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Opium and the Voyage Overseas

Between 1834 and 1912, approximately 843,700 Indian migrants travelled to Mauritius, British Guiana, and Trinidad under contracts of indenture.[1] They were accompanied by a further 17,226 Chinese migrants, who were also introduced these colonies introduced as indentured labourers.[2] In both instances, they almost exclusively made their ways to various British colonies via sailing ship, spending hundreds of days at sea.[3] Whilst at sea, their lives were entrusted into the hands of the surgeon superintendents - usually, if not exclusively, European medical officials - who were directly responsible for the health, but also the hygiene and general well-being, of those under their care.

[1] This total is based upon the figures for Indian migration included in Table A.1. of Northrup, *Indentured Labor*, 156-7.
[2] This total is based upon the Chinese migration figures for Mauritius included in Table A.1. of Northrup, *Indentured Labor*, 156-7, and the figures for British Guiana and Trinidad included in Table 23 of Look-Lai, *Indentured Labor*, 292.
[3] Keith Laurence, for instance, notes the slow adoption of steam ships for voyages to British Caribbean due to cost. This is despite the trial of steam ships – such as the *Enmore* – from as early as 1872. Laurence, *A Question of Labour*, 79-82.

In classical studies, such as those of Hugh Tinker and Keith Laurence, unfavourable comparison has often between made between this voyage and the middle passage of Transatlantic slavery. These similarities included the often-poor conditions on ship, the incompetence of surgeons, and the physical and sexual violence meted out by European crews.[4] More recently, studies have cast the voyage as a 'transformative space', in which Chinese and Indian peasants were readied for their future lives as plantation labourers.[5] This was a transformation abetted through the regimentation of almost every aspect of the migrant's life whilst at sea, from their health before embarking and the extent of their rations, to their personal hygiene and even the amount of space they were allotted to sleep in. Although it is undeniably that the life of a migrant at sea became an increasingly rigid and regimented one, especially as the nineteenth century wore it, the voyage overseas was also - at times - a space of contestation. Specifically, it was a space in which the prerogatives and ideals of the surgeon-superintendent, the crew, and the colonial emigration machinery were not only pitied against those of the migrants in their charge, but also each other. As noted by Laurence Brown and Radica Mahase, for example, emigrant vessels were 'sites of shifting encounters between British and Indian understandings of medicine,' as Western modes and methods of treatment

[4] Tinker, *A New System*, 116-77; Laurence, *A Question of Labour*, 78-104.
[5] See, for example, Hurgobin, 'Making Medical Ideologies', 1-26; and MacDonald, "In the Pink of Health", 23-50.

brought surgeon-superintendents into conflict with passengers and non-European members of crew.[6]

This proved no less true in the case of opium consumption, which occupied a complicated space in the matrix of competing agendas which underpinned the voyage overseas. In a system which prioritised the disembarking of as many healthy (and living) migrants as possible, Indian and Chinese opium use was frequently criticised as a persistent source of shipbound mortality and morbidity. Migrants nevertheless continued to consume opium, despite the (often admittedly half-hearted) efforts of officials to eradicated it. The voyage overseas also saw a contestation between differing medical ideas about opium, as calls to restrict the embarkation of consumers met with recommendations that drug should be provided to passengers, on the grounds of improving their morale and constitutions. Finally, the voyage overseas was also a space beset by differing attitudes towards the legitimate use of opium, as efforts to regulate migrant consumption conflicted with a reliance on opium-based medicines as a cornerstone of the contemporary *materia medica*. In summary, this chapter examines how the tension surrounding both migrant opium use, as well as the purpose and effects of said use, helped to facilitated opium's arrival in Mauritius, British Guiana, and Trinidad during the middle of the nineteenth century.

[6] Brown and Mahase, 'Medical Encounters', 198.

Chinese Migration

Perhaps unsurprisingly, given the extent of opium use in China at this time, it was the extensive shipment of Chinese labourers to the British Caribbean - in the 1850s and 1860s - which brought the complications posed by migrant opium use into focus. As noted by Commissioner Lin Zexu, of Opium War fame, opium had first been used 'by the people of Canton [Guangzhou, in Guangdong] and Fokien [Fujian].'[7] These were the same provinces which provided the bulk of indentured labourers to the British Caribbean during the mid-nineteenth century.[8] Whilst there was some, extensive Chinese migration to Mauritius during the late 1830s and early 1840s, this largely came to an end by 1842, with Chinese migration to the colony thereafter being largely 'free' in nature.[9] In consequence, this section focuses on voyages carrying Chinese emigrants to British Guiana and Trinidad.

Sustained Chinese migration to the British Guiana began in 1853, with the fateful voyages of the *Lord Elgin*, the *Glentanner*, and the *Samuel Boddington*. As noted by Walton Look Lai, licenses to import Chinese migrants had been granted in 1843, but it was not until 1850/1 that Mr James T. White was appointed as the emigration agent for the British Caribbean colonies (British Guiana, Trinidad, and Jamaica).[10] Whilst White immediately returned to China in 1852 - having previously

[7] Sirr, *China and the Chinese*, 304.
[8] Look Lai, 'Chinese Indentured Migration', 117.
[9] For more on Chinese indentured migration to Mauritius, and thereafter, see Pineo and Lim Fat, *From Alien to Citizen*, 152-5; and Carter and Kwong, *Abacus and Mah Jong,* 19-47.
[10] Look Lai, *Indentured Labor*, 87-8.

spoken to various emigration firms at the behest of Governor Henry Barkly of British Guiana - two vessels had already left before he was able to fully assume his duties there.[11] The first was the *Lord Elgin*, commissioned by a Guianese planter named Mr Booker, whilst the second, the *Glentanner*, belonged to a subsidiary of the infamous emigration firm Tait and Co.[12] Both of these vessels, as well as the third of the season, the *Samuel Boddington*, arrived carrying emigrants from Amoy [Xiamen] in Fujian.[13]

By all accounts, the voyages of the *Lord Elgin* and the *Glentanner* were plagued with issues, with even Barkly's official report describing them as 'most disastrous.'[14] Whilst the *Lord Elgin*'s sustained an overall mortality rate of 44.8%, the *Glentanner* sustained one of 16.7%.[15] By comparison, the average mortality rate for voyages leaving Calcutta in the same year was just 5.6%.[16] Amongst the numerous reasons assigned to the disastrous nature of the voyages – which included the poor weather, the unsuitability of both ships as passenger vessels, and the carrying perishable cargoes - official reports also highlighted numerous case of illness stemming from opium withdrawal.[17] In his report for the voyage of the *Lord Elgin*, for example, surgeon David Shier noted that many fatal cases of dysentery had occurred

[11] Campbell, *Chinese Coolie Emigration*, 93-101.
[12] Ibid., 99, 100.
[13] Look Lai, *Indentured Labor*, 89.
[14] Campbell, *Chinese Coolie Emigration*, 100.
[15] Clementi, *The Chinese in British Guiana*, 83-4.
[16] TNA, CO 111/293. Governor Henry Barkly to the Duke of Newcastle, 24 January 1853.
[17] Ibid.

amongst 'those who had been addicted to an immoderate use of opium.'[18] Similarly, Dr Chennell, the surgeon of the *Glentanner*, noted that 'Anaemia, produced by opium smoking' had been one of the chief causes of mortality.[19] Barkly's report also added his own curt suggestion that opium withdrawal was clearly a chief cause of mortality, given that 'few of those who landed alive are … addicted to Opium.'[20] Moreover, Barkly stressed that the need to exclude 'persons irreclaimably addicted to Opium-eating' was just one reason why, in future, the selection of immigrants should be left to the Agent of the colony, i.e. to White.[21] For the outset then, it is clear that individuals such as Barkly saw the desirability in excluding opium consumers from embarkation, on the basis that such individuals were deemed unsuitable for plantation labour of their poor health.

