CONTENTS

Editor’s Note – 4

Essays
“The Vice of a Cold Climate:” Drink and Soldiering on Niagara’s Wartime Frontier (1812-14).
RENÉE N. LAFFERTY – 5

Smoke and Mirrors: Gender, Colonialism, and the Royal Commission on Opium, 1893-95.
JOYCE A. MADANCY – 37

THORA HANDS – 62

Dispensing the Progressive State: Benjamin Tillman’s South Carolina State Dispensary.
JAMES HILL WELBORN III – 82

Book Reviews
Reviewed by Noelle Plack – 102
Dodgson, Rick. *It’s All a Kind of Magic: The Young Ken Kesey.*
Reviewed by W. J. Rorabaugh – 103

Reviewed by Diego Armus – 104

Reviewed by Joseph B. Askew – 106

Gina Hames. *Alcohol in World History.*
Reviewed by David T. Courtwright – 108

Jonathan Herring, Ciaran Regan, Darin Weinberg, Phil Withington, eds. *Intoxication and Society: Problematic Pleasures of Drugs and Alcohol.*
Reviewed by William Haydock – 109
Abstract. This article explores the ways in which gendered language in the testimony and report of the Royal Commission on Opium, published in 1895, was used to both defend and decry the Indian opium trade and its impact on China, India, and Burma. Gender emerged as the key framework for assessing the moral, social, and economic impact of the drug, and those who opposed the opium trade feminized consumers by highlighting their passivity, lack of self-discipline, and/or victimization, while pro-opium witnesses focused more on how opium enabled men and women to fulfill important familial and community responsibilities. The motivations for and consequences of opium use not only helped define standards of masculinity and femininity that were acceptable to RCO witnesses and Commissioners, but also implicitly highlighted the limits and expectations of empire.

The late nineteenth century debate over the Indian opium trade reflects not only the broader social expectations for and “cultural constructions” of men and women affected by that trade in China, India, and Burma, but also the non-Asian cultural baggage that informed those expectations. No where was the complexity of the issue more apparent than in the testimony and conclusions of the Royal Commission on Opium (RCO), published in six volumes in 1895. Organized in response to pressure from a small but influential group of British anti-opium reformers, the RCO explored the feasibility of ending the Indian opium monopoly and trade by amassing testimony from hundreds of witnesses about the production, sale, and consumption of opium in India, Burma, and China. Those same reformers were outraged when the RCO concluded that opium use was, for the most part, not only benign, but often beneficial to the colonial government and the men and women under its jurisdiction. This article, however, is concerned less with the veracity of the RCO’s conclusions or the heated politics that swirled around it than with exploring the ways in which gendered language was used by the Commissioners and witnesses as they carefully crafted their testimony to present and defend their respective positions in
the six volumes of RCO evidence and conclusions.3

One of the most intriguing elements of the report is the striking contrast between the vehemence of the (mostly missionary) testimony on the evils of opium among both Chinese in China and among Burmese, and the nonchalance with which most witnesses (European and Indian), including some missionaries, regarded the use of the drug by Indians as well as Chinese in Burma. As a historian of China, I was initially drawn to the RCO because western attitudes toward Chinese opium consumption that characterize the testimony therein are by and large far more sympathetic to the Chinese than the orientalist language that appears elsewhere.4 I became increasingly intrigued by the ways in which gender emerged as the key framework for assessing the moral and social impact of the drug in this fraught cultural encounter. Those who opposed the opium trade feminized consumers by highlighting their passivity, lack of self-discipline, and/or victimization, while pro-opium witnesses focused more on agency, particularly how opium enabled men and women to fulfill important familial and community responsibilities. In particular, the smoking of opium, as opposed to “eating” the drug (consuming it in liquid or pill form) generated deeply gendered reactions no matter the motivation of the user. The former was far more likely to be perceived as a problem because it often meant assuming a prone position that embodied sensuality or emasculated passivity and frequently took place in opium dens, while the latter was ostensibly framed as serving respectably medicinal or restorative purposes. Ironically, it was in cultures where recreational opium consumption was primarily a masculine pastime, such as in China and among Burmese, that it acquired the most derogatory association with the feminine.

Gender has emerged as a highly effective analytical tool for understanding imperialism, not just as a means of exploring the varied experiences of colonizer/ed men and women, but as way of understanding the larger hierarchies of conquest. As noted by Joan Scott, “gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships of power.”5 However, in his book, Colonial Masculinity, Mrinalini Sinha cautions that “relations between colonizer and colonized were constantly rearticulated in accordance with the continually changing political and economic imperatives of colonial rule.”6 More specific to this essay, Philippa Levine adds the crucial observation that in the British imperial context, gender “became a hierarchical ordering of quality, skill, and usefulness”; an ordering that “celebrated a very particular vision of white maleness as physical, responsible, productive, and hard-working [,]...qualities denied to women and to the colonized.”7 When we look at the manner in which opium use in China, India, and Burma was described in the testimony and report of the RCO, we find that virtually all of the witnesses recognized the desirabil-
ity of productivity and family responsibility on the part of non-white men and women, although most of the pro-opium witnesses were adamant that opium consumption sustained those behaviors and values while their opponents claimed that the drug eroded them. Opium thus became an important means of establishing or denying respectability and agency, and it is clear that Britain’s colonial responsibility in India and Burma and its less formal imperialist commercial relationship with China shaped how opium use and abuse were described in the testimony and conclusions of the RCO. In his work on opium and British literature, Barry Milligan explains that “while imperialism could apply to a number of interactions that are ultimately part of a relation of domination (including religious, commercial, and technological exchanges), colonialism would be limited to the dynamics of actual territorial acquisition and settlement.” He adds that “In the history of Britain… the two terms are in many cases interchangeable,” but this does not seem to be the case in the pages of the RCO.

Opium East and West.

Opium was a complex commodity in the late nineteenth century. Embraced by cultures around the world as medical panacea, social and sexual lubricant/facilitator, literary muse, and lucrative item of commerce, opium was also demonized as an enslaver of bodies, minds, souls, societies, and economies. It served as sedative and stimulant, as medicine and intoxicant. Add to that the hierarchies of imperialism and colonialism, and analysis becomes even more difficult. Opium consumption became deeply intertwined with notions of femininity and masculinity, respectability and debauchery, civilization and primitivism in late nineteenth century British, Chinese, Indian, and Burmese societies.

Opium had powerful political overtones in Asia. It was, after all, the Opium Wars that heralded the start of Western imperialist aggression in China in the mid-nineteenth century. In addition, by the time of the RCO, Great Britain, along with other European and Asian powers, had wrested considerable territorial, political, and economic concessions from Qing Dynasty China (1644-1911), and the opium trade had become the economic foundation of the British empire in Asia. Opium abuse, however, had become synonymous with China, symbolizing Chinese political weakness and social degradation, and reformers inside and outside China agitated for its prohibition.

