

**Drug-related activity in the United  
Kingdom of Great Britain and  
Ireland between 1900 and 1922:  
What evidence can be found through  
systematic searches of  
*The Times* Digital Archive?**

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**Abstract**

Much has been written about drug-taking during the nineteenth century, particularly in relation to opium. However, the early twentieth century has received considerably less attention, despite being a crucial period in the history of drug-taking within Britain. During 1916, the Defence of the Realm Act Regulation 40b made it an offence to supply or to possess particular drugs without authorisation. This was a fundamental shift in government thinking that presaged the modern era in which the legal status of particular drugs continues to be an issue of public debate.

Previous research focused on changes in the law and analysed the relationships between key individuals and influential groups with an interest in drug control. In part, this reflects the significance of the decision to alter the law but also the lack of available evidence concerning drug-takers of the era. This study seeks to address this gap in understanding and develops a new perspective on drug-taking, that of the participants.

The study developed an innovative and, at times, speculative approach to tracing drug-takers of that era. This led to the use of articles from *The Times* identified from systematic searches of *The Times* Digital Archive. These articles by their nature were mediated accounts of drug-related activity but no other source could offer such a range of drug-takers over the selected time period (1900-1922). Furthermore, the large number of articles identified meant that it was easier to detect press influences and take these into account when

analysing their content. The wealth of information that emerged from the articles was beyond initial expectations and led to an additional piece of analysis concerning the geographical spread of drug-taking activity within the period.

Although the evidence did not allow the development of many in-depth accounts as had been the intention at the outset, it did provide insight to particular aspects of drug-taking activity. For example, the collated information regarding female participants suggested specific behavioural traits that possibly made female consumers harder to detect compared to their male counterparts.

Drug-taking among military personnel and the operation of supply networks were other aspects illuminated by the articles. An association emerged between military conflicts and increased drug-taking by military personnel. It indicated, too, that periods of conflict could have implications for domestic prevalence from the cessation of hostilities. Geographical analysis illuminated the supply networks both in terms of drug procurement and relationships between drug-takers within their areas of settlement. Furthermore, some of the areas associated with drug-taking during the early twentieth century remain linked to drugs in the present day raising questions about how and why specific areas might become drug hot-spots.

Further research arising from this thesis would involve the replication of the method during the later period, 1923 to 1950. This period would allow the female narrative of drug-related activity begun by this thesis to be developed further and to establish whether the First World War was a unique period for female participation or whether their participation evolved. Similarly, considering the articles from this later period could help illuminate further the subsequent spread and operation of supply networks. Replicating the method would also test whether it is transferable to other periods or whether changes to reporting style made the method era specific.

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*The Times* Digital Archive is central to this study but it was a local newspaper, *The Bournemouth Daily Echo* that led me to another key source, the Pars collection. This illustrates how newspapers are not only history's first draft but effective signposts for future generations that need preserving. I would like to thank *The Bournemouth Daily Echo* for permitting the use of their photograph of Pars & Co Ltd., Bournemouth – a retailer I know remains in the memories of many older Bournemouth residents.

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## **Definitions**

### **United Kingdom of Great Britain and Ireland**

Within this thesis the term Britain is used to denote a geographical area then known as the United Kingdom of Great Britain and Ireland. Prior to the formation of the Republic of Ireland, during 1922, all of Ireland had been under British sovereignty. Hence, within this thesis any Irish-born drug-takers are not counted as foreign nationals.

### **Drug-taker**

The articles indicated a range of terms to describe a person who self-regulated their consumption of drugs such as ‘opium eater’ or ‘drug habitée’. Some terms were more common during different periods. However, the most common term throughout the period was ‘drug-taker’ and it is this term that is used within this thesis.

### **Morphine/Morphia**

The word morphia appears within quotations from the period as this term was in common usage then. In the present day, the term morphine is commonly used and thus any reference to the drug within the text adopts the modern form of the name.

## Chapter 1. Introduction

### Overview of the thesis

The inspiration for this thesis came from a desire to explore drug-related activity within Britain during the early twentieth century. The period particularly attracted my attention because it became an offence during 1916 either to possess or to supply particular named drugs. This was a fundamental change in government thinking, the impact of which continues to be experienced in present-day Britain. Additionally, a review of the existing literature about drug-taking demonstrated two things. First, that compared to the nineteenth century, the literature was limited and the twentieth century seemed a neglected period. Second, that existing literature concerning drug consumption during the era appeared, at times, to lack coherence when contrasted with the literature discussing public consumption during the nineteenth century. In addition, the lack of research since the late 1980s made it timely to explore whether it might be possible to illuminate further this period in the history of drug-taking within Britain.

Accounts of drug consumption during the nineteenth century differed distinctly from those of the early twentieth century. Nineteenth century accounts suggest the public self-regulated their consumption of opium and laudanum in a range of settings including recreational periods when these substances were additives to alcoholic drinks (Berridge 1999 and Robson 1999). Furthermore, across society people ‘experimented’ with substances and developed an appreciation of how certain drugs could resolve specific personal needs, for example, infant doping using opium. However, accounts of the twentieth century frequently only associate parts of society with self-regulated consumption. For example, Berridge suggests during the early twentieth century drug consumption was not comparable to modern practices and was “still an incidental part of wider literary, artistic, and upper-class interests”, (1988, p.52) and that “most

regular opium using customers, those who could be defined as addicts, were elderly” (1984, p.18).

Berridge (1999) argues a cultural change was underway in relation to drug consumption. However, this transformation involved only parts of society progressing into ‘modern recreational use’ while others either did not, or maybe withdrew from self-regulated consumption. Although Berridge believes the elderly were associated with regular consumption, she does not address the preferences of the younger population or consider whether the young may have learnt to be more discreet or even switched their consumption to the new drugs entering the market. Given British society’s long and evolving relationship with drugs (Robson 1999), it did not seem entirely plausible that public participation in regular or recreational consumption would transform so much by the early twentieth century. Thus, the study initially set out to discover more about drug-takers of the early twentieth century (1900 to the early 1920s) and evaluate whether, indeed, drug-taking did become limited to particular sections of society. The study specifically considered those drugs discussed within the literature namely opium, laudanum, cocaine, heroin, veronal and morphine.

### **Defining the nature of the research**

Within this study, newspaper articles concerning individuals involved in drug-related activity are used to try to illuminate the history of drug-taking during the early twentieth century. This approach developed from the collective influences of two groups of historians that both emerged during the twentieth century: the Annalists and the British Marxist Historians. Chapter 3 summarises their work but, in essence, the innovative thinking of the Annalists led them to explore sources in different ways, using methods from other disciplines. The British Marxist Historians shared a similar purpose with the Annalists and sought to write ‘history from below’, focusing upon the daily experiences of individuals who were ‘missing’ from elite accounts of the past but the former focused

particularly upon popular culture. Furthermore, one British Marxist Historian, Hobsbawm (2009) suggested the period 1870 to 1914, which overlaps this study, was a time when many social identities formed. The presentation of this thesis reflects its historical influences and includes footnotes throughout.

The literature review highlighted potential sources and helped to identify specific limitations to their use. A key conclusion was that enriching the current understanding of drug-taking during the period would require a research process that adopted an innovative and, at times, speculative approach to exploring the sources. Chapter 3 describes how the potential sources defined the research strategy and the emergence of *The Times* Digital Archive as the principal source.

Chapter 4 details the construction of the search strategy, its application to *The Times* Digital Archive and the subsequent management of the retrieved articles. The initial intention was to extract particular personal details from the articles, collate them and develop a profile of drug-taking activity within the period. However, modifications to the original research strategy occurred due to the wealth of information extracted from the articles. Chapter 5 outlines how the content of some articles enabled the preparation of seven individual accounts. Emerging themes from these accounts subsequently helped structure the analysis of the remaining articles. Furthermore, the articles contained considerable geographical information, not anticipated at the outset, which led to additional analysis. Chapters 9 and 10 describe the geographical analysis and the identification of areas where drug-related activity appeared to cluster.

The study illuminated three particular aspects of drug-taking during the early twentieth century:

1. Female participation in drug-related activity.
2. Drug-taking by military personnel during periods of conflict.
3. The operation of supply networks within Britain.

These aspects have until now received little or no attention. For

example, within the current literature, there are few references to either drug-taking among military personnel or the operation of supply networks. Although there is more discussion of female drug-taking, this study offers a different perspective as it considers how females actively engaged with drug-taking. Previous research has instead discussed how the image of the female drug-taker was a device in contemporary narratives to generate debate on the many social changes within the era. For example, some females gained the right to vote, enabling them to exert political influence for the first time.

Possibly the lack of twentieth century research into drug consumption reflects the introduction of legal penalties for participants. The illegal nature of the activity presents difficulties for researchers, particularly with sampling (Hartnoll et al. 1985, Faugier and Sargeant 1997, and Jacobs 1999). Indeed, within the literature there are claims that successive British governments have devised policy with only very limited knowledge of the domestic situation (Sutton and Maynard 1993).

The thesis potentially contributes knowledge in three ways. The first two contributions further understanding of drug-taking and the third relates to methodology and specifically the use of *The Times* Digital Archive. In terms of drug-taking, the study illuminates and enriches current thinking regarding this important period in the history of drug-taking within Britain. As highlighted earlier it introduces new aspects, such as how drug-takers may have accessed drugs and how the supply network operated. The second potential contribution made by the study is to aid the development of current research. As previously stated, throughout the twentieth century drug-taking activity has received very limited research attention. Recent literature has highlighted some of the gaps in current knowledge, including female drug-taking activity (Denton and O'Malley 1999) and the operation of both local and regional drug markets within Britain (McSweeney et al. 2008). The findings from this study point to particular features that demonstrate similarities to



modern findings. Therefore, potentially this study could facilitate a better understanding of the ‘missing’ aspects of drug-related activity within Britain today and thus assist with developing future insightful research.

The methodological contribution that this thesis makes relates to the use of *The Times* Digital Archive. The research process enabled a greater understanding of how the electronic archive operated and built on previous published work on electronic searching of newspapers. Furthermore, the recent large increase in the number of electronic archives has given researchers greater access to sources. However, the reliability of the search engines<sup>1</sup> used by electronic archives has received little research attention making this study of importance.

### **The research strategy**

As emphasised previously, drug-takers usually wish to conceal their participation. Therefore, few primary sources have captured past activity and those that have relate to specific groups such as those seeking treatment. This issue had a significant influence upon how the research strategy evolved. Early immersion in the historical literature also made a significant contribution to how the research strategy evolved. The more descriptive style of the literature review in Chapter 2 reflects the importance of understanding particular features of the period before analysing the source evidence.

### **Accessing sources of evidence**

A key issue for the research, considered within Chapter 3, was the identification of a secondary source that provided personal information about drug-takers living during the period. Each of the potential sources presented difficulties. For example, inquest records

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1. Search engines are programmes that search documents for specified keywords and then return a list of the documents where the keywords were found. A search engine is really a general class of programmes, however, often the term is used to specifically describe systems like Google, Bing and Yahoo! Search that enables users to search for documents on the World Wide Web, however, a more appropriate term for these search engines is Web Search Engines. (IT Business Edge 2012).

have a 100-year closure placed upon them so this source could not provide records for the entire period. Another possible source was contemporary pharmacy records (Anderson and Homan, 1999 and Slocombe 1996) but further investigation found they conveyed only limited personal information. Only newspaper articles appeared to offer both the type and scale of information that the study required. Furthermore, the literature search indicated content analysis of newspapers had helped explore topics such as death or a specific criminal act (Peelo et al. 2004, Danson and Soothill 1996 and Prior 1989). Although *The Times* became the principal source, use was made of supplementary sources such as pharmacy records and published oral histories. The latter particularly aided periods of reflection upon the evidence.

Since the 1980s, when the bulk of research into early twentieth century drug-taking occurred, electronic searching of newspapers has become possible. Potentially, the development enables the identification of large numbers of relevant articles in a fraction of the time required for traditional index searching. The literature discusses technological advances in newspaper searching and considers the use and reliability of such technology compared to index searches (Pearson and Soothill 2003). However, since the publication of these articles, further advances have occurred and now *The Times*, the focus of previous reliability studies, is available to search on-line. Incorporating this development into this research therefore builds upon previous methodological work. Thus, this thesis contributes knowledge concerning the reliability of this particular search engine for research purposes.

During the development of the search strategy, the value of prior immersion in the historical literature became apparent as it helped identify search statements specific to the era such as ‘opium eater’ or ‘morphia fiend’. When applied to *The Times* Digital Archive the search strategy produced a total yield of 1,737 and within this a precision of 863. After closer review and the removal of any duplicate references, 359 articles met the inclusion criteria for the

study. To be included, articles must report upon a specific drug-related incident within Britain that involved one or more individuals. Some retrieved articles did not meet the inclusion criteria but their content provided interesting background information. Thus, it seemed appropriate to retain these articles for later consideration.

### **Management of the included articles**

The volume and range of information held within the 359 included articles initially caused concerns that some of the evidence might be lost or missed. There were several attempts to organise the content of the articles before identifying an effective approach structured around the inclusion criteria (see Appendix A).

The initial intention was to extract particular information from each of the articles and collate it within a spreadsheet. However, the volume of tabulated evidence was great and the analysis needed a structure. A discussion by Stake (1998) regarding the use in qualitative research of the collective case study approach provided the inspiration to develop a means of analysing the articles. Seven drug-takers appeared within a series of articles. The content of these articles offered richer evidence that enabled the preparation of an account of their drug-taking behaviour. These individual accounts appear in Chapter 5.

The development of individual accounts and their subsequent analysis proved very useful as it helped develop three initial themes. These provided a context for the analysis of the remaining articles. The content of each spreadsheet underwent a process of analysis, which sought to compare the differences, similarities and unusual features within and across the extracted items. An adaptation of a technique referred to in the historical literature as 'reading against the grain' (Evans 1997) was utilised too. This process meant that rather than focusing upon the large number of male arrestees for drug-related offences consideration should instead centre upon why there were so few females arrestees. The analysis demonstrated that there was further evidence that could develop the initial themes.

Greater familiarity with the articles indicated they contained a wealth of geographical information about incidents. Out of this discovery evolved a completely new type of analysis. This indicated that within London, there were specific areas where drug-taking incidents appeared to cluster. These clusters appeared to share some common features and it was possible to detect change within these clusters from around 1919. The geographical information was able to suggest also that certain geographical features, such as tube stations and railway links might have been crucial to the functioning of the supply networks within the capital and around Britain. Particular stations or locations, some of which seemed unlikely choices, appeared specifically chosen suggesting that by the early 1920s the supply networks within, around and through Britain were well organised. The identification of two specific geographical areas where cocaine entered Britain during the early 1920s suggests there were probably several major trafficking groups operating within Britain. Overall, the evidence also hinted that by the 1920s an integrated global market in illicit drugs existed. The geographical analysis is the focus of Chapters 9 and 10.

### **Limitations of the research**

The illicit nature of drug consumption means that many of those who participated sought anonymity. Hence, in comparison to other topics, historical research into drug consumption is much more difficult. Therefore, although newspapers are mediated accounts, shaped by what individuals chose to tell reporters and what in turn, reporters chose to write, the articles do offer a rare window into the past. Despite their limitations in terms of potential content inaccuracies or editorial bias, they offer an opportunity to identify some of the long forgotten drug-takers. The focus upon law reports attempts to overcome some of these limitations. The assumption was that law reports would aim to inform readers accurately and without prejudice about current legal proceedings. Furthermore, those written about might have called upon court records if they felt misrepresented,

although such action would have been limited to those cases involving individuals able to afford such redress.

Another step taken to address the limitations of the articles was the use of other sources, in particular the pharmacy records from Pars and Co. Ltd., Bournemouth. The content of the Pars records and the articles demonstrated some common features. This suggests that the overall portrayal of drug-taking drawn from the articles might reflect in some way the experiences of drug-takers within the period. Oral histories and statistical analysis of pharmaceutical production found within the current literature provided other points of reference that indicated similarities with the findings of this research. Such resonance with other sources and research suggests that despite their potential limitations, newspapers can offer a valuable window into the past.

## **Chapter conclusion**

Collectively, the content of the articles helped to develop a richer understanding of three specific aspects of drug-related activity:

1. Female participation in drug-related activity.
2. Periods of conflict and an increase in drug-taking among military personnel.
3. The operation of drug supply networks within Britain during the early twentieth century.

## **Female participation in drug-related activity**

Analysis of the articles indicated that the behaviour of female drug-takers differed from their male counterparts. However, the difference appeared less apparent as the age of the male drug-takers increased. Specifically, female drug-takers appeared to have a different pattern of consumption, showed greater sensitivity to market change and demonstrated more caution when procuring drugs. These traits meant females were more likely switch drugs in response to market changes and preferred trading in closed markets. The indication that female drug-takers adopted methods of procurement that increased

anonymity could be significant for modern day research into dealing. For example, females make greater use of social networking sites (Hoffman 2008) which can offer anonymity. Therefore, the internet could be a likely place for females to make drug-dealing transactions for delivery by post.

In addition, how females consume drugs seems to increase their ability to conceal their involvement with drug-taking. Thus, female-dominated markets potentially are much more resilient to detection. Furthermore, the content of some articles suggests that society might not always recognise female involvement in illicit drug activity. Possibly, the traits in consumption and procurement noted above mean female activity is less apparent and so creates a general perception within society that drug activity is male-dominated, as argued within recent Australian research (Denton and O'Malley 1999).

Within this study, there is some indication, too, that male drug activity tracks female activity. Possibly, the greater market sensitivity of females means their consumption behaviour alters first. Therefore, closer monitoring of female activity might help anticipate future male activity.

The evidence suggests that it is possible, in particular circumstances, for females to become more visible. The social and economic conditions of the First World War appeared to make female drug-takers more vulnerable to detection because their strategies for procurement were not as sustainable. Further research into female engagement with supply networks could indicate whether this was a unique event or if a particular combination of circumstances increases the chance of female detection.

### **Drug-taking by military personnel during periods of conflict**

The analysis of this era (1900-1922) detected a trend in drug-taking seemingly associated with conflict. During the years immediately following both the Boer War and the First World War, reports concerning drug-taking veterans appeared. One explanation for this

might be the introduction of modern warfare techniques. Possibly, the new equipment gave soldiers a different perspective of battle, which they found more challenging. For example, machine guns reduced the likelihood of one-to-one engagement and had the potential to generate a large number of casualties within a shorter period. Therefore, the introduction of mechanised warfare possibly made exchanges between opposing sides more frenzied and difficult to comprehend. The content of several articles and published oral testimonies (Palmer and Wallis 2004) support the theory that drugs assisted military personnel using modern warfare techniques. Furthermore, the slight increase in positive drug tests among military personnel since the start of the conflicts in Iraq and Afghanistan, seems to indicate further research into periods of conflict and drug-taking within the military may be of value.

### **Supply networks**

The current literature does not consider the supply network within Britain during the period. However, this research was able to use the content of the articles to sketch an outline of supply activity. Within London, there were a number of areas associated with drug-takers from at least 1900. It is unclear whether drug-takers chose the areas to be close to their source of supply or for some type of mutual support, such as the feeling of greater tolerance or discretion among local residents. Furthermore, during the early twentieth century there were individuals who focused their lives upon drug-taking. Their drug-taking histories collectively indicate that they made deliberate lifestyle choices to consume drugs and their long histories of drug-taking, ranging from eight to more than 30 years, demonstrates behaviour patterns associated in the present day with problematic drug-taking. Additionally, the range of individuals identified demonstrates that drug-takers came from various social backgrounds, not just the upper classes or literary and artistic circles. Overall, the evidence suggests drug-takers to some degree shared knowledge about procurement opportunities. Therefore, on balance, this study

points to drug-taking communities functioning prior to 1900, which in part conflicts with previous published research (Berridge 1999).

The evidence suggests a significant change within supply networks around 1919. One indicator of change is that the area around Waterloo became associated with drug activity. This development could be a result of the transition of the area into a more visible open market or the development of a new market resulting from displacement activity. Other indicators are the movement of some dealing operations, all of which were associated with a female, from an open market to other closed markets within the capital, and the appearance of cocaine within closed markets not previously associated with the drug.

The restructuring of the supply network possibly relates to change in trafficking activity. From 1919, supply networks featured more European participation. Furthermore, military personnel from Britain and other countries, principally European nations but not entirely became a common feature of supply networks. The movement of some individuals to other countries also highlights how the global supply of illicit drugs was altering and points to the development of an integrated global market by the early 1920s.

Collectively, the evidence from this study offers a different view of drug-taking than previously presented within the literature. Potentially, the highly visible drug scene of the early 1920s was not a modification in drug-taking behaviour but instead further evidence of a major alteration to the supply structure within Britain, which led to significant reorganisation of domestic dealing practices. These changes created visible, open markets that drew attention to the drug-taking activity that had previously had been obscured by the more discreet operation of closed markets. In addition, the evidence points to a well-organised distribution chain within Britain. For example, the westward drift in London-based drug activity, suggests cocaine entered the country in South Wales and reached London by rail, arriving at Paddington station.



The research has highlighted, too, how the supply network operated. It depended upon specific geographical features, such as tube and railway stations, as well as some ports. The selection of locations is of particular interest and some seem more unlikely choices. However, investigation suggests strategically they provided ease of onward movement and possibly protection, as favourable perceptions of a location might lead to a reduction in law enforcement activity and in turn less risk for drug traffickers. Evidence shows that some ports, such as Hull, potentially were entry points for much longer, and possibly for specific drug types.

The evidence of female dealing activity suggests that female participation might have been much more common than current literature indicates (Ward 2010 and Harper et al. 2002). Furthermore, females may have controlled operations rather than participating as couriers or street dealers. The timing of the change in the law might be one reason for female entry as it occurred at a point when many males were absent due to the First World War. Thus, the commercial opportunity to provide illicit drugs to a lucrative market became more readily available to females. Therefore, the return of veterans may have been another factor in the significant change, which the supply network underwent after 1919.

Overall, the findings suggest that throughout this period (1900-1922) and probably before 1900, drug-takers were coming together to form a collective community. For example, drug-takers clustered within residential areas, linked into sources of supply and made use of parts of the nation's infrastructure such as the tube network to move drugs between source and purchaser. Therefore, arguably they had developed a shared identity, which perhaps was more recognisable to drug-takers, than to society as a whole. However, it seems to suggest that the theory put forward by Hobsbawm (2009), that the period 1870 to 1914 saw the creation of new collective identities is applicable to drug-takers and thus casts doubt on previous claims that a drug scene emerged during the 1920's. On

balance, it had probably existed at the start or within the first few years of the twentieth century.

The comparison of evidence gathered for this study with findings from modern studies indicated a number of areas of similarity. This suggests that within the field of drug-taking, historical research may offer some relevant insights that could inform present-day research.

### **Further research arising from the thesis**

This research illuminated particular aspects of drug-taking during the period and began new narratives. One concerns female behaviour, both as a consumer and perhaps more significantly, as a dealer. While the war appeared to make female consumers more visible, it seemingly offered opportunities, too, for females to enter drug dealing, a lucrative business venture after 1916 when DORA Regulation 40b came into affect. The change within clusters after 1919, suggests the displacement of female dealers by returning war veterans who entered existing dealing networks. Further research is required to establish how this affected female participation in the longer term. Thus, replication of the method used within this study but applied to the period 1923 to 1950, could possibly assist in clarifying the female ‘story’ of dealing. Further research that considers a later period could also help address the issue of how conflict influences drug-taking among military personnel on active service.

The geographical spread of drug-taking activity is of interest because evidence suggests drug-taking activity clustered within particular areas. This poses two questions:

1. What generated drug activity within that cluster?
2. Are the factors that generate clusters modifiable or fixed by historical traditions associated with the area?

The purpose of this work would be to help understand more about areas that become associated with drug-takers. Are there historical factors that make areas more likely to be associated with drugs,

perhaps a local tradition of street retailing through street markets or the sale of particular types of goods, which originate from drug producing nations? Possibly such practices have created ‘natural’ supply networks and the historical origins make them more resilient to disruption by law enforcement activity.

The next chapter begins by outlining the structure of the three literature reviews that were fundamental to developing and sustaining the study at crucial points along the journey to illuminate the ‘missing’ history of drug-taking in the early twentieth century.

## Chapter 2. Literature review

### Introduction

This thesis evolved from an interest in the history of drug-taking within Britain. An initial literature review scoped previous research and highlighted two features that helped to focus the research. Firstly, compared to the nineteenth century, the early twentieth century seemed a neglected period. Secondly, the accounts of drug-taking behaviour distinctly differed between the two periods. A second in-depth literature review concentrated upon the early twentieth century. This chapter outlines the literature searches and describes the scope and content of the literature retrieved.

### Description of the literature searches

The initial search adopted a broad timeframe beginning during the early 1800s, a period associated with the drug-taking of the Romantic poets, and ending during the mid-1920s when the publication of the Rolleston Committee Report occurred<sup>1</sup>. Searches of two electronic databases namely EBSCO and Web of Science indicated low precision<sup>2</sup> in terms of journal articles. Therefore, additional searches incorporated other sources such as the British Library's on-line catalogue and the Thesis Index. Finally, a review of the reference list from each identified publication sought further material, particularly grey or specialist literature. Appendix B presents the search statements used. The searches identified a small number of key authors who specifically considered the British experience of drug-taking such as Berridge (1999) and Kohn (2001). Largely, accounts of British drug-taking appeared as chapters in

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<sup>1</sup> This report, published during 1926, is significant because it shaped the formulation of British drug policy for many years. The approach it advocated was at odds with other nations, most notably the United States and the distinctly difference approach became known as 'The British System' (Whitaker 1988).

<sup>2</sup> Each search statement retrieves articles and the proportion which are of relevance are termed the precision (Sampson et al. 2008). Initial searches using EBSCO and Web of Science found few relevant journal articles for many search statements, making these low precision searches.

books discussing drug-taking generally or specifically in comparison to the American experience.

### **Scope of the literature**

Initial searches indicated that books rather than articles were the format used by most authors working within this field. For example, *Opium and the people* was a seminal work by Berridge and Edwards (1981), to which other key authors (Booth 1996, Kohn 2001 and Parssinen 1983) often referred. However, research mainly focused upon the mid to late 1800s while the first two decades of the twentieth century received little or no consideration.

The literature had several specific features. One was the lack of explicit detail regarding methodologies. Many researchers referred to sources but did not indicate how they had analysed the material to reach their conclusions. The coverage and style of publications was another feature. Frequently, authors chose to research long periods. For example, Booth (1996) considers 195 years, Berridge (1999) 120 years and Davenport-Hines (2002) the longest account of all, at over 300 years. The lengthy timeframes led sometimes to the omission of details that could develop the drug-taker's perspective.