Whilst Barkly perhaps expected that White's participation in the selection process would improve things, the arrival of the *Samuel Boddington* later than year proved such expectations to be ill-founded. Per the diary of the vessel's surgeon, Edward Ely, it was suggested that approximately two-sevenths (100) of the *Samuel Boddington*'s passengers were opium smokers.[22] Later entries would also go on to

[18] HCPP 1852-3 [986], *Despatches Relating to Chinese Immigrants into Colonies of British Guiana and Trinidad*: List of Names of Chinese Immigrants who died on the Voyage from Amoy to Demerara on board the Barque "*Lord Elgin*," with a Statement of their Numbers in the Shipping List, Ages, Diseases, and Dates of Death, 23.
[19] TNA, CO 111/293. Barkly to Newcastle, 24 January 1853: Health Officer's Report of Immigrants by the *Glentanner*, arrived here on the 12 January, from Amoy, touched at Batavia and Algoa Bay.
[20] Ibid.
[21] Ibid.
[22] HCPP 1852-3 [986] *Despatches Relating to Chinese Immigrants*: Surgeon's Journal of Proceedings on Board the Ship the *Samuel Boddington*, during a voyage from China to Demerara, August 1852 - March 1853, 45.

note the various complications posed by the number of opium smokers on board. On the 5th December, 1852, for example, Ely's diary recorded that dwindling supplies led to 'desperate fight about the theft of some opium.'[23] Meanwhile, by the 2nd February, 1853, Ely reported 25 cases of diarrhoea ascribed to the symptoms of opium withdrawal.[24] Ely's suggestion, that opium withdrawal had been a primary cause of mortality, was sustained by the report of Dr Johnstone, the colony's health officer, who attributed thirty of the '40 deaths that occurred' to a want of opium.[25] Barkly's official report on the voyage of the *Samuel Boddington*, meanwhile, was more assertive, restressing the clear need to exclude opium smokers from embarkation. Echoing Johnstone's opinion that the 'excessive mortality' was attributable to 'the cessation of the supply of opium', Barkly indicated that if Chinese migration was to continue, 'all who were addicted to opium' had to be 'rigorously excluded from embarkation.'[26]

According to the reports of the Colonial Land and Emigration Commission, which oversaw migration across the Empire, a fourth vessel – the *Emigrant* – also failed to make to British Guiana, on account of mortality stemming from opium consumption. [27] Rather than being a passenger vessel, it seems that the *Emigrant* was

[23] Ibid, p. 44.
[24] Ibid, p. 45.
[25] HCPP, 1852-3 [986] *Despatches Relating to Chinese Immigrants*: John M. Johnstone (Health Officer) to W. Walker, Government Secretary, British Guiana, 4 March 1853, 47.
[26] HCPP 1852-3 [986] *Despatches Relating to Chinese Immigrants:* Extract of a Despatch from Governor Henry Barkly to His Grace the Duke of Newcastle, 12 March 1853, 38.
[27] For more on the history of the CLEC, see Brizan, 'The Colonial Land and Emigration Commission', 39-41.

more of a holding vessel, used by the firm Tait and Company to store passengers for transport from Amoy.[28] Likely due to demand for Chinese labour outstripping supply, however, it appears that the vessel was commissioned to also carry a fourth shipment to British Guiana. Per the report of the CLEC's chairman, T. W. C. Murdoch, the *Emigrant* left Whampao – a deep-water anchorage southeast of Canton – for Hong Kong, in preparation for an onward journey to British Guiana.[29] Upon its arrival, however, it was noted that many of the passengers were 'very much discontented' due to a lack of opium. [30] The report also added that much of the mortality sustained between Whampoa and Hong Kong had resulted from a 'sudden discontinuance' of opium, being the chief cause of mortality amongst 'those who were addicted' to it.[31] Consequently, Murdoch suggested that, in future, 'opium-eaters should not be selected for emigration.'[32]

Unlike British Guiana, the vessels which arrived in Trinidad during its first season of emigration – the *Clarendon*, the *Australia*, and the *Lady Flora Hastings* – bought migrants from Canton and Swatow [Shantou], both located the province of Guangdong.[33] Whilst those who arrived from Swatow per the *Australia* were described as 'best immigrants hitherto imported,' this was not the case for those who

[28] Campbell, *Chinese Coolie Emigration*, 95.
[29] Wang, 'The Organisation of Chinese Emigration', 113.
[30] HCPP, 1857-8 [481] *Correspondence on Emigration from Hong Kong and Chinese Empire to West Indies and to Foreign Countries*: Copy of Despatch from his Grace the Duke of Newcastle to Governor Sir George Bonham, 19 August 1853; enc. F. Rodgers and T.W.C. Murdoch to the Colonial Land the Emigration Office, 19 August 1853, 3.
[31] Ibid, 4.
[32] Ibid, 4.
[33] Look Lai, *Indentured Labor*, 89.

had arrived per the *Lady Flora Hastings*. Per the reports of Dr Henry Mitchell, Trinidad's Immigration Agent-General, 'nearly all' of the 305 migrants landed were opium smokers, with twelve needing to be sent to the hospital immediately upon their arrival.[34] Mitchell would also later comment upon the more general undesirability of the passengers of the *Lady Flora Hasting*s, noting they were quite 'inferior' to those who arrived per the *Clarendon* and the *Australia*.[35] For all intents and purposes, then, it's clear that the first season of Chinese emigration to British Guiana and Trinidad was far from successful. Four out of the six voyages to eventually arrive in the Caribbean experienced problems attributed to opium withdrawal, a fact likely stemming from the rapid influx of foreign opium into newly opened treaty ports, such as Amoy, following the first opium war.[36] There were also clear officials calls regarding the need to regulate the embarkation of opium consumers, even if these weren't matched by clear instructions about how to affect this.

Following White's recall as emigration agent in 1854, for illicit recruiting practices in Amoy and Namoa, Chinese emigration to the British Caribbean was placed on hold.[37] At the behest of planters in British Guiana and Trinidad, it began again in 1858, through aid of the West India Committee. Privately appointing a Mr.

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[34] HCPP 1854 [1833] *Colonial Land and Emigration Coms. Fourteenth General Report, 1854*: Report from Immigration Agent General Henry Mitchell, 28 November 1853, 260.
[35] Hart, *Historical and Statistical*, 37.
[36] Madancy, *The Troublesome Legacy of Commissioner Lin*, 50-6.
[37] Neal, *Singapore and the Making of the British Empire*, 143.

Thomas Gerard as emigration agent in China, the Committee issued strict instructions to 'exclude all who are addicted to opium.'[38] The desirability of this was seemingly also impressed upon J. Gardiner Austin, officially appointed as Emigration Agent in China in 1859.[39] Proposing several measures to improve the organisation of migration from Hong Kong, where he kept his main agency, Austin suggested the construction of 'floating depot' to more ready detect opium smokers.[40] At best, however, it seems that Austin's efforts to restrict the embarkation of opium consumers were only somewhat successful. Following the arrival of *Norwood* in British Guiana in 1860, for instance, the *Royal Gazette* reported that 14 deaths sustained during the voyage resulted from 'the excessive use of opium.'[41] This contention was supported by the official report of Governor Wodehouse, which suggested that the excessive length of the voyage had resulted in a 'failure of the supply of opium.'[42]

The next season proved worse again, with at least four out of the ten vessels to arrive in British Guiana in 1861 reporting mortality stemming from opium consumption. In the case of the *Montmorency*, which arrived from Hong Kong in June of that year, the *Royal Gazette* reported that several passengers had died due to an

[38] HCPP 1857-8 [525] *Letters by Members of the W. India Committee to Secretary of State for Colonies, on Emigration from China to Colonies of British Guiana and Trinidad*: Appendix One, Instructions from the West India Committee to the Agent in China; dated 3 June 1858, 14.
[39] Look Lai, *Indentured Labor*, 71.
[40] Clementi, *The Chinese in British Guiana*, 83-4.
[41] *Royal Gazette*, 24 July 1860.
[42] TNA, CO 111/328. Governor Philip E. Wodehouse to the Duke of Newcastle, 6 August 1860.