At the same time, opium was a commonly-used medication and a popular intoxicant in the west. Doctors were too expensive for most of the British population, and opium became a popular home remedy for all classes. Opium’s ability to suppress the cough reflex, assuage hunger, and diminish pain made it ideal for the poor and the working classes, since it brought
cheap relief from the diarrheal and coughing diseases that were the bane of late nineteenth century existence. Virginia Berridge explains that in England, “opium was the Victorian’s aspirin, Lomotil, Valium, and Nyquil, which could be bought at the local chemist’s for as little as a penny.” Non-medicinal use of the drug was generally unremarkable across the social spectrum. Workers took it for fatigue, and artists and thinkers also treasured the drug for the intellectual clarity and inspiration it allegedly bestowed.

The drug also served as a means of highlighting deep social tensions based on attitudes toward class, gender, and race. Opium became a societal concern in mid-nineteenth century England when increasing self-medication among the working classes, particularly mothers who were excoriated for giving their children opium to keep them quiet while the mothers worked, clashed with a broad public health campaign and the professionalization of medicine and pharmacy. It was in the context of the so-called “infant doping” scandal and concerns about accidental overdoses among adults that the British government made its first attempt to bring the drug under its control with the Poisons and Pharmacy Bill of 1868, which ultimately required labels on medications that included opiates. And although attitudes toward addiction were also evolving and the medical community had begun to perceive opiate addiction as a disease, it was still considered “disease and vice. The moral weakness of the patient was an important element in causation.” This partly explains why a member of the RCO could state, apparently without irony, “I believe that the natives of India are aware that many, if not most Europeans, look upon the opium habit as something strange and rather objectionable.”

As noted earlier, the manner in which the drug was consumed also strongly affected the opium debate and colored testimony offered to the RCO. In the United States, Western Europe, India, and Burma, opium was generally swallowed in liquid or pill form, ostensibly for its therapeutic properties, which lent an air of respectability to the practice in many societies. In contrast, opium smokers (mostly Chinese and some Burmese) took their opium in ways and in places that reeked (literally) of pleasure seeking to non-Chinese observers, and predisposed non-Chinese reformers to view opium consumption in Asia as fundamentally different from the same practice in their home countries. The exotic and seemingly sensual environment of the opium den generated fascination and fear of these men who did not look or act like British men. The fact that many Chinese smoked opium for the same medical and psychological benefits as their western counterparts sought in their laudanum bottles did not seem to register. As we shall see, however, the discussions of Chinese opium smoking in the RCO tended to focus more on the pitiful plight of addicts and their families in China than the depraved caricature of Chinese smokers more popular
outside China. When depravity did result, it was attributed to the irresistible temptation placed before Chinese by British traders and the resultant erosion of male willpower.

The Royal Commission on Opium.
The anti-opium crusade in Great Britain was directed by a small group of missionaries and Quaker reformers whose objections were largely moral. The most prominent and influential organization was the Society for the Suppression of the Opium Trade (SSOT). Founded in 1874, it set its sights on China, where reports from missionaries working in the field detailed horrific consequences of the trade that was so lucrative for India and Great Britain. Sir Joseph Pease, President of the SSOT, member of the House of Commons, and vocal anti-opium activist, complained “the greatest quantity of Indian opium that we make goes to China and is used merely for debauchery, and therefore we say that the Indian opium trade, not being a medical trade, is an immoral trade.”

This condemnation of Chinese motivations for consumption is muted in most of the RCO testimony; witnesses seemed to tailor their remarks to generate sympathy for the Chinese and remorse for British involvement in the opium trade by stressing the consequences of addiction.

For much of the nineteenth century, the bulk of the opium consumed throughout Asia was grown for considerable profit in the poppy fields of British India. Carl Trocki speculates, “Though difficult to prove beyond question, it seems likely that without opium, there would have been no empire.” During the late nineteenth century, however, the economic imperatives of British imperialism in Asia clashed with the goals of an increasingly vocal anti-opium lobby (led primarily by China missionaries, the SSOT, and its allies in the Liberal Party) and resulted in the formation of the ROC in 1893. The Commissioners were to investigate the impact of the opium trade on British colonial possessions in India and Burma, as well as assess the likely impact of prohibition.

When the Liberal Party won the elections of 1892 under the leadership of the venerable William Gladstone, an eloquent and outspoken opponent of the Opium War, the stage was set for the Royal Commission. Reformers hoped that the Commissioners would seek to determine ways to minimize the financial burden that prohibition would impose on the Indian people and to develop and even subsidize the Indian economy accordingly. However, this was not the charge eventually given to the Commission. Unwilling to alienate some members of his party, Gladstone amended the
proposal in a way that “made it clear that the question of prohibition was open and far from resolved.” In the end, then, instead of investigating the most efficient way of implementing prohibition, in 1893 the Commission was charged with deciding whether or not prohibition – except for legitimate medical use – was advisable, affordable, and popular within India.

The composition of the nine person (all male) Commission reflected a deliberate attempt at balance that initially earned the approval of reformers and the government of India. The seven British members included two outspoken anti-opium crusaders, a renowned physician, two men who favored the Indian opium trade, one uncommitted M.P., and the RCO chair, Baron Thomas Brassey. Two Indians also served on the Commission – the Maharajah of Darbhanga, Lakshmishwar Singh, and Haridas Veharidas. According to John F. Richards, whose work explores the politics of the RCO in far more detail, “All were men who had good reputations for balance and objectivity.” This did not prevent accusations of bias by reformers, some of whom complained that witnesses recruited by the Government of India tended to support the opium trade, although the SSOT and its energetic secretary, J.G. Alexander, accompanied the RCO and engaged in biased recruiting of their own.

The final report of the RCO was issued in 1895 after months of travel, and included transcripts of over seven hundred interviews conducted in London, India, and Burma with missionaries, farmers, diplomats, bureaucrats, physicians, and merchants, most of whom were not European. The Commission determined that the opium trade and monopoly system should continue, albeit with strict limits in Burma, and declared that not only was Chinese consumption of the drug the responsibility of the Chinese state, but also that “the temperate use of opium in India should be viewed in the same light as the temperate use of alcohol in England”; in other words, without too much concern. Anti-opium activists were stunned and outraged, and for them, the RCO became a watchword for the official whitewashing of the opium problem. Let us now explore the testimony itself.

