

Physicians extended their powers consequently well beyond the borders of pathology and perhaps beyond the epistemological competence of their profession in creating the condition of inebriety. Those that could interpret the horror of child neglect and were able to explain the unspeakable in a technical language that assuaged the horror of the unexplainable act claimed the bodies of the mentally abnormal.

The horror provoked by the image of the woman on *Gin Lane* is harnessed to the substance of gin enabling a coupling of the two – child neglect and gin consumption - that are now naturally synonymous in the symbolism presented to the viewer. This same method of coupling an intoxicating substance with such highly charged moral judgement was applied to women that used opium as a pacifier in the late nineteenth-century. This same coupling was also deployed with inebriate mothers at the turn of the century. The use of the tactic of linking a substance to a social group was strongly associated with child mortality in the eighteenth-century following the gin craze (Warner, 2004) and subsequently in the lead up to the redefinition of opium as a poison in the

Poisons Act of 1867. Institutions linked themselves to the notion of abnormal populations, defining and declaiming new norms resulting in the emergence of alcoholism and addiction and also in the abolition of the trade in opium.

Increasingly, over a period of two hundred years, during the sixteenth and seventeenth centuries, the notion that monsters represented a form of divine retribution began to fade from consciousness (Daston & Park, 2001). Fascination with hermaphrodites as horrors of nature for instance, continued during this period. The revelations of pathological enquiry and the role of physician's intercessions at court gradually led to the end of the practice burning of such unfortunate people (2003a). The development of a new medico-juridical discourse around such individuals enabled the reclassification of the birth of such individuals from evidence of witchcraft to the notion of natural causation.

The change in attitude occurred in fits and starts: an enquiry into the monstrous embryo (Foucault, 2003a: 63-65) revealed regularities within the monstrosity that suggested that monsters might reveal an error in the order of nature rather than representing the work of the Devil. How the passions inflame curiosity was a subject well known to the seventeenth century but somehow the passions are sublimated in the modern notion of the monster from those ogres that stalked the borders of the map to the moral monstrosities amongst us. In the Enlightenment world such wonders and horrors had shifted to become the ruling power of the vulgar mob and the iniquity of the poor,

hence by the 1750s we might state that the woman on Gin Lane is one the first example of one of the modern Tom Thumbs, a classic example of a ‘tyrant of the moment’.

Foucault (2003a) asserts that having explained the horror to the courtroom the psychological hunger for abnormality grew and expanded into all areas of human life sometimes with comically grotesque ‘Ubuesque’ consequences effectively associating abnormality with degeneracy.

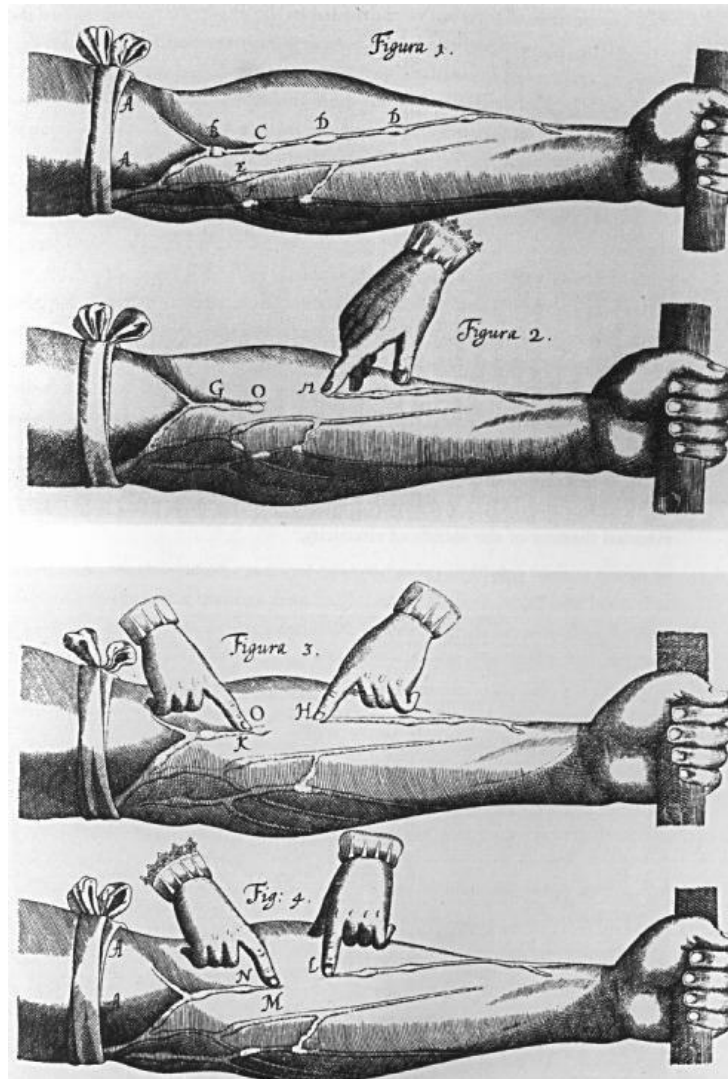
There is a clear distinction between the changing characterisation of the injecting drug user. The late nineteenth-century stereotype of the bourgeois female injecting drug user, the *morphineuse* was usually deemed to be a bourgeois patient of a physician. Those lower class New York males that became the focus of the pejorative term *junkie* reflect a changing level of intolerance.

Courtwright provides us with a very graphic portrait from a primary source of the early twentieth century that describes the practice of opium smoking within this New York demi-monde, we might consider how easily this scenario replaced the opium pipe for the needle following the imposition of the Smoking Opium Exclusion Act of 1876 in the United States and the increasing controls on imports of smoking-grade opium that led to the outright ban on opium smoking in Britain and America in the first decade of the twentieth century:

[I was relieved from duty at the messenger office (and) I made a bee line straight for her crib] [I was just a kid of seventeen years old and I had never slept with a woman in my life and I was very bashful and I hardly knew what to do] [She said she liked me very much and she wasn't long in showing me what to do] [We slept most of the day until late in the afternoon, and when I awoke she got up and got a tray out of the dresser drawer and brought it over and placed it on the bed. I had seen opium pipes two or three different times since I had been working for the messenger force, so I recognized the contents of the tray as an opium layout. She told me that she was a smoker and asked me if I had ever smoked any hop. I told her that I never had and she said that I ought to try it once, as she was sure that I would like it] [(With her help) I smoked my first pill of opium (and) suddenly became very nauseated and had to leave the table to vomit] I slept two hours and when I awoke I felt all right] [When I got ready to leave her crib to go to work that evening, she gave me thirty-two dollars and told me to come back when I had finished work in the morning. I thought that it was a very easy way of getting money and she was young and very good looking, so it was not hard for me to promise her that I would be back the next morning] [As soon as I was in bed she brought out the tray with the layout on it and placed it in the centre of the bed and then she got back into bed. She cooked a few pills and smoked them to herself and than

(sic) asked me if I wanted to smoke. It had made me so sick the night before that when she first started cooking the opium this morning it seemed to nauseate me again. So I declined] [She smoked a few more pills and put the tray away and got back into bed and we went to sleep. (When we awoke that afternoon) she got up and again got the tray and lit the lamp and got back into bed and started to cook her opium again. She cooked and smoked six or eight pills and I lay there watching her and then she offered me some. I told her I was afraid to smoke again for fear that it would make me sick as I was the night before. She told me that it wouldn't make me sick this time and she coaxed and coaxed, until at I finally gave in and said that I would smoke a couple of pills with her just to be sociable. She cooked some more of the raw opium into pills and we both started to smoke again] [Now here is the first peculiar thing that I noticed from the effects of smoking opium. We started carrying on our sexual intercourse, and where ordinarily it would have taken me a few minutes to finish it seemed as though after the smoking of opium I would never finish] [When I finally finished she threw her arms around me, laughing and seeming very happy. She told me that she had more satisfaction out of our intercourse than she had from anyone in her whole life, and she told me she loved me very much and wanted me to promise never to leave her [1909 interview] (Courtwright, 2001: 74-75).

Tom Thumb Horrors



Harvey's discovery of the circulatory system of the blood stream opened up opportunities for scientific enquiry that would ultimately enable the practice of intravenous injection.

The importance of wonders and marvels has never been lost to the world. The emotional content of wonders has played an enormous part in the generation of human culture. Daston and Park state:

Wonder has its own history, one tightly bound up with the history of other cognitive passions such as horror and curiosity – passions that also traditionally shaped and guided enquiry into the natural world. (2001: 15).

Wonder is more than an object, it is a sensibility, an emotion and the power of wonder is unearthed in the study of monsters or teratology in modern medical parlance. Such wonder occupied the margins, the borders, the *Weasteland* of Medieval thought, wherein fabled animals and bizarre tribes lived. The far South, East, Africa and India in their richness shaped the medieval imagination with gems, spices and exotic objects but the true horror, lay at the heart of such society: the monster. The birth of animal and human marvels such as conjoined twins was crucial to relationship with the territory since the Romans and was deeply ingrained into Christian thought also. St. Augustine saw such wonders as proof of the possibility of the fires of hell burning eternally. Diamonds, magnets and incorruptible peacock meat were for him also other examples of such wonders. Unnatural births however represented a sign of God's displeasure; they moved the sensibility of wonder from the borders to the centre. These births were deemed signs of God's disapproval and forthcoming judgement and were often associated with war and unrest. Growth of the knowledge of nature during the Classical period

revealed nature's own order revealing the monstrous individual and the wonderful species as related, not separated. Here Foucault proposes that a radical transformation occurred, wherein the natural monster was replaced with the delinquent. A shift from a world of giant and rare monstrosities to a world filled with delinquent Tom Thumbs (Foucault, 2003a). The very first of these was Mother Gin.

In his lecture of January 29th 1975 (Foucault, 2003a) Foucault proposes that in the medieval world there was something criminal in monstrosity that was replaced towards the beginning of the modern age by the egoistic monstrosity of the moment that can be found in crime. He claims that the shift occurred through the notion of 'interest', or motive, in jurisprudence.

The importance of motive and the need for the counterbalance of 'interest' shifted criminal justice from the atrocious spectacles of sovereign retribution to the notion of a calculated and refined justice that reflected the nature of the crime more exactly. This in turn reveals something of the nature of crime. If an 'interest' leads the criminal to see no further than the short term, there must be a drive that is blind to its own interests, deviant and monstrous in its own way, opposed to the social contract, a disease of the social body, these ideas were originally proposed by Montesquieu.

The city of London itself was also considered a morbid entity in the eighteenth-century (Porter, 1991) due to the mortality rates that enabled the notion of the city to become an object of scrutiny. It was through the

conception of London as such an entity that the idea of the health of the body of the State was generated. The city continued to consume the population of England throughout the century creating more funerals than christenings throughout (Wrigley & Schofield, 1981). Infant mortality in particular was to become one of the central features of the new perception of the city where Dr. Thomas Short concluded the gin craze alone in London was responsible for a shortfall of some 40,000 births (Short, 1767). Such associations no doubt overplay the role of gin and underplay the enormous pressures of the living conditions of the urban poor during this period. Infants exposed at birth, abandoned and starving children were a common sight in eighteenth-century London (George, 1925).

Legislation in 1690 had broken the monopoly of the London Guild of Distillers following the outset of the Nine Year's War, encouraging the growth of the domestic distillation of spirits in response to French imports of brandy. Conflict continued throughout the early years of the eighteenth century with France and the distillers of gin finding a ready market in the urban poor that flocked to the city of London during this period. Consumption of gin grew along with the growth of an unfettered industry of gin distillers, who took advantage of the lax tax regulations and absence of legal constraints around sale of such products (George, 1925). Up until 1713 legislation continued to encourage the development of this industry but as the conflict with France ended, opinion turned against the gin craze. By 1721 Middlesex

magistrates claimed gin to be the ‘principal cause of all the vice and debauchery committed among the inferior sort of people’ (Chisholm, 2010). Following the onset of peace there was a shift towards increasing control of the sale of gin in 1729 and 1736 but these proved largely unsuccessful. These moves were also to prove very unpopular resulting in civil strife and riot (Warner et al, 2001; George, 1925).

The gin craze itself was confined primarily to the city of London and its surrounding towns and villages and probably does not reflect any wider national trend at that moment. The image of Mother Gin or Madame Geneva however caught the popular imagination of the period driven by the new industry of journals, pamphlets and newspapers. Daniel Defoe in *Augusta Triumphans*, worried that drunken, gin-sodden mothers would produce a ‘fine spindle-shanked generation’ (1729). Henry Fielding (1988) in the 1750s wrote *An Enquiry into the Causes of the Late Increase in Robbers* wherein he saw a connection between drunkenness and robbery and also child mortality. Fielding would claim that gin was the ‘principal Sustenance’ of over one hundred thousand denizens of the Metropolis. This connection was epitomised in the daemonic female form that Hogarth conjured, a striking example of a Tom Thumb horror. This lithograph was subsequently disseminated across the schools of the nation. The condition of poverty and its associated problems therein depicted were a growing concern for eighteenth-century writers with a sudden appearance of eighteen pamphlets

during the 1750s and 1760s (Eden, 1966). Violence and debauchery associated with gin were widely reported in the press, a new business in itself. Following the 1736 Gin Act's attempt to tax gin out of existence, there followed public disorder. Informers against illegal operations were encouraged with rewards in the 1736 Act. These informers were also in turn, the source of public disorder when mobs would take revenge upon such individuals who were blamed for the closure of illegal outlets. Although wildly exaggerated and localised to the city of London, the association between gin and social decay became firm in the public imagination.

Jessica Warner (2004) proposes that the reaction to the gin craze was the first modern moral crusade of this sort. For Warner the development of a modern urban environment is intricately bound up in our response to the mass intoxication of the people. During periods of social dislocation such as the first decades of the eighteenth-century these tensions become prominent. She argues that gin represents the first 'drug' panic in modernity and sets the template for the future:

It was here in London, that the sheer density of the population, in combination with the constant influx of new workers from elsewhere in the British Isles, helped to create a social nexus comparable to the sorts of complex urban environments that gave rise to more recent drug scares (Warner J. , 2004, p. x).

A crusade was declared against the Tom Thumb horror produced by gin, represented by the woman in *Gin Lane* and hence here I also note that the first modern war against a 'drug epidemic' occurred three hundred years ago and the first 'drug' was gin. This is the context of the discourse with which Hogarth and Fielding were engaging in 1751 as the final Gin Act was passed.

Significantly the return of 79,000 soldiers and sailors from conflict with France also reduced the need for the gin revenue and provided an incentive to reduce the amount of drunkenness and reduce the numbers of idle hands. An association between gin drinking and syphilis can be clearly seen in the sores to be found on the legs of the woman in *Gin Lane*. The notion of public health was developing along with the idea of the nation driven by increasing statistical control. Newspapers were considering inherited conditions and developing notions of contagion. As early as the 1740s associations between the state of the nation and gin sodden mothers were common features of the popular press. Thus a causal connection was created in the minds of the public between gin and infant mortality. This connection led to the crowded and unhealthy streets of London and it concerned itself with the morals of the poor. Two notorious cases reflected the reality of Hogarth's images, providing us with two of the first Tom Thumbs. In 1734 Judith Dufour had reclaimed her two-year old child from the workhouse in order to murder the child and then sell its clothes for gin. Mary Estwick in another case allowed a baby to

burn to death whilst asleep in a gin soaked stupor (George, 1925). Thus, the Tom Thumb horrors of the gin craze were revealed by the juridical process and, of course, by the printing press.

Ronald Paulson (1991) has explained that Fielding and Hogarth were close friends and has also asserted that *Gin Lane* essentially provides a graphic account of Fielding's pamphlet of 1751, *An Enquiry into the Causes of the Late Increase in Robbers and Related Writings* (1988) produced only one month previously. It is significant that the lithograph was mass-produced and used in schools across the nation. Against the diabolically ironic image of the feckless, syphilis-ridden mother figure at the centre of the illustration, a taxonomic series of vignettes are presented to us, identifying the various curses of gin upon society and the infant in particular. There is the possibility that the woman may in fact be a wet nurse and this in turn raises questions around the mortality of babies in the care of local authorities. The care of infants with nurses was also raised in relation to 'infant doping' in the nineteenth-century. The child plunges to the floor, let slip by the irresponsible gin soaked mother. Other scenes of neglect and cruelty abound including the weeping child at the coffin of the parent, an infant is skewered upon a staff held by a madman and in another vignette the baby is forced to drink gin. A ward of the parish drinks gin in the street, her badge clearly visible. Concern for the safety of infants found a focus by stressing the practice of the use of gin as a 'pacifier'. Speaking in 1753, James Nelson said:

There is a practice among the vulgar still more shocking ... that of giving drams to the children themselves, even while infants; they ... pour the deadly poison down the babe's throat even before it can speak (Fildes, 1986: 236).

We might say that in the olden days of drunkenness there was only the condemnation of the sins that occurred as a result but otherwise the practice of drinking alcohol was sanctioned when Christ turned water into wine. The tradition of drinking is not opposed in *Gin Lane* but rather two types of drinking are counter posed with *Beer Street* representing an orderly form of drunkenness. We can see the construction of a series of areas for public debate in *Gin Lane* concerning the health and wealth of the nation viewed through the prism of an alcoholic personage.

A new characterisation turns away from traditional images of drunkenness towards a range of symbolic areas of connection between a group of individuals, a drug and the notion of the nation. Hogarth's work clearly demonstrates the capacity of the 'government of souls' to conjure, create and also to lay claim to the resolution of public problems. *Gin Lane* concerns itself with the systems of taxation that resulted in the 'gin craze' of the mid eighteenth-century and the attempt to contain the burgeoning market. The children starve in the foreground, whilst there is death, decay, moral collapse

and criminality; all kinds of evils abound. Even the barber must hang himself for lack of work, whilst only the gin merchant and pawnbroker prosper. It might be said therefore that Hogarth's eye discerns various segmented and socially constructed images that reveal moral, political and scientific concerns of that period that are identified previously by Fielding (1988). The grid of regularities thus came down upon the first 'drug': Mother Gin. We might therefore credit Fielding and Hogarth with the modern invention of alcoholism and addiction, although no doubt they were working within a common historical thread drawing from an historical source no more recent than the lurid depiction of the Dionysian worshippers used in the suppression of the Roman bacchanalians by the consul who is reported by Livy to say:

There was no crime, no deed of shame, wanting. More uncleanness was committed by men with men than with women. Whoever would not submit to defilement, or shrank from violating others, was sacrificed as a victim. To regard nothing as impious or criminal was the sum total of their religion (1924: 266).

We might do well to recall the figure of the mother depicted in Hogarth's *Gin Lane*, the mother of the young child tumbling from the bridge. This is the woman with characteristic syphilitic sores, who leaves hungry cadaverous children struggling over a bone, contesting with a dog. This mother and child

seem very familiar to the present-day viewer despite a gap of some 260 years. The woman on *Gin Lane* might in this day and age also have a hypodermic syringe or a crack pipe in her hand. We would recognise her descendants and along with the events and discussion surrounding her we might need include only a few new objects.

Concern for the infants of gin drinking mothers was expressed first by Thomas Wilson in 1736:

Unhappy mothers were habituating themselves to distilled liquors, and as a consequence, their children are born weak and sickly, and often look shriveld and as old as though they had numbered many years (George, 1925).

A century later in 1844 the episteme concerning opium had shifted within the same epistemological framework. The industrialist-socialist Friedrich Engels described the use of opium as a remedy for children in ever increasing doses, who became ‘pale, feeble, wilted and usually died before completing their first year’ (Engels, 2008: 105). In 1867, J. Brendon Curgenven of the Harveian Society expressed similar concerns towards the use of opium with children:

... pernicious use of opium ... carried to a great extent in the Midland manufacturing counties, and the poor, wizened, dull, ill nourished infants are really pitiable to behold (Berridge & Edwards, 1981: 104).

Thus the public discourse had shifted across the political perspective; an entire episteme concerning intoxication in the modern age had been created. It would not be long before this discussion would begin to be defined in terms of degeneracy:

For example drunkenness may be the cause of no matter what other forms of behavioural deviation in descendants, whether this is alcoholism, of course, or an illness like tuberculosis, a mental illness or even a delinquent behaviour (Foucault, 2003a: 314).

The Normal and the Pathological

The importance of George Canguilhem's (2007) *Normal and the Pathological*, originally written in 1943, cannot be overestimated in the development of Foucault's genealogical method. Canguilhem was concerned primarily with the philosophy of medicine and in particular the various ambiguities of medical notions concerning illness, health, normality and the abnormal. Canguilhem provides us with an interesting insight into Harvey's discovery of the circulatory system:

Harvey, though an anatomist, saw not form but movement in the body. His research is not based on the configuration of the heart but on observing the pulse and respiration, two movements that cease only with life (2007: 205).

Thus, for Canguilhem the progress of medicine is primarily concerned with the development of medically related scientific concepts that influence disciplines such as physiology, and anatomy. The further development of pathology and the importance of pathology as a different order of knowledge reveal the unique nature of medical knowledge. The implications of his work lie far beyond physical medicine and extend into the social, as Canguilhem noted:

We could say of the concepts of Norm and Normal that the first is scholastic while the second is cosmic or popular. It is possible for the normal to be a category of popular judgement because their social situation is keenly, though confusedly, felt by the people as not being in line, not 'right' (*droite*) (2007: 237).

The borderline between science and art in medicine is Canguilhem's main theme; with medicine itself deemed a practical trade, defined by pathology rather than pure mathematical science. Canguilhem makes a very cogent case

that the art of diagnosis, nosology, is something well beyond simple mathematics and that it is actually situated in the realm of the senses. Thus he observes that we learn something different from studying the bodies of the dead than we do from observing tables of death statistics. It is the work of physician to balance these sciences with pathological knowledge in the practice of nosology.

Canguilhem's work is focused on the notions of normality that are used in the medical profession but also keeps a watchful eye upon the wider impact of the notion of normality:

Between 1759 when word '*normal*' appeared, and 1834 when the word '*normalised*' appeared, a normative class had won the power to identify – a beautiful example of the ideological illusion – the function of social norms, whose content it determined, with the use that class made of them (2007: 246).

Canguilhem identifies four main medical concepts originally developed by Andrew Conway Ivy, the distinguished professor of physiology, concerning normality:

1. Coincidence between the organic fact and an ideal which decides the lower or upper limit of certain demands;

2. The presence in an individual of characteristics (structure, function, chemical composition) whose measure is conventionally determined by the central value of a group which is homogenous in terms of age, sex, and so on;
3. An individuals' situation in terms of the average for each characteristic considered, when the distribution curve has been constructed, the divergent type calculated and the number of divergent types determined;
4. The awareness of the absence of handicaps.

Canguilhem explores the vague borderline between illness and health, revealing that such terms are far from clear-cut within somatic medicine.

The difference between pathology and its value to medicine, as opposed to physiology and its application in medicine, is weighed positively. He also notes that physiological characteristics are strongly influenced by cultural features thus introducing the environment as a strong moderating force within health. He further suggests that the normal curve is the centre of physiological thought but that this device is indeed influenced by various social factors resulting in widely varying blood pressure between cultures, culturally specific diseases such as heart disease and widely different height due to nutrition. This notion applied in medicine is of interest when considering to

the social sciences; such a critique reveals the ideological content of much that passes for the science of society.

Our intention to push norms upward in terms of longevity and the general mutability of medical norms is also of significance in Canguilhem's thought. Canguilhem explores the struggle of medicine to break away from the strict ancient division of health and illness. This identification of disease with evil that drove the original fascination with monsters gave way to the use of scientific ideas as a means of understanding illness and yet he also reminds us that the statistical norms are frequently far from simple biological constructs. If so for somatic medicine, how much more so for mental illness asked Canguilhem and this in turn later influenced Foucault in his first important work, *History of Madness* (2006a).

Canguilhem reminds us that the madman is deprived of adequate concepts to describe his own experience; hence the psychiatrist has no direct access to the subjective experience of madness. Equally psychiatrists are therefore forced to describe *global disturbances* and *morbid disorganisations* in order to convey what they are witnessing. For the early nineteenth-century the main concept around drunkenness for the physician was the *palsy of the will* or in the deterministic ritual of bad habits, later drunkenness was associated with madness. For Minkowski, the anthropologist, discussed in Canguilhem's *The Normal and the Pathological*, doctors classify madman intuitively 'as men not specialists'. It may well be that we all know intuitively

what an alcoholic or drug addict is in such a similar sense, as men and women, mothers, fathers, sons, daughters and carers not as specialists. Nikolas Rose (2007) asserts that despite rapid advances in many areas of physical medicine there have been no similar significant developments in the understanding of insanity in the fields of psychiatry, psychopharmacology and neurology.

Thus Canguilhem, the physician and medical philosopher, identifies a dubious new medical realm that presents us with a new relationship between the physician and the patient concerning the *psychic anomaly*. The notion of *somatic disease* is replaced by the subjective notion of global disturbance. Drug addiction in the form of the junkie notion of the injecting drug user and the original drunken woman in *Gin Lane* share the same features in that they are ultimately popular concepts that serve a particular strategic purpose. They are also reflections of the prevailing social events, often associated with specific groups of individuals and specific horrific cases, concealing other factors such as the shift of the population in inner city London at the beginning of the eighteenth-century.

Diseases of the Will

It was Francis Anstie in *The Hypodermic Injection of Remedies*, (1868) who first noted dependency in his neuralgic female morphine patients. Kane and Howard-Jones (1947) both report the first record in the 1860 *Practitioner* and

record that Anstie met a hostile audience. Eduard Levinstein's *Morbid Craving for Morphia* (1878), developed the notion of addiction in 1878, this was fifty years since Hufeland's earlier 1829 elaboration of 'Opiumsucht'. It was also one hundred and twenty years since Fielding and Hogarth had collaborated in the production of *Gin Lane* in support of the 1751 Gin Act. The English physician Lettsom gave a comprehensive and accurate account of what we now refer to as alcoholism in *History of Some of the Effects of Hard Drinking* (1789). Porter also attributes similar reports from Cheyne and Mandeville (Porter, 1985: 385-396). James Nicholls (2008) suggests that the former general surgeon of the American Revolutionary army, Benjamin Rush should be credited with bringing together ideas in 1784 that were already circulating during the previous decade in Great Britain. For these eighteenth-century men the main question revolved around the ancient question of *the will*, with *diseases of the will* a general heading that covered many defects including habitual drunkenness. These concerns in turn reflected ongoing debates in the Enlightenment concerning free will and predestination. For Benjamin Rush the issue was that of habit and of questions concerning freedom of the will. For Benjamin Rush the phenomenon was to be classified under the term *palsy of the will*.

The previous century had seen the suppression of carnival culture under pressure from the Puritans (Nicholls, 2008). The question of the seventeenth century had been the 'entertainment of the people' following the suppression

of riotous traditional sports and entertainments. The question of alcohol had moved from the entertainment of the crowd to the monstrous individual by the middle of the eighteenth-century.

Earlier in 1750, speaking on drunkenness, the Calvinist theologian Jonathan Edwards had proposed the gradual loss of self-control due to habitual repeated failures. Nevertheless the constant availability of free choice remained, hence providing the chance of salvation for those few who were ultimately able to exercise free will. From the philosophical point of view such hybrid explanations are unsatisfactorily contradictory and yet such irreconcilable contradictions remain embedded throughout our debates today. As the nineteenth-century began, notions of moral insanity also developed. The moral monster emphasised a deterministic notion of monomania that led to further concepts such as dipsomania. Thomas Trotter wrote an *Essay on Drunkenness* (1810) in which he observed that the habit of drunkenness was a disease of the mind. Trotter also noted that opium had a similar associated condition with a certain, potentially inherited '*Nervous Temperament*'. The invention of 'Opiumsucht' in Germany in the late 1820s was followed by Paris based Esquirol's broader theory of monomania which included drink monomania. On the subject of drink monomania Esquirol recommended institutionalisation involving religious and philosophical counselling combined the reading of treatises on temperance (Valverde, 1998).

The political importance of fear and wonder most certainly remained in relation to the new Tom Thumbs. In January of 1975 in a series of lectures Foucault considered the role of monstrosity in the jurisprudence of abnormality (Foucault, 2003a). The changes in the understanding of certain ambiguous cases such as the Rouen hermaphrodite and the establishment of a new medico-juridical discourse around such subjects led to the identification of enormous numbers of abnormal individuals. In turn following this precedent, further new categories of abnormality were generated. These were linked via the work of Esquirol and his notion of monomania to the notion of the instinct and thus disproving free-will in particular notorious legal cases. Through new notions such as moral madness and instinct there was the idea of monomania and degeneracy.

These ideas in turn produced ‘alcoholism’ and ‘addiction’. On the 22nd of January 1975 Foucault spoke of the emergence of the everyday monster:

At the end of the eighteenth and the beginning of the nineteenth centuries, the figures of the monstrous criminal, of the moral monster, suddenly appears with great exuberance. It appears in extraordinarily different forms of discourse and practice (Foucault, 2003a: 75).

The creation of medical practitioner Hufland of the term ‘Opiumsucht’ in 1829, paved the way for the later development of ‘Morphinsucht’ by other

physicians such as Anstie, Lahn, Kerr and Levinstein in the 1870s. This invention joined with the development of the temperance movement as a political force. The growth of opium prohibitionism within the medical profession was allied to the creation of these personas. Within the temperance movement the dominant features of the late nineteenth-century discourse around alcohol and later opium shifted from modest goals towards the wholesale reengineering of society around a utopian vision of an abstemious population rather than the abstemious individual. This dual process of the creation of the persona of the inebriate and the morphinomaniac was combined with active support for greater control of all other forms of the use of opium including most importantly opium smoking. Anti-opium campaigns, for instance, were actively supported by members of the newly emerging medical profession – individuals who arguably stood to gain from the monopoly of pain control their status came to guarantee. National and international prohibitionist policy movements emerged in the last few decades of the nineteenth-century with no widespread popular support unlike the anti-slavery movement, to which the anti-opium activists considered themselves allied.

Somehow a new norm of health concerning the use of alcohol and other drugs was being established. In particular support for the scientific rationale towards this new reclassification of human norms came through theories of degeneration and therefore the question of the future of the nation and the

race. Much as a link was drawn between infant mortality and gin in the eighteenth-century, the discourse came to bear upon the body of the infant opium deaths.

The Power of the Monster

Although very briefly a member of the Communist Party of France and not an orthodox Marxist, Foucault adopted Marxist economic theory to his purpose. Speaking of the establishment of capitalism Foucault said:

Around all this there is formed little by little a discourse, the discourse of philanthropy and the moralisation of the working class. Then experiments become generalised by way of institutions and societies consciously advocating programmes for the moralisation of the working class. Then on top there is superimposed the problem of women's work, the schooling of children and the relations between the two issues (Foucault, 1980: 203).

The aim of this project was to 'master a vagabond, floating labour force'. We can see some of the first steps towards this objective in the formation of the woman on *Gin Lane*. The collaboration of Henry Fielding and William Hogarth provides us with a very clear example of this process at work.

Canguilhem (2007: 240) concluded that the use of terms such as norm and normal in relation to social structures might constitute an *ideology of norms* of the Enlightenment era. For example drunkenness was considered to be the cause of numerous forms of behavioural deviation in descendants, whether this be alcoholism, or of course an illness like tuberculosis, or perhaps a mental illness or even a delinquent behaviour (Foucault, 2003a: 314).

He detected a spreading *orthography* throughout society, a tendency to define the normal and the regular everywhere beyond the realms of *normal* science and somatic medicine. Here he provides illumination also by reminding us that the Latin term *norma* from which we get norm means T square, right, correct and regular. The term *nomalis*, on the other refers to being perpendicular (2007: 239).

The ‘cannibalistic monster’ (Foucault, 2003a: 101) is representative of the people in revolt and this image can clearly be seen within the image of the woman on *Gin Lane*. Perhaps one could claim this as the turning point in the invention of the Tom Thumb figure of the alcoholic: the use of the Tom Thumb image of the gin-sodden syphilitic woman as a means of mass communication. Ironically *Tom Thumb* was the play in 1731 that first brought Henry Fielding huge popular success. We might say that in the space of month, with a pamphlet and an engraving, Hogarth and Fielding brought together various forces concerning the idea of the city, the notion of the nation and harnessed these to the visceral horror of the image of the feckless women.

The emotional charge of the threat to children was connected to an intoxicating substance that was associated with a specific section of the population. That these innovations were joined to the successful passage of the 1751 Gin Act is well known but the woman on *Gin Lane* and her continued value can be seen clearly with the infant doping scandals one hundred years later.

Luxury was seen as a sin in medieval thought; the onset of new economic systems greatly increased the spread of luxury introducing consumerism. This is how Henry Fielding conceived of the gin craze amongst the lower classes of England:

Could Luxury be confined to the Palaces of the Great, the Society would not perhaps be much affected by it ... but when this Vice descends downwards to the Tradesman, the Mechanic and the Labourer, it is certain to engender many political mischiefs (Fielding, 1988: 16).

Professor Alfred Taylor suggested to the Select Committee on the sale of Poisons Bill in 1857 that opium eaters should be subject to regulation and that opium should be treated as a poison. We might say, along with Seddon (2010), that this is the first move in legislation to contain the opium eater and smoker within the realm of the consulting room. The identification of poison in the mid-nineteenth-century as a crucial element in the alchemy of prohibition is therefore an opening skirmish but the earlier conflict enabled the association

of an intoxicant with certain groups of individuals. Thus the face of the gin drinking impoverished mother began to merge with that of the infant doping female opium eater, later joined by the Chinese face of the opium smoker and the upper class image of the wanton female *morphineuse*, that met the negro cocaine user and that spawned the junkman: each enabling the identification of a drug with a particular group of individuals.

It is difficult to ignore the fact that the face and body of the monster in *Gin Lane* is female and that repeated images of the impact of this drug on children occur throughout *Gin Lane*. Both Berridge and Edwards and Valverde assert that women were central to the moral element of the changes in attitudes in the United Kingdom and the United States in providing the opportunities for change in drug and alcohol policy during the nineteenth-century. Foucault focuses on particular female cases in his demonstration of the creation of the Tom Thumb monstrosity as indeed are the two women mentioned earlier whose crimes were associated with their use of gin. Questions concerning the new moral monster do appear to be constructed around female imagery. Such images of women abandoned in intoxication abound in the Victorian popular imagination.

Berridge and Edwards (1981) suggest that it is not true to say that the nineteenth-century bourgeoisies' injection phenomenon was female. They claim this appears to be a popular misconception of the era. The Victorians were nevertheless preoccupied with the image of the *morphineuse*.

Courtwright presents contradictory evidence to support evidence that women in the United States were a significant proportion in the first population that were primarily from the middle and upper classes. Upper class men were to be found at British ‘retreats’, where they could spend their time playing billiards and hunting, whilst women attended lectures on morality in mainly religious institutions (Valverde, 1998). Some physicians offered treatments to both men and women including Kane himself (1880, 1881b) who ran the ‘DeQuincey Care Home’. Levinstein’s clinical notes in *Morbid Craving for Morphia* (1878) show an even share of patients between men and women.

Whilst morphine injection remained an exclusive privilege until the end of the century, the widespread use of opium was often characterised as associated with the bad habits of the working class. Berridge and Edwards report that working class use of opium had been prevalent throughout the nineteenth-century across England. Coleridge reported widespread use from London to Leeds and York in the early nineteenth-century. DeQuincey also recalls that poor people living in the city of London at the turn of the nineteenth-century viewed laudanum as a cheap and inferior alternative to gin. We can glimpse the widespread use of opium through DeQuincey’s *Confessions of an Opium Eater* and yet one can glean virtually no connection between opium and poverty in George’s *London Life in the Eighteenth-century* (1925) or Henry Mayhew’s *London Labour and The London Poor* (2010), presumably because its use was so normalised and unremarkable. The

preconditions for changes in legislation around the free availability of laudanum came with the reclassification of opium as a poison followed by the infant doping scandals of the 1860s. These were followed by the racialised opium smoking panic of the 1870s and 1880s. The mortality of infants, linked to certain notorious cases, just as with Mother Gin one hundred years previously were ultimately harnessed by statistical and Governmental mechanisms that enabled the beginning of the process of change around the availability of opium without any foreknowledge of the consequences.

Associations between infant mortality and moral debauchery had been drawn in the eighteenth-century and these same associations were drawn in the nineteenth-century by all sides of the political debate. The epistemic shift was achieved with the approval of all, including the Communists. The creation of the notion of the nation and the emergence of public health as a general concept drew the medical gaze towards the deaths of these infants and the grid began to descend upon opium and opium eaters. Opium had become a matter of health because it was a poison and was the cause of infant mortality. This association of opium with the death of innocents was an incontrovertible fact by the later period of the era. Berridge and Edwards (1981) report Sir John Simon, the chief advocate of emerging public health remedies, led the poison debate by expressing his concern for the children of those they studied. His reports to the Privy Council using death statistics revealed high rates of infant mortality at twenty-six per one hundred thousand

in Manchester. The Registrar General reported that two-hundred and thirty-five infants had died of opium poisoning during 1863-1867. The suppression of the open sale of opium became the first manoeuvre in a battle that would ultimately lead to a decline in infant mortality. Thus we can say that Berridge and Edwards identify an enormous shift in attitude towards opium and the invention of 'addiction' as a means of changing working class patterns of opium use. Seddon (2010) identifies the Poisons Act as a crucial earlier skirmish in the war of 'drugs'. There was a move to prevent the open sale of opium along with other public health measures during this period and these were successful in reducing infant mortality. The first victory for prohibition was also a very effective public health measure. All of these were prefigured one hundred years previously with the debates concerning gin.

The tide of prevailing discourse concerning opium changed at this point but no one noticed the needle at the periphery that was escaping the consulting room at the same moment. This relationship against opium became expressed in legislation, thus a drug that had been consumed for many centuries was now classified as a poison and the opium eater was about to become extinct. The characterisation of working class 'drug' use is clearly not new and can be gleaned from Fielding's views:

But the Expence of Money, and Loss of Time, with their certain Consequences, are not the only evils which attend the luxury of the Vulgar. Drunkenness is almost inseparably annexed to the Pleasure of such People. A Vice by no means to be construed as a spiritual offence, since so many temporal Mischiefs arise from it, amongst which are frequently Robbery and Murder itself (1988: 22).