Largely, previous research has focused upon one of two aspects. Either an analysed government decision-making, which included the roles of key individuals and the lobbying of government by influential groups such as the British Medical Association, or the production of drug focused narratives. These narratives outlined the origins of the selected drug and any developments that influenced public consumption.

Often, political analysis focused upon Britain's international relationships, which arose from the nation's imperialist expansion policies and associated trading interests (Davenport-Hines 2002, McAllister 2000, Robson 1999, Booth 1996, Sherratt 1995, Whitaker 1988, Parssinen 1983, Bruun et al. 1975). The areas commonly analysed include:

- how the relationship between Britain and China developed

during the 1800s;

- how opium production in India during the 1800s was important to Britain's balance of trade statement;
- how drug-taking spread within the American population;
- the role of the United States in instigating a series of meetings during the early twentieth century that led to an international agreement between the signatory nations to collectively control the supply of drugs;
- how British Missionaries and the Temperance Movement worked to influence British policy concerning the opium trade, particularly in relation to consumption in China and production in India.

Overall, the literature focuses more upon opium and its consumption in China, India, America or Britain particularly during the 1800s. A rare exception is research by Kerimi (2000) which explores the history of opium use in Turkmenistan. The lack of other national drug histories may reflect a different cultural perspective of drug-taking. For example, Dutch drug laws are less restrictive and hence researching past consumption may be of less interest. Alternatively, because research has focused upon opium, possibly those countries strongly associated with the drug featured more.

The prominence of opium within historical narratives may relate to the drug's long history of consumption in comparison to newer drugs such as heroin or cocaine<sup>3</sup> Robson (1999) states opium and laudanum entered Europe "in the pouches of the returning crusaders at the start of the new millennium" (p.171). However, there are rare historical narratives concerning other drugs such as ether or nitrous oxide (Jay 2000).

The wealth of literature covering the nineteenth century and especially the latter half is striking (Davenport-Hines 2002, Jay 2000, Berridge 1999, Booth 1996, Bruun et al. 1975). As noted

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<sup>3</sup> Heroin was isolated in 1874 in London but not marketed commercially until 1898. Cocaine was marketed in 1898 (McAllister 2000, Jay 2000 and Robson 1999).

above, in comparison the early twentieth century receives little attention. For example, in *Opium and the people* (Berridge 1999) although it states that it addresses the nineteenth and early twentieth century its content is weighted in favour of the nineteenth century (235 pages covering the pre-1900s and only 22 for the period 1900-1918). However, Berridge has written a range of journal articles which complement the content of '*Opium and the people*' by addressing particular aspects of drug usage during the early 1900s (Berridge, 1988, 1984, 1978).

Two in-depth accounts of drug-taking in Britain during the early twentieth century exist. Firstly, *Secret passions, secret remedies: narcotic drugs in British society 1820-1930* (Parssinen 1983) focuses upon three substances: opium, morphine and cocaine. Despite the title, the book's content focuses more upon the period 1910 to 1930. Secondly, *Dope girls* (Kohn 2001) considers the period from 1916 to the mid-1920s and specifically looks at cocaine use.

Kohn (2001) argues the lack of research into the early twentieth century makes the period "a theoretical backwater" (p.8). Booth (1996) suggests the omission reflects the lack of contemporary interest in drugs, specifically opium, during the first decades of the twentieth century. The start of the First World War, he argues renewed public interest.

The literature indicates that most research into twentieth century drug-taking occurred during the 1970s and early 1980s. The reprinting of *Opium and the people* (1999) and *Dope girls* (2001), largely unaltered since their first publication (1981 and 1992 respectively), partially disguises the lack of research in recent times. Further emphasising this point, is the reference made by Davenport-Hines (2002, p.175) to research, almost twenty years before, by Parssinen (1983) into drug prosecutions in the early 1920s.

### **Summary of the literature**

The literature indicates extensive research into the history of self-regulated drug-taking in Britain during the nineteenth century,

especially the use of opium. However, coverage of drug-taking from circa 1890 up until around the start of the First World War in 1914 is sparse and less detailed. Neglected too, is the immediate post-war period from 1918 to the early 1920s. Of particular interest is the general lack of recent research on the topic. Furthermore, much of the literature offers little detail concerning research methods; however it does provide useful details regarding sources. The next section specifically considers this important issue.

### **Historical sources and their use within previous research**

Sources other than official documents are limited (Parssinen 1983). Hence, previous research has focused upon the content of official archives such as cabinet papers, departmental briefings, published responses of professional groups and sometimes even the personal papers of prominent individuals actively engaged with the formulation of drug policy. For example, Berridge (1984) utilises the concept of bureaucratic policy-making to analyse drug control between 1900 and 1930. The interaction between civil servants in the Home Office and those at the Department of Health with members of medical and pharmaceutical professions Berridge identifies as crucial to policymaking. The concept of policy communities has also been utilised by others working in the field of alcohol policy to analyse change over time (Baggott 2000 and Thom 1999).

Other sources include contemporary newspapers, professional journals or legal documents, usually police files or court reports. The latter are more common after 1916 when the possession and supply of drugs became illegal. However, there are some prosecutions for technical infringements in the sale of drugs before 1916.<sup>4</sup>

Frequently, authors argue that contemporary newspapers and, to a lesser extent, the medical press played a major role in defining the issue of drug-taking (Kohn 2001, Berridge 1999, 1984 and Parssinen

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<sup>4</sup> After 1868, the British Pharmaceutical Association had the legal responsibility to ensure compliance with the sale of named drugs within the Pharmacy Acts. Therefore, the BPA made covert test purchases and prosecuted those retailers found in breach of the law.



1983). Parssinen (1983) states:

“In the period between 1910 and 1930 it would have been virtually impossible for the literate Briton to have avoided the subject of narcotic drugs.”

(p.115)

However, Berridge highlights the role of particular sections of the press stating:

“opinion mediated through the expanding lower-middle class press was beginning also to play a significant role.”

(p.260)

Furthermore, Berridge (1984) suggests the coverage of drugs by the yellow press between 1918 and 1920 was probably not a true reflection of how the public viewed the situation. In addition, Berridge suggests that three specific events triggered press interest between 1916 and 1918. These events were:

1. The prosecution of Harrods and Savoy and Moore for infringements of the Pharmacy Act 1908.<sup>5</sup>
2. The prosecution of an ex-soldier, Horace Kingsley and a prostitute, Rose Edwards for selling cocaine to Canadian soldiers in 1916.
3. The death of Billie Carleton, a famous and popular actress from a cocaine overdose in 1918.

However, other authors disagree. As noted above Parssinen (1983) believes press interest began in 1910 but Kohn (2001) suggests the latter months of 1915.

When accessing the medical press, it is important to remember the profession, which appeared to contain a significant number who took morphine, mediated the content of articles. It may be relevant then

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<sup>5</sup> During 1916, both Harrods and Savoy and Moore sold small boxes containing cocaine, which they marketed to the family and friends of serving soldiers.

that the presentation of morphine-takers was more sympathetic and morphine did not come under the legal restrictions of 1916.

Rarer sources include hospital or treatment records (Parssinen 1983 and Berridge 1999) and oral testimony. Previous research highlights that hospital or treatment records have limitations because they capture only drug-takers who wished to access treatment and were able to afford such care, a point discussed further later within this chapter. Oral testimony is the primary source for research by Anderson and Berridge (2000) into the public's consumption of drugs as witnessed by community pharmacists. The other example is Kohn (2001) who used oral testimony from a sound archive.

Although Kohn (2001) used similar sources to other researchers, his study is unique. It focuses upon a small number of individuals whose association with drug-taking, the author believes, is of key importance to understanding the early history of the London-based drug scene. However, despite the title of his book, not all are female. Kohn's principal source was newspaper articles but he also used some documents from the National Archives.

### **Summary of the historical sources utilised**

The literature indicates that some aspects of drug-taking are more difficult to research due to the limitations of the existing sources. Therefore, moving away from the mainstream areas requires careful consideration. Of particular importance is whether sources, including those less utilised, might still hold a partial or even unexpected trace of drug-taking activity. Essentially, research into a new aspect of past drug-taking behaviour requires both innovative and speculative use of sources.

### **Drug consumption during the 1800s**

The literature highlights the importance of being familiar with events within and surrounding the period of study. Therefore, the next section provides an overview of drug-taking during the 1800s and sets a context for the remainder of the chapter, which considers the

more neglected period between 1890 and the early 1920s which is the focus of the current study.

Three themes emerge from the literature, which are the nature of public consumption; the emergence of professional groups within medicine, and developments in both drugs and medical treatments. Generally, the literature fails to consider in any depth how people in contemporary society who traditionally self-regulated their medicines may have comprehended new drugs and treatments. Latterly, this section considers how, by the end of the 1800s, drug-taking in particular contexts had become inappropriate.

### **The nature of public consumption**

In Britain, at the start of the 1800s, there was much interest in the cultivation of poppy heads (Berridge 1999). These were used to make poppy head tea, which provided pain relief. As a common remedy, it even appears in contemporary literature such as Thomas Hardy's *The Trumpet Major*. These examples demonstrate the public acceptance of self-regulated medication and the use of traditional remedies passed from one generation to another.

During the nineteenth century, despite the widespread use of opium for both the treatment and prevention of illness, there were still some limits to its consumption. For example, contemporary reporting expressed concern about opium consumption in the Fens (Davenport-Hines 2002, Berridge 1999 and Parssinen 1983). The climate in the Fens encouraged a range of specific conditions, including malaria, and the suggestion at the time was this contributed to the high level of opium consumption. Parssinen (1983) discusses factors he feels contributed to high consumption, including agriculture working methods and concludes:

“Once opium was widely used in the district as a preventative medicine, it gained popular acceptance and was often taken as an intoxicant.”

(p.49)

Berridge (1999) agrees with Parssinen that at times the distinction between medicinal use and non-medicinal use became harder to make and states:

“In reality the medicinal uses of opium imperceptibly shaded into ‘non-medicinal’ or what could be termed ‘social’ ones.”  
(p.49)

Another example of social usage was infant doping. Although the activity is associated more with industrialisation and the demands of factory based employment there were rural examples, too, such as in the Fens (Parssinen 1983). In such rural areas, perhaps at harvest time, a mother might have made up a traditional family recipe (Wellcome Library 2010) to quieten an infant while she worked in the fields. However, in the urban context the nature of infant doping altered. Rather than occasional use at specific times in the year, such as harvest, infant doping became a more routine activity. Berridge (1999) highlights, too, how urban mothers could not make up their traditional recipes as they no longer had direct access to herbs and other typical ingredients such as poppy heads. Therefore, commercial products began to emerge such as Godfrey’s cordial, Mrs Winslow’s soothing syrup or Street’s infant quietness. The decision to commercially produce and happily market products without any therapeutic use and potentially with a detrimental affect upon the health of infant recipients, suggests a degree of public acceptance that drugs might have non-medicinal uses.

### **The emerging professions within medicine**

By the 1800s, there was a range of practitioners engaged in caring for the public’s wellbeing including apothecaries, surgeons, doctors, pharmacists and druggists. Some practitioners diagnosed, some prescribed, some treated and some undertook all three roles. By the mid 1800s, formalisation of these roles and demarcation of practice was under way. Thus, from a shared history of diagnosing and treating patients emerged two professional groups; the British

Medical Council in 1832 and the Pharmaceutical Society in 1841. The literature discusses how this process of professionalisation altered the prevailing attitudes to drugs and their consumption. Husak (1992) highlights this point when he states that the medicinal use of a drug only exists:

“when a sufficient number of the medical community believes that it has such a use.”

(p.32)

The emergence of the medical profession influenced society's view of drug-takers. Furthermore, the medical profession tried gradually to curtail traditional practices, which allowed the individual to define the nature of their own condition and self-medicate. However, the considerable costs associated with early medical care<sup>6</sup> meant many individuals continued to self-medicate. Despite this, the medical profession increasingly questioned public consumption during the latter half of the 1800s<sup>7</sup>. Berridge (1988) states that:

“By the end of the century, non-medicinal use was more sharply defined. The disease theories advocated by the medical profession at the end of the century singled out the addict as a distinct, abnormal personality.”

(p.64)

The views of the medical profession inevitably led to the introduction of regulations concerning the sale of certain drugs. Despite the evidence that a number of drugs were habit-forming only some came under regulation. For example, from the 1870s, articles had raised concerns over morphine but its sale was not restricted until the 1920s. Davenport-Hines (2002) argues that because morphine consumption even at a level of dependency causes little

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<sup>6</sup> It was not until the 1911 National Insurance Act that working class males had access to medical care. However, there was no provision under the Act for the wives of insured men or their children.

<sup>7</sup> The introduction within Britain of a system to collate the cause of death enabled the medical profession to highlight the need for control of substances to the public. The Arsenic Act of 1852 is the first example.

deterioration to personal appearance or behaviour, there was a lack of public concern. However, drugs such as cocaine produced a different affect on the body, altering both physical appearance and behaviour, which generated more concern within society. Whatever the rationale for their selection, the regulation of some drugs consolidated the social status of not only the medical profession but also that of pharmacists.

### **The emergence of new and more powerful drugs during the 1800s**

Less discussed is how drugs themselves were altering and, in particular, the degree to which the public understood these changes. In an era when the majority of the population self-medicated, it was important that the public understood about drugs. Traditionally, knowledge about drugs and their use in home remedies had been passed down either through oral tradition or within family recipe books (Wellcome Library 2010). However, drugs were altering in a way that was outside the scope of traditional knowledge. Two professional groups, doctors and pharmacists, drove these changes.

The medical profession sought to understand the effects of drugs on the body (Jay 2000) and to find ways to make their administration a more effective treatment, often experimenting on themselves or colleagues<sup>8</sup>. Some experiments led to highly significant developments such as the invention of the hypodermic needle during the 1860s. Morphine was first isolated in the 1830s but only came into common use after the invention of the hypodermic injection. It was from the 1860s too, that reports of morphine dependency first appeared (Parssinen 1983).

Experimentation by pharmacists, too, produced new drugs such as heroin, first isolated in 1874<sup>9</sup>. In addition, pharmacists sought ways to improve the production of medicines. They developed equipment both to compact doses into convenient forms and to enable large quantities to be produced for the retail market (Victorian Pharmacy

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<sup>8</sup> For example Freud who experimented with cocaine (Karch 2006).

<sup>9</sup> Although heroin was isolated in 1874 it did not become commercially available until 1898. Bayer first marketed heroin in this year as a cough suppressant.

2010). Therefore, the new appearance of much stronger drugs potentially misled customers who traditionally self-medicated and whose experience of drugs came from recipe books written by previous generations.

Misconceptions about drugs and their effects arose throughout the 1800s and into the early 1900s, and not just among the public either. For example, during the early 1800s the recommendation was for healthy people to take opium, as it would “optimise the internal equilibrium of the human body” (Robson 1999, p.172). Likewise in the late nineteenth and early twentieth century the newly discovered cocaine was recommended to singers and public speakers to enhance their voice (Davenport-Hines 2002) and marketed more generally to the public for the temporary relief of hunger, thirst, fatigue, exhaustion and nervous depression (Berridge 1999). To some people, at the start of the twentieth century, such a claim would be an attractive solution to the poverty and hunger they faced, a situation further compounded by the start of the First World War.<sup>10</sup> Therefore, inaccurate marketing claims both added to the potential for consumer confusion and encouraged the use of powerful habit-forming drugs for minor illnesses.

Besides the confusion about the strength and effects of new drugs, there were also opportunities to circumvent the law and access particular restricted substances by purchasing them in patent medicines<sup>11</sup>. These were numerous and widely marketed, sometimes using unfounded claims. Continued access to patent medicines demonstrated a duality between what professionals thought and did. On the one hand the medical press highlighted the growing social stigma towards those dependant upon cocaine but on the other hand patent medicines containing cocaine were being “more energetically

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<sup>10</sup> Widespread food shortages occurred in Britain during the war especially as the grain supplies from Canada and America were halted by German sea blockades. Domestic production of grain had dramatically fallen when farming began on the prairie lands of America and Canada where it was possible to produce much cheaper grain (Van Emden and Humphries 2003).

<sup>11</sup> Patent medicines often contained a quantity of a restricted drug named by the 1868 Pharmacy Act but these remedies were exempt under the law and any retail outlet, including grocery shops, could sell them.

marketed direct to the public” (Davenport-Hines 2002, p.122) and chemists were happy to sell cocaine based pick-me-up tonics (Parssinen 1983). Therefore, by the late nineteenth century the mixed messages from professionals probably confused the public.

### **Summary of drug consumption during the 1800s**

For generations individuals managed their own well-being and shared their knowledge of how to diagnose and treat conditions, often using ingredients that were commonplace within their communities such as poppy heads. During the 1800s, emerging health professionals increasingly challenged these traditional practices. The new professionals consolidated their status by developing new concepts of illness and methods of treatment. Also, their work developed substances and methods of administration well beyond the comprehension of those with traditional knowledge. However, professional care remained too costly for most of the population and individuals continued to self-medicate. The tradition of creating and recording family remedies potentially led a new generation to experiment with the full range of the new, powerful drugs. In addition, patent medicines containing cocaine or opium could be purchased from grocers who had little knowledge of the effects of drugs. Furthermore, the regulation of substances showed many discrepancies and the unregulated claims of some commercial products on balance did not assist the public to appreciate the strength of new drugs. Thus, self-medication during the early twentieth century was becoming an increasingly risky activity.

### **Drug-taking in Britain at the turn of the twentieth century**

Most authors consider the 1890s as a marker for change. Hence, any discussion of the early twentieth century begins with some reflection upon the 1890s. Furthermore, from the 1890s statements become more general and the discussion of drug consumption within Britain shifts. There are few references to widespread consumption or social



usage. Instead, self-regulated drug consumption becomes associated with only parts of society. However, the literature highlights how the lack of capture within the sources has the potential to influence perceptions about drug-taking in the early twentieth century. The next section starts by looking at how twentieth century society defined a drug-taker.

### **The evolving definition of a drug-taker**

During the 1800s, individuals who self-regulated their drug consumption increasingly found their activity, categorised and judged. There were three phrases to this process, namely moral, medical and criminal. Drug-taking was initially associated with a personal, moral weakness, and was something for the individual to address. Then, as the last section highlighted, the emergence of the medical profession led to new thinking. Thus, by the turn of the century, the concept of addiction transformed the drug-taker into the addict who required professional treatment. Latterly, medical terms such as infection, containment and degeneration created a need to protect, through legal control, those who did not take drugs. This, in turn redefined the drug-taker as a deviant criminal.

Contemporary use of language by the press and within literature and films influenced the public's perception of a drug-taker (Kohn 2001 and Parssinen 1983). Terms such as opium-eater used in the early 1800s evolved into the notion of 'bad use', and through the first decade of the 1900s, a drug habitué became the more menacing 'drug fiend'.

The literature highlights too, how some groups with only tangential interest in drug consumption influenced public opinion during the late 1800s (Melrose 2000). Two key examples are the temperance movement and overseas Christian missionaries (Berridge 1999, Booth 1996, Bruun et al. 1975). The unexpected election result of 1906, which saw a liberal government returned, demonstrated the strong political influence of the temperance movement in early twentieth century Britain. The close links between government and

the temperance movement are interesting, but so too is the suggestion that the campaign by Christian missionaries against opium, might have been inspired to generate more funding for their work (Booth 1996). Christian missionaries provided many detailed accounts of the impact of opium upon the people of China and India and these fuelled a domestic campaign to stop British involvement with the opium trade. However, the accounts also demonstrated a need for the continuing presence of Christian missionaries to support the despairing victims of opium and to 'save' them through the teaching of Christian values.

### **Social perceptions of drug-takers**

Arguably highlighting dependency through vivid accounts, as the missionaries did, triggered greater recognition of the drug-taker within British society. A central theme of the literature is the increasing visibility of the drug-taker and the gradual attachment of negative opinion to their behaviour. Parssinen (1983) sees the transition as a gradual process that occurred between 1870 and 1910. He suggests the process varied depending upon the drug type. For example, morphine dependency may have been more 'visible' but there was sympathy within society because public perception viewed morphine dependency as therapeutically induced. Thus, morphine-takers were the 'innocent sufferers'.

Berridge (1999, 1988) in emphasizing the role of the medical profession argues medical categories helped create the distinctions, which enabled the concept of addiction to emerge. A concept the anti-opium movement made extensive use of within their campaign materials. Thus, the movement helped make the drug-taker more visible to society.

However, Davenport-Hines (2002) offers a different view. He states that all drug users were socially stigmatised much earlier than Berridge and Parssinen suggest:

“Throughout the nineteenth century European drug habitués had been stigmatised as unproductive, dishonest or lacking self-

control but they were not presented as criminal.”

(p.161)

Thus, Davenport-Hines believes individual drug-takers attracted disapproval. However, drug-takers only assumed a negative collective identity when the unauthorised possession of drugs became illegal. In Britain, legal restrictions on drugs occurred through new wartime regulations permitted under the Defence of the Realm Act (DORA). Berridge (1999) quotes a memo from Sir Malcolm Delevingne, the Home Office official responsible for drug control. In the document, he indicates that the use of DORA was inappropriate but it would be the “most convenient way” (p.248) to intervene legally in the issue of drug control. Delevingne also appears to perceive a lack of support for drug regulation:

“The difficulty of dealing with the question in this way is that its bearing on the ‘Defence of the Realm’ is neither very direct nor important....The only alternative method would be legislation which would be difficult to get and would possibly not be regarded as uncontroversial.”

(cited in Berridge 1999, p.248)

Davenport-Hines (2002) supports the view that legislation would have been difficult. He quotes from a House of Common’s debate in 1920 during which an MP, Dr Donald Murray, suggests DeVeulle’s<sup>12</sup> trial was:

“A tremendous hullabaloo to get hold of the man who had distributed the cocaine.”

(p.171)

Kohn (2001), too, cites the DeVeulle case and quotes the Coroner, Ingleby Oddie, who pressed for his prosecution. In his summing up Oddie suggests that public opinion might be more indifferent to pursuing a charge of manslaughter and argued:

“The jury might ‘not feel quite inclined to press hardly’ in a

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<sup>12</sup> DeVeulle was a friend of Billie Carleton, (see p.44) and the person who allegedly supplied her with the cocaine on which she overdosed.

case where the illegality arose solely from emergency war regulations or might feel that the regulations, ought not to be the basis of a constructive manslaughter charge.”

(p.101-2)

Perhaps Kohn (2001) offers a good explanation as to why there was a ‘hullabaloo’. He suggests Oddie wanted a manslaughter verdict against DeVeulle because of the personal kudos associated with gaining the first prosecution under the new offence. Kohn argues that Oddie and later the trial judge, Mr Justice Salter, misunderstood the effects of cocaine. If this were the case, then both the medical and legal professions lacked the knowledge to manage the control of drugs effectively within this period.

Public perception of drugs was important too. As highlighted previously within this chapter, traditional practices were now criticised and new, powerful drugs had emerged. In some cases, their full effects upon the body were unknown, even to doctors. However, the combination of marketing claims for new drugs and the traditional ethos to learn more about new substances, which created the family recipe or remedy books, on balance, suggests that the public would experiment with new drugs and in this context may see their consumption as appropriate. In addition, past social usage, for example to quieten babies, highlighted how the public’s perception of appropriate usage could develop. However, the literature does not consider how social usage may have developed beyond the infant doping of the previous century. A social use of cocaine in the context of the early twentieth century could be as an appetite suppressant within a household where there was insufficient income to buy enough food. Such use could lead to cocaine dependence but the consumers, because they had taken it for one of its acknowledged uses, may not identify themselves as a drug-taker.

### **The social identity of the drug-taker**

The altering definition of drug-taking over time makes it difficult to draw comparisons with present-day activity. An analysis of drug usage by Berridge, which is very complex in comparison to other

authors, led her to conclude that today's terminology for types of drug usage are not applicable to the past. However, another difficulty in drawing comparisons would seem to be both the lack of clarity and limitations of modern-day definitions (Hough 1996). Furthermore, a lack of clarity about the nature of drug-taking behaviour makes it more difficult to distinguish when drug-takers possibly felt part of a defined group or subculture within society

Several authors refer to a 'drug subculture' (Kohn 2001, Berridge 1999 and Parssinen 1983), which they broadly define as a group who self-regulated their use of a drug. However, there is debate about when a subculture emerged. Kohn (2001) states the drug scene had "an attractive neatness to its sudden mushrooming" (p.4). However, Berridge suggests it was a longer process and drug consumption within the era of the Romantic poets was a "harbinger of more widespread use" (1988, p.52). She feels the origins of a drug subculture are rooted in the recreational use of the literary circles of the 1890s, and suggests that drug-taking activity had expanded "both in terms of users and drugs" (p.58) by the start of the First World War in 1914. Furthermore, Berridge claims that by the end of the war drug-taking was well established. She bases this view upon the Carleton inquest of 1918/9 and other evidence of opium smoking and cocaine sniffing occurring in West End flats around 1915 or 1916. However, despite this, Berridge would not equate drug-taking activity in the past with a modern day drug-taking subculture, until the 1920s.

In contrast, other authors believe a drug subculture emerged earlier such as Kohn (2001) who suggests it was in the midst of the First World War or Parssinen (1983), who pinpoints the end of the First World War. Despite their views, both authors provide examples of recreational drug use at the turn of the century. Kohn (2001) highlights reports in the medical press during 1902 of regular morphine consumption by middle-class women who reportedly arranged tea parties at which they injected each other. Meanwhile, Parssinen (1983) suggests that recreational use of cocaine occurred

in Britain from “at least since 1900” (p.139). However, Davenport-Hines (2002) argues recreational use of cocaine in London occurred later, around 1911 and states:

“The thriller writer Edgar Wallace (1875-1932) recalled in 1922 that he was first shown cocaine eleven years earlier by a chorus girl from an American troupe performing in London.”

(p.167)

Often within the literature, authors do not explicitly define terms such as subculture or recreational use, which makes it difficult to assimilate previous findings. For example, another author Sweet (2001) in the introduction to his book *Inventing the Victorians* states:

“...recreational drug use in the nineteenth century was widespread and socially acceptable.”

(p.xxiii)

Unlike Berridge, Sweet offers no definition of his category of ‘recreational drug use’ but later he offers a catalogue of anecdotal evidence of opium consumption to support his view that participation was ‘widespread’. Arguably, some of Sweet’s examples might not strictly demonstrate recreational consumption. Some of the individuals he cites might believe they took drugs to enable them to work. For example, Gladstone, a nervous public speaker took laudanum before his speeches in Parliament probably because he was anxious to present his views clearly.