**Opium and the Chinese in the RCO**

*China is being whirled to its ruin by a means more subtle and ferocious than any hitherto recorded in the annals or ruins of ancient Empires. Nothing but the Spirit of the Almighty can stay the plague. I do not believe China is able to save herself.*

*Mr. Curnow, China missionary, to the RCO (Vol. I,39/503); italics in original.*

Anti-opium activists in Great Britain were not pleased when the RCO’s mission excluded China on the grounds that China was not a British territory and the importation of opium from India was the purview of the Qing government. However, the Commissioners appeared to recognize that the
Indian opium trade with China remained the *raison d’etre* of the opium monopoly, and they tried to defuse criticism by hearing six days of testimony in London before departing for India. Of the thirty-six London witnesses (all male), twenty-eight testified about the situation in China. Seventeen of the China witnesses were missionaries – the others were merchants or diplomats. Many of the missionaries also read into the record written testimonies submitted by their colleagues abroad, and the RCO encouraged witnesses to speak at length. Gendered rhetoric about the impact of the drug on Chinese individuals and society marked the arguments of those for and against prohibition and pitted the image of the feminized, emasculated male addict (and his even more pitiable family) against the image of the hard-working Chinese laborer whose smoking kept him going.

The opium situation in China had local, national, and international implications, as pro- and anti-opium advocates all knew. The Indian opium trade with China remained profitable, but the Indian share of the Chinese market had steadily diminished since it peaked in the 1880s, and by the early 1890s, China was producing far more opium than it was importing. In 1891-92, the Chinese government began to tax poppy cultivation, thus implicitly legalizing an increasingly popular practice. Most opium consumed in China at the time of the RCO was home grown. However, more important to missionaries like Mr. Curnow, quoted in the above epigraph, was how the commercial imperatives of the British Empire, unhampered by colonial paternalism, were preventing the extension of “God’s empire” in China by encouraging widespread opium abuse.

The testimony of the missionary witnesses was, as expected, overwhelmingly negative, and offered an implicitly gendered critique of both British mercantile greed and the Confucian social order. Their often scathing condemnation of opium tended to focus on the social and financial decay brought on by the opium trade, as well as the hostile Chinese reception to Christianity and to anything or anyone connected to Great Britain. They appealed to the conscience and the coffers of the British Empire so that they could achieve the conversion of Chinese who were, in their “heathen” state, allegedly too morally weak to resist temptation.

Opium was a particularly daunting obstacle to conversion because the drug also tended to reinforce what non-Chinese (and some Chinese reformers) saw as the inherent tyranny of traditional Confucian gender roles. When decrying the consequences of opium consumption, the missionaries frequently highlighted the ways in which Confucian patriarchy burdened men of all social classes and reduced women and children to helpless commodities. In an ideal Confucian society, the patriarch of a family had the responsibility of building and sustaining an extended family. Filiality demanded the devotion of children to their parents and of wives and children to the patriarch, as well as the production of sons to carry on the family
line and make ancestral sacrifices. Opium addiction was said to have made attaining those goals impossible.\(^\text{30}\)

Opium allegedly undermined Chinese masculinity by rendering Chinese men physically, financially, and morally incapable of creating or supporting a family. Virtually all of the missionary testimony bemoaned the physical decay brought on by opium smoking. Rev. Hudson Taylor, physician and founder of the China Inland Mission, while acknowledging the “delightful sedative effect of opium” and its effectiveness as an intellectual and physical stimulant, condemned the drug for weakening men and depriving them of proper nutrition, causing them to deviate from normal circadian rhythms, and bringing on deep depression and a “dulled mental state.” He also spoke of the horrors of withdrawal, which he claimed resulted in nervousness, torpor, the production of feeble children more vulnerable to disease than the children of non-smokers, and worst of all, spermatorrhoea and sterility.\(^\text{31}\)

The question of the Chinese work ethic surfaced over and over again in the questions posed by the RCO. The Commissioners were very curious as to why, if opium were so devastating to manual laborers, Chinese workers continued to have an excellent reputation all over the world for their industriousness.\(^\text{32}\) The impact of the drug on Chinese productivity was profoundly troubling to missionary witnesses, most of whom sang the praises of the Chinese, frequently referring to them as “the most industrious people,” a race physically and morally superior to other Asians if not for opium.\(^\text{33}\)

However, as Taylor put it succinctly in his attempt to reconcile the apparent contradiction, “[The Chinese] are the most industrious people as a race, but the opium smoker is as noted for laziness as the other Chinaman is for industry.”\(^\text{34}\) The RCO was intrigued by the missionary admission that most chair bearers and other “coolies” or manual laborers smoked opium frequently, and yet were still able to perform amazing feats of strength and endurance. Many witnesses conceded the rejuvenating effect of the drug on coolies and chair bearers, but sounded a cautionary tone. “While [a laborer] is under the influence of opium, he may do a great deal, and perhaps may do more than another, but the effect soon wears off, and then he becomes practically helpless, and can hardly do anything at all.”\(^\text{35}\) Most missionaries noted that if a man were wealthy and had ready access to good food, opium was not likely to take its toll for quite some time, although consumption by impoverished laborers left them more vulnerable to fatigue and disease as time went on.\(^\text{36}\) One missionary likened the laborers’ use of opium as a stimulant to “borrowed money – when you borrow money, you have got to repay with interest.”\(^\text{37}\)

The physical effects of the drug were intimately wound up in gender-based morality. Immorality was equated with both passivity and sexual excess, the latter brought on by uncivilized lasciviousness that ultimately led
to passivity. Missionaries and others steeped in the Protestant work ethic often viewed the indolent pose of a reclining Chinese opium smoker as emasculating. A medical missionary quoted in the RCO as likened opium to a “vampire [that] seems to suck all the moral courage out of a man.”

A British merchant, having tried to smoke a pipe himself, explained why the habit would not spread to most Englishmen, “It is simply because it is too slow, it takes too much time.” Time, we assume, that would have been spent productively.

Opium was also very popular for its alleged sexual effects. Young Chinese men in particular were said to have been tempted to try the drug because of the way in which it “ministers to sensuality” and generated “indolence” and “terrible selfishness.” As in India, opium was reputed to increase male sexual potency and most Chinese brothels offered opium pipes to their customers, but the witnesses focused instead on the allegedly devastating impact of opium use on the Chinese family system. In Great Britain and the US, racism fueled sensationalized, gender-based fears of predatory Chinese men actively seducing white women in the smoky confines of opium dens in East London. In China, however, opium was portrayed as a tempting sexual trap because it eventually weakened or destroyed the reproductive system at the core of a Chinese man’s filial responsibilities.

Missionaries played up the connection between opium and sterility, the antithesis of Confucian masculinity. According to a missionary who travelled widely in China, “The people assert freely, and believe firmly, that the number of children born to opium smokers is less than to other men.” A medical missionary added that “The Chinese tell us that a large proportion of the regular opium-smokers are childless, and that the children of others are few, feeble, and sickly. They also affirm that the family of the opium-smoker will be extinct in the third generation.” Another missionary cited the Chinese saying “‘Chih yu yan pu wli [sic] yang san tai,’ ‘The opium smoker cannot see his third generation.’”