'excessive indulgence' in opium.[43] Overall, however, the voyage of the *Montmorency* was generally good in terms of mortality, with 283 of the 290 embarked arriving safely in British Guiana.[44] Likewise, Crosby's report suggested that those who had arrived per the vessel 'were orderly, docile' and otherwise 'in good health.'[45] Meanwhile, in the case of the *Chapman*, which arrived from Canton on 6th June, the vessel's sick list reported a single death attributed to opium, the remaining 12 ascribed to ailments such as bronchitis, jaundice, and mumps.[46]

More detailed is the information pertaining to the voyages *Mystery* and the *Whirlwind*. To begin with the *Mystery*, with arrived from Hong Kong in June, the reports of the vessel's surgeon, Rev. William Lobscheid, hinted at numerous cases of opium-related mortality.[47] Between Hong Kong and the Cape of Good Hope, for example, Lobschied recorded ten deaths from 'atrophy' attributed to opium consumption.[48] A letter prepared by Lobscheid whilst aboard the *Mystery*, and sent directly to Governor Wodehouse, meanwhile presented an altogether more hair-raising account of the voyage and its passengers. Shortly after leaving Hong Kong, for instance, Lobschied noted his alarm in finding that 'two thirds of the men on

[43] *Royal Gazette*, 29 June 1861.
[44] Look Lai, *The Chinese in the West Indies*; Appendix One, 278.
[45] TNA, CO 111/331. Governor Philip E. Wodehouse to the Duke of Newcastle, 6 July 1861.
[46] Ibid.
[47] Lobscheid was, himself, a rather interesting figure, being a Lutheran missionary in China since 1848, and working closely with Austin to encourage emigration to the British Caribbean. TNA, CO 111/331. Wodehouse to Newcastle, 18 June 1861.
[48] TNA, CO 111/331. Wodehouse to Newcastle, 18 June 1861: James Crosby to the Colonial Secretary, 17 June 1861.

board were opium smokers.'[49] Discovering that many were in a terrible state, 'teeming with vermin', full of sores', and 'dull from opium smoking,' Lobscheid was forced to opium to some of the men following two suicide attempts.[50] Perhaps most starkly of all, Lobschied complained bitterly about the improper selection of the *Mystery*'s passengers, suggesting that many appeared to have been parcelled up 'in Macao.'[51] Whilst one might question Lobschied's final suggestion which, despite having precedent, would surely have been noted in Crosby's report were it true, this letter seemed to reflect Lobschied's through disappointment with a system he had help to promote.[52]

Opium withdrawal was also claimed to pose numerous complications during the voyage of *Whirlwind*. Although the mortality sustained during the voyage was relatively low (just 3.5%), Wodehouse's official report noted the clear 'propriety of enacting some restrictions on the indiscriminate use of opium.'[53] The reasons for this were intimated by the official report of Dr Caldecott, the vessel's surgeon, which provided a searching enquiry into virtually all aspects of the *Whirlwind*'s voyage. With specific reference to the issue of opium use, Caldecott report warned that

[49] TNA, CO 111/334. Governor Francis Hincks to the Duke of Newcastle, 3 February 1862: Letter written aboard the *Mystery* by Rev. Lobschied, 29 May 1861.
[50] Ibid.
[51] TNA, CO 111/334. Hincks to Newcastle, 3 February 1862: Letter written aboard the *Mystery*.
[52] As noted by Look Lai, the emigrants recruited by Gerard in 1858 – whilst supposedly from Hong Kong – were later found to have been recruited in Macao. Look Lai, *Indentured Labor*, 71. However, Crosby's official report on the voyage of the *Mystery* makes no mentioned of any of those embarked being from Macao. TNA, CO 111/331. Wodehouse to Newcastle, 18 June 1861: Crosby to the Colonial Secretary, 16 June 1861.
[53] TNA, CO 111/331. Governor Philip E. Wodehouse to the Duke of Newcastle, 20 August 1861.

British Guiana risked being overrun by 'opium smokers of the worst class,' given the improper recruitment procedures adopted at Hong Kong.[54] This, suggested Caldecott, was evident in the fact that many of those embarked were artisans, tailors, mandarins, and schoolmasters, rather than the agricultural labourers desired by the colony. [55] Caldecott also suggested that opium smoking was freely indulged in, both 'in the depot at Hong Kong' and 'on board the ship,' leading migrants to spending their advances on a stockpile of the drug.[56]

Perhaps surprisingly, however, Caldecott did not call for an outright ban on the embarkation of opium smokers. Instead, in suggesting a regime for the management of opium, Caldecott indicated the plurality in attitudes towards opium at this time. On the grounds of making those who emigrant 'as efficient labourers as possible', Caldecott recommended that all opium consumption should be prohibited in the depot or abroad the ship, save for that supervised by the surgeon superintendent.[57] In these instances, Caldecott suggested that 'solid opium in pills, in varying quantities' should be issued to passengers, with the goal of gradually diminishing these until the habit was 'cured.'[58] Caldecott also suggested that a record of opium consumers should be passed to the medical officers on estates, with instructions to continue issuing opium until they were "cured".[59] In effect, then,

[54] TNA, CO 111/334. Governor Francis Hincks to Duke of Newcastle, 3 February 1862: Remarks and Suggestions on the Subject of Chinese Immigration to Demerara by Dr J.A. Caldecott, Surgeon Superintendent on the *Whirlwind* voyage of 1861 from Hong Kong
[55] Ibid.
[56] Ibid.
[57] Ibid.
[58] Ibid.
[59] Ibid.

Caldecott proposed even more invasive interventions into the bodies of Chinese passengers, by restricting both their access to opium and monitoring it both during and after the voyage. Invasive as this was, however, it was a proposal which espoused an understanding of opium use as something more than just an undesirable habit which marked one for exclusion. Instead, it appeared to be a medicalisation of opium use as a disease, which could be managed by the surgeon.

Following his appointment as governor of British Guiana in 1862, Francis Hincks remarked that the immigrants which arrived in 1861 were 'very badly selected', with 'a very large proportion of confirmed opium smokers amongst them.'[60] Whilst this might have been Hincks way of indicating the need for more robust selection procedures in Hong Kong, its seems that Austin, and his replacement after 1862, Mr T, Sampson, were unable to effect these measure before the effective end of Chinese emigration in 1866. Concerning the mortality sustained during the 1865/6 season, the CLEC's annual report remarked this was rate was more than acceptable, especially so given 'the impossibility of entirely excluding men who constitutions have been enfeebled by opium eating.'[61] This contention was supported by the reports with accompanied the arrival of immigrants in both British Guiana and Trinidad that year. Following the arrival of the *Light Brigade* from Amoy, for instance, Hincks noted that whilst only seven of the passengers were 'confirmed opium smokers', many more seemed 'inclined to smoke opium, if they could readily

[60] TNA, CO 111/334. Governor Hincks to the Duke of Newcastle, 21 May 1866.
[61] HCPP, *Twenty-Sixth General Report of the Emigration Commissioners*, 23.

get it.'[62] Similarly, following the arrival of the *Red Riding Hood* and *Dudbrook* in Trinidad, the planter Louis Leroy wrote to Henry Mitchell that many of those disembarked where not agriculturalists but 'old soldiers, hucksters, and shopkeepers…etc.,' with many of them given 'to gambling, and the use of opium.'[63] In short, it seems that officials never effectively managed to regulate opium consumption, despite clearly emphasis the desirability of doing so.