It is difficult to reconcile the evidence, from the literature, of organised drug activity with the view of some authors that such behaviour does not equate to an early drug subculture,. Some examples indicate the participants were aware their drug-taking was not medicinal and furthermore they wanted to share their experience in a social context. This makes their consumption behaviour more of a shared identity similar to a subculture. More personal experiences of drug-taking might help illuminate how drug-takers socialised and why? Setting aside the seemingly difficult issue of what constitutes a

drug subculture, the next section considers what the literature relates about drug-takers of the period.

### **Evidence within the literature of drug-taking during early twentieth century**

Parssinen (1983) who analysed cases of drug-taking published in the medical press between 1870 and 1920, provides a unique profile of drug-takers within this era. He identified fifty-one drug-takers during the period who were predominantly middle-class. The details are summarised in Table 1-1 below.

	Male (n=32)	Female (n=19)
Average age of drug-taker	44 years	40 years
Average duration of drug dependency	9 years	11 years
Average daily dosage of morphine	13 grains	10 grains

Table 1-1. Summary information from a sample of morphine-takers identified between 1870 and 1920 by Parssinen (1983). (NB 1 grains = 64.8 milligrams)

The research identified several interesting features. Firstly, of those who disclosed an occupation, 66% of the male drug-takers were doctors and furthermore, a number of the female drug-takers were married to doctors. Among those females stating an occupation, two were nurses and one a dentist. Secondly, the research seems to highlight gender differences within consumption. For example, females appeared to start taking drugs at a younger age, around their late twenties, compared to males who began during their early 30s. In addition, four of the five heroin dependent drug-takers were female. Parssinen acknowledges the sample is not representative as it is biased towards those both seeking treatment and able to afford it.

In terms of other drugs, Berridge's (1999) analysis of treatment records found on average 2 patients were admitted annually for opium dependency between 1883 and 1914. She argues that opium consumption had fallen by the start of the twentieth century due to the better sanitation introduced by the Victorians, which led to a decline in the prevalence of dysentery. This, she concluded, lessened

the need amongst the poor for opium. However, as discussed previously, the poor consumed opium for many reasons. Furthermore, a decline in opium consumption by the poor could also reflect a change in the retail market, for example, the emergence of a cheaper or more effective alternative, a possibility not explored in the literature.

Only Berridge and Parssinen consider drug-taking amongst the less affluent within society during this era. They conclude that any understanding of participation by this group is limited due to a lack of contemporary evidence. One reason, Berridge (1999) argues, is that some members of the medical profession denied the working class could become addicted, therefore cases of dependency from this group within society failed to appear within the literature. Berridge cites one doctor who argued psychological and physiological differences between the affluent and the “rate-aided class”, led to “greater vulnerability” among the affluent (p.158). Parssinen makes another practical point regarding the prohibitively high cost of drug treatment that excluded those from poorer backgrounds accessing it<sup>13</sup> and hence capture. However, being wealthy enough to pay for treatment did not infer capture either, as Berridge (1999) demonstrates with one example where the son of a doctor had refused treatment in 1905. The doctor states:

“Not being a drunkard, nor insane and refusing voluntarily to go into any ‘Home’ the problem is what to do with him.”  
(p.228)

Despite highlighting that contemporary evidence was unlikely to capture drug-takers from poorer backgrounds and that there was a general lack of statistical evidence regarding prevalence, both Berridge (1999) and Parssinen (1983) conclude that the number of drug-takers within Britain during the early twentieth century was low. Although Berridge does not pose a figure, Parssinen does

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<sup>13</sup> Parssinen (1983) cites how one treatment facility near Paris, owned by Oscar Jennings, in 1909 charged patients 200 guineas which at current day value would equate to £12,062 (National Archives 2009a).



attempt to estimate a number using prosecution data from the early 1920s. As half the prosecutions involved foreign nationals he states that fewer than 150 drug-takers were British. It is unclear why Parssinen thought it useful to make a distinction by nationality as participation rather than nationality is the important factor when estimating prevalence within the country. Furthermore, prosecution records, like treatment records, have limitations because they only captured those prosecuted, not everyone participating.

The literature effectively highlights the limitations of sources and the difficulty in estimating the prevalence of drug-taking at the start of the twentieth century. Therefore, perhaps not surprisingly, most references to prevalence are quite broad. For example, Berridge describes drug-taking from around the 1890s, as “an incidental part of wider literary, artistic and upper-class interests” (1988, p.52).

Despite the spread of recreational cocaine consumption across Europe and the United States during the 1890s, Berridge believes there was little evidence of it occurring in Britain but offers little explanation for this view. Historical data for the period shows the resident immigrant population in London was considerably higher than the present day (University of Essex 2004), and the figure included a large number of Europeans. Furthermore, opium smoking in Britain by the Chinese community demonstrates that immigrants continued to follow their cultural practices in drug-taking. Therefore, it is feasible that European immigrants similarly brought morphine and cocaine into London. In addition, Kohn (2001) highlights European involvement in street dealing after 1916, which is suggestive of earlier involvement with drugs. Further discussion of participation by foreign nationals appears later within this chapter.

Research by Berridge (1984) involving retired pharmacists found many believed that, around the turn of the twentieth century, older people were the regular consumers of opium. However, this broad statement indicates neither how old these ‘older people’ were nor what portion of the older population they represented. In addition, the literature concerning opium consumption during this period

relates mostly to the Chinese community so how did these two groups compare in size and rate of consumption?

Specific cases are difficult to contextualise because it is unclear whether they are typical or unusual. For example, Davenport-Hines (2002) cites an article from *The Journal of Mental Science* published in 1889. Its author was a middle-class woman aged twenty-one who was recovering from laudanum dependency. Based upon literature, the female writer's preference for laudanum is unusual for this period as morphine-taking was more common. Davenport-Hines (2002) uses this article to suggest that a further group engaging in recreational drug use was 'the rebellious adolescent'. This conclusion appears to be a rather large leap from the presented evidence.

### **Summary of the evidence within the literature of drug-taking during the early twentieth century**

There is only limited evidence concerning the drug-takers of the late 1800s and early twentieth century. Furthermore, the sources of evidence utilised by previous research can only illuminate particular types of drug-takers. Specifically, either drug-takers from wealthier backgrounds willing to engage in treatment, or those prosecuted due to their drug-related activity. Knowledge of other groups, such as foreign nationals, the elderly or young is sparse and inconclusive. Therefore, it seems different sources or, alternatively, a new approach to analysing existing material is required if a richer picture of participation is to emerge.

### **Individual drug-takers discussed within the literature**

A further important limitation of the sources is the depth of information provided on any individual. Detailed information is important when trying to contextualise drug-taking both as an individual experience and in terms of how it fits with the views of wider society. The dearth of rich evidence is apparent from the recurring use by researchers of four case histories. All were females

and inquests concluded they all died from cocaine poisoning. These four females were Edith and Ida Yeoland, Billie Carleton and Freda Kempton.

Two sisters, Edith and Ida Yeoland, both unemployed actresses seemed to have taken a deliberate overdose at their home in 1901. Both Berridge (1999) and Kohn (2001) discuss the deaths of the Yeoland sisters but come to different conclusions. Berridge appears uncertain about the relevance of the deaths. In one article she states that the case “did indicate that recreational use might be spreading” (1988, p.59) but later in *Opium and the people* (1999) she sees the case as “ostensibly one of suicide rather than of recreational use of cocaine” (p.238). However, Kohn argues that inquest evidence demonstrates the sisters were familiar with cocaine and had taken it on other occasions prior to their death. Thus, for Kohn their deaths are a key marker in terms of the origins of the London drug culture.

Billie Carleton, a highly popular stage actress who died at her home in 1918, is widely discussed because there is consensus within the literature that her death was a key point in the history of drug-taking within Britain. Detailed contemporary reporting richly illuminates her drug-taking practices and those of her close friends. Carleton not only took cocaine, but also opium, veronal and heroin. She had been taking drugs for at least 4 years, and had first received drug treatment around 1913/4. Accounts indicate that she enjoyed sharing her drug-taking activities with her friends and they organised opium-smoking parties in their homes. Furthermore, Carleton’s death led to several prosecutions, including that of her friend Reginald DeVeulle for her manslaughter as he allegedly supplied the cocaine upon which she supposedly overdosed. However, some authors argue that despite the inquest verdict, Carleton did not die from a cocaine overdose but instead from veronal taken to help her sleep after a night of drug-taking (Kohn 2001).

Freda Kempton, a dance instructor who died in 1922 appears less in the literature. Authors suggest it was the faint similarities between the lives of Kempton and Carleton that attracted press attention

(Kohn 2001 and Berridge 1999) as well as her alleged association with Brilliant Chang, a Chinese national later convicted of drug-trafficking. Inquest evidence suggests that she had taken cocaine in the past and in the weeks prior to her death had in her possession small packs of cocaine. However, Kohn (2001) highlights too the similarity between her death and the deaths of the Yeoland sisters. All three suffered convulsions in the last few minutes of their lives and Kempton and one of the Yeoland sisters attempted to summon help. He queries why any of the three women would choose to kill themselves using cocaine, given the effects it would have on the body prior to death.

All these commonly cited cases concern young females and cocaine. Whereas when Parssinen (1983) attempted to profile drug-takers, he found the majority were male. This gender anomaly highlights one of the themes within the literature, which concerns how the press portrayed drug-taking and linked it to women within society by creating both the notion of 'the female victim' and 'the wicked female'. The next section looks at how women, largely through press reporting, were associated with drug-taking during the period.

### **Women and drug-taking**

A major theme of the literature is the link made by the press between women and drug-taking in the early twentieth century and Kohn (2001) who has researched the theme in most detail concludes:

“The most striking feature of the British discourse on drugs which arose in 1916 and reached a peak in the mid 1920s was its emphasis on women.”

(p.5)

Kohn (2001) argues Britain was struggling with its “evolution into a modern society” (p.4), which included significant changes in the lives of women. For example, half a million women entered the workforce during the war and the average female wage doubled. He argues these new employment and financial opportunities altered

female behaviour. For example, women started smoking in public and going out unchaperoned, which Kohn claims blurred the social codes that differentiated between ‘respectable women’ and ‘prostitute’. Drug-taking offered the press a way of “continually retelling the story of the downfall of young women” (p.5). He summarises the various strands of his argument by stating that the detection of a drug scene was a way of:

“...speaking simultaneously about women, race, sex and the nation’s place in the world.”

(p.4)

However, it is also important to remember that public concern over female behaviour pre-dates the period referred to by Kohn. The literature does not refer to the Suffragette movement, but the change in tactics by parts of the movement alarmed society prior to the war (Marr 2009)<sup>14</sup>. The resulting criminal activity of some suffragettes had probably already captured press interest in women. Hence, drugs were most likely the next part in an ongoing press narrative.

However, there is evidence the police too were publicly suggesting a female link. Davenport-Hines (2002) quotes a police statement made to the press in 1916, which informed journalists that “cocaine is driving hundreds of women mad” (p.169). However, this comment contrasts strongly with evidence presented by Parssinen (1983). His analysis of offending data indicated that between 1921 and 1923 the average annual number of prosecutions relating to cocaine was 65, whilst between 1927 and 1929 the average was just five. Overall, 19% of arrests between 1927 and 1929 related to females. This equates to approximately 12 women per annum in the earlier period. This evidence suggests that the police statement grossly exaggerated the number of women taking cocaine.

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<sup>14</sup> The campaign for female suffrage began in 1872 but gained momentum in the first years of the twentieth century when parts of the movement, to attract attention to their cause, began to engage in criminal and violent activity. The offences committed included firebombing the home of David Lloyd George in February 1913 when he was Chancellor of the Exchequer.

Undercover operations by the military police also linked women with drugs, in particular female sex workers who allegedly supplied drugs to soldiers on leave. One previously noted within this chapter was the prosecution of Rose Edwards in 1916.

However, the press suggested women were in need of protection too. Coverage of the Carleton case portrayed DeVeulle as a dubious character whose influence had ‘corrupted’ Carleton into cocaine sniffing. DeVeulle’s subsequent prosecution for Carleton’s manslaughter reinforced the need for society to protect young girls. In the Kempton case, Brilliant Chang represented a double threat, being both a drug dealer and Chinese. At this time, as will be discussed later in the chapter, there was widespread anti-Chinese feeling within Britain (Sweet 2001, Berridge 1999, Booth 1996, Parssinen 1983).

### **Summary of women and drug-taking**

Largely, female engagement with drugs had a wider subtext, which related to the altering female role that alarmed some within society. Furthermore, the actions of some suffragettes who created a link between females and participation in lawbreaking, may have generated press interest. Female engagement with lawbreaking during the period appears to be an interesting area to explore further in relation to drug-taking, particularly given the lack of previous research attention.

### **Foreign nationals and drug-taking**

Kohn (2001), analysing the literary style of the period, concluded there was a strong xenophobic attitude within Britain during the early part of the twentieth century. Parssinen (1983) and Kohn (2001) highlight racial tensions following the First World War, which led to a:

“wave of race riots in major port cities – London, Liverpool,

Tyneside, Glasgow, Newport and Cardiff”

(Kohn 2001, p.148)

However, the general historic literature highlights the existence of racial tension since the late 1800s. The population movement between the continent and Britain at the turn of the century was rising. During 1899 the number of Europeans in Britain grew by 56,660. However, a large proportion was in transit to America (*The Times* 1900). Despite this, the net increase of foreign nationals arriving in Britain during 1899 was 12,000 and in 1900 the total rose to 13,000. This level of migration to Britain suggests the introduction of European trends in drug-taking could easily have occurred through the arrival of foreign nationals.

The rising number of foreign nationals led to the Royal Commission on Alien Immigration in 1902 (*The Times* 1902a). The Royal Commission heard evidence that the rising number of foreign nationals was having a significant impact upon the shoe trade in the East End. During the 1880s, racial tensions within the area had led to social unrest, for example, the ‘Match Girl Strike’ of 1888 (Walkowitz 1992). The influx of foreign nationals affected housing too, causing more overcrowding and forcing up rental costs within certain areas (*The Times* 1901). What these reports indicate is that amongst the European immigrants there was a particular geographical pattern of settlement within London and maybe Britain. Possibly, how the Chinese community settled in Britain demonstrates that by living in close proximity to others from the same country of origin cultural practices are maintained. This adds further weight to the view that European drug-taking practices could have become established within certain areas of London or Britain.

The start of the Boer War in 1899 had further implications for the British population with fewer leaving for South Africa and many who had been resident in the colony returning to Britain for their safety (*The Times* 1900).

A group of foreign nationals of particular interest are the Chinese. Since the 1870s, the press had associated the Chinese community with drug-taking. Journalists visited opium dens and produced lengthy descriptions for their readership. Opium dens appeared too in fiction generally as a plot device to signify 'evil' and 'downfall' (Booth 1996, Sweet 2001, Kohn 2001, Berridge 1999).

Chinese nationals first settled in Britain during the eighteenth century but the community remained relatively small, and mainly based within London (Berridge 1999 and Booth 1996). The majority of Chinese nationals were seamen who resided near the dockland areas and by 1890 two streets, Limehouse Causeway and Pennyfields, were the focus of the community in London (Booth 1996, Sweet 2001 and Berridge 1999). In 1909, the London County Council passed a by-law that prohibited opium smoking in seamen's boarding houses, suggesting the practice either became problematic or reflected an increase in anti-Chinese sentiment.

The Chinese community grew, particularly within London, rising overall from 1300 in 1911 to 3000 by 1921 (Booth 1996 and Parssinen 1983)<sup>15</sup>. Census data for 1901-1921 showed the male to female ratio within the Chinese community was approximately 7:1 (Parssinen 1893). Thus, Chinese males had to form relationships with females of other nationalities, often from England or Ireland. This led to a growth in anti-Chinese sentiment.

Many other foreign nationals, like the Chinese sailors were temporary residents. For example, there were entertainers from America or Europe who came to perform in the London theatres (Davenport-Hines 2002 and Kohn 2001). By 1895, 3% of the American population were dependent on drugs (Whitaker 1988), which made travel to or from America highly relevant to consumption trends in Britain. Particular individuals, such as De Veulle, the man who supplied Billie Carleton, had worked in both America and Paris. He returned to London at the outbreak of war in 1914 and by then was dependent upon drugs. Furthermore Belcher,

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<sup>15</sup> Partly this was due to the recruitment of Chinese seamen by the government to assist in the war effort by taking munitions to France (British Museum 2010).



also a friend of Carleton's, was a dependent drug dealer who moved between England and America for his primary employment, which was acting.

Research by Walkowitz (1980) highlights another group of temporary residents from Europe. During the late nineteenth century, female sex workers regularly moved between Britain and Europe. Thomas (2003) cites evidence from the fourth volume of the *London labour and London poor* published in 1862, which contained a section entitled *Traffic in foreign women*, which states:

“French, Italian, Spanish and, in particular, Belgian prostitutes were common in London.”  
(p.119)

Furthermore, Berridge (1988) suggests drug-taking occurred particularly within the ‘demi-monde circles’ of the era, which the literature suggests featured European nationals. Parssinen (1983) highlights, too, how during the early twentieth century sex workers continued to move between Britain and Europe. However, by then the movement of sex workers and drugs were linked as demonstrated by the arrest in London of Henricus Boom, a Dutch national. His arrest during 1926 was for the possession of cocaine but Boom travelled frequently between Holland, France and England:

“...in order to bring cocaine to this country and to arrange for the journeys of undesirable foreign women.”  
(Parssinen 1983, p.177)

By 1910, Amsterdam was the home of the world's largest cocaine manufacturer (Davenport-Hines 2002). The regular movement from Holland to Britain by sex workers, some potentially consuming drugs, presents an illustration of how European drug-taking practices could have been transferred into Britain as early or even before 1900.

The First World War brought other foreign nationals to Britain and in particular, the spotlight fell upon Canadian soldiers stationed in Britain (Davenport-Hines 2002, Berridge 1999, Kohn 2001, Berridge 1978). A newspaper article stated that a Canadian officer in

charge of a barracks at Folkestone had admitted that 40 of his men were undergoing treatment for cocaine addiction in 1916 (Parssinen 1983).

### **Summary of foreign nationals and drug-taking**

Particular nationalities feature within accounts of drug-taking during the era such as the Chinese community, with their distinctive cultural practice of opium smoking. However, census records indicate that the immigrant population was rising, and many immigrants were of European origin. Their pattern of settlement, too, appears to indicate the potential for them to sustain their own cultural practices due to their proximity to fellow nationals. On balance, foreign nationals may have had a much more significant role within the history of British drug-taking than currently thought. Furthermore, it is likely that the arrival of foreign nationals is just one aspect of a more complex explanation regarding the transmission of drug-taking activity that could relate to the general movement of people between countries and particularly regular movement for employment. Berridge (1999) believes that Britain remained isolated from European trends. However, given the evidence this seems unlikely.

The link, too, between some countries of origin and the manufacture of drugs, makes the regular movement of people even more relevant to the history of British drug consumption and it is an aspect largely overlooked. Perhaps the focus upon particular nationalities, such as the Chinese whose presence in Britain was unpopular, has in fact impeded wider consideration about the involvement of other foreign nationals in drug-taking and the possibilities that their presence held for the transference of drug-taking practices into Britain. Overall, the influence upon British drug-taking of both immigrant foreign nationals arriving and the movement frequently of people, in significant numbers, into and out of Britain requires greater consideration.

## **The impact of the First World War**

Only Kohn (2001) discusses the association between the medical treatment of some soldiers wounded in battle and the potential for addiction. He summarised the point thus:

“Addiction among veterans was not uncommon and surfaced occasionally when one overdosed or fell foul of the law, but the ex-combatant addict was not attributed any great significance in the typology of the drug habit.”

(p.153)

However, dependency amongst military veterans is a recurring pattern. Booth (1996) discusses the high number of opium dependent veteran’s after the American Civil War and the emergence of the term, the ‘soldier’s disease’, to describe the condition.

The literature suggests the turmoil of the First War World and the movement of large numbers of people contributed to the changes seen in drug-taking behaviour. Davenport-Hines (2002) refers to a Belgian Medical Correspondent writing in 1923:

“Before the War [First World War] this was almost unknown in Belgium, but at present more persons are engaged in illicit traffic in drugs than ever before and the number of drug addicts is constantly increasing. Some persons attribute the situation to the large number of foreigners in the country- diplomats, journalists, spies, officers.”

(p.200)

Although not discussing drug-taking, Van Emden and Humphries (2003) summarised the pressures on the British population and highlighted how wartime restrictions on alcohol may have led them to look to other ways to escape the strains<sup>16</sup>:

“The drudgery and deprivation of war made many people desperate to escape and enjoy themselves, if only for a few hours. Before the war they had drowned their sorrows with

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<sup>16</sup> Licensing hours were restricted and the strength of beer reduced too. At the same time, the cost of alcohol rose while the cost of cocaine, a more potent drug, required in much smaller quantities, fell. (McAllister 2000)

drink, the most popular pleasure of pre-war Britain.”  
(p.234)

McAllister (2000) makes a similar point about individuals needing to find temporary release:

“Limitations on alcohol consumption and pub operations made relatively uncontrolled substances like cocaine and opiates attractive alternatives.”  
(p.36)

### **Locations of reported drug-taking**

Mostly the literature discusses drug activity within London and focuses upon two areas of the capital. The first area is Limehouse Causeway and Pennyfields where the Chinese community resided. The second area was the West End, Soho, and pubs in Charing Cross and Shaftesbury Avenue, which were particularly associated with cocaine (Davenport-Hines 2002, Kohn 2001, Berridge 1999 and Parssinen 1983). However, both Kohn (2001) and Parssinen (1983) refer to an incident at Holland Park tube station but only Kohn speculates it suggests drug activity within other areas of the capital. Only two pieces of research offer any detailed evidence of activity outside London (Parssinen 1983 and Berridge 1978). Berridge (1978) reviewed prosecution records during a nine-month period from July 1916. She identified only 22 prosecutions for drug offences and concluded that opium prosecutions were concentrated on London, Cardiff and Manchester. Parssinen (1983) highlights, too, the association of dockland areas with opium offences. He refers to three ports, London, Liverpool and Cardiff and found that collectively the three accounted for 80% of detected opium offences. He felt opium offending occurred at these ports due to their shipping links to the Far East.

Furthermore, Berridge (1978) and Parssinen (1983) found the geographical spread of offences associated with other drugs was greater. Berridge (1978) suggests that:

“Addiction appeared to conform not at all to its popular stereotype as an urban, semi-criminal activity.”  
(p.300-301)

Berridge refers to a police statement that describes the distribution of drug offences as ‘remarkable’. Parssinen (1983) detected geographical variation by drug type, finding cocaine offences were associated with London. However, as previously stated, during 1916 the Canadian Army admitted that 40 of their soldiers stationed at Folkestone were receiving treatment for cocaine dependency. This indicates cocaine activity occurred at locations outside London and some of these locations had a military link. The concentration of drug-takers with a small geographical area, such as locations within a city or a military camp, might increase the likelihood of a drug culture or community forming. Young (1971) discussed how communities of drug users function, and noted that sharing information, knowledge and practice between old and new users was important.

However, Parssinen (1983) found that morphine related offences during the 1920s were much more geographically scattered and only 24% of them occurred in London. Potentially, this might indicate that in comparison to those who regularly took cocaine, morphine-takers were more likely to be isolated from other like-minded consumers and therefore not derive the benefits of a drug-taking community.

### **Summary of evidence concerning locations of drug-related activity**

There is a lack of knowledge about the geographical spread of drug-taking. Previous research suggests the spread of activity varied according to drug type. This finding requires further investigation. In addition, how the points of entry for drugs relate to market supply is another neglected aspect to the history of drug-taking. In particular, certain ports are associated with opium but where, and how, did other drugs enter the country?

## **Chapter conclusion**

The literature review had three outcomes:

1. It identified the early twentieth century was a neglected period, which had received little attention in the last thirty years.
2. It highlighted relevant research issues, such as difficulties with sources.
3. It identified specific gaps in current understanding and drew attention to anomalies between previous findings.

There are aspects of drug-taking which are difficult or seemingly impossible to explore because of the nature and content of the available sources. For example, treatment records fail to capture less affluent drug-takers. Furthermore, wider contemporary social concerns, such as the role of women in society or xenophobia, seemingly affected the content of contemporary evidence, such as newspapers. Creative use of the sources had enabled previous researchers to glean information, which on initial review was not apparent. Therefore, it is essential for any further research to make speculative use of the limited sources, some of which reflect bias. It is crucial, too, to find new ways to corroborate these findings where possible.

Little research attention has focused upon participation by less affluent individuals or female engagement in drug-taking. Female participation has been considered in terms of analysing the portrayal of the 'female victim' in contemporary narratives. A further aspect of drug-taking thus far neglected was the geographical spread of drug activity and whether, as previous findings suggested, the type of drug influenced the rate and pattern of spread. These areas seem important if a richer understanding of society's continuing relationship with drugs is to emerge. Thus, the literature review helped frame two broad research questions which were:

1. Given the limitations of the existing sources, is there an alternative method of analysis which might possibly address some of the identified gaps in current knowledge?
2. How far is it possible to illuminate the lives of those who regularly took drugs and so enrich the 'story' of drug-taking within Britain during the early twentieth century?

## **Chapter 3. The development of a research strategy**

### **Introduction**

The previous chapter highlighted how this study began with three literature searches. The first scoped the topic and identified a neglected era, from 1890 to the mid 1920s. The second search specifically sought literature concerning drug-taking within this era and found little recent research. Furthermore, published research indicated the sources had limitations. For example, the sources predominately captured the official account of drug-taking as perceived by government or professional bodies, and other sources only captured particular types of drug-takers, such as those seeking treatment and able to afford expensive treatment facilities, or those apprehended by law enforcement officers. Accounts of drug-taking published by the press or professional journals appeared mediated either by wider social concerns, such as the presence of the Chinese nationals, or by professional beliefs and interests. Therefore, a key conclusion was if this research was to enrich the current ‘story’ of drug-taking within Britain during the early twentieth century it would need to adopt an innovative and even speculative approach.

Utilising publications from the third literature search regarding historical research, this chapter begins by discussing the historical approaches that influence this study. Then, it outlines how the research strategy was an evolving methodology that emerged from a growing awareness of the period and a greater appreciation of the sources.