The financial well-being of the family was also the responsibility of men, and addiction could consume all of their money, driving the family to abject poverty and public shame. Opium smokers were uniformly described as cadaverous and emaciated (“poor shriveled wretches”) and their dwellings as filthy and dilapidated. One missionary in Shanxi reported that “many of the finest houses in the city, and many which might well be termed mansions in the villages… are literally crumbling to pieces.” Another missionary in Henan reported that “Everything available is sold, and in some families it is impossible to keep an article of clothing which is not in wear at the time; all is seized by the voracious consumer to supply the deep craving.”

Missionaries reported many shocking examples of the decline of the...
Confucian imperative in male smokers – the frittering away of old family fortunes, the sale or decay of family goods and property, and most disturbing, the abandonment of elderly parents. A missionary from Shensi [now Shaanxi] province described a seventy-year-old woman who lived with his family because two of her three sons (and one of their wives) were, as he described them, “amongst the most inveterate and despicable opium smokers in the city. They have ruined the family, sold everything, even to the garments off the poor old woman’s back, and the bedstead from under her, and left her on the floor to starve.” A female missionary rescued her and sent her food, clothing, etc., but dared not pay her in cash lest her grasping children find out.\(^\text{49}\) Another missionary cited a Chinese couplet, “the man who smokes opium begins by selling his bedstead; he ends by selling his rice bowl, and his chop sticks, and then the two legs of him run away with one stomach.” He continued, “I have again and again heard mothers say that when one of their sons begins to smoke opium, so far as they were concerned, he was dead to them.”\(^\text{50}\)

Focusing on the gendered nature of Chinese opium abuse also highlighted the patriarchal tyranny of the Confucian family system – however emaciated and emasculated the male Chinese opium smoker might have been, he still had the right to sell his wife and children (or their bodies) to feed his habit, a situation that horrified missionaries brought up again and again in their testimony to the RCO. “[W]ives are sold to satisfy the craving, and children sent out to beg to procure the daily supply of opium.”\(^\text{51}\) One missionary noted that “Men openly and without shame prostitute their wives in order to procure for themselves the means of indulging in opium.”\(^\text{52}\) Opium dens and prostitution often went hand in hand, as noted by a missionary who “spoke of the great opium palaces of lust in Shanghai that she had visited, where hundreds of women were held in bitter bondage.”\(^\text{53}\)

In one case, a man reportedly forced his wife into prostitution and had her perform sexual acts with other men in front of him. “Alas! Alas!” the missionary lamented, “These cases are too numerous; when opium comes in self-respect and integrity go out. I believe that opium is the greatest curse on the face of the earth to these poor benighted Chinese, who have too little moral strength to refuse the bait so nicely put before them by so-called Christian Britain.”\(^\text{54}\)

Even if there was no sexual abuse, women in the household of an opium-addicted patriarch had little recourse. One missionary testified that in Gansu province, “Wives sit on the bed-place crying with the cold because their husbands have pawned their clothes to get opium.”\(^\text{55}\) Opium was also the most prevalent method of suicide among the Chinese.\(^\text{56}\) This too was a gendered phenomenon, and missionaries observed that most of the individuals who attempted suicide in China were young women.\(^\text{57}\) One female missionary’s written testimony “spoke of how her heart had ached and bled
during the painful hours in which she had worked by the bedside of women and girls who had poisoned themselves by opium to save themselves from fates worse than death, into which they had been sold because their fathers and husbands wanted opium.”

Suicide in China carried with it the connotation of blame, and women often employed self-destruction as a protest of last resort. Chinese women were traditionally more prone to suicide than men, largely because of their marginal position in the Confucian social universe, and this bolstered the Western image of Chinese women as victims of both opium and Confucian patriarchy. The vast majority of Chinese opium smokers – perhaps over ninety percent - were male, but female smokers were not uncommon. Poor women evidently were less susceptible to addiction because the limited resources of impoverished households were usually at the disposal of the males.

China missionaries also condemned the impact of opium smoking on pregnancy and motherhood in China. George G. Brown, a missionary for six years in Gansu province, claimed that opium caused sterility in women. He also noted that many women smoked during pregnancy to prevent problematic deliveries and testified that the infant mortality rate of children of heavy smokers was extremely high. The plight of those children, particularly daughters, was often grim. “Little children are sold as slaves and turned away from the embrace of their helpless mothers in order that their degraded fathers may have money to buy opium.” A missionary traveling near Taiyuan in Shanxi province saw “eight little girls, ranging from seven to twelve years of age… being placed in a cart.” They were to be sold in a nearby town, and a fellow traveler noted to the Englishman, “This has become very frequent lately, and is what your opium is doing.” Obviously, this was not the intent of the Confucian family system and it was decried by Chinese social critics as well as outside observers, but for reformers, opium smoking symbolized the enslavement of Chinese women by the dual bonds of British imperialist greed and Chinese patriarchy.

The evidence was not, however, unanimous, and some British merchants and diplomats disputed missionary claims, also using gendered language, but to portray Chinese as strong and capable rather than weak and vulnerable. Most outspoken was diplomat Horatio Nelson Lay, who countered claims of Chinese vulnerability by blaming the Chinese themselves for any opium problem they might have, and noting that most Chinese needed the drug as a febrifuge, while missionary witnesses denied most legitimate medical uses for the drug. He ridiculed missionaries for relying on “all sorts of rubbishy evidence which men who know the facts laugh at,” and claimed that “there is no finer race, in physique, than the Chinese. They are beating, as the Americans and Australians have found, the white people altogether.” A British merchant who ran a tannery in China scoffed at claims that all coolies were smokers, explaining that the drug was far too
expensive. He also went on to say that rather than opium, what most Chinese detested were the missionaries. He said that of the opium smokers on his staff, “never one of them, all the time I was in China was incapacitated in any way from having used the drug.” Another merchant expressed his sentiment that the Chinese were more than capable of taking care of themselves. Several other diplomats were also sanguine about the drug, brushing off missionary concerns as exaggerations.

In short, those who sought an end to the opium trade also sought to portray the Chinese as feminized – passive, weak-willed, and sensuous – and those who supported the trade described the Chinese as possessing more masculine characteristics – physically strong, industrious, energetic, and very capable. China was not a part of the British Empire, so the missionaries and other critics of Britain’s opium trade could not determine policy for the Chinese. What the missionaries did try to do, however, was to remind the RCO that despite grandiose statements by British statesmen in Parliament, China was still the overpowered female in this very unequal relationship, downtrodden by British imperial economics as well as the weight of its own Confucian tradition and “pagan” moral weakness. Ultimately, however, the RCO was unconvinced.