Opium and Indian Migration

As in the case of Chinese immigration, there were also growing calls to restrict the embarkation of Indian opium consumers, on similar grounds that it posed a potential source of mortality and morbidity. The issues posed by opium consumption amongst Indian were, like Chinese migration, were also evident from the very outset of Indian migration. During the investigations which followed the arrival of the *Whitby* and *Hesperus* in Demerara in 1837, for example, Theophilius Richmond, the *Hesperus*'s surgeon, noted the death of one passenger given to the consumption of opium. The passenger in question was a man called 'Dukooh', who Richmond described as a 'very old and feeble' migrant, who allegedly chewed opium 'in large quantities' throughout the voyage.[64] Two years later, the investigations of the Dickens

[62] TNA, CO 111/357. Governor Hincks to Viscount Cardwell, 1 May 1866.
[63] *Annual Immigration Report (Trinidad) for 1866*: Louis A. Leroy to Henry Mitchell, 10 October 1866.
[64] HCPP 1839 [463] *Correspondence Relative to the Condition of Hill Coolies and Other Labourers Introduced into British Guiana*, *1839*: T. Gladstone, Esq. to the Marquess of Normanby, 3 August 1839: enc. 3 Report of the Fatal Cases occurring among the Coolies on board the *Hesperus*, 3 August 1839, 107.

Committee – appointed following the Anti-Slavery Society's allegations of abuses against Indian labourers in Mauritius - noted two further cases of opium-related mortality.[65] During the testimony of Adoolah Khan, a native doctor who had studied medicine at the 67th Regiment Hospital, noted that opium has been used as a means of suicide amongst two of the passengers.[66] Specifically, Khan suggested that the passengers had both died after swallowing 'large quantities of opium,' which Khan suggested they has acquired from 'the bazar [sic.]' prior to departure.[67] For the most part, however, these early instances seemed to pass with little remark or concerns from colonial officials.

In other instances, however, it was clear that officials in both India and Mauritius were keen to restrict the embarkation of passengers who consumed opium. Following the arrival of the *Sultany* in 1848, for instance, Governor William Gomm remarked that two passengers were found to be 'confirmed opium smokers', being more likely to take up 'as vagabonds' than plantations labourers.[68] In consequence, Gomm suggested that both should be returned to India, before they became a drain on colonial finances.[69] Similarly, prior to the departure for *Eliza*

[65] Tinker, *A New System*, 71.
[66] Brown and Mahase, 'Medical Encounters', 198.
[67] HCPP 1841 [45] *Letter from Secretary to Government of India to Committee on Exportation of Hill Coolies; Report of Committee and Evidence*: Meeting of the Committee held in the Town Hall on Monday the 10th day of September 1838, 35.
[68] HCPP 1849 [280-II] *Correspondence with Governors of Jamaica, Trinidad, and Mauritius, Relating to General Condition and Government of Colonies. Part II. Trinidad and Mauritius*: Report on the Immigrants shipped by the *Sultany*, which arrived at Port Louis from Calcutta, on the 20 September 1848, 299.
[69] Ibid.

Stewart, which was bound for Trinidad, Mr A. Rodger, the Assistant Protector of Emigrants for Bengal, ask each migrants if they were aware that, if 'found with opium or gunja [cannabis]', they would 'be severely punished?'[70] It is more than likely, however, that officials faced a constant struggle in attempting to restrict opium consumption, not least because of the efforts made by emigrants to conceal it. As part of the investigations launched into Indian mortality on emigrants vessels by Dr Frederic Mouat, for example, the testimony of Dr Scriven, the Medical Officer for Madras, noted that 'a certain number' were 'accustomed to the use of opium.'[71] Scriven lamented, however, than the habit was very 'easily concealed,' making it difficult to detect amongst those in the depot. [72]

Whilst there were seemingly no cases of opium withdrawal as dramatic as those during Chinese emigration to British Guiana, there were instances in which Indian opium consumption attracted the attention of colonial emigration authorities. These included the voyage of the *Zenobia*, which returned with from British Guiana in 1852. Following the *Zenobia*'s arrival in Calcutta, Dr Alexander Hunter, the port medical officer, found that over half of the vessel's 268 passengers were 'affected with scurvy.'[73] According to Hunter, this was most prevalent amongst the migrants

[70] HCPP 1852 [1499] *Colonial Land and Emigration Coms. Twelfth General Report, 1852*: Questions put by the Protector to Emigrants Proceeding to the West Indies, 188.
[71] HCPP 1859 [31] *Correspondences between Colonial Office and Governors of W. Indian Colonies and Mauritius, with respect to the Condition of the Labouring Population and Supply of Labour*: Report of Dr Scriven on West India mortality, 449.
[72] Ibid.
[73] HCPP 1852-3 [76] *Despatches on Condition of Sugar-Growing Colonies. Part II. Jamaica*: Alexander Hunter, Port and Marine Surgeon, to Captain C. Biden, Master Attendant and Protector of Emigrants to the West Indies, 11 November 1851, 261.

originally from Calcutta, who were alleged to be 'addicted to the smoking of opium.'[74] In the investigations which followed, however, little was made of the alleged opium use amongst passengers. The report of Governor Barkly, for example, largely focused on disputing the allegations of Thomas Caird, the Emigration Agent in Calcutta, who argued that the *Zenobia*'s surgeon – Dr McLennan - should not receive his gratuity.[75] Similarly, the report of Captain Biden, the Protector of Emigrants from Madras, suggested that the outbreak of scurvy had resulted from 'a change of diet', a 'life of indolence' and lack of opportunities to exercise amongst those from Calcutta.[76] As to why this matter received little attention, it is probably that, as a return voyage, colonial officials were less concerned about the habits of migrants that they would be on an outgoing voyage. This is because those on the *Zenobia* had already completed their contracts and, consequently, there was not the same official concern about colonies 'getting what they had paid for.'

Another instance which attracted significant official attention was the voyage of the *Clasmerden*, which arrived in British Guiana in 1863. Per the reports prepared by Governor Hincks, fears of a suspected mutiny led Robert Cato, the vessel's captain, to make an unscheduled stop at Pernambuco, on the coast of Brazil. Whilst

[74] Ibid., 262. Hunter also noted the extent of opium consumption amongst passengers from Calcutta in his report to his superior officer, Thomas Kay. HCPP 1852-3 [76] *Despatches on Condition of Sugar-Growing Colonies. Part II*: Assistant Surgeon A. Hunter, Surgeon 1st District, to Thomas Kay, Superintending Surgeon, 11 November 1851, 286.
[75] TNA, CO 111/291. Governor Henry Barkly to the Duke of Newcastle, 30 September 1852.
[76] HCPP 1852 [1499] *Colonial Land and Emigration Coms. Twelfth General Report, 1852*: Extract of a letter from Captain C. Biden, Protector of Emigrants, to Sir H. C. Montgomery, 12 December 1851, p. 190.

Crosby, the Protector of Immigrants, went on to argue that there were no 'real grounds for the apprehension of a mutiny,' others attributed the plot to several rebel Sepoys embarked aboard the vessel.[77] Specifically, Hunt Marriot, the Emigration Agent for British Guiana, noted that 25 to 30 men on board 'possessed evidence of military training' and likely belonged to 'mutinous regiments.'[78]

More pressingly here, there were also suggestions that the mutiny had resulted from the adequate provision of opium. Notably, the report of G. S. Hunt, the British consul at Pernambuco, alleged that several passengers had received a much 'smaller allowance of opium' than they had expected.[79] If some of these men were in fact Sepoys (as Marriot claimed) this grievance would make sense, given that soldiers were entitled to a daily provision of opium.[80] In turn, Marriot received a grilling from Stephen Walcott, the secretary to the CLEC, over allegations that passengers have been promised a provision of opium. Assuring Walcott this was not the case, Marriot firmly emphasised that 'no allowance of opium [was] ever promised' to any passengers.[81] Perhaps acknowledging the pragmatism requires to fulfil the insatiable appepite of the colonies for Indian labour, however, Marriot did note that a little

[77] Ibid.
[78] Carter and Bates, 'The Uprising, Migration, and the South Asian Diaspora', 181.
[79] BL, IOR/P/15/79. G. S. Hunt, Consul at Pernambuco, to the Secretary of State for Foreign Affairs, 15 December 1862.
[80] In an appendix to the second volume of the Royal Commission on Opium, for example, Col. M. J. King Harman noted that native troops on field service were entitled to up to '20 grains [of opium] per man per diem.' *Royal Commission on Opium*, Vol. II: APPENDIX XXVIII – Correspondence Regarding the Supply of Opium to Native Troops on Service, 452 – 453.
[81] BL, IOR/P/188/67. Hunt Marriot, Emigration Agent for British Guiana, to Stephen Walcott, Secretary of the Colonial Land and Emigration Commission, 4 April 1863.