Horror, pleasure, repugnance: the three emotions associated with earlymodern wonders such as the belief in prodigies of the seventeenth century (Daston & Park, 2001) have proven useful in the creation of *Gin Lane*.

The opium dens depicted in fiction and also in the popular press were haunted by the Chinaman and the morals of upper class women and girls appeared to be bound up in this debate (Milligan, 2003). *The Mystery of Edwin Drood* had originally conjured the fictional scene of opium smoking related depravity. Kane (1880, 1881a, 1881b) had improvised upon this theme. Hamilton Wright (1909) had also sought to conjure these forces in his report on opium smoking, including the African-American cocaine user as the next subject-object, using the same race war language as Kane in 1881.

Chapter Five

Poets



Thomas de Quincey.

Thomas DeQuincey became famous with his publication of *Confessions of an Opium Eater* at the beginning of the nineteenth-century

The Cartesian break – the hermeneutics of addiction – pastoral power –

DeQuincey and Coleridge disputes - salvation of the few- exegesis –

DeQuincey and the salvation of the opium eater –the advent of statistics – the

poets and the modernist discourse on opium – the conduct of conduct –

Delevigne and Soho

The new language of psychology arguably grounded more in the establishment of culturally specific norms than anything that has been recognised across the ages as defining what it is to be human, gives rise to a host of new pathologies. These supposed maladies, in turn, result in the widespread acceptance of the view that traits and behaviours now deemed to indicate low moral character (excessive alcohol consumption, drug use, and so on) are themselves akin to physical illnesses. The roots of modern addiction disciplines can therefore be seen to emerge from ancient Greek and Roman methods of introspection, rather than from anything as rational or scientific as empirical analysis or laboratory procedures – a fact that remains unknown to most of their adherents. For Foucault bio-technicopower begins not with Descartes but with St. Augustine and Thomas Aquinas, the Christian theologians. Considering the ‘Cartesian break’, a posited epistemological split between care of the self and knowledge of the self that forms the basis of bio-technico-power Foucault said:

Let’s consider things further upstream first of all. The break does not occur just like that. It does not take place on the day Descartes laid down the rule of self evidence or discovered the Cogito, etc. The work of disconnecting, on the other hand, the principle of access to the truth accomplished in terms of the knowing subject alone from, on the other, the spiritual necessity of the subject’s work on himself, of his self-transformation and expectation of enlightenment and transfiguration from the truth, was underway long before (2005: 26).

The importance of the ancient Christian practice of the confessional is crucial in the development of our present-day school of addiction. Behind the confession lies centuries of Greek and Roman spiritual practice. Thus the roots of social science in the West can be found in the mysteries of the Stoics, the neo-Platonists and the descendants of Aristotle. During 1981 and 1982 Foucault traced the spiritual Classical roots of this confessional process. Foucault observes:

Actually, and here things are very simple, the Cartesian approach, which can be read quite explicitly in the *Meditations*, placed self evidence at the origin, the point of departure of the philosophical approach (2005: 14).

Confessional practice fuses the ancient Greek and Roman spiritual discipline of personal direction with the Christian Gnostic traditions of asceticism (Foucault 2003a: 167-230). The ancient distinction between care of the self and knowledge of the self becomes conflated through Gnosticism:

However, the gnosis, and the whole of the Gnostic movement, is precisely a movement that overloads the act of knowledge (*connaissance*) to [which] sovereignty is indeed granted in access to the truth. This act of knowledge is overloaded with all the conditions and structure of the spiritual act. The

gnosis is, in short, that which tends to transfer to transpose, the forms and effects of spiritual experience into an act of knowledge itself (2005: 17).

These forces later combined in the form of the Methodist practice of confession that DeQuincey followed. The Quaker led movement to abolish the trade in opium developed these introspections along with the Chinese conflicts. Without DeQuincey's insights into the luxurious nature of opium and the exquisite pleasures to be discovered therein perhaps history would have followed a different course.

We can see a very interesting example of this process in the work of the narcologist Dr Norman Kerr (1881). Kerr himself was a devout Evangelical of the Church of England and a physician. He attempted an exegesis concerning the Biblical permission to drink alcohol denying that this was the case. The Truth of the Text and notions of exegesis are Christian traditions that we see in both the work of DeQuincey and the correspondence of Coleridge and later discussions upon Coleridge's condition. The later exegetical work of Kerr focused upon the Biblical scene where Christ turned water into wine providing us with perhaps the clearest example of this practice. Kerr proposed that there was a mistranslation of the original Greek and that a non-alcoholic grape juice had been produced. Thus, it was proven that there was no basis for the consumption of alcohol in Christianity:

The God of Nature is the God of Revelation and there can be no contradiction between His Work and His Word. It has been demonstrated that the fermented and distilled intoxicating liquors irritant narcotic poisons. To teach that Christ made and the Bible approved the social use of fermented intoxicating wine therefore to teach He made, and the Bible sanctioned the use of narcotic poisons (Kerr, 1881).

When Thomas DeQuincey began to write about his experience of opium in *Confessions of an Opium Eater* (1796) it was in this hermeneutic tradition that he sought the insight of a spiritual journey that combines introspection and analysis. This was also a tradition in which Coleridge and his immediate contemporaries discussed their own experiences amidst the earnest frankness of the eighteenth-century Romantic Movement that encompassed Chateaubriand's moon-gazing and Brown's permission of indulgence. The exegesis of DeQuincey and Coleridge in approaching their own use of opium was the result of their own youthful experimentation. The publication of Coleridge's correspondence posthumously followed the publication of *Confessions of an Opium Eater* and opened up a domestic debate in the 1820s that drew from and at the same moment formed an established body of medical thought; fusing technical observation with the introspection of a small group of bourgeois poets. It is here that the modern addict was born. At the centre of their discourses lay the mechanical agonies of the withdrawal condition

produced by opium abstinence and the renegade seeking of luxurious pleasure that was framed in separation of pain and pleasure. DeQuincey's significant contribution was to draw his reader's attentions to the forbidden pleasures of the poppy.

Confessions of an Opium Eater follows the classical Stoic model of meditation – as found in Seneca and Marcus Aurelius – and combined De Quincey's knowledge of the ancient process of spiritual self-enquiry with a Protestant Methodist heritage. This process harnessed the older Roman and Greek idea of *salvation of the few* to its own ends. The confessions of DeQuincey therefore provide us with a perfect example of Foucault's confessional process at work wherein the introspection of an individual is taken as the truth and that develops a technical quasi-scientific language around the subject. Althea Hayter's (De Quincey, 1978: 7-24) preface of the 1978 edition begins by stating that prior to the publication of *Confessions of an Opium Eater* that the condition of opium eating did not exist. This is true at one level but also avoids the pre-existing bourgeois distaste for the luxurious use of opium. The *Confessions of an Opium Eater* caused a scandal but DeQuincey was not the first opium user to have caused a scandal. It was Coleridge who had scandalised his immediate circle of friends with his continuing use of opium at the end of the eighteenth-century. The experimentation with the visionary qualities of opium had produced a lifelong dependence in the poet. To say that it is true that Coleridge's contemporaries were disturbed by his use opium is to acknowledge

that there was a prior taboo amongst the class in which Coleridge moved. This scandal associated with opium use for pleasure can also be evidenced through the public distaste towards George IV's use of opium (Davenport-Hines, 2002). Knowledge of the problems associated with opium go back to the traditional travel adventure tales of the sixteenth century physicians Garcia da Orta and Jan Huygen van Linschoten and Prosper Alpin who coined the classic exoticised imagery of the craving compared with slavery that is often associated with the drug (Maehle, 1999: 179).

Opium use for pleasure was clearly a taboo amongst Coleridge's contemporaries. Opium use was no doubt contrary to the teachings concerning intoxication and luxury of Saint Boniface, Jean de Chrystom and St. Augustine. Here Foucault finds that the notion of the pastorate, the idea of the flock and the notion of the shepherd at the centre of the modern state:

The modern state is born, I think when governmentality became a calculated and reflective practice. The Christian pastorate seems to me to be the background of this process, it being understood that, on the one hand, there was a huge gap between the Hebraic theme of the shepherd and the Christian pastorate and on the other that there will of course be no less important and wide gap between the government and pastoral direction of individuals and communities and the development of the arts of government, the specification of a field of political

intervention, from the sixteenth and seventeenth centuries (Foucault, 2004: 165).

The innovation in this new pastoral power is salvation itself for Foucault:

To assure the salvation of all means two things that must in fact be linked. On the one hand the pastor must assure the salvation of everyone, that is to say of the whole community, of the community as a whole, as a unity. 'The pastor' says Chrysostom 'must take care of the whole town and even of the orbis terrarum.' In one sense this is the salvation of all, but is equally the salvation of each. No individual sheep is a matter of indifference (Foucault, 2004: 168).

It is against this ancient template that Alina Clej (1995) finds DeQuincey to be the source of the modern self. She asserts that DeQuincey in harnessing of the transgressive scandalous nature of opium has enabled the production of the modern self. Here we might also observe that there is also the beginning of modern bourgeois art that reflects the ancient Cynics and their courage of truth telling in the scandalous fashion (Foucault, 2011) that is so clearly exemplified at its extreme in the use of urinal and the ironic title *Fountain* by Marcel Duchamp. Whatever the case, it is possible to assert that where DeQuincey played an enormous role was in creating the first modern public debate upon the subject of opium. He did this by bringing something that

lurked in the shadows into the bright light of Romantic inspired enlightened optimism: the pleasures and pains of opium. This use of opium for pleasure was brought to mass public attention originally by DeQuincey. Coleridge's anguished correspondence was also to be revealed to the world. These works met the burgeoning print industry of journals and publications of the era, turning DeQuincey into a famous figure of his day and bringing the opium eater into the light of public discourse. The consequences of opium and its utility had been the subject of formal enquiry for many centuries but it was DeQuincey and Coleridge's contemporaries that turned inwards in order to speak to a mass audience.

DeQuincey's confessions produced an international publishing sensation and his immediate fame spread the gospel of the Church of which he claimed he was the only member in 1821. By 1853 however he was forced to admit that he was now the Pope of a Church due to its growth in adherents. Many of DeQuincey's contemporaries blamed him for popularising the use of opium within the Romantic Movement and later echoes from Germany and from America revealed the widespread nature of the habit across the English speaking world. In 1853 DeQuincey defended himself against accusations of proselytising opium use:

I have neither done the evil in past times with which I am charged, nor am I at present seeking to repair it. The first is not a fact; the second is

not a possibility ... It is past all denying that in 1822 very many people...did procure copies, and cause copies to be multiplied, of the opium "Confessions". But I have yet to learn that any one of these people was inoculated by me, or could have been, with a first love for a drug so notorious as opium. Teach opium-eating! Did I teach wine drinking? Did I reveal the mystery of sleeping? Did I inaugurate the infirmity of laughter (1978: 131).

The causal relationship between DeQuincey's book and the growth of opium use in the nineteenth-century is unclear. Some, like Kane (1881b) blamed DeQuincey for popularising the drug. Opium imports in Britain and America grew rapidly during the first half of the nineteenth-century and one might concur with the author that any such conclusions are fallacious. Of far greater importance during this period is the widespread use of opium by all classes of people. This is referred to by DeQuincey in one of the later comments upon his original work and indeed the opium imports of Britain would assume their own momentum as the century picked up speed. Opium use was ubiquitous in the Western world at the start of the nineteenth-century and the trends that resulted in the growth of imports and the boom in the manufacture of all forms of pharmaceuticals as the century progressed marks the historical high point of the mass use of opium. DeQuincey simply brought the pleasurable nature of the drug to light. Berridge and Edwards (1981) estimate that by the middle

of the nineteenth-century regular and dependent opium use had reached anywhere up to a third of the population of Great Britain.

Can we say that *Confessions of an Opium Eater* was therefore a significant work in terms of framing the modern episteme concerning opiates and drugs in general? Of course this work produced the modern persona of the addict. The division of pleasure and pain is DeQuincey's greatest contribution to our understanding of the drug and is also fundamentally the beginning of the production of the modern day injecting drug user. DeQuincey observes several phenomena that had already been described by physicians and researchers. Tolerance, withdrawal and relapse combine with the timeless gnawing pain in the stomach that heralds the onset of physical dependency. All the pains of opium are detailed in the work but perhaps the most significant invention of *Confessions of an Opium Eater* was the narrator himself. DeQuincey brought himself into the foreground of the tale, establishing himself as an object to be known and one might claim thus inventing the persona of the opium eater. The opium eater was to become the father of many such personas. The reply from Europe and the United States reminds us that DeQuincey found rich and fertile soil for his ideas. One might also argue that no writer upon the subject of intoxication can ever escape this original blueprint.

Confessions of an Opium Eater introduced to a mass audience the notion of opium use for pleasure along with the persona of the opium eater himself.

Of course opium itself was not a new theme around the household fireplace, the pleasurable sensation in the stomach was the subject of an earlier dispute between DeQuincey and Coleridge. DeQuincey and Coleridge had quarrelled over DeQuincey's assertion that there was value in the use of the drug for pleasure and inspiration. Coleridge's opposition unveils the private taboo nature of such a use of opium amongst their community and class. Coleridge claimed that he had never used the drug for pleasure and that he had become dependent following treatment for rheumatism, an excuse that DeQuincey openly discounted in his anonymous reference to this argument in *Confessions of an Opium Eater*:

Rheumatism, he says drove him to opium. Very well; but with proper medical treatment the rheumatism would soon have ceased; or even, without medical treatment, under the ordinary oscillations of natural causes. And when the pain ceased, then the opium should have ceased. Why did it not? Because Coleridge had come to taste the genial pleasure; and thus the very impeachment, which he fancied himself in some mysterious way to have evaded, recoils upon him in undiminished force (1978: 144).

DeQuincey, affronted by Coleridge's perceived hypocrisy, was unsparing in his depiction of Coleridge's own insights into his condition:

A slave he was to this potent drug not less abject than Caliban to Prospero – his detested and yet despotic master. Like Caliban, he still frets his very heartstrings against the rivets of his chain (1978: 144).

To talk of a separation between the pains and the pleasures of opium was impossible for DeQuincey and he accused Coleridge of sophistry in his attempt to evade the moral question of the pleasure that was to be found in opium.

Having established the question concerning the moral nature of opium eating for pleasure the debate then returned to the medical arena where pleasure-seeking was deemed pathological thanks to the ‘Cartesian moment’. This removed pleasure as a possible motivation for using opium because the essential qualities of the drug were harnessed towards the end of pain control. Harrison (1856) finds an error in DeQuincey’s earlier work that overstated the pleasurable effects of the drug noting no such effects with his patients that used the drug in order to prevent the pains of withdrawal. This phenomenon is now known as tolerance but to that age was mystifying. Harrison correctly observed that his patients found no pleasure in the drug. This effect of opium, now known as habituation is also mentioned by DeQuincey in his revised *Confessions of an Opium Eater*. Harrison also noted sterility in the patient, an assertion that was challenged in subsequent correspondence.

The importance of confessional technology is central to the understanding of bio-power. Confessional technology is a salvation oriented process, fusing more ancient notions of salvation with the Christian emphasis on direction (Foucault, 2003a: 167-230). *Confessions of an Opium Eater* begins with the ancient practice of the exercise of memory followed by analysis. The third section originally promised a method for the conquest of the habit associated with the drug. Foucault proposes that twelfth-century ascetic practices of neo-Platonists such as Thomas Aquinas form the basis of this bio-technico method. The development in Christian thought followed a debate that had been running in the theology of Christianity since St. Augustine. The innovations of Thomas Aquinas refined an ancient spiritual method with a particular Christian emphasis upon salvation and direction. Further Christian innovations emphasise exegesis and the need for direction through a textually based guidance:

If you want to be saved you must accept the truth given in the Text and manifested in Revelation. However, you cannot know this truth unless you take care of yourself in the form of the purifying knowledge (*connaissance*) of the heart. On the other hand, this purifying knowledge of yourself by yourself is only possible on condition of a prior fundamental relationship to the truth of the Text and Revelation (Foucault, 2005: 255).

Christianity had emerged as a powerful new cultural influence during the medieval period but much of its strength lay in its continuity with the past. The central principles of this salvation oriented idea, originally coming from the Greeks and Romans stoic schools of thought asserted:

- A, Truth is not given by right
- b. Truth is not given in one simple act
- c. Acquiring Truth requires transformation

Foucault identifies the origins of the ‘Cartesian moment’ when the ancient Greek terms *gnothi seauton* (know yourself) and *epimeleia heautou* (care of the self) became conflated. Foucault finds the origins of this dissociation in the theology of Thomas Aquinas:

The correspondence between an omniscient God and subjects capable of knowledge, conditional on faith of course, is undoubtedly one of the main elements that led Western thought – or its principal forms of reflection – and philosophical thought in particular, to extricate itself, to free itself, and separate itself from the conditions of spirituality that had previously accompanied it and for which the *epimeleia heautou* was the major expression (Foucault, 2005: 26)

The art of living that was *care of the self* in Ancient Greece, was a spiritual form of self-reflection and an aesthetic path to personal improvement that became conflated with the injunction *know thyself* in Western thought. Since Ancient Greece, these meanings of understanding the self began to become conflated with each other, becoming objects for knowledge of ourselves. It is here that St. Augustine recounted his own troubled youth and repented the temptations of the world, receiving salvation through a spiritual path that had a close resemblance to practices of self-discipline recommended by Seneca with one crucial difference: this truth became the foundation of a science of the self.

Whilst DeQuincey may have introduced these personal themes, they were quickly professionalised with the creation of a new branch of psychiatry emerging from his musings. Later in the century Norman Kerr, the founder of the prestigious modern journal now known as *Addiction* perfected this exegetical link through his Biblical analysis of the story where Christ turns water into wine at the wedding in Cana. Kerr refuted this assertion stating plainly that he knew of no meaner defence than the ‘defence of sensual habits in the Bible’ (Kerr, 1881). Such an interpretation of the text was ‘placing a ‘tremendous weapon in the hands of a well informed modern infidel’ He went on to argue that all physicians now accepted alcohol as a poison and that the Bible could never endorse such a practice as consuming poison.

Kerr argued that the word wine in the English translation of the Bible was a mistranslation from the original Greek and that Christ had actually produced unfermented grape juice. At the very level of scripture, the adherents of the new form of pastoral power sought to establish the truth.

Know Thyself

Working within the confessional tradition, attempting the unveiling of the mysteries of opium, DeQuincey found that in his later life that he was mystery to himself. Having previously broken free of its grip on two occasions he returned to its pleasures and pains once more:

With what final results, I have much difficulty in saying. Invariably, after such victories, I returned upon deliberate choice (after weighing all the consequences on this side and that) to the daily use of opium (1978: 206).

In those later years DeQuincey developed reactionary views, most notably supporting the Peterloo Massacre but his opinions upon opium remained those of a radical. He reflected that he had lived a long life, and reported that he had never been free of opium but for two short breaks, choosing to return to the drug on both occasions. Here the older DeQuincey noted that excessive use of opium not only increases the user's mental and physical tolerance, but

also leads inevitably to the horror of overdose, the pain of withdrawal, and the torment of hallucination. Despite his mature awareness, he nevertheless supposed that he had eventually gained some degree of control over the titration of his dose over time, and hence occasionally managed to experience the original pleasures and revelations of the drug while reducing some of the unpleasant side effects he had grown acutely aware of.

The older DeQuincey reflecting upon his earlier self appears less certain concerning his previous confidence that he had devised a method for the salvation of the opium eater. He had in fact failed to produce the third section of his meditations. The conflation of the ancient spiritual practice of meditation and confessional practice with the directional and exegetic emphasis from Christianity requires a salvation approach but DeQuincey could offer none for himself or his fellow opium eaters. DeQuincey admitted in these later years that he has no method for a cure of his condition and had surrendered himself to the mysterious power of the drug. In his later years he remarked that his longevity proved that opium eating need be not necessarily a fatal condition but he was forced to admit defeat in the face of the mysterious force that compelled him to return to his slavery.

The 'Cartesian moment' represents the point at which the subjective and spiritual process of confession became a form of scientific self-enquiry according to Foucault. It is in Descartes separation of reason and unreason that the beginning of rationalism and modern science begin:

So my idea would be that, taking Descartes as a reference point, but obviously influenced by a whole series of complex transformations, there came a point when the subject as such became capable of truth. Obviously the model of scientific practice played a major role in this: to be capable of the truth you only have to open your eyes and to reason soundly and honestly, always holding the line of self-evidence and never letting it go. The subject then does not have to transform himself. The subject only has to be what he is for him to have access in knowledge (*connaissance*) to the truth that is open to him through his own structure as a subject (Foucault, 2005: 190).

It is here that the final step in the process of privileging the injunction to *know thyself* became perfected as the epistemological basis for the scientific enquiry into the self. From this point onwards the ancient idea of *care of the self* would be suppressed, pushed into a shadow world where the light of rational knowledge would banish uncertainty. The conflation of the *care of the self* and the original injunction of *know thyself* produced by a new form of power and thus opium and the opium eater became the object and subject of this confessional enquiry. DeQuincey deploys this force upon himself and his own experience, leading to a hermeneutic process that would enable the psychiatrist to colonise the addict. There are however many confounding

factors if we are to enquire into the nature of addiction, not the least being the inherent game of truth of every dependent individual.

By 1853 the inner truths discerned by the young DeQuincey had become medical facts and an object to be known and named, theories proliferated and serious discussion was underway within the medico-judicial context. The medical discussion concerning the condition of opium eating was underway by 1840 (F.S.M.). DeQuincey's more mature voice joined these others but he had lost control of the agenda, lacking the required hermeneutical expertise to understand his original work. Reflections upon his own experience were by now mere footnotes within the growing professionalised and institutional progress towards the establishment of a science of addiction. Both Kerr and Kane would publicly blame DeQuincey for his own invention, denying him any further insights. For many professionals the only credit for DeQuincey was in having established the foundations of a Church that was to become the object of their observation and the source of their income.

On the 8th of March 1978 (2007: 227-253) Foucault spoke of the pastoral power that emerges in the eighteenth-century. Having spent the previous weeks describing the origins of this power through the Gnostic practices of Christian ascetics, he observed the shift from the government of souls to the government of people that occurs following the Enlightenment. Both the English and the French revolutions co-occurred between the Classical Age and the Enlightenment with an increasing sense of reform demanded by the

economic and political reformation. The notion of the *common good* began to develop into a theory of the rationality of the State through a debate around the notion of a rational system of government. The notion of pastoral power that originally came from Plato and the metaphor of the shepherd combined with the sovereign power of the modern State to produce a new comprehension of the nation State and its objects. The idea of the nation enables new techniques that enable greater control over personal subjectivity, providing both surveillance and discipline at a much greater level than before. It is within this context that DeQuincey opened a debate in 1821 concerning the pleasurable use of opium, drawing attention to the body of the opium eater.

Salvation oriented power is essentially at root, a mystery cult in which the initiate will join a spiritual elite through the power of their personal transformation (Foucault, 2005). DeQuincey was working within this tradition. DeQuincey certainly saw no role for the lower classes in his claim for the inspirational powers of opium. That DeQuincey states quite bluntly that the driver of oxen will only dream of oxen under the influence of opium is to state that DeQuincey's visions are those of the enlightened elite that has already achieved a form of salvation consciousness. Such views concerning luxury and the role of elite echoed those mentioned previously by Fielding (1988) who also concluded that the elite being small in number could afford such vices, whilst the mass use of gin would have a detrimental effect upon the body of the whole nation. Such insights are profound when considering

the extinction of the mass use of opium by the lower classes of late nineteenth-century and early twentieth century.

We must ultimately wonder if like Plutarch whether we can turn to look down upon ourselves. We might wonder whether in opium these insights can be anything other than representations strongly subjectively influenced by the drug studied. Such narrative processes have been recently outlined in the *Myth of Addiction* (Davies, 1997) which reveals the importance of the attributional process in the creation of these narratives concerning addiction, revealing that notions of truth in the context of discussing addiction are nebulous and extremely bound within the context of the participants own expectations and attributions towards their drug use. In one context addiction also has a pleasurable element, within the other it is simply the avoidance of withdrawal symptoms but in all cases the truth of our own personal insight into addiction are far from clear cut with both of these features entirely bound together.

The *stultus* (Foucault, 2005: 131-134) is a classical figure to designate the boundaries of salvation of the few:

The consequences then – both the consequence and the principle – of this openness to representations coming from the external world, and of being dispersed in time, is that the individual *stultus* is unable to will properly (Foucault: 2005: 132).

Most of all such a character is perceived as blown in the wind and of having no individual self-determination. Subject to whims of the external world, lost in time, unable to perform an accurate recollection of the past and having no inner strength the *stultus* represents the majority of the population. To move beyond the *stultus* there must be a guide in Classical thought. In the Greek conception this was communal whilst in the Roman, individual; involving personal direction and this tradition has become the basis for the Christian confessional. In order to govern the city state, one must take care of the self and in ancient thought it was the care of the self that qualified the individual for government. Thus DeQuincey is working within this ancient stoical elite tradition, speaking directly to the leaders of his generation, using his own experience as the basis upon which the enquiry into opium is conducted.

The salvation-oriented nature of such endeavours requires the individual to attempt a form of a conversion to the truth. Thus there is something both cathartic and political in salvation-oriented power. The practice of turning round upon oneself and converting to the self are seen very plainly in the *Confessions of an Opium Eater* wherein DeQuincey claims ahistorical value for his opium dreams. This practice is however confounded by the inherently mysterious nature of opium dependency disclosed by the older Coleridge. DeQuincey can provide us with an account of his youthful wandering and the sorrows that he observed, of his visions within the thrall of opium and of his impressions of the divine but ultimately his work provides no answer to the

question of dependency. His attempts at an analysis of dream visions seem anachronistic when compared with his observations upon his own struggles with opium that remain contemporary.

The audience no doubt eagerly awaited the third chapter that promised the solution to the pains of opium but it never came. Although DeQuincey hoped to be able to achieve a sudden transformation and looked forward to explaining his method in the final chapter, this never transpired and the older DeQuincey was clear minded in acknowledging this. Thus we are deprived of the salvation offered beyond the artificial paradise of the opium experience. We might say that DeQuincey's attempt to comprehend his own use of opium is a clear example of the practice of the self to the self but with the confounding problem of his own personal dependency and the attributions that emerge from those internal narratives. His final conclusions call for sympathy and tolerance and for long term medical help for a baffling but not necessarily fatal condition where necessary.

The exegesis that was promised confuses the notion of knowledge that exists in the French language between the verbs *savoir* and *connaitre*. *Savoir* describes knowledge in the factual sense whilst *connaitre* describes an acquaintance with a person or a particular social context. Can we say that it is possible to know the pleasures and pains of opium as such a factual object? The answer must be no.

There is a neo-Platonic root to bio-technico-power that is confounded by the mystery of addiction:

First, the privilege of the ‘Know yourself’ as the very foundation of philosophy with, in the Neo-Platonic tradition, the absorption of the care of the self into a form of self knowledge. So first, the privileged status of the ‘Know yourself’ as a form of the care of the self par excellence; second the theme that ‘Know yourself’ leads to the political; third the theme that this ‘Know yourself’ also leads to cathartics. Finally a fourth thing is that a number of problems arise between the political and the cathartic (Foucault, 2005: 173-174).

In this sense the good of the city and its people is conflated with the good for the individual in Plato’s original thought according to Foucault (2005: 176). Thus caring for oneself is good for the city and the city’s prosperity is good for the individual who in turn discovers his essential being and self-knowledge at the same time. Foucault finds that by the second century this conflation of the individual and the city has been broken:

The self is the definitive and sole aim of the care of the self. Consequently, under no circumstances can this activity, this practice of care of the self, be seen as purely and simply preliminary and

introductory to the care of others. It is an activity focused solely on the self and whose outcome, realization and satisfaction, in the strong sense of the word, is found only in the self, that is to say in the activity itself that is exercised on the self (Foucault, 2005: 177).

The notion of bio-power is not a sociological idea, nor psychological, nor is it judicial. The study of bio-power concerns itself with the philosophy of the politics of power and the tactics employed in various struggles for the grip on power. This study has already revealed that for several centuries opium had been the subject of formal enquiry into its powers, a matter of scientific debate that the Enlightenment had brought forward. Ultimately the chemical enquiry into the mysteries of opium brought an end to the usefulness of opium itself by spawning a myriad of pharmaceuticals in the place where once simply had stood the poppy. The Cartesian moment enabled pleasure to be separated from the medicinal role of the control of pain but the shadow of pleasure could not be banished. The control of pain was further enhanced by the subsequent refinement of the essential elements of opium that in turn retained its Dionysian shadow. Many of the constellations of features that we now refer to as addiction were known to these early investigators but they were never combined together into a syndrome or within the context of a persona. It is DeQuincey who inadvertently defined this persona. Tolerance, withdrawal and habituation were already noted by experimenters and physicians, as were the hallucinations that come with extreme doses. The

unusual pleasures in the stomach associated with the use of the substance were already known, as was the slavery that might result from indulging in such pleasures but the character of the opium eater was invented by Thomas DeQuincey.

Along with the conception of the nation came a proliferation of bureaucracies that harnessed this concept to newly burgeoning scientific and mathematical disciplines. Following the avalanche of numbers (Hacking, 1999) of the eighteenth-century, organised systems emerged that enabled the nation to be described mathematically. The grip upon many diseases by the growing science of statistics produced answers and demonstrated the impact of particular policies. The multiple gaze of medicine came to bear upon the epidemic, by asking how many died, how many born, what disease, mode of life, cause of death and where did certain conditions occur, answers could be found (Foucault, 2010a: 35). The growth of quarantine, vaccination and hygiene as ideas were harnessed to the idea of scientific progress, embedded as prior successes. In approaching opium eating as a condition, the first enquiries concerned imports (Berridge, 1977: 90-94) of the drug. The clinical discussion concerning the novel condition followed the publication of *Confessions of an Opium Eater*.

The struggle for the control of pain and the suppression of the pleasure associated with that control must be deemed one of the crucial failed battles of bio-power. It represents the final limit of the Cartesian endeavour beyond

which lies the epistemological wilderness. Nineteenth-century concerns around security centred on health and the threat of violence from both inside and outside the nation state but here was a threat that was imported in an ever-larger quantity and that was willingly ingested. We find ourselves observing therefore an entity that consists of population, territory and bodies threatened by a powerful and insidious agent.

Within the notion of bio-politics lies the ancient idea of the *polis* combined with a new understanding of the economy. Foucault provides us with a revealing insight in his lecture of January 11th 1978 (Foucault, 2007: 1-27) when he says that this town is actually built upon the model of an ancient Roman military camp. The Roman town is similarly zoned in socially and spatially discreet neighbourhoods where labour is organised efficiently next to the living unit and the periphery. It is here at the periphery that opium was placed. At the edge of the Roman camp is the wilderness, a wasteland dump and the limit of the known. Although peripheral, the border of the Roman camp was crucial from the point of view of defence. It is here that the disruptive and the rebel forces existed and where one might be exiled if one placed oneself on the outside of Roman society. The periphery was to be the ultimate destination of the opium eater.

It is wrong to say that water borne disease was the first object of the British public health tradition for it was the notion of noxious disease causing gases borrowed from Galen: miasmas. The rebuilding of London following the fire

in the 1660s was overseen by Wren and Hooke, using the theory of the miasma to ensure the free flow of air within its broad boulevards (George, 1925; Porter, 1991). With the triumph of Lady Montagu Wortley's (Henry Fielding's cousin) imported Eastern notion of variolation that was to become vaccination, there also followed the detective victory of Dr John Snow's identification of the water pump that was causing cholera. Thus deduction and observation played a crucial role with the conquest of epidemic diseases. The abolition of opium eating appeared to be one more conquerable peak along the march of progress.

There is no fixed notion of the hierarchical leverage of power in Foucault's worldview without the involvement of the individual and of his or her subjectivity and yet the limit of this power produces unintended consequences. Whether docile or resistant the individual is in an active relationship with a sovereign power that is comprised of sedimentary layers of pronouncements, rules, protocols, regulations and laws. There is an equally complex relationship between the law and the social consequences that are generated by such major shifts of cultural practice. It is here that the present-day phenomenon of injection drug use can be found.

DeQuincey's *Confessions of an Opium Eater* mirrors a passage in Augustine's *Confessions* according to Alina Clej that warns of excessive curiosity of the public:

In Augustine's angry words, audiences are "an inquisitive race, always anxious to pry into other men's lives, but never ready to correct their own" they delight in "sensation(s) of sorrow and horror" or in the freaks and prodigies [that] are put on show in the theatre" (1995: 25)

We might wonder as to DeQuincey's purpose in revealing his condition to the audience? Whatever his purpose it is clear that his work enabled the production of a new norm concerning the persona of the opium eater. Ultimately it must be stated that the object of every norm is conformity. The population becomes an object for analysis with an emphasis on risk and prevailing cultural conventions are embedded into statistical calculation. DeQuincey did not create the norm against the practice of opium eating for pleasure but he played a significant role in revealing opium pleasure as an object for public discourse.

The problem of modern government consists of the following questions: how to be governed, by whom and with what methods. The Baconian reworking of Machiavelli in the form of the *belly and the head* (Foucault, 2007: 268-272), provides us with the notion of an elite and the inter-relationship between the people and this elite that becomes the object of political consideration. Thus the two causes of popular uprising (hunger and political discontent) become the object of the modern political State. In turn these notions produce a rational form of government based upon the principles

of the Enlightenment that also emerge through Richelieu's ideas of modern government. The Hobbesian idea of life, prior to the state, as a never ending struggle of each against all, to be contained by sovereign power, enabled a deeper level of analysis through Machiavelli's observations on the Roman Republic and its discontents. This new field of analysis ultimately produced a *political telescope* in the subsequent centuries that came to focus upon the objects of vice and disease. We could begin to speak of a science that might produce the *quantum of happiness* and that could also improve the material fecundity of that nation. The nation could be described, measured and delimited and therefore could also be improved. In the place of the Prince we now find statistical tables, bureaucracies and the case file.

The governing of the household is one of the central sites of economic governance as this links naturally to the population level of understanding. It is through the idea of the family that national level decisions interface with the individual. The growing importance of the physician during the nineteenth-century and the increasing power of technology during this period can be seen through the rapid dissemination of the hypodermic syringe. The end of the mass use of opium within the space of a century is one of the clearest examples of this new power, a power that has the ability to transform lived experience but with dystopian results that cannot be foreseen by the architects. The transition between an art of government and the birth of a political science is crucial if we are to comprehend the consequences of the

abolition of the opium trade. The consequent disastrous emergence of intravenous drug use in New York City between 1925 and 1935 is directly related to this form of social engineering. This new form of power is at heart a pastoral power, with the aim of improving human behaviour using totalising and individualising forces in order to produce new forms of human conduct. The rapid decline of opium use gives testimony to the impact of this power and the rise of intravenous drug use represents the uncontrollable shadow of its utopian dreams.

The attempt to outlaw opium use is a particularly clear example of the limit of bio-technico power and the collective risk that is taken with social engineering. Sovereignty, economics, trade, political science combined with the discipline of the individual opium eater to produce a catastrophe of international proportions. We might say that at the heart the endeavour to suppress the opium eater was an idealistic objective. Pastoral power therefore aims to care for each member of the flock for the common good and no doubt the decision to abolish the practice of opium eating came partly from a pastoral impulse against the luxury of those idle pleasures associated with opium eating: a reaction against the absence of the work and the forgetting of the family. Salvation, truth and obedience are all combined within a total bio-technico grid that is given to the individual as a fact and we can clearly see that a new regime of truth for opium was constructed during the nineteenth-century beginning with DeQuincey. The pastorate and the economy provides

us with a truth that we are given as a natural fact and within a matter of decades the use of opium for pleasure had been revealed as a social evil and separated from the pain controlling element of the drug.

Opium eating was certainly a form of wilful self-enslavement in the eyes of idealistic Protestant radicals such as the Quakers who led the pressure group, Society for the Suppression of the Opium Trade. The Quakers were amongst those that led the campaign against the drug's export to China from India via British traders. These campaigners perceived the British Empire's moral complicity in this trade. These decades also witnessed the birth of the medical profession and the growth of the industrial development and production of pharmaceuticals that were more powerful and also prepared for injection. As these pharmaceutical markets grew, the role of opium became problematised through a growing awareness of the pleasure-seeking nature of its use. This provided a pretext for the monopolisation of opium and its products by the medical profession and the outlawing of the popular uses of the drug for pleasure. If the intention was to contain the genie of opium within the consulting room, it was to be a spectacular failure.

Foucault finds that the origins of confessional practice begin before Christianity. Early Christian thought is strongly influenced by the notion of *apatheia*, an idea developed from the Cynics and refined by the ascetic monk Evagrius (Holmes, 2002). This comprises the renunciation of pleasure, a rejection of luxury and worldliness, an idea that originated with the Cynics

and that was developed by the Stoics. For the Stoics and the early Christians however this higher state of being defines oneself against the masses:

This is that the effect, meaning, and aim of taking care of oneself is to distinguish the individual who takes care of himself from the crowd, from the majority, from the *hoi polloi* (Foucault: 2005: 75).

This early Romano-Christian notion of luxury is still very much alive in our present discussions concerning the pleasures of opium. Fielding's insight of 1753 concerning gin is that in fact that we have not moved any further than the Romans. He disapprovingly notes the Saturnalian revelries when considering the role of public holidays in ancient Rome:

The Roman calendar is thinner strewed with these seasons of idleness. Indeed there seems to have been one only kind of universal sport and revelling amongst them which they called Saturnalia, when too much great indulgence was given to all kinds of licentiousness. Public senses of rendezvous they had none (Fielding, 1988: 283).