Opium and Gender in India
Because much of India, unlike China, was part of the British Empire (the proverbial “Jewel in the Crown”), many of the gendered arguments for and against the drug trade had different meanings there. Those promoting the continuation of the opium trade argued that opium enabled Indian men and women to perform as useful, productive colonial citizens, albeit within the context of imperial and patriarchal subordination (and the racism at their core). However, unlike the early nineteenth century, when “colonial discourses… used the figure of the Indian woman, and particularly the Hindu woman, as the index of Indian society’s desperate need for help,” in this debate the narrative focused on the relative competence of Indian women as mothers and laborers. As for Indian men, the drug’s masculine qualities were stressed, but not to the extent that the British felt threatened. On the other side, witnesses for prohibition used many of the same arguments offered by the China missionaries, focusing on how the drug undermined normal gender expectations. One Indian witness went so far as to say that opium had the (dreadful) power to change a person’s gender entirely: “[I]t is opium that has gone to make man woman, and woman man in Assam.”

Unlike the Chinese, most Indians consumed opium in liquid or pill form, and opium smoking was “generally looked down upon… as a low and vicious habit.” Several witnesses were especially critical because “the practice of smoking seems to require that it shall be carried on in company,
and the premises or ‘dens’ in which opium smokers meet in India are of a squalid and insanitary character” that attracted not only “decent working men,” but also “the declasse and homeless waifs and strays who gravitate into large towns.” The demonization of opium smoking, with its implicit sloth, reinforced British notions and tended to elevate ‘normal’ Indian opium users to a more masculine status in British eyes.

In addition to using opium to alleviate pain, fever (especially malarial), digestive disorders, and other common ailments, Indian men and women also had gender-specific reasons for taking the drug. Indian men had important social, financial, and ceremonial duties, all of which were allegedly facilitated by opium. The most common uses of opium among men were as a general restorative for aging and as an aphrodisiac. Some English witnesses found this unremarkable, one man explaining that Indian men used it to increase their “power to impregnate the female” or simply to “preserve ailing virile powers.” However, the line between the medical and sensual was often blurred. Opium, noted one British missionary in Bengal, “is especially recommended for those who have reached the age of forty, or who have married wives much younger than themselves,” a circumstance quite common among Indian [Hindu] widowers. He added that “In the present morally low condition of this country the use of aphrodisiacs is very extensive,” and noted that this was true for men and women. There is a palpable sense of British disgust with Indian sexual mores in the testimony of missionaries who viewed the use of opium as aphrodisiac as evidence of the still primitive nature of Indian society.

Some Indian witnesses sought to refute this notion, claiming it was widely recognized that the drug actually caused impotence and eventual sterility. One prominent Indian official claimed that “People do not use opium in the belief that it increases the sexual appetite, nor for the sake of restoring it when failing. The general impression rather is that the excessive use of opium impairs the sexual powers.” So, the notion that opium emasculated men which missionaries used to argue for prohibition in China was used by pro-opium Indians to assure the RCO that Indian men weren’t oversexed and by extension, dangerous.

Certain ceremonial circumstances actually required male consumption of opium. “Many castes, the Rajput and its allied castes chiefly, look upon opium consumption at births, betrothals, marriages, deaths… festivals, and all reconciliations as absolutely indispensable, the custom rising to the level of a consecration at betrothals and reconciliations.” According to a prominent Indian official, himself a longtime opium user, the reliance on the drug for ceremonial purposes meant that prohibition would cause any local chief who cooperated with the ban to be regarded “as an apostate. He would thus be placed in a very delicate and dangerous position.” Additional testimony confirmed these attitudes in many other native states.
For some groups of Indian men, consuming the drug was thus framed as necessary for maintaining social respectability, and more importantly, local stability.

The Empire was at its core an economic enterprise, and the RCO sought testimony to determine the impact of opium on India’s many laborers. Many Indian labor contractors or plantation owners insisted that opium kept their laborers healthy and working, especially in malarial regions, although others claimed that the drug made their workers “indolent.” Many embraced opium as the ideal crop for a colonial state that sought a reliable but quiescent labor force. An Indian mill-owner noted that the drinkers in his workforce “are rough to deal with… [while] opium eaters are quiet and tractable.” The gendered framework in which the drug was perceived meant that those against prohibition stressed the drug’s unmatched ability to both improve endurance and discourage violence, while those who favored prohibition focused on the unhealthy passivity and laziness it supposedly encouraged.

The RCO was also concerned about opium use in the colonial military, perhaps the most masculine sphere in which opium was consumed, and an object of British anxiety even decades after the “Mutiny.” Many witnesses, mostly European, claimed that some soldiers, particularly Sikhs, took opium pills to sustain themselves in cold weather, to treat and protect against disease, and to energize themselves on long marches (and that it worked). Several witnesses did note “habitual stupidity” if the drug were consumed in excess, but commented that this was quite exceptional. One Indian officer claimed that Sikh soldiers “who take opium are more active and less inclined to laziness than those who do not take it.” The RCO decided that “the consumption of the drug in the Native army is not attended by any perceptibly injurious results, and is often beneficial… and any attempt to limit the consumption… would be highly unpopular.” Several witnesses noted that opium was sometimes issued to the troops by army medical officers or State engineers. In this case, opium was seen as enhancing the fighting capacity of Indian soldiers while pacifying any impulse to rebel, thus controlling and containing colonial masculinity.

Even withdrawal had gendered implications. Dr. (Sir) William Roberts, a well-regarded physician who served on the RCO, claimed that “A man of nervous quasi-hysterical temperament suffers more than a man of more stolid disposition.” Hysteria was considered a quintessentially feminine “ailment” at that time.

Among Indian women, medical consumption of opium was described as necessary to address a variety of female ailments and to keep themselves and their children healthy and productive. In the pages of the RCO, Indian women, unlike their counterparts in China, were said to have had a number of acceptable reasons to consume the drug. Like many Indian men,
“respectable” Indian women took the drug to alleviate pain, and remedy coughs, gastric upset, or optical disorders. In addition, Indian women often turned to opium to deal with complications of pregnancy. One doctor testified that he “was led to think that opium was very good after operations, especially in the case of women after severe labour, when the uterus would not contract and there was a large amount of hemorrhage.”

There were, unsurprisingly, some cases when the abuse of opium by Indian women was said to be result of their emotional volatility and vulnerability. Jealous women, in their rage or humiliation, sometimes poisoned themselves with an overdose of opium. Several witnesses also knew of Indian women who used opium to dull their grief after losing children. Opium was used in some instances to kill unwanted female babies, but for the most part, regular, short-term use of opium by Indian infants and children was what Indian parents did to ease pain and prevent other illnesses.