### **Historical approaches influencing this study**

The study of history has gone through a number of phases but arguably, the most enduring has been an interest in political or constitutional history. Evans (1997) describes the historian’s role



within this process:

“...virtually all historians, for example, assumed that the nation-state was the primary objective of historical study ...the historian’s task lay principally in the study of the origins and development of states and in their relations with one another.”

(p.26-7)

The emphasis upon the nation state came through the work of a German historian Leopold Von Ranke, who adopted what he termed a scientific approach to the study of history. His thinking influenced many practitioners including English historians, and led to the claim that he formulated history into a discipline (Fulbrook 2002, Black and MacRaild 2000, Green and Troup 1999 and Evans 1997)<sup>1</sup>. From the 1830s, Ranke developed a set of principles by which to study history. The principles of Rankian history gave precedence to authenticated contemporary written sources, largely official documents, held in archives. Although Ranke had contemporaries who practised a different type of history, such as Michelet (Ritchie 1995), his influence was very great and thus political or constitutional history came to form the major part of historical research (McDowell 2002, Fulbrook 2002, Arnold 2000, Evans 1997).

Although largely unchallenged during the nineteenth century and even into the twentieth century, more recently various historians have criticised Ranke’s approach. For example, Carr (2001) a British historian, writing in the 1960s suggested:

“Three generations of German, British and even French historians marched into the battle intoning the magic words

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<sup>1</sup> For the detail of the counter-argument, see Feldner 2003, p.13 and Arnold 2000, p.25. Collectively they cite the historical works of William of Malmesbury (1095-1143), Lorenza Valla (1406-1457), François Baudouin (1590-1650) and Karl Dietrich Hüllmann (1765-1846). Each practised history prior to Von Ranke using methods similar to those Von Ranke was later credited with developing.

‘Wie es eigentlich gewesen’<sup>2</sup> like an incantation – designed, like most incantations, to save them from the tiresome obligation to think for themselves.”

(Carr 2001, p.3)

Burke (2001) argues that Ranke’s approach limited historians to the use of only the official records of government, which led to the “neglect of other kinds of evidence” (p.5). The work of Michelet (1798-1874), a contemporary of Ranke’s, illustrates this point. Michelet researched the French Revolution from the perspective of ‘ordinary people’. Hobsbawm (2005) argues that:

“Michelet is the first great practitioner of grassroots history: the Great French Revolution is at the core of his writing.... To put it more generally: it was the French tradition of historiography as a whole, steeped in the history not of the French ruling class but of the French people, which established most of the themes and even the methods of grassroots history.”

(p.269)

However, Ritchie (1995) highlights how Michelet’s work combined the use of official documents, highly valued by Ranke, along with the oral testimony of ordinary people.

There is debate within the literature concerning when Rankian history became the less dominant form. Arnold (2000) believes that throughout the twentieth century, but particularly after the 1970’s, interest declined. However, Evans (1997) states:

“Even in the 1990s, the view that history is essentially political history remains widespread with the profession.”

(p.162)

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<sup>2</sup> Initially, Von Ranke was translated as having said ‘to show what actually happened’ but Evans in his work *In Defence of History* (1997) points out that a more accurate translation of the famous instruction would have been: “how it essentially was”. (p.16)

Despite the work of Michelet, historians argue that the history of ordinary people only developed around the turn of the twentieth century. For example, Hobsbawm (2005), a key British historian, argued that the history of 'ordinary' people first emerged in Britain "with the growth of the labour movement" (p.269). Sidney and Beatrice Webb published in 1894 their *History of the Trade Unionism* and this is a key, early example of the link between political ideology and the recording of the past. Eley (2003) suggests that social change in the post-1918 era after the world experienced war and revolution awoke an interest in the history of 'ordinary' people.

Two French historians- Marc Bloch and Lucien Febvre made significant contributions to the development of this historical perspective during the twentieth century (Burke 2007, Tosh 2002, Fulbrook 2002, Green and Troup 1999). Together they founded the *Annales d'histoire économique et sociale* in 1929. They believed politics should not be the focal point of historical study and based their work upon the belief that there was a 'missing history', that of 'ordinary' people and they sought to address this gap. To achieve this they drew upon methodologies from other disciplines to enhance their analytical processes and drew, too, upon a greater range of sources. For example, legal records, which they saw as the intersection of the state (the public) and the people (the private). They changed the style of historical writing too by moving away from the chronological narratives of previous historians.

Although Bloch died during the Second World War, the work of the group continued, spanning four generations of academics. Burke (2004) describes the "sustained creativity" of the *Annales* School as "so remarkable as to require a historical explanation" (p.4).

Meanwhile, in Britain, a group of young historians were coming together and they collectively became known as the British Marxist Historians. Early membership of the group included: Eric Hobsbawm (1917-), E.P. Thompson (1924-1993), Christopher Hill (1912-2003)

and Dorothy Thompson (1923-2011). Their work came to prominence in the mid 1950s. One member of this group, E.P. Thompson, author of *The Making of the English Working Class* (1963), coined the phrase ‘history from below’ within an article published in *The Times* in 1966 (Sharpe 2001). One description of ‘history from below’ states that it:

“seeks to take as its subjects ordinary people, and concentrates on their experiences and perspectives, contrasting itself with the stereotype of traditional political history and its focus on the actions of 'great men'. It also differed from traditional labour history in that its exponents were more interested in popular protest and culture than in the organisations of the working class.”

(Institute for Historical Research 2008)

Both Sharpe (2001) and Burke (2004) identify a close association between the work of practitioners from the Annales School and that of the British Marxist Historians. Eley (2003) highlights the academic meetings that occurred in the 1970s between Braudel, an Annalist and Thompson and Hobsbawm both British Marxist historians. However, O’Brien (1989) suggests that generally Marxist historians and the Annalists did not share amicable exchanges:

“The disagreements, skirmishes and wars between the Marxists historians and the Annalists in the 1970s and 1980s have obscured the common views and shared concerns.”

(p.26)

The contact the two British historians, Hobsbawm and Thompson, had with Braudel was unusual and demonstrated how the British Marxist historians were not practitioners of British mainstream history (Burke 2001). Lambert (2003) relates Hobsbawm’s critical view of teaching at Cambridge University during the 1930s when he was a student. He describes how to him the teaching was “a discouraging spectacle: self-satisfied, insular and culturally provincial...” (p.44). This view, that English historians were insular, is one shared by others (Tosh 2002, Burke 2001, Jordanova 2000).

Burke (2001) demonstrates the point by highlighting how none of the British history journals reviewed Braudel's major study *The Mediterranean and the Mediterranean World of Philip II* published in 1947.

More recently work by Hobsbawm, first published in 1993, explored the creation of traditions and formation of cultural practices within society. Hobsbawm (2009) argued in *The Invention of Tradition* that the period 1870-1914 forged many collective identities and the development of numerous cultural practices, that in the present day people perceive to have a much longer tradition or to have different origins. For example, the kilt, strongly associated with Scotland was invented around 1768 by an English Quaker, Thomas Rawlinson, to resolve some of the difficulties of the traditional belted plaid. Clan tartan was an even later modification to the kilt (Trevor-Roper 2009). Hobsbawm suggests both dramatic social changes and alteration to the policy agenda of the state contributed to the establishment of new traditions.

Both the Annales School and the British Marxist historians laid the foundations for a wider examination and exploration of the past. For example, the Annalists devised ways to use sources differently mainly by utilising methods drawn from other disciplines such as anthropology or geography, which gave rise to many specialist fields of history, such as environmental history (McNeil 2003). Whereas the British Marxist Historians emphasised the importance of generating a 'history from below' and popular culture was a central theme of their work. Collectively, the two approaches changed the practice of historical research and Burke (2001) describes the changing landscape of historical research thus:

“In the last generation or so, the universe of the historians has been expanding at a dizzy rate. National history, which was dominant in the nineteenth century, now has to compete for attention with world history and local history. There are many new fields, often supported by specialised journals. Social

history, for example, became independent of economic history only to fragment like some nation state.”

(p.1)

Increasingly, specific groups within society have captured the attention of historians. For example, women’s history emerged from the feminist movement of the 1970s<sup>3</sup>. However, some historians have expressed concern about this trend. Furet, writing during 1983, criticised the “unending pursuit of new topics” (Hunt 1989). Many of the groups, who are the focus of historical research currently, are drawn from groups of people that are “hidden from history” (Perks and Thomson 1998, p.ix).

This study is a good example of the changing historical landscape. Fifty years ago, there would have been no thought of conducting research into past drug-taking activity. As the study seeks to develop ‘another history’ or a ‘missing history’ it reflects the traditions of both the Annales School and the British Marxist historians. Furthermore, a theory of one from the latter group, Hobsbawm (2009), may have particular relevance as it suggests the era of this study may have been within a period that nurtured new social identities.

### **Developing a research strategy for the study**

There is consensus within the literature that reading widely ensures identification of the key features of the era and helps develop an historical understanding of the period. Thereafter, the literature reflects a wide spectrum of opinion and much debate about how to proceed thereafter:

“Anyone who investigates the past according to recognised criteria of scholarship is a historian, and that is about all that the members of my profession will agree about.”

(Hobsbawm 2005, p.78)

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<sup>3</sup> For a discussion on the development of women’s history see Scott 2001, pp.43-70.

All aspects of historical research from sources to methods generate debate. Jordanova (2000) suggests that language has been a delineating factor in the practice of history:

“Historiography in an English-speaking world, contrasts to the overtly theoretical French, Italian and German traditions.”  
(p.55)

Stanford, an American historian, appears to support Jordanova’s assertion that English-speaking historians do not ground their work in theory. He describes how historical research is an evolving process based principally upon reading and reflecting upon the content of primary evidence and secondary sources. In addition, he suggests discussion with others can help crystallize “a picture, or rather a representation of the past” (Stanford 1994, p.151).

Elton (1921-1994), a prominent English historian, strongly criticised theory driven history (Evans 1997). Elton argued historical events were unique and did not lend themselves to theorisation. Current literature continues to debate the place of theoretical frameworks in historical research as indicated by Tosh (2002):

“In many disciplines theory represents the abstracting of generalizations (sometimes laws) from an accumulation of research findings. Historians hardly ever use the term in this sense. Theory for them usually means the framework of interpretation which gives impetus to an enquiry and influences the outcome. Historians sharply differ about the legitimacy of this procedure.”  
(p.204)

Marwick (2001), a British historian, also rejects theory and instead advocates that “historians have to develop a strategy.” (p.163-4). He argues a good strategy ensures a systematic approach to the research process and believes the strategy should also evolve through the study of the secondary sources.

Both Marwick and Stanford apparently agree about the importance of secondary sources. Marwick talks of using secondary data as a

basis for the development of his ‘systematic strategy’ and Stanford, too, places emphasis upon a process in which secondary sources receive on-going consideration. Stanford (1994) suggests the researcher should move consistently ‘back and forth’ between primary and secondary data. Although neither Stanford nor Marwick attempt to give their research process a ‘label’, their descriptions do have resonance with a more defined qualitative research methodology – that of grounded theory, which is an approach that directs both data collection and data analysis. Strauss and Corbin (1998) describe the principles of grounded theory thus:

“Grounded theory is a general methodology for developing theory that is grounded in the data systematically gathered and analyzed. Theory evolves during the actual research, and it does this through continuous interplay between analysis and data collection. A central feature of this analytical approach is ‘a general method of [constant] comparative analysis”

(p.158-9)

Although grounded theory has strong similarities to the processes described by Marwick and Stanford, there is a key difference related to historical distance. Contemporary histories or research exploring events within living memory are able to employ the use of oral testimony (Perks and Thomson 1998, Dunaway 1996, Ritchie 1995). Arguably, this makes it more akin to the practice of grounded theory used in qualitative research where data collection is largely in the present and driven by the phenomenon the researcher wishes to investigate. Therefore, the researcher actively seeks to capture and record the experiences of individuals with knowledge of the issue through interviews or observation. In essence, grounded theory involves a strong interplay between data collection and data analysis, which would appear to fracture when the researcher is dependent both upon what others have captured and, when it is impossible due to historical distance, to make a direct link to research participants. The notion within grounded theory of a saturation point emphasises the difference. The saturation point occurs:



“...when researchers are reasonably satisfied that they have exhaustively analysed the phenomenon under study, and when a full picture of the theoretical ideas emerges.”

(Holloway 1997, p.143)

Arguably, in historical research, it is unlikely the researcher will feel ‘reasonably satisfied that they have exhaustively analysed the phenomenon’. It is more likely the historian will wish to explore further one aspect emerging from the sources but unlike the qualitative researcher is not able to seek other participants or ask additional questions. They can work only with the surviving evidence captured in the past. Therefore, it is important the historian ensures they have traced all possible evidence. Hence, this is why the literature often likens the historian to either a detective or a lawyer both of whom in a systematic manner, seek to assemble and examine as much evidence as possible. Thus, the essential skills of the historian rather than their methods are often discussed within the literature.

The skills of the historian are underpinned by a sound knowledge of the period and events within and surrounding it, as well as a strong appreciation of the sources available. For example, publication of *The Times* began in 1785 and knowing it has an index virtually from the start of publication (Secker 1999) makes this source very valuable to researchers, looking at periods after 1785 (Campbell 2006). Likewise, census records start in 1841 and could be another valuable source. A good example of the importance of source awareness is found in research by Prior (2003). He researched death in the city of Belfast during the 1980s and, from his personal knowledge, was aware that the local population would almost certainly place a death notice for a family member in one of the city’s major newspapers and thus capture from these sources would be extensive. This example illustrates the thought processes required but not often explicitly stated within the literature on historical research. It reinforces, too, the idea that the historian needs to be a

detective, systematically considering where it might be possible to find evidence that aids their investigation.

However, it is not sufficient to be able to find evidence. The researcher must be able to evaluate it. Arnold (2000) highlights how the work of William of Malmesbury (1095-1143) has an ‘apparent modernity’ because:

“He searched out sources and documents (citing them carefully as an historian should) and talked to people to investigate recent events. And he was critical and suspicious – the modern ‘virtues’ of historians.”

(p.25)

Arnold also cites François Baudoin’s (1590-1650) own description of how he practised history:

“...[a historian] should be like a lawyer: balancing conflicting accounts, trying to establish the exact sequence of events treating ‘witnesses’ (documents) with dispassionate and objective suspicion.”

(p.45)

These quotations highlight not only how crucial a systematic approach is but also the importance of source criticism to the study of history. Despite this, any discussion concerning the actual process of using documents – official or otherwise – was “sparse and patchy” (Platt 1981, p.31) until the publication by Platt of two articles that focused upon how to analyse documents. Scott (1990) acknowledges the importance of these two articles in the preface to his own book, *A matter of record*:

“..this book was stimulated by an important article by Jennifer Platt, which is referred to at numerous places in my text. Her

path-breaking article not only suggested a need for such a book..”

(p.x)

Despite the great relevance of Platt’s articles to historical research they were published within a journal devoted to sociology. Thus, this provides a good example of an earlier point that the discipline largely neglects the discussion of historical method (Jenkins 1999). The lack of discussion Hobsbawm (2005) suggests is because:

“...history is a very immature discipline in which, outside specialist fields- and even within them there is no real consensus about what are the important and crucial basic problems.”

(p.89)

The more recent trend amongst some historians of drawing upon established research techniques from other disciplines, has perhaps confused the boundaries between the disciplines. The literature suggests that in some cases the distinction between historical or other forms of research is one made by the researcher conducting the study. For example, Thom (1999) researched the history of alcohol policy from the 1950s and drew upon documentary evidence as well as interviews with key individuals in the field of alcohol treatment and policy-making. However, she terms her verbal data collection as interviews rather than the gathering of oral testimonies. The use of the term ‘interviews’ suggests the work is qualitative research. However, Mason (2002) in her opening statements on what qualitative research is suggests this form of research is interested in the present day rather than historic analysis. Mason refers to “the texture and weave of everyday life” and the purpose that is “to produce the general picture of how things work” (p.1). Although, in a sense, this is how Thom utilised the data, her purpose was “to document a contemporary history (post 1950) of alcohol policy in the UK” (p.ix), which suggests the term for the personal verbal accounts

should be contemporary oral testimonies. In comparison, a study by Anderson and Berridge (2000) of pharmaceutical practice during the 1920s and 1930s involved retired pharmacists, and here the researchers referred to their source material as oral testimony rather than interviews.

This comparison highlights a theme that appears within the literature, which debates whether, in fact, history is a discipline in its own right or just an aspect of other disciplines. The emergence in recent times of very specialist areas such as legal history or environmental history has fuelled this debate. However, others would argue that history has undergone a paradigm shift. For example, Burke believes a ‘new history’ has emerged (2001) and argues:

“The movement for change has arisen from a widespread sense of the inadequacy of the traditional paradigm. This sense of inadequacy cannot be understood unless we look beyond the historian’s craft, at changes in the wider world. Decolonization and feminism, for example, are two movements which have obviously had a great impact on recent historical writing...”

(p.8)

An alternative view offered by Jordanova (2000) is that history has been partly reorganised by the changing structure of education. She argues, for example, that within higher education combined degrees have blurred the boundaries of the discipline. However, some writers highlight how the practice of history has been from the earliest point an eclectic mix of practitioners, ideas, sources and methods. Fulbrook (2002) summarises the situation as follows:

“...it is important to note the sheer diversity – and continuing diversification – of historical traditions and approaches.”

(p.15)

As discussed earlier, one such diversification has been the development of 'history from below'. As Hobsbawm (2005) indicates this approach to history may be one of the more challenging for the researcher because the topics chosen to study are those that largely went unrecorded. Hence, the first stage is to reflect upon the sources, and consider whether any accidental capture is possible and whether it could address the chosen topic:

“Most sources for grassroots history have only been recognised as sources because someone has asked a question and then prospected desperately around for some way- any way -of answering it.”

(p.271)

An example Hobsbawm discusses is historical demography. He highlights how parish registers of births, marriages and deaths can reveal significantly more about how people lived than previously recognised prior to the 1950s. He highlights, too, how identifying new sources presents researchers with new technical difficulties in terms of analysis. This can mean 'history from below' often takes longer as the researcher 'prospects' for a way to 'unlock' the new source.

### **Summary conclusion regarding a research strategy**

Largely, the literature concerning historical research lacked any detailed discussion or comparison of methods or processes, which presents difficulties when developing a research strategy. Instead, it focused upon the development of personal knowledge that includes the topic, period of interest and awareness of sources. Emphasised too, was the need for a systematic approach to the research process, which enabled the researcher to continually compare, contrast and reflect upon both primary and secondary sources for the duration of the research.

Reviewing the literature did highlight how there were similarities between historical and qualitative research. Potentially, the work of the Annalists and British Marxist historians led practitioners, in recent times, to draw upon methods employed by other disciplines such as anthropology and sociology. However, arguably through the lack of discussion by historians of historical methods, other disciplines may just be returning to methods they had refined but had originally borrowed from early practitioners of history. For example the capture of oral testimony by Michelet is similar to the semi-structured interview found with qualitative research. Perhaps it is because qualitative researchers have been active in defining and examining the methods they employ while historians have not, that it is difficult to distinguish how the two types of practitioner differ in their application of apparently similar techniques such as the analysis of documents, or even if they do.

The literature concerning ‘history from below’ which influenced this study indicates that this approach is more challenging because it seeks evidence of subjects not considered worthy of official capture. It requires alternative approaches to analysing sources that enables the extraction of new understandings. Therefore, perhaps the frequent analogy to ‘the detective’ is most appropriate for those working to find the ‘missing’ traces of the past and who employ an approach akin to a technique from literature searching known as ‘berry-picking’ (Bates 1989). This model of information retrieval acknowledges the existence of an evolving search query and employs a number of strategies to identify relevant material/sources. Exploring the literature related to historical methods did not offer any defined processes. However, it emphasises that it is essential for the research strategy to be flexible and responsive to emerging evidence, which might mean the inclusion of new sources as the study evolves. Essential, too, is an openness to considering in what other ways it might be possible to analyse the sources and develop approaches which explore the content of sources in a highly innovative and perhaps even speculative manner.

Therefore, following the completion of the third literature review concerning historical methods there was a period of reflection. It seemed that the next stage of the research was to look in more detail at what sources existed and to become more familiar with them so that their full potential could be realised.

### **Identifying potential sources for the study**

Knowledge of the sources is important both in terms of practical issues related to their usage as well as developing an appreciation of what insight their content might offer. Jordanova (2000) in her discussion of sources states:

“Deciding which are ‘relevant’ sources is rarely straightforward, and often it is a question of thinking laterally, even of finding oblique sources that provide unexpected insights into a problem. Making judgements about the value of sources cannot be done in a vacuum. Sources need to be compared with one another, and their value will depend on the research project in question.”

(p.184)

The second literature review had helped identify sources used in previous studies and had helped understand their merits and limitations. However, were there other sources not previously considered? If there were, what would their content offer and could it be of use in addressing the second broad research question: How far is it possible to illuminate the lives of those who regularly took drugs and so enrich the ‘story’ of drug-taking within Britain during the early twentieth century?

Even in the present day gaining a sample of drug-takers is problematic (Atkinson and Flint 2001, and Faugier and Sargeant 1997) and so accessing drug-takers from the past, in any number, was likely to be extremely difficult. However, to enrich the story of drug-taking required the identification of as many drug-takers as

possible and with as much detail about their personal consumption of drugs as possible. This either meant a source that could provide a larger number of individuals or a number of sources that could each provide a small number. However, the source had to include not only a person but convey information about their personal circumstances. Furthermore, the literature review for the period had identified that some sources were more able to capture drug-takers from particular backgrounds, such as members of the medical profession or wealthier individuals. Thus, particular gaps in knowledge existed. For example, understanding whether and how people from poorer backgrounds fitted within the history of drug-taking. Therefore, to ‘enrich’ the story of drug-taking it was essential to find a source that made a link back to a ‘place in time’ where their ‘story’ may have been captured.

Some Annalists had used legal records arguing that these documents were a point of intersection between the private and the public. They argued witness accounts brought into the public domain activities that occurred in private and would otherwise have gone unrecorded. This idea of drawing the private into the public domain was particularly important in relation to drug-taking. Many drug-takers, particularly after the introduction of criminal penalties during 1916 were probably highly secretive about their drug consumption, possibly not even disclosing it to their doctor.

### **The type of information sought from the sources**

It was important to consider what type of personal information might enrich the ‘story’ of drug-taking. Popay et al. (1998) offer a useful starting point. Within their discussion of how to assess the quality of qualitative research they posed the following question:

“Is the description provided detailed enough to allow the



researcher or reader to interpret the meaning and context of what is being researched?”

(p.347)

While discussing how to gauge the quality of evidence Popay et al. (1998) refer to the work of Geertz (1973) and his concept of ‘thick description’. This provides the context of the experience, evidence of intentions and the meanings that feed into the experience. Essentially, then, in terms of the current study, evidence would need not only to identify an individual as a drug-taker but other evidence such as personal information. Potentially, such personal information could be analysed to develop, for the period, a profile of drug-takers. Possibly, even the information could enable comparisons across time. The items initially included for extraction from the sources were essentially a ‘wish list’ of personal details. These included:

- age;
- gender;
- indication of social background/employment;
- type of drug consumed;
- history of consumption;
- method of consumption.

A period of reflection upon the literature concerning both historical sources and the assessment of qualitative research, outlined within this chapter, led to the development of a two-stage process that would investigate the potential sources. The first stage aimed to identify potential sources and the second stage to assess each source based upon particular criteria. Therefore, although no complete research strategy existed, the study began to move forward through an investigation of the sources, which proceeded according to the stages detailed below:

1. Identifying a source

- a. The exclusion of sources, which previous research associated with only partial capture of drug-takers, such as treatment records.
  - b. Consideration of what sources might reflect a point of private/public intersection, the most obvious being legal documents, which included criminal prosecutions or inquests.
2. Accessing the identified sources and assessing the following:
- a. Accessibility
    - i. How easy is it to access the source?
    - ii. Given the need for ongoing reflection and comparison, for how long will the source be accessible to the study? This might include practical issues such as opening times or travelling distance to archives.
  - b. Size of capture
    - i. How many drug-takers is the source able to provide?
    - ii. Does the scale of capture appear small or large in comparison to the overall number of individuals captured by the source? This was important in terms of striking a balance between the time taken to find drug-takers and the number found.
  - c. The depth of content
    - i. How much detail is available from the source about the identified drug-taker?
    - ii. Does the source provide enough information to cover most of the 'wish list' of personal information?

The investigation of the sources is the focus of the next section.

## **Assessing the potential sources for the study**

The sources that appeared to offer potential for the current study were:

- Legal sources
  - Inquest hearings
  - Prosecution cases
- Newspapers
- Dispensing records

Each of these potential sources was assessed as described below.

### **Legal sources**

As described earlier the Annalists believed that legal documents were the point of intersection between the private and the public through the evidence of witnesses. This made legal records a strong potential source and hence these were the first sources considered. The research literature identified several different legal sources previously accessed by researchers:

- Coroner's records
- Court hearings for specific offences
- Police records

Inquest reports received priority because potentially they might offer in-depth information about the deceased and their drug-taking. Furthermore, the supply and/or possession of drugs became a criminal offence only after 1916. Therefore, prosecution cases could only give a partial account (from 1916 onwards) of drug-taking activity. However, from the outset inquest reports proved a problematical source. Investigation found that unless the inquest led to a manslaughter or murder trial much of the supporting evidence of the inquest is unlikely to survive (National Archives 2009b). Furthermore, inquest records had a closure period of 100 years

meaning only inquests that occurred during the first few years of the study's coverage would be accessible. This led to the exclusion of inquest records and attention was transferred to other types of legal proceedings.

The search for legal cases concerning drug-taking began with three electronic legal databases, Westlaw UK, Lawtel and LexisNexis Butterworths. Each was assessed to establish its ability to identify relevant cases. A simple keyword pilot search quickly established that they could each provide only a very limited number of cases. The main reason for their limited retrieval was that the purpose of these databases was to support present-day legal practice and not historical searching. For example, a search of Lawtel using a date range from 1 January 1900 to 31 December 1922 only returned one case concerning the provision of ringside medical care in boxing.

Westlaw had high yields because it was not possible to restrict the search by date and indeed, only a few from the yield were within the era of interest. For example, a search for opium identified 158 cases but only 15 occurred during the period 1900-1922 and none related to a drug-taker. One search for cannabis also returned a case from 1884, which actually concerned cannibalism. This indicated the search engine appeared to lack sensitivity in text searches.

Unlike the other two legal databases, LexisNexis Butterworths did not allow simple searches. It also appeared that the system did not cover the period of the study as the earliest case identified was during the late 1970s.