The most unambiguous luxurious use of opium was by smoking (having no medicinal role); hence it was the first method of consumption to come under scrutiny towards the end of the nineteenth-century. Racial associations with

opium smoking came to the fore and the proximity of the criminal underworld to the Chinese opium dens in the United States. This association enabled a rapid shift towards increasing taxation of smoking grade opium and ultimately to prohibition in Britain and America following the Shanghai conventions of 1909. There was no medicinal explanation for such behaviour and hence within the pain/pleasure and luxury/medication Cartesian episteme this form of opium use became the most controversial.

The use of opium for pure pleasure in the opium den had become the object of attention in fiction and of sensational journalism in the United Kingdom during the 1860s leading Dickens to join a party of ‘slummers’ on their trip into *Tiger Bay*. Dickens was to introduce this in 1870 as the sinister background to *The Mystery of Edwin Drood* (2002). The indulgent use of laudanum for pleasure had been earlier produced by DeQuincey in 1821 but had now become the object of ascetic utopian campaigners and physicians alike. *Opium Smoking in America* (1881a) effectively fuses the racialised threat of miscegenation with a technical knowledge of the use of the drug. These emotive appeals are presented along with dispassionate demographic data and the practical details of opium smoking against the background of the nation. It is a unique document bringing to light a vision of a world brought towards moral decline by a combination of alien racial influence, dangerous euphoria, and the general threat of the underworld. To bring home the disastrous consequences of opium, the author makes clear the extent of the

technical skills and knowledge of these dangerous segments of the population. Kane's conclusions were that there was no excuse for this vice and that it should be eradicated. It was Hamilton Wright (1909, 1912) who finally led the successful campaign against opium smoking using very similar tactics to those deployed by Kane three decades previously, raising the spectre of miscegenation.

The importance of the opposition to luxury that is embedded within Christian discourse found itself entwined with a public lecture by Coleridge in 1795 who denounced 'pestilent Luxuries' that would leave 'leave an indelible stain on our national character' (Milligan, 2003: 32). Here Coleridge spoke of the contaminating evil of the consumption of products from the Eastern part of the world, in particular tea. Although Coleridge's subject concerned tea drinking, Barry Milligan (2003) provides a persuasive argument that Coleridge had in mind, his own use of laudanum. It is certainly true that in the summer of that year Robert Lovell had attempted to prevent Coleridge's marriage to Sara. This was on the grounds of 'idleness' presumably a tacit reference to of Coleridge's opium use:

Lovell had now had the opportunity to see more of S.T.C [Samuel Taylor Coleridge] than hitherto had been possible and his enthusiastic encouragement of the marriage was exchanged for opposition. As we know that he complained to Southey of his objection to S.T.C's indolent

habits, this compliant, presumably, was the basis of his objection to S.T.C as a husband for Sara (for whom, as her brother-in-law, Lovell probably felt some responsibility). That Lovell should take such an abrupt and categorical stand over habits of indolence suggests that this must have been indolence of no common degree: in short the situation points to Lovell's discovery of S.T.C's opium indulgence. (Lefebure, 1977: 159)

Milligan adds that the *Milk of Paradise* to be found in Coleridge's famous poem, *Kubla Khan*, is in fact a symbolic presentation of opium itself. For Milligan the work of DeQuincey and Coleridge harness a nationalistic depiction of opium as a sinister substance associated with the Orient.

Towards the end of the nineteenth-century, the Quaker led Society for the Suppression of the Opium Trade and the publication *Friends of China* both campaigned within the context of opium as a form of slavery that the British Empire was complicit with. The two Opium wars with China that had forced the trade upon the Chinese Empire had produced an internal British protest movement.

If Coleridge was forced to be discreet about his own dependency upon laudanum through the prevailing taboos of his society, he and his friends and physicians were less cautious in private correspondence. The posthumous publication of this correspondence following *Confessions of an Opium Eater* furthered widespread discussion upon the subject of the opium eater, enabling

the generation of a public persona. This debate was originally prompted by DeQuincey who all but named Coleridge in his *Confessions of an Opium Eater* but Joseph Cottle in 1836 with the full support of Southey published the scandalous correspondence 'for the sake of faithful biography and for the beneficial effect' focusing upon Coleridge's opium eating.

At the centre of these debates lay the question of pleasure and pain and the distinction between the luxurious use of opium and the mechanical nature of the pains that were associated with the drug. The pleasurable sensation in the stomach had become 'the wind and the hiccups as if the Demon of Hurricanes were laying waste my trillibub-plantation' for Coleridge. The public context within which opium began to be considered became increasingly dominated by Coleridge's conflicted private confessions.

John Brown, the eighteenth-century physician who proposed a form of medicine that caught the imagination of the Romantic Movement may have led to their experimental use of opium as a 'stimulant'. The moon-gazing of Chateaubriand and the New Sensibility had merged with the political aspirations of the Girondists that caught the imaginations of the young and idealistic poets of the British Isles. This approach towards opium is perhaps most clearly defended in DeQuincey's work as the potential root of a new form of inspiration. Coleridge had also once claimed an opium inspiration for *Kubla Khan*, his famous poem. This source of inspiration was strongly disputed by DeQuincey. Coleridge always explained his dependency upon

opium as a result of an early illness and the over enthusiastic prescription of the drug. Coleridge's views about his own and other's opium use were highly controversial amongst his friends and acquaintances. Whilst Coleridge held that he was the victim of circumstance and that his dependency did not seek the luxurious pleasurable sensations, DeQuincey replied that Coleridge was full of self-deceit. When Cottle published his *Early Recollections* he endorsed the view of DeQuincey and Southey concerning Coleridge's claims of innocence. Lefebure cites Southey's correspondence with Cottle:

Shocking as his letters are, perhaps the most mournful thing they discover is that while acknowledging the guilt of the habit, he imputes it still to morbid bodily causes, whereas ... every person who has witnessed his habits, knows that for ... infinitely the greater part – inclination and indulgence are the motives. (1977: 39)

Dr. Gillman, was Coleridge's close friend, biographer and personal physician who shared his family home with the ailing Coleridge for many years. Gillman's response to the posthumous publication of Coleridge's opium correspondence with Cottle is of particular interest. In his *Life of Samuel Taylor Coleridge* Gillman stoutly defends the poet from allegations of sloth, asserting that to the contrary Coleridge was hard working and diligent. Coleridge had expressed his own explanation for his dependence upon opium:

By a most unhappy Quackery after having been almost bed-ridden for six months with swoln knees & other distressing symptoms of disordered digestive Functions, & thro' that most pernicious form of Ignorance, medical half-knowledge, I was seduced into the use of narcotics. August 21st 1820 (Lefebure, 1977: 333).

The early Coleridge along with many of his contemporaries had been an ardent supporter of the French Revolution until the horrors of the 1792 September massacres and the decline of the Girondist faction. During this same period of disillusionment Coleridge also suffered from the harsh criticism of his closest friends, no doubt alienating the poet further from his earlier Jacobin sympathies. We might wonder whether the connection between Brunonian physics, Romanticism, Jacobite revolution and the experimental use of opium in Bristol may have resulted in a complete rejection of a belief system that opium was bound up within. The events of the September massacres of 1792 had turned many enthusiastic British revolutionaries into patriots and by May seventeenth 1799 Coleridge could be heard to sing *God Save the King* and *Rule! Britannia* in the Hartz Mountains. We might wonder if the older Coleridge might have disowned his earlier rebellious self, along with the denunciation of the pleasures of opium.

The publication of *Confessions of an Opium Eater* and the later revelations concerning Coleridge's opium eating did much to establish a context within which the British and American public began to conceive of opium and the opium eater. In America there was much later produced an echo in the form of the *Confessions of an American Opium Eater* (Cole, 1905), the subtitle resounded with optimism indicating the writer's eventual escape *From Bondage to Freedom*. The debates that occurred with Coleridge and DeQuincey's tight knit community are still the essential pillars of our present discussions concerning drugs in general; no doubt reflecting older ideas concerning luxury and the link between vice, idleness and penury. Ideas concerning free will, moral considerations of sloth and luxury all touch upon the pleasant sensation in the belly. The iatromechanical nature of the condition enabled Coleridge to avoid these discussions upon the morality of his idleness and the value of his remembering of his family. Coleridge was accused of idleness and indulgence by his contemporaries, in time he found opposition from Southey, Cottle, Lovell and Poole.

These private arguments were later revealed to the public leading to Gillman's defence of Coleridge's productivity. Gillman's sympathetic defence of Coleridge's dependency reveals the Cartesian opposition of the dark unknowable force of pleasure with the bright light of the Enlightenment's discovery concerning pain. Gillman stopped a further debate upon the morality of luxury and the need for discipline by citing physical

causes. For DeQuincey the problem of pleasure was easily resolved in the claim that the educated and refined use of opium for pleasure was different from the use of opium by the oxen herder. In this present-day accepting long-term dependency and the pains of withdrawal as a medical fact enables us still to prevent a moral discussion concerning indulgence in pleasure, idleness and the penury of the masses that result from useless luxury. We might therefore tentatively conclude that these two poets and their contemporaries have played a very significant role, through their confessionals, in the development of the foundation of the philosophical underpinnings of the scientific paradigm in which we consider the products of opium and other drugs. We might also glimpse the shadow of the *spiritus animus* and the *iatromechanic* in our present-day discussions of addiction.

The Civil Servant and Raison d'État



Prohibition of alcohol and narcotics enabled the creation of newly organised crime syndicates and the development of innovative funding systems for the international smuggling rings.

It is not to underestimate the work of Sir Malcolm Delevigne and Sir Humphrey Rolleston if I state that their objectives were limited and that they did not have an insight into their collective work of genius. The importance of their humane and profound understanding of the pains of opium and the need for sympathetic treatment should never be forgotten but we must not give the gift of foresight to these two individuals. There are, however, certain limits to their approach – it founders, in the final analysis, upon the rocks of pleasure-seeking – which cannot accommodate the compulsive use of drugs that do not create a somatic dependence syndrome.

At basis all drugs are as commodities in the marketplace whether licit or illicit. The importance of the street in terms of the transport and distribution of grain or as a vector in the transmission of contagion cannot be downplayed.

La Perriere's definition of government requires that there must be an end for each policy. The exercise of sovereignty is not enough in itself. This should be the common good and the salvation of all (Foucault, 2004: 9899). La Perriere uses the fable of the honeybee that has no need for the sting or in other words the sword, in order to exercise power. In place of the sword we find a form of wisdom that embodies knowledge of humanity and a self-effacing concern for the good of all.

Within the context of this new rationality of government the population, commerce, technology and the notion of community present us with an alliance that serves the interests of the whole flock. This idea of pastoral power and the notion of the salvation of the flock lies at the heart of Foucault's idea of modern government. We therefore find the notions of salvation, law and truth tightly bound together in all modern systems of governance.

The concept of *apatheia* or the renouncing of passion is an idea developed by the third century Christian theologian Evagrius. This idea is at the basis of the modern conception of intoxicants including opium. Foucault traces the renunciation of such passion and pleasure back to the tradition of the Cynics:

What Cynicism sought in short, was to reduce one's diet, to reduce what one eats and drinks to the basic food and drink that gives maximum pleasure at least cost, with least dependence. With Christianity we have, however, something different. We have the same idea that one must seek the limit, but this limit is no way a point of equilibrium between maximum pleasure and minimum means. Instead, it is the reduction of all pleasure so that neither food nor drink ever gives rise in itself to any form of pleasure (Foucault, 2008b: 317).

The importance of this form of self-mastery certainly contradicts DeQuincey's value that he brings to intoxication and despite his attempt to valorise this experience for the cognoscenti the renunciation of the pleasures of flesh was to prove the victor of the contest. An entire economy will teach the truth to the population hence scarcity of commodities becomes linked to the virtue of thrift and hence also the fact of addiction stands as testimony to a diseased will.

The salvation and truth about opium are ultimately linked to obedience. Poverty and idleness that are associated with opium therefore are intricately linked to the ancient idea of luxury. It is therefore the role of sovereign power to conduct the people providing direction in the form of government and hence despite DeQuincey views concerning the pleasures of opium the close association with luxury could never be avoided.

We might wonder at the speed with which the abolition of the luxurious pleasures of opium was achieved. Within the space of one hundred years following the publication of Coleridge's correspondence there were no more than a few hundred opium eaters and morphinists left within the British Isles. A major shift in public attitudes and practices had resulted in the almost complete extinction of this form of subjectivity. This stands testimony to the power of a new system of government that was salvation orientated.

The economy of souls and the government of men is as much a product of cultural change as the consequence of human science and it is here that we also find the limits of this new system of governance. The Protestant Reformation, an insurrection of conduct against the Catholic hierarchy might also be associated with the roots of this tradition, introducing new ideas and opening up alternative systems of thought. The campaign against the opium trade was strongly associated with Protestant churches in the United Kingdom and also with the Liberal party and radical reformers. Marx himself used the idea of opium as a metaphor for religion, comparing religion to an insidious masking agent: introducing the idea of a simulation of tranquillity rather than the real thing. The English revolution of the seventeenth century had produced the pacifist and ascetic Quaker movement that was mystical in tradition and this tradition also found something repugnant in the idleness of the opium eater.

Wilfred Lawson spoke on behalf of the *Friends of China* saying in 1886:

It came to this, that by hook or by crook, money must be had to fight Russia, or to steal rubies in Burmah; and so it has to be got by poisoning the Chinese, and then we thanked God that we were not as other nations (Brown, 1973: 97).

The abolition of opium had become an objective of this movement as they supported and developed publications such as the *Friends of China* and pressure movements such as the Society for the Suppression of the Opium Trade.

Although narrow in terms of membership, these organisations were highly influential within the British context introducing a domestic political element at election and influencing international diplomacy through pressure at home. The principled campaign against the lucrative trade exposed the British Empire to righteous scrutiny revealing a weakness in the Empire's moral armour. These communities emerged from the Protestant Reformation and the Catholic Counter-Reformation established new forms of counter-conduct including asceticism and mysticism. Across the Western world the campaign against the tale of the luxurious slavery of opium found a willing audience. The influence of the religious pastorate in government is a two way process enabling an extension of power outside of the religious domain and hence the connection between government, medicine and religion can be seen as a

confluence around the trade in opium. That this puissant tide would develop a fatal undertow in the form of injecting drug use was never expected.

The result of an enhancement of the degree of devotional conduct in the medieval Christian monastic practice and spiritual control of the form of direction of the monk had led to an intensification of the relationship between this individual and their spiritual path. The pastorate had come to intervene deeply in the life of the individual and such pastoral power enabled political power to intervene more directly into the life of the individual citizen as well. The extension of political power over men and the connection between government, conduct and direction had become ever stronger through the innovations of the Enlightenment. We can see this very clearly with the disestablishment of the opium trade within the space of one half a century. By the 1920s opium use in Great Britain had become extremely uncommon. This increasing level of control emerged at the same time as ideas relating to the common good. In this model of political governance wherein the king acts as the shepherd of his flock, this notion is drawn from the Platonic idea of the shepherd who is at one with God and nature. In this sense bio-power takes on an increasing pastoral role, caring for the flock and ensuring that the flock is safe.

‘The state is a firm domination over peoples’, wrote Botero (Foucault, 2007: 237) in the late sixteenth century. Thus the combination of pastoral and sovereign power in the shape of the idea of the population and the family

provides us with a new kind of political telescope, a Reformation era innovation. The influence of Machiavelli and the Baconian reading of Machiavelli's *Commentaries* lies at the centre of Foucault's updated understanding of bio-technico power. The Baconian conception of an aristocratic tier of government interacting with a wider population can be seen clearly in the work of Sir Malcolm Delevigne in establishing the first systems for drug control following the international abolition of the opium trade at the Hague in 1912.

Delevigne's first involvement had come through rumoured sales of cocaine between Soho prostitutes and Canadian soldiers in the First World War (Spear, 2002). The intimacy of Sir Malcolm's knowledge ranged from the rogue doctor and the particular case history of the addict in the consulting room all the way to the debating chamber of the international delegation; revealing the comprehensive spread of the new panoptical system of power. This pastoral control began with the Defence of the Realm Act article 40B in 1916 and onwards to the Dangerous Drugs Act of 1920.

The new prohibition upon the sale of opium also led to discussions concerning the prescribing of drugs by physicians and the British interpretations of the international legislation concerning the role of physicians. An international debate revolved around the interpretations of the role of the physician in terms of the maintenance prescribing of opiates where

the spirit of Leibniz and Descartes intervened on behalf of the pains of the British addict.

We can glimpse Delevigne scrutinising the cases of rogue doctors and chasing up the care and control of a few hundreds of cases in the words of Spear (2002) who in his professional role worked for the Drugs Inspectorate of the British Home Office and oversaw the Addicts Index up until the 1980s. Spear had a similar personal acquaintance with most of the British cases up until the 1960s. There is no doubt that the *British System* has become the basis of most Western responses to the pains of opium. During the First World War Delevigne developed the Defence of the Realm Act regulations following concern around cocaine use amongst prostitutes in the Soho area of London and their sales to Canadian soldiers on leave (Spear, 2002: 3-6), clearly the potential for the undermining of the war effort was at the centre of this concern. Delevigne continued his professional involvement with developing Britain's controls around drugs, overseeing the regulation of physicians and the implementation of the law. Working closely with the Rolleston committee in order to respond to the new international context of drug control he established a system of care and control that would stand the test of time.

The battle of bio-technico power around opium turns out to be fought on a very personal level. Delevigne suggested that physicians could be looked at in terms of three kinds: those that were self-prescribing; those not in practices that continued to prescribe; and those who appeared to be prescribing for

reasons other than the control of pain. Addict doctors and those that were prescribing unscrupulously (Spear, 2002: 51-62) were the main object of Delevigne's attentions on the domestic level where beyond a handful of iatrogenic heroin cases and the occasional opium smoking sailor there remained the fleshpots and cocaine parties of Soho (Kohn, 1992; Parssinen, 1983).

Two notorious cases of rogue physicians in 1924 led to Delevigne's suggestion of a proposed blacklist of nine doctors and nine addicts thought to be obtaining multiple supplies (Spear, 2002: 18). This prompted a debate around the limits of the medical profession in terms of prescribing narcotic drugs. This debate led to the physicians of the Rolleston committee and Sir Malcolm unearthing the issue of long term maintenance prescribing where Delevigne had also earlier come under pressure from American delegates prior to the Geneva Convention. Delevigne's attempt to establish a blacklist and his questioning of the maintenance strategy were perceived as an intrusion upon the newly established, self-regulating domain of the physician. Spear argues this debate was driven more by the intrusion of power into the personal rights of the physician that was resented. Spear identifies this self-regulating autonomy in the Rolleston committee and the letter of W E Dixon (Spear, 2002: 24) as evidence of the motivations of the physicians. The manoeuvres of the actors in establishing the borders of what was legitimate medical practice appears to support Spear's interpretation of events and

reveals a lack of foreknowledge on the part of all of the participants. We might argue that Delevigne had cautiously steered Britain away from the more stringent American interpretation of the Hague conventions by accident of his combative temperament following those earlier clashes at Geneva.

Although Britain cannot be compared to the United States during this period the role of stimulants such as cocaine in this case as a motor for creation of a drug scene can be witnessed in Soho during the 1920s (Kohn, 1992, Parssinen, 1983). This was a local battle that involved Delevigne directly. The physician S. G. Connor of Soho was prescribing cocaine to between three to four hundred 'men more or less in the underworld' (Spear, 2002: 26). Delevigne attempted unsuccessfully to summon this physician to the Rolleston committee. The scandals involving cocaine and the increasing amount of newspaper interest in drugs scandals and its characters also reveal an illicit as well as licit source of the drug (Kohn, 1992). Connor had come to Delevigne's attention as early as 1919. By the 1920s cocaine use enabled the underworld to make connections in Soho to form a ready market that met with London's theatrical demi-monde, resulting in several notable drug scandals (Kohn, 1992).

Delevigne's questions for the Rolleston committee concerning the correct treatment for morphine and heroin addiction revealed medical disagreement of opinion and a lack of clear evidence that he had already heard at the ongoing international meetings in Geneva. Delevigne had heard these

arguments already at the Opium Advisory Committee (McAllister, 2000). He was no doubt already primed with this knowledge when he asked whether a cure existed for the condition or whether some clear evidence existed concerning a treatment and how this should be administered. On August 8th 1923 the Rolleston committee confirmed there was no formula for the treatment and cure of addiction.

In the United States this discussion had taken an entirely different turn as the control of prescribing to the addict was already wrestled from the physician. This had begun with the virtual declaration of war upon addict physicians from Hamilton Wright in a 1909 *New York Times* article where he had publicly stated that many physicians were slaves themselves, blaming the spread of the condition upon an entire profession establishing addict physicians and their wives as an object example. The American interpretation of the terms of the Hague conventions saw no role for the physician. This resulted in the widespread closure of maintenance treatment facilities that existed across the nation during the 1920s. This became what Courtwright refers to as the *classic* era of American drug policy, to be reversed by John F Kennedy in the 1960s (Courtwright, 2001).

The importance of establishing a disciplined system of care and control can be seen very clearly in Delevigne's main concern around doctors that prescribed to large numbers with clear no plan of treatment. He was also interested in those that were self-prescribing, presumably to feed their own

dependency. There is no doubt however that Delevigne saw the value of long term prescribing and attempts to portray him as an opponent of this strategy are disingenuous. On February 22nd 1926 Delevigne signed off the Rolleston committee's work as 'an admirable and important report' (Spear, 2002: 32). We might see this as a triumph of *raison d'état* that would stand the test of time.

The new structures for the dissemination of licit drugs had shifted from the free availability of raw opium and laudanum, through the policing of the pharmacy, to the tightly controlled distribution of pharmaceuticals, arriving at the consulting room of the family physician. The proliferation of a bureaucracy of control had led A. J. Anderson and Frank Thornton to move from trade licenses for cocaine and morphine to an embryonic Home Office Drugs Inspectorate in 1916 (Spear, 2002: 35). Following the Dangerous Drugs Act in 1920 these acted as Inspectors monitoring the hinterlands of the physician's domain. Delevigne quickly established a system whereby he was able to identify the total number of medical addicts across the nation, these numbered in hundreds.

Delevigne's role with drugs ranged from the detail of the prescription pad through to the grand scale of the international conference. During the mid-1920s he was heavily involved in international diplomacy, preparing for the Geneva Convention of Sept 1928. It is impossible to consider the career of Sir Malcolm Delevigne without reference to his international role as well as the

domestic and it is here that we find the tectonic plates that produced the Rolleston committee. Delevigne's career was formed between the implacable plates of British ministerial government that met the demands of the emerging superpower across the Atlantic that was promoting its *classical drug policy* which prevented physicians from prescribing long term alternatives to opium. Internally the British Home Office, Ministry of Health, the India Office and the Foreign Office formed the source of the Rolleston committee. One perspective on history might have it that Delevigne's diplomatic expertise ultimately enabled the Rolleston Committee to answer the openly hostile questioning of British medical practice coming from the American delegation and their Canadian allies during the Geneva conventions (McAllister, 2000: 268).

For Delevigne the key to the final success of the international abolition of the opium trade was supply side agreements: this required agreement around quotas from producer countries. With several ministries at odds with each other and with the uncompromising position of the Americans set against the views of trading nations, Delevigne found an impasse that was never to be resolved. At this point in Geneva during the August of 1924 a row about the legitimacy of heroin prescribing in the United Kingdom arose where the Americans demanded a total prohibition upon all maintenance prescribing (McAllister, 2000: 268). Ironically it was the British success in cornering the opium market following the Opium wars that had led to the decline in the

American interest in the opium trade in China, hence enabling the United States to occupy the moral high ground. This had enabled American delegates to push their extreme opium prohibitionist position in all debates.

The distinction between the British response to a problem that was primarily iatrogenic and otherwise localised in central London and the situation that presented itself in New York, was noted by members of the Rolleston committee, as entirely different. The hundreds of underworld characters in central London can be compared with many thousands in New York, where the epidemic of cocaine and heroin sniffing of the 1880s and 1890s had sparked a longer and more entrenched boom. This boom was spreading out to surrounding cities and down the Western seaboard (Courtwright, 2001). Maintenance prescribing had become practically impossible during the early twentieth century in the United States following the Harrison Act and it is here from 1925 to 1935 that Courtwright notes an upsurge in injection amongst the New York underworld. Courtwright claims this followed the shooting of Arnold Rothstein and the arrival of Italian mafia, heroin dealers co-occurring with a decline in the quality of the street drug. Thus a decline in quality and an increase in price presented users with the rational economic decision that finally led to intravenous use.

The difference in British and American policy towards maintenance prescribing reflects two very different situations. British injecting drug users during this period were primarily ageing bourgeois private patients from the

earlier iatrogenic population. Cocaine use was associated with the youthful underground scene of the Soho district of central London that was beginning to grow in the 1920s but that was contained by prompt action on the part of the Home Office (Parssinen, 1983). It was not until the jazz age and the arrival of the 'Canadian jazz junkies' during the 1950s that Soho's drug scene began to become uncontrollable (Spear, 2002).

In New York City by comparison the epidemic of the 1920s had affected a much larger and less affluent population. These individuals were subject to much more draconian legislation, including most notably, the end of maintenance prescribing. Internationally American delegates continued with their direct attacks upon the British medical profession's right to prescribe through Sir Malcolm. The diplomat had little option but to conduct a root and branch analysis of British drug treatment policy of which the Rolleston committee of 1926 was the most significant result.

Sir Malcolm Delevigne's career brought him into contact with many different opinions concerning opium and morphine and he was well versed with the India Office's stance that opium could be used legitimately. He had worked with the India Office but he was well acquainted with the American isolationism in the international context of drug policy and the need to keep the emerging superpower within the international conventions (McAllister, 2000). These forces represent the parameters of Sir Malcolm's working life. Delevigne's attempts to control the pharmacy in 1921 had led to the

establishment of a national index. By February 1931, the register of 245 addicts known to the government gives us some indication of the difference between the two nations. The estimated addict population of Great Britain in 300 in 1934 jumped to 700 in 1935 (Spear, 2002: 41-42). By comparison Kolb (1924) had reported more known addicts in the city of New York alone during the previous decade and a conservative estimate by Courtwright (2001: 33) suggest that in 1920 there may have been a maximum of 200, 000 opiate addicts across the United States with one New York clinic in 1919 registering 7,464 addicts alone (Courtwright, 2001: 15).

In 1925 the *New York Times* had claimed that there were one million addicts in the United States but it is more likely, according to Courtwright (2001) the figure was considerably less, with many of these iatrogenic in nature. The figure of one million addicts in the United States was often used by campaigners against the 'army of addicts'. Richmond P. Hobson (Courtwright, 2001: 32-33), in sensational rhetorical flourishes gave the impression of an uncontrollable epidemic. Courtwright suggests that the overall decline of iatrogenic cases masked the growing problem amongst the urban poor of New York City, which was to develop during the 1930s.

Courtwright argues there were no more than two addicts per thousand in 1920 in the New York and surrounding cities (2001: 34) and that this prevalence was to decline until the end of the Second World War masking changes in the social profile of new non-medical addicts. The true figure of opiate users in

the 1920s in America is unclear but Courtwright's analysis is the best empirical analysis available indicating that despite Hobson's sensationalism, the United States did have a very different scale of problem. Courtwright indicates that amidst the declining iatrogenic cases there was hidden emerging a new kind of hardened lower class addict who would eventually adopt intravenous use from economic necessity (2001: 111-144). As the overall cohort of opium users declined during the late 1920s and 1930s this new group of underworld addicts did not decline in the face of the *classical drug policy* that prevented physicians from prescribing long term alternative supplies of opium alternatives and paradoxically began to grow, spreading to other cities down the Western seaboard. It is into this milieu that the practice of intravenous injection was introduced.

It is fabled that certain seamen learned the practice of intravenous injection in Egypt where intravenous use appeared simultaneously but more likely the art previously known to a few Professors of Medicine had escaped from the laboratory and the consulting room and had spread through the numerous chance punctures of veins during subcutaneous injection.

Whatever the origin, the widespread practice of intravenous injection arrived in New York during the 1920s where it began to spread within the new underworld drug injecting subculture. The growth in the injection of heroin amongst this group during this period also joined the confluence of events that followed a dramatic decline in the quality of the illicit drug. These myriad

of accidents combined with the shift from sniffing heroin and cocaine to injection to affect a core of underworld drug users. It is here that Kolb noticed his 'pleasure seekers' in 1924 where he developed his addiction theory of personality disorder and also where Towns observed the contagious spread of a certain type of addiction.

The roots of the American intravenous epidemic are no doubt various but one feature of the cause is the heroin sniffing epidemic at the turn of the century. Heroin sniffing was localised to New York and peripheral cities, most notably Philadelphia in the first decade of the twentieth century. Prisoners who were treated with heroin-based cough syrups in Sing Sing prison (Davenport-Hines, 2002: 215) at the turn of the twentieth century spread the news of the pleasurable effect of cough medicines in prisons may have sparked the wave of use of the drug (2001: 99). By 1917 a study in San Quentin found morphine injection was common amongst the prisoners. Massachusetts in 1917 and Boston in 1922 reported that morphine injection was also widely prevalent. By 1929 of some 1054 cases, 824 were male (Courtwright, 2001: 100), underlining the changing gender demographic. In the 1920s heroin and cocaine sniffing had turned into intravenous injection outbreaks that ran down the East coast of the United States and then towards the West.

Although Harry Anslinger, the new head of the Federal Narcotics Bureau led a national assault upon opium and certainly achieved his objective of

reducing prevalence dramatically by the 1930s these hard-core underworld injectors remained a growing issue. A new sub-culture now revolved around the needle.

By 1935, according to Courtwright (2000), most addicts in the United States had become intravenous injecting drug users. This was during a period of overall decline of the iatrogenic opium and morphine addicts. What is notable within the remaining cohort is a hard-core of 'delinquent' addicts noted by Kolb (1924, 1925, 1928). These 'criminal addicts' or 'pleasure seekers' were a resistant new form of addict, a new breed that would prove very hardy under the most extreme repression. These delinquent underworld addicts shifted from smoking opium following scarcity of smoking-grade opium in the late 1890s and onto cocaine and heroin sniffing in the first decade of the twentieth century and onwards to the needle and eventually into the vein. There is clear evidence of the unplanned consequence of the *classical drug policy* here in the interaction between repression and the paradoxical mass behaviour of certain hard-core addicts as a consequence of the prohibition of opium.

By the 1920s international attempts to control the pharmaceutical industry led to an attempt to establish international controls on imports and exports and this became a crucial concern for Sir Malcolm Delevigne. He struggled to introduce a quota system and was finally defeated in 1932 (McAllister, 2000: 99) but there is no doubt that this was the pinnacle of opium control. Sir

Malcolm oversaw the effective domestic management of his rational system but was eventually unable to contain the international trade. We might wonder what had occurred since the publication of the *Confessions of an Opium Eater* in 1821 and following the revelations of Coleridge's correspondence just one hundred years previously, the opium eater had been eliminated from Western culture. Sir Malcolm was finally parcelling out the last elements of a new international accord that had effectively abolished the trade in opium and had reduced the number of British addicts to less than one thousand. The simmering trade dispute with China of the eighteenth and nineteenth centuries concerning the smuggling of Indian opium provides us with a link between Coleridge's euphemistic attack upon the practice of tea drinking in 1795 (Milligan, 2003) and Sir Malcolm's final attempt to control the international trade in opium, coca and their derivatives. Britain had come to live without its dependency upon opium and had begun the process of a managed decline as an Empire but the future of injecting drug use was about to take a very different turn.

The imposition of opium upon an unwilling Chinese Empire had sparked two wars and led to the burning of the Summer Palace in 1860 (M'Ghee, 1862). It had also pushed American traders out of the market, providing America with no vested interest in the opium trade. The *Friends of China* and the Society for the Suppression of the Opium Trade were led by Quaker philanthropists with an ascetic vision who deplored the British use of violence

to impose a form of human slavery upon a nation but in their utopian vision lay the seeds of future destruction. In China's struggle to conquer opium smoking the Quakers saw a correspondence with slavery and a campaign that they had actively and successfully involved themselves in previously but the consequences were to prove catastrophic. These ideas came to dominate official commentary upon opium and had become enshrined as self-evident truths by Sir Malcolm's day but neither they nor he foresaw their role in the creation of a scourge that haunts the globe to this day.

Of course the idea of opium slaves was not new. Such description can be found in the early medieval travel journals and are often associated with Oriental imagery that both DeQuincey and Coleridge deployed. Effectively Quaker pressure within the British context combined with other religious, temperance, medical and political forces through the international context of the interests of China and her new ally, the United States against the continued imposition of this trade. The United States, having no large vested interest in the opium trade found an opportunity to develop international relations with the Chinese and also to win the votes of the prohibitionist electorate at home.

As Sir Malcolm's career came to a close in 1934 the situation in Britain and America could not have been further apart. Delevigne's department knew of a few hundred iatrogenic addicts and were aware of drug scene in the Soho district of London during the 1920s that centred primarily on cocaine and a handful of dilettantes and members of the underworld. The Connor case

reveals several hundred individuals using just one doctor to prescribe cocaine in this period but this scene was eventually suppressed (Parssinen, 1983) by tight controls on rogue physicians and the deployment of policing operations against high profile individual dealers such as Brilliant Chang (Kohn, 1992) the scene was suppressed temporarily. Spear (2002) refers to such ‘script’ doctors, as physicians that would supply indiscriminately and these appear to be the main concern of Delevigne on the domestic front. Much of the work of the Home Office Drugs Inspectorate therefore became the policing of the grey hinterlands between medicine and the law that remained following the virtual extinction of mass opium use.

PART THREE

The Needle, Inebriety and Resistance

Well for those of you who are concerned with my present physical and mental state.

I AM NOT A JUNKIE.

I've had a rather unconvulsive and uncomfortable stomach condition for the past 3 years by the way is not related to stress which also means it is not an ulcer, because there is no pattern to the burning, nauseous pain in the abdominal cavity, I never know when it will happen, I can be at home sipping a natural spring water, no stress, no fuss and Wham! Like a shot gun: stomach time

Kurt Cobain,

Journals (2002)

Chapter Six

Hypodermatic



A typical injection kit, produced from middle of the nineteenth-century: hypodermic syringes were often handmade in silver and gold with glass.

The invention of the hypodermic syringe – the significance of morphine – pain control in the Ancient world – the circulatory system – the cause of pain – the importance of Galen – intravenous experimentation – overdose – the rapid spread of injection as a technique – the first reports of concern – Harry Hubble Kane – New York City – Sir Malcolm Delevigne – middle and lower class opium use – the speaker's benefit in drugs – international pressure

At the dawn of the medical golden age, in the summer of year 1858, some three years after his original publication on the hypodermic syringe was first published, Alexander Wood (1858) reported to the prestigious twenty-sixth annual meeting of the British Medical Association upon the miracle solution to the most excruciating agony of one aristocrat:

Some time ago, an English nobleman came here to consult me about neuralgic pains with which he was affected. He had been much relieved by a person whom I had instructed in the use of the instrument and came to me to be cured. From examining him, I found there was every reason to believe that there was an internal tumour pressing upon the nerve, which created the neuralgia, and prevented its cure; and that tumour we could not remove. The pain he had to endure was of the most agonising kind; I never saw any one bear pain with such resolution as he did; but I have seen him writhing in agony, have seen him at once relieved with the instrument, and immediately afterwards able to take a long walk (Wood, 1858: 721).

The instrument in question was the hypodermic syringe. When combined with the new wonder drug, morphine – which was the refined alkaloid salt of opium – it maximised the possibilities for the physician to effectively deliver pain relief. Neuralgia was a commonly held medical condition of the nerves,

leading to a painful affliction of various parts of the body. In the previous year Bonnar (1857: 733-734) had enthusiastically reported on the use of this new hypodermic method with a patient of a sanguine-nervous temperament who was suffering from a painful sciatic nerve. The new method had proven useful against all forms of neuralgia and he also commented that the practice was now in common use in his clinic. Bonnar compared the new subcutaneous method with the application of morphine upon an induced blister, a common technique of that period. Bonnar's report met with an enthusiastic response (Probart, 1857: 781). Walker (1860) proclaimed a powerful new method for physicians in their daily practice.

The newly established professional body that would become the British Medical Association provided Wood with a national and international audience through its newly established journal. Wood (1858) indicated that he had used this instrument to cure a number of neuralgic conditions including the painfully enlarged breasts of one of his female patients, also a painful eye condition and the groin condition of another. Thus the problem of neuralgia, a condition of the nerves, as understood at the time, was cured, in Wood's opinion, by local injections of morphine near the site of the pain.

Wood told the meeting that the use of this device was now common across the city of Edinburgh amongst most physicians. It would soon become a global phenomenon.

The early nineteenth-century saw great technological advances following the philosophical revolution of the Enlightenment and opium was at the centre of many of these endeavours pushing forward organic chemistry with the creation of the first alkaloid, morphine. As the only effective painkiller of ages, opium had been subject to considerable scientific enquiry since the sixteenth century and had recently given up some of its mysteries in the development of morphine or morphia/morpheum as it was called at that time, a powerful alkaloid salt of the plant. This new age also brought many new engineering advances that enabled ongoing experimentation with devices that applied morphia beneath the skin, the aim of many physicians of that era. Attempts to get beyond the barrier of skin and to apply morphine more directly had been underway for some years. The direct application of morphine upon a blister induced by a heated glass was a common method as Bonnar (1857) had reported. A thread impregnated with morphine was also used, drawn through the skin with a needle as were many different mechanical methods following the refinement of steel that produced the hollow point needle. In 1836, Dr G. V. Lafargue of St Emilion had first used an acupuncture needle dipped into morphine (Davenport-Hines, 2002: 100) and hence might lay claim to the title of the inventor of the modern hypodermic needle but this claim is strongly opposed by Howard-Jones, (1947) who sees the hollow point needle as critical to the invention. Early innovators included the American Isaac Taylor who attempted to use a blunt nozzle for subcutaneous infusion

(Davenport-Hines, 2002: 100) combined with a lancet that employed to make the incision. The Irishman, Dr Francis Rynd, in 1844, used a gravity device combined with a hollow needle (Macht, 1916).