Despite occasional poisonings and other complications, Indian women were generally lauded as capable household managers and medical providers, and giving regular, moderate doses of opium to Indian infants and children was what mothers did to ease pain and prevent other illnesses. The RCO’s Dr. Roberts commented that “accidents were not nearly so common as might have been expected – showing the practiced skill of Indian mothers and nurses in the management of the drug.” Indian mothers regularly gave small doses of opium to their children “who suffer from the irritation of teething or from bowel complaints,” and also to enable the mothers to work. In general, weaning most infants and children from the drug even after several years of regular dosing was said to be easy and harmless, although several medical practitioners did caution that, as with adults, opium was more likely to cause harm in malnourished, ill, or impoverished children. This was a common practice in Great Britain as well, and according to one source, those who railed against the dosing of British babies and small children with opiate-based tonics “assumed that the mother’s absence at work was the root cause and that dosing was the habit of unqualified nurses, in whose care the infants were left.”

The highly charged issue of opium use among infants had prompted a legislative response in England several decades earlier, and was closely linked to class-based social concerns about working mothers and unqualified nurses. Yet, the RCO’s Dr. Roberts cited an anecdote about a peasant woman giving the drug to her baby, describing it as a “touching glimpse of the practice.” He added, “it is difficult to believe that a practice so widely diffused through all grades of society, and carried on under the direct supervision of the vigilant maternal instinct, should have maintained itself so long in credit, if it were on the whole and to any appreciable extent injurious.” Even more surprising, he alluded rather disingenuously to “this most strange custom of giving opium to infants,” cautioning that in order
to really understand it, a westerner had to “divest himself of his European ideas concerning opium and infants.”97 Apparently, working women who drugged their children did not present a serious threat to public health or public order if those mothers were working to shore up the colonial economy.

The abusive treatment of Indian women had been a key element in British feelings of superiority over the colonized peoples of India, and one of the reasons the British trumpeted their prohibition of the Hindu practice of sati (suttee).98 Many anti-opium witnesses used the sati issue to urge the British to extend their authority into the so-called Native States to prohibit opium. The RCO response was straightforward:

We are of opinion, however, that the case of sutee can be distinguished, by the clearest line of cleavage, from the habit of taking opium…The burning alive of widows, whether under the sanction of religion or not, was repugnant to civilized humanity, and, it may well be inferred, opposed to the real instincts of the people of India as being inhuman… but the opium habit, quite apart from the question of justification for interference, stands on ground of its own as being intimately bound up with the personal and domestic customs of the general population, and the effect of prohibition would, therefore, be proportionately far reaching.99

In short, sati was a savage outrage against Indian women that emphasized their abject subordination, but opium allowed them to fulfill their normal social roles. This seems to reflect Sinha’s conclusion that in the late nineteenth century, “there was a growing acceptance of the view that India could best be governed only through a judicious use of its supposedly indigenous traditions.”100

The narratives for and against prohibition both used gendered evidence and rhetoric to try and prove which stance best upheld the colonial order. Indians were overwhelmingly depicted as consuming opium to be able to perform their gendered duties at home, in the community, and for the Empire. Opium smoking and opium abuse were condemned for weakening individuals and by extension, colonial finances.

Opium and Gender in Burma
Restrictions on Burmese opium consumption were already in place and more stringent rules were to be implemented in 1893 as the RCO began its mission. Poppy cultivation was largely prohibited in Burma and Burmese were not allowed to import, sell, or use opium unless they received special permission from the government.101 Non-Burmese were exempted from those restrictions so long as they used the government-sanctioned Bengal imports.102 The Commission confined its inquiry to determining whether or not non-Burmese should be included in the restrictions and the extent to which opium smuggling from China was interfering with Indian opium...
sales. Upper Burma having only been annexed in 1886 after the Third Anglo-Burmese War, Burma was a far newer, far less stable addition to the Empire. It was administered as part of India, “a colonial possession within a colonial possession,” and was thus doubly subordinated. British unease with the relative novelty of formal imperial control over this rich agricultural land is reflected in the testimony and conclusions of the RCO, in which opium use and abuse provides means of categorizing many Burmese men as desperately in need of the order and stability proffered by colonial control if they were to attain optimal productivity.

Testimony taken in eight sittings in Burma revealed a general conviction that opium exerted a pernicious influence on the Burmese, a “race” said to be particularly susceptible to the drug’s evils. Despite generalizations about the Burmese “race,” witnesses on Burma made virtually no mention of women and the impact of opium on their lives. Burmese men, however, were feminized in frequent descriptions by non-Burmese as “impulsive,” “excitable,” and easily led – discipline, diligence, stability, and hard work being hallmarks of masculinity. In its final report, the RCO agreed, concluding that Indians had “more stability of character, more industry, and much more thrift and prudence, inherited perhaps from a harder struggle for existence. These characteristics give the Indian more power of self-control than is possessed by the Burman.” One British surgeon sniffed, “It is a rich country; the parents do not educate their children; they allow them to do as they please; they grow up in that way and they exhibit very little self control. A Burman who once takes opium is more prone to excess than any other race.” If, as historian Himani Bannerji asserts, Victorians perceived “restraint as health,” the Burmese were seen as the sickest people the Commission studied. Thus, the absence of self-discipline – a decidedly unmasculine condition – was a key element in the negative appraisal of Burmese opium consumption, and one that required oversight by colonial authorities.

Burmese witnesses also supported opium prohibition for their compatriots using gendered language that focused not on racial flaws or weakness, but instead blamed opium (largely imported from India) for eroding Burmese masculinity by turning men into boys – and juvenile delinquents at that. One list submitted by Burmese officials of 25 addicts described virtually all of them as taking to gambling and petty theft, being idle or unable to work, squandering family wealth, and often being turned out of their homes by their fathers. Many were said to be supported by their wives or other female relatives, an emasculating gender reversal. Historian Michael W. Charney observed in the early twentieth century that the British actually had a fairly positive impression of Burmese women. “Positioned as the mirror image of Burmese men, whom the colonial discourse tended to portray as lazy and backward, women were portrayed as hardworking
and industrious.” Opium consumption was seen as reinforcing those gender distinctions.

Many British witnesses tried to justify Burmese opium restrictions in part by citing longstanding indigenous cultural proscriptions against the drug and the shame attached to opium consumption by most Burmans. The Commission noted “that the Buddhist religion treats the use of all intoxicants as a breach of one of the great commandments” and many Burmese Buddhist leaders had condemned opium even before the British arrived. Burmese both smoked and ate the drug, favoring the former method if they had more money, and smoking was considered more objectionable, probably because it often took place in dens that attracted “bad characters” and encouraged passivity.