From initial pilot work it appeared that it would be difficult to locate relevant legal cases and these might be few in number. This led to the consideration of newspapers, which offered another example of a private public intersection that were likely to capture reports of legal cases too.

## Newspapers

Deacon (2007) challenges the common view that “news is a disposable commodity” (p.5) and argues that news archives are not only important to journalists wishing to research a story but also to a range of other professionals, including academics. The establishment in 1986 of NEWSPLAN<sup>4</sup> reflects the importance of newspapers. In March 1999, the Heritage Lottery Trustees awarded NEWSPLAN £5,000,000 to assist with the preservation of local newspapers published between 1800 and 1950 (*Newsplan News* 1999). At the time of the award Chris Smith, then Secretary of State for Culture, Media and Sport referred to newspapers as being “history’s first draft” (*Newsplan News* 1999, p.1) and Anthea Case, Director of Heritage Lottery Fund stated:

“They [newspapers] provide a detailed record of the changing social patterns of community and national life.”

(*Newsplan News* 1999, p.2).

This theme exists, too, in the research literature. Soothill and Grover (1997) argue that newspapers are:

“An important creator and transmitter of cultural values and ideas and socio-political ideologies.”

(p.591)

Campbell (2006) discusses the importance of newspapers to contemporary historians but also indicates a principal difficulty:

“The real problem arises when you don’t know exactly what

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<sup>4</sup> During 1986, NEWSPLAN formed in the south of England but now is a consortium of ten library regions supported by the British Library and representatives of local newspaper companies throughout the UK. The aim of NEWSPLAN is to preserve local newspapers on microfilm to archival standards and ensure their accessibility.

you are looking for....”

(p.60)

Newspapers are a source previously used for historical research into drug-taking (Davenport-Hines 2002, Berridge 1999, Kohn 1992). Mainly articles have provided illustrations of key points in the history of drug-taking. However, Kohn’s research differs as it used newspaper reports alongside trial evidence to explore the lives of specific individuals. Kohn’s research indicated the possibility of utilising newspapers as the principal source for this study.

Using newspapers as a principal source potentially addresses some of the practical issues, such as finding a suitable number of drug-takers. Also, this source could identify drug-takers from different social backgrounds and from a wide age range. However, newspaper reports are mediated accounts of an event or incident. Reporters need to gather the details of an incident and what they obtain influences their account. Those who feature in the articles can affect the content too, depending upon what they are prepared to disclose about themselves or how they would like to present themselves to others (Platt 1981). These issues are very important if the entire content of the article is to be analysed. However, within this research the articles would be used to extract specific information that is less open to interpretation such as age or gender. Potentially, the large number of included articles could allow a richer profile of drug-taking activity to emerge. For example, the repetition of specific features, such as frequent travel abroad, begins to suggest a common behavioural trait. Also, familiarity with the content of the articles helps to distinguish unusual or unlikely features and invites more scrutiny of the account. Therefore, even though the articles are mediated accounts used in certain ways and with full consideration of their limitations, they might offer a window into the past and provide the essence of drug-taking activity within the era. It is very unlikely that any other source could offer such a cross-section of participants and therefore the value of using the articles lies within

their ability to unlock a wider perspective on drug activity rather than focusing upon one group of drug-takers, such as those seeking treatment.

### Selecting a newspaper

Secker (1999) states how virtually since it was first published the content of *The Times* has been indexed<sup>5</sup>. Such a comprehensive index has made the publication the principal newspaper source in the United Kingdom. Originally, the index appeared in printed volumes. More recently, it has been possible to search for topics electronically. Technological developments have transformed the process (Soothill and Grover 1997) by not only significantly increasing the speed by which searches can be completed but it has also meant that articles can be retrieved and read instantaneously on screen (Deacon 2007).

Electronic searching of newspapers is relatively new, however the technology has been available in other areas for some time. For example, since the 1970s Medline has provided access to published medical research by indexing articles using keyword terms. Thus, there is extensive literature regarding how to conduct effective searches of this electronic database to gather material for systematic review, the purpose of which Lemmer et al. (1999) state is to:

“Obtain an unbiased and complete collection of data around a certain area of interest.”

(p.315)

In essence, this statement describes, too, how the current study should aim to capture newspaper accounts of drug-taking.

Several articles specifically discuss the process of electronically searching of *The Times*. Soothill and Grover (1997) discuss the

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<sup>5</sup> In 1978, work was commissioned to index the first 6 years of *The Times* (1785-1790) to complete the coverage.

problematic aspects of electronic searches within their research. A central point of their discussion relates to the application of keywords and how particular keywords can generate either false negatives or false positives. A false positive is a non-relevant article within the yield generated by a search. It occurs because a search term may include a word that has more than one meaning. According to Soothill and Grover (1997) false positives are “much more pernicious” (p.593) because the researcher cannot be certain about the capture of all relevant material. A more recent article, reporting upon research that used the *The Times* Index (Pearson and Soothill 2003) concluded that:

“...*The Times* Index was a reliable source for our study as one might expect from a ‘paper of record’. On the other hand one needs to stress that a quality control test is study-specific.”

(p.785)

Therefore, although electronic searching of *The Times* has been effective, researchers should be cautious about the application of the process and preferably test whether it is transferable to another topic. Furthermore, technological advances since the completion of this research means there was scope to build upon the findings of Pearson and Soothill (2003) and explore what recent developments might mean for research based upon electronic searching of newspapers. Hence, *The Times* became the source of primary interest, but one other source was explored: pharmacy records.

### **Pharmacy records**

Pharmacy records infrequently appeared within the literature, but they appeared to be an interesting option and their potential value to this research was explored. Pilot work indicated difficulties with this source but the identification of a set of very comprehensive and consistent records led to a more detailed examination of this source. The conclusion reached by the investigation was that although it was



possible to identify the dispensing of the drugs, which are of interest to this study, it was not possible to contextualise adequately the lives of the recipients or the use they made of their dispensed drugs. Hence, for a while the evidence from the records was set aside. However, the findings that emerged from the newspapers led to a new perspective from which to evaluate the content of the Pars collection and this highlighted the valuable contribution they could make to the study. Appendix C outlines the process of finding and analysing these records.

### **Summary of source assessment**

The process of obtaining examples of potential sources indicated that gathering evidence for the study would be less about comparing the quality of different sources and more about finding any that could offer a wide range of drug-takers. Therefore, the only source that appeared to have the potential to provide details about drug-takers of the period was *The Times*. The subsequent inclusion of the pharmacy records underlined the need when researching a ‘missing history’ to constantly reflect and question all evidence, even that which seems initially unable to illuminate the past sufficiently.

### **Developments during the research concerning sources**

Following the decision to make *The Times* the primary source, the creation of a new electronic legal archive occurred. This was Old Bailey online, which provided access to the proceedings of the Old Bailey between 1674 and 1913. The online archive did not cover the entire period of the study; nevertheless, consideration of the archive occurred to ensure that no source was overlooked. Keyword searches using the five drug types identified between 0 and 10 cases for each during the period 1900 to 1913. Some cases occurred within more than one set of results. Many of the cases referred to either suicide

attempts<sup>6</sup> or treatment using the drugs. A few of the cases identified had appeared within the search yields from *The Times* Digital Archive. Therefore, it appeared that the Old Bailey Archive could not provide any additional evidence to assist the current study. However, the creation of a digital archive during the study demonstrated the substantial investment and rapid rate of change in archive-based research, particularly in terms of electronic access.

### **The continually evolving research strategy**

Learning about the sources advanced the study but still no overall research strategy existed largely due to uncertainty about what the content of the articles could yield and, indeed, whether they could illuminate aspects of the topic not yet realised. As noted earlier within the chapter, the practice of researching a ‘missing history’ requires an innovative use of sources and can rely upon the researcher devising new approaches to analysing evidence. The starting point for this process is not only the content of the evidence but also what it failed to capture and, most importantly, why. What documents omit can be as important as what they can convey (Jordanova 2000). Considering omissions from evidence is a technique known as ‘reading against the grain’ (Hart 1998) and one employed extensively during this study.

From the outset, it was known that a study that sought to illuminate a ‘missing history’ would present challenges. However, the implications of conducting such research only crystallized when the volume and diversity of evidence which the source could offer became apparent. Therefore, the next section reflects upon the management of a continually evolving research strategy.

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<sup>6</sup> Suicide was an offence during the period and those who survived a suicide attempt would be charged and tried.

## **Reflections upon managing a continually evolving research strategy**

Choosing to adopt an alternative perspective to that found within the mainstream literature is a challenging experience and one that requires much knowledge of the period and the sources. In addition, the skills of the detective are required to assemble the traces of evidence captured inadvertently. The importance of ‘reading against the grain’ and repeatedly questioning the evidence about what else it can convey are essential aspects of conducting this form of historical research. Therefore, the process needs to be highly responsive and adaptive. Research of this nature is highly reliant upon a constant dialogue with the sources and a growing appreciation of the responses. Hence, the research process that evolved reflects a series of responses to a number of different issues, which emerged from the sources and the nature of evidence they generated. For example, searching *The Times* found reports of drug-taking varied considerably in length and a few individuals had received extensive press coverage. The in-depth reporting of a few incidents potentially offered a more robust profile as the articles contained multiple witness accounts. Being able to read about the incidents from multiple perspectives allowed there to be some assessment of the internal consistency of the evidence that is a key principle of documentary analysis (Platt 1981, Scott 1990 and Berridge 1986). Being able to assess evidence thus, in part, negated concerns over the source being a mediated one. The resulting individual accounts, presented in Chapter 5, in turn, proved a solution to the issue of how to analyse the diverse collection of retrieved articles. Analysing the individual accounts first provided an initial framework upon which to begin analysing the tabulated items extracted from the articles.

Another example of how the research responded to a source was the geographical analysis, which arose from the discovery that there was an unexpected type of information consistently reoccurring across the articles. As highlighted previously, the analysis of

pharmacy records, too, unexpectedly contributed in a manner unforeseen at the outset of the research. Therefore, had there been a more fixed research strategy at the outset then it would not have been possible to illuminate to the same degree the drug-taking activity of the early twentieth century.

### **Chapter conclusion**

This chapter outlined how a search for literature concerning historical research methods found little detailed discussion or comparison of methods, but it did enable the study to be placed within a newer branch of historical study that sought to explore ‘missing histories’. The literature indicated much debate about the practice of historical research and the status of the discipline in comparison to others. Rather than methodological debate, the literature focused upon the skills of the historian and in particular, the importance of appreciating the sources. Focusing upon the needs of the study and the potential sources led to some reflection upon the idea of the Annalists, concerning the utility of sources that bring private experiences into the public domain. Having found it difficult to obtain sufficient legal records the focus moved to newspapers, which reported legal cases. The nature of newspaper reports meant the sources are essentially mediated accounts but the well documented concerns within the literature offered guidance on how to approach this type of evidence.

The next chapter considers the process of devising a search strategy, its application to *The Times* Digital Archive and the subsequent management of the retrieved articles.

## **Chapter 4. Searching for evidence and managing the articles retrieved from *The Times Digital Archive***

### **Introduction**

The previous chapter discussed the type of information that would assist the study and assessed the potential sources. This stage concluded that the most promising source was *The Times Digital Archive* even though the articles would be a mediated account of drug-related incidents. Furthermore, the process found Pearson and Soothill (2003) had considered computer-aided searching of *The Times* and had concluded that an earlier version “offers a reliable source of research data” (p.788). Since then, advances in technology meant utilising the more recent version could build upon their work concerning electronic searching of *The Times* for research purposes.

This chapter, firstly, discusses how electronic searching has evolved and, in particular, how the systematic review process has contributed to the development of key principles regarding the construction and application of electronic searches to ensure the identification of relevant articles. Then, the chapter describes how these principles informed the development of the systematic search strategy for use with *The Times Digital Archive*. Lastly, it considers the management of the retrieved articles.

### **The background to electronic searching**

Generally, electronic searching has become more common in recent years particularly with advances in technology, which allow the management of “enormous amounts of information” (Shafi and Rather 2005). Medline, first launched in America in 1971, arguably developed the use of electronic searches within research. Developments in computer software during the 1980s made this type

of resource more widely accessible to potential users and significantly increased its usage (U.S. National Library 2006). Particularly within health care research, electronic searches have become highly developed through the on-going work of the Centre for Reviews and Dissemination (CRD), established at the University of York in 1994. Recognised internationally for their expertise the CRD has developed guidance for the completion of systematic reviews (CRD 2009). A key aspect of undertaking a systematic review is the construction of a comprehensive electronic search strategy that will identify the most relevant publications regarding any particular review topic.

The complex searches utilised by the CRD are very sensitive and the probability of missing a relevant article is low (Day et al. 2005). However, the process generates a high number of articles, which requires management. Research by Day et al. (2005) concluded that simplified searches are as effective in particular circumstances, such as when the topic is a “well-defined physical treatment” (p.874). The increasing reliance upon online evidence in health care has meant electronic searching now extends beyond the large scale reviews undertaken by the CRD and is being utilised by health-care professionals in the course of their daily practice (Day et al. 2005 and Wilczynski et al. 2001).

Electronic searching is not exclusively used within health care. Technological advances have opened up new forms of electronic searching during the last decade, particularly in terms of newspapers (Readings and Holland 2003). For example, *The Times* became available online during 2003 (McCue 2003). However, unlike the field of health care, researchers undertaking electronic searches of newspapers have published little concerning the process or its effectiveness. Therefore, the construction of a systematic search strategy for this study was guided by both material published by the CRD as well as research literature on conducting electronic searches. This chapter now outlines the development of the systematic search

strategy for this study and reviews how it operated when applied to *The Times Digital Archive*.

### **General principles of systematic electronic searching**

The systematic review process relies upon the quality of the devised search strategy to identify relevant publications (Sampson et al. 2008). Only a high quality search strategy will ensure “the accuracy and completeness of the evidence” (p.iv). This was the intended outcome of the systematic searching utilised within this research. However the process would differ greatly from those devised at the CRD. For example, the systematic search is only applied to one database – *The Times Digital Archive*. Furthermore, the structure of the search strategy will be a series of search statements rather than a lengthy set of descriptors modified with inclusion and exclusion criteria as utilised by the CRD. However, the search strategy for this study will aim to follow the intention of CRD process outlined in their guidance:

“Search strategies are explicitly designed to be highly sensitive so as many potentially relevant studies as possible are retrieved”.

(CRD 2009, p.19)

The development of a systematic search strategy is a process that requires refinement based upon the results of test searches (CRD 2009). There may be particular issues involved in applying search statements to specific databases (Barroso et al. 2003). Also, there is a need to retain a balance in the development of an effective search strategy, which ensures it is:

“...optimizing retrieval of desired citations while minimising retrieval of those citations that are not sought.”

(McKibbin et al. 2006, p.444)

The literature suggests that there are a number of issues to

consider when devising an effective strategy. Despite the fact that the CRD guidance is highly developed, it is possible to draw upon the general principles when constructing a systematic search strategy. Figure 1-1 outlines from CRD guidance the process of developing a systematic search strategy.

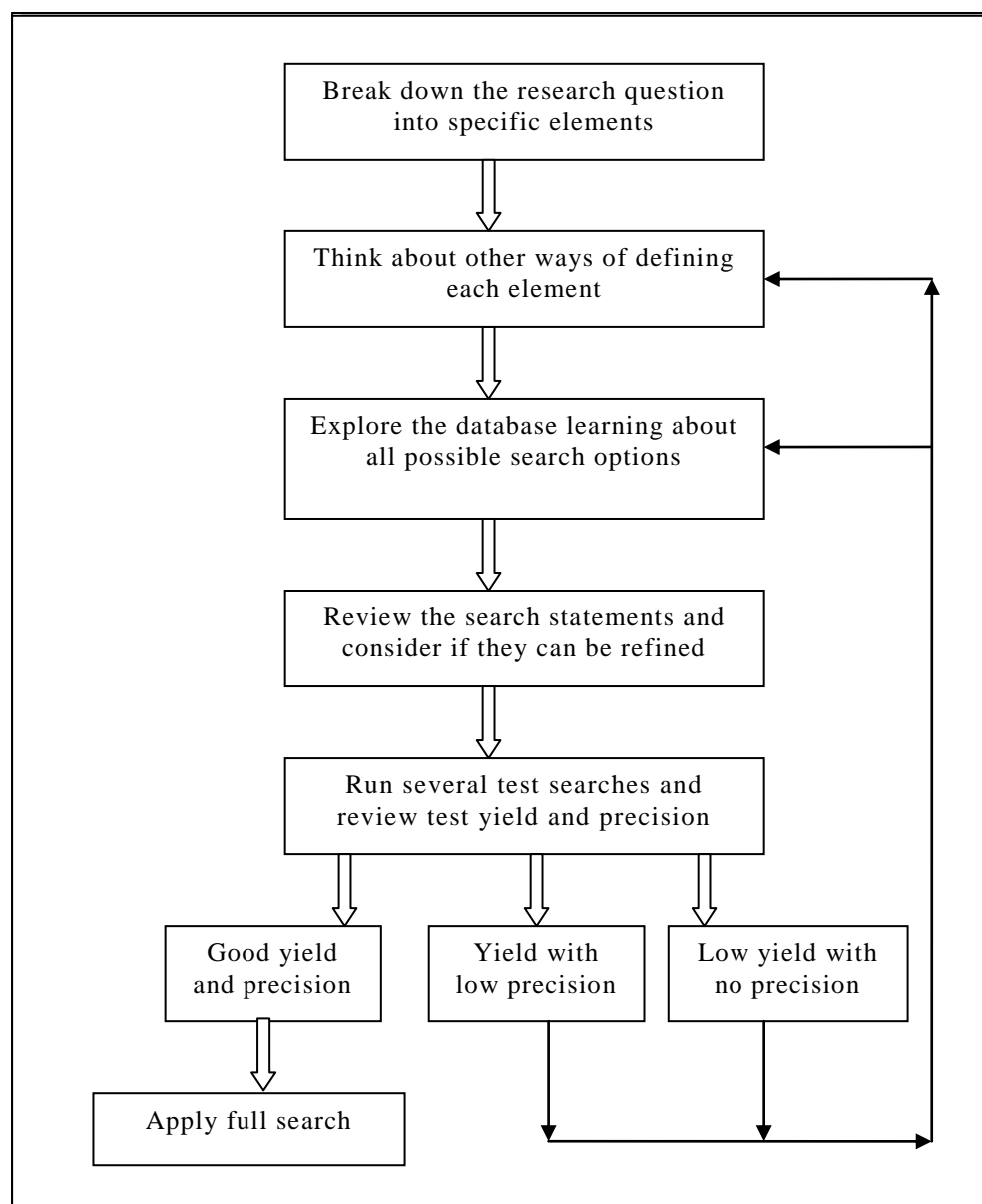


Figure 1-1. Flow chart of the development of the systematic search strategy.

Identifying the most effective search statements and appreciating fully the process of applying them to the database is essential to developing an effective search strategy. A portion of the research literature concerning electronic searching specifically discusses



possible refinements to search strategies to enhance the quality of the results on certain databases (Sampson et al. 2008, Flemming and Briggs 2007, Grant 2004, Evans 2002, Wilczynski et al. 2001). Therefore, the development of a search strategy requires a period of learning about the database and reflection upon how best to apply this knowledge to generate an effective search strategy. Clear record keeping of the decision-making process is essential (Hart 1998 and Oxman 1994).

When conducting electronic searches of newspapers it is important to identify search statements that most accurately describe the topic and do not have multiple meanings (Soothill and Grover 1997 and Pearson and Soothill 2003). Hart (1998) defines the words used for searches as the search vocabulary. Combining the search vocabulary in various ways creates a range of search statements (Sampson et al. 2008), which collectively form the search strategy. Within more complex search strategies the search statements can be combined or used independently of each other.

Careful consideration of the search vocabulary ensures search statements are both effective and required. When a word or phrase has a similar root then the search engine may have specific functions to aid the retrieval process. For example, addict is the root of addicts, addicted, addictive and addiction and a search action known as a wild card can be implemented with the word addict to perform a truncated search. A truncated search will capture within one search statement all words of that root and thus avoid the use of multiple search statements to express each of the possible different endings to the root.

In some cases, databases will have a coding structure, which it is possible to view and this can help identify the most appropriate search vocabulary for use with that database. For example, Shaw et al. (2004) describes how Medline operates with the use of Medical Subject Headings known as MeSH terms, which act as “a highly structured thesaurus” for the database (p.2).

Search strategies can also include vocabulary that either expands or limits the search in a particular way. For example, the search statement ‘British drug-takers’ combines the search vocabulary ‘British’ and ‘drug-taker’. This would ensure the retrieved articles only related to those drug-takers associated with Britain. It is sometimes possible to perform a proximity search that means the search engine looks for the occurrence of specific search vocabulary in terms of their distance of separation within the text. However, it is a command that needs cautious use. For example, instructing the search engine to look for specific search vocabulary, separated by one word, could retrieve ‘British female drug-takers’ but not ‘British drug-takers’. Therefore, it is important to give careful thought to both the construction of search statements and any associated search commands. A refinement to the search for articles on ‘British drug-takers’ would involve adding search vocabulary, which reflected alternative ways of expressing ‘British’ such as ‘U.K.’ or ‘English’. Sometimes it is also possible to refine search strategies by setting limits to the search such as the year of publication or country of publication.

When a search strategy is finalised and applied to a database the results are the yield (Shaw et al. 2004) and the proportion of relevant articles within this yield is the precision of the search (CRD 2009).

### **Searching *The Times* Digital Archive**

*The Times* Digital Archive has four search types. These are:

- Keyword
- Advanced
- Relevance
- Browse

Unlike some of the more sophisticated electronic databases, it is not possible to view descriptor terms for *The Times* Digital Archive.

Searching of this archive relies on text recognition rather than the coding of publishing material (McCue 2003). It was possible to limit searches by publication date and/or section of the newspaper (Thomson Gale 2003). There is further discussion of these two features later.

For the key word search to operate effectively it requires the user to limit the search either to a specific period or to sections of the newspaper. The system will then search all published material within the limits of the search for the particular keyword/s selected by the user. The advanced search mode allows the use of Boolean<sup>1</sup> terms to combine or exclude search terms. Relevance searches according to the user manual enables:

“...results to be returned based upon a sophisticated algorithm that weighs the value of the matching term based upon its appearance in the title, subtitle and article.”

(Thomson Gale 2003, p.4)

The Browse search option allows the user to view the newspaper in its entirety by edition. Searches can be limited by date or by selecting which of the seven sections of the newspaper should be included within the search.

### **Selection of search type**

Pilot searching focused upon three of the search options excluding the browse option because it was not feasible to view every newspaper for the period. The pilot work indicated that simple searches returned yields that on a cursory review had good precision. However, relevance and advanced searches appeared to be less

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<sup>1</sup> Boolean searches allow the combining of words and phrases using the words AND, OR, NOT and NEAR (otherwise known as Boolean operators) to limit, widen, or define your search.

effective. Table 1-2 compares the three search types and their associated yields for three search statements.

Search Statement Limited by date (01-01-1900 to 31-12-1922)	Yield from Keyword Search	Yield from Relevance Search	Yield from Advanced Search
Cocaine AND Habit	156	200	4
Opium AND Habit	256	200	2
Morphia AND Habit	150	200	1

Table 1-2. Comparison of yields from selected search statements.

The yields from the advanced search option were very low and the consistent yield of 200 for each of the relevance searches was suspicious. Therefore, the simple search became the preferred option.

### **Pilot work on search vocabulary**

The literature frequently emphasises the need to select search vocabulary that are appropriate to ensure an effective search. Generally, language usage concerns how words are commonly used in present-day syntax or whether cultural difference alters the meaning or spelling of a word, for example ‘colour’ and ‘color’ (CRD 2009). However, the historical nature of the study requires a slightly different approach to language issues because language usage has altered since the early twentieth century. A way of addressing this crucial issue was to observe from the literature and through test searches how language had been utilised during the period and develop a search vocabulary that mirrored more closely past usage.

The common usage of some words may have declined over time. For example, ‘wireless’ has become ‘radio’. Other words may have changed their common meaning such as ‘web’. At the turn of the

twentieth century ‘web’ would be a shortened form of ‘cobweb’ but at the start of the twenty-first century more people would think of the World Wide Web. This illustration also indicates that words we commonly use today may not have existed in the period of interest. Thus, using these within a search strategy would be pointless. Taking these issues into account, some pilot searches were undertaken to explore both the usage of words in the period and to gain an operational knowledge of *The Times* Digital Archive.

### **Constructing the search statements**

An initial pilot search established that the yields from search statements that contained ‘addiction’ were low. Replacing ‘addiction’ with ‘habit’ provided much higher yields indicating, for the period, it was a more appropriate word for inclusion to the search vocabulary. In addition, a review of the articles retrieved indicated that the word ‘habit’ usually appeared along with the drug the individual was taking, for example ‘opium habit’. As a result, it appeared appropriate for the drug names to become key search vocabulary. The choice of drugs was also determined by the period of study. Modern drugs such as amphetamines were yet to be developed. The literature demonstrated that the drugs of the period were opium, laudanum, veronal, morphine, cocaine and heroin<sup>2</sup>. However, pilot work found, during the era, morphine was more commonly referred to as ‘morphia’ and the selected search vocabulary reflected this discovery.

Veronal was a drug that the pilot searches highlighted sometimes occurred with other drug types, making it of interest. Furthermore, test searches found the inclusion of veronal seemed to reduce the number of false negatives. It appeared that when the search engine failed to recognise another drug type the article still appeared within the yield because veronal was recognised. The inclusion of veronal

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<sup>2</sup> Opium and laudanum had been in circulation for centuries prior to 1900 (Robson 1999) but other substances such as cocaine and heroin in particular were relatively new with Bayer first marketing heroin in 1898.

led to the retrieval of further articles, which contained reference to both veronal and another drug type of interest.

Table 1-3 indicates the yield and precision of the test search statements with the limiters of date and newspaper sections applied. Article overlap existed within the yields from some search statements.

Search Statement	Yield	Precision
Drug taking	52	35
Drugtaking	2	2
Drug taker	22	22
Drug takers	8	8
Drugtaker	1	1
Drugtakers	0	0

Table 1-3. Test search statements for the concept 'drug-taking' and associated yields.

The completion of several pilot searches suggested variations of 'drug-taking' should be included as a safeguard. The potential spelling/syntax variations were considered to ensure greatest possible capture.