The title of the inventor of the hypodermic syringe itself can jointly be claimed as a combination of Charles Pravaz's, hollow point needle and Daniel Ferguson's manufacturing adaptation of the ancient syringe to this device. The hypodermic syringe was first manufactured by Ferguson in Giltspur Street, London during the 1850s (Rosales, 1999; Howard-Jones, 1947). This instrument was later improved by Dr. Charles Hunter with a bevelled edge during the late 1850s and the 1860s (Kane, 1880). It was Hunter who coined the term *hypodermic*, a term originally written as *ipodermic*. This is in fact a mistranslation on the part of Dr. Hunter – the correct translation from the Ancient Greek should be *ipodermatic*.

The syringe arrived in a very different age. The use of opium was widespread as the only effective pain control method in a time before aspirin and paracetamol. In last decade of the eighteenth-century Samuel Crumpe had written:

Among the many articles daily employed in the practice of medicine, none are more frequent exhibited none affect the human form more powerfully and few oftener the subject of medical reasoning, than Opium (1793: vi).

It was an age poised between the ideas of the ancients and the birth of the modern age. In the 1850s the family practitioner still relied upon traditional Galenic notions of disease and whilst the scientific revolution was still underway these more ancient notions persisted until well into the nineteenth-century. The prevailing mid-century notion of the cause of cholera was another of Galen's notions: clouds of noxious gases or miasmas that caused epidemic disease for which opium was the recommended treatment. In this same period Dr. Kilgour of Peterborough was still promoting another Galenic solution for pain: leeches and bleeding (1857). Opium was recommended as a remedy for cholera by Galen and the ongoing epidemics of waterborne dysentery were often treated with opium (Courtwright, 2001: 45, 79) and later morphine (Ashe, 1862).

Galen was the chief physician at the court of the Roman Emperor Marcus Aurelius in the second century A.D., a fact that could easily make him seem distant to present concerns. As late as the 1850s medical men were still relying upon Galen's observation that 'opium' was 'the strongest of the drugs which numb the senses and induce a deadening sleep'. Ancient physicians also knew the dangers of this drug; particularly the potential for fatal overdose. Thus Pliny the Elder noted the suicide of a senator in AD 69 and added that the drug was often used in ancient Rome when 'an unbearable disease had rendered life hateful' (Scarborough, 1995). The Victorians still relied upon many Galenic notions and potions including the opium poppy, as the last

defence in the face of most aches and pains. Diarrhoea, headaches, coughs, fevers and melancholy were all indicated. It was Sydenham, two centuries previously, who had noted that opium was the staple of most physicians and this remained so until the discovery of morphine at the beginning of the nineteenth-century.

Anticipating modern concerns about the potential of opium towards ‘addiction’, the prevailing Galenic views of that era associated opium with a certain insatiable appetite. The use of morphine by injection for the purpose of pain control was considered at first a safer means of avoiding the well-known consequences of opium eating: opium hunger (Hawhee, 2009: 71, Barthelow, 1873). That peculiar insatiable hunger for certain drugs had also been noted by the ancient Greeks and it is likely that Galen carefully varied Marcus Aurelius’ dose of opium in order to heighten the pleasurable effect of the drug that he preferred to consume in the morning (Scarborough, 1995). Galen, like Dioscorides of the first century A.D, also recommended the use of opiates for diarrhoea and this practice may well have contributed to the upsurge in opium imports of Britain and the United States during the Victorian period as a consequence of water borne disease. In Victorian Britain and America opium was often used to treat alimentary problems and the ongoing typhus and cholera epidemics of the Victorian era in Britain and the United States may well have fuelled the growth in markets. Whatever the underlying cause, imports for opium grew rapidly throughout the nineteenth-

century in Britain and America (Courtwright, 2001: 21, Parssinen, 1983: 205). Increasing use of opium in Britain and the United States during the nineteenth-century would later provide one element of the rationale for the abolition of the trade.

Pandora's Box

The syringe device appears to have Arabic origin (Brothers, 2007) and was originally a device primarily for the purposes of flushing fluids onto wounds or to insert medications into body cavities. Such uses were the subject of Commedia dell'Arte, the masked theatre that caused scatological mirth during the carnival of the medieval period with the comic use of a gigantic syringe. The needle found the vein through the series of developments that followed the discovery of venous circulatory theory that was proposed by Harvey in the bright dawn of the opening of the Classical Age (Porter, 1996:159).

The discovery of the circulatory system within the open corpse resulted in the rapid dissemination of this circulatory knowledge causing considerable experimental enquiry at the newly formed Royal Academy of Science in London during the middle of the seventeenth century.

It was Robert Boyle (Gibson, 1970) who along with Christopher Wren and Robert Hooke who first began the intravenous experimentation with opium. The procedure involved sheep's bladders and as hollow quills as instruments

that were used to introduce various drugs into the circulatory system of dogs. The unfortunate unruly servant of the diplomat Duc de Bordeaux (Mogey, 1953: 1180-1185) was the subject of Boyle's experimentation, fainting during the procedure. Hooke himself is satirised by Thomas Shadwell in his comedy *The Virtuoso* for attempting to infuse the blood of a sheep into a madman. Boyle separately reported that a dog that Wren had intravenously poisoned with opium had 'began to nod with the head, and falter and reel in his Pace, and presently after appeared so stupified, that there were Wagers offered his Life could not be saved' (Gibson, 1970). Wren in 1656 saw another dog 'vomit up life itself' from an intravenous injection of opium.

The knowledge of the venous system in the Classical Age proved difficult to apply in practice: the subjects of the experiments often died and the transfusions of blood were often fatal. The potential for the intravenous infusion of opium and its products therefore lay dormant for the next two hundred years. It was not realised until the technological revolution of industrial science that produced both morphine in industrial quantities and the mechanical engineering refinement of the hollow point needle.

The mechanics of the causation in relation to pain preoccupied the physicians of the early nineteenth with one school led by Alexander Wood favouring localised nerve endings as the causal factor, whilst the other school of thought proposed a system wide effect that was championed by Charles Hunter (1865, 1863, 1859, 1858). Hunter proposed the role of a general

bloodstream wide system for the transmission of pain relief. Hunter gained an advantage over his competitor in the eyes of the Scientific Committee Appointed to Investigate the Physiological and Therapeutic Effects of the Hypodermic Method that met during 1865-7 (Rosales, 1999). The popularity of hypodermic injection had grown rapidly amongst the medical profession by this period.

Wood supported the use of his device near to localised nerve endings and proposed that the injection should be made subcutaneously as close as possible to the site of the pain. Howard-Jones (1947) notes that the practice of repeated injection in the same site was a cause of abscesses – a fact that he notes Wood never reported in publication. Wood's colleague and rival, Dr Charles Hunter was also an enthusiastic early proponent of injection (1858) but was already concerned with sepsis that formed as a consequence of the hypodermic method, one year later (1859). Hunter consequently saw the danger of repeated injections around the same site and proposed that injections could be made with efficacy anywhere on the body. Joseph Lister, the surgical pioneer, also supported Hunter's assertion reporting concerns about hygiene and the practice of injection.

Wood's theory of action upon the nerves was to live on through the discovery of local anaesthesia following the invention of cocaine hydrochloride – when applied directly to the optic nerve in the 1880s, this new wonder drug provided opportunities for eye surgery never before

imagined (Davenport-Hines, 2001: 159). By the 1880s Hunter's theory concerning the action of morphine through the bloodstream had been established. This effect was also the cause of the syncope (fainting) associated with subcutaneous injection noted by Samelson (1867). Syncope was later linked to an accidental breach of the bloodstream: noted in great clinical detail by Kane (1880) who correctly deduced that accidental intravenous infusion was the cause of such incidents. We now refer to syncope as overdose. Kane noted that the fainting was often associated with bleeding from the puncture point at the same time thus raising questions around the role of the venous system in such events, opening up the likely origins of intravenous injection: accident. One might claim therefore that the re-discovery of intravenous drug use had its genesis in the myriad of medical accidents and the various self-experiments of physicians and researchers.

The new technology for the injection of morphine spread rapidly across the globe in a matter of months. An Edinburgh based professor (Rosales, 1999, Davenport-Hines, 2002) reportedly gave obstetrician, Dr. Fordyce Barker in 1856, the first hypodermic syringe to be brought to the United States. The popularity of the hypodermic syringe grew, as did also the unexpected and sometimes fatal consequences. In the absence of a germ theory there was no way of explaining the sepsis that often occurred following injection and only by the 1880s was there a beginning of clinical notions of hygiene for injection (Kane, 1880). The knowledge of injection spread rapidly across the globe,

reaching the New World through instruction manuals for the use of the hypodermic that were published in the United States by Antoine Ruppener (1865) and Roberts Barthelow (1869). These were published during a period of rapid adoption across the United States and across continental Europe. In 1866 the *Pacific Medical and Surgical Journal*, based on the Pacific Coast of the United States reported the ‘miracle!’ of the hypodermic method (1866, 1870). The tide of enthusiasm was to turn suddenly in the following years. In 1868, one physician (Anstie, 1868) found ‘absolutely no danger’ with the new method but by 1870 Clifford Albutt was to sound the alarm with his report of cases that continued their use beyond the therapeutic need and that could not desist from their use. Albutt (1870) was writing on the abuse of hypodermic medication amongst his own patients, noticing that some of these patients would not desist from their medications and that they had sought private supplies from local pharmacists but the fears went unheeded and Albutt was subject to considerable pressure from other colleagues (Howard-Jones, 1947). In 1876 the first reports of tetanus associated with the hypodermic injection of morphia also revealed that the new device had other consequences that physicians were just beginning to perceive amidst the swarming bacteria they were noticing through the lens of their microscopes (Roberts, 1876).

There was a change in professional opinion in the United States that is reflected in the reports that in the United States many physicians had begun to abandon the device (Ingals, 1878). Kane’s comprehensive study (1880) of

the injection of morphine acknowledged the gravity of the situation in his preface:

There is no proceeding in medicine that has become so rapidly popular; no method more of allaying pain so prompt in its effect; no plan of medication that has been so carelessly used and thoroughly abused; and no therapeutic discovery that has been so great a curse to mankind as the hypodermic injection of morphia (Kane, 1880: 5).

In Europe the writings of the German physicians Levinstein (1878) and Erlenmeyer (1889) confirmed that there was now a global phenomenon of injection drug use that persisted beyond the consulting room. The condition of *morphinomania*, which we now refer to by the generic term addiction, was first noted in Europe and America during this period and soon was to spread across the entire globe. In the 1864 Leiter reported as a matter of fact that his patients were using their own syringes and many physicians were reporting that they had also taught their patients to inject in the practice (Howard-Jones, 1947). By the 1880s physicians such as Kane were issuing dire warnings concerning the transmission of such knowledge but it was already much too late.

Kane's study of injection drug use *The Hypodermic Injection of Morphia; Its History, Advantages and Dangers* (1880) was ground-breaking in the scale

of his enquiry covering the United States, Great Britain, France and Germany encompassing 360 physicians who replied to six questions concerning the hypodermic. He wrote to physicians concerning their experiences with the new device, who reported in turn that they had noticed that some patients were subject periodically to swooning and syncope, referring also to experiences of tingling in the hands and feet and also to unconsciousness and even death. These phenomena, Kane correctly attributed to the bloodstream having been accidentally breached. His observation that sometimes these symptoms were associated with bleeding at the point of puncture, led to the conclusion that this bleeding was associated with the condition that they referred to as 'syncope' or swooning that often co-occurred. Kane therefore counselled physicians to use a tourniquet in case of such an incident – yet his study revealed that physicians were already experimenting with intravenous injection and that some had engaged in 'hundreds' of such experiments. The account of syncope or loss of consciousness was extensively clinically discussed therefore by Kane (1880). From these observations he concluded that patients and experimenters were routinely accidentally puncturing veins resulting in the swooning and unpleasant feelings of vertigo and tingling in the hands and feet.

Professor Nassbaum in 1881 had reported an accidental intravenous injection (Howard-Jones, 1947) following quite literally hundreds of previous self-injections. One might wonder at this point in time as to how many

physicians had already become slaves to their own newly discovered magic device and the genie contained within?

Although intravenous knowledge was older than the hypodermic syringe, the practice of intravenous injection at first remained accidental, unpleasant and unwanted in all official public discussion often associated with frightening and occasionally fatal consequences. Elsewhere Dionysian shadows lurked: for the knowledge of the intravenous method had begun to spread.

Aftermath

The first injecting drug users who might be recognised as the forbears of contemporary ‘addicts’ were the prosperous patients of private physicians across the Western world, whose clientele were mostly middle and upper class with many women amongst them. The identity of the *morphineuse* was well established in Victorian literature before the emergence of the *junkie* stereotype. Before the outbreak in New York City many inadvertent steps were required to create the conditions for the worsening of the situation amongst these teeming tenements. The first misstep towards what we might term, the iatrogenic Pandora’s Box, took place in the Victorian consulting room. The hypodermic syringe combined with morphine, quickly became the panacea for all Victorian ills. The term *iatrogenic* refers to a disease or illness that is caused by a medical treatment and we can see clearly that many of the

original cases were caused by medical practice (Courtwright, 2001: 89-93). Thus the future seeds of destruction were sowed with most Western nations experiencing very similar early phases of this global phenomenon of uncontained injection drug use, which was coupled with the rapid dissemination of the knowledge of the device via the newly developed specialist journals for family physicians.

Towards the end of the nineteenth-century the United States of America began to demonstrate unique demographics as numbers of young economically marginal men and elements of the underworld in New York City swelled the numbers of morphine and cocaine consumers (Courtwright, 2001: 86-87). Courtwright also proposes that changes in taxation to smoking-grade opium brought the opium smokers towards morphine and heroin sniffing in particular at the turn of the twentieth century (2001: 86-87). The Opium Exclusion Act of 1909 ensured that 'crude opium naturally became very expensive and could only be obtained in small quantities by those who could afford it at all' (Davenport-Hines, 1999: 215). Heroin quickly became so popular within the underworld by 1923 the medical director of Sing Sing prison estimated that heroin use amongst prisoners had risen from one percent prevalence in the prison population up to nine percent (Musto, 1973: 200). Heroin therefore provided a further legal and cost effective alternative for those that had acquired a taste for opiates in the opium den and it was freely available in patent medicines from 1898 (Musto, 1973: 3). The development

of various other drugs such as cocaine and the continuing availability of morphine increased the market of drugs that could be prepared for injection. These preparations grew rapidly in market share, the British in particular exploiting post war loopholes to feed the growing Chinese morphine market via Japan (Parssinen, 1983:147-153).

The first-ever international framework of drug control for opium and its products was agreed at the Shanghai and Hague conventions of 1909 and 1912. The United States of America adopted the strictest definition of the terms of those agreements in the form of the Harrison Act of 1914. Britain introduced 1916 Defence of the Realm Act, article 40B during the same period enabling the policing of cocaine markets that were linked to prostitution in the West End during the First World War (Spear, 2002). The resulting changes in the control of the newly illicit markets for cocaine, morphine and heroin, in particular, contributed to the sudden decline in quality in New York during the late 1920s and 1930s. This occurred following the domination of supply and distribution by newly organised criminal structures that had emerged in the wake of alcohol prohibition. Newly organised crime syndicates controlled those markets in the late 1920s and 1930s (Courtwright, 1989, 2001; O'Donnell & Jones, 1968; Katcher, 1994).

The shape of injection drug use changed from the upper and middle class clientele of the British and American Victorian consulting room of the 1880s, to a mass phenomenon amongst the underworld of New York in the early

twentieth century. This is a subject around which there has been some important historical commentary (Courtwright, 2001; Musto, 1973; Parssinen, 1983). This is a crucial historical fact and one that is missing from Berridge and Edwards' seminal text *Opium and the People* (1981). Due to the particular focus on opium and the creation of the addict identity (Berridge, 1977, 1978, 1979) the enormous influence of this work has led to a focus upon the idea of addiction and the role of the physician in enabling this process. What remains unexamined however is the importance of the relationship between medical and sovereign authority in both Britain and the United States, where very different relationships developed between physicians and the State, amidst very different contexts.

Psychiatry remains the main focus of *Opium and the People*. Foucault's understanding of the construction of madness by the psy-industries therefore informs the development of the idea of addiction. Mariana Valverde (1999) later further explored this process in her engagement with the construction of alcoholism. Ultimately *Opium and the People* lacks the depth of the genealogical analysis that can be undertaken. This can be evidenced by the lack of either of Foucault's genealogical works in the book's bibliography and of course his lecture series was still underway in 1981. These recently published works can reveal deeper insights into the creation of the global phenomena that is intravenous injection drug use. The development of an understanding of the hermeneutics of addiction begins with *Opium and the*

People but there are considerable steps to take in terms of the objectification and subjectification of the injecting drug user and whilst the crucial importance of the creation of the medico-judicial persona of the ‘addict’ has been noted by Berridge and Edwards (1981), the pejorative characterisation of the *junkie* emerges from its margins. *Opium and the People* deals particularly well with the importance and significance of the Pharmacy Act of 1868 in the reduction of infant mortality and also the consequent role of opium control with working class women but these are definitely the limits of the study at the borders of which lurks the hypodermic syringe. *Opium and the People* reveals much of an age but it might be said that Berridge and Edwards fail to develop their analysis to include the full significance of what Foucault terms bio-technico power with regards to drug control over the ages and the dramatic emergence of injection drug use followed by the spread of intravenous knowledge during the *classical* period of American drug policy.

There are already debates concerning the limitations to *Opium and the People*. Much of the recent controversy (Spear, 2002) concerns claims made for the impact of the *British System* for long term heroin maintenance prescribing that rehearse earlier criticisms of the sociologist A. R. Lindesmith’s (1965, 1968) work which proposed during the 1960s that the *British System* had prevented the growth of addiction in the United Kingdom.

There is also a dispute concerning the authorship of the *British System* that finds the former civil servant in charge of the Home Office Addict Index,

Henry Bryan Spear appearing to be in accord with the blind origins of the *Herkunft* and *Entstehung* versions of history that Foucault proposed in ‘Nietzsche, Genealogy, History’ (1991b). Spear’s participants lack the foresight attributed to them by Edwards (1978) engaging in local battles over personal privileges, thus producing the *British System* by accident rather than design. That the *British System* did not prevent the ultimate growth of heroin markets in Britain is another point that Spear asserts as well as questioning the foresight of its architects; a foresight that *Opium and the People* (Berridge & Edwards, 1981) also imbues them with.

The important comments from Spear reveal much about the workings of bio-technico apparatus, no doubt rescuing the reputation of Sir Malcolm Delevigne and providing a more balanced perspective on the participants. Spear’s analysis also provides a more modest and realistic claim for the role of the physician within the current international context.

Spear adds that the depiction of Sir Malcolm Delevigne as an opponent of the construction of the *British System* is incorrect. From a genealogical perspective this is a very important insight into the establishment of biotechnico-power systems in the early twentieth century. To summarise, a genealogy of the needle reveals:

- a. The importance of the double functioning of bio-technico-power and therefore downplaying the crucial role of Sir Malcolm Delevigne in the

- construction of the *British System* and also ignoring his opposition to extending the powers of the physician over the addict;
- b. An acknowledged omission of commentary upon the spread of injection, and;
 - c. The limitation of the focus upon opium use in Britain has prevented a discussion of the importance of the spread of intravenous use in New York between 1925 and 1935.

The authors of *Opium and the People* acknowledge the second limitation in their short chapter on the hypodermic and the issue of the New York City outbreak of intravenous knowledge was always beyond the scope of their project; hence there is new territory for discussion.

Historical analysis of the British (Parssinen, 1983) and American (Courtwright, 2001) opium import data reveals Britain's rapidly declining numbers of opium users and very low levels of prevalence of injection drug use in the British post World War One period. This compares with a unique upsurge in the American context of economically marginal, 'pleasureseeking' cocaine and heroin users of New York City that Courtwright argues were growing in numbers long before the introduction of the Harrison Act in 1914.

It is clear that by the 1880s significant numbers of middle and upper class injecting drug users were appearing at retreats in Britain and across Europe but the trend towards the mass use of morphine, cocaine and later heroin,

amongst economically marginal young men is not apparent in the European scenario. Armstrong-Jones (1902) of the British Claybury Asylum noted that morphine addicts were more numerous among the 'private class' and within the British context this would remain true until the late 1960s. In Britain Sir Malcolm had only a few hundred mostly upper and middle class addicts to manage, the occasional opium den that might spring up in a port city and the bright lights and cocaine parties of Soho that were never completely extinguished. Harry Anslinger on the other hand in the United States, acting as the new head of the Federal Bureau of Narcotic Prohibition, inherited a political catastrophe, entrenched corruption and a burgeoning public health scourge during the last days of 1928 following the shooting of Arnold Rothstein. Their situations could not have been more different.

The ready and cheap availability of opium during the mid-nineteenth-century outweighed the elevated price of the medical consultation and the price of morphine. Drug injecting equipment were therefore at first prohibitive in cost to all but the relatively wealthy. Gradually as the century progressed manufacturing efficiency resulted in declining prices towards the end of the century. The medical attendant at Mrs Theobald's Establishment for Ladies (Clark, 1882) reflected upon the considerable proportion of female morphine cases from the upper classes in the United Kingdom whilst across the Atlantic in 1900 over half of the prostitutes imprisoned in Fort Worth Texas were identified as cocaine users (Davenport-Hines, 2002: 165). The

relationship between prostitution and cocaine dealing would only begin to become a serious concern for the British Home Office during the First World War. The cocaine boom in the United States of the turn of the century (Courtwright, 2001: 95) amongst those on the fringes of the criminal demimonde was not at all evident in Britain during the 1880s and 90s other than amongst dilettantes such as Aleister Crowley (2000).

A rapid upward trend in the prevalence of American heroin sniffing in the city of New York reportedly followed the use of the substance as a cough remedy in prisons (Courtwright: 2001: 99). In the first decade of the twentieth century this phenomenon created a large pool of recruits for the needle that began to spread down the Eastern seaboard and into the surrounding cities. This trend was strongly associated with deprived and marginal populations. Prison and asylum authorities first noted the changes amongst their inmates. The first major epidemic of injection drug use occurred during these first decades of the twentieth century within this unique cohort. By the 1930s the cohort had *en masse* adopted intravenous injection as the main route of administration.

Opium and the People

Comparisons between British and American drug policy during the late nineteenth- and early twentieth-century are crucial to our understanding and

interpretation of the history of injection drug use and also critical to our understanding of our present-day debates concerning international, national and local city level drug policy. These historical debates concerning the *British System* especially lead to a significant reappraisal of our prevailing ‘truths’ concerning drug treatment in the present-day. Lindesmith had argued that Britain’s continued low levels of prevalence of heroin addiction during the 1930s until the 1960s were due to the impact of this system and hence historical evidence for this policy but this is not necessarily so.

Courtwright proposes that this is a *liberal* contention, falsely assuming that Britain and America were in a similar position in the first decades of the twentieth century and that hence the two policies cannot be compared in terms of the growth of numbers of addicts. One might say that Courtwright accuses the *liberals* (as he puts it) from Terry (1914) to Lindesmith (1964, 1965) of using a similar device to the ‘speaker’s benefit’ as outlined by Foucault in the *History of Sexuality Part One*:

But there may be another reason that makes it so gratifying for us to define the relationship between sex and power in terms of repression: something that one might call the speaker’s benefit. If sex is repressed, that is condemned to prohibition, nonexistence, and silence, and then the mere fact that one is speaking about it has the appearance of a deliberate transgression. A person who holds forth in such a language

places himself to a certain extent outside the reach of power; he upsets the established law; he anticipates the coming freedom (1998: 6).

The speaker's benefit is a rhetorical technique that enables the speaker of a statement to assume the position of the universal, dispassionate and objective observer. This is according to Foucault, a tactic that enables the speaker to appear to maintain a neutral stance whilst pushing forward an ideological objective, in the case of Lindesmith, on behalf of the *British System*. We can also see the use of the 'speaker's benefit' concerning the role of the physician in *Opium and the People*. In this version of history a victory is claimed on behalf of the whole medical profession against the apparent hostility of the Home Office:

Indeed Britain only narrowly averted treading the American path when in 1926 the Rolleston Committee ruled that it was acceptable practice for a doctor to maintain an addict on his drugs if the patient could not otherwise function healthily, or for the practitioner to prescribe diminishing doses to other patients in a process of weaning. The committee accepted the illness model. Any absolutist intentions that the Home Office may earlier have entertained were defeated, and the doctors won the day (Berridge & Edwards, 1981: 253).

Courtwright establishes that such conclusions, which compare British and American drug policy, are incongruous due to very different levels of prevalence in the two nations at the point of the implementation of the Hague Convention of 1912. He suggests that we might prefer to view the severity of the Harrison Act of 1914 as a consequence of the earlier growth of lower class drug use in the last decades of the nineteenth-century and during the first decade of the twentieth century rather than a cause as such. By 1920 there remained five-hundred and forty-two cases at the Shreveport clinic in New York, where cases were reported at 9.55 per thousand (Courtwright, 1999: 13). The total number of notified addicts in Britain never reached more than one thousand until after the Second World War (Spear, 2002). Courtwright claims therefore that assumptions originally proposed by Lindesmith concerning the relative impact of American and British drug policy are erroneous given the very different demographics of the drug markets in the two nations during the 1920s and 1930s. One fact pertaining to the Harrison Act however remains for Courtwright, and that is that by 1935 the main form of injection in New York City had become intravenous, caused by a decline in quality and an increase in price. Here we might note that the price of heroin jumped from \$0.85 to \$7.50 following the introduction of the Harrison Act (Courtwright, 2002: 191). This price rise provided the incentive to develop more cost effective means of the use of heroin with an inevitable logic towards intravenous injection. Numbers of opium users in general had

dwindled considerably during this period due to the legal prohibition. A hard core of injectors remained, continuing to eke out an existence during the Second World War through diverted military supplies and the few ‘croaker’ physicians that would take the risk of supplying an addict. These mavericks are vividly described by William Burroughs (2008) in his novel *Junky*, originally published in 1953. The pejorative term ‘script’ or ‘croaker’ concerns physicians that prescribe controlled drugs to addicts with no therapeutic purpose beyond personal gain. The engines of the Rolleston committee were fired by just such ‘script’ doctors in the 1920s. The physician’s defence of their right to self-prescribe was the catalyst that drove Rolleston committee’s engines rather than any grand vision of competing with the black market. The intervention of Sir Malcolm Delevigne in keeping the addict outside of the asylum is another aspect of the work of the committee that is also of note.

Ultimately the historical significance of the Rolleston committee’s work hangs upon their collective interpretation of the terms from the Hague convention of 1914 that met with a very thorough analysis of medical ethics in relation to the role of the physician in the treatment of addiction.

Spear opposes Edwards’ (1978) apparently teleological view of the creation of the *British System* on two counts. First, he opposes, along with most other historians, the impossibility of making a comparison between Britain and America due to demographics and secondly he asserts that this

approach promotes a common misconception that the *British System* was the result of a conscious design to undermine the black market on the part of the committee's members. This is a false argument that presents a view of history from a perfect present rather than the consequence of contingent forces and the actions of actors that often do not fully understand the consequences of their choices. Spear's conclusion is very interesting from the genealogical perspective because it reveals the functioning of biotechnico power and illuminates further the divide in British and American strategy during this period.

Spear supports Courtwright and Parsinnen's (1983) view that this *British System* of governance emerged with no forethought concerning the containment of black markets. Beyond professional struggles over medical privileges, the consideration of medical ethics and more significantly the physician's right to prescribe to themselves and when not in practice, to continue to prescribe, there was no grand plan. The roots of the history of the *British System* are therefore entirely accidental.

The 'script' doctor was of course the bane of Delevigne's life and in particular those that enabled the cocaine trade of Soho. The local struggles over individual practice dominated discussion with one Soho physician, S. G. Connor, a particular concern for Delevigne, according to Spear (2002: 26-27).

These specific concerns combined with the crucial requirement of the refinement of definitions that were prompted by the recent international conventions plus the tidying of various legal loose ends on the part of Sir Malcolm. We should therefore reappraise the role of Delevigne in the establishment of *British System*. Spear's assertion that *Opium and the People* lacks a sophisticated understanding of the business of British interministerial decision making is supported by considerable documentary evidence and certainly does not present an image of totalitarianism. We are presented with a picture of a cautious civil servant navigating the international and national waters following a ground breaking multinational treaty concerning drug control, caught between the newly established episteme of opium prohibition and the on-going business interests of the India Office in the opium trade and the other nations of the world. These interests were clashing against the demands of a newly emerging world superpower that had found the moral high ground of opium control.

Trouble was already brewing for Delevigne in the early 1920s when the Canadian Department of Health criticised British policy of the treatment of addiction by diminishing doses. This forced Delevigne to correspond on November 2nd 1922 (Spear, 2002: 20-21) concerning the rationale behind this method:

It would be very desirable on general grounds that the question of the utility of the method of treatment by diminishing doses should be carefully investigated and an authoritative pronouncement made on the subject and generally on the treatment of drug addicts (Spear, 2002: 21).

In his correspondence Delevigne referred to a 'divergence of opinion among medical practitioners' and of 'official experience in New York'. New York of the 1920s faced a problem that was completely out of hand. Physicians had been prevented from prescribing long term maintenance alternatives to addicts: the *classic* drug policy adopted by the United States.

By December 28th 1922 Delevigne had met with Dr. McLeary of the Ministry of Health and discussed a number of cases in order to illuminate the questions of definitions and treatments. Neither Dr. E. W. Adams nor Dr McLeary would endorse the sudden withdrawal method policy suggested by Delevigne on the 5th of March 1923. The discussion therefore revolved around those addicts that were receiving prescriptions for the relief of pain and those that were indulging their addiction such as cocaine and the various clinical and legal issues arising from these cases. On the 16th of March 1923 Delevigne received a message:

It will doubtless be agreed that the report indicates that the method of sudden withdrawal cannot usually be adopted except as part of

institutional treatment, and would therefore only be practicable in relatively small number of cases in this country in view of the limited institutional accommodation available (Spear, 2002: 23).

Delevigne sought clarity concerning distinctions in medical practice with addicts in order to respond to the Canadian criticism of British drug policy and the suggestion that Britain adopt South Africa's strict approach. By the end of March 1922 Delevigne wrote to McLeary of the road ahead.

Incidentally we can see the use of the 'speaker's benefit' once again in *Opium and the People* which is revealed by Spear when he quotes the full correspondence with Berridge and Edward's earlier quotation in italics:

Many thanks for Adam's memorandum. It seems to clear up the question of the validity of the treatment of morphine addiction by the method of diminishing doses. For administrative purposes, however, I think we want something more, viz (1) *an authoritative statement which we could use in dealing with the practitioners, and to which we could refer the courts, that regular prescriptions of drugs on the grounds that without them the patient would suffer or even collapse, without any attempt to treat the patient for the purpose of breaking the habit, is not legitimate and cannot be recognized as medical practice,* (2) publication both of that statement and of the conclusion in Adam's

memorandum with the authority of the medical profession, whether represented by the Ministry of Health or such a body as the Royal College of Physicians, behind it; (3) would it be possible to amplify the method of British treatment as described by Adams of page 5 of his memorandum and also to bring out more strongly that morphine addicts must place himself in the hands and remain under the close and constant supervision of a qualified medical practitioner until the cure is effected? (Spear, 2002: 25)

This presents a much more interesting perspective upon the work of Delevigne, who was working in the uncharted territory of international agreements. This international background concerning the establishment of controls around narcotic drugs is beyond the scope of *Opium and the People*. One might state that *Opium and the People* ignores the necessary subtleties of international diplomacy and fails to notice Delevigne caught between those tectonic forces, trapped between the forceful interests of Sir John Campbell of the India Office and the zeal of the American delegate, Stephen G. Porter. These pressures resulted ultimately in an international earthquake when Delevigne was directly challenged by American delegates on the continued use of maintenance doses of heroin during the August 30th 1924 negotiations (McAllister, 2000: 268), prior to the establishment of the Geneva

conventions. Here lie the archaeological strata that produced the *British System*.

I will therefore propose that *Opium and the People* reflects the narrow medical or *liberal* focus of its authors. We might also notice in the foreground the hypodermic in the hand of the New York City addict and this has an enduring message for the present. *Opium and the People* therefore not only misses the role of the international context in the creation of the Rolleston Committee but also fails to notice the role of the physician in the creation of the problem of injection drug use in the first place. Due to an over focus on the presumed victory of the physician over the opium eater we have ignored the importance of the consequent spread of injection. We should note especially the outbreak of intravenous injection during 1928-45 in New York, where physicians were prevented from offering maintenance therapy to their patients. This is what Courtwright (2001) refers to as the *classical period* of American drug policy. It is here where the most important message for the present lies and it is a message crucial for the nations struggling to contain such explosive epidemics in the present-day.

The birth of the *junkie*



The numbers of people who began to live on the contents of garbage tips in the United States grew during the depression era of the 1920s and 1930s. Injection drug use became associated with these people and their status in society.

Victorian Public Health successes over water borne disease began a broader hygiene movement that soon extended the metaphor of waste through the use of the notion of the *residuum* (Harris, 1995). The *residuum* was a notion based upon success of the control of water borne disease: the idea of a social waste based on the assumption that ten percent of the population effectively represented a threat of a similar order to that of cholera. Generalised notions of *hygiene* had begun to exert considerable metaphorical power since Snow's achievements. Courtwright (2001: 110) proposes that the etymology of the pejorative name that was shortened to *junkie* is to be found in the slang term

that was used to describe injecting drug users that scoured the rubbish tips of New York in the 1920s. The metaphorical association with waste and the unique sign of the syringe has reinforced negative stereotypes ever since, producing new taboos at the turn of the twentieth century. Knowledge of intravenous injection spread widely amongst those impoverished New York City heroin and cocaine sniffers of the 1920s as the quality of the product declined rapidly under a new monopoly of organised crime. Intravenous use became the dominant mode of administration for heroin users by the mid 1940 according to Courtwright (2001: 109). O'Donnell and Jones (1968) concur with this conclusion stating that the process had finished by 1945. With the transformation of the addict there were enabled potent images of ragged underworld folk devils that came to preoccupy the American imagination: the *junkie* became a fixed persona.

Clearly this historical analysis begs questions of many of our present-day assumptions concerning policy, the emergence of injecting drug use as a phenomena and the subsequent development of stigma associated with a type of drug administration. Lindesmith's assertion that the *British System* of heroin prescribing held back the tide of such prevalence in the United Kingdom is possibly true although potentially also an overstatement. What is true is not the British success but the American failure. The events in New York City regarding injection drug use were to have an effect in Great Britain during the 1950s and 1960s. The eventual influx of what Spear refers to as

Canadian 'jazz junkies' (2002) and the arrival of heroin using American jazz musicians during the 1950's signalled the end of the low levels of incidence and the arrival of a new method of drug administration and a term that was to become associated with the growth of an underworld culture.

Britain subsequently witnessed successive waves of heroin use concurrent with further waves of injection from the 1960s onwards. Western European nations have never experienced the same scale of drug problems that America continues to struggle with but the British population of injecting drug users were well established by the end of the 1960s.

The United States of America had witnessed a wholesale shift towards intravenous injection in New York City following after the introduction of their *classical drug policy*. Courtwright suggests that another significant impact of the Harrison Act was upon the route of administration of heroin from sniffing to injecting (Courtwright, 2001: 107). This proposal arguably provides us with our most obvious lesson for present-day drugs policy following on from the historical analysis. One might assert that the comparison should be subtly different from Lindesmith's, in that rather than emphasising the preventive role of the physician in terms of the importance of the *British System*, one might state that there is clearer evidence that without a medical check upon the illicit market, the market will find its own way and that there are potential unpleasant and unplanned consequences in particular associated with *classical* forms of prohibition.

The causes of the original phenomenon of the rapid growth in the intravenous injection of heroin in the United States remain complex. The constellation of factors that produced injecting drug use in New York during the first years of the twentieth century included the introduction of prohibitive taxation through the Opium Exclusion Act of 1909 and the later imposition of the Harrison Act, which affected huge populations of opium eaters and smokers. These legislative manoeuvres combined with the onset of alcohol prohibition, and led to the establishment of the organised financing of international smuggling pioneered by Arnold Rothstein (Katcher, 1994) which emphasised the portable and powerful virtues of heroin (Courtwright, 2001: 109). The readiness of heroin formulation for injection met with the *resistance* of the underworld to the opium prohibition. The outbreak of cocaine sniffing amongst ‘young boys’ reported in the *New York Times* of January 8th 1907 and the later heroin sniffing epidemic following a shortage of cocaine (Courtwright, 2001: 93) had led to a burgeoning population of young and economically marginal men that formed a consumer base. These young men mixed within prostitution and gambling institutions; reaching a critical mass during the late 1920s (Katcher, 1994; Musto, 1973). Thus local networks of former opium smokers, cocaine and heroin sniffers linked with an emerging system of street dealers that were allied to the establishment of international smuggling rings; effectively leading to supply and distribution

networks for heroin that were soon dominated by the newly organised criminal syndicates (Katcher, 1994; Courtwright, 2001).

Lower class drug use spread across the nation, combined with radically changing markets that first emerged amongst the young urban poor of New York City. These produced a burgeoning market for new pharmaceutical drugs often within districts associated with other vices (Davenport-Hines, 2002: 166), enabling the spread of injection drug use as the cheapest and most effective method of administration amidst a particular social milieu at a time of scarcity. The suppression of opium smoking that had begun with such optimism thus created demand for substitutes and laudanum, morphine and cocaine soon came to fill those needs. Heroin, invented on the eve of the first decade of the twentieth century, was widely adopted within the criminal world following its popularity in the New York City district (Courtwright, 2001: 85-109). Elsewhere heroin was marketed as an alternative to opium smoking for medical professionals (Eulenberg, 1899; Ahlborn, 1901) ensuring its expanding popularity. The 'black market virtues' (Courtwright, 2001) of the increased strength, reduction in volume and therefore portability of heroin were consequently of great interest to smugglers. These virtues were later associated with other virtues such as the powder's simple preparation for injection. This combination further fuelled the spread of injection in the city of New York following the shift to illicit markets. The unique nature of the earlier opium smoking in the United States following the mass Chinese

emigration across the nation has been claimed by Parssinen (1983) as a major factor in the initial upsurge of urban opium smoking.