The laws that regulated opium consumption in Burma used imperial paternalism to indicate British tolerance for local customs, but also as a way of masking racist sentiment. Burmese boys, who commonly underwent the ordeal of extensive tattooing, were allowed to use the drug to relieve the pain of the procedure. Non-Burmese residents of Burma, such as Indians, Chinese, Shan, Palaung, and Kachin peoples were permitted to purchase the imported Indian drug at government-licensed shops. These groups were considered less vulnerable to opium addiction or abuse, and thus, more masculine. For example, Shan people were described by a British surgeon as “a particularly strong and healthy class of men… Their children are certainly very fine specimens.” He also notes that many Sikhs used the drug, and were “a very fine body of men.”

Chinese, mainly immigrant merchants, were described as “perhaps the most thriving and industrious section of the population [in Burma],” and if they required opium to continue to work and thrive, the British felt it would be unwise and even unhealthy to prevent them from using it. The British were concerned about opium smuggling from nearby Yunnan province in China, but the RCO accepted testimony from pro-opium Chinese merchants that “the prohibition of the use of opium by Chinamen in Burma might affect the trade between Burma and China.”

Economic considerations were implicit in the gendered descriptions of each “race” or ethnic group. Those capable of hard work and contributions to colonial wellbeing were more masculine by definition. The relatively new incorporation of Upper Burma into the British Empire meant a degree of instability reflected in the debate over how well certain groups of people in Burma could “handle” opium. In his article about British colonialism in Lower Burma, Michael Adas explores the ways in which rhetoric is employed to justify imperialism through the establishment of narratives that stress cultural and economic progress after the establishment of European rule. His work focuses on the distortion of the circumstances of pre-colonial life, but the RCO report and testimony reveals that although colo-
nial authorities were scrambling, British colonialism was not perceived as having worked its civilizing “magic” just yet in Burma.

**Conclusions: Opium, Gender, and Empire**

Gender is a lens well-suited to viewing the lopsided power relationships inherent in imperialism and colonialism, and the motivations for and consequences of opium use not only helped define standards of masculinity and femininity that were acceptable to RCO witnesses and Commissioners, but also implicitly highlighted the limits and expectations of empire. In the pages of the RCO report, opium was embraced as a blessing when it helped shore up the social and economic stability of the British empire. To remain acceptable to colonizers, colonized peoples had to become, if not fully “civilized,” then at least orderly and respectable, which implied—among other things—adhering to the accepted notions of masculinity and femininity that made the family, society, and economy functional and safely subordinate. Pro-opium witnesses successfully argued that opium enabled many Indian men and women alike to perform as useful, productive, healthy, and obedient colonial citizens. In contrast, anti-opium witnesses (primarily missionaries) concerned with the impact of the drug in China, forcefully blamed British greed and hypocrisy, along with Confucian patriarchy and Chinese spiritual weakness for what they described as the devastating, emasculating effects of widespread Chinese opium addiction. Chinese consumed much of the drug Indians produced, but without a formal colonial relationship, which presumably would have required Chinese productivity or Britain’s paternal intervention, the logic of free trade and the uncomfortable reality of vast Chinese poppy fields convinced the RCO to support a hands-off approach to the lucrative Indian opium trade. Burma, at that time a province of British India, was something of a special case—a British colony to be sure, but a newer one in which the British influence was less entrenched and in which some ethnic groups were perceived as requiring more imperial regulation than others.

In the nineteenth and twentieth centuries, opium served as a potent metaphor for China’s alleged moral, social, and political weakness, as well as a symbol of the power and wealth of the masculinized British Empire in Asia. Opponents and proponents of prohibition used many of the same gendered criteria to judge the physical and social impact of opium consumption in India, Burma, and China in their testimony to the RCO, but they arrived at very different conclusions, often related to the colonial status of each society. Opium consumption was considered harmful in each culture if it interfered with an individual’s general good health, longevity, social responsibilities, and ability to perform manual labor. This meant that it was harmful if it interfered with the ability to participate in trade with or
as part of the British Empire. The drug was also perceived as having the capacity to maintain or disrupt social stability, and the manner in which it was consumed (and the motivations for its consumption) helped determine the larger socio-racial hierarchy of the late nineteenth century. Opium thus became a powerful, malleable, but alwaysgendered symbol of the colonial order.

What were the consequences of the rhetoric discussed in this essay? In the RCO final report, the China question was dealt with in a very cursory manner, and for the most part, the dramatic pleas of the missionaries who were questioned in London were rejected. Ultimately, the narrative of victimization presented to the RCO by reformers in the hopes of gaining support for ending the Indian opium trade was – in the eyes of the Commissioners – successfully countered by an equally gendered narrative that emphasized Indian need for the drug, as well as the economic benefits of the trade to the Empire.

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ENDNOTES

1. Many thanks to the anonymous outside reviewers for their thorough and thoughtful comments.

2. On cultural constructions see Joan Wallach Scott, “Gender: A Useful Category of Historical Analysis,” in Gender and the Politics of History, (rev. ed.), ed., Joan Wallach Scott, (New York: Columbia University Press, 1999), 32. At the time of the RCO, Burma was not an independent nation, but rather a province of British India. However, because it was considered a distinct cultural entity in the RCO, I refer to it here as Burma instead of the province of Burma.


5. Scott, “Gender,” 42.


9. David T. Courtwright, Dark Paradise: Opiate Addiction in America before 1940 (Cambridge, MA: Harvard, 1982); Virginia Berridge, Opium and the People: Opiate Use in Nine-


12. Berridge argues that since the physicians, pharmacists and statisticians who served as the vanguard of the ascendant middle class throughout the nineteenth-century public health campaigns were major beneficiaries of the legislative restrictions that were adopted, some modern scholars see the anti-opium movement as part of a larger attempt to control lower-class deviance. Harding counters that although this was indeed the case in some instances, the public health campaign was also a sincere attempt by public-minded activists to cure what they viewed as a serious social ill. See also Courtwright, Dark Paradise, 46; Parssinen, Secret Passions; Berridge, Opium and the People; and Harding, Opiate Addiction, 83.

13. Ironically, poisoning was not on the increase. It was “the very act of keeping statistics [that] drew attention to certain causes of death... that could seemingly be altered by government action. The poisons agitation of 1860s, then, was...an outgrowth of a more general public health concern of which mortality statistics were both cause and effect.” Parssinen, Secret Passions, 68-78. And many middle and upper class women regularly dosed their infants. For more on the 1868 Pharmacy Act, see Berridge, Opium and the People, chapters 9-10.


15. RCO, Vol. III: 111/14,142. In contrast, one European physician insisted that the worst cases of opium abuse he had encountered in India were Europeans. RCO, Vol III:266/19,228.


19. Park, Opinions of 100 Physicians, 36-40. The same doctors tended to believe that the relief for chronic conditions provided by opium was temporary.

20. The opium consumed in Great Britain generally came from Turkey or Persia.


25. Richards gives a great deal of background on each individual and the politics of RCO in his excellent article. Richards, “Opium and the British Indian Empire,” 388-93.