### **The use of limiters within the search strategy**

As highlighted previously it was possible to place limiters on the search statements. Apart from the date of publication, the other main method was through the choice of particular sections of the paper. Two sections appeared potentially more suitable. These were 'News' which contained the 'Law Reports' and 'Editorial and Commentary'. However, pilot searches using a sample of the search statements discovered that the inclusion of the 'People' section infrequently generated an article. In the main, such articles were obituaries – an

article type found within this section. The volume of the yield originating from the 'People' section was relatively small, which suggested that including this section would not generate large yields of low precision. Based upon the findings from the pilot work the search strategy was applied to *The Times* Digital Archive using limiters that focused the search upon three specific sections of the newspaper, which were:

1. News (This would include law and parliamentary reports).
2. Editorial and commentary (This would include letters to the editor and comment on legal cases or new legislation).
3. People (This included obituaries).

Search Statement	Advert	Editorial & commentary	News (incl. Law Reports)	Business	Features	People	Limiters	Yield without limiters	Yield with limiters
Cocaine and Habit	29	12	113	1	1	1	156	125	
Opium and Habit		36	198	7	3	5	256	239	
Morphia and Habit	36	12	97	1	2	2	150	111	
Morphine and Habit		2	39	1	1	1	45	42	
Veronal and Habit		3	34	0	1	1	39	38	
Heroin and Habit	10	0	15	0	0	0	25	15	
Laudanum and Habit	12	0	13	0	0	0	25	13	
Total							696	583	

Table 1-4. Sample of search statements and the spread of the yield by newspaper section.

Re-running the search statements within these sections both reduced the yield and did not affect the precision of the search. Table 1-4 provides a sample of the search statements showing the spread of the yield by newspaper section. These results illustrate that the use of the chosen limiters refined the search in a positive manner and increased the precision of the search. This was largely because in sections such as Advertising and Business the articles would discuss products rather than incidents.

The results shown in Table 1-4 indicate that the use of the limiters reduced the yield within this sample by 16.2%. To validate the use of the chosen limiters the search statements were re-run using only the exclusions. Random checks on the yields verified that none of the retrieved articles from these searches contained articles that would provide evidence for the study. Therefore confidence in the limiters was established.

### **The search strategy for the study**

The pilot work helped identify the following drugs:

- Opium
- Laudanum
- Cocaine
- Morphia/Morphine
- Heroin
- Veronal

The concept of drug-taking with spelling and syntax variations was combined with each of the drugs listed above to form search statements. Additional search statements were created by combining the principle elements listed above with the additional search vocabulary listed below. Table 1-5 shows a sample of the search statements and their yields.



- Habit
- Inquest
- Coroner
- Possession
- Unlawful
- Prescription
- Prescriptions

Search Statement	Yield
Cocaine AND Habit	125
Opium AND Habit	239
Morphia AND Habit	111
Morphine AND Habit	42
Veronal AND Habit	38
Heroin AND Habit	15
Laudanum AND Habit	13

Table 1-5. Sample of search statements and associated yields

Limits applied to the search strategy were the publications date, which was between 1 January 1900 and 31 December 1922 and the sections of the paper for searching, which were News, Editorial and Comment, and People. Appendix D provides full details of the complete search strategy.

### **Reviewing the yield**

The results of each search statement were reviewed on-line through the electronic retrieval of each article. An initial review of the yield involved scanning the text of each identified article to check that the content matched one of the three inclusion criteria:

1. An article featured the use of one or more of the listed drugs.
2. An article recounted a drug-related incident involving one or more individuals who had taken one or more of the listed drugs.
3. The incident occurred within Britain.

If an article appeared to meet the broad inclusion criteria then it was marked for downloading and printing. By recording each article downloaded, it was possible to establish the precision for each search statement. The search strategy adopted by the study produced a total yield of 1,737 articles; within this was a precision of 863. After full review and removal of any duplicate articles, 359 articles remained that met the inclusion criteria. A further 54 articles contained useful background information concerning drug-related activity, for example the death in Paris of a member of the English peerage from a drug overdose during 1913 (The Times 1913a). Therefore, these 54 articles were retained for later reading.

### **Reflections upon the use of *The Times* Digital Archive**

As highlighted previously newspaper articles were a mediated account of an incident and this perhaps, makes them a weaker form of evidence upon which to base the study. However, the opportunity to undertake electronic searches using *The Times* Digital Archive offered the potential to retrieve a high volume of source material (Pearson and Soothill 2003). This might partly overcome the issue of mediation as the high volume of articles could highlight patterns or trends in reporting. Furthermore, the newspaper offered possibly the only way of randomly tracing individuals at various points in their drug-taking careers and in particular, at points other than when in treatment or within the criminal justice system. Thus, the articles possibly offered the best opportunity to identify drug-takers who were early career, hidden long-term or occasional recreational

consumers. However, using *The Times* Digital Archive for research of this nature was untested and much depended upon how the search engine operated. Through the use of the archive particular issues emerged and this section reflects upon these points.

### **How representative is the source of drug-taking behaviour?**

The extent of coverage was a major strength of *The Times* Digital Archive. It is both the time span and the completeness of the archive that contains the entire newspaper for every day of publication (Monday – Saturday), that makes it a valuable and unique form of evidence. Prior (2003) cites the work of Malinowski (1922) who urged researchers “to aim for complete coverage of a phenomena [sic] and not to focus upon an abnormal or exotica” (p.150-151). In some respects, the use of *The Times* Digital Archive addresses this when the safeguard of systematic searching and retrieval over a specific period is used. The search strategy aimed to retrieve all articles related to drug-taking and the identification of 359 articles indicated the effectiveness of the strategy especially as it found shorter articles, which subsequent experience of the archive suggests are likely to be missed with a simple search technique. Further discussion of this issue occurs later in this section. Both the design of the search strategy and the setting of broad inclusion criteria prior to searching aimed to eliminate as far as possible researcher bias (Prior 2003) and enable the identification of the highest number of incidents. Therefore, the design of the search strategy did as much as possible to address the issue of “complete coverage of the phenomena [sic]” as suggested by Malinowki (1922 cited Prior 2003).

However arguably, as indicated earlier, the source from which the sample is drawn may not entirely reflect drug-taking at that time. Potentially, the reported incidents were those that in some way appealed to either the reporter and/or the editor of the newspaper.

Maybe they saw the incident as one that would help maximise their readership or reflected an area of interest to the paper. Hence, the incidents captured by the newspaper may “focus upon an abnormal or exotica” that Malinowki (1922 cited Prior 2003) suggested should be avoided. However, overall the lack of knowledge of drug-taking behaviour highlighted by the literature review in Chapter 2 suggests there is little way of knowing how unrepresentative the sample is. However, Mays and Pope (1995) state that:

“Statistical representativeness is not a prime requirement when the objective is to understand a social process.”

(p.311)

Partly this study examines a social process as authors such as Berridge (1999) argue that social perceptions of drug-taking were changing. Looking at the history of drug-taking, the changes within this era would seem to be part of an ongoing natural process. However, legal change occurs too and transforms a behaviour practised for centuries into an illicit activity. In essence, the social process is how drug-takers respond and adapt in an evolving world, where the availability of new and more powerful drugs coincides with legal change and economic hardship.

Therefore, maybe a question posed by Popay et al. (1998) when considering standards of sampling in qualitative research is useful when thinking about the evidence the newspaper could generate.

“Does the sample produce the type of knowledge necessary to understand the structures and processes within which the individuals or situations are located?”

(p.346)

Arguably, it does because each reported incident offers some information about one drug-taking incident. When factors recur within accounts, such as women obtaining drugs by post, this is not a

piece of information the newspaper has introduced into the account; it is something which is independent of the paper's influence and it 'speaks' about preferred female procurement behaviour.

Despite the literature emphasising that newspapers provide mediated accounts, some authors argue this is a more common feature of modern-day publishing. The literature suggests, in the past press bias is less of an issue as newspapers saw their role as educators of the public (Campbell 2006 and Barger 2003). It is also of note that if bias is to be found in newspapers then it is likely to be within certain sections where the expression of particular views are welcomed, for example, editorials or the letters page (Hart 1998). The other side of this argument is that there will be sections where perhaps there is greater attention to detail, such as law reports or accounts of parliamentary proceedings.

However, being aware of the potential for bias is helpful during the research process and, as with all aspects of this study it needs consideration within the context of the period. The historic literature suggests the issue of drug-taking was just entering the public consciousness. Therefore, it is possible to make a strong counter argument that reporters and editors wishing to fulfil the role of educator of the public, wrote about any and every drug-taking incident. If this were the case, then the source may be more representative than initially anticipated. On balance, there is the potential for *The Times* Digital Archive to offer evidence that is, to some degree, representative of drug-taking during the period.

### **Unexpected evidence**

An unexpected strength of the archive as a source was its ability to trace individuals over time. Initially, *The Times* appeared to offer a snapshot of a life at one point in time. However, the review process indicated sometimes rather than a snapshot the source can capture several incidents in the life of an individual across a period of time, which provided greater context to their drug-taking history.

Another way that the articles offered much more context than expected was when articles linked people together showing their personal association, such as a series of articles during 1922 that referred to three members of a family that supplied drugs. In addition, the reports concerning one member of the family highlighted a personal link to other individuals involved in drug-related activity. This outcome highlighted the importance of paying close attention to the content of articles and being able to recall the names and circumstances of featured individuals.

Furthermore, several incidents generated a series of articles and, due to the systematic structure of the search strategy it was possible to retrieve the entire set of articles. The detailed reporting of these cases subsequently offered an opportunity to develop individual accounts, similar to a case study approach, which Yin (1989) suggests allows “an investigation to retain the holistic and meaningful characteristics of real-life events” (p.14). Charmaz (2000) suggests these offer insight into social processes too that are of value when considering the changing nature of drug-taking. In addition, individual accounts assisted in structuring the analysis of the tabulated information extracted from the remaining articles.

Lastly, the articles from *The Times* initially were a way to connect with individual drug-takers and gather their personal characteristics such as age, gender, occupation and drug consumption. However, the range of incidents and the content of the reports provided a much richer picture of drug-related activity. The wealth of geographical evidence not envisaged at the start, led to an entirely new piece of geographical analysis, allowing the study to consider the trafficking and supply of drugs during the period.

### **The research limitations of *The Times* Digital Archive**

The research identified a number of limitations through searching the archive. Appendix E provides a detailed description of the issues, but key points were:

- the construction of the search unit<sup>3</sup> within the archive can influence the number of both false positives and false negatives;
- the word recognition of the search system can misread articles and generate false positives;
- the system is case sensitive, an issue not highlighted within the system guide;
- issues concerning the on-screen appearance of retrieved articles. Sometimes an edge of a column may be missing or if the article continues on another page this can be difficult to trace.

Developing a good understanding of how these issues can occur and introducing safeguards where possible is, therefore, essential when using *The Times* Digital Archive.

### **Management of the retrieved articles**

As stated earlier, the searches provided a total yield of 1,737 articles derived from the sum of all search statements. This number fell for two main reasons. Firstly, some articles appeared in more than one search yield. Secondly, the weaknesses of the search engine described in Appendix E meant that the yield contained some false positives. In addition, due to the retrieval issues highlighted within Appendix E, a further group of articles either could only be partially retrieved or not at all and were discarded. Arguably, the number of included articles could have differed from 359 if it had been possible to review fully all the articles from the search yields.

The management of the 359 articles included in the study initially proved challenging. The yield of each search statement had undergone several reviews before arriving at the final 359 articles

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<sup>3</sup> The search unit refers to how the newspaper's pages are divided up for scanning and submission to the archive. Sometimes one longer article forms a search unit and sometimes it is a number of short articles (see Appendix E).

and this process of repeated review enabled the piloting of several approaches to organising the articles, such as by drug type or year of publication. However, growing familiarity of the articles finally led to the type of incident becoming the method of organising the articles. The benefit of this was that it brought similar situations together, making them more easily comparable with each other and across time. The three inclusion criteria each reflected different aspects of drug-related activity (see Appendix A). Essentially, the three criteria captured irregular drug-takers, known drug-takers and arrestees for drug offences after 1916.

To aid direct comparison, a modification to the first two categories created subdivisions. One distinguished incidents within the period from 1900 until the end of 1915 and the other incidents from 1916 until the end of 1922. To verify an assigned article met the criteria, a final reading of each entire set of articles occurred. This process of comparison identified several articles, which appeared to fulfil another criterion better. Usually this involved articles where the content appeared to indicate drug-taking by an individual but there was no specific statement to indicate regular consumption.

The preparation of a list of items for extraction from each article occurred next. Three spreadsheets, reflecting the inclusion criteria, presented all the extracted items - see Appendix F. The initial intention had been to analyse the collated details. However, the volume of tabulated evidence was great and the analysis needed a structure.

Stake's (1998) discussion of case studies within qualitative research influenced the analytical process. The availability of only one source, *The Times*, and the inability to access additional information about the individuals, meant the development of case studies as outlined by Stake would not be possible and thus the approach was not fully adopted. However, the concept that the experiences of a smaller group could potentially provide insight to a



larger group encouraged consideration of whether this would be applicable when analysing the retrieved articles. Some articles provided richer evidence about the lives of individual drug-takers through a series of reports. The content of the articles largely followed the order that the court heard witness testimony. There were discrepancies between some witness testimony and often information about events leading up to the individual's death did not appear in sequence. However, if it were possible to develop chronological accounts from the reported evidence then potentially these could be analysed as a group. Seven individual accounts of drug-taking were prepared and these are presented in Chapter 5. As the accounts originate from the content of press reports, they cannot be considered entirely accurate but they provide insights to the experiences of individuals who consumed drugs within the era. The seven accounts spanned the period of the research.

The individual accounts focused upon reported information that related to their drug-taking. The process made the differences or similarities between the drug-takers more transparent. Thus, the individual accounts were a starting point that enabled the identification of common traits that suggests themes that it might be possible to develop during the second stage of analysis involving the remaining articles. This second stage analysed the tabulated information for each group of articles and sought differences, similarities and unusual features within each group and across the extracted information from all groups. In addition, an adaptation of a technique referred to in the historical literature of 'reading against the grain' (Evans 1997) was utilised. This process posed questions about the evidence. For example, most arrestees after 1916 were male, but 'reading against the grain' would focus instead upon why significantly fewer females featured within the articles.

Highlighted previously within Chapter 3 was the evolving nature of the study. The evidence analysed by this point in the study was greater than anticipated at the outset. However, the process indicated the full potential of the articles had not been realised as they

contained a wealth of geographical information, which led to an entirely new type of analysis that is presented within Chapters 9 and 10.

### **Chapter conclusion**

The start of the chapter outlined the process of conducting electronic searches and highlighted there were both highly systematic approaches and more simplistic ones. Research indicated that in some situations both could be effective in finding relevant publications. However, as little published material existed on electronic searching of newspapers, this study adopted a cautious approach and drew upon the principles of the ‘gold standard’ searching techniques of CRD. This proved to be highly beneficial as during the search process issues with the operation of *The Times* Digital Archive emerged. Probably it would not have been possible to detect these limitations without the adoption of the ‘gold standard’ principles. Not detecting the limitations would have made the search yields less fruitful.

Despite the limitations of *The Times* Digital Archive, overall the evidence retrieved from it was of enormous value. The content of the articles far surpassed the early expectations. For example, the content of some articles linked individuals and provided further context to their lives. The rich source, too, enabled exploration, in some detail, of unforeseen aspects of drug consumption not discussed in the current literature. The next chapter presents the seven individual accounts devised from the content of articles retrieved from *The Times*.

## **Chapter 5. Drug-taking: seven individual accounts**

### **Introduction**

The searches of *The Times* Digital Archive described in Chapter 4 identified a large number of articles concerning drug-related activity. The initial intention was to tabulate and analyse their content. However, the retrieved articles contained such a wealth of information that the process of analysis was adapted to ensure no detail was lost. Some articles offered richer evidence of drug-taking because they were part of a series featuring one individual. These articles enabled the preparation of seven individual accounts. Appendix G outlines certain issues which arose when preparing these accounts from newspaper articles. This chapter presents the seven individual accounts and discusses the similarities and differences from which three themes emerged.

### **The individual drug-takers**

The individual accounts feature more females. This strongly contrasted with the degree of female representation found generally within the retrieved articles, which was much lower. Collectively the seven accounts span the entire research period and draw upon a range of legal proceedings including inquests, a criminal trial for manslaughter and a civil action, which is one of only a handful found among the retrieved articles. Table 1-6 summarises the seven case studies.

Three of the case studies involved individuals who knew each other and it is the death of one that drew attention to the others. All three shared drugs socially and procured them on the illicit market.

Some ambiguity exists about the association that one individual, a young female, had with drugs at the time of her death. However, Kempton received financial support from a Chinese male who was later convicted for drug trafficking.

Name	Age	Drugs mentioned	Year reported	Location	Nature of reporting
Charlotte Forsythe	43	Morphine Cocaine Chloral	1902	London	Civil action by Forsythe family against Dr Law
Eric Trevanion	27	Morphine Veronal Alcohol	1912- 1913	Hove	Inquest
Billie Carleton (Florence Stewart)	22	Cocaine Opium Heroin	1918- 1919	London	Inquest and criminal trial for manslaughter
Reginald DeVeulle	38	Cocaine Opium	1918- 1919	London	Inquest and criminal trial for manslaughter
Lionel Belcher	25	Heroin Cocaine Opium	1918- 1919	London	Inquest and criminal trial for manslaughter
Anna Greswold	76	Morphine	1919	London	Inquest and prosecution of chemist
Freda Kempton	21	Cocaine	1922	London	Inquest

Table 1-6. Summary of the seven individual accounts

The three other drug-takers were two older females and one younger male peer. The female drug-takers obtained their supply through prescriptions and it is likely the male did too, but there is no evidence to prove this. These three provide insight to a different aspect of drug-taking not associated with procurement from the illicit market.

The individual accounts indicated the content of the articles had the potential to illuminate the lives of individual drug-takers and to highlight common traits in their lifestyle. The next section presents the seven accounts. The first account draws upon reports of a civil action during 1902 by the Forsythe family on behalf of their sister

against Dr. Law. The case seems unusual because the family, through the legal action, brought to public attention their sister's drug-taking and that to place her in treatment they had declared her insane.

## **Account 1: Charlotte Forsythe (1902)**

### **Background to the case**

Miss Forsythe, a trained nurse, met Dr. Law while in practice during 1888 and later a friendship developed. During 1895, Forsythe opened a nursing home in Bulstrode Street, London with another nurse, Miss Ward. However, by 1900 Forsythe's physical health and general well-being had severely declined due to her daily consumption of morphine and other drugs. She became incapable of working and the nursing home closed at a financial loss.

Between 1900 and 1902, Forsythe lived at a number of addresses: Pelham Crescent, Warwick Street and Morshead Mansions. Latterly her family moved her to a treatment facility at 62 Ladbroke Grove. These moves took Forsythe progressively westwards across London from a starting point which was roughly central.

Forsythe's brother-in-law believed Law was responsible for her drug-related condition. Therefore, he asked Law to contribute to the cost of her treatment; Law declined to do so. In 1902, the Forsythe family sued Law claiming that he had:

“negligently, unnecessarily and improperly prescribed for Miss Forsythe morphia and other drugs, with the result she had become addicted to the ‘morphia habit’ and had been in danger of losing both her reason and her life.”

*(The Times 1902b, p.3d)*

At the time of the court case Forsythe was in treatment and considered too unwell to appear. Family members gave evidence as well as doctors; a nurse who had attended Forsythe and pharmacists. On the fourth day of the trial, during Law's evidence, the Jury indicated that they had reached a verdict. Their decision was to find in favour of Law. Furthermore, the opinion of the jury was that the

court should not have heard the case. After the trial, Law received considerable support from both the medical profession and the public, including the full payment of his legal costs. He died in Bournemouth in 1908 (*The Times* 1910).

### **Forsythe's medical history**

On separate occasions prior to 1894, two different doctors had prescribed morphine for Forsythe. Eliza Critchlow, a nurse, had been employed on three occasions to care for Forsythe. The first, in 1891, was when Forsythe was receiving treatment from another doctor for hysteria and asthma. The second occasion was during 1896, and the third during 1899. On both these occasions, Forsythe was Law's patient as he took on her care during 1894. Generally his visits to the nursing home were only social calls as he gave up his medical practice during 1895. Occasionally, on these visits, if either Forsythe or Ward required it, he would prescribe for them but never charged either for his medical care.

During 1897, Law diagnosed Forsythe with bronchitis and severe asthma. However, one of her sisters denied that Forsythe had ever shown any symptoms of asthma. Following his diagnosis Law tried various medications but he failed to manage successfully Forsythe's condition. In 1898, the use of morphine was "a well-recognised remedy in severe or obstinate cases of this kind." (*The Times* 1902c, p.5d). Therefore, Law prescribed morphine for Miss Forsythe and it proved an effective treatment.

When Law retired fully during 1899, Dr. Capon took over his practice and he first treated Forsythe during June 1899. Dr. Capon agreed with Law about both the severity of Forsythe's asthma, and the use of morphine to treat it. During 1899, Forsythe received three daytime injections of morphine and a further three during the night. Nurse Critchlow believed, in addition to these prescribed amounts, that Miss Forsythe also injected herself. She described how, during this period, she often found Forsythe "in a very helpless condition." (*The Times* 1902d, p.3b). Concerned for Forsythe's health, Critchlow

challenged Law about his use of morphine and later contacted Forsythe's family.

After visiting Forsythe, family members decided to move her into the home of her mother and appointed Dr. Hardwick to treat her. His assessment was that Forsythe did not suffer from asthma. Instead he believed that Forsythe was a strong-willed woman, who simulated asthma attacks to obtain morphine through her doctor. Dr. Hardwick stopped prescribing morphine for Forsythe, and under his care her family believed her health improved. Dr. Hardwick did not agree with the use of morphine for the treatment of asthma. He believed doctors should use morphine sparingly because of "the danger of acquiring the habit was so great" (*The Times* 1902d, p.3b).

Forsythe quarrelled with her close family and so moved out of her mother's home, finding accommodation in Bath where Dr. MacKenzie took over her care. While in Bath, Forsythe began taking morphine again. Some MacKenzie prescribed for her, some Ward had sent by post from a London chemist, and some Law brought when he visited.

During late 1899, Forsythe returned to London and Law took over her care once more. Forsythe's family alleged that, from this point, she was able to obtain large quantities of morphine and, as a result, relapsed. However, Law claimed that he first knew Forsythe took morphine during September 1899. Until then he had not appreciated that Forsythe still had his prescriptions and was making use of them to obtain morphine. When he did become aware, Law claimed that he devised a morphine reduction strategy, as he believed withdrawing the morphine immediately might kill her. His strategy involved:

- the dilution of the morphine he supplied Forsythe;
- personally injecting her to control her access to the drug;
- not leaving morphine in Forsythe's possession.

Forsythe's family, concerned by her poor health, appointed another doctor, Dr. Chalmers-Brown. He stopped her morphine and, again, her health improved. However, from January 1900, Law

resumed his role as Forsythe's sole doctor and, again, her health failed. At this stage, Miss Forsythe's brother-in-law wanted to place her in treatment and asked Law to certify her insane<sup>1</sup>. As he refused, Forsythe's family appointed two other doctors who declared her insane, which enabled them to place her in treatment under the care of Dr. Kirkland. When she entered treatment, Dr. Savage, a mental health doctor, assessed Forsythe and found her physically weak, only partly conscious, and delirious when roused. Furthermore, he found no medical condition to warrant the use of either morphine or cocaine; which were the drugs prescribed to Forsythe by Law. Dr. Savage believed Forsythe took a combination of drugs including morphine, cocaine and chloral, and had taken these drugs for some time. He told the court that it is

“...generally very difficult to find out when a patient had acquired the habit. They became very cunning and took every precaution against being found out.”

(*The Times* 1902e, p.3e)

### **Forsythe's access to drugs**

Forsythe had obtained drugs from a number of chemist shops and their employees gave evidence. Between 1898 and 1900, Roger's Chemist of Oxford Street supplied medicines to Forsythe's nursing home including morphine, atropine, chloroform and cocaine. The chemist thought the great variety of prescriptions he received from Law for Forsythe suggested changes in her treatment overtime. In addition, Rogers recalled Ward speaking to him about some of the prescriptions and instructing him to send some to Forsythe in Bath. Furthermore, while in Bath, Forsythe wrote to Rogers requesting more morphine.

Another chemist, Allen and Hanbury, dispensed prescriptions for cocaine issued by Law and a third, Mr. Middleton-Hughes, situated

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<sup>1</sup> Under the terms of the Inebriates Act 1898, the compulsory detention, for up to 3 years, of a habitual drunkard with an offending history was possible (Thom 1999). Although there was discussion about making provision within the bill for drug-takers, this group were not included in the final bill presented to parliament.



on Fulham Road supplied Forsythe directly without any prescription from Law. He pointed out that as a trained nurse and owner of a nursing home Forsythe could obtain drugs in her own right. The strongest evidence that Forsythe accessed drugs for her personal use came from the dispenser employed by Bradley and Bourdas. During 1900, he dispensed chloral, cocaine solution, bromide and morphine all on prescriptions written by Law for an address in Warwick Street, which was the property Forsythe moved to after the closure of her nursing home.

The accounts of those who supplied her indicate that as a nurse Forsythe's ability to access drugs legitimately might have meant her drug-taking continued unnoticed had not her family brought it to public attention through a civil action. Similarly, the intervention of the drug-taker's family is central to the second account, that of Eric Trevanion. His family applied for a second inquest, which the Home Secretary granted during 1913. The inquest brought to public attention both Trevanion's drug-taking and his homosexuality, which was then a criminal offence<sup>2</sup>. The probable motivation of the family was his estate worth in excess of £50,000 (present value<sup>3</sup> of £2,853,000), which he bequeathed to his male companion. The family seemingly hoped the second inquest would find that another person, specifically his male companion, had administered the veronal overdose, which killed Trevanion.

## **Account 2: Eric Trevanion (1913)**

### **Background to the case**

Eric Hugh Trevanion died on the 11 September 1912 aged 27 years, at the flat he shared with his paid companion, Albert Roe who was 35 years old. Late in the evening of 9<sup>th</sup> September, just before falling into an unconscious state, Trevanion told Roe that he had taken an overdose of veronal. Roe telephoned Dr. Baines who came and

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<sup>2</sup> It was not until the Sexual Offences Act 1967 that certain homosexual acts under specific circumstances were decriminalised.

<sup>3</sup> Calculated using online currency converter (National Archives 2009a).

treated Trevanion at the flat until his death. Between 9<sup>th</sup> and 12<sup>th</sup> September two other doctors gave medical advice too. Both Dr. Sandifer (from London), and Dr. Hobhouse confirmed Dr. Baines' original diagnosis of veronal poisoning and all agreed the treatment plan. Crucially this included not performing a stomach wash because the potential risk of asphyxiation during the procedure was too great.