opium was sometimes 'given in the Depot', to wean people off its use prior to departure.[82]

Despite the pragmatism acknowledged by Marriot, which mirrored the resignation of the CLEC in hoping to ever fully exclude Chinese opium consumers from embarkation, it's clear that a hard-line stance continued to shape some official responses to opium and other intoxicants. Following the arrival of the *John Allen* in Trinidad in 1873, for example, controversy erupted following allegations that a passenger had been flogged for smoking cannabis betwixt decks.[83] Similarly, the instructions issued to surgeon-superintendents in 1880 by Henry Firth, the Emigration Agent for British Guiana, firmly stated that all 'opium-eaters … and ganja-smokers must be rejected' from embarkation.[84] Finally, as late as 1894, Dr M. M. Thompson, the superintending surgeon for Calcutta, reported the rejection of six migrants bound for Natal, for reasons including excessive opium consumption.[85] As in the case of Chinese immigration, then, it's clear that officials involved in the process of Indian immigration also stressed the need to restrict the embarkation of opium consumers on the grounds of that they were deemed to be undesirable as labourers. As the following sections make clear, however, this was not a view deemed practical, or necessarily even desirable; not only due to different attitudes towards

[82] Ibid.
[83] TNA, CO 295/266. Governor Knaggs to the Agent General, 24 January 1873.
[84] BL, IOR/P/2058. Major Pitcher and Mr Grierson's Inquiry into Emigration, August 1883: H. A. Firth, Instructions to Surgeons when examining and selecting Emigrants in the Mufassal before proceeding to this agency, 1881.
[85] NAI, 107-119/B. Annual Report of Natal Emigrant Protector for the Year 1895.

the effects of opium, but also the contemporary reliance on opium in medical practice.

"Medical Comforts"

Whilst the official discourse which predominated was the migrant opium use needed to be controlled, there were those who flaunted, or questioned the validity of, restricting migrant access to opium. In the first instance, there were a few reported instances of non-European crew members illicitly distributing opium to passengers. Following the arrival of the *Lady Flora Hastings* in Trinidad, for example, the report of Henry Mitchell intimated that the excessive opium use amongst the vessels' passengers had been 'brought to its acme by the native [Chinese] doctors, who introduced … a large quantity of the drug.'[86] Although Mitchell's report failed to clarify if the doctors had been selling the opium to the passengers, or merely distributing it to them, this borne more than a passing resemblance to the less than salubrious practices of those involved in Chinese emigration to Cuba. In was noted, for instance, that Chinese interpreters frequently sold 'cakes, nuts, opium, &c.' to passengers for 'extortionate prices', likely in a bid to buffer their wages.[87] Likewise, there were instances in which Chinese doctors were accused of selling opium compounded as medical supplies to passengers.[88] It was not just doctors or interpreters, but also non-European crew members who were also seen as potential

[86] HCPP 1854 [1833] *Colonial Land and Emigration Coms. Fourteenth General Report, 1854*: Appendix No. 76, Report of Dr Henry Mitchell, 28 November 1853, 260.
[87] Don Aldus, *Coolie Traffic and Kidnapping*, 218.
[88] Ibid., 223.

sources of migrant access to narcotics. James Laing, a veteran of the Indian emigration service, for example, noted his strong object to the use of Lascar (Indian) crews on emigrant vessels, in part because 'they bring 'ganja' on board, and some coolies will do anything for a little ganja.'[89] In any case, the above examples demonstrate some of the ways in which non-European crew members, intentionally or otherwise, effectively undercut official effects to stem migrant access to opium.

Perhaps more pressingly, however, several surgeons and other emigration officials questioned the wisdom of outright restricting migrants' access to opium. Their reasons for doing so were several, but centred on the idea that providing migrants with access to opium made for overall healthier, and happier, passengers. The provision of opium to passengers was first suggested in notes attached to the Chinese Passengers Act in 1855. Introduced by Governor Samuel G. Bonham, the act was modelled upon the earlier Imperial Passengers Act, and sought to introduce minimal standards of conditions and provisioning for vessels carrying Chinese migrants.[90] In terms of provisions, migrants were henceforth entitled under the act to a minimum of 1 ½ lb of rice, 4 oz. of tea, and ½ oz. of tobacco per diem as part of their rations. Bonham also suggested that various items could be substituted at the discretion of the surgeon, including 'Peas or beans … for rice' and 'opium for

[89] BL, IOR/L/PJ/6/249/565. Laing, *Handbook for Surgeons Superintendent*, 21. This aligns with the findings of Aaron Jaffer, who notes that travellers often commented on opium use amongst Lascars during religious ceremonies, and that some were perhaps plied with alcohol and cannabis to force them to embark on the ship. Jaffer, *Lascars and Indian Ocean Seafaring*, 43-4.
[90] Blue, 'Chinese Emigration', 82.

tobacco.'[91] It is unclear, however, if these provisions made their way into law. The dietary scales eventually published under the Chinese Passengers Act, for example, only a passengers entitlement to food stuffs such as rice, tea, and salt meat, with no indication of a tobacco provision, or its ability to be substituted for opium.[92] Similarly, the suggestions of several English surgeons engaged in Chinese emigration to Cuba actively discourage the provision of opium to passengers. Following enquires by the West India Committee in 1858, for instance, Joseph Crawford, the British consul-general at Havana, asked several doctors about the practicalities of carrying Chinese immigrants to the Caribbean. All three strongly admonished opium smoking amongst passengers and suggested 'an allowance of tobacco as a substitute for the more deleterious narcotic.'[93]

By contrast, several surgeons noted and/or recommended the provision of opium and other intoxicants to Indian passengers. In 1861, for example, the report of John Dyer - the surgeon aboard the *Sydenham* - recommended all passengers receive an allowance of 'betel' and 'dry tobacco' to 'promote contentment.'[94] This followed Dyer's discovery that approximately half of the passengers consumed 'country grog', whilst approximately one quarter used 'gunja [cannabis].'[95] Dyer also remarked that 'scarcely a day' passed without himself or the crew being 'besieged by

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[91] HCPP 1857-58 [481] *Correspondence on Emigration from Hong Kong and Chinese Empire to W. Indies and Foreign Countries*: Encl. to No. 4, Proclamation of S. G. Bonham, Governor of Hong Kong, 7.
[92] *An Act for the Regulation of Chinese Passenger Ships 1855*, Dietary Scale.
[93] HCPP 1857-8 [525] *Letters by Members of W. India Committee to Secretary of State for Colonies, on Emigration from China to the Colonies of British Guiana and Trinidad*: Joseph T. Crawford to the Earl of Malmesbury, 2 May 1858, 11.
[94] TNA, CO 295/210. Report of Surgeon Superintendent Dyer, on the *Sydenham*, 18 March 1861.
[95] Ibid.

the coolies for sooka (dry tobacco).'[96] Similarly, seasoned surgeon-superintendent, Dr William Pearse, noted his provision of opium and cannabis to passengers onboard the *Oasis*. Rather than petitioning for the provision of these drugs, Pearse merely noted, almost matter-of-factly, that 'Indian hemp and opium were given to all … in the habit of using them.'[97] In turn, the cases of Dyer and Pearse perhaps illustrate the discretion that some surgeon-superintendents expressed in their treatment of passengers. Especially in Pearse's case, it seems that he availed himself to provide opium and cannabis to his passengers as a matter of courtesy, to improve the contentment of passengers and reduce possible cause of mortality.