27. Richards has analyzed the conclusions of the RCO, and refutes the notion that the report was a whitewash, asserting that “The Government of India prevailed not because of chicanery or force, but because its position was consistent with that of most of the people of India. The anti-opium reformers made culturally biased judgments and accusations that could
not be supported. Ironically, the colonial government of India found itself resisting a virulent form of cultural imperialism from Britain.” For Richards, “cultural imperialism” clearly meant the attempt of western reformers, especially missionaries, to impose on Asian peoples the reformers’ belief in the immorality of intoxicants. And to some extent, he is right. But what is intriguing when one dives into the six volumes of testimony (and the final report) is how much the cultural expectations of the reformers and their opponents seemed to coincide.

John F. Richards, “Opium and the British Indian Empire: The Royal Commission of 1895” *Modern Asian Studies* 36 (2002): 420. It is impossible to know what the “people of India” (or China or Burma, for that matter) really felt since their voices were not really represented in the voluminous RCO testimony, and Richards is referring to the hundreds of Indian landowners, physicians, bureaucrats, merchants, and diplomats whose opinions were heard and recorded by the RCO.

28. The RCO’s charge is carefully laid out on RCO, Vol. I: 1.

29. Widespread internal unrest, such as the Taiping Rebellion (1850-64), had added to the increasing financial distress of the Qing Dynasty. The regime gained considerable revenue from opium trafficking throughout China, as it did from the Additional Article of the Chefoo Convention, signed with Britain in 1885 (implemented in early 1887). Joyce A. Madancy, *The Troublesome Legacy of Commissioner Lin: The Opium Trade and Opium Suppression in Fujian Province, 1820s to 1920s*, Harvard East Asian Monographs 227 (Cambridge, MA and London: Harvard University Asia Center, 2003), 55, 69-71.


34. RCO, Vol. I: 30/391.


42. Some dens did exist in London, but far fewer than most British feared. Most were more innocuous than sensationalist literature of the day would have the public believe. Berridge, *Opium and the People*, 195-205.


44. RCO, Vol. I: 104/1525.


52. RCO, Vol. I: 7/70.

57. Park, 41-3; Wilbur F. Crafts and Margaret W. Leitch, Protection of Native Races Against Intoxicants & Opium: Based on Testimony of One Hundred Missionaries and Travelers (Chicago: Fleming H. Revell Co., 1900), 123-6.
61. Park, Opinions of 100 Physicians, 12-18; and Wang Shuhuai, “Yapian duhai: Guanxu ershsian nian wenjuan diaocha fenxi” (Opium Damage: An Analysis of the 1897 Questionnaire) Jindaishi yanjiusuo suo jikan 9 (July 1980): 193. However, these answers may reflect the Chinese expectations that respectable women remain in their homes, out of sight of the foreigners. See also Ida Pruitt, Daughter of Han: The Autobiography of a Chinese Working Woman (Stanford University Press, 1967).
62. However, he was not specific as to the impact of opium smoking during pregnancy or how the drug contributed to childhood deaths. RCO, Vol. I: 45.
65. Most of the missionaries, even the physicians, who testified to the RCO insisted that the drug had no legitimate medical uses in China, but other missionary sources reveal that Chinese physicians frequently prescribed the drug for illness. For example, see Park, Opinions of 100 Physicians.
67. RCO, Vol. I 109/1628. Most missionaries conceded that although opium was at its core immoral, those with ready access to good food could live for quite some time, even if consuming a large amount of the drug. The more immediate ravages of opium fell disproportionately on the poor and weak. For example, see RCO, Vol. I: 48/627.
69. Not all merchants opposed the missionaries. Their most notable supporter was David Matheson, one of the pioneers of the opium trade, who was by that time very well known and very wealthy. He deplored the trade in his testimony to the RCO. RCO, Vol. I: 81-86.
70. Catherine Hall, “Of Gender and Empire: Reflections on the Nineteenth Century,” in Levine, Gender and Empire, 52.
72. RCO, Vol. VI: 118-19. Dr. Roberts’ report, appended to the RCO final report, attempted to synthesize the evidence he heard with the most modern medical knowledge available at that time, and his conclusions clearly had a strong impact on the RCO’s conclusions and recommendations.
73. RCO, Vol. VI: 17-18. Women used it for this purpose as well, but not as universally.
75. RCO, Vol. II: 39.
76. Ibid.
77. See, for example, RCO, Vol. IV: 330. The RCO came on the heels of hotly debated legislation to raise the “age of consent” for Indian girls to twelve years old (it had previously been ten) which highlighted the British conception of the Indian population as oversexed. See Himani Bannerji, “Age of consent and hegemonic social reform,” in Gender and Imperialism, ed., by Clare Midgley (Manchester and New York: Manchester University Press, 1998): 21-44.
80. RCO, 1895, IV: 18/20,423.
81. RCO, Vol. IV: 2/20,175.
82. RCO, Vol VI: 115-116.
83. For example, see RCO, Vol. II: 288-310.
84. RCO, Vol. IV: 253.
93. RCO, Vol. IV: 264. Many witnesses testified to this practice.
94. RCO, Vol. VI: 16.
95. RCO, Vol. IV: 264.
99. The Protected States of India, were territories nominally under Indian rule, albeit with considerable oversight by the British. Suttee was legally prohibited in 1829 and violations in the Native States met with strong British disapproval and none-too-subtle “…orders that the Native Chiefs should be informed that neglect on their part to exert themselves to prevent the perpetration of this crime would be viewed with grave displeasure….,” RCO, Vol. VI: 46-47.
100. Sinhla, p. 4.
101. That permission might be granted in the case of Burmese addicts, particularly those over the age of forty, for whom abstinence was seen as a serious hardship.
103. RCO, Vol. VI: 73.
105. That testimony can be found in Volume II: 179-242 and in a number of appendices in the same volume, pages 462-666. The RCO’s conclusions regarding Burma are included in Volume VI, Section VIII: 73-92. Although many witnesses referred to “Burmese,” the RCO also contains many references to specific ethnic groups, such as the Shan, Kachin, and Mon peoples.
106. These adjectives appear too often to cite individually.
110. This alleged lack of self control was also blamed for the problem of land alienation. Michael W. Charney, *A History of Modern Burma* (Cambridge: Cambridge University Press, 1911), 10-12.
111. RCO, Vol. II: 554-55. Another similar list of 53 addicts added that those who died had to rely on charity to pay for their burial. RCO, Vol. II: 598-600.
116. The Shan in particular were regarded as strong and tough, having required force to incorporate all of the Shan states.
118. RCO, 1895, VI: 77-8, 89. Several Chinese traders (and one doctor) living and working in Burma testified that longtime, moderate smoking of opium had positive physical and mental effects on themselves and their compatriots. RCO, Vol. II: 200-2.