The first inquest held immediately after Trevanion's death concluded that his death was due to veronal poisoning, and the verdict was 'death due to misadventure'. Dissatisfied, Mrs. Trevanion, mother of the deceased, instructed her solicitors to provide additional evidence to the Director of Public Prosecutions, which led to a second inquest during January 1913. The verdict of the second inquest was that Trevanion had died from an overdose of veronal, but there was no evidence to show how or who administered the drug. The jury asked for the verdict to include a rider, which stated that veronal be placed on the poisons schedule and that it should be illegal to supply it without a prescription.

### **Trevanion's lifestyle**

Trevanion was from a wealthy and influential family. He had left the family home in 1906, aged 21 years, and moved in as a paying guest to the home of Mary Geneste. The address given at the inquest suggests he moved in a westward direction across London from a location that was roughly central. Geneste had known the Trevanion family for 16 years. She recalled how Trevanion had been in "delicate health" since the age of 14 when he had suffered appendicitis (*The Times* 1913b, p.8b).

Being wealthy and with no need to work, Trevanion travelled for extended periods from 1906. He made several sea voyages with his brother, visiting various places including Egypt and, on two occasions, Australia. It was during one of his early sea voyages that he had met a crewmember, Roe. Their friendship grew and by the summer of 1912, Trevanion invited Roe to move into a flat in Hove. Reporting in *The Times* emphasised that Roe was a paid companion,

but archive evidence published more recently (Brighton ourstory 2007) states that Roe and Trevanion were in a long-term homosexual relationship. Whatever the nature of their relationship, they shared a flat in Hove and employed three live-in staff, a married couple, Mr. and Mrs. Joiner who were their butler and housekeeper, and a chauffeur.

Trevanion's appearance and manner attracted much attention during the inquest. Witnesses described a very effeminate man who wore "a silk gown and white satin shoes with very high heels" (*The Times* 1913c, p.4c), liked his "hair dyed and curled". He paid, too, for his hairdresser to manicure his nails and liked to have a "painted face". He wore various items of jewellery including gold bangles. In addition, Trevanion's chauffeur described a small bag, which was "like a lady's jewel case", in which he knew Trevanion carried "his drugs, puffs and powders" (*The Times* 1913d, p.4a).

### **Trevanion's history of drug-taking**

Trevanion had injected morphine before 1906. His mother stated that his morphine consumption led her to request he left the family home. Trevanion's morphine consumption received less attention during the inquest but he continued to take it up until his death in 1912. Geneste, Dr. Sandifer and Roe claimed to have repeatedly warned Trevanion about the dangers of continuing to take morphine. In addition, Trevanion took veronal, starting during 1906, aged 21 years. He took veronal above the dosage recommended by the manufacturer and allegedly could take between 120 and 190 grains of veronal<sup>4</sup> without coming to any harm.

### **Trevanion's access to morphine and veronal**

The articles do not report how Trevanion obtained his morphine because it was not directly relevant to the inquest. However, two pharmacists gave evidence of Trevanion purchasing veronal from their premises. From a London chemist, Trevanion had purchased 48

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<sup>4</sup> The recommended therapeutic dosage is between ten and fifteen grains but death had occurred after as little as eleven grains.

cachets of veronal in a period of 15 days. At a chemist in Brighton, a shop assistant had pointed out the dangers of veronal but Trevanion responded by stating, having taken it for years, he knew all about the drug.

### **Managing Trevanion's drug-taking**

Roe believed shortly after meeting Trevanion in 1906 that his poor health was due to either drugs or alcohol. Moreover, from then on Roe reportedly encouraged Trevanion to reduce the quantity he took and spoke regularly to him about how he was harming his health. During 1907, the Trevanion family asked Roe to encourage Trevanion to stop taking drugs.

Inquest evidence demonstrated, too, that Trevanion relied upon Roe for help. For example, during a trip to Paris in 1911, Trevanion became very ill through drug-taking and, needing assistance to return to England, contacted Roe. For the remainder of that year Roe cared for Trevanion, travelling with him to Egypt while his health improved and he regained weight. When they moved into the flat in Hove, Roe instructed Mrs. Joiner, their housekeeper, to dispose of any drugs she found in the flat. She informed the court:

“It was a common occurrence to find drugs lying about including veronal, morphine, aspirin and bromide.”

*(The Times 1913d, p.4a).*

Several witnesses reported fetching alcohol, too, for Trevanion; a request he specifically asked them not to mention to Roe.

Between July and September of 1912, Trevanion overdosed on three occasions. In July, a morphine overdose left him unconscious for several hours and Dr. Sandifer feared he would die. During August 1912, Roe decided to marry and told Trevanion of his intention to leave. Allegedly, in response, Trevanion asked him not to leave immediately. In the same month Trevanion overdosed on veronal, and, then again, fatally during the following month, September.

Inquest evidence indicated that Roe was finding it more difficult to care for Trevanion. In September, while he lay unconscious, Roe and Dr. Sandifer briefly discussed Trevanion's future care should he recover. Roe told Dr. Sandifer that caring for Trevanion was becoming too great a strain upon him. Dr. Sandifer suggested that he could take over the responsibility for an annual fee of £1,000; (£43,060 at current value<sup>5</sup>) a sum that, he felt, reflected the great demands he anticipated Trevanion would make on his time. Dr. Sandifer had between 1908 and Trevanion's death in 1912, attended him on 114 separate occasions, even though Trevanion had spent extended periods overseas.

The detail of Trevanion's drug-taking and private life probably would not have become public knowledge if his family had not gone to such extreme lengths to discredit Roe and deny him of his inheritance. However, the drug-taking behaviour of the next three case studies, which are linked by friendship, came to public attention accidentally when the first of the three, Billie Carleton, died from an overdose. Her youth, beauty and public popularity as an actress drew much press attention and her lifestyle, which emerged through inquest evidence and the literature, suggests shocked the British public. Carleton's death generated a series of legal proceedings all related to the supply of drugs.

### **Account 3: Billie Carleton (1918)**

#### **Background to the case**

Florence Stewart, known by her stage name of Billie Carleton was at the time of her death a very popular theatre actress. She died in her sleep, on 28 November 1918, at her home: a rented apartment in The Savoy, London. The inquest returned a verdict of death from an overdose of cocaine.

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<sup>5</sup> Calculated using online converter (National Archives 2009a).

Carleton's death sparked a series of legal proceedings. The principal case being the prosecution of Reginald DeVeulle, a friend of Carleton's, for her manslaughter as allegedly he supplied her with the cocaine that killed her. DeVeulle had a co-defendant, Ada Lo Ping You, a Scottish women married to a Chinese man. This was the second set of charges brought against Ada as during the Carleton inquest she stood trial for supplying and preparing opium for smoking at parties arranged by Carleton between 21 August and 14 October 1918. Ada, unwell after her release from prison in 1920, died aged 29 years in Bournemouth (Kohn 2001).

### **Carleton's lifestyle**

Inquest evidence indicated that Carleton had a hectic lifestyle. During the last 36 hours of her life, she gave two theatre performances, after which she dined with friends, before attending the Victory Ball, where she arrived after midnight. She returned home in the early hours with friends and talked with them until 6 am.

In Carleton's life, there were three prominent men. The first, a wealthy man, named John Marsh whom she met during 1912, when aged 16 and he began supporting her financially. Although he had known her the longest of those who gave evidence, Marsh claimed he was unaware of her drug-taking. Her other two male friends both knew about her drug-taking. Reginald DeVeulle first met Carleton in 1914, prior to her fame, and took drugs with her. Dr. Stewart, whom she met in 1915, had treated her several times after she had taken opium.

Carleton lent money to DeVeulle, and gave money to Dr. Stewart too. Between June 1917 and November 1918, Dr. Stewart had received £440 (£18,946 in current value<sup>6</sup>) from Carleton. Dr. Stewart said the money he received was to pay bills on behalf of Carleton. Although Carleton earned between £20 (£861) and £25 (£1,076) per week, at the time of her death she had financial difficulties. Her bank records indicated that in December 1917, her balance had been

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<sup>6</sup> Calculated using online converter (National Archives 2009a).

£5,000 (£215,300) but from then it had reduced significantly. By September 1918, her account balance was only £1,100 (£47,366) and it had fallen further by November 1918, when it stood at £9 13s (£415). On the day before her death, Marsh had paid £1,000 (£43,060) to redeem, from the pawnbrokers, jewellery he had given Carleton, which she planned to sell. Carleton had other debts, too, of approximately £175 (£7,535). Therefore, despite a wealthy benefactor and a good income, Carleton's lifestyle, particularly in the weeks immediately prior to her death, had drained her financial resources.

### **Carleton's history of drug-taking**

Dr. Stewart reluctantly provided much of the information about Carleton's drug-taking activity and on several occasions revised his evidence. Initially, he stated he only knew of Carleton's drug-taking in May or June 1918 but later confirmed he treated her during 1915 after opium-taking. Stewart's revised evidence is consistent with DeVeulle's account. He claimed Carleton took drugs before he met her in 1914 and that during 1915 Stewart had told him Carleton "was inclined to drugs" (*The Times* 1919a, p.2a).

Stewart described an occasion during 1918, when he challenged Carleton about her cocaine consumption and removed the cocaine then in her possession. Allegedly, in response, Carleton complained that to replace it she would need to go to Notting Hill Gate, which would make her late for the theatre. Despite this reference, to obtaining her own cocaine, Stewart believed Carleton obtained drugs from DeVeulle, something apparently Carleton had confirmed. Furthermore, Stewart admitted that she "might have been taking other drugs" (*The Times* 1919b, p.2d). He recalled how, four months before her death, Carleton said she had sniffed heroin.

Some of Stewart's evidence related to prescribed medication. He stated during June 1918, a Harley Street doctor prescribed veronal for Carleton. Furthermore, he had treated Carleton for painful wisdom teeth by injecting her with morphine. Initially, he claimed to

have injected her six times in six months, but later revised this to between ten and twelve occasions. In addition, Stewart admitted 'lending' Carleton a box of trional in 1917 and recalled how Carleton asked him to supply DeVeulle with cocaine, which he refused.

Prior to September 1918 Carleton took drugs with DeVeulle, but a visit with him to a house in Notting Hill Gate, where a drug dealer, Kimful lived, led them to meet Lionel Belcher and his partner Olive Richardson. The meeting was significant as all four became friends and began taking drugs together, sometimes at pre-arranged, all-night opium parties at private addresses. Belcher and Carleton jointly financed at least one opium party, each paying £5 (£215 in current value<sup>7</sup>) for the opium, consumed that evening by themselves and their friends. In addition, Belcher and Carleton started to visit Chinatown together, late at night, to smoke opium. Belcher's drug of preference was heroin, thus it is highly probable Belcher introduced Carleton to the drug in the months prior to her death.

### **The reaction of Carleton's friends to her death**

The reported behaviour of Carleton's friends, immediately following her death, suggested that they were concerned about what any subsequent police investigation would mean for them. For example, Dr. Stewart tried to remove a packet of medication from Carleton's apartment before the police surgeon arrived at her flat. However, another friend, who had come to the flat in search of the medication, challenged him. Dr Stewart agreed to give the medication to the police. In addition, some letters and a small gold box which contained Carleton's cocaine supply were removed from her apartment by her maid. She deposited the items with a friend for safekeeping but he handed them over to the police.

Shortly after Carleton's death Belcher instigated a meeting with DeVeulle to which he brought his solicitor. At this meeting, Belcher alleged that DeVeulle urged him to say nothing at the inquest. Belcher claimed that to protect DeVeulle he had agreed.

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<sup>7</sup> Calculated using online converter (National Archives 2009a).



Furthermore, DeVeulle's maid, who had purchased drugs for him, claimed that before the inquest opened, she and her child had been threatened by DeVeulle. Belcher and DeVeulle's maid gave evidence on the first day of the inquest and afterwards were approached by the police. As a result they gave new testimony, which described DeVeulle's drug-taking activity in much more detail. In doing this, Belcher had to admit his own involvement in both drug-taking and dealing. The police, it seems, offered Belcher immunity from prosecution for his evidence against DeVeulle, who had been the focus of a police surveillance operation for a month prior to Carleton's death. The evidence of Belcher and DeVeulle's maid enabled two other case studies to emerge from the Carleton inquest, those of DeVeulle and Belcher.

#### **Account 4: Reginald DeVeulle (1918-9)**

##### **Profile of DeVeulle**

Reginald DeVeulle and Pauline, his wife since 1916, both worked at the design house, Hockley Ltd. Allegedly, in his youth, DeVeulle had been involved in criminal activities and had formed "curious relationships with older men" (*The Times* 1919c, p.3a) from which he gained financially. Also, he had been connected to an earlier blackmail trial. DeVeulle did not testify because the defendant gave him £500 and he used it to travel to America.

In America, DeVeulle became an actor and after two-and-a-half years, he moved to Paris and became a costume designer. While living in Paris, DeVeulle met Don Kimful, drug dealer. At the outbreak of the First World War DeVeulle moved to London. It was around this time that DeVeulle first met Carleton. She was then an 18-year-old chorus girl with ambition.

##### **DeVeulle's history of drug-taking**

DeVeulle claimed he first took cocaine in America, sometime during 1910 or 1911. DeVeulle continued to take drugs while living in Paris

and admitted returning to England carrying drugs. During 1915, Stewart represented DeVeulle at an Army Tribunal, arguing that DeVeulle was unfit for military service due to his drug-taking.

Allegedly, DeVeulle had a close friendship with the American wife of an English peer. He first knew her when she was an actress and they consumed drugs together. After her marriage, she fatally overdosed on cocaine. Their relationship has strong similarities to that which he enjoyed with Carleton. Malvina Longfellow, another actress, described being in Carleton's bedroom when she saw DeVeulle take a gold box from Carleton's dressing table and share what it contained with Carleton. Longfellow believed the box contained cocaine.

Despite his preference for heroin, Belcher, after meeting Carleton and DeVeulle, took opium with them. DeVeulle's flat was the venue for one of several opium parties that occurred during the autumn and winter of 1918 at which Carleton was present. Pauline, DeVeulle's wife, had been present, too, at the opium party held at her home. However, she stated that she had not inhaled the opium smoke, and had tried to dissuade her husband from drug-taking. Despite Pauline's attempts to curb her husband's drug-taking, DeVeulle purchased drugs from at least four suppliers: Don Kimful, Ada Lo Ping You, Toose and Belcher. DeVeulle's maid knew about his drug deals with the last three because she carried out the transactions on his behalf. In addition, having collected money from Carleton on several occasions, she believed Carleton financed DeVeulle's drug purchases. There is no evidence that DeVeulle dealt drugs, only that he shared what he had with Carleton. The next account, concerning Belcher, indicates he was more heavily involved with the illicit market and regular consumption.

## **Account 5: Lionel Belcher (1918-9)**

### **Belcher's drug-related activity**

Belcher was a cinema actor who earned £30 per week (current value

<sup>8</sup> £1,290). He was estranged from his wife and lived with Olive Richardson, an actress. Both took drugs. Belcher claimed to have little knowledge about the effects of drugs. When Belcher first took drugs is unknown, but he had known Kimful, a drug dealer, since 1916. From Kimful, he purchased cocaine and his preferred drug, heroin. In addition, Belcher purchased drugs from a chemist shop in Lisle Street. Kimful had introduced Belcher to the chemist. By 1918, Belcher sold drugs. He claimed, by selling whatever he did not need for personal use, he was able to make a £1-2 (current value <sup>9</sup> £86) profit on every amount he purchased for £10 (current value £430). In respect of his dealing activity, he stated:

“I don’t look upon it as any more despicable than selling a bottle of whisky at an over-charged rate, after time.”

(*The Times* 1919d, p.4a)

Belcher claimed he knew by the quantity of cocaine DeVeulle bought, that he was passing the drugs on to someone but claimed he had not considered it might be Carleton.

Having purchased drugs from Belcher, DeVeulle’s maid could describe Belcher’s dealing practices. At Belcher’s home, she had seen his stock of drugs wrapped, priced and ready for sale. However, more usually, Belcher met DeVeulle’s maid at a particular location, such as the Café Royal, and exchanged first the payment and later, elsewhere the cocaine. Richardson confirmed the latter was Belcher’s preferred method of dealing. The careful method employed casts doubt on Belcher’s claim that he did not know selling drugs was illegal.

Furthermore, DeVeulle’s maid recalled how several of the last purchases made from Belcher had not pleased DeVeulle, and how he thought Belcher had reduced the quantity of cocaine he sold for £5 (current value £215<sup>10</sup>).

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<sup>8</sup> Calculated using online converter (National Archives 2009a).

<sup>9</sup> Calculated using online converter (National Archives 2009a).

<sup>10</sup> Calculated using online converter (National Archives 2009a).

The evidence from the last three case studies provided insight into the operation of the illicit market. In contrast, the next case study concerns a different type of drug-taker, one who was an elderly, but a regular and long-term consumer of morphine.

## **Account 6: Anna Greswold (1919)**

### **Background to the case**

For the last fifteen years of her life, Anna Greswold lived with her daughter, Mrs Coverley. On 6 December 1918, Greswold suffered a ruptured varicose vein, which confined her to bed. Her condition deteriorated and, on 5 January 1919, Greswold died. Although the inquest found death was due to valvular heart disease and congestion of the lungs, it was noted that chronic morphine poisoning had accelerated her death.

### **Greswold's drug-taking history**

Mrs Coverley told the inquest her mother had taken drugs all her life and that she had encouraged her to stop but claimed not to know what drug she took. For a number of years, Dr Hope treated Greswold but claimed not to have known she was a drug-taker until the year before her death. When he realised he asked her son-in-law to discover what drug she took.

After becoming bedridden, Greswold asked her daughter to post a letter for her. Following this a package, similar to those she usually received, arrived for Greswold. On this occasion Mrs Coverley gave it to Dr Hope, who found it contained 45 grains of morphia. Dr Hope calculated, based upon the frequency of the packages arriving, that Greswold was taking 15 grains of morphine a day, an amount he considered very excessive.

The nurse employed to care for Greswold, described how she had seen Greswold wet her finger, dip it in the powder, and suck the morphine off.

### **Greswold's drug supply**

The package containing the morphine came from a chemist shop on the other side of London. Mr Boyce, the manager, using company records explained how several years before Greswold had bought a prescription and first presented at a Boutall's shop in Holborn. However, two years ago, the shop had closed and all customer records were transferred to the shop he managed at Green Street, Leicester Square. Initially, Boyce told the coroner that he sent packages to Greswold once a fortnight but, later, he revised this to once or twice a week and claimed he could not be sure of the frequency. Furthermore, no dispensing records existed for Greswold because he believed the law did not required him to make entries in the shop's poison book for morphine supplied by post. In addition, he believed if he started recording the transactions he would be unable to continue supplying Greswold and feared without her supply she would die. Boyce admitted being uncertain of how to handle the situation. Following the inquest Joseph Taunton, the Chairman of Boutall's and Boyce faced two charges:

1. Failing to comply with regulations related to the sale of morphine, namely not making an entry in the shop's poison book.
2. Contravening the Pharmacy Act 1868 by supplying morphine to a customer without labelling the packaging.

At his trial, Boyce stated that he had taken medical advice, and decided to reduce gradually the quantity that he supplied to Greswold, believing she would die if he immediately stopped her supply. The defence argued that the shop recorded the original prescription and that Boyce had been unaware of a new ruling that shops should record re-dispensed prescriptions. Therefore, Boyce argued, to the best of his knowledge, he had lawfully supplied the morphine to Greswold. Unfortunately, it was not possible to trace the conclusion of the trial within *The Times*.

Features of the last case study concerning Freda Kempton bear some similarities with the account of Carleton presented earlier within this chapter, such as gender, age and lifestyle.

## **Account 7: Freda Kempton (1922)**

### **Background to the case**

Freda Kempton, a nightclub dance instructress, died on 6 March 1922 at her home in Westbourne Grove, London. Found in her bedroom, following her death, were three small bottles. Two of these had contained cocaine and the third still did. Found, too, was a glass with a white residue. Tests showed it was cocaine hydrochloride. The inquest returned a verdict of suicide whilst temporarily insane.

Prior to her death, Kempton had experienced several difficult events including the suicide of a close friend and the breakdown of her relationship with a long-term partner. Six weeks before her death, Kempton became a lodger at the home of Mrs Sarah Hechel and her daughter, Sadie. During these six weeks money was left at the flat for Kempton by a Chinese man, named Chang. Kempton told both her friend Rose and Sadie that Chang financially supported her. Rose described too how on occasions she had contacted Chang for Kempton. Chang described himself as a general merchant with interests in a Chinese restaurant on Regent Street. As a merchant, Chang said he imported various goods but not cocaine.

During the inquest, Rose repeatedly avoided answering directly a question concerning whether, after Kempton's death, a man had contacted her and told her not to speak to the police.

### **Kempton's drug-taking activity**

When Kempton first took drugs is unknown. In evidence, Sadie described asking Kempton about whether she had taken drugs and Kempton had replied she had taken cocaine on several occasions in the past. Rose, Kempton's friend, offered other evidence of her cocaine use. She described how she had known Kempton for a while

but had not been close friends until a few months before her death. On one occasion, after they became close, Kempton stayed at Rose's flat on Guilford Street. During which time, Kempton showed Rose thirteen small packets of cocaine that she kept in a powder puff case. Rose also described several trips with Kempton to Chang's restaurant. On the first occasion, all three shared several drinks after which, for a short time, Kempton left the room with Chang, returning with her mouth twitching. Rose asked about the twitching and reportedly, Kempton claimed to have been 'drugged'. Kempton explained she knew the affect cocaine had on her because a year earlier she had taken the drug and then to disguise the twitching she had chewed gum.

On another occasion, at Chang's restaurant, Rose recalled Kempton asking Chang for something that he had to leave the room to fetch. Then he returned he had a small blue bottle with a white powder inside which Chang gave to Kempton. This was something Chang denied. Furthermore, Rose recalled hearing a conversation between Chang and Kempton during which she asked if cocaine could kill a person. Chang allegedly told Kempton only if taken in water, a comment Chang denied making.

## **Discussion**

Several of the drug-takers who feature within the accounts appear in the literature (Karch 2006, Davenport-Hines 2002, Kohn 2001 and Berridge 1999). Most frequently discussed are the events surrounding the death of Billie Carleton but Kempton and her association with Brilliant Chang has also received some attention, too (Kohn 2001 and Berridge 1999). However, despite the publicity the cases attracted at the time, there is no reference to the drug-taking of either Forsythe or Trevanion. The long-term consumption of Greswold also does not feature.

The seven accounts all offer a different personal experience of drug-taking. However, within these accounts two distinct types of drug-takers seem to emerge. The first type is the lone drug-taker

captured through the lives of Forsythe, Trevanion and Greswold. They took drugs for their personal satisfaction. The second type is a network of drug-takers captured in the evidence that emerged following Billie Carleton's death. This typology of drug-taker liked to share their drug experiences with others, both in terms of consumption and knowledge. For example, evidence suggests Belcher introduced Carleton to a new drug, heroin, and that Belcher and DeVeulle discussed the purity of the cocaine they purchased. Furthermore, the relationship between Carleton, DeVeulle, Belcher and Richardson formed because of drug-taking.

However, Kempton, due to the limited knowledge regarding her drug-taking status, is harder to place within this framework. However, as she allegedly discussed the effects of drug-taking with several people, and allegedly had in her possession 13 small packets of cocaine, she is likely to be within the network typology. Between these two groups, other differences are identifiable, for example methods of procurement. Lone drug-takers appeared to devise personal strategies while those in networks depended upon friends to identify sources. The lone drug-taker group contains two females and one male who wished to behave more like a female while the network group are mainly male, suggesting the defining element of the typology could be gender related. The collective features of lone drug-takers suggest they retain anonymity by:

- the diversion of drugs from a legal source, such as a chemist, rather than engaging with the illicit market;
- the concealment of their physical identity by obtaining their drugs by post;
- the lack of association with other drug-takers ensuring fewer people knew about their consumption.

Potentially, the lone drug-taker exhibits certain personality traits. For example, the satisfaction that the drug affords them is a personal experience they choose not to share with others. In addition, they continue to take drugs even when their families very clearly



expressed disapproval. The latter could suggest that those around them mattered less than the effect of the drug or that these individuals have less regard for the views of others and focus more upon themselves. Their lack of association with other drug-takers also suggests their knowledge of drugs is self-taught, again presenting a more insular approach to life. While the strategies for obtaining drugs could be gender specific, the apparent personality traits related to consumption could apply equally to either males or females. Therefore, was the apparent association within the individual accounts between the lone drug-taker typology and females just a coincidence? The balance of evidence leads to tentative speculation that it is not. Modern research findings suggest male drug-takers more commonly consume drugs in social contexts (Burr 1987). Although Carleton appears not to fit, arguably she had devised an appropriate strategy to obtain her drugs and maintain her distance from the illicit market by relying upon DeVeulle or Belcher for her supply.

The purpose of this research was to discover whether it was possible to develop a profile of regular drug-takers through the content of articles and illuminate drug-taking lifestyles and behaviour. By analysing the accounts, the following themes regarding drug-related activity emerged:

1. Methods of accessing drugs.
2. Attitudes of family and friends towards drug-taking.
3. Places of residence.
4. Mobility and experiences of drug-taking

These will now be discussed.

### **Methods of accessing drugs**

The evidence indicated two main methods of accessing drugs. The first source was diversion from the legal market; the second, the illicit market. As highlighted, some drug-takers attempted to obtain drugs through legitimate pharmaceutical outlets and this tended to be

a method favoured by lone drug-takers such as Forsythe and Trevanion. Often, too, lone drug-takers used multiple chemists to obtain their supply. Probably, the adoption of this tactic enabled the individual to obtain their drugs from each retailer in a quantity and at a frequency that would avoid suspicion and thus conceal the true extent of their drug consumption.

The use of both postal transactions and distant chemists was another supply strategy of the lone drug-taker. Greswold initially obtained her morphine from a chemist in Holborn, some distance from her home. Similarly, while in Bath, Forsythe used this tactic, sending written requests to London. The evidence suggests the postal transfer of drugs allowed transactions to go unrecorded. Furthermore, the evidence of the Greswold account indicates such a supply arrangement could go unnoticed for many years, which poses the following questions:

1. Was the postal transfer of drugs common?
2. Was it a method particularly associated with females?
3. Was the postal transfer a deliberate tactic to avoid detection, or an incidental outcome stemming from social norms concerning female consumers of the era - that is maybe they could not go out shopping alone?