Although it's possible to dismiss these case as the actions as of a couple of maverick surgeon-superintendents, such recommendations also attracted the attention of colonial officials such as Dr Robert Bakewell. Newly appointed as Trinidad's health officer for immigrants, Bakewell set to work investigating the causes of the excessive mortality sustained during the prior season of immigration. For the most part, Bakewell's findings mirrored those of Mouat almost 10 years prior, most notably that emigrants required better provisions and a 'more nutritious and stimulating diet.'[98] Additionally, however, Bakewell also saw merit in the issue of 'special stimulants' to those in the habit of using them. These recommendations followed Bakewell's reading of Pearse's recently published book on his experiences,

[96] Tinker, *A New System*, 156.
[97] Pearse, *Notes on Health*, 60.
[98] TNA, CO 295/247. Governor Arthur Hamilton Gordon to the Earl of Granville, 8 June 1869: Report of the Causes of Sickness and Mortality in Immigrant Ships by Dr Bakewell, Health Officer of Shipping.

as well as the reports of a Dr Rakeem, the surgeon of the *Servilla*. According to Bakewell, both Pearse and Rakeem gave cannabis and opium to all 'those habituated to them,' a fact which Bakewell believed had helped to allay avoidable cases of disease and discontent.[99] In consequence, Bakewell added the following as an N.B. to his proposed revised scales for medical comfort:

> an uncertain number of Indian emigrants are confirmed opium-eaters or gunja smokers. Before leaving Calcutta, the surgeon-superintendent in charge should carefully ascertain the quantities of those narcotics likely to be required before the voyage and should provide himself with them by formal application to the emigration agent.[100]

For those not in the habit of smoking opium or ganja, Bakewell instead recommended the daily issue 'of an ounce of rum', which he suggested 'would have an excellent effect.'[101] Again, it's hard to tell if the measures proposed by Bakewell were subsequently adopted into the legislation respecting indentured migration. Correspondence from the Government of India, for instance, appeared to support the bulk of the recommendations issued by Bakewell, but made no comment on the proposed provision of opium and cannabis to passengers.[102]

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[99] Ibid.
[100] BL, IOR/L/P/434/45. J. G. Grant to A. Mackenzie, 16 May 1870.
[101] TNA, CO 295/247. Hamilton Gordon to Granville, 8 June 1869: Report by Dr Bakewell.
[102] BL, IOR/P/432/21. A. Eden to the Secretary of the Government of India, Home Dept., 17 July 1870.

Whether or not such measures were passed, the more pressing question here is how individual did such as Bakewell square this suggestion with the various calls to regulate the embarkation of opium consumers noted above. The answer perhaps operates on several levels. In the first instance, it's possible that certain surgeon-superintendents provided these substances as a matter of pragmatism, reasoning that they were merely doing what they thought was best of their charges. This, in turn, might have been due to their removal from the mores of the system, or their familiarity with Indian mores and customs. Pearse, for example, had been involved in the passenger system to Australia before joining the indentured one, and as a result was perhaps more flexible or open-minded when it came to tending of the needs of passengers.[103] By contrast, "Native" doctors - such as Dr Rakeem of the *Servilla* - perhaps had a better, if not more familiar, understanding of the customs and needs of Indian passengers than European surgeons.[104] As Brown and Mahase suggest, 'as doctors, assistants, translators, and patients, Indians often followed their own medical practices' and, by providing opium and cannabis, Rakeem was perhaps merely doing as his passengers expected.[105]

Second, it is possible that the provision of opium and other intoxicants was understood within the broader contemporary practice of providing so-called 'medical comforts', as and when required. Inhabiting a nebulous space between

[103] As various points, Pearse's work drew comparisons between Indian emigration and the Australian system, e.g., Pearse, *Notes on Health*, 1-5.
[104] Whilst pejorative described as a 'Native Doctor', Brown and Mahase suggest that Dr Rakeem [Raheen] had an M.D. from America. Brown and Mahase, 'Medical Encounters,' 208.
[105] Brown and Mahase, 'Medical Encounters,' 189.

medicinal and quasi-medicinal, 'medical comforts' was a catch-all term referring to a range of sumptuary items include in ships inventories in addition to mandate dietary scales. Including a wide variety of items - such as canned meats, tots of rum, and condensed milk – these could be provided, at the discretion of the surgeon superintendent, to passengers recovering from various ailments. The logic of the time, it seems, was that these items 'stimulated' bodily functions, and thus aided recovery and the maintenance of good health. During the embarkation of the *Clarendon* in 1861, for example, bad weather and endemic cholera led the Protector of Emigrants, Dr J. Grant, to issue a 'glass of brandy to all passengers' to fortify for the journey ahead.[106] More specifically, the belief that illnesses were the result of an under or over-stimulation of the body, and thus could be managed through balancing this stimulation, represented a hangover from the Brunonian medical system of the eighteenth and early nineteenth centuries.[107]

As noted by Berridge, as well as contemporary medical authorities, there was some confusion over whether opium was a 'hot' or 'cold' drug. Berridge, for instance, notes that whilst opium was a 'cold' drug in Galenic medicine, the Brunonian system designated it as a 'hot' – i.e., stimulating - drug.[108] Similarly, William Dymock's contemporary treatise on the drugs of Western India noted that whilst opium was 'Calida' in Hindu medical practice, it was placed amongst the 'Frigida' by hakeems.[109]

[106] Tinker, *A New System*, 142.
[107] Kondratas, 'The Brunonian Influence', 81.
[108] Berridge, *Opium and the People*, 64.
[109] Dymock, *Materia Medica of Western India*, 35.

More pressingly here, Berridge notes there was much contemporary consternation about the principal pharmacological properties of opium. Whilst, as Berridge notes, it was the sedative properties of opium which were those most prized after 1800, some continued to acknowledge that - in small doses - opium could have 'an initial period of stimulation.'[110] This aligns with the contemporary observations of individual such as Robert Fortescue Fox, who noted that a 'great number of opium smokers' in China took the drug for its 'mildly stimulating and soothing effect.'[111] This is all to say that some may have seen opium, in a pharmacological sense, as an effective means of stimulating migrant health - especially amongst those already in the habit of taking the drug - during times of illness or lassitude.

Finally, it's important to acknowledge that contemporary attitudes towards the physiological effects of opium, as well broader notions of 'addiction', were still in the process of formation. As suggested by Berridge, something akin to the disease view of addiction did not really begin to emerge until the final quarter of the nineteenth century.[112] Whilst more recent work by historians such as Pierre Caquet have pushed back against this slightly, arguing that 'layman's understanding' of drug dependency was evident at the time of the first opium war (1839 – 1842), it's fair to suggest that there were still a range of opinion about the physiological implications of opium consumption.[113] Whilst, as Berridge notes, there were efforts to treat chronic or

[110] Berridge, *Opium and the People*, 65.
[111] Fox, *Observations in China*, 47.
[112] Berridge, *Opium and the People*, 150.
[113] Caquet, 'Notions of Addiction', 1017.

excessive opium consumption during the early nineteenth century in the metropole, a dependence on substances such as opium was not yet seen as something in need of systemic treatment.[114] This was a fact further complicated the racialised understandings of drug use which underpinned attitudes towards Indian and Chinese opium use. As noted by Joyce Madancy, in her study of the evidence presented before the Royal Commission on Opium, the drug was argued to allow Indian women and men 'to perform as useful, productive, healthy, and obedient colonial citizens'.[115] Specifically, the final report of the Commission noted opium's use as a stimulant amongst tea-pickers in Assam, as well as its use as a sedative to allow nursing mothers to contributed to household chores and labour.[116] Similarly, Dikötter et al note that opium often served as a 'refreshing tonic' for 'government runners, rickshaw pullers, factory workers, and female entertainers,' with some smoking a pipe or two as 'pick-me-up' before carrying on their daily chores.'[117] All this is to say that opium was not exclusively seen as something that was always, necessarily, in need of restriction. Instead, during the middle of the nineteenth century, there was still some debate about the relative harms and benefits of opium consumption, as well as whether the restriction of migrant's access to opium did them more harm than good.