CHAPTER SEVEN

Inebriety



Injection kits were often sold with preparations of the new alkaloids such as cocaine.

The limitations of Opium and the People – the idea of inebriety – the antiopium episteme – the will that wills not to will – the Gurani republic – freedom of the will – addiction science – degeneration theory – monomania – the role of the Norman Kerr – the physician and the Church – the importance of literature – a sin a vice or disease? – Gin Lane and Beer Street – abstinence for all

Since the 1980s most thinkers in social theory, history and a range of other disciplines have not travelled far from the path originally forged by Berridge and Edwards (1981) in *Opium and the People*. This work is of enormous importance to our comprehension of the present and yet there are certain disagreements and particular omissions that reveal an uncertainty at the centre of this work around the nature of bio-technico power. We have focused so far upon the period leading up to the spread of injection drug use. I have also established some of the details of the early spread of injection drug use and the iatrogenic nature of the origin of this phenomenon. Looking further back along the path hopefully I have provided some illumination upon the establishment of the modern episteme within which we all think of opium and addiction.

Looking forwards to the 1880s and 1890s however there is a clear fork in the road where we find the emergence of the mass phenomena of injecting drug use in the United States and in New York City in particular. This sudden divergence within the Anglophone world is hardly considered at all in *Opium and the People* although the authors acknowledge the need for a detailed study. As previously discussed, there are consequently several key areas of weakness in Berridge and Edwards' (1981) analysis, leading to a systematic *liberal* bias and these errors are replicated by subsequent commentators. Spear (2002) proposes that the underestimation of the role of Sir Malcolm Delevigne enables this bias and this is a convincing argument. The portrayal of

Delevigne as an ardent advocate of the American brand of prohibition indicates a tendency to a teleological analysis of the history of the *British System*. This overstates the importance and the foresight of the medical professionals operating with the Rolleston committee. The limitations of *Opium and the People* are the result of a lack of an international context to the establishment of the Rolleston committee, especially given the skirmishes leading up to the Geneva conventions. Most notably *Opium and the People* ignores Delevigne's intervention against the proposed extension of the powers of detention to addicts. Finally the outbreak of injection drug use in New York during the 1920s and 30s remains beyond the limit of the study.

If we turn to the phenomenon of injection drug use and the dissemination of the syringe we can see that the on-going characterisation of 'moral madness' (Kitching, 1857; Landor, 1857) was to lead to the designation of intemperance as a form of insanity (Yellowlees, 1873). Here lay the root of the idea of *inebriety* – a catchall notion that was to include alcoholism and all other forms of addiction. The question of whether dipsomania was a form of mental alienation was already beyond doubt for T. S. Clouston (1872) the Superintendent of the Cumberland and Westmorland Asylum in Carlisle. He was however opposed to the role of the asylum in the care of this condition. The notion of monomania provided an innovation that enabled many different mental diseases to be described and categorised as a form of alienation.

Despite important limitations the significant development in *Opium and the People* is the notion of the construction of addiction. The harnessing of monomania led to the notion of morphinomania that merged with the all-encompassing notion: inebriety. This development would lead to the development of the concept of addiction during the twentieth century. The campaign against opium also led to similar associations of cocaine, heroin and cannabis with an underworld of crime, disease and depravity.

Foucault provided detailed illumination upon this process in his work the *History of Madness* (Foucault 2006a) and in his lecture series of 1973-74 at the College de France (Foucault, 2006b). These lectures provide a useful opportunity to consider some of the strengths and limits of *Opium and the People*. The notion of psychiatry as an autonomous discipline began in 1818 with Esquirol's claim for the physician to control the space of the asylum. Esquirol also saw inebriety as a form of madness thus establishing the territory for his profession. In this new relationship the role of the servants within the asylum as figures of physical control looms large and the question of violent restraint is ever present. The art of psychiatry is essentially to tame madness according to Foucault not to cure. In this process of the taming of madness we might detect the beginnings of the 'game of truth' concerning the reality of madness that is played out between the patient and the physician and ultimately the alcoholic and the addict. The madness of George III (Foucault, 2006b: 19-38) provides us with an object example of the taming of

madness and represents a deliberate stratagem for the constitution of truth. Truth was restored through a combination of the rigorous disavowal of the unreason of his delirium, combined with physical control of servants, ensuring that a disciplinary regime was established for the monarch. One might wonder whether this perhaps represents the basis for much of the jurisprudence of what was to come to pass for the dipsomaniac, the opium eater and the morphinist.

The practice of ‘stimulant’ opium use for pleasure was separated from its pain control function, both by the physician and the priest, as early as the eighteenth-century. During the nineteenth-century tactics deployed at least a century previously against the use of gin were deployed and thereby this ‘stimulant’ use of opium was increasingly disavowed throughout the nineteenth-century, reinforcing the power of the physician and supporting their claim to a monopoly of pain control. The anti-opium episteme was so broad that Engels found no dispute with the Evangelist.

Berridge and Edwards have however only begun to explore the foothills of Foucault’s idea of disciplinary power in their treatment of the abolition of opium, revealing only the role of writing and the extension of power over the opium user through legislation. The role of the physician however remains to be fully developed and the relationship between the physician and sovereign power also remains to be discussed. The herculean strength of the panoptical principle over the individual working class opium eater and the female body

are the main foci of *Opium and the People*. The isotopic and meticulous ranking nature of sovereign power when enmeshed with biotechnical power is explored through their treatment of legislative changes, professional and institutional development but this marks the limit of their commentary. Power, in *Opium and the People* is not coterminous with other systems of power, as the medical establishment of the Rolleston Committee is seen to score a victory for the medical profession against a supposedly repressive Home Office in the guise of Sir Malcolm. Spear (2002) claims to the contrary that the *British System* was a consequence of *raison d'état* built into the *British System* of bureaucratic governance rather than a simple triumph of medical authority. This presents a new and revealing perspective on the role of the physician within systems of power.

We might best consider the importance of the notion of resistance in the *History of Sexuality Part One* (Foucault, 1998) when considering the spread of the morphia habit. The international attempt to control the widespread use of opium was opposed by the unclassifiable nature of resistance, a concept that we shall explore in detail later. All discipline has its borders and at the edge of the process of the classification of opium as a social ill we shall find the needle. There are always those that cannot be reached by disciplinary power, the mentally ill and the criminal being but two residual groups. By the turn of the twentieth century we find the drug injector joining those archetypes. Whilst disciplinary power has an 'anomizing' effect and

normalising effect upon the resistant, this power also reveals, or to state this principle more accurately, this force creates certain irreducible groups such as injecting drug users. We also might claim a space for the alcoholic and the addict amongst these irreducible groups. There is a uniquely monstrous place for the junkie in this pantheon, the bastard offspring of the opium eater and the *morphineuse*: a direct descendant of the woman in *Gin Lane*.

The use of opium in the West has now virtually disappeared but the hedonistic use of other more powerful opiate drugs remains. The needle has thus become a part of the resistance to the utopian movement against opium slavery.

The craze in cocaine injection was fuelled by claims of a new *wonder drug*, following a pattern previously established with morphine. This craze further spread the use of the hypodermic in the United States as the new drug was prepared for injection and often sold pre-prepared with injection kits. The campaign against opium had the aim of stopping the ‘stimulant’ use of opium by reforming those that it could reach but this has in turn created further boundaries around the few irreducible individuals that continued their use of opiates.

With successive waves of inebriants identified in the Britain over successive generations one might reflect upon an earlier mournful commentary upon the trade in wine, tea and coffee amongst the working people by Daniel Defoe in 1721:

Our very Plough-Fellows drink Wine now a-days: Our Farmers,
Graziers and Butchers, are above Malt-Liquors and the wholesome
Breakfast of Water-gruel and Milk-pottage is chang'd for Coffee and
Tea (2011: 13).

These discussions link closely to Christian ethical discourse concerning luxury, and it is a tradition explored by Foucault through the confessional. Foucault (2003a, 2006b, 2010b). Foucault traces the origin of a new form of power to the emergence of confessional practice within the Church and certain practices that emerged in the early Middle Ages. Central to these are the rule of poverty, the obligation of manual labour, the full use of time, an opposition to luxury in all its forms, the regulation of eating and clothing and the expectation of internal obedience. It is easy to see how the luxurious use of opium, like gin drinking would not fit within this austere vision of utopia.

In the colonies the Jesuits opposed slavery (Foucault, 2006b: 63-92) with the establishment of the totalitarian Guarani republic system, wherein all time and activity was scheduled under a system of permanent supervision that was based upon the household. Foucault finds here a model for the future. We might wonder with our opposition to the slavery of opium, whether we have shaken off the shackles of this collective dependence upon opium, only to find ourselves within a Guaranaic system of surveillance; with the needle lurking at the edge of our settlement.

Berridge and Edwards (1981) are ambiguous towards this system of surveillance and here the central dilemma of *Opium and the People* emerges. The authors recognise the aspects of the moralisation of the working classes but they also admire the reduction in infant mortality produced by the 1868 Pharmacy Act. The consequence of the reclassification of opium as a poison, along with the monopolistic grab for the control of opium as the proper domain of the physician is accepted in the final chapters and portrayed as a triumph for the *British System*. I therefore would state that the *Opium and the People* ultimately accepts the objects and outcomes of the campaign against opium whilst simultaneously portraying the medical profession as saviour of the addict.

Foucault proposes that the Guarani republic, established by Jesuits in the New World, was utopian in its opposition against slavery and the notion of opium as a form of slavery holds that same utopian kernel. A new form of colonisation appears along with these utopias: the containment of the delinquent. This process was internal to each nation and concerned vagrants, beggars, the insane, criminals, prostitutes and of course the drunkard, the opium eater and ultimately the morphinomaniac. As we have already considered in the previous section such in-depth colonisation of the delinquent began with the Enlightenment concern for gin but this process was perfected with the abolition of opium.

The relationship between the workshop and this total and individualising form of power is intricately entwined, and also acknowledged by Berridge in her body of work but there is something lacking in *Opium and the People's* portrayal of the relationship between the family practitioner and the bourgeois family. Where one might find the limit of *Opium and the People* is that whilst the move to contain the use of opium may have begun with concerns around the children of poor families, this campaign was not limited to the protection of the children of the working classes. The campaign against opium did not end until the opium user was either contained within the consulting room or hunted by the police:

What I will call the Psy-function, that is to say, the psychiatric, psychosociological, psycho-criminological. And psychoanalytical function, makes its appearance in this organisation of disciplinary substitutes for the family with a familial reference (Foucault, 2006b: 85).

The impact on child mortality following the 1868 Pharmacy Act is seen by Berridge and Edwards (1981) as a triumph of this bio-technico power to be contrasted unfavourably with the internationally imposed 1920 Dangerous Drugs Act:

Put simply the Pharmacy Act was the slow outcome of national debates and manoeuvrings, while the 1920 Act although having internal elements in its genesis reflected for the first time the influence of international pressures (1981: 268).

This analysis certainly does appear to confirm Spear's opinion of certain naivety in terms of the interconnectedness between medical power and sovereign power. One might wonder whether there is a degree of denial in this approach. It is of interest that in Spear's opinion, the struggle that produced the *British System* was originally around the bodies of addicted doctors and that the consequence of those local struggles produced the *British System*. Similarly Wright also used the prevalence of addiction amongst the medical profession in his 1909 interview with the New York Times as a means of deploying domestic sovereign power against the profession.

This regime of thinking about opium, once established, became uncontrollable, turned upon its master and became driven by larger forces. The true tale of opium in the nineteenth-century is quite simply the forbidding tale of *Dr. Frankenstein*. A tale of an over-reaching of Enlightenment optimism that ignores the shadow of the gods' fables, retold once more. The characterisation of the physician as a modern age Pandora, opening an inviting box of opium control and finding the myriad of injecting drug users that spilled from their consulting rooms is compelling. These upper class

injecting drug users who met with the refugees from the opium dens in New York City and who drove the bio-industrial cocaine boom of the 1880s are centre of the phenomenon. The heroin boom of the first decade of the twentieth century in the United States is the counterpoint to the reassuring characterisation of the British physician as the rescuing hero presented at the close of *Opium and the People*.

Freedom and Destiny

The idea of childhood and the notion of developmental delay began to take hold in the early nineteenth-century. This created a distinction between idiocy and madness that reinforced the significance of the physician. These notions further generated questions concerning *freedom of the will* and began to merge with notions of instinct where willpower appeared to have become dysfunctional. In the case of ‘the idiot’, Foucault proposes that ‘the will’ effected a stubborn ‘no’ whilst with the delirium of the neurotic a florid ‘yes’ (Foucault, 2006b: 123-142 and 201-232). Thus we are presented with the paradox of that which ‘wills not to will’ and in this notion we can find in the seed of inebriety, alcoholism and addiction.

Notions of *will* as it relates to inebriety are explored in depth by Valverde (1998), who concludes that with a lack of evidence of a physical cause and also clear evidence that the inebriate was also suffering from a compulsion

beyond their control; hybrid notions such as addiction and alcoholism emerged as a consequence. In the absence of a pathological explanation of the chronic force that drove inebriety, various attempts were made by the *psy-industries* to colonise the alcoholic and the morphine addict. These were made with various descriptions of the condition and an aetiology that harnessed a deterministic language. With no material background to this new condition, different nations thereby developed widely divergent interpretations of the condition and therefore of the subsequent international prohibition of opium.

Valverde (1998) asserts that we can see in debates around inebriety, the timeless question of free will and determinism. Thus notions of free will and determinism merged within the idea of the Eighteenth-century Calvinist theologian Jonathan Edwards (1703-58) and were the spur to further notions of diseased wills that existed in the minds of Victorian physicians.

Technical terminology disguised the lack of a pathological evidence base for a condition, enabling an appearance of science. Thus drunkenness became dipsomania, just as opium eating became ‘Opiumsucht’ and morphine injection became ‘Morphinsucht’. Inebriety, alcoholism and addiction became keywords within an apparently dispassionate technical language that was created around these newly colonised conditions. Levinstein, the leading German physician, who ran one of the first retreats for addicts took the view that the inebriate was abnormal or neurotic but not insane in his book *Morbid Craving for Morphia* (1878). As the century developed, ever more refined

forms of terminology for the newly discovered abnormality were discerned in relation to the condition. Nevertheless despite terminological differences all argued that inebriety was a mental disease akin to madness. Levinstein therefore agreed with physicians that argued for the theory of insanity that experts with a hermeneutical insight into the condition should have the power of incarceration over the inebriate, the addict and the alcoholic, hence we might say that such arguments were irrelevant from the point of view of surface practice. Thus the medical gaze and the institutions of the physician began to lay claim to the souls of the inebriate.

This discipline of the bourgeois inebriate is explored by Valverde through the 1879 Inebriate Act in the United Kingdom and can be observed in the architecture of the private homes for inebriates of Levinstein in Germany. The private home for inebriates and narcomaniacs became an orthopaedic instrument for the bourgeois to correct their families. Thus one might say that the war concerning drugs began in the heart of the most powerful families in the West. Gladstone's morphine injecting sister serves as a useful example, sent on long sea voyages to achieve a cure and ultimately rescued by conversion to the Catholic faith (Davenport-Hines, 2002: 85-86).

Sovereign power through the panoptical principle enables:

- a. *Permanent visibility*
- b. *Central supervision*

c. Isolation

We can see these forces at work in the construction of the bourgeois inebriate and narcomaniac. The inebriate who 'wills not to will' must now pay to be cured. These bourgeois individuals became marginalised within their own social milieu in order to be cured within a secure space. The family therefore became an essential arm of the disciplinary apparatus, a 'micro-clinic' that controlled the normality or abnormality of the inebriate body. Thus the bourgeois family became a source of profit for a burgeoning industry, as Foucault argued:

If there was this kind of need for delinquents, and if, in the end, so much care was taken to form them into an 'underworld', it is precisely because they were the reserve army of these important agents of which procurers-informers are only examples (Foucault, 2006b: 111).

The continued attempt to establish an anatomical-pathological knowledge concerning madness began with Bayle's theory of general paralysis of 1826 that found lesions in the brain, later associated with tertiary syphilis (Foucault, 2006b: 267). This discovery posed the question for many other conditions and to an extent demarks the dividing line for many conditions today, including addiction and alcoholism. A crucial development for psychology as a supposed science was the emergence of neurology as a pathological branch

of medicine. Neuropathology established the distinction between mental diseases that were caused by an observable organic disorder in contrast to those that had no apparent physical cause. Here Bayle's discovery opened up a rift within the domain of the psychiatrist. Psychiatric power which imposed itself upon the inebriate posited an organic condition that had been created by the court room in the horror of those gin soaked debaucheries and that led all inebriates close to the doors of the asylum. The new psychological explanation of inebriety and narcomania particularly gained purchase through their nosological power to describe a condition with its own symptomatology, thereby producing diagnostics and prognosis. Here theories of degeneracy were proposed in place of remedy.

The two shadows of nosology and aetiology gave credence to a discipline that struggled with the question of the management of the uncontainable. The objectives of disciplinary power are twofold – first, to render docile the patient: to assert the will of the expert in a ritual of power; and second, to re-establish the correct use of language and the naming of things. The role of the cold shower as the means of re-establishing a discourse of truth is central to Leuret's method and we find such methods at use in Levinstein's clinic combined with the physical restraint of the patient. This amount of force was present in many of the first fee-paying clinics that employed the 'abrupt' method. Kane later used galvanism as it gained general acceptance as a therapeutic and his DeQuincey home was less restrictive although no doubt

equally as ineffective as the galvanic cure that he offered. Men's retreats for inebriates often offered hunting and fishing whilst ladies private homes reported by Valverde often included a considerable element of religious instruction. Kane (1881b) refrained from the use of the shower with patients that were delicate and opposed the abrupt *English method*, using a longer period of detoxification. Ultimately in a 'regime of truth' the patient must own his or her own identity, and reveal a biographical corpus of truth that is validated by the expert. Despite their methodological differences we can see this practice at work in both Kane's description of his own practice and also that of Levinstein (1878), the patient must own their identity as a narcomaniac and it is their responsibility to find the cure.

Berridge also covers this ground in relation to the invention of addiction and Valverde provides particular insights into the deployment of this authority with working class women through the Inebriate institutions that developed following the 1898 Inebriates Act. It is within the bourgeois family where the authors prefer to perceive a gentler and more compassionate approach but I do not perceive this in the historical data. Berridge and Edwards (1981) find that the bourgeois addict was treated with more humanity and solicitude but this is certainly a debatable point. This opinion of compassion in the treatment of the bourgeois addict appears to ignore the violence inherent in the coercive nature of such fee paying institutions and of

course the fact that this process had begun within the bourgeois family long before these techniques were extended to the masses.

The increasing professionalization of addiction science and the emergence of a hermeneutics of inebriety led by Norman Kerr (1890) in Britain and in America at the same moment by T. E. Crothers (1981) are the key point in the struggle against a newly defined *will in revolt*. Crothers advises in relation to jurisprudence and also concerning the broader range of manias, including the newly emerging cocaineism (Crothers, 1981: 353-354).

Foucault identifies the term 'direction', a notion drawn from religious spiritual direction as central to psychiatric practice:

This double game of remedy and punishment is essential to how the asylum functions and can only be established provided that there is someone who presents himself as possessing the truth concerning what is the remedy and what is punishment (Foucault, 2006b: 185).

There are four key elements to 'direction':

1. Questioning of the patient
2. The provision of a specialist knowledge about the meaning of the answers provided
3. Permanent supervision and recording
4. The establishment of a system of reward and punishment

The salvation of inebriate souls has much that draws from such a religious background; the two institutions of Church and medical school might be seen to struggle with each other for the ownership of these souls. There is however a clear consensus between religious and medical authorities around the campaign for the abolition of opium. This is at its clearest with the work of Norman Kerr (1890), who developed the idea of a generalised condition that involved many different drugs including alcohol. Kerr's innovation enabled the establishment of a body of science of inebriety, which forms the basis of our present study of addiction. Kerr proposed the development of legislation and was an advocate for increasing sovereign power with the inebriate. Earlier the 1879 Inebriates Act had enabled those that could pay to hold members of their families within private homes. Kerr proposed that this power be further spread to cover those that could not pay. It is crucial to note that the 1879 Inebriates Act primarily dealt with the families of the wealthy fee paying individuals. The power of the asylum is consequently the power of reality itself, revealing the moral content of madness for the inebriate and those in the clutches of the morphia habit. The 1879 Inebriates Act enabled: the physician's will to be imposed; the yoke of the identity of the inebriate; the non-real reality of their madness to be explored; the reality of need, exchange and work to be imposed.

The two United Kingdom Inebriate Acts in the late nineteenth-century ultimately failed due to lack of funds for the establishment of mass institutions

for drunkards and addicts, want of demand for such institutions from local authorities other than for the purpose of child protection and the wavering support of the paying families for the continued detention of their offspring. The lack of any clear evidence of the success for the new science also left the industry vulnerable in the years leading up to the First World War and beyond.

The surgeon's work is based upon real content of pathological knowledge, the psychiatrist's power based upon the notion of the curing space and one might add the convenience of the geographical exclusion of the mad from general society. The asylum for the inebriate and the morphinomaniac never reached its planned destination due to the intervention of the supposed totalitarian civil servant Sir Malcolm Delevigne. The expense of these institutions to the public purse of local authorities and the lack of public support for the notion of the detention from the families of sufferers eventually brought the enterprise to a halt. The growth of inebriate institutions in the late nineteenth-century is marked by their dramatic decline in the early twentieth century in the face of this opposition.

Degenerates

While Canguilhem (2007) argued that *normal* was the term used by the nineteenth-century to designate the scholastic prototype and the state of organic health, others have focused on the emergence of theories of

degeneration (Pick, 1993). Degeneration is one of the cornerstones of the notion of inebriety, bringing with it the baggage of the farcical campaign against masturbation of the eighteenth and nineteenth centuries. Of course the existence of foetal alcohol syndrome and hereditary syphilis is now understood and they are known as real diseases, hence one might reserve some humility. Observations of neonatal conditions will no doubt have played an important role in the development of opinions of the causes of sickly and malformed children that were born to alcoholic and syphilitic mothers, the image of which haunts Hogarth's *Gin Lane*.

The theory of degeneration certainly perceived something of the complex hereditary nature of madness and then went on erroneously to attribute masturbation as the cause (Foucault, 2003a: 231-262). The distinction between moral foible and biology were closely entwined in Max Nordau's *Degeneration* (1898) towards the end of the century. This came as a century long campaign against childhood masturbation that was said to result in madness, impotence and decadent subsequent generations was drawing to a close.

Nordau caused consternation in the 1890s with his medico-aesthetic assertion that the use of intoxicating substances including opium was associated with national degeneration. He claimed this produced a degenerate culture as well as depraved human beings. Although clearly tied to reactionary views, this assertion nevertheless was very much in keeping with the times in

which Nordau lived. Degeneration and its association with opium and cocaine, although completely spurious, became firmly fixed in the mind of many late Victorians including those that held very different views to Nordau. The episteme had moved against the 'stimulant' use of opium and cocaine by the end of the century. Fiction such as Oscar Wilde's *Picture of Dorian Grey* (1990: 17-167) and Robert Louis Stevenson's *Dr. Jeckyll and Mr. Hyde* (1999) also developed ideas of the sinister link between such drugs and degeneracy in the popular imagination. Anstie who had earlier enthusiastically promoted the idea of neuralgia and the use of the syringe as its antidote (1868), now also promoted the theory of the degeneracy of the morphinomaniac with equal enthusiasm (1981). Maudsley (1872) had found strong evidence for degeneracy amongst his patients, noting that certain vicious traits including alcoholism and drug addiction appeared to impact upon later generations. Thus theories of a hereditary nature of moral madness that was caused by immoral behaviour merged with a new form of medical practice that required a curing space for the pragmatic needs of the bourgeois family and the wider need for a disciplined workforce.

I have already considered that the power of the *psy-industry* lies in its ability to explain the unexplainable and to bind that theory to an imposed reality; upon the marginal body of the delinquent. The power of the nineteenth-century psychiatrist therefore emerges from a regime of truth produced through questioning, the use of drugs and finally later in the century

through magnetism and hypnosis. Degeneracy notions merged with changing attitudes towards alcohol and thus with opium. Opium was used as a therapeutic since the eighteenth-century for madness and morphine was quickly adopted as an intervention with mania (Walsh, 1855), along with others that proposed large doses of opium as a cure for mania (Chavesse, 1856). Kerr's (1890) view saw morphine and opium use a cause of madness, a form of madness rather than a cure.

The transfer from a fiscal individual to a police individual is marked by the Enlightenment and an increasing spread of systems of power over the individual, we might view concepts such as degeneracy as a means to enable this spread. The spread of truth discourses followed the colonisation of the planet and everything upon it, from the fourteenth till the sixteenth century. The creation of medicine and the hospital combined with a science of large numbers, the idea of the nation was erroneously associated with the prestige of the knowledge emerging from pathology, enabled the surveillance of whole populations.

Foucault (2006b) proposes that psychiatry found its purchase through the legal system, explaining the unexplainable. A link between madness and crime was established through the juristic notion of 'lack of interest', in certain infamous cases and led onto to the psychological idea of monomania that was coined by Esquirol at the beginning of the nineteenth-century. This notion began to spread widely once established in jurisprudence. Thus every

mad person potentially could be a criminal and every bank holiday drunkard could be an alcoholic and every household might contain an opium eater or later a morphinomaniac. The psychiatric hospital therefore gave a reality to madness, a response to the crisis that madness induces in reality and so these new categories of madness including inebriety moved the body of the private classes towards the asylum and prison for Valverde's (1998) delinquent inebriate mothers. Whilst Berridge and Edwards (1981) find the impact of the reclassification of opium as a poison to improve the amount of infant mortality, Valverde sees the movement of degeneration behind the moralisation of the working classes and in particular the incarceration of working class women. She finds that the British in particular focused upon the drinking of working class women and were driven primarily by class hostility, deploying the same Hogarthian depictions of such women.

Elsewhere the drunken father dominated discourse around alcohol. Karl Pearson attempted to put an end to any spurious Lamarckian claim of science concerning later eugenic notions of inherited degeneration through alcoholism. The answer came however via new notions of alcohol affecting the baby in the womb, causing damage to the baby but 'no power to change the course of human evolution' (Pearson & Elderton, 1910).

Ridiculing the *British Journal of Inebriety* for publishing unscientific studies, Pearson dismissed both the popular Lamarckian view that drinking habits caused degeneration, and the sociologically oriented studies showing

greater infant mortality and lower weight new-borns among drinking mothers (Valverde, 1998: 56).

Thus the incarceration of inebriate women was discussed as a means of improving the chances of their offspring. Dr. William Sullivan, a physician working in Liverpool prison, found a link between infant mortality and those women who were imprisoned, finding high rates of mortality amongst drunken mothers potentially revealing foetal alcohol syndrome. Valverde finds however that Sullivan's object still remained working class women under the banner of scientific enquiry.

Norman Kerr, a physician with an interest in inebriety, was an influential figure within 1880s and 90s. Kerr was active in the temperance movement. Introducing the first international meeting of the Society for the Scientific Study of the Inebriate, Kerr toasted the Temperance movement at this inaugural event, thus we might claim that the notion of temperance is at the core of all the social science of inebriety or addiction. Kerr was a founder of the *British Journal of Inebriety* that is still extant to this day in the form of the academic journal *Addiction*. Kerr was also the inventor of the wider notion of inebriety, which included the morphia habit and the numerous other vices that he detailed exhaustively in *Inebriety*. Kerr and Crothers' (1981) assertion that the morphia injector was essentially a classificatory relative of the drunk would ultimately have long term consequences for the morphine injector, the opium smoker and laudanum drinker alike.

Braithwaite's study revealed that only inebriate women who remained at home were likely to have higher rates of infant mortality. Thus contrary to Pearson, Braithwaite proposed direct state intervention into the lives of those inebriate women. The Inebriates Act did not deal specifically with narcomaniacs. The injector stood somewhere between the legislation. Dr. Mary Gordon, the assistant inspector of the Inebriates Act wanted the Act to be subsumed within the Mental Deficiency Act of 1913. Dr. Norman Kerr, the leading British narcologist at the turn of the century supported the inclusion of all forms of inebriety within the category of the asylum. This idea was proposed to Sir Malcolm Delevigne by members of the Rolleston committee and rejected by the civil servant on the grounds that national authorities would not bear the financial burden (Parssinen, 1983).

We might say that the aim of diagnosis in madness is to prove madness, not to develop a differential assessment that pertains to an organic cause and hence we can say that every assessment for inebriety discovers an inebriate, an opium eater, or a narcomaniac and not the cause of these behaviours. The body is absent in such diagnosis unlike other areas of medicine but the role of the curing space remained. The entanglement between the medical intervention and the extortion of confession from the patient establishes an unequal relationship at the outset and we can see this process in relationship to alcoholism, opium eating and narcotism as the nineteenth-century progresses. Norman Kerr, the narcologist noted ironically that the first drug

to be used with madness in the eighteenth and nineteenth centuries was opium that continued to be used by the pioneering psychiatrist, Henry Maudsley (1869). Later, drugs such as hashish were also used to simulate madness. This use of hashish as an analogue of mania enabled the psychiatrist to appear to open up madness and to enquire as to the core of the illness. ‘The mad are waking dreamers’ is a term first attributed to Esquirol, this is perhaps the core of psychiatric knowledge: the cannabis induced experience as an analogue of mania.

The Priest and the Physician

In *The Genealogy of Morals* (2003) Nietzsche reserves a crucial place for the priest defining ‘clean’ and ‘unclean’. The priestly power is set against the morality of the barbarian masters, it is a slave morality that responds to the power of the masters. Here Nietzsche sees a ‘morality of custom’ (2003: 35) and a ‘social strait-waistcoat’ (2003: 36) that aims to produce an autonomous ‘super-moral’ individual, with a true free will, able to make promises that they can keep: a ‘lord of free will’. The importance of pastoral power emerges as the role of the priest merged into the power of the physician.

A remarkable Victorian physician wrote pseudonymously to the *Association Medical Journal* (1853) concerning the relationship between the clergy the medical profession. He outlined the need for an alliance against

quackery, identifying homeopathy as an example. In turn the writer indicated support following the decline of attendance at church.

The notion of inebriety came in the last decade of the nineteenth-century and marks a significant moment when the institution of medicine and the Church joined in their agreement upon the abolition of opium. Inebriety also marks the origin of the *British Journal of Inebriety*, now known as *Addiction*. The importance of alcohol discourse in the earlier nineteenth-century is essential to the shift towards the notion of complete abstinence from all intoxicating substances. This represents a utopian attempt to create a new form of human culture with total abstinence set as the norm rather than the exception. It is important to consider the gravity of such temperance discourse in order to understand how opium became trapped within that gravity. Whilst alcohol was contained only briefly within the orbit of prohibition opium, by chance, would not escape the tug of its gravity. We might say that Kerr was working within the conservative tradition that began with Hufland's 'Opiumsucht'. Kerr's major innovation came via the all-embracing notion of inebriety and the mysterious influence of China.

The norm of abstinence came to apply to opium but was never successful with alcohol. Kerr, who saw a classificatory regularity between alcohol and opium did however recognise that *narcotic inebriety* did not produce the organic lesions but nevertheless he classified them together under the title inebriety. Kerr also noted that the 'disease of inebriety resembled in many

particulars the disease of insanity'. Kerr was only one of many physicians that called for the power to incarcerate the inebriate (Peddle, 1875; Bodington, 1875).

We can observe prohibitionist movements emerging through a discourse on temperance. This discourse concerning abstinence from alcohol came to bear upon the international trade in opium, established a theoretical link with slavery and associated itself with tensions between the British and the Dragon Empire of China.

We might wonder whether the enthusiastic adoption of the temperance approach by members of the medical profession was not also conveniently allied to the monopolistic desire of the profession to grip the *materia medica*. The aim of the prohibition of the popular smoking of opium and also of the open sale of laudanum coincided with the newly emerging profession's claim that it alone should have the right to decide who should have access to which drugs. To this extent Kerr's inclusion of opium within his notion of inebriety also served certain economic and political objectives of his profession.

Dickens himself some twenty years before had waded into the opium debate in 1870, conjuring the ancient image of DeQuincey's racialised bogeyman, the Malay, in the form of the sinister link between opium and the oriental. *The Mystery of Edwin Drood* established in the popular consciousness, this association between opium smoking and moral decay, conjuring sinister images of opium and crime that were common in the

newspapers of that era through the practice of 'slumming'. Wilkie Collins had previously in 1866, focused upon the baneful influence of opium through his anti-hero Lydia Gwilt in *Armadale* (Collins, 2004) and her 'drops' that are both sign of her depravity and also as an agent of her schemes of murder. Collins also explored this theme once again in 1868 in *The Moonstone* (1998). Attitudes towards all of the faces of the opium eater appear to harden, along with the new classification of the drug as a poison.

Dickens' association between opium smoking and crime fanned a flame that caught the imagination of the New York based physician Harry Hubble Kane (1881a). Opium smoking was a very recent phenomenon in the United States and Great Britain and was associated with Chinese emigration and those quarters of the urban environment where the traditional practice was common. Curious Westerners began to join the Chinese opium smokers, including some of the bohemian children of the bourgeois where they rubbed shoulders with local hoodlums and prostitutes that also frequented these dens. Kane (1881a) approvingly notes that police were already actively raiding these opium dens across the United States as local authorities used legislation to suppress this new behaviour. Kane also reports a recent occurrence in July of that year 1880 in New York wherein the police had 'arrested a number of white girls who were smoking with Chinamen'. The alarm of the mixing of the races in these dens became focused upon the virtue of white women and girls.

There were dissenting voices against the association between madness and inebriety and in particular Allbutt argued that morphinism did not lead to insanity. It was Allbutt in *On the Abuse of Hypodermic Injections of Morphia* (1870) in the English-speaking world who first dared speak of the morphinism that he had witnessed amongst his patients. He was ridiculed and subject to harsh criticism according to Howard-Jones (1947) until eventually other physicians began to support his description of the condition. Earlier the German physician Felix Von Niemeyer (1870) had commented that many physicians relied heavily upon the new device and the bottle of morphine providing us with a rare glimpse into the rapid adoption of the practice across the Western world. Within a decade C. Obersteiner (1880) referred to the cases of chronic morphinism in his clinic having established a new variant of inebriety. A veritable international flood of reports concerning the new condition followed. In Britain, the United States and Western Europe the new condition of morphinism was established.

For Norman Kerr the objective was the transformation of the individual soul. Kerr wondered whether inebriety and morphinomania were ‘an act of folly, a sin, a vice or a crime?’ He asked whether the condition were in fact a disease like epilepsy or perhaps a form of insanity. Concluding Norman Kerr stated in his work *Inebriety or Narcomania*:

Therefore I freely concede that there is a moral and religious aspect of intemperance; that if there is inebriety the disease there is drunkenness, the vice and sin (1890: 20).

Kerr acknowledged that the hypodermic method was ‘the most swift and the most potent of all methods of administration’ and was aware of the concurrent dangers. To illustrate the degrading impact of opium Kerr turned to the subject of China:

In some localities, especially in China, the opium degradation is so terrible that gross immorality abounds. Sometimes men think nothing of gratifying their mania for this narcotic from the proceeds of the wife’s prostitution. Even little children are torn from the maternal embrace and sold into slavery to procure supplies of the demoralizing drug for the abject selves of this most dreadful and brutalising form of narcomania (Kerr, 1890 : 9).

Managing the Morphinist

The problems of China were a popular theme, indeed Hamilton Wright, interviewed in August 1910 said in the New York Times: ‘The Shanghai conference in 1909 was really designed particularly for the study of the

dreadful things Chinese had been doing to themselves with opium.’ This association of the Orient with opium in the Western mind was as ancient as the medieval travelogues that spoke of monsters and races of people with no heads. With the recent tensions caused by the two Opium Wars in which the British Empire was seen to have imposed the opium trade upon the Chinese Emperor, Wright also found common cause with the Dragon Empire.

Hamilton Wright saw concurrent interests between the emerging United States’ international and domestic interests; allied to the cause of the prohibition of opium. The image of the opium smoking Chinaman was of use to many prohibitionists and was also frequently associated in the imagination with the depraving of white women, girls and general concerns around the morals of the youth of the day. Kane (1881a) reports that such women and girls who smoked opium with the Chinese rapidly lost all moral bearing and presented a threat therefore to the moral order. This was the main reason for the need to suppress opium dens according to Kane. Elsewhere (Kane, 1881b) admitted that opium smoking was generally safer than drinking laudanum and that it was definitely safer than injection.

The abrupt method pioneered by Levinstein (1878) was rapidly adopted in the United Kingdom and was originally known as the *English treatment*. Dr. J. Clarke of Leicester (Berridge & Edwards, 1981: 161) recounts how a doctor's wife became ‘*rebellious*’ and that she did not desist from 'loading me

with invective at each visit, asserting her increasing pain and exhaustion'. Kane (1881b) took considerable opposition to this sudden withdrawal technique, proposing a more advanced treatment that involved a gradual reduction of the drug combined with various therapies. It is of note that Kane's clinic offered the latest treatment of galvanism and also the more traditional cold shower that Leuret had imposed upon the insane. His detoxification programme contains many other unusual elements but it is recognisable in one very significant respect, the gradual reduction of the drug is used rather than the abrupt method. For those who could not afford the expensive residential treatments on offer, an enormous range of patent cures were marketed, that mostly contained reducing doses of the drug.

It is notable that physicians took several years to discover that the condition of narcomania appeared stubborn and difficult to treat. The high point of the study of a *scientia inebriates* in the United Kingdom concluded with the two Inebriate Acts and the work of the Inebriates Legislation Committee of the British Medical Association and the Society for the Study of Inebriety. In 1892, the Inebriates Legislation Committee of the B.M.A. for the first time began to press for the inclusion of other forms of intoxication within the Act including opium inebriety and narcomania. Thus the iatrogenic disaster became the responsibility of the victims.

