## 'Insanity caused by...': Cannabis Consumption and Colonisation

by Lydia Housley

MHBI = Medical History of British India corpus.

## I. Introduction

It is often overlooked that cannabis has a long and fascinating history which is by no means isolated to the drug culture of the modern world. In nineteenth-century India, cannabis was known as 'ganja', and its use was widespread. Ganja is discussed heavily in the files that make up the Indian Hemp Drugs Commission (hereafter IHDC) of 1893.

This investigation, commissioned by the House of Commons, gathered evidence from 1,100 British and Indian eyewitnesses and aimed to collect information about the hemp plant, its uses in India and whether the consumption of hemp as a drug was harmful or beneficial to the population (Borere, 'Indian Hemp Drugs Commission').

The use of hemp/ganja was an established practice indigenous Indian medicine before colonisation and was known for its medical benefits such as its use by vadiyas (practitioners of indigenous Indian medicine) to dull pain and relax the body (Arnold, *Colonizing the Body*, 179).

When looking at the medical uses of ganja, it seems to have many benefits, however, the IHDC reports tell a different story. There are strong negative associations with ganja in the report and when we analyse the records as a POS-tagged corpus, we see words such as insanity, idleness, and violence in connection with ganja, which are a huge contrast from the

medicine benefits Indians knew it to have. Why does this difference in opinion exist?

## II. Analysis

To begin, a look at the etymologies of the words 'ganja' and 'hemp' is helpful. 'Ganja' is a Hindi word which is Sanskrit in origin, it refers directly to cannabis and was used widely during the late nineteenth-century, it is interchangeable with 'hemp' and 'hemp drug', though the specific definitions have changed in the modern day (McGregor, Oxford Hindi-English Dictionary, 261). 'Hemp' finds its origins in Old English and as such, is imbued with colonial associations when it is read in contrast to 'ganja' (OED Online). 'Ganja' is used more frequently in the IHDC reports themselves, with a combined total of 16,583 occurrences, whereas 'hemp' only appears 5,178 times.

This seems odd, when the title of the report uses 'hemp drugs' rather than 'ganja'. There seem to be two different perceptions of the drug here: 'ganja' (the Hindi term) is connected with the negative stereotypes of the drug, whereas 'hemp' (the Old English term) appears more civilised and western, and therefore suits the title of a government report. Small-scale colonisation is at work here: Western perceptions of the drug's use were projected onto a society which had used it beneficially for hundreds of years.

Now we can move on to direct analysis of the corpus itself. The goal for my searches was to investigate what adjectives or characteristics were associated with those who smoked ganja. The search term 'ganja\_\* smoker+\_\*' yielded 397 results. To see a smaller selection, I filtered the search results to find the most common words which preceded this phrase, two of which were 'excessive' and 'habitual'. I searched for both these terms and obtained 23 results for 'habitual\_\* ganja\_\* smoker+\_\*' and 5 results for 'excessive\_\* ganja\* smoker+\_\*'.

Out of the 23 results for habitual smokers, four witnesses noted ganja smokers to be inclined to crime, five noted the ill-health ganja can cause, two noted licentiousness or immorality, and one noted insanity. Some associations with crime are grounded in factual evidence, one witness notes: 'out of 21 on the active list of criminals in the Vizianagram town, 15 are habitual ganja smokers and opium eaters or smokers. These men commit thefts and house breakings, though not of a serious nature' (MHBI, 74908463). However, others are strongly stereotypical in nature: 'Excessive use may lead to crime. When a man is a habitual ganja smoker and he has not got money to purchase it, he may likely commit theft.' (MHBI, 74908463). Ganja addicts are generally characterised as being in ill-health, being prone to criminal activity and more likely to succumb to insanity and immoral activity.

Next, I moved on to examine insanity specifically in association with ganja. Here, I split the 8 IHDC files from the full corpus of 468 files to compare the results of the search term 'insantiy\_\* caused\_\* by\_\*'. In both cases, the most common recorded cause of insanity is ganja consumption, by a large margin. This search term, admittedly, does not show us all the instances of insanity in the records. What it does do, however, is show that there is a dominant and pervading connection made between ganja use and insanity.

Directory Name	No. of Files	<pre>Hits for 'insantiy_* caused_* by_*'</pre>
Report of the Indian Hemp Drugs Commission 1894-1895	8	21 (19 refer to ganja consumption)
Medical History of British India	468	62 (59 refer to ganja consumption)

The next step in this analysis is to examine the sentence that surrounds each phrase. Here, I found that many of the medical professionals who gave evidence had never seen cases of insanity caused by ganja themselves but merely heard of them having occurred. Also, some cannot differentiate between insanity caused by alcohol or other drug use and ganja consumption. Here are some examples:

- 1. 'No case of actual insanity caused by these drugs has come under my immediate observation.' (MHBI, 74462703)
- 2. 'I do not think I can differentiate between insanity caused by alcohol, ganja, or opium.' (MHBI, 74462706)
- 3. 'I can not say whether it is possible to differentiate between intoxication and insanity caused by the hemp drugs, except in the matter of duration of the attack.' (MHBI, 74908473)

How did these negative stereotypes come about? When we look to the space of the colonial asylum, we may be able to find the answer. Asylums were institutions set up during the process of colonisation, and as such were based on western ideas of medical health (Mills, Modern Psychiatry in India, 334). Some individuals admitted to asylums for insanity were also ganja smokers. As the asylum was the only real point of context between British healthcare professionals and ganja users, the stereotype of insanity followed. Negative characteristics of ganja smokers, then, stemmed from westernised approaches to mental health care in colonial India.

## III. Conclusion

The IHDC eventually concluded to not criminalise the use of ganja in India. However, an analysis of their findings using POS tagged close-reading shows a deeply negative perception of ganja users in British India, and even though the commission reports do mention that the drug can be beneficial for pain relief and digestion, the negative stereotypes of the smokers prevail. At first glance, it seems that ganja had negative effects on those who smoked it, however, as previously mentioned, it had long been used by native Indians for medicinal purposes. There is somewhat of an absence in the

medical papers corpus then: the general characterisation of ganja does not reflect its uses in Indian society. The impact of colonialism is clear here. Western ideas of what constituted good health were projected onto the Indian population, which has negative effects on its most vulnerable. The perception of ganja as negative led to a controlling desire to investigate and potentially prevent its use in India, this would have been a form of cultural erasure in a system of established medical practice which long predated British rule in India.

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