That this issue was perhaps never fully resolved is illustrated by the closing example of the *Corona*. Commissioned to carry Chinese labourers to British Guiana,

[114] Berridge, *Opium and the People*, 150.
[115] Madancy, 'Smoke and Mirrors', 55.
[116] *Royal Commission on Opium*, Vol. VI., 17-9.
[117] Dikötter et al, *Narcotic Culture*, 58.

in 1870, the voyage of the *Corona* came after the effective of Chinese indentured immigration due to the Kung Convention of 1866. In the report of James Crosby, the colony's infamous Protector of Immigrants, it was noted that an alternation had arisen after Dr Franklyn, the vessel's surgeon superintendent, had given some opium to a passenger 'as a medicine.'[118] This apparently resulted 'a state of revolt and insubordination', as the rest of the *Corona*'s passengers demanded that they also be supplied with a provision of opium.[119] Crosby, for his part, dismissed this incident as the fault of an inexperienced surgeon, but Governor Longden's report intimated that passengers should perhaps receive a small amount of opium, to prevent such altercations in future.[120] Whilst Longden's suggestion, in practice, was largely inconsequential, given that only one more vessel (the *Dartmouth*) would arrive bearing Chinese immigrants to the colony, it nevertheless neatly exemplified the ruptures that continued to shape official attitudes and responses towards migrant opium use. Indeed, as late as the 1870s, it seems that officials were still undecided about whether to provide intoxicants to passengers in the habit of using them. In turn, this seemed to reflect both differing attitudes towards the consequences, and thus need to control, migrant opium use, as well as differing opinions about the, on balance, beneficial outcomes of providing opium to those in the habit of using it.

[118] TNA, CO 384/104. F. W. Murdoch to the Earl of Kimberley, 5 February 1874.
[119] TNA, CO 384/103. British Guiana; Immigration Agent Reports on the Ships *Sir Henry Lawrence*, *Hyderabad*, *Pandora*, *Disafore*, *Corona*, *Clyde*, *Surrey*, and *Neva*, 5 May 1874.
[120] Ibid.

Opium in Maritime Medicine

A further, and final, complication posed by opium during the voyage overseas was its wide-ranging use in contemporary medicine, as well as the potential this posed for therapeutic consumption devolving into habituation. As noted by Dikötter et al, opium has many beneficial pharmacological properties, acting as 'a respiratory depressant, an antitussive, an analgesic, an antispasmodic, and a febrifuge.'[121] In consequence, Berridge has suggested that it was perhaps easier to list the diseases that opium was not used to treat in nineteenth century, given just how extensive its use in contemporary medical practice was.[122] This trend proved no different in the case of contemporary maritime medical, with several opium and opiate-based compounds furnishing the medical chests of contemporary surgeon-superintendents.

[INSERT TABLE 1.1 HERE]

As indicated by the scale of medicines provided in Table 1.1, emigrant vessels by the carried no less than 5 different forms of opium/opiate-based remedies. Aside from raw opium and laudanum (a tincture of opium dissolved in alcohol), as well as morphine, medical chests also contained several opium-based preparations such as Dover's Powder and Jeremie's Opiate. Per John Savory's contemporary *Compendium of Domestic Medicine*, Dover's Powder was a mixture of opium and ipecacuanha (an emetic), 'a mild and safe opiate for children', used in the treatment of rheumatism, gout, dropsy, diarrhoea, dysentery, and fever.[123] Similarly, Jeremie's Opiate was

[121] Dikötter et al, *Narcotic Culture*, 63.
[122] Berridge, *Opium and the People*, 66.
[123] Savory, *Compendium of Domestic Medicine*, 53-4.

another, milder opium-containing preparation, not as 'disturbing to the nervous system or diminishing secretions', also used in the treatment of rheumatism, diarrhoea, cholera, influence, and common cold.[124] In addition to these patent preparations, the scale of medicines also included an appended set of instructions for the compounding of so-called 'cholera pills', containing ingredients such as chloride, opium, and camphor.[125] These were akin to the cholera pills included in Edward Waring's compendium of bazaar medicines from India, which were composed of 'Black Pepper, Asafoetida, and Opium.'[126]

The example of cholera pills serves as a neat segway into explaining why opium was so commonly used in maritime medicine: its effectiveness in the treatment of the endemic diseases such as cholera. As the accounts of numerous surgeon-superintendents during the nineteenth century make clear, cholera, as well as other gastro-intestinal disorders such as diarrhoea and dysentery, were the scrouge of, particularly Indian, emigration. The extent of the threat to emigrant life posed by cholera is in turn made clear by the mortality statistics compiled by Shlomowitz and MacDonald. Between 1876/7 and 1889, for example, Shlomowitz and MacDonald cholera represented 12% of the total mortality sustained on Indian migrant voyages, dropping to 11% for the period between 1890 – 1899. Coupled

[124] Ibid., 113.
[125] Ibid., 131
[126] Waring, *Remarks on the uses of some bazaar medicines*, 90

with diarrhoea and dysentery, this figure jumped to 37% of the total mortality between 1876/7 to 1889, and 26% between 1890 – 1899.[127]

Whilst there were seasons in which cholera was epidemic, as attested to by the epidemics which hit Mauritius in 1854 and 1856, it's important to stress that cholera was a disease which seemed to persistently blight the voyage overseas.[128] As table 1.2 demonstrates, for instance, voyages leaving Calcutta for Mauritius, British Guiana, and Trinidad, between 1871 and 1880, consistently reported instances of mortality stemming from cholera, suggesting that the disease was somewhat of a perennial issue of surgeon-superintendents.

[INSERT TABLE 1.2 HERE]

This was matched by a similar consistency in the reporting of cholera outbreaks during the lifespan of Indian immigration. As early as the voyage of the *Hesperus*, in 1838, Theophilius Richmond's journal lamented the discovery of ' genuine Indian Cholera … of its most aggravated [shape]' shortly after leaving India.[129] By the end of the voyage, Richmond noted that 11 had died for the disease, remarking upon the deadliness of 'its brief but fatal visitation.'[130] Some 20 years later, Captain Swinton similarly noted that, as of 3rd May, 1858, seventy had died from cholera onboard the *Salsette*, leading him to remark that it was 'a dreadful

[127] Shlomowitz & MacDonald, 'Mortality of Indian Labour', 50-2.
[128] For more on the consequences of this epidemic for Mauritius, see *Report of the Probable Causes of Cholera in Mauritius, 1856*.
[129] Richmond, *The First Crossing*, 92.
[130] Ibid., 92.

mortality.'[131] Finally, it seems that cholera continued to blight voyages from India long into the final quarter of the nineteenth century, as indicated by Dr Robert Lawson's comments on Indian emigration to Fiji. Per an enclosed memorandum from Dr Bolton Corney, the chief medical officer of the colony, it was noted that four of the nine vessels to depart for Fiji in 1882/3 had suffered from outbreaks of cholera. The most extensive of these was on the voyage of the *Poonah*, which experienced 54 cases of cholera between April 7th and May 12th.[132]

The point of all this is to say that cholera remained a constant threat to migrant life throughout the nineteenth century, forcing surgeon-superintendents to take often drastic measures to treat the disease. As noted by Berridge, however, there was no effective 'cure' for many conditions throughout much of the first half of the 1800s, with contemporary doctors slow to adopt intravenous saline injections – as pioneered by Dr William O'Shaughnessy - as a specific treatment for cholera.[133] Consequently, Dutta notes that treatments for cholera throughout much of the nineteenth century were akin to 'tragicomedy,' including procedures such as electric shocks, hot and cold baths, and even the pumping of air into the body through the anus.[134] The administration of opium, then, was by no means the most far-fetched.