Levinstein (1878) took a view of this condition that the inebriate was abnormal or neurotic but not insane like Albutt and Kerr, thus as the century

developed ever more refined forms of discourse concerning an abnormality that became a medical condition. Nevertheless as with those who argued that inebriety was a mental disease Levinstein agreed that physicians should have the power of incarceration over the inebriate hence we might say that such arguments around causation were irrelevant from the point of view of practice. The medical gaze and the institutions of the physician began to lay claim to the souls of the inebriate. That these inebriates, opium eaters and narcomaniacs were often characterised as female, young and were later associated with particular racial group provided opportunities to use the condition for various political and economic purposes.

What is the 'normal' against this monstrous abnormal image of the woman in *Gin Lane*? Some influential Victorians such as Kerr saw total abstinence from all intoxicants as the new norm to which all society should aspire and such views would ultimately lead to total prohibition in the United States. Not so for Hogarth or Fielding one hundred and fifty years previously who saw gin as the main concern and who were not troubled by intoxicants as such. Surprisingly we might refer the reader to the image of *Beer Street*, the oft forgotten other half of *Gin Lane*. Here the illustrator points to an orderly world of prosperity where the only business in ruin is that of the pawnbroker and where the local ale house is the centre of the order. It is a world where the artist and the publican flourish and wherein joyful Breughelian revelry can be

witnessed; reminiscent of the celebration of Saturn's Golden Age of revelry mentioned by Fielding (1988).

The woman from *Gin Lane* had enjoyed a surprising longevity and to the present-day viewer will no doubt seem surprisingly relevant. The original debate concerning gin has gone but the woman remains, with a hypodermic needle in one hand whilst the other still lets the baby slip. The move towards total abstinence for everyone came in the later period of the nineteenth-century but this woman retained her potent force through later debates concerning the morality of the poor and their children. As the temperance movements developed during the early nineteenth-century the spirit/beer distinction established during the eighteenth-century was lost and temperance became associated with abstinence from all alcohol, later to include opium, cocaine and cannabis: a new episteme concerning intoxicants was established. Temperance moved also from an attempt to contain the unruly masses of eighteenth-century London towards a movement primarily associated with the individual's personal struggle against the demon drink and then on to take a much broader utopian political perspective of abstinence for all. In the later push for abstinence from all intoxicants the abolition of the legal trade in opium, cocaine and cannabis was achieved. This shift reflects an upward movement towards the establishment of a new human limit norm. This might be referred to as *strategy* by Foucault and Althusser – that is, a general shift in the economic and cultural structure of society. Canguilhem warns in his

1963 reflections that we should beware of an ‘ideology of norms’. With the consequences of the temperance movement we can observe the impact of such ideological movements in the nineteenth and early twentieth centuries. In the case of intoxication it is clear that we had established an *ideology of norms* concerning intoxication by the end of the nineteenth-century and the implementation of these norms began wholesale during the first decades of the twentieth century. By the 1890s the idea of total abstinence for the whole population was firmly established through the development of the prohibition movement and total prohibition would become a political objective of the United States finding many adherents across the globe. Norman Kerr and T. E. Crothers established a unitary identity for all inebriates that drew opium users towards the gravity of this prohibition episteme. This episteme concerned itself with opium reaching its pinnacle in Kerr’s proposal for the incarceration of the inebriate that would ultimately lead to such a proposal by physicians of the Rolleston committee. In the United Kingdom we have the supposed villain of the Rolleston committee, Sir Malcolm Delevigne, to thank for turning the tide of incarceration of the narcomaniac.

We might therefore conclude that Berridge and Edward’s treatment of the abolition of the trade in opium is flawed in three fundamental areas:

1. The importance of the Rolleston committee is overstated and Delevigne is presented in a two dimensional fashion

2. The American context is not within scope but is nevertheless significant to the development of the outbreak of intravenous injection in the 1920s and 30s
3. The significance of the phenomenon of injection drug use is therefore under-developed and occluded by the addiction notion

One might conclude that these oversights are caused by a bias towards the physician, leading the reader eyes away from the scene of the iatrogenic disaster of the hypodermic and also by placing flawed overemphasis upon the British context.

CHAPTER EIGHT

Resistance



Arnold Rothstein became a central character in the development of Prohibition era narcotic smuggling.

The notion of resistance in the Reformation – Delevigne and the supply-side question – smuggling and financial innovation – the New York city opium market – Bahktin and the failure of grain markets – resistance in the Russian Federation – the significance of waste – leprosy and injection drug use – heterotopias and the creation of the junkie – waste and its association with injectors – degeneracy and the Aftermath – the impact of classical drug policy in the Russian Federation today – the wider implications of resistance – diseases of power

Foucault's notion of *resistance* is entwined with the history of the pastorate (2007: 195-200) and categorised as a kind of *counter-conduct* against various forms of this type of power, ranging from the struggles of the Reformation and Counter-Reformation until the present-day. The development of resistance to bio-technico power is closely associated with this:

In its modern forms, the pastorate is deployed to a great extent through the medical knowledge, institutions, and practices. We can say that medicine has been one of the great powers that has been the heirs to the pastorate. And to a certain extent it has given rise to a whole series of revolts of conduct, what we could call a strong medical dissent, from the end of the eighteenth century and still alive today, which extends [from] the refusal of certain medications and to the refusal of certain preventive measures like vaccination, to the refusal of certain medications and certain type of medical rationality: the attempt to constitute sorts of medical heresies around practices of medication (Foucault, 2007:199).

Alessandro Fontano and Mauro Bertani comment upon Foucault's notion of resistance further offering illumination:

But how is this resistance, how are these resistances manifested, what form do they take, and how can they be analysed? Here, one thing has to be stressed from the outset. If as Foucault says in the first two

lectures, power is not deployed and is not exercised in the forms of right and law, and if it is not something that can be taken or exchanged; if it does not consist of interests, a will, or an intention; if it does not originate within the State, and if it therefore cannot be deduced from or understood in terms of the juridico-political category of sovereignty (even if right, law and sovereignty can represent a sort of coding of power, or can even reinforce it), then neither is resistance a matter of right, or of a right. It is therefore always outside the juridical framework of what has since the seventeenth century been called ‘the right to resist’: it is not based on sovereignty of a preexisting subject. Power and resistance confront each other, and use multiple, mobile and changing tactics, in a field of relations of force whose logic is not so much the regulated and codified logic of right and sovereignty, as the strategic and warlike logic of struggle (Foucault, 2003b: 280-281).

If Sir Malcolm Delevigne had succeeded in establishing the international quota system for the production of opium and coca based drugs, the possibility of a world free of such pleasure seekers presents itself but he failed in his objective. The supply question defeated Sir Malcolm as it would many others that followed and therefore excess production fuelled international smuggling. The demand for opium and cocaine products usurped all attempts to curtail the supply at the international level whilst international prohibition ensured that the profits for smuggling provided highly lucrative incentives for

those willing to take the risks. Of course the scale of the smuggling cannot be evidenced in statistics, but one can glimpse the international dimensions of the business in a case from 1922, which saw the arrest of an Australian first-class passenger travelling from Hamburg who was caught in Grimsby with three and a half pounds of cocaine. Two Swedish merchants were also convicted of attempting to sell three and half kilos of cocaine the following year (Parssinen, 1983: 177). Profit margins of up to fifty times the cost of the original purchase ensured that many were willing to take the risk.

During the 1920s the legitimate consumption of raw opium halved between 1924 and 1929 down to 8,301 pounds whilst morphia consumption increased marginally from 18,849 ounces to 20,215. During this period at the peak of the concern around drugs, there were no more than 300 prosecutions for drugs in the United Kingdom whilst in the United States there were never less than 3,000 narcotics prosecutions during the same period and as many as 7,000 in certain years between 1921 and 1940 (Parssinen, 1983: 216). By contrast, British prosecutions declined dramatically by 1929 to less than a total of one hundred (Parssinen, 1983: 167).

Excess production was the main concern of Delevigne with the Persian and Japanese governments proving reluctant in complying with production and trade restrictions (McAllister, 2000: 114-116). Producer countries were dragged reluctantly to international conventions and frequently refused to cooperate. The United States adopted a unilateral position that placed it on the

extreme of the interpretations of the Hague agreement whilst its illicit drug markets enabled the careers of many famous smugglers. In the United States these protocols enabled legislation that was based on taxation, which ultimately would line the pockets of the mafia. America and Britain clashed frequently at international forums whilst smugglers established networks that would stand the test of time working on principles of financing that were established by the criminal genius of Arnold Rothstein.

The United States delegates berated Delevigne for allowing the maintenance prescribing of addicts but they were blind to what was occurring in the streets of New York City nor were the actors of the Rolleston fully conscious of their wisdom. Events forced Delevigne to review drug policy in a nation that as yet had no significant concerns around the importation of contraband nor an out of control outbreak of intravenous drug injection. In the centre of London a cocaine fuelled subculture had begun to take hold but this was quickly suppressed by the Home Office (Parssinen, 1983). Several notorious deaths during this period fuelled public concern across the nation but the hysteria far outweighed the reality. An incident in Wales led to near riots and anti-Chinese pogroms in Wales followed a lurid depiction in the local press of a particular case involving young women smoking opium with a Chinese man who was found dead with the unconscious women (Kohn, 1992: 145-147). Chinese residents of another Welsh town picketed a film that portrayed negative stereotypes of Chinese people as drug fiends, the local

Chinese residents fearing similar reprisals. In a letter to the Chinese consul general, concerning the sensationalist film *Cocaine*, a Chinese resident of the dockland area of Cardiff said referring to the film that was being shown and the recent case of the alleged smuggler Brilliant Chang:

The name of this picture is *Cocaine* and it is an insult to the Chinese people, also they have newspaper cuttings of the dancing girl and Mr. Chang's photo outside and all over the newspaper cuttings they have written in blue lead:

READ THIS THEN COME AND SEE THE FILM

And the picture of the Chinaman is put very ugly and leering and I think such pictures should be banned everywhere as this same picture was banned in London (Kohn, 1992:137-139)

In the United States the imposition of the Harrison Act saw the beginning of a steep decline in the prevalence of opium use. The lack of supply of detoxification and the on-going persecution of the medical profession prior to the appointment of Anslinger meant that addicts faced very stark choices. Those that could not face the horrors of withdrawal were forced to turn to the illegal market. Profits in the narcotic markets were extremely lucrative and by 1928 Arnold Rothstein, the financier and gambler, commanded an

enormous amount of influence through the profits emerging from his nascent international narcotic business (Katcher, 1994). Rothstein's agents scoured the globe for supplies of narcotics that fed New York's burgeoning underworld market, establishing a model that would become a template for future operations. Rothstein's murder marked a significant point in the history of addiction, revealing a scandal that linked the Deputy Commissioner for Prohibition, Levi Nutt to Rothstein's business (Musto, 1973: 207). Nutt's resignation as head of the Federal Bureau of Narcotics in 1930 led to the appointment of Harry Anslinger who called off the assault upon the medical profession but Anslinger did not reverse the *classical drug policy* established by Hamilton Wright.

Anslinger had apparent success with his approach as the iatrogenic population declined, following the international trend towards the near extinction of opium use leading up to the Second World War. There was however one feature of the opium market that Anslinger was never able to contain: the young urban poor of New York City. It was these individuals that had made Rothstein so wealthy and influential and these individuals that would prove resistant to Anslinger's *classical drug policy* that persisted until the 1960s. With the murderous Darwinian battles for control of the narcotic and alcohol markets under Prohibition came a new breed of gangster, ruthless and exploitative in the extreme. Quality plummeted and users rapidly found

that intravenous use was the most cost effective method of using this inferior product.

Kolb (1924, 1925, 1928) identified ‘pleasure seekers’ as the psychopathological core of those that resisted the assault on opium eaters whilst Towns (1912) and Terry (1914) had already recognised the contagious nature of the spread on the delinquent drug injector. These hardy individuals clung onto their use of opiates in the face of the prison and the prison ‘farm’ system for addicts that later developed at Lexington, a hospital that removed its bars only after Anslinger’s retirement in 1962 (Musto, 1973: 235). These carceral systems are graphically described by William Burroughs in *Junky* (2008). This hard-core of several thousand heroin users in New York City provided Rothstein with enormous profits and formed the nucleus of what would eventually become an international phenomenon. Despite the context of the strictest prohibition, the illicit market was established and grew until the tentacles of corruption began to penetrate the very organs of Prohibition leading to Nutt’s hasty departure. This in turn brought about a restructure of government bureaucracies that administered the prohibition. To say that there ever was a true prohibition of opium in the United States is perhaps a false assertion as prohibition and gangsterism became very quickly two sides of the same coin.

For centuries opium had remained silent and the Enlightenment made it speak: but what words it would utter! It was so ubiquitous as to be

unremarkable in those preceding years. The Cartesian division enabled the identification of the pain controlling and sleep inducing effects of opium, dividing these from the pleasure that was subsequently deemed unwanted in the Cartesian separation of reason from unreason. The physician and the policeman became the custodians of this borderland through a hermeneutic process that began with DeQuincey's *Confessions of an Opium Eater*.

DeQuincey's patrician defence of the pleasures of opium for the educated few was soon forgotten within a hermeneutical context that quickly adopted a professionalised quasi-scientific terminology and an assumption of expertise on the part of clinicians. The episteme concerning opium shifted dramatically over the subsequent decades with all political persuasions, most scientific opinion and almost every nation agreeing upon the termination of the ancient trade.

That a small group of heroin users persisted in their use is no doubt a constant reminder of the limits of all forms of power no matter how puissant. Ferguson (1995) identifies the problem of pleasure within the Enlightenment context. Pleasure stands outside the bourgeois cosmos according to Ferguson. He proposes that capitalism has commodified pleasure, attaching a use/exchange value to the experience and it is obvious that where people will continue to use a substance even under the strictest repression then the exchange value will be very attractive (Ferguson, 1995: 160). Nevertheless he perceives an order of fun and excitement that belongs to a previous age and it

is this chthonic force that drives the use value of opium and its products. This world of fun is explored in depth by Ferguson through the medium of *Rabelais and His World* by Mikhail Bakhtin (2001). Writing under the relative intellectual freedom of the Second World War in the Soviet Union this thesis ostensibly concerns itself with the French author Rabelais and his struggles with the Catholic Church during the Inquisition. The present-day reader can now also see a subtle critique of the Soviet Union itself with veiled references to the mass starvation that followed the collectivisation of farming across the Soviet Union and further veiled critiques of the actions of the Stalin in referring to Ivan the Terrible's own secret police, the *Opritchina*:

Ivan the Terrible struggled against the Russian feudal sanctimonious traditions and the methods of distribution of estates to the boyars. He broke up the old political and social structure and moral code and in doing so could not escape the influence of popular forms of mockery and derision: travesties and masquerades that turned inside out, uncrownings and debasements.

While not breaking with the tradition of church bells, Ivan could not do without the jingle of fools' bells; even the outward attributes of the *Opritchina* had some carnival elements, for instance the broom (Bakhtin, 2001: 270).

Against these recent events Bakhtin places ‘the people’s laughter’ (Bakhtin, 2001: 12) in opposition, reminding us of the grotesque ceremonies of the ancient Romans (Bakhtin, 2001: 33). Bakhtin places the market and its image of the belly at the centre of his notion of freedom, no doubt providing a grim reminder of those recent famines that had beset the Soviet Union prior to the Second World War. Here ostensibly Bakhtin speaks of the oppression of the Church and the feudal landlord which are opposed by his notion of the Saturnalian free speaking traditions that persisted unto the medieval marketplace emphasising the radicalism of humour (Bakhtin, 2001: 42, 66). The notion of the marketplace as an essential buttress for freedom is also developed through this medium of laughter, mockery and the grotesque humour of the carnival, a tradition that every citizen of high and low birth participated in during this era.

Fielding in his *Enquiry into the Causes of the Late Increase in Robberies* also saw Saturnalia as an essential force but one of dubious value. He understood the role of this festival in providing a vent for chthonic forces but could also see the troubling dimension of civil unrest. Hogarth’s imagery retains some of this traditional festive spirit but in his work it is presented as a flat one-dimensional satire of horrors rather than the grotesque realism of the carnival that prompted laughter and derision in equal measure. The fool that wears the paper crown carries an impaled baby upon his sceptre and has

lost all of the magic of the medieval carnival tradition of the election of the feast of the fool wherein madman might be elected the king for a day (Bakhtin, 2001: 74). The consequence of the third Gin Act was the successful harnessing of those forces to the effect of an overall reduction in Gin consumption but saw no return to the festivities of yesteryear. The Protestant revolution was completed and the chthonic forces were bound to a new marketplace. Whilst Fielding and Hogarth directed this chthonic force towards Beer Street, in the case of opium Sir Malcolm Delevigne and Harry Anslinger were aiming to impose a total prohibition, a goal even more utopian than those of Hogarth and Fielding but they failed to comprehend the dark humour of the market. In the case of opium the market refused to obey the prohibition and instead moved to the border of the Roman camp, to the limit of civilisation, into the wasteland and beyond legitimate control.

If there is a chthonic ‘will to intoxication’, an intrinsic need to lose oneself, then the spread of the knowledge for the continued use of opium via the most cost effective route of administration, using the most powerful preparation provides clear evidence of how strong this force can be. There would appear to be no end to the risks that opium users will take in order to avoid the pain of withdrawal and to embrace the pleasures of opium and its products. The adoption of prosthesis such as the syringe, combined with the esoteric knowledge of intravenous injection show us the adaptability and innovative response of opium users under adverse circumstances. This *resistance* is a

principle that we can see at work in the present-day spread of ‘know-how’ concerning the production of desomorphine from codeine based headache tablets in the Russian Federation, where the *classical drug policy* of preventing physicians from providing alternative long term supplies of opiates has been adopted. This highlights a crucial principle that all policy makers must heed: in attempting to do the best it is possible to become an enemy of the good. One might guess that the innovative development of psychoactive drugs from household products in the Russian Federation may also spread in time. If we cannot prove that Rolleston and Delevigne’s elegant compromise was effective at preventing an epidemic we can certainly claim along with Courtwright that the Harrison Act produced the outbreak of intravenous injection in New York that was to have such dire global consequences and therefore suggest that the *classical drug policy* is therefore a key motor of social ills.

The lack of maintenance prescribing in the United States during this period is a matter of interest. Having established a new hermeneutics of opium, the ultimate sovereign decisions hung upon the interpretation of certain key phrases. For example ‘legitimate medical use’ became an area of considerable international debate. America adopted the most extreme position, and hence during the 1920 and 1930s maintenance prescribing for addicts was virtually unavailable. Without any clear technical definitions, this left opium users to the whims of a national ideology that emphasized utopian ideal.

Bakhtin holds that the carnival tradition embodied in Rabelais represents the wisdom of ages. There is an understanding in these traditions that time is the enemy of everything that is fixed. The message of the carnival is that each king will eventually be dethroned. The marketplace has seen many rising to power only be thrown down by Fortuna's wheel and the traditions of the carnival embody this knowledge incorporating mocking humour, drunken ribaldry and billingsgate curses with traditional masques and farces. The carnival for Bakhtin is a celebration of the transitory nature of life and it places a central importance of upon the imperfect body.

The sellers of drugs in *Rabelais and His World* hawk a panacea and the products of that age no doubt would have contained opium (Bakhtin, 2001: 186). In the *History of Madness* Foucault reflects upon opium's role as a panacea through the ages particularly so because of its universal anatomical and functional application (Foucault, 2006a: 298).

The nature of resistance is in Foucault's analysis based upon a notion of struggle but not the Marxist idea of struggle. Foucault's struggle emerges directly from power relations:

One thing seems quite certain to me; it is that in order to analyze the relationships of power, at present we have only two models at our disposal: the one proposed by law (power as law, interdiction, the institution) and the military or strategic model in terms of power

relations. The first has been much used and has proven its inadequate character I believe. We know very well that law does not describe power: I know that the other model is also much discussed. But if we stop with words: we use ready-made ideas or metaphors ('war against all', 'struggle for life'), or again formal schemata (Foucault, 1996: 224).

The attempt to suppress markets for opium across the world and to bring into being an opium free world were confounded by continued demand and continued supply of opium and its products through the black market. Within the context of the great experiment in prohibition the Narcotics Bureau was established but its work produced resistance rather than the utopian dream of a freedom from slavery. This department dedicated its activities in the first years to the regulation of the medical profession whilst in the United Kingdom the regulation of the addict was left to the physician. Methods in the United States were aggressive and frequently resulted in judicial action against physicians (White, 1999).

The banquet is one of the main emblems of *Rabelais and his World*, it is an ironic image filled with significance. The failure of the Soviet economic system to feed its citizens had created great hardship and stood silent testimony in contradiction the empty political rhetoric of the on-going march of Marxist progress. This criticism is implicit within Bakhtin's work.

Some years earlier the invention of cocaine caught the imagination of a young psychiatrist who originally placed great store in the new drug.

Sigmund Freud proposed cocaine as a wonder drug in his paper *Uber Coca* (Markel, 2011). The new drug experienced a sudden boom in the 1880s, with demand outstripping supply and prices rocketing during this period. Heroin experienced an upsurge in popularity during the first decade of the twentieth century with consumers shifting from the heavily taxed smoking-grade opium to the new pharmaceutical product. The importance of the ongoing demand for these products following the Hague conventions should not be underestimated.

Into the Wasteland

Speaking on the radio to his audience the Evangelist Richmond T. Hobson said of the *junkman*:

To get this heroin supply the addict will not only advocate public policies against the public welfare, but will lie, steal, rob and if necessary commit murder. Heroin addiction can be likened to a contagion. Suppose it were announced that there were more than a million lepers among our people. Think what a shock the announcement would produce! Yet drug addiction is far more

incurable than leprosy, far more tragic to its victims and is spreading like a moral and physical scourge (Musto, 1973: 191).

Such views concerning leprosy as a metaphor for addiction were not exclusive to Hobson. In 1928 Winifred Black published *Dope: The Story of the Living Dead* saying ‘A dope addict is a disease carrier – and the disease he carries is worse than small pox, and more terrible than leprosy,’ adding ‘Why not isolate him, as you would a leper’ (Courtwright, 2001: 140).

In *History of Madness* Foucault found an original connection between the rituals of exclusion forced upon the leper that he claimed was later attached to the insane:

Leprosy retreated, and the lowly spaces set aside for it, together with the rituals that had grown up not to suppress it but to keep it at a sacred distance, suddenly had no purpose. But what had lasted longer than leprosy, and persisted for years after the lazar houses had been emptied, were the values and images attached to the leper, and the importance for society of the insistent fearsome figure, who was carefully excluded only after a magic circle had been drawn around him (2006a: 5).

The lazar houses were to be found at the edge of the town and the city along with the waste dumps. The association of waste is embedded in the term

junkie as I have already outlined and this condition in turn was associated with the idea of leprosy in the mind of Hobson. The Roman camp placed its waste at the edge of the camp and it is here in the metaphorical wasteland of contemporary life that we can find the present-day injecting drug user; straddling the border of civilisation surrounded by a magic chalk circle that determined the mediaeval madman. The modern western city is built upon the plan of the Roman camp with waste placed at the edge of the city and it is here that we could find the junkman scouring for metals on the garbage tips of New York City during the 1920s and 1930s, the lowest level of entrepreneur in the capitalist economies bounded by a magic circle.

Michel Foucault saw this wasteland as the place previously occupied by lepers and more latterly the mad and it is here one can also find the present-day injecting drug user. The morphinomaniac was wrestled from the arms of asylum keeper in the United Kingdom by Sir Malcolm Delevigne during the process of the Rolleston Committee but the marginal status of the injecting drug user remained. Sections of the urban space are zoned for particular use and there is a clear demarcation of the edge and it is here that the persona of the junkie eventually emerged during the 1920s and 1930s. It is at the edge of the urban space that Foucault claimed to have discovered the asylum, in the space that was previously occupied by lepers but in reality the junkman is both at the edge and within the modern city. In his essay 'Heterotopias' (1968) Foucault proposes that *place* is something more than simply a geographical

entity. Susan Zeigler (2008) finds that drugs, race, class and gender are all closely intertwined providing the cause for discipline of particular groups of individuals. Michelle Alexander (2010) perceives the use of drug laws in the present-day as a means of policing the African-American male in an age of supposed anti-racism. Both of these authors provide a convincing analysis of the deployment of the notion of addiction as a smokescreen for other purposes.

Injecting drug users have become just such a heterotopic site of the struggle between power and resistance. The persistence of certain kinds of underworld individuals with opiates through their use of heroin intravenously quickly developed into a prejudiced stereotypical characterisation of the *junkman*. The American evangelist Richmond P Hobson used the radio in 1928 to propagate the message that addiction to heroin was a new form of leprosy in an ironic twist of fate that would, no doubt, please the spirit of Foucault. Certainly the *contagious* nature of heroin use was alarming for Towns (1912) and Terry (1914) as it spread through the cities of the nation.

The original struggle against slavery found very broad popular support but here we can see the outcome of a war against a metaphorical slavery. The lack of working class members of the Society for the Suppression of the Opium trade provides evidence of the bourgeois ascetic vision of the Methodist and Quaker supporters. It was not only the working classes that resisted, the addict wives, husbands, servants and children of upper and

middle class families also stubbornly refused the will to power and produced the phenomenon of resistance.

The various classes were, on the whole successfully, weaned from laudanum during the First World War and the 1920s in Britain and the United States. The New York City underworld of gamblers, prostitutes and youth gangs however refused to give up their taste for opiates and turned hungrily to alternatives (Courtwright, 2001: 85-88). Here the seeds of future destruction lay dormant during the 1920s crackdown on physicians. We might state that the American prohibition of the licit opium trade however on the whole was equally as successful as Britain's; with laudanum users and opium smokers disappearing in both nations. The strict American policy brought a dramatic decline in the popular use of opiates leading all the way to the Second World War but Courtwright argues that this overall decline masked the growth of the new trend of injecting heroin use amongst economically marginal populations. This is a clear example of *resistance*.

Foucault's notion of resistance is embodied in this mass shift towards injection drug use. I claim therefore that this is clear empirical evidence of the unintended consequences of resistance, following an attempt to reengineer society on a mass scale. In response to the prohibition of opium, new limits of human norms were established and most of the population responded but not all. Foucault proposes that these limits of power will always engender resistance to a prohibition but in the case of intravenous injection we can see

evidence of the potential catastrophic consequences of such utopianism. In the case of opiate users this resistance has taken the form of intravenous injection that has obvious deleterious consequences for the individual and for the families and communities that surround them. A behaviour that enables the transmission of disease in those nations that refuse to adopt such pragmatic policies as needle exchange is fuelling one of the most awful scourges of our age in the form of HIV infection. Thus utopianism has created the condition via the process of resistance for a series of unforeseen social and economic forces that are having very real effects in the real world.

The epistemic shift against opium led also to the objectification of the opium eater and later the subjectification of the injecting drug user. This has in turn generated a range of stereotypical images that compared the user to rubbish, and later a demon and ironically a leper. In a tragic vicious circle in the United States the users were denied the opportunity of the physician as an alternative hence reinforcing the power of Rothstein's cornered market, enriching gangsters and enabling the flourishing of corruption. The carnival demons of the Middle Ages and the festive gaping mouth of hell and the barking of the panacea sellers were replaced with a virtuous rhetoric and victim blaming, whilst the remaining resistant opium eaters persisted under conditions of increasing scarcity. The worsening quality of heroin led to the learning of the technology pioneered by Boyle and Hooke some two hundred and fifty years hence.

The idea of human beings in relation to waste is considered recently by John Scanlan (2005) who notes that the wages of those that deal with ordure are always higher than the average. At the economic level, a social taboo must be overcome and therefore a certain value is attributed to waste and those that deal with it. Bauman (2004) has also considered this theme of human waste in relation to modern economies and in terms of communities of people such as immigrants. Scanlan reminds us of the communities in the Philippines that are forced to scavenge from rubbish tips and there are such people all over the world, *junkmen*, *junkwomen* and *junkchildren*. There is a long history of the association of garbage with elements of humanity both on a metaphorical and a real level. The 'ten per cent' was a notion in Victorian thought concerning those that were compared with effluvia (Harris, 1995) and perhaps it is less than one per cent for our present-day Western nations that still carry this taint? Public health's great success with water borne disease had enabled the idea of waste as a metaphor to seep into all of public health discourse hence ten per cent of the Victorian society was thus deemed as effluent, needing an improved *social sewerage system*. This notion silently haunts all public health discourse to this day. Poverty and squalor are thus associated with waste and their victims are somehow tainted.

Zieger and Alexander crucially identify the heterotopic nature of the deployment of the idea of addiction within certain groups. There is certainly ample evidence of the association of race and gender with forbidden

intoxicants combined with the constant refrain that connects these intoxicants with the vulnerability of white women and girls in Victorian parlance. Wright associated cocaine use with black men and the possibility of inter-racial sexual contact but this was not new. Many years before in 1880 Kane had already developed the theme around Chinese men and white women and girls that were mixing in opium dens. This same tactic was later to be deployed against Mexicans and marijuana use in the West. Thus drug use and racial conflicts became intricately entwined.

The notion of degeneracy was often associated with the modern condition of life in the minds of the Victorians. Somehow the urban condition was considered the seed of the future destruction of civilisation. The collapse of civilisation was inherent in the height of its success. This is an ancient lesson of history. The need to identify degenerates and the right to destroy this subhuman class was embedded in the discourse generated by such theorists. The connection between drug use and degeneracy was commonly accepted across the spectrum by the close of the nineteenth-century. Despite the discrediting of degeneracy and the later notion of eugenics it is clear that such notions remain deeply embedded in our discussions concerning drugs.

The fear of decadence that haunted the pre-war years was echoed by the Aftermath generation so typified in novel *The Vortex* where an unspecified drug destroys the protagonist and everything he loves. Nietzsche in 1888 joined a broad throng of nineteenth-century thinkers that called for the

destruction of decadence in *Ecce Homo* (2009) whilst Oscar Wilde depicted degeneracy as closely associated with opium smoking in the novel *A Portrait of Dorian Grey*. Drug use in the families of the upper and middle classes caused particular worry to Wilde's contemporaries including the novelist Robert Louis Stephenson who conjured the image of the physician who uncovers hidden decadence through his use of a fictionalised experimental narcotic in *Dr Jekyll and Mr Hyde*. Assumptions that drug laws were especially punitive towards working classes avoid the intense scrutiny and coercion that the families and children of the ruling classes were subject to.

China rapidly developed a morphine habit through Hong Kong from the 1890s onwards thanks to British manufacturers. This situation came to a sudden halt in the 1920s when the British Government was embarrassed by the Edinburgh anti-opium committee that revealed complaisance on the part of manufacturers in the form of active smuggling through Japan. The licit trade concluded but manufacturers simply sent supplies to third party nations such as Switzerland (Parssinen, 1983: 144-163). Both Germany and Switzerland bridled against subsequent export controls but eventually all signed up to international agreements. The trade in licit opiates effectively was radically curtailed in Britain by the Dangerous Drugs Act of 1920 and by the end of the 1920s Britain was in compliance with international laws in both letter and spirit. Ever decreasing numbers of opiate dependent patients presented the appearance of success on the part of combination of stricter

policing and the continuing and strengthened role of the physician following the legislation.

If we are to be generous to the spirit of Sir Malcolm Delevigne one might say that he would have been justified in believing at the conclusion of his career that opiate use for pleasure was on its way to extinction thanks to the system that he had helped to create. The humane *British System* would stand the test of time until the late 1960s. Ultimately the *British System* was confounded by the inability to control international supply in opiates during the 1930s, the lack of any answer to the problem of pleasure and ultimately the phoenix like nature of the Soho drug scene that perennially sprang back to life during the 1950s following the arrival of bebop jazz musicians who fashionably used heroin, reportedly in order to improve their performance.

The failure of Delevigne's supply side quota system effectively found his hopes of international control dashed upon the rocks of despair as he struggled during the Geneva conference to contain his angry emotions whilst reading a copy of the Telegraph upside down (McAllister, 2000: 3). There was common laughter when the Canadian delegate suggested he might look more composed with it the right way round, no doubt a humbling moment. On the home front however along with the members of the Rolleston committee, a compromise was found that was to last for nearly fifty years amidst continuing low levels of prevalence. The constant thorn in Delevigne's side was however that stimulant fuelled Soho drug scene, which constantly brought unwanted

headlines and society scandals in the 1920s. By the time of Sir Malcolm's retirement in the 1930s such scandals were few and far between. Britain was virtually free of opium eaters, morphinomaniacs, cocainists and all other varieties of drug consumer. Nevertheless the seeds of future trends remained in the Soho underworld awaiting the arrival of the heroin fuelled jazz age of the 1950s.

William Burroughs describes the heroin users that survived the Second World War in his fictionalised autobiography *Junky* (2003). American levels of prevalence had declined during the Second World War but a significant number of injecting drug users survived the war time drought. O'Donnell and Jones (1968) suggests that by 1945 intravenous use was the dominant form of administration of heroin, it was this type of route of administration that would be popularised in Soho during the 1950s.

There is a limit to every civilisation, a border that demarcates the line between what is part of the Empire and what is not. Gambling in the first decades of the twentieth century made Arnold Rothstein the most famous of all American gamblers, providing immortality through the character Meyer Wolfsheim in Scott F. Fitzgerald's *The Great Gatsby*. Rothstein, a professional gambler, also gained the dubious reputation of the man who fixed the baseball World Series. Alcohol and opium prohibition no doubt interacted to produce various effects including new systems of organising crime and new systems of financing that crime and it was here that Rothstein's

particular criminal genius produced a phenomenon that would become a hallmark of the twentieth century: the criminal syndicate (Katcher, 1994).

Prohibition itself may have been its own worst enemy; the early phase alcohol free 'dry' states in America may have inadvertently contributed to increasing opium prevalence as markets shifted towards the available licit intoxicants (Musto, 1973: 66). Later total prohibition across the United States enabled Rothstein to finance international smuggling and domestically to create tightly knit gangs of entrepreneurial criminals financed by him. The two absolute prohibitions of alcohol and opium produced the perfect conditions for the flourishing of Rothstein's new business interests including the importation of both heroin and alcohol. With the profits from this smuggling empire Rothstein was able to buy significant influence. The fall of Tammany Hall revealed the scale of the corruption with the revelation that Rothstein was also bankrolling relatives of Levi Nutt.

Romance with Krokodil

Baudrillard (2007) found that Foucault's notion of resistance was limited and to an extent disingenuous. Baudrillard proposed that power already contained its own resistance, integral to a system of simulation that Baudrillard proposes as an alternative to the idea of power. Baudrillard scornfully rejected Foucault's attempt to identify the repressive hypothesis in sexuality as simply

another empirical project, hopelessly trapped in attempting to justify its precepts in scientific terminology whilst the very existence of the real was his question. For Baudrillard, even resistance itself was part of the order of simulation. The notion of resistance in drugs provides us however with some concrete case histories that might be of interest in an empirical sense. What power and resistance produce together in practice with regards to 'drugs' is unclear in terms of Baudrillard's critique. Whether there was something inherent in the plan for opium prohibition that produced injection drug use or whether consumers simply moved in response to strict regulation and generated resistance between themselves is an interesting distinction. In recent weeks and months we have a perfect example of resistance emerging from the latest centre of *classical drug policy*: the Russian Federation.

Nikolas Rose in *The Politics of Life Itself* (2007) proposes that the role of the genealogist is also to suggest remedies for the social condition. Genealogy is a history of the present and has direct implications for policy on the city, national and international level. The study of philosophy and of history should have direct application to reality and it is to the Russian Federal authorities that we must hope for a sign of change in their application of the *classical* form of drug policy.

There were news reports concerning the Russian Federation's crackdown upon heroin in 2010, when President Medvedyev announced his nation's determination to crush the illicit trade in the country. Russian drug policy has

classical features with no role for the physician and one can observe the principle of resistance once again following this national campaign. Under a drug policy that prohibits the role of the physician Krokodil production has taken the place of heroin in the black market according to a report published in June 2011 in the periodical *Time*. News reports tended towards the sensational with headlines in the *Independent* of June 22nd announcing '*Krokodil: the drug that eats junkies*' but the first peer reviewed report (Skowronek et al, 2012) confirms the dramatic reports of amputations caused



Sir Malcolm Delevigne was the key British civil servant in charge of domestic and international policy.

by the necrotising effects of the toxic contaminants entailed with by-products of the production process including phosphorous. Skowronek, et al, indicate that this drug has already spread to Western European nations, and not that its presence has been ‘confirmed in Germany (among immigrants from Russia), Czech Republic, Ukraine, France, Belgium, Sweden and Norway.’ (2012: 269).

Krokodil is produced by the reformulation of codeine into a new opiate drug desomorphine, a pain killing and euphoria inducing drug reportedly three times stronger than heroin. The raw ingredients can be legally bought in the form of headache tablets in all countries across the world and the knowledge of the production methods for this drug is relatively simple. Desomorphine is a short acting opiate with a very strong euphoric effect but is also extremely toxic in the homemade production reportedly killing users within one to three years. Short acting opiates are reported to produce the best euphoria and due to the need to use the drug injected more frequently this can also result in greater problems; hence photographic and film records of users often show a severe necrotising effect around injection sites. Due to the toxicity of the drug, users characteristically produce peripheral limb ischemia resulting in the appearance of scaly skin around injection sites with the skin necrotising and eventually falling away from the flesh and bone.

The widespread shift of the Russian injection drug using population towards Krokodil provides a graphic example of resistance at work once again in the present-day. Despite all of the efforts of Russian law enforcement and customs

service the market has found access to opiates through a loophole in international law that protects the sale of certain codeine based medications which form the basis of the production of desomorphine. The debate in Russia has therefore shifted to the control of codeine based headache tablets, a trade that was never part of the international framework of prohibition and a therefore a subject for international discussion: no simple matter. The technological innovation of resistance with the most meagre kitchen sink materials appears to have proven its reality and is once again the victor in the ongoing struggle with the *classical drug policy* of the Russian Federation.

Elsewhere in the West new designer drugs are emerging with bewildering speed, feeding a demand for stimulants. Many of these are unknown to the users who buy brand names that have no guarantee of authenticity. A significant proportion of these new drugs are legal within the British context but previously never tested, a loophole in British law enabling the sale of untested chemicals that may well be more dangerous than the illegal ones. New drugs emerge upon this grey market on a weekly basis with new drug markets of the 'soft' variety proliferating despite various policing methods. One might wonder at how safe some of these new 'soft' drugs will be.

Internationally from 1935 onwards the onset of the international agreement to prohibit the supply side in the trade in opium became the main preoccupation of authorities (McAllister, 2000). The consequences of the Second World War led to a shift of the population of potential new addicts into various armies with

illicit international supply lines foreshortened resulting in the amount of illicit heroin declining but this tended to hide the prevalence of addiction. It is reported (Davenport-Hines, 2001: 345) that morphine could be procured in 1944 on the Normandy beachhead. In the United States the remaining few addicts eked out an existence through diverted supplies of diverted military bound *syrettes*, preloaded one-shot morphine filled hypodermic pain killers designed for battlefield use and the occasional physician that would risk prescribing (Burroughs, 2008). In Russia, Stalin's traditional solution for all deviants was deployed: exile to the Siberian expanse (Latypov, 2011).

The mysterious author of *Romance With Cocaine* (Ageyev, 1983) wrote in 1934 of the epidemic of cocaine sniffing that preceded the Russian revolution in Moscow. Perhaps the mysterious author was Vladimir Nabakov in disguise, for it has many of the hallmarks of the great writer. The novel surfaced in Istanbul during the 1920s and was first published in France. The protagonist of the novel, perhaps autobiographically, describes the nightmarish descent into cocaine-induced psychosis amidst the chaos of revolutionary change. An allegorical novel, *Romance with Cocaine* describes the downfall of the decadent bourgeoisie and the harsh response of the new revolutionary authorities towards the addict. The protagonist of the story commits suicide having been rejected for treatment by a former school friend with the curt statement, 'Burkewitz refuses'. This condemns the protagonist at the end of the story. This story contrasts with Bulgakov's fictionalised account of his own

problems with the injection of morphia as a young medic in the short story 'Morphine' (2011) first published in 1927. This shows that drug treatment was available in Moscow during the revolutionary period, also confirmed by Latypov (2001) in St Petersburg.

What can we learn from past history within the context of the present-day Russian scenario and also closer to home? If it is not possible to claim that maintenance prescribing represents the panacea that Lindesmith claimed in the 1960s, we must humbly beg for its deployment in the Russian Federal republic at the very least, for the purposes of preventing the resistance that is causing the growth in the use of *Krokodil*. If Baudrillard (2007) is correct, in saying that power contains its own resistance we might wonder at the logic behind *classical drug policy*. The example of the awful consequences of *resistance* in Russia should be evidence enough to adopt the *British System* designed originally by Delevigne and Rolleston that has come to be the main response of most Western nations. For further evidence of the existence of the phenomenon of *resistance* we can at the very least point to the outbreak of intravenous injecting under the context of a similar *classical drug policy* in New York City during the 1920s and 1930s. I conclude that without the safety valve of the physicians' ability to prescribe opiates that illicit drug markets can take on terrible forms, inducing extremely risky behaviours amongst those desperate few that will always persist. The *British System* is therefore the minimum requirement from the point of view of *raison d'état*. This is the beneficial legacy of both Sir Malcolm

Delevigne and Sir Humphrey Rolleston. If it is true that addicts remain the object of power within a paternalistic system that prevents their death, this must be seen as the most progressive ethical outcome.

In Western Europe and also in the United States the previous generation of injecting drug users are now growing old and there are few young people adopting injection. These steroid users and those that use image-enhancing drugs such as tanning products do not inject directly into the vein instead adopting the subcutaneous method. Intravenous is therefore a declining phenomenon. The last boom in heroin in Britain was during the 1980s and 1990s, hence we are now witnessing a decline in incidence across the Western world. The previous experience of the last century tells us that markets rise and fall however and that during the 1930s and 1940s policy makers could have been forgiven for concluding that they had rid the world of the opium eater. The re-emergence of heroin in the post war boom is obvious from the standpoint of the present-day. Heroin was strongly associated with a new jazz focused musical culture. Drug consumption was also a counter-cultural milieu and dynamic markets for intravenous drugs such as heroin and cocaine were to emerge in Soho during the 1950s.

What is to be Done?



A still from the film *Human Wreckage* produced in the 1920s.

The metropolitan city of Greater London had an estimated 13,056 drug injectors in 2008 (Hay et al). In the same year New York City authorities estimated somewhere between 40,000 to 120,000 drug injectors (Jennes et al, 2009). Both cities have declining prevalence and lower incidence of new drug injectors at the beginning of the twenty-first century. Arnold Rothstein's murder at the end of the 1920s announced the end of the campaign against physicians in New York City as the corrupt regime of Levi Nutt was replaced by the career diplomat Harry Anslinger. Anslinger continued to oppose all suggestions that America adopt a maintenance prescribing approach until his retirement.

National policy was to shift towards the *British System* after the election of Kennedy with the introduction of methadone maintenance schemes, a policy never reversed by Richard Nixon despite his warlike rhetoric. Federal American policy remained *classical* in terms of needle distribution until New York City authorities declared a public health emergency in the face of HIV in the 1990s and permitted needle exchange thus reducing HIV rates to 0.5%, with the city witnessing declining incidence amongst drug injectors in recent years (Jennes et al, 2009).

From the 1960s methadone maintenance programmes were adopted across the United States thus signalling a convergence of strategy with Western Europe. American and European drug treatment policy has more in common with the most notable different the continued Federal opposition to needle exchange that is often contradicted by State authorities. In practice local city and State authorities have often applied their own regulations in the context of public health emergencies.

It would appear that injection drug use is fast becoming a crisis in the former Soviet Union and also across China over the decades following the fall of the Berlin Wall. The area of Greater Manchester has an estimated 13,000 drug injectors (Hay et al, 2010) whilst St Petersburg with a similar population had estimated rates of prevalence during 2007 of 83,118 (Heimer & White, 2010). There is a burgeoning injection epidemic in the Russian Federation that places New York City in the 1930s in the shade.

Within the current international treaties one can certainly say that the adoption of a variant of the *British System* the most minimum humane requirement under international conventions. Ultimately this is the wisest and most pragmatic option for all Federal authorities and one that the United States were eventually forced to accept. Russian Federal authorities continue with an approach that is analogous to the *classical* Prohibition era of the first decades of the twentieth century at their own peril. The historical precedent of the outbreak of intravenous injection drug use should serve as stark warning for Federal and for all State and city authorities across the Federation. The precedent of the manufacture of Krokodil is further evidence of the empirical reality of *resistance* and authorities might wish to reflect upon the alternative option that was introduced by European nations and later adopted by New York authorities in the face of the HIV epidemic.

There are further questions around the classification of pleasure as a forbidden use-exchange object and the abolition of luxurious pleasure associated with opium that has failed to prevent the spread of those pleasure seekers across the globe. The context for the chthonic desire for opium is now contained within the international juridical notion of prohibition and yet paradoxically the condition flourishes. The enormous incidence in Russia and the current response of Russian authorities can only give further cause for concern of the further spread of the new illicit *Krokodil* type technologies born from *resistance*.

Morphine, the more powerful salt of opium has been known for many centuries but for most of these centuries opium sufficed until the industrial revolution enabled the mass manufacture of the product (Davenport-Hines, 2001: 76-77). The revolution in pain control began with the industrialisation of the process of morphine with work of the French investigators Pierre Joseph Pelletier, Francois Magendie and Pierre-Jean Robiquet who developed the industrial process of isolating morphine from opium in the first years of the nineteenth-century. This process was further industrialised in 1821 by the London based Thomas Morson who had studied in Paris. Morson produced the new variant of the ancient remedy in his parlour. This new drug did not have long before its fateful meeting with the new invention of the hypodermic syringe.

The relationship between technology and the body raises the question of the syringe and essences of opium that were gleaned by scientific enquiry, combining ultimately with the knowledge of intravenous injection. The invention of a device for intravenous infusion transformed our relationship with the body. Ultimately this led to our specific technology of the self: the invention of the junkie. For the first time in history we had conquered human pain and with the invention of more specific local anaesthetics later in the century it became possible even to operate directly upon the eye with a scalpel. Following the invention of cocaine the problem of stimulants has continued to present itself across the world. The syringe has transformed pain

control in general and it was very rapidly disseminated by a medical profession that was still lacking control over the population wide impact of their technology and knowledge. The rapid dissemination of the hypodermic occurred without any thought of the consequences directly after its invention. The same principle applies to the invention and manufacture of morphine and this same pattern of the promulgation of wonder drugs continue to this day, no doubt a feature of all markets and manufacturers.

Physicians taught patients how to use the ‘miracle’ device and introduced them to a series of wonder drugs that repeatedly lost their enchanted status at a later point. Professors experimented upon themselves with the ancient Classical intravenous methods and the knowledge escaped the laboratory into the general population. The knowledge of injection and the various techniques of injection that became embedded in the culture of patients of these physicians is a salutary tale of the limits of both sovereign and biotechnico power.

The previous lack of effective pain control beyond the ancient juice of the poppy and the relative infancy of medicine as a scientific, positivistic endeavour also fuelled the popularity of the new device and the ‘little shots’ that came with it. The argot that the hypodermic rapidly produced is testimony of its impact. Competition between physicians ensured that the needs of patients drove the market. Patients looked forward to ‘a little squirt’ from the doctor (Gibbons, 1870) stating “Oh Doctor, shoot me quickly”.

The later bio-political impact of this rapid dissemination in terms of the administration of those morphinated bodies produced by the syringe and the calculated management of the psychic and physical aches and pains in the life of those patients can be clearly seen in relation to the uncertain financial reality of the Victorian general practitioner. There is obviously from this perspective a deep irony that the psychiatric industry then in turn deployed an *Ursprung* view of history in order to claim the ‘morphinomaniac’. The very condition that their confreres had been artificially producing within the consulting room was replaced by a claim to the discovery of an original condition that was eventually referred to as ‘inebriety’ by Crothers and Kerr. Crothers (1981: 37) claimed the term ‘Morphinism’ as a subtype of inebriety, whilst announcing the creation of the American Association for the study of Alcohol and Other Narcotics at the turn of the twentieth century.

‘Drugs’ (Deleuze and Guattari, 1987) represents a term that most certainly is a free floating sign or rather symbol that floats with a very indistinct signifier above the imaginary. ‘Drugs’ has no clear referent to anything resembling the real but the impact of such notions are far from indistinct on the lived reality of people across the world. The topic of ‘drugs’ is discussed in every university, secondary school, barracks, workshop, political practice and economic observation, yet no one is clear what we all mean by ‘drugs’.

‘Drugs’ do however affect the birth rate, longevity, public health, crime, the housing situation, migration and many other areas of human life and the

control of 'drugs' produces effects such as the spread of knowledge around intravenous injection and also the manufacture of Krokodil. 'Drugs' also construct the complex situation in which injecting drug users find themselves as both victim and perpetrator of the sin of idleness and the forgetting of the family.

The lack of the legal trade in opium has produced the conditions required for a black market in heroin to flourish and the combined formulation and exorbitant price of heroin makes the intravenous method the most obvious conclusion for those that were once opium eaters. Whether this resistance represents something external to a notion of power or is intrinsic to the system of power is all the same to the injecting drug user. The sign of 'drugs' plays upon the signifier of 'drug addiction' and this occurs against a backdrop of referents that are almost infinite. Whether the user is driven towards the syringe or chooses a perverse response, the outcome is the same.

What happens in the wasteland where the pleasure seekers and the creatures of desire roam is beyond the taxonomic table and the Apollonian knowledge it contains. Under the extreme forms of prohibition we can witness the power of the wasteland, at the limit of the Roman camp. In this indistinct world of shifting truths around 'drugs' and 'addiction' we have constructed the intravenous injection drug user:

For millennia, man remained what he was for Aristotle: a living animal with the additional capacity for a political existence; modern man is an animal whose politics places his existence as a living being in question (Foucault, 1998: 143).

The law ultimately in the genealogical analysis simply operates as a norm around which the creation of various non-legal apparatus for the administration of this norm will spontaneously emerge enabling continuous regulatory and corrective mechanisms without the need for the use of the law itself. A normalising society thus is a product of a technology centred on life and with ‘drugs’ this is clearly the case, if this project has failed dramatically it must raise important questions around this notion of power.

Finally we might consider two key areas of interest for the conclusion of this study. First the notion of some form of fundamental transhistoric desire for intoxication that is often associated with the sin of idleness and the forgetfulness of the family, a force that has produced an historically contingent yet ever present urge towards opium on the part of some individuals that is that is immanently bound in the present-day by a series of bio-technico forces towards the needle.

Secondly we might go further and even question what ‘drugs’ are in the lightning speed of technology since the dawn of the Enlightenment and the ever-increasing availability of drug manufacturing technology and knowledge

in the home production market place? Drugs such as Krokodil and methamphetamine are produced in the kitchens of Russian and American homes from legal sources. Glancing briefly at the horizon we can see an infinite number of such 'drugs' emerging through the development of novel psychoactive substances thanks to the increasing sophistication of chemistry.

Liberal commentators fail to notice that it is the medical elision of euphoria as an unwanted by-product that has given birth to the idea of 'drugs' and this in turn has given birth to the *junkman* because medicine has no answer for caprice. The medical idea of 'drugs' also begins with the anti-oriental notions of DeQuincey and Coleridge and certainly owes as much to Dickens' views concerning opium as to any notion of science and disinterested enquiry. Encoded in the essence of medical discourse is first, the aim of excluding euphoria from the material world and secondly, the further objective of monopolising those 'drugs' for the purpose of medicinal pain control only. Finally, embedded in this discourse are Victorian debates concerning the feminising and oriental nature of opium that have nothing to do with any *real* thing that is there to be discovered. Thus the bio-technico forces found themselves perfectly in tune with a poetic, medical and religious concern with the British Empire's dependency upon the opium trade.

We are presented at last in the genealogical method with an embodied subject enmeshed in networks of power that contain and create that subjectivity. Dreyfus and Rabinow (1983) call this method of understanding

history *interpretive analytics*. In the world that Foucault's subjects inhabit even the very nature of truth itself is in question. In 1983 Foucault considered the question of the subject in an 'Afterword' to the work of Dreyfus and Rabinow (1983). He concluded that the subject was the product of a contest that emerged from a dualistic struggle between systems of power and the individual: the subject had returned to history through the idea of resistance. He concluded that we find ourselves thrown into a world wherein these forces of production and signification form us from birth and hence to speak of what is 'natural' is to misunderstand the nature of humanity. The increasing power we have over what therefore remains of the 'natural' in the form of desire produces new forms of subjectivity as a result; sometimes with disastrous consequences.

In *The Subject and Power* (1983) Foucault reveals a notion of 'diseases of power', such as Stalinism and fascism, thus revealing that Foucault's thinking was moving towards an accommodation with presumed healthier forms of power in liberal democracies, wherein freedom is presumably maintained at the price of vigilance against those 'diseases of power'. The manner in which truth is manufactured and taken as natural is therefore of great importance to the construction of the prohibition against opium in the Western world. There is therefore also a struggle against subjection to be found in the tale of the making of the *junkman*.

CHAPTER NINE

Conclusion



The Spiritus Animalis was considered the vital spark of life that animated all living beings.

The impact of the hypodermic syringe is one of the most important untold stories in history, revealing much about the limits of modern systems of power. The needle occupies a marginal position so as to be almost invisible in history and yet its silent impact has produced one of our age's worst scourges. There are several truths that are hidden beneath the marginal status of the hypodermic syringe. The first is that the practice of intravenous

injection emerged from *classical drug policy*. The most extreme form of prohibition prevents any alternative prescribing of opiate drugs by physicians and. We can see a similar process of extreme prohibition and its consequent resistance in the spread of the knowledge of Krokodil production under *classical drug policy* in present-day Russia. This process is named *resistance* by Foucault occupying a metaphorical position at the limit of the Roman city, yet paradoxically spread throughout our communities. The second truth is that our prevailing truth of addiction is founded principally upon the Stoical method of introspection deployed by Thomas DeQuincey, ignoring his claims for the benefits of the drug. The work of Thomas DeQuincey is characterised by Zeigel and Clej as operating within a masculine tradition of the mastery of the transgressive. Both authors identify a thematic trend that is in accordance with a racial, class and gendered perspective, which places the white male and the mastery of his emotions at the pinnacle of the intoxication experience and here DeQuincey's patriarchal claims for the benefits of opium use were not extended beyond the *cognoscenti*. Somehow the development of the hermeneutical process that conjured addiction was begun by DeQuincey and came to produce the circumstances that resulted in the spread of intravenous knowledge amongst drug injectors in the New York City during the 1920s and 1930s.

Whilst DeQuincey's experience of opium eating certainly kept him at the edge of his society, William Burroughs' outlaw experience in the post-war

era of the 1940s and 1950s was of an entirely different order following the prohibition of opium that DeQuincey had inadvertently begun. The semiautobiographical *Junky* (Burroughs, 2008) provides us with a graphic account of life lived beneath the *classical* regime. *Junky* might also be said to demonstrate many of the traits of the Cynic approach to philosophy that Foucault identifies as influencing modern art, a life lived in the open, revealing all of its' squalid details in order to show the underlying truth, that there are but very few unalloyed truths concerning addiction. Whilst the protagonist has some protection from poverty that his trust fund provides, this does not prevent the uniquely oppressive circumstances that all injecting drug users were subject to under the *classical* phase of American drug policy. Burroughs unflinching characterisation of the constant harassment and imprisonment of drug addicts presents historians with an accurate eyewitness account of America at the height of the *classical* period. The author provides us with coruscating views concerning psychological views of addiction, denouncing such perspectives. For Burroughs the need to maintain the habit is enough to explain the life of the *dope fiend*. The pleasures of drugs are long forgotten in *Junky* leaving only a never-ending search to maintain normality by avoiding withdrawal. The narrative is formed by *junk* and thus *junk* structures the lives of the characters in the story. It is a hard and ruthless world of domination and the struggle of each against all at its starkest. Above all else it is clear that his characters are the subject of constant surveillance

and imprisonment, yet at the same moment they continue to resist this domination rather than endure the alternative.

The question of the human rights of injecting drug users across the globe continues to present itself, as this group has become one of the most persecuted on the planet. We cannot expect that any change in the law will further reduce incidence of addiction in societies with relatively free markets and freedom of travel but what is clear is that draconian policy can worsen the situation by producing the type of resistance that Burroughs describes, thus engendering new forms of drug use previously unknown.

Outside of Descartes geometry, one finds a domain of euphoria that is contained within the boundless space of unreason. Physicians of this day will proudly report that one of the best features of methadone is that it is not euphoria inducing such as heroin but alas they do not comprehend that this is why their patients continue to use other euphoric substances including heroin, crack cocaine, cannabis, other stimulants and alcohol on top of the medication. Momentary oblivion is a powerful self-reinforcing stimulus for those with much to forget. Opiate and opioid substitution medication provides a safety valve that damps down the excesses of the heroin black market no doubt but it offers no particular cure to the problems of pleasure seeking. We must be clear sighted in our acknowledgement of the limitations of a therapeutic impact beyond the relatively modest claim that without opiate substitution therapy, we are left collectively to the ravages of the black market

and the kitchen sink pharmacist. The problem of euphoria presents itself to addiction physicians continually and to the entire field of addiction science on a daily basis in the form of the continued use of heroin and crack cocaine on the part of those that are in British and American treatment services. The apparent persistence of a chronic relapsing alcoholism in those that do cease methadone treatment is also of concern as alcoholism can have worse consequences to physical health, particularly with those that have hepatitis.

There are few physicians today that claim any cure for addiction and this is an important acknowledgement. The wisest physicians claim that they can do little more than provide an alternative substitute to the illicit market for heroin. Here we argue that this modest claim itself is enough to warrant an argument for the prevention of the worsening of an already inflamed situation. Medical treatment however is not in itself a panacea. In the face of the continued demand for euphoric substances and the apparent disregard of consumers for their long term health, the new horizons of problematic drug use appear much more challenging. Where weekend and occasional use of legally imported stimulants are concerned – and here we might also include cheap ‘homemade’ substances in such a category – the health risks for the future appear significant.

The search for the cure to alcoholism and addiction remains as fruitless today as during the Victorian age but there are two important threads emerging. Self-help based horizontal technology (addict to addict confession)

espoused by Valverde are commonly found within the Twelve Steps tradition. Valverde finds the addict-to-addict confessional nature of this approach to have particular therapeutic significance and considers that this may represent a potentially new avenue. There has been little innovation in the theory of addiction beyond Valverde's recent work other than *The Myth of Addiction* (Davies, 1997). It is here that we can also find some important new pathways as the importance of the user's narrative and where the importance of attribution comes to the fore.

That injection drug use has become one of the greatest scourges of our age is an incontrovertible fact. The historical importance of injection however is eclipsed by our current preoccupation with addiction as a generic concept obscuring the crucial evidence of the spread of intravenous knowledge along with hypodermic technology in the late 1920s and 1930s in New York City. The medical construction of addiction reveals that the addiction notion is based upon extremely fragile epistemological foundations. A genealogy of the needle reveals the story of the progress of intravenous knowledge, unveiling an empirical treasure chest that brings many of Foucault's ideas to the fore. The sole and only legitimate object of drug policy within then pain-pleasure and sin-disease episteme is the relief of painful withdrawal symptoms and for this we have Descartes and Leibniz to thank and also Sir Malcolm Delevigne and Sir Humphrey Rolleston also for our local interpretation. This leaves the problem of pleasure-seeking beyond empirical

science and leaves the physician with the simple task of competing primarily with the heroin dealer.

Stimulant use however represents a further border where physicians have no tools and social science has little to offer. That stimulant drugs and depressants have a powerful interactive effect is obvious but it is with stimulants that there is no medical substitution therapy. Sir Malcolm's inability to contain the unbounded pleasure associated with cocaine in Soho stands as testimony to the limit of the most effective bio-technico system ever developed.

The importance of opium and its connection with the idea of the nation state can be seen in the British Empire's grip upon the trade and the role of botany and chemistry in the search for the essence of opium. That the mysteries of opium have driven science forward is another fact unearthed in this study but the mastery of human desire for opium and other artificial pleasures has failed in the present age.

The sin-disease axis upon which our bio-technico strategies are placed can be evidenced in Hogarth's image of the woman in Gin Lane. That such an axis was also constructed around the consumption of the children of the upper and middle classes and upon entire racial groups and categories of lower classes is evidence of the continued existence of the ancient idea of luxury and the utility of the image conjured by Hogarth. It is of note that DeQuincey was only prepared to argue with Fielding on the grounds of the utility of

opium for the educated and refined. DeQuincey was not proposing the same genius for ox drivers who would always only dream of oxen.

The Enlightenment began the process of making opium speak, and the relationship between science and opium has continued to be close. The development of the hypodermic and the search for alkaloidal essences that was to be a driving force for the advance of chemistry is both a tale of progress and also potential proof of the degenerative theory of civilisation. It may be true that the seeds of our present-day destruction were contained in our capacity for invention and innovation with the secrets of opium.

Whilst the conquest of pain provided the necessary motive for the invention of morphine and the hypodermic, the Dionysian problem of euphoria remained unwanted in the consulting room. Euphoria lived a vibrant life beyond the consulting room, upon the streets and in the gambling dens of turn of the century New York City. Euphoria is associated with waste, luxury, idleness and sin in both religion and within the original Cartesian design but somehow it defies the logic of rational thought and persists to this very day. The only enlightened place for pleasure consequently is within the use-exchange value system of the illicit economy and this interpellation of the opium eater towards sobriety paradoxically produced the injecting drug user. Present-day debates around future drug policy often gravitate towards questions of the free market, as if this is the only manner in which we can comprehend the pleasure-seeking desire of drug consumers. Legal or illegal,

psychoactive drugs are more readily available today than ever before and due to the further innovation of chemistry drugs can now evade prohibitions but at the cost of an increased risk to consumers.

DeQuincey's debate is ultimately with Fielding and concerns the utility of a particular luxury wherein he argues that an educated use of opium has scientific value, the ox herder was never given such prowess. We can see that Huxley's treatment of mescaline and LSD in the *Doors of Perception* ploughs this same privileged, hermeneutic furrow, bringing a patrician culture to bear upon that which would be later deemed valueless in the hands of the *hoi polloi*. To this extent the question of the hermeneutic interpretation of meditational material is a matter of the traditional rights of the elect few as opposed to the unruly many. The increasingly sophisticated language that was constructed in the creation of the addiction/alcoholism concept ensured that interpretation and judgement was to remain the domain of the expert. Burroughs, with his own patrician background could be considered as working in a similar vein. The experience of the life of an addict in his work *Junky* however reveals the oppression and the indignities of the lower classes that he must share. We might therefore claim that he is effectively living the Cynic scandal, of his life as art, rather than arguing for the rights of the privileged few.

Rene Leriche had originally emphasised the invalidity of the sick man's judgement in relation to his disease. The value of the insights of those who

directly experienced the condition of addiction were soon deemed invalid as the technical language created by the pain-pleasure divide produced a new dualism. Within the health-disease axis, an identity of the addict/alcoholic was constructed somewhere between the normal and the pathological without any material anchor to root this new disease in science. The new language adopted the terms of form of medical science but lacked the predictive power of the method. Biological normality is a concept of value not a concept of statistical reality but the norm of a nation free of opium eating presented itself merging into the pathological figure of the excessive and luxuriating monster of Hogarth's imagination. The woman in Gin Lane would ultimately be expressed as a new qualitative and quantitative norm. Varieties, structural defects, heterotaxy and monsters somehow became one in the form of the *junkman*. The anomalous is neither necessarily abnormal nor pathological and hence we might wish to reconsider the apparently unquenchable desire for opium as anomalous rather than pathological. The pathological is always abnormal.

In the merging of the care of the self and in knowing ourselves, humanity has taken the bell shaped curve developed by Quetelet as a religious icon. The normal curve has become a religious symbol referring to a cult of youthful perfection in the modern age. We might ask ourselves about this curve and consider for instance how high can a man or a woman jump or how long a person can live for? Both of these represent norms or rather heroic limit-

norms that are different from a feeling of good health and yet both are different conceptions of the term normal and crucial concepts in the failure to control opium. In aiming to push the curve towards perfection the prevalence of opium eaters certainly dropped but in doing so we have created a small but very severe new phenomenon at the end of the opium consumption curve.

The concept of normal therefore is not a concept of existence and it is not open to objective measurement and hence an ideology of norms concerning opium use was never a truly scientific endeavour but rather a question of moral philosophy. A new norm in 'drugs' was established not by scientific understanding but by the ideological views and interests of those who struggled to have the grip upon the power of opium but there is a limit to that power in the form of resistance. A technological and juridical norm gradually reflects an idea of society and its hierarchy of values and as such, the Plan took over from Providence. It must be said, following Canguilhem, that there is neither normal society nor normal social condition. The move to a system of thought around opium based upon degeneration theory clearly represents a shift towards a machine society. A. C. Ivy notes coincidence between an organic fact and an upper or lower limit of normality and in the case of opium consumption we should accept that the opium eater has not disappeared at all but has morphed into the *junkie*. The same can also be said to be true for other forms of pleasure seeker and the capricious injector in particular; they have

not disappeared and paradoxically thrive beneath the watchful gaze of bio-technico power.

Within the context of international prohibition we must look back to Delevigne and Rolleston for the most humane solution to the problems of heroin addiction, a policy oversold by Lindesmith but nevertheless one that has been usefully adopted by nation states across the Western world. This study reveals that the conquest of pain is only part of the problem but that there remains the tricky problems of pleasure and desire. Georges Dumas, the French psychologist reminds us that the bibliography upon pleasure is tiny compared to the number of works on the topic of pain (Canguilhem, 2007: 209). Pleasure therefore presents itself both as a problem in our present-day societies and also as a confounding factor within the context of the notion of addiction. Pleasure and desire in the Cartesian order are highly problematic, the human desire for narcotics and stimulants resists all attempts at conscious control. Pleasure and desire in free market economies as an economic force is undeniable but even more so on the fringes. The intravenous spread of knowledge, the kitchen sink methamphetamine laboratory, the invention of new, temporarily legal, stimulants and the reformulation of Krokodil prove that it is possible to evade all attempts at prohibition and hence the horizon is troubling. It would seem that the marketplace will laugh in an unseemly fashion at the attempts of bio-technico power to prohibit such products.

The other side of this prohibitory coin is the increasing stigmatisation of injection drug use and the creation of a taboo in the modern age that is powerful and damaging for both the addict, their families and the communities within which those addicts live. It is important to listen to those addicts that survive and to study the patterns of recovery but ultimately the continuing designation of addiction as a 'sin, a vice and disease' furthers this process of isolation and oppression. It was the decision of John F Kennedy to reverse *classical drug policy* and this must be taken to be a significant step towards designating addiction as a condition that requires sympathy rather than condemnation. Whilst Western nations continue to use repressive means against injecting drug users they now also demonstrate this degree of sympathy towards habituation and the difficulties of withdrawal. This basic level of intervention should form the basis of new international agreements in any forthcoming treaties.

Of course the trade in opium is long gone, other than in the illicit sense, replaced by the 'black market virtues' of heroin. Althusser no doubt would ask that we stop and consider a science of history that observes the changes to the infrastructure and superstructure around opium, leading one to question whether opium had simply lived out its usefulness. One might argue that the legal trade in opium had run its course at the moment that Descartes sat before his fire. The increasing power over the substance enabled increasingly powerful products that left opium itself obsolescent for the medical

requirement of pain control, leaving only its traditional cultures of pleasure and the problem of the capricious desire for opium, which lie well beyond the domain of science. This unwanted pleasure and desire, being outside of the Cartesian order of rationality, begged for prohibition. The attempt to suppress the use of opium for pleasure however not only failed but also backfired in a catastrophic manner because of the persistence of caprice.

The abolition of opium and the limits that rapidly formed around this abolition created the preconditions for a corner on the heroin market that was enabled by *classical drug policy*. Heroin embodied the ‘black market virtues’ of being more powerful and more compact, hence easier to smuggle, with an enormous profit margin for the smuggler. With a corner on the home market, enforced by the most ruthless competition and having pushed out other suppliers, the monopolists could finally reduce quality and increase price until the logic of intravenous injection left few alternatives for those that would not or could not quit.

The Hermeneutics of Addiction

DeQuincey argues for the potential insights that can be gleaned from the consumption of opium continuing an argument with Coleridge and Fielding concerning the value of the pleasures of intoxication. He is careful however (within the Stoic tradition of the salvation of the few) to assume that these

insights are not available to all, hence he states that ‘if an ox herder takes opium he will dream of oxen’. This perspective on addiction enabled the generation of an expert discourse during the nineteenth-century that ultimately led to the international prohibition of opium use for the purpose of pleasure.

DeQuincey’s work in the Stoical tradition provides us with an insight into the pleasures and pains of opium, thus dividing opium use into an insight into the bio-mechanical syndrome associated with opium dependency and the euphoric visions that it produced. DeQuincey’s analysis of the pleasures of opium makes the case for the cultured use of the substance by enlightened elites. In the work of William Burroughs’ *Junky*, we might see an entirely different tradition: the Cynic. This work of William Burroughs is semi-autobiographical and also directly engaged with the life of the injecting drug users that surround him. The relative wealth that Burroughs’ private income bought him enabled a degree of security compared with those others in *Junky* but Burroughs shared their misfortunes as they journeyed through an Odyssey in post-war New York City.

The Cynic is chosen by the gods rather than offering him or herself up for election and there is no doubt that the crucial difference between Burroughs and DeQuincey is the shift in public norms towards opium use. Burroughs is directly engaged with the social milieu of the despised junkie drug injector in New York City and other American cities during the postwar period. It is a

brutal world of labeling psychiatrists and hard-nosed policemen, prisons and failed detoxifications in semi-custodial treatment. In the Cynic tradition Burroughs represents a dog that has gone before the rest of us in order to report back upon his experience. There is no attempt to describe the cause of his condition, nor any attempt to provide any analysis beyond the description of the life of the addict. Burroughs aims to *change the currency* by focusing instead upon the relationships of the addicts that people his stories: these are the anti-heroes of his tale. *Junky* is a quest story with the constant search for morphine and heroin the main preoccupation of the protagonists. Explanations of the causes of addiction take up surprisingly little of the tale. The story concerns itself primarily with the social life and the means of earning money of the addicts that are depicted. These characters are thieves, prostitutes and conmen but they are imbued with a kind of fairy-tale glamour: an otherworldly existence that speaks of the beyond.

The youth movements of the late eighteenth-century sought unbounded pleasure in a similar fashion to those of the young people of the present-day. Romanticism led to opium experimentation at the beginning of the eighteenth-century. Some Romantics saw the opportunity to remake the world through the lens of opium; they experimented with laughing gas and worshipped a cult of eternal youth that could never last. It is Coleridge in particular that allowed his personal disappointment in the world to inflect his attitude to his own dependency. DeQuincey whilst much less disillusioned, argued only for the

rights of the cognoscenti. It is in Burroughs perhaps that we begin to see the importance of understanding the life of the common addict.

Speaking on the role of modern art in the present age, Foucault said:

This is the idea that art itself, whether it is literature, painting or music, must establish a relation to reality which is no longer one of ornamentation, or of imitation, but one of laying bare, exposure, stripping, excavation and a violent reduction of existence to its basics.

(2008b: 188)

The Stoic view of drug dependency has come to dominate our thinking about drug addiction forming the foundations of an apparent scientific enquiry that has no pathological nor formal mathematical basis. The ancient three part Stoic method of developing insight into ones' own condition was deployed by Thomas DeQuincey in his autobiographical account of his own experiences with addiction, following in the tradition of the youthful confessions of St Augustine but one might wonder whether this truth is just one amongst many.

The Stoic method deployed by DeQuincey has many embedded truths that still influence our thinking about drugs today.

1. Looking down upon oneself: produced in the Cartesian moment
2. Conversion to the self: involving a dramatic transformation

3. The salvation of the few: involving a moral elite

Fundamentally this salvation oriented technique of bio-power forms an axis of power in the representation of the notion of addiction that comes to bear upon the body of the addict. It assumes that opium eating is an object to be known, that the observer has a clear sight of his own internal processes and that such an insight is of value in the mastery of the pains and pleasures of opium. Historically the outcome of DeQuincey's vision of opium eating is:

1. A starter for a hermeneutic process that excludes the addict
2. That generates a pseudo-expertise upon addiction
3. That ultimately enables the creation of addiction as a quasi-scientific object
4. Which forms the basis upon which medico-legal power structures emerge

One hundred and fifty years after DeQuincey, when Burroughs was writing *Junky*, the users of opium-based drugs such as heroin were no longer free to openly flaunt their use of opium in the face of moral standards, let alone argue for the value of the insights produced by the drug. Those living in the United States were subject to the strictest *classic* form of prohibition that prevented doctors from prescribing opiates directly to those addicts for the purpose of

maintenance. It is from this frontline of bio-power that Burroughs sent his reports.

The similarities between the two writers are notable, DeQuincey and Burroughs, both were from relatively prosperous families that were in business and both had resources to draw from in order to maintain their addiction. Both writers had received a good education that gave them the status in order to reflect on their situation and they both used a biographical method. The context of extreme prohibition however placed Burroughs completely outside of his own social strata providing a very different insight into the twentieth century experience of opium: the life of the *junkie*.

There is a Cynic reading of *Junky* that has implications for practice and therapeutic intervention, which is revealed through Michel Foucault's last lecture series *The Courage of Truth 1983-84(2011)*. There are consequently several significant differences between *Junky* and *Confessions of an Opium Eater* that reveal the value of a Cynic interpretation of addiction. These are:

1. A shift away from the internal world of opium to the imposed identity of the junkie
2. The identification of systems of power and the creation of the junkie identity as a key element of the addict's life
3. Evidence of the impact of resistance against the power of interpellation

We might state therefore that DeQuincey began the hermeneutical process that has provided us with a grid of power concerning opium use. According to Virginia Berridge and Griffith Edwards (1981) the prevalence rates of dependent opium use were approximately one third of the population during the mid-nineteenth-century. The reduction of these proportions down to less than one per cent in Great Britain stands as testimony to the power of confessional technology but the hermeneutic process did not succeed in completely eradicating the use of opiates and has left us with unexpected historical consequences.

In Michel Foucault's last lecture series *The Courage of Truth* (2011) he raised the importance of Cynic thought in the ancient world, emphasising the continuing influence of this philosophy in the modern era, particularly within the context of modern art. From Christian asceticism through to revolutionary movements and modern art, the Cynic tradition has continued with an anti-cultural function that takes the risk of offending its audience.

Foucault indicates that modern art has many similarities with the Cynic tradition, embodying the notion of life as a scandalous art form that aims to reveal an unwanted truth. The focus of this author therefore shifts from the internal vistas of DeQuincey's opium dreams to the day-to-day business of maintaining a habit under a strict regime of prohibition. The heroin and morphine that Burroughs and his contemporaries ingest provide nothing other than relief from withdrawal symptoms and he denies any hermeneutical

insight beyond that of the lowest place of the junkie in the illicit marketplace. Burroughs insights are into this illicit market and the consumers of new form of opium called heroin that have turned to intravenous injection as a means of economy. These are the ultimate consumers at the bottom of the worst unregulated market economy in the world. Burroughs provides us with an insight into the criminal structures that dominate these individuals and the roles of addicts in the chain of drug dealing; he explains the economic origins of intravenous use and the importance of diminution of pleasure in the continued use of heroin finally providing us with an insight into the relationships between the addicts themselves. The need to feed the mechanical beast that opium induces is a sufficient explanation for Burroughs for the apparent caprice of the injector. The culture that is created thereby is his fascination.

Foucault states that the Cynic doctrine is narrow and not comprehensive as a philosophy, stating simple truths through aphorism. The narrow doctrine focuses on the presumption that there are very few truths in life and that even these tend to be temporal and subject to change. The true life is one lived close to nature, hence the Cynic path does not require expertise and can be achieved by all, rather than the learned few. The lessons of life that are learned by Burroughs and his cast of characters are also basic and primal in their simplicity. This life is depicted as unconcealed, unalloyed, straight and

incorruptible only in its awfulness but there is also a fellowship amongst these thieves.