Opium, of course, was not a 'cure' for cholera, nor was it for other gastro-intestinal disorders such as such as diarrhoea or dysentery. As Dutta notes, cholera is

[131] Swinton, *Journal of a voyage with coolie emigrants*, 52.
[132] Lawson, 'Remarks on Outbreaks of Cholera', 102; 103.
[133] Berridge, *Opium and the People*, 66-7.
[134] Dutta, 'Cholera, British Seaman, and Medical Anxieties', 318.

a bacterial infection contracted from infected faecal matter, best treated by replacing the electrolytes lost through persistent vomiting and diarrhoea.[135] The administration of opium was, however, liable to have two potentially beneficial effects in treating cholera. In the first instance, its efficacy as an analgesic *par excellence* likely helped to ease some of the extreme abdomen pains experienced by those suffering from cholera. Opium also acts as a powerful astringent, constricting the bowels and thus reducing the loss of electrolytes through excessive defecation. In short, opium helped to effectively manage some of the most severe symptoms of cholera. As a result, surgeon superintendents frequently noted their reliance on opium as one of the few, effective treatments in their arsenal. During the infamous voyage of the *Salsette*, for instance, Swinton's diary noted the calls of the vessel's surgeon, John Dyer, to stop at St. Helena, in order to stock up on supplies essential to the treatment of the 'Coolies' complaint' - 'chalk powder and laudanum'.[136] Similarly, Mouat's investigations into the mortality that had blighted the 1856/7 season, noted the calls of Dr Shier, the surgeon aboard the *Wellesley*, to increase the amount of opium provided in the scale of medicines. Whilst noting that 'in ordinary circumstances, the amount now allowed is ample,' Mouat suggest that, 'as a measure of precaution', the amount of solid opium carried should be doubled.[137] This demonstrated just how reliant of surgeon-superintendents were on opium, as one of the few effective treatments for cholera.

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[135] Ibid., 318.
[136] Swinton, *Journal of a voyage with coolie emigrants*, 9.
[137] HCPP 1859 [31] *Correspondences between Colonial Office and Governors of W. Indian Colonies and Mauritius, with respect to the Condition of the Labouring Population and Supply of Labour*: Report on the Mortality of Emigrants Coolies on the Voyage to the West Indies in 1856-57, 445.

Not everyone, however, proved as convinced about the efficacy of opium as a treatment for cholera. On the one hand, some noted that opium often appeared ineffectual in managing the disease. During the voyage of the *Oasis*, for instance, Pearse noted his relief in stopping the conventional treatments of 'acetate of lead and opium, sulphate of copper, catechu, etc.,' finding more success in giving 'potatoes, and mutton' as well as some of the '1000 lemons' obtained after docking at the Cape of Good Hope.[138] Similarly, Shaw noted that his use of the recommended treatments for cholera - 'early small doses of opium, then acetate of lead and dilute sulphuric acid' - ultimately proved to have 'little effect on the progress of the disease.'[139] One the other hand, some increasingly cautioned against the use of opium, suggesting that its administration did more harm than good. In an appendix to an official manual for surgeon superintendents, for instance, a Mr MacDonald, the surgeon aboard the *Utopia*, warned against the excessive use of narcotics and sedatives in the treatment of Indian immigrants. Specifically, MacDonald recommended that 'care should be taken not to give medicine in large doses,' recommending that two-thirds of the dose usually given to Europeans 'is quite sufficient for these people.'[140] By contrast, Sir William Moore's treatise on the diseases of India noted that 'the practice of giving Opium in large doses is one I cannot recommend' in the case of cholera.[141] Beyond failing to 'understand how its

[138] Pearse, *Notes on Health in Calcutta*, 85.
[139] Shaw, 'Cholera on Board Ship', 1164.
[140] *Instructions to Surgeons Superintendents* (1866), 79.
[141] Moore, *The Diseases of India*, 169.

action can benefit cholera,' Moore added that in large doses, it was hard to know 'if the disease or the remedy kills the comatose patient.'[142]

Whilst the above cases clearly demonstrate the uncertainly that surrounded even the medical use of opium, they also raise another, fundamental issue – the difficulty of distinguishing between recreational and medicinal opium use. In the first instance, one wonders how much of the opium use reported, or indeed left unreported, by colonial observes was at least nominally medicinal. As primary and secondary sources make clear, opium was extensively used by both the Indian and Chinese population in much the same way as Berridge describes its amongst the urban and rural poor of nineteenth-century Britain.[143] In India, for example, Dey's *Indigenous Drugs of India* noted the Royal Commission on Opium's findings that the drug was 'commonly believed to be a prophylactic against malaria, rheumatism, diabetes, endemic diarrhoea, cholera, and dysentery…[144] Similarly, Dikötter et al argue that the chief motive for opium smoking in China was often self-medication, with preparations such as poppy soup being used to treatment diarrhoea in Sichuan from as early as the Song Dynasty.[145] Beyond the simple fact that many were, perhaps, simply consuming opium to treat the same diseases as surgeon superintendents, there is also the attendant question of whether these treatments – self-administered or otherwise – eventually resulted in habituation.

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[142] Ibid., 169.
[143] Berridge, *Opium and the People*, 21-38.
[144] Dey, *The Indigenous Drugs of India*, 227.
[145] Dikötter et al, *Narcotic Culture*, 63; 64.

As Berridge reminds use in the case of Victorian Britain, many of the cases of 'addiction' increasingly cited in the last quarter of the nineteenth century were iatrogenic (i.e., resulting of treatment).[146] Whilst this was especially true in the case of morphine, there is a possibility that habituation to opium similarly emerged out of the treatments either self-administered, or administered by surgeon superintendents. There is certainly precedent for this in the cases of opium smoking in both India and China. In China, for instance, a 39 year old mate upon a trading-vessel in Amoy noted that he had one day suffered from a disease of the heart, and begun smoking opium as it was 'beneficial as a relief from the pain.'[147] Similarly, in India, a 30-year-old lascar called Sheik Abdul Sheik Rehman noted that he initially took opium as a treatment for dysentery, after the medicine first given to him by his doctor 'did not do me any good.'[148]

In summary, then, the use of opium in contemporary medicine raises several questions about the motives assigned to opium consumption amongst passengers. In the first instance, it possible that some, if not a small majority, consumed opium in some form of medicinal capacity, to treat illnesses – such as dysentery or cholera - that might have otherwise disbarred them from embarkation. It might have also been used to alleviate the pain of conditions such as rheumatism. In this sense, self-medication, via opium, may have been an example of patients taking their health into their own hands. Moreover, it is also possible that those who survived the often-

[146] Berridge, *Opium and the People*, 153.
[147] Smith, *A Narrative of an Exploratory Visit, 384*.
[148] Jehangir, *Lives of Bombay Opium Smokers*, 1

extreme remedies employed by western medical authorities might have become dependent upon opium as a result. In this sense, western medical practices might have, paradoxically, helped to create the very dependency on opium which some had sought to exclude in the first place.

Conclusion

The issues posed by migrant opium use during the voyage overseas effectively foreshadowed the complications later faced by colonial officials in trying to manage opium use amongst the labouring population. In the first instance, a number of officials involved in both Chinese and Indian emigration actively called for the exclusion of opium consumers from embarkation. This, it seems, was on the grounds that opium use presented an additional source of mortality during the already fraught voyage overseas, as well as questions about the efficacy of opium consumers as labourers once they arrived in their colonies of destination. Even ardent critics of migrant opium use such as T. W. C. Murdoch, however, acknowledged the insurmountable of efforts to exclude opium consumers from embarkation.

Beyond logistical impracticalities, there was also a strain of medical thought which argued – conversely – that the provision of intoxicants helped to maintain, rather than undermine, the health of migrants. Whilst it is unclear if the provision of intoxicants ever became an official policy, as suggested by the likes of officials such as Robert Bakewell, individual surgeons – such as Pearse and Rakeem – clearly took it upon themselves to provide intoxicants to passengers. This is to say nothing of the contemporary reliance on opiate-based compounds in contemporary medicine, for

the treatment of life-threatening diseases such as cholera, and the possibility that were, or had been, taking opium to manage the symptoms of these diseases. In short, the complicated place of opium use during the voyage overseas helps to partially explain why opium use came to arrive in various British colonies in the first place.