The true life in Cynic philosophy is one that is closest to nature and poverty, it is valorised in the life of the Cynic. Poverty was enforced upon Burroughs through his dependency upon heroin, as was the case with DeQuincey and Coleridge alike. Unlike DeQuincey and Coleridge, Burroughs experienced all of the problems of the medico-legal persona that had become the predominant form of official existence for addicts during this period, in a sense the other face of the coin upon which we can see the *junkie's* face. Thus we might say that the Burroughs that is depicted is certainly leading a dog's life, despised and mistreated, hunted like a feral animal by the authorities, and moving from one furtive physician to another, in attempting only to avoid withdrawal symptoms. His condition however persists, despite constant harassment and occasional attempts to kick the habit.

Burroughs does represent the figure of the scout or the guard dog in Cynic thought. The role of the Cynic as the barking dog, alerting us to danger is certainly present in *Junky*. Here Burroughs provides us with some important messages for practice with injecting drug users, in particular revealing important evidence of processes of resistance amongst addicts. The dissemination of innovative intravenous knowledge is certainly one example:

Later that day Roy pointed out to me a drugstore where they sold needles without any prescription. He showed me how to make a collar out of paper to fit the needle to an eyedropper (Burroughs, 2008: 8).

We can see with Burroughs' character in *Junky* that the character has much to say about the nature of addiction or rather the co-creation of addiction narratives. His characters speak with an obscure argot that was first noted within ten years of the invention of the syringe. This argot serves two purposes: it is incomprehensible to all but the addicts themselves and thereby enables the development of a group identity against all external forces. This is particularly interesting since *The Myth of Addiction* has recently advanced our theoretical understanding of situational factors that impact upon attributions and discursive practices that influence people with drug problems.

Governing the Wasteland

The phenomenon of injection drug use was originally a problem for the upper and middle classes due to their proximity to the physician. Professor T. Gaillard of New York wrote to Harry Hubble Kane of morphinomaniacs under his care:

Yes, of a large number of such, several of whom are now under observation.

Indeed, I look upon the frequency of these cases as a great and growing evil. I

never now, under any circumstances, teach the patient to use the syringe upon him or herself. In my own experience, two deaths have occurred from the prolonged use of this method of administering morphine, it being continued as a vice for years (Kane, 1880: 269-270).

The physicians that struggled to contain this iatrogenic genie both created and claimed the condition for themselves. The genie was named after the Roman god Morpheus: the god of sleep and was soon to be popularised amongst the urban poor following the abolition of the opium trade. The pharmaceutical industry in the nineteenth-century produced many new formulations having perfected the essence of the alkaloid of opium that was also perfect for injection and this invention would soon seep beneath the doors of the consulting room. Production of this new substance pushed chemistry towards a new branch of enquiry but also released a new scourge upon the human species. Morphine also formed the basis of many new pharmaceutical companies that emerged around the production of morphine which would profit from its sale. With the development of alkaloids came the search for other essences driven by a will to harness nature, resulting in cocaine and heroin. Morphine was the first in the 1804, with cocaine in the 1855 and heroin in 1898, each fuelling further expansion of new markets that led to the increasing hypodermic use of these drugs. The Dionysian shadow of the Enlightenment can be seen clearly in the history of the needle. That these new

substances were also prepared for injection played an enormous role in popularising the syringe and enabled the decline of traditional uses of opium.

A crucial feature noted by Parsinnen (1983) in the American context of the 1880s was the panic concerning opium smoking that swept the nation. The consequence of significant and prohibitive changes in the taxation of smoking-grade opium both encouraged smuggling and also paradoxically improved the market share of other substances such as morphine, cocaine and heroin that were not subject to this punitive taxation. This made other drugs more cost-effective during the 1890s, creating an opening in the market for morphine, cocaine and ultimately heroin. The underworld use of smoking-grade opium in New York began to undergo a series of shifts in response to these changes that would ultimately lead to an outbreak of intravenous use in the 1930s. The nature of the epidemic changed dramatically in the American context during the first decade of the twentieth century with a boom in heroin and cocaine sniffing amongst younger, economically marginal men.

At the end of the nineteenth-century several theories developed concerning the relationship between alcoholism and addiction and the notion of degeneracy. Notions of hereditary conditions linked to behaviour no doubt were driven by the observation of foetal alcohol syndrome and other medical complications of diseases such as syphilis, finding harmony with ancient ideas of a cursed race of people. The importance of infant mortality as the source of the British Gin Acts of the eighteenth-century provides us with a clear link

between ideas of fertility and the notion of the health of a nation as the initial impetus for the development of bio-power around the body of the alcoholic and later the addict. It would appear that opium, which does not cause hereditary nor cause in-vitro damage, became trapped within the same epistemological net without any evidence of such pathologies.

We might argue that a bourgeois distaste for the kind of idleness that opium produces lies at the centre of our modern rejection of opium. It is ironic therefore that Engels himself also rejected the drug. I have argued that in fact this bourgeois distaste for opium and its pleasure is also inherent to the Enlightenment project and that the exclusion of euphoria is an unintended consequence of the Cartesian moment which leaves modern medicine with only the pains of opium as a material object; leaving only the shadow of desire. The inability of physicians to comprehend unbounded euphoria and the consequences of persistent desire for the products of opium in the population has seen them retreat to biologically deterministic constructions that limit working with addicts to the management of biological dependence through prescription. Abandoning the other element of addiction, where material science cannot go and wherein reason cannot fathom its depths, we have ultimately failed to find a solution to the *diseases of the will* that plague modernity. I find instead of pathology or predictive mathematics, a proliferation of intra-psychic explanations combined with a variety of quasi-mystical answers. Physical dependence, the legitimate domain of the

physician, reveals also the shadow of the luxurious and ultimately leads us to the domain of the illegitimate pleasure seeker. It is impossible to unpick pleasure from the pains of addiction because the two are forever married in the capricious body of the addict. It is a category error to assume that material science or its equivalent in human sciences can answer the question of addiction, alcoholism, gambling or any other *disease of the will*. What is clear in the history of the needle is that attempts to create utopian societies can produce quite the opposite and I would suggest that such campaigns towards progress have failed miserably in their objectives.

If William Burroughs has a Cynic message for us in the present-day, it is to revalue the currency of how we perceive the addict and the hypodermic. In Burroughs' perspective the addict is a consumer in a market, a market with very special features:

Junk is the ideal product...the ultimate merchandise. No Sales talk is necessary. The client will crawl through the sewer to beg and buy ... The junk merchant does not sell his product to the consumer, he sells the consumer to his product. He does not improve and simplify his merchandise. He degrades and simplifies the client. He pays his staff in junk (Burroughs, 1990: xxxvii).

Bibliography

- Adorno, T. & Horkheimer, M., 1997. *Dialectic of Enlightenment*. New York: Verso.
- Ageyev, M., 1983. *Romance With Cocaine*. Paris: Belfond.
- Albutt, C., 1870. On the Abuse of Hypodermic injections of Morphia. *Practitioner*, vol 5: 327-31.
- Alexander, M., 2010. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: The New Press.
- Ahlborn M. B., 1901. Heroin in the Morphine Habit - New York, *New York Medical Journal*, 74: 235-236.
- Althusser, L., 2005. *For Marx*. London, New York: Verso.
- Althusser, L., 2001. *Lenin and Philosophy and other Essays*, New York: Monthly Review Press.
- Anstie, F. E. A., 1981. *Stimulants and Narcotics, Their Mutual Relations*, New York: Arno Press.
- Anstie, F. E. A., 1868. The Hypodermic Injection of Remedies, *Practitioner*, vol 1: 32-41.
- Arnott, R., 1996. Healing and Medicine in the Aegean Bronze Age, *J R Soc Med*, vol 89: 265-270.
- Armstrong-Jones, R., 1902. Notes on some cases of Morphinomania, *Journal of Mental Science*, 48: 478-495
- Ashe, I., 1862. The Subcutaneous Injection of Morphia in Cholera. *Medical Times and Gazette*, 25: 644
- Bahktin, M., 2001. *Rabelais and his World*, Bloomington and Indianapolis:

Indiana University Press.

- Bartholow, R., 1869. *The Hypodermic Method*, Philadelphia: Lippincourt.
- Bauman, Z., 2004. *Wasted Lives*, Malden, Polity Press
- Berridge, V. & Edwards, G., 1981. *Opium and the People*: New York: St. Martin's Press.
- Berridge, V., 1977. Our Own Opium: Cultivation of the Opium Poppy in Britain, 1740-1823, London: *Addiction*, vol. 72: 90-94
- Berridge, V., 1978. Victorian Opium Eating: Response to Opiate Use in Nineteenth Century England, *Victorian Studies* Vol 21, no. 4.
- Berridge, V., 1979. Morality and medical science: Concepts of narcotic addiction in Britian, 1820-1926, *Annals of Science*, vol 36: 67-85
- Bill, J. H. (1870). Avoid opium eating via injection. *British Medical Journal*
- Bodington, G. F., 1875. On the Control of and Restraint of Habitual Drinkers, *British Medical Journal* 2(765): 255-256
- Bonnar, G. L., 1857. Case of Neuralgia of the Ischiatic Nerve, Treated by Dr. Alexander Wood's new Method of Applying the Opiate Directly to the Pain Points, London: *British Medical Journal*, vol 1(35): 733-734.
- Bowker G. C. and Star, S. L., 2000. *Sorting Things Out: Classification and its Consequences*, Cambridge Mass : Massachusetts Institue of Technology.
- Bowling, J. P., 1853. Abscess of the Caecium, Containing Solid Opium, in an Opium Eater. *Assoc Med J* 1(7): 150-151
- Boyne, R., 1990. *Foucault and Derrida*, London: Unwin Hyman.
- Brothers, A., 2007. *History of the Syringe in 'Needles and Syringe Cultures' Exhibition Catalagoue*, Melbourne: Melbourne University.
- Brown, J. B., 1973, Politics of the Poppy: the Society for the Suppression of the Opium Trade, *Journal of Contemporary History*, Vol 8, No 3: 97-111

- Bulgakov, M., 2011, *A Young Doctor's Notebook*, Croydon: Alma Classics
- Burroughs, W. S., 1990. *Naked Lunch*. New York: Grove Press
- Burroughs, W. S., 2008. *Junky*, London: Penguin Modern Classics.
- Calkins, A. (1871) *Opium and the Opium Appetite*. Philadelphia. J. Lippencott
- Canguilhem, G., 2007. *The Normal and the Pathological*, New York: Zone.
- Chaucer, G., 2003. *The Canterbury Tales*, London: Penguin.
- Chavasse, H., 1856. Case of Incipient Mania Cured by Large Doses of Opium *Assoc Med J* 4(192): 764
- Chisholm, K., 2010 *A Tonic for the Nation - review of The Much Lamented Death of Madame Geneva*, London : Telegraph, 2010. - 30-08-2010.
- Clarke, J. St. T., 1884. Treatment of the Habit of Injecting Morphia by Suddenly Discontinuing the Drug, *Lancet*, 2: 491
- Clej, A., 1995. *The Genealogy of the Modern Self*, Stanford: Stanford University Press.
- Clouston, T. S., 1872. What Cases Should be Sent to Lunatic Asylums? And When?, *British Medical Journal* 1(578): 96-98
- Cobain, K., 2002. *Journals*, New York: Riverhead Books.
- Cole, C. G., 1905. *Confessions of an American Opium Eater: From Bondage to Freedom*, New York : S. Woodberry & Co.
- Coleridge, S. T., 2000a. *Collected Letters of Samuel Taylor Coleridge Volume 1*, Oxford : Oxford University Press.
- Coleridge, S. T., 2000b. *Collected Letters of Samuel Taylor Coleridge Volume 2*, Oxford : Oxford University Press.
- Collins, W., 2004. *Armada*, London: Penguin Classics.

- Collins, W., 1998. *The Moonstone*, London: Penguin Classic.
- Cooke, M., 1995. *The Seven Sisters of Sleep*, Rochester, Vermont : Park Street Press.
- Courtwright, D. & Des Jarlais, D., 1989. *Addicts Who Survived: an Oral History of Narcotic Use in America, 1923-65*, Tennessee: University of Tennessee.
- Courtwright, D. T. (1992) A Century of American Drug Policy. In *Treating Drug Problems, Vol. 2: Commissioned Papers on Historical, Institutional and Economic Contexts of Drug Treatment*, Washington, DC: National Academy Press, pp. 1-62.
- Courtwright, D. T., 2001. *Dark Paradise: a History of Opiate Addiction in America*, Cambridge, Massachussets: Harvard University Press.
- Couzens-Hoy, D., 1986. *Foucault: a Critical Reader* : Wiley-Blackwell.
- Crothers, T. E., 1981. *Inebriety*, Michigan: Arno Press.
- Crowley, A., 2000. *Diary of a Drug Fiend*, Austin TX, Samuel Weiser
- Crumpe, S., 1793. *An Inquiry into the Nature and Properties of Opium*, London: C.G. & J. Robinson.
- Currie, E., 1994. *Reckoning: Drugs, the Cities and the American Future*, New York : Hill and Wang.
- Daston, L. & Park, K., 2001. *Wonders and Orders of Nature 1150-1750*, New York: Zone.
- Davenport-Hines, R., 2002. *The Pursuit of Oblivion*, New York : W. W. Norton and Company.
- Davidson, A., 1995. Introductory Remarks, *Critical Enquiry* Vol 21 No. 2, 275-276
- Davies, J., 1997. *The Myth of Addiction*, Amsterdam: Harwood Academic Publishers.

- De Quincey, T., 1978. *Confessions of an English Opium Eater*, Harmondsworth: Penguin English Library.
- Defoe, D., 2011. *Augusta Triumphans*, 2nd edition, originally published 1729, J. Roberts. etext prepared by Steve Gibbs, Richard Shiffer, <http://munseys.com/disknine/augt.pdf>
- Derrida, J., 2009. Cogito and the History of Madness, *Writing and Difference*, London, New York: Routledge.
- Derrida, J., 1990. The Rhetoric of Drugs, *Interviews, 1974-1994* in Derrida, J., ed Weber E., Stanford : Stanford University Press.
- Descartes, R., 2010. *Meditations*. London: Penguin.
- Dickens, C., 1871. *The Mystery of Edwin Drood*. London: Penguin.
- Dosse, F., 1997. *History of Structuralism*. Minneapolis: University of Minnesota Press, 1997.
- Dreyfus, H, L. and Rabinow P., 1983. *Michel Foucault: Beyond Structuralism and Hermeneutics*, Chicago: Chicago University Press.
- Eden, F. M., 1966. *The State of the Poor*. - London : Cass.
- Edwards, G. E., 1978. 'Some years on: Evolutions in the "British System", *Problems of Drug Abuse in Britain*', West, D. J.(ed). Cambridge: University of Cambridge Institute of Criminology.
- Edwards, J., 1860. *Freedom of the Will*, London: Hamilton and Adams.
- Engels, F., 2010. *The Conditions of the Working Class in England*. Oxford: Oxford University Press
- Eribon, D., 1993. *Michel Foucault*, London: Faber and Faber.
- Erlenmeyer, F. A., 1889. *On the Treatment of the Morphine Habit*. Philadelphia and London: F A Davis
- Erlenmeyer, F. A., 1890. The Morphia Habit and its treatment, *Journal of Mental Science*, 34, 9

- Escohotado A., 1999. *Brief History of Drugs: From the Stone Age to the Stoned Age*, Vermont, Virginia : Park Street Press.
- Eulenberg, A., 1899. Ueber subcutane Injection von Heroinum muricatum. *Deutsche Medicinische Wochenschrift*, 25, 187-188
- F. S. M., 1840. Opium Eating. *Prov Med Surg J* - 1(9), 159
- F.S.P., 1856. Opium Eating, *Assoc Med J*. 4(198): 897
- Farge, A. and Foucault, M., 1982, *Le Desordre des Familles. Letres de Cachet des Archives de la Bastille*, Paris: Gallimard-Julliard.
- Ferguson, H., 1995. *The Science of Pleasure*, London, Routledge.
- Fielding, H., 1988. *An Enquiry into the Causes of the Late Increase in Robbers and Related Writings*, Middletown, Connecticut: Wesleyan - Oxford University Press.
- Fildes, V. A., 1986, *Breasts, Bottles and Babies*, Edinburgh: Edinburgh University Press.
- Foucault, M., 1968, 'Of Other Spaces, Heterotopias', <http://www.foucault.info/documents/heterotopias/Foucault.heteroTopia.en.html>> accessed 18.10.08
- Foucault, M., 1980, Confessions of the Flesh, in *Power/Knowledge*, New York, Pantheon: 194-228
- Foucault, M., 1980. *Power/Knowledge*, ed. Rabinow, P. New York: Pantheon.
- Foucault M., 1983. The Subject and Power, in *Michel Foucault: Beyond Structuralism and Hermeneutics* / book auth. Dreyfus H. L. & Rabinow, P., Chicago: University of Chicago Press.
- Foucault, M., 1984. What is Enlightenment?: in Rabinow, P. ed, *The Foucault Reader*, New York Pantheon Books: 32-50.

- Foucault, M., 1988. *Madness and Civilization*, New York: Random House
Vintage
- Foucault, M., 1991a. *Discipline and Punish*, London: Penguin.
- Foucault, M., 1991b. Nietzsche, Genealogy, History, in *The Foucault Reader*,
New York, Random House: 76-120.
- Foucault, M., 1996. *Foucault Live, Collected Interviews 1961-1984*, New
York : Semiotexte.
- Foucault, M., 1998. *The History of Sexuality, Volume One*, London:
Penguin Books.
- Foucault, M., 1999. My Body, This Paper, This Fire, *Aesthetics Method and
Epistemology (Essential Works of Michel Foucault, 1854-84, Volume
One)*, New York: The New Press.
- Foucault, M., 2002. *The Order of Things*, Abingdon, New York :
Routledge.
- Foucault, M., 2003a. *Abnormal: Lectures at the College de France 1974-75*,
London, New York: Verso.
- Foucault M., 2003b. *Society Must be Defended - Lectures at the College de
France 1975-1976*, London: Penguin.
- Foucault, M., 2005. *Hermeneutics of the Subject- Lectures at the College de
France 1981-82*, New York : Picador.
- Foucault, M., 2006a. *History of Madness*, Bodmin : Routledge.
- Foucault, M., 2006b. *Psychiatric Power - Lectures at the College de France
1973-74*, London, New York: Palgrave Macmillan.
- Foucault, M., 2007. *Security, Territory, Population - Lectures at the College
de France 1977-1978*, Basingstoke: Palgrave Macmillan.
- Foucault, M., 2008a, *The Archaeology of Knowledge*, Abingdon, Routledge
Classics .

- Foucault, M., 2008b. *The Birth of Biopolitics - Lectures at the College de France 1978-1979*, Basingstoke: Palgrave Macmillan.
- Foucault, M., 2010a. *The Birth of the Clinic*: Abingdon, Routledge Classics.
- Foucault, M., 2010b. *The Government of the Self and Others - Lectures at the College de France 1982-1983*, Basingstoke, New York: Palgrave Macmillan.
- Foucault, M., 2011, *The Courage of Truth - Lectures at the College de France 1983-1984*. Eastbourne: Palgrave Macmillan.
- George, M. D., 1925. *London Life in the Eighteenth Century, 2nd ed*, New York : Kable.
- Gibbons, H., 1870. Letheomania: The Result of the Hypodermic Injection of Morphia. *Pacific Medical and Surgical Journal*, 12: 481-495
- Gibson, W. C., 1970. The Bio-medical Pursuits of Christopher Wren, *Medical History* Vol. 14(4): 331-341.
- Gillard, R., 1871. The Treatment of Acute Rheumatism by Morphia Injection, *British Medical Journal* 1(528): 118
- Goldstein, K., 2000. *The Organism*. New York : Zone.
- Griffin, M., 2012. *Liebniz, God and Necessity* - Cambridge: Cambridge University Press
- Gutting, G., 2007. *The Cambridge Guide to Foucault 2nd Edition*. Cambridge: Cambridge
- Habermas, J., 1984. Taking Aim at the Heart of the Present, in *Foucault, Habermas and the Politics of Critique*, Hoy, D., Oxford: Blackwell.
- Hacking, I., 1999. *The Taming of Chance*, Cambridge: Cambridge University Press
- Harris, J., Between Civic Virtue and Social Darwinism: The Concept of the

- Residuum' in D Englander and R. O'Day eds. *Retrieved Riches: Social Investigation in Britain 1840-1914*, Aldershot: 67-87
- Harrison, J., 1856. Opium-Eating, *Assoc Med J* 4(197): 872-873
- Harrison, J., 1869. Vomiting of Pregnancy Treated by Hypodermic Injection of Morphia, *British Medical Journal* 1(431): 306-307
- Harrison, W. C., 2007. Madness and Historicity: Foucault and Derrida, Artaud and Descartes: *History of Human Sciences*, Vol. 20.
- Hawhee, K., 2009, *Moving Bodies: Kenneth Burke at the Edges of Language*, Columbia: University of South Carolina
- Hay, G., Gannon, M., Casey, J. & Millar, T., 2010, Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use - *10 Sweep 6 report*, Glasgow, Centre for Drug Misuse Research
- Hayter, A., 1968 *Opium and the Romantic Imagination*, : University of California Press.
- Healy, F. & Harding, J., 2003. Raunds: From Hunters to Farmers: *Archaeology*, vol 73.
- Heimer, R. & White, E., 2010 Estimation of the Number of Injection Drug Users in St Petersburg, Russia. *Journal of Alcohol Dependency* 109(1-3): 79-83
- Holloway, S. W. F., 1995, The Regulation of the Supply of Drugs in Britain Before 1868, in *Drugs and Narcotics in History* / book auth. Porter R. and Teich M., Cambridge : Cambridge University Press.
- Holmes, U, T., 2002. *A History of of Christian Sprituality: An Analytical Introduction*, New York: Morehouse Publishing
- Homer, 2003. *The Odyssey*, London: Penguin.

- Howard-Jones, N., 1947. A Critical Study of the Origins and Early Development of Hypodermic Medication, *Journal of the History of Medicine*: 201-221.
- Hunter, C., 1859. On Narcotic Injection into the Cellular Tissue in Neuralgia and Other Diseases, *British Medical Journal*. pp.19-20.
- Hunter, C., 1858. On Narcotic Injections in Neuralgia, *Medical Times Gazette*: 408-409.
- Hunter, C., 1863. Practical remarks on the Hypodermical Treatment of Disease, *Lancet*. 2: 444-445; 675-676.
- Hunter, C., 1865. *On the Speedy Relief of Pain and Other Nervous Affections by Means of the Hypodermic Method*, London
- Ingals, F. E., 1878. On Hypodermic Medication, *Chicago Medical Examiner* - May edition.
- Jacoby, R., 1997 *Social Amnesia*. New Brunswick: Transaction.
- Jeffreys, J., 1840. Observations on the improper use of opium in England, *Lancet*, 1 (1840-41): 382-383
- Jeffreys, J., -1858 *The Traffic of Opium in the East*, London, Longman.
- Jennes, S., Neaigus, A., Colon, R., Gelpi-Acosta, C., Wendel, T., Hagan, H., DiNenno, E., Miles, I. & Oster, A., 2009. *HIV Risk and Prevalence among New York City Injection Drug Users*: National Behavioral Surveillance Study, Centre for Drug Use and HIV Research
- Jay, M., 2011. *Emperors of Dreams - drugs in the nineteenth Century*, Sawtry, Cambridge: Dedalus.
- Jay, M., 2010. *High Society*, London: Thames and Hudson.
- Jones, J., 1701. *The Mysteries of Opium Reveal'd*, London: R. Smith.
- Kane, H. H., 1880. *The Hypodermic Injection of Morphia: its Advantages and Dangers*, New York: Chas. L. Bermingham & Co.

- Kane, H. H., 1881a. *Opium Smoking in America and China: A Study of its Prevalence, and Effects, Immediate and Remote on the Individual and the Nation* : Kessinger Legacy Reprints.
- Kane, H. H., 1881b. *Drugs That Enslave*, Philadelphia: Presley Blakiston..
- Karg, S., 2002. Continuity and Changes in Plant Resources during the Neolithic Period in Western Switzerland: *Vegetation History and Archaeobotany*, vol 11. pp.169-176
- Katcher, L., 1994. *The Big Bankroll, The Life and Times of Arnold Rothstein*, New York : Da Capo Press.
- Keane, H., 2004. Disorders of Desire: *Journal of Medical Humanities*, No 3, Fall: vol. 25.
- Kerr, N., 1890. *Inebriety or Narcomania: Its Etiology, Pathology, Treatment and Jurisprudence*. 2nd Edition - London H K Lewis Kerr, N., 1888.
- Kerr, N. 1889, *Wines Scriptural and Ecclesiastical*. New York. National Temperance Society
- Kezar, D., 2003. Shakespeare's Addiction, Vol 30, No. 1: 31-62.
- Khalifa J., 2006. Introduction, *History of Madness* auth. Foucault M. Bodmin, Routledge.
- Kilgour, J., 1851 Pathology and the Treatment of Pain. *London Journal of Medicine*, 3(33): 811-819.
- Kitching, J., 1857. Lecture on Moral Insanity, *British Medical Journal* 1(22): 453-456.
- Kohn, M., 1992. *Dope Girls* - London : Granta.
- Kolb, L. & DuMez, A. G., 1924. "The prevalence and Trend of Drug Addiction in the United States and Factors Influencing it" *Public Health Reports*, 39: 1174-1204.
- Kolb, L., 1925. 'Drug Addiction and its Relation to Crime': *Mental Hygiene*, 9: 74-89.

- Kolb, L., 1928 'Drug Addiction: A Study of Some Medical Cases' *Archives of Neurology and Psychiatry*, 20: 171-183.
- Landor, H., 1857. Cases of Moral Insanity, *British Medical Journal* 1(26): 542-543.
- Latypov, A., 2011. The Soviet Doctor and the Treatment of Drug Addiction: 'A most difficult and most ungracious task', *International Harm Reduction Journal*, 8: 32.
- Leayitt, T. L., The Hypodermic Injection of Morphia, in Gout and Pleurisy : *American Journal of the Medical Sciences*, 1868. 1: 36.
- Lefebure, M., 1977. *Samuel Taylor Coleridge: A Bondage of Opium*. - London: Quartet, 1977.
- Leigh, J., 1785. *Opium and its Effects on Living Subjects*. - Edinburgh: Charles Elliot.
- Lenson, D., 1995. *On Drugs*. - Minnesota : University of Minnesota Press.
- Lettsom, J. C., 1789. *History of Some of the Effects of Hard Drinking*. London: W. Darton and Co.
- Levinstein, E., 1878. *Morbid Craving for Morphia*. - London : Smithe, Elder & Co.
- Levine, H. G., The Discovery of Addiction. 1978. *Journal of Studies on Alcohol*, 39: 143-174.
- Lindesmith A. R., 1968. *Addiction and Opiates*. - Chicago : Aldine Publishing Company.
- Lindesmith A. R., 1965. *The Addict and the Law*. Bloomington: Indiana University Press.
- Macht D, I., 1916 The History of Intravenous and Subcutaneous Administration of Drugs, *Journal of American Medical Association*, 66. 856-60.

- Maehle A-H., 1999. *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century* - Atlanta : Rodopi.
- Markel, H., 2011. Uber Coca: Sigmund Freud, Carl Koller and Cocaine, *Journal of American Medical Association*. 305 (13) 1360-1361.
- Martin L. H., Gutman, H. & Hutton, P. H., 1991. *Technologies of the Self*. - Amherst: University of Massachusetts Press.
- Maudsley, H., 1869, Opium in the Treatment of Insanity. *Practitioner* 2: 1-8.
- Maudsley, H., 1872. An Address on Medical Psychology. *British Medical Journal*, 2(606): 163.
- Mayhew H., 2010. *London Labour & the London Poor*. - Oxford : Oxford University Press.
- McAllister W. B., 2000. *Drug Diplomacy in the Twentieth Century*. - London : Routledge.
- M'Ghee, R. J. L., 1862. *How We Got to Peking*, London: Richard Bentley
- Michael, W. H., 1857. Cases of Poisonings by White Precipitate and by Poppy Head, *British Medical Journal* edition 1(44): 909.
- Milligan B., 2003. *Pleasures and Pains: Opium and the Orient in nineteenth Century British Culture* [Book]. - Charlottesville : University of Virginia Press.
- Montag, W., 2001. Foucault and the Problematic of Origins': Althusser's' reading of Folie et Deraison. *Borderlands e-journal* 4(2)
- Musto D, F., 1973. *The American Disease*. - New Haven and London : Yale University Press.
- Nicholls J., 2008. Vinum Britannicum: the 'Drink Question' in Early Modern England: *Social History of Alcohol and Drugs*. 2(22).
- Nietzsche F., 2003. *The Genealogy of Morals*. - New York : Dover Thrift Editions.

- Nietzsche F., 1968. *The Will to Power*. - New York : Vintage Books, Random House.
- Nietzsche, F., 2009. *Ecce Homo* - New York - Oxford University Press.
- Nola, R., 1998. Knowledge, Discourse, Power and Genealogy in Foucault; *Foucault*. - Portland Or. : Frank Cass.
- Nordau, M., 1898. *Degeneration*. - London : Heinmann; 9th edition.
- Obersteiner, H., 1879. Chronic Morphinism. *Brain vol 2*: 449-465.
- O'Donnell J. A and Jones J. P., 1968. Diffusion of the intravenous technique Among Narcotic Addicts - Lexington : *Journal of Health and Social Behaviour*. - 2 June : Vol. 9.
- Pacific Medical and Surgical Journal, 1870. A non-professional View of the Hypodermic Treatment *Pacific Medical and Surgical Journal Vol. 12*: 420.
- Pacific Medical and Surgical Journal, 1866. Notes on the Hypodermic Treatment of Disease *Pacific Medical and Surgical Journal- Vol. 9*: 182-188.
- Parssinen T, M., 1983. *Secret Passions, Secret Remedies* - Philadelphia : Institute for the Study of Human Issues.
- Paulson R., 1991. *Hogarth*, New Brunswick, New Jersey : Rutgers University Press.
- Pearson, M. & Elderton, E., *A Second Study of the Influence of Parental Alcoholism on the physique and Ability of the Offspring*: Cambridge: Cambridge University Press.
- Peddle, A., 1875. Remarks on the Necessity of Legislation for the Control and Treatment of Insane Drinkers, *British Medical Journal 2*(765): 253-255.

- Pharm Editorial., 2006. Evolution of Medical Application Syringe: *Indiana Journal of Physiology and Pharmacology - 3 : Vol. 50.*
- Plant S., 1999. *Writing on Drugs.* - London : Faber and Faber.
- Porter, R., 1991. Cleaning Up The Great Wen: Public Health in Eighteenth Century London, *Medical History.* - vol 11: 61-75.
- Porter, R., 1985 The Drinking Man's Disease: the Pre-History of Alcoholism in Georgian Britain. *British Journal of Addiction vol 80:* 385-396.
- Porter, R., 1996 The Revolutionary ideas of William Harvey: *Cambridge Illustrated History of Medicine.* - Cambridge : Cambridge University Press.
- Prado, C. G., 2000 *Starting With Foucault* -.Boulder Colorado: Westview
- Presbitros, M. D., 1853. The Alliance Between Religion and Medicine, *Association Medical Journal*, 1(29): 656-657.
- Pritchett, J. B., 1867. Subcutaneous Injection, *British Medical Journal.* - 2(363): 557-558.
- Probart, F. G., 1857. Topical Treatment of Neuralgia, *British Medical Journal.* - 1(37): 781
- Reith, G., 2004. Consumption and its Discontents: Addiction, Identity and the Problems of Freedom : *The British Journal of Sociology. 2 : Vol. 55.*
- Risse, G. B., 1988. Brunonian Therapeutics: new wine in old bottles?: *Medical History Supplement vol 8:* 46-62.
- Roberts, H. P., 1876. Tetanus Following the Hypodermic Injection of Quinine in Malicious Fevers: *The Lancet vol 107:* 736-737.
- Room, R., 2003. The Cultural Framing of Addiction, *Janus Head vol 6(2)* - New York : Trivium Publications - 6(2): 221-234.

- Rorty, R., 1986. Foucault and Epistemology [Book Section] // *Foucault: a Critical Reader* / book auth. Couzens. - Oxford : Blackwell.
- Rosales. F., 1999. *The History of the Syringe* Harvard : Harvard University (unpublished PhD), 1999.
- Rose N., *The Politics of Life Itself*. - Princeton : Princeton University Press, 2007.
- Ruppener A., 1865. *Hypodermic Injections in the Treatment of Neuralgia, Rheumatism, Gout, and Other Diseases* - Boston: T.O. H. P. Burnham.
- Russell, J., 1860. Opium: Its Uses and Abuse, *British Medical Journal* 1(174): 313-315.
- Samelson, A., 1867. *British Medical Journal* 2(360): 486.
- Scanlan, J., 2005. *On Garbage*. London: Reaktion Books
- Scarborough, J., 1995. The Opium Poppy in Hellenistic and Roman Medicine [Book Section] // *Drugs and Narcotics in History* / book auth. Porter R. and Teich M.. - Cambridge : Cambridge University Press.
- Scull, A., 1990. Michel Foucault's History of Madness, *History of Human Sciences*, 1990. - 57 : Vol. 3.
- Seddon, T., 2010. *A History of Drugs*. Abingdon, Oxon. : Routledge: a Glasshouse Book.
- Sedgwick, E. K., 2003. *Touching Feeling* - Durham, London : Duke University Press.
- Sedgwick, E., 1992. Epidemics of the Will // *Incorporations* / book auth. Crary Johnathon and Kwinter, Sanford. - New York : Zone.
- Seigel, R. K., 2005. *The Universal Drive for Mind Altering Substances*. - Rochester : Park Street Press.
- Serres, M., 1997. The Geometry of the Incommunicable: Madness [Book Section] // *Foucault and his Interlocutors*. Davidson A. - Chicago :

University of Chicago.

- Short, T., 1767. *A Comparative History of the Increase and Decrease of Mankind in England and Several Countries Abroad*. - London : Nicoll & Etherington.
- Seigel, J., 2005. *The Idea of the Self: Thought and Experience in Western Europe Since the Seventeenth Century* - Cambridge: Cambridge University Press.
- Skowronek, R., Celinski, R. & Czeslaw, C., 2012. 'Crocodile' - new dangerous designer drug of abuse from the East. *Clinical Toxicology*, 50(4): 269.
- Smith, E., 1854, A Case of Poisoning by One-Twentieth of a grain of Opium, *Assoc Med Journal*, 2(68): 354.
- Spear, H. B., 2002. *Heroin and Addiction Care and Control*. - London : Drugscope, 2002.
- Stevenson R. L., 1999. Dr. Jeckyll and Mr Hyde, in *Dr. Jeckyll and Mr Hyde and the Merry Men & Other Stories*. - London : Wordsworth Classic.
- Taylor, C., 1984. Foucault on Freedom and Truth: *Political Theory*, 1984. - no 2 May : Vol. 12.
- Terry, C., 1931 The Development and Causes of Opium Addiction as a Social Problem. *Journal of Educational Sociology*, 5: 335-346
- Terry, C., 1914. Drug Addictions, A Public Health Problem. *American Journal of Public Health*, 4: 28-37.
- Towns, C. B., 1912. The Peril of the Drug Habit and the Need for Restrictive Legislation. *Century*, 84: 580-587.
- Trotter, T., 1810. *An Essay on Drunkenness 4th Ed*. - London : Longman.
- Truan, F., Addiction as a Social Construction: a Postempirical View. *The Journal of Psychology*, vol 127(5): 489-499.

- Valverde, M., 1998. *Diseases of the Will*, Cambridge : Cambridge University Press.
- Von Niemeyer, F., 1870. *A Textbook of Practical Medicine With Particular Reference to Physiology and Practical Anatomy*. Trans Humphreys and Hackley - London: H K Lewis.
- Walker, T., 1860. Subcutaneous Injection of Narcotics, *British Medical Journal* 1(194): 729-730.
- Walsh, F. D., 1855. On the Treatment of Mania, *Assoc Med J* 3(106): 33-34
- Waltzer, M., 1986. The Politics of Michel Foucault // *Foucault: a Critical Reader* / book auth. Couzens D.. - Oxford : Blackwell.
- Warner, J., 2004. *Craze: Gin and Debauchery in the Age of Reason*. London : Profile Books.
- Warner, J., Her, M., Gmel, G., & Rehm, J., 2001. Can Legislation Prevent Public Debauchery? *American Journal of Public Health*. - March No. 3 : Vol. 91.
- White. W., 1999. *Slaying the Dragon* - Bloomington: Chestnut Solutions.
- Wilde O., 1990. Picture of Dorian Grey, *The complete works of Oscar Wilde*. - Leicester : Blitz.
- Wilson, D., 1803. *An Inaugural Dissertation on the Morbid Effects of Opium upon the Human Body* - Philadelphia: Solomon W, Conrad
- Wood, A., 1858. Treatment of Neuralgic Pains by Narcotic Injections, *British Medical Association*, Vols. August 21, ; 1(87): 721-723.
- Wright, H., 1909. Report from the United States of America *Report of the International Opium Commission*, Shanghai, China, February 1 to February 26.vol 2.
- Wright, H., 1912. Memorandum on the manufacture of the traffic in morphine and cocaine in the United States and the Phillipine Islands with

Statement as to opium, in continuation of Senate document No 377,
*Sixty-First Congress Second Session Conference Internationale de
l'Opium, Actes et Documents vol 2.* The Hague Imprimerie Nationale.

Wrigley, A. E. & Schofield, R. S., 1981 *The Population History of England
1541-1871.* - London : Edward Arnold.

Yellowlees, D., 1873. Insanity and Intemperance, *British Medical Journal*
2(666): 394-395.

Young, G., 1753. *A Treatise on Opium, Founded on Practical Observation,*
London : A. Millar.

Zeiger, S., 2008. *Inventing the Addict,* Massachusetts : University of
Massachusetts Press.