The articles highlighted, too, how strictly professions allied to medicine adhered to professional guidance and legal regulation. With the exception of the Kempton case, all the accounts featured either a chemist or more commonly a doctor who was sympathetic to the drug-taker. Their support of drug-taking activity varied. In the main, the professionals that featured were willing to supply someone who had a regular pattern of consumption. Some like Law and Boyce allegedly did so in reducing quantities when they discovered the person was a regular drug-taker. However, other cases indicated that there were chemists who suspected self-regulated drug-taking but chose to continue supplying. For example, Rogers and Middleton-

Hughes who supplied Forsythe with a range of drugs and by their own admission could detect changes in the pattern of prescribing.

However, the example of the chemist who supplied Belcher and Kimful indicates that while some chemists may have been 'flexible' about their dispensing, others were definitely willing to break the law should they be approached by a dealer. It is also of note that, despite treating Carleton for the affects of opium and knowing of her 'inclination' towards drugs, Stewart, one of her social group, had on at least one occasion 'lent' a drug to her rather than legitimately placing it in her possession by prescribing it. Furthermore, allegedly Carleton had asked Stewart to provide cocaine for DeVeulle. This suggests maybe, because he had 'lent' drugs to her, she believed he would be willing to extend his supply to DeVeulle.

Forsythe's account illustrates there were doctors, possibly part of a minority at the time, such as Hardwick and Chalmers-Brown, who would not prescribe for a drug-taker. However, perhaps based on these accounts, they were still in the minority. Seemingly, during the period, there was scope for drug-takers to gain a supply through legitimate sources rather than entering the illicit market. The Greswold account provides evidence that there were still 'sympathetic professionals' in existence during 1919. However, apparently, this chemist did feel the situation presented him with a moral dilemma. He seemed to suspect regular self-regulated consumption but did not want to cause her death by stopping her supply. Therefore, although he appeared to place his moral obligation above his legal duty, he concealed his activity by not recording the transactions.

The other source of drugs was the illicit market. Purchasers within this market appeared to adopt similar patterns of procurement to those who diverted drugs from a legal source, such as a chemist. For example, Carleton potentially chose to purchase from a distant outlet, as she went to Notting Hill Gate to obtain her drugs. From her comments, this was an inconvenience to her. Therefore, why did she

do so? Does it indicate few suppliers or a preference for making transactions away from her area of residence?

Within the illicit market, an alternative to postal delivery is evident. This involved domestic servants completing drug transactions for their employers, thus concealing the identity of the consumer. For example, DeVeulle instructed his maid to carry out drug purchases on his behalf. Did those who employed domestic staff commonly use this strategy to complete transactions? Possibly, within DeVeulle's circle of friends they did, as Carleton asked her maid to carry drugs between her flat and her dressing room at the theatre. Both examples suggest that within public spaces DeVeulle and Carleton wanted to minimise the risk of having drugs found in their possession. Furthermore, Ada Lo Ping You bringing, to DeVeulle's flat, opium smoking utensils and prepared opium is another example of an individual taking on the risk of detection in a public space for another individual; this time on behalf of Carleton and Belcher.

Networks of drug-takers who shared information clearly facilitated access to drugs within the illicit market. For example, Belcher, Richardson, DeVeulle and Carleton all met at the home of Kimful when buying drugs and after their initial encounter started to meet to take drugs. Ada Lo Ping You, a dealer known to DeVeulle, supplied Carleton's opium parties but also later supplied Belcher when he and Richardson hosted parties. Ada was probably also the dealer in Limehouse, which Carleton and Belcher visited to smoke opium.

The Kempton account suggests that Brilliant Chang, later convicted of drug dealing, used his restaurant as a base for his operation. Was this the only legitimate business to be used to front drug dealing? Furthermore, how did the restaurant fit into dealing activity? Was it a store? Were drugs dealt on the premises to customers taking a meal? Chang did not describe himself principally as a restaurant owner but instead as a general merchant who imported goods.

The evidence from the Kempton inquest indicated that, on an occasion prior to her death, she had in her possession 13 small packets of drugs. Was this because she dealt drugs? There is no evidence to connect the 13 packets to Chang but he did financially support her. Did he do this in return for her selling his drugs? It is possible to speculate, as a dance instructor, she would meet many people and her frequent presence in bars or nightclubs would not be unusual. These two attributes could make her a successful dealer. The Carleton account highlights why demand may have been greater within such locations as both DeVeulle and Belcher reportedly obtained drugs prior to the Victory Ball at the Albert Hall because they knew there would be no alcohol served. McAllister (2000) speculates that restrictions on alcohol possibly increased drug-taking and the case of Belcher and DeVeulle would appear to support this view.

Another aspect to emerge from the accounts was how Ada Lo Ping You had altered her business operation. She and her husband had operated an opium den in Limehouse but by 1918 Ada was arranging opium parties at private addresses. It is unclear when Ada decided to arrange her business differently or, indeed, if it was a deliberate plan or a chance development. The case of Ada may be unique but it does lead to speculation as to whether there were other examples of business diversification by drug dealers and whether there is any evidence of when the change occurred?

### **Family disapproval**

Three families were aware that their relative took drugs and all three expressed their disapproval. However, each family adopted a different approach to managing their relative. The Forsythe and Trevanion families were dealing with a drug-taking relative prior to the introduction of legal penalties whereas the Greswold family were managing the situation afterwards. The latter family, although they disapproved, seemed to have ignored the regular arrival of packages for Greswold even though they probably suspected what they

contained. The likelihood is that they wanted to protect their elderly relative from prosecution.

Although the Trevanion family disapproved, there was no legal penalty in existence, so they developed coping strategies to deal with their relative. Under his mother's insistence, Trevanion left the family home and was encouraged to travel abroad with his brother. When in England, responsibility for his care fell on others, first Geneste and then Roe. Both in the case of Trevanion and Greswold their drug-taking only came to public attention when they died and inquests heard evidence to establish a cause of death.

In the case of Forsythe, however, her family exposed her drug-taking to public scrutiny by taking a civil action against Dr Law. Her family also had her declared insane so that they could place her in treatment. The actions of the Forsythe family are markedly different suggesting that perhaps they perceived less stigma and greater sympathy towards their situation in 1902. As highlighted within the literature review, families at the turn of the century were uncertain of how to manage a drug-taking relative as there was no legal provision to place them in treatment against their will.<sup>11</sup>

### **Place of residence**

An interesting feature is the pattern that seems to emerge from the residential addresses stated within the accounts. Forsythe made a number of moves between 1895 and 1901 but all of these were in a westward direction across London from a relatively central starting point. Trevanion, too, made a move within London which was also westward from his family home in central London. In addition, despite working during the night in central London, Kempton chose to live on the western side of London only a short distance from the area in which both Forsythe and Trevanion had resided. Kempton lived in the area in 1922, much later than the former two. However, the known presence of Kimful, a dealer who moved from Paris around 1914, to a house only a short distance from the area seems to

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<sup>11</sup> See Berridge (1999), p. 228.

add to an emerging pattern. There seems to be a specific interest in the area by those engaged in drug-taking activity. This evidence suggests that drug activity was establishing or established in the area around 1901 and perhaps known about by those interested in drug-taking up until at least 1922.

In central London, Carleton and DeVeulle lived close to each other and to Stewart. Furthermore, DeVeulle and Belcher both lived on a street where there was a tube station. In Belcher's case, the tube station could take him west to Notting Hill Gate and east to within a short distance of Limehouse. Evidence indicated Belcher visited both areas to purchase drugs.

Lastly, although two people who feature in the individual accounts later died in Bournemouth there appears to be no specific link between their residency in the town and the supply of drugs. Perhaps, they came to Bournemouth due to its status during the era as a fashionable coastal health resort.

### **Mobility and experiences of drug-taking**

Trevanion and DeVeulle travelled and lived abroad whilst taking drugs. The experience and knowledge which they gained while in other countries is something that they carried back with them to Britain and potentially could transmit to domestic drug-takers. DeVeulle disclosed he had started to take drugs in America sometime around 1911 and reports from *The Times* indicated a rise in drug-taking in America from around 1908. This report suggested the rise stemmed from the introduction of prohibition:

“In American states, in which the sale of alcohol, except for medicinal, chemical or mechanical purposes has been prohibited, the sale of drugs has gone up enormously.”

(The Times 1908, p.12d)

The rise in drug-taking continued as a later report indicates:

“The illicit use of morphia and cocaine is wide spread in the United States.”

(*The Times* 1911, p.5d)

DeVeulle, later, moved to Europe, settling in Paris. It was unknown why he moved to Europe but during 1912, America was instrumental in securing the Shanghai Agreement, which was the starting point for the international control of substances (Berridge 1999). During 1914, the Harrison Act made the agreement part of American law and the fervour to control drug consumption may have influenced DeVeulle to move to Paris before a change in American law. Perhaps, too, DeVeulle chose to move to a city where a drug scene was on the rise:

“For some time past doctors have indicated an increase in the use of drugs particularly in the Montmartre district.”

(*The Times* 1912, p.3b)

This report from *The Times* also highlighted that within Montmartre morphine and cocaine were in circulation and dealers reportedly “made no efforts to conceal the nature of their trade” (*The Times* 1912, p.3b). Within less than nine months, reporters revised their earlier view of a drug scene centred on Montmartre.

“For many months past the increase of the drug habit in Paris and certain provincial cities has been the subject of alarmed comment.”

(*The Times* 1913e, p.3c)

In early October 1913, the fifth Baronet of Tregulow died from an ether overdose on the lower slopes of Montmartre. In reporting his death, *The Times* stated that:

“The growth of the drug habit has become almost a standing heading in the Paris newspapers- hardly a week passes without a drug death.”

(*The Times* 1913f, p.6b)

This incident is very reminiscent of Trevanion’s experience in Paris in 1911, when his drug-taking became life threatening and he



contacted Roe for assistance to return to England. These two examples from the British peerage, two years apart, indicate an association between travel and drug-taking. Furthermore, Trevanion's case highlights how easily British travellers were able to link into local drug-taking activity while abroad.

The accounts also indicate that prior to the First World War DeVeulle left Paris with drugs and so did a drug dealer, known to DeVeulle named Kimful. A possible explanation for their decisions to relocate to London was the impending war, but equally it could have been the introduction in France during late 1913 of heavier penalties for drug-takers and dealers that was a response to the thriving drug scene in Paris (*The Times* 1913a, p.6b).

The literature argues that the scene identified in Paris did not extend to London (Berridge 1999). However, the pattern of movement by DeVeulle from America to Paris and then London raises two questions. Firstly, does his movement reflect the impact of harsher national controls upon another nation with less stringent regulations? The literature refers to how the introduction of harsher legislation can make a nation a net exporter of drug-takers (*The Economist* 2002). Secondly, does his choice of location, given his past choice, reflect personal knowledge of an emerging or established drug scene in which he could secure his drug of choice? The relocation of Kimful, too, at a similar time to London lends weight to the possibility that a drug scene was in place, known about by those involved with drugs and that activity was increasing. Maybe Kimful thought he could bring some of his drug experience to London where there were emerging opportunities. For example, Kimful seemed to operate a discreet retail business from his home at which he also allowed his clients to take their drugs in comfort.

DeVeulle helped Carleton arrange opium parties, by lending his home to her and her guests. Reportedly at these parties, during the autumn of 1918, guests wore nightwear or robes and lay on cushions while they smoked opium. This description is similar to one of a villa in a Paris suburb discovered in 1913 when, its resident, Mlle

Fleury died from an overdose. Reportedly, the villa in which she entertained the wealthy, the famous and the aristocratic was:

“A regular opium-smoking establishment run on the most luxurious lines and patronised by many well-known people. In the wardrobes of the villa a number of oriental robes were found, the cushions of the divans with which the villa was chiefly furnished were impregnated with the odour of opium”.

*(The Times 1913e, p.3c)*

Were the similarities between Carleton and Fleury indicating a trend that both nations simultaneously engaged with during that period? Trevanion and Baronet Tregullov's trips to Paris immediately prior to 1913 provide a means for transmitting French drug behaviour to Britain. Alternatively, was Carleton copying activities she had heard about?

Trevanion, when he returned to England from Paris in 1911, did not return to London. It could be that Roe, who wanted to ensure Trevanion recovered his health, chose a coastal area to settle or it could have been due to the social unrest within the capital at that time (Marr 2009)<sup>12</sup>.

Although there is no evidence that Forsythe travelled abroad, she did move around London and travelled out of the capital to stay in Bath. The decision to move to Bath could be its association with health and recovery due to its thermal baths. However, her mobility offered the potential for her to pass on her drug-taking practices to others in the local community or for her to gain new knowledge.

## **Chapter conclusion**

The purpose of developing and analysing seven individual accounts

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<sup>12</sup> London was a turbulent place between 1911 and 1913 (Marr 2009). There were strikes that severely disrupted daily life and required military intervention, which meant the army were camped in all the major London parks. Parts of the suffragette movement generated the fear of injury as they pursued a campaign of violence in an attempt to secure the vote for women. The dockworkers' long strike, during a summer heat wave, left piles of rotten food around the capital. Therefore, many wealthy people left the capital for an extended period.

was to explore, in detail, the content of the articles and establish the extent and type of information that it was possible to extract. The process exceeded initial expectations by not only demonstrating the valuable content of the articles but by providing three major themes around which it was possible to develop a framework to analyse the remaining articles. See Appendix H for further detail regarding the three themes which were:

1. Female participation in drug-taking
2. Supply networks
3. Geographical movement

One theme to emerge, which is omitted, was the role of the family. Although the theme was interesting, probably given the brevity of most reports which met the inclusion criterion, it was unlikely there would be sufficient evidence to develop this theme further.

The next chapter is the start of a series of chapters which utilises the emerging themes identified from the individual accounts as a structure to analyse the content of the remaining articles. It begins by considering those articles published between 1 January 1900 and 31 December 1915, which reported upon either drug-takers of unknown frequency or regular drug-takers.

## Chapter 6. Reported drug consumption: 1900-1915

### Introduction

Chapter 5 demonstrated that it was possible to extract considerable detail from the articles regarding the drug-taking activity of seven individuals. The subsequent analysis of these incidents identified three key themes.

1. Female participation in drug-taking.
2. Supply networks.
3. Geographical movement.

These themes formed the basis for the analysis of all the other retrieved articles, the description of which starts within this chapter. Earlier, Chapter 4 described how articles were required to meet one of three inclusion criteria and provided a detailed account of the management of the retrieved articles. Figure 1-2 illustrates the management of the retrieved articles.

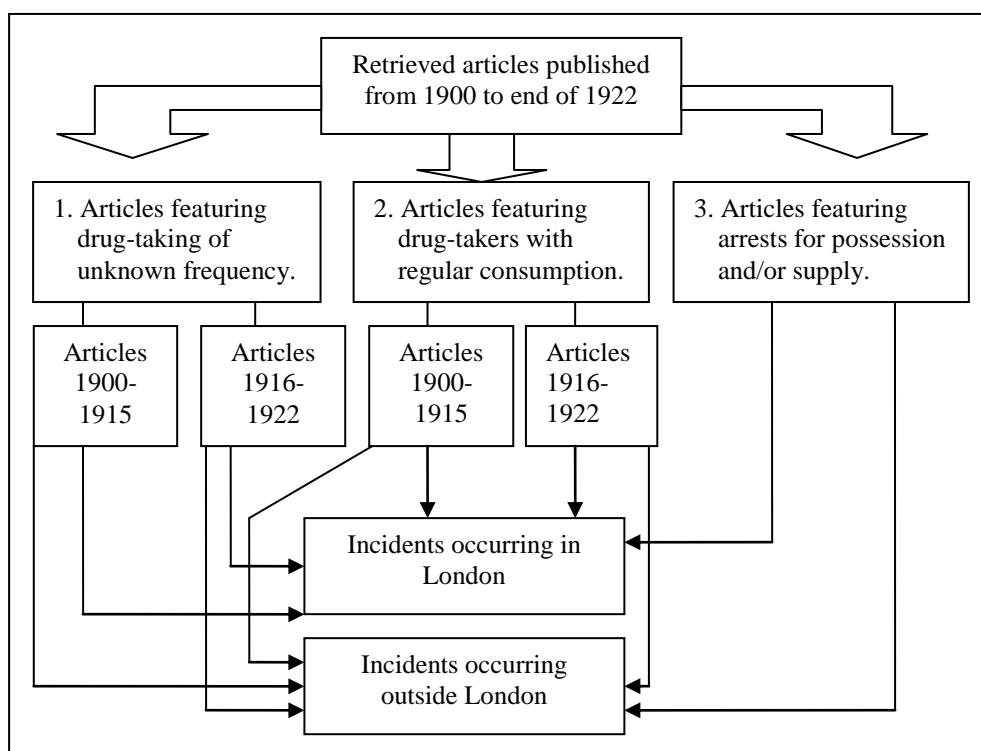


Figure 1-2. Management of the retrieved articles.

The articles meeting the inclusion criteria were subdivided into those articles published between 1900 and 1915 and those published between 1916 and 1922. Closer analysis of the articles found considerable geographical information not initially anticipated. As geographical movement was an emerging theme identified in Chapter 5, an additional piece of analysis focused upon the location of incidents. Separation of the incidents into two groups, those occurring in London and those in other parts of Britain allowed the analysis to expose any differences or similarities within the content of the articles relating to the same period or location. Table 1-7 indicates the number of articles considered within each period.

Inclusion criterion	Articles published 1900-1915	Articles published 1916-1922
Drug-taking of unknown frequency	30	13
Drug-takers with regular consumption	63	76
Arrests for possession or supply	N/A	177

Table 1-7. Number of retrieved articles from each period

The next stage was to extract and record particular details from the articles. Recorded, too, were any points of special interest about the reported incident, such as links to other locations or possession of firearms. The extracted information for each group of articles was analysed separately and then compared to the other groups, each time looking for differences or similarities within the tabulated information.

The next three chapters consider drug-related activity<sup>1</sup> reported by *The Times* between 1<sup>st</sup> January 1900 and 31<sup>st</sup> December 1922<sup>2</sup>. Each

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<sup>1</sup> Drug-related activity, within this study, is defined as an incident in which a person/s has taken drugs or has been in unauthorised possession of, or has

follows a similar format. After a description of the tabulated information for each group of articles, there is a discussion of the differences and similarities and how this evidence contributes to the emerging themes.

This chapter considers articles published from 1900 until the end of 1915, which featured individuals who had taken drugs, but their frequency of drug consumption was either unknown or regular.

### **Description of the tabulated information for drug-takers of unknown frequency**

Twenty-four articles featured 24 individuals who had taken a drug but the frequency of their consumption was unknown. All the articles reported upon inquests. The verdict in a third of the incidents reflected uncertainty about the deceased's mental health<sup>3</sup>. A third of all deaths involved a female drug-taker of unknown frequency. One incident involved three foreign nationals; all were Chinese.

During 1900, 1914 and 1915 no articles featured drug-takers of unknown frequency. However, a greater number of articles appeared during 1901, 1910, 1911 and 1913. Between 1910 and 1913, over half of the articles (54%) concerned drug-takers of unknown frequency. This trend was associated, too, with drug-related activity outside London. Figure 1-3 summarises the gender data for the deceased by the location of the death.

#### **Non-London incidents**

Drug-takers of unknown frequency included nine non-London deaths, which represented 38% of all deaths for the group and all but one occurred between 1910 and 1913. These deaths were associated with three drugs, which were morphine, veronal and opium. The other

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attempted to supply drugs in a situation where there was no recognised medical need to take such drugs.

<sup>2</sup> The references for the retrieved articles, which form the source material for this, and the next three chapters appear in Appendix I.

<sup>3</sup> Suicide was found to have been committed whilst either temporarily insane or whilst of unsound mind.

non-London death reported during 1905 concerned a female living in Birmingham who overdosed on laudanum.

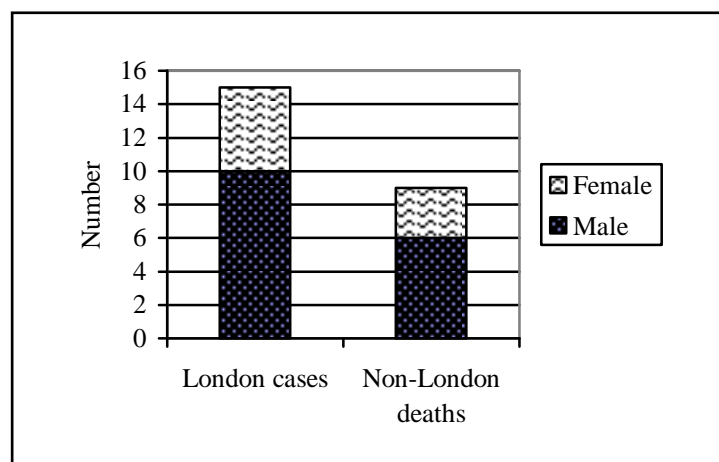


Figure 1-3. Summary of deaths of drug-takers of unknown frequency between 1900 and 1915 shown by gender and location

### Age profile

The age range of those drug-takers of unknown frequency was between 18 and 70 years, with an average age of 39 years. Figure 1-4 summarises average age data by gender and location.

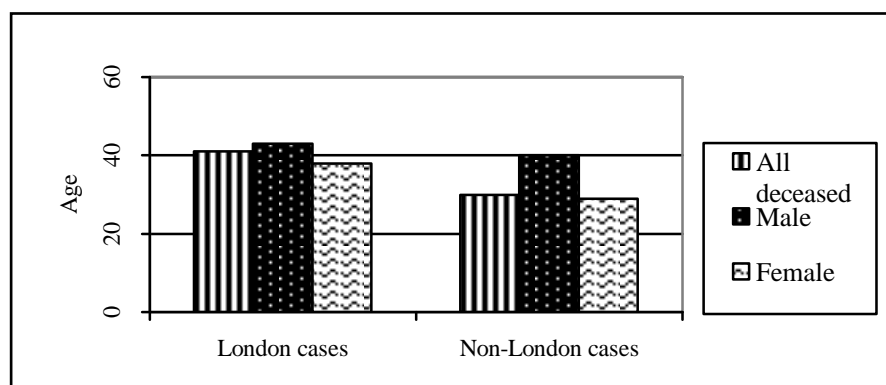


Figure 1-4. Average age of drug-takers of unknown frequency between 1900 and 1915 by gender and location

The modes for the group are 18, 28 and 44 years. The overall female age range was between 18 and 55 years with an average age of 38 years. There is no female mode. The overall male age range was between 18 and 70 years with an average age of 43 years. There

is no male mode. The drug-related deaths that occurred outside London, regardless of gender, were associated with younger individuals.

### Reported drugs

The articles reported a drug for 21 of the drug-takers of unknown frequency and Table 1-8 lists these stating the number of consumers.

Drug Type	Number of consumers
Veronal	6
Morphine	6
Opium	4
Cocaine	3
Laudanum	2
Bromidia	1

Table 1-8. List of drugs associated with drug-takers of unknown frequency

The sum of the consumers shown in Table 1-8 is greater than 21 as one of the deceased had taken both morphine and veronal in combination. Figure 1-5 indicates the number of males and females who had taken each drug type.

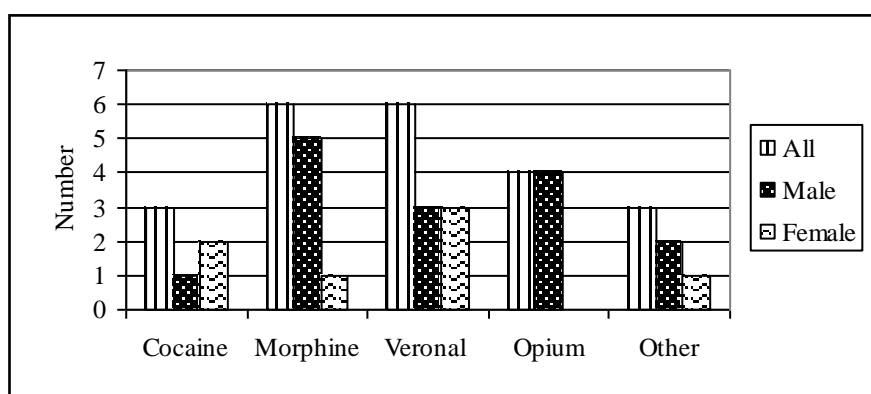


Figure 1-5. Number of males and females associated with each drug type reported

The deceased males had accessed a wider range of drugs. Comparing the drug-takers of unknown frequency by gender identified three consumption features.



1. Opium had only been taken by males (n=6).<sup>4</sup>
2. Males had only taken opiate-based patent medicines.
3. Morphine was a drug that appeared to have been more favoured by males (n=5) than by females (n=1).

In addition, males and females consumed veronal at a similar rate but females showed greater cocaine consumption.

### **Reported occupations**

Among the drug-takers of unknown frequency, the occupation of only one was unknown. Five females were without any occupation; four were either the wife or daughter of a professional man and one female had an independent income. Three of these females were associated with veronal while the other two, who had died in the earlier part of the period, were associated with laudanum and morphine. The female who took morphine was married to a doctor. Only one male was without an occupation; he was a peer and was associated with morphine. Reportedly, his supply of morphine arrived on a daily basis, brought to him by a hairdresser who visited his home.

Female employment was within two occupational sectors: the entertainment industry or medicine. There were two actresses both associated with cocaine. The female medical student had tried to obtain various drugs from one chemist shop, however the drug associated with her death was unreported. The most common male occupations included professions allied to medicine (n=5), occupations allied to the sea (n=3) and the army (n=2). The professions allied to medicine included: four doctors and a student chemist. The drug taken by the student chemist was unknown. Of the four doctors: two took morphine, one in combination with veronal, a third doctor took only veronal, and the fourth took only opium.

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<sup>4</sup> Included in this total of male opium-takers are four Chinese nationals.

## Description of tabulated information for regular drug-takers

Forty-four regular drug-takers featured in 63 articles. Twenty-five had died due to their drug-taking and thus featured in articles concerning inquests. The other 19 came to attention through other legal proceedings. Table 1-9 indicates the range and frequency of the legal proceedings associated with the group.

Type of Legal Proceeding	Frequency of case type
Inquest	25
Criminal charge	12
Divorce	3
Civil Action	2
Chancery	1
Probate	1

Table 1-9. List of legal proceedings involving identified drug-takers 1900-1922

Seven of the drug-takers were foreign nationals. The nationalities were American (n=3), European (n=3) and Indian (n=1). The latter was a resident foreign national who had initially settled in Redcar, North Yorkshire with her British partner, but had subsequently moved to London in late 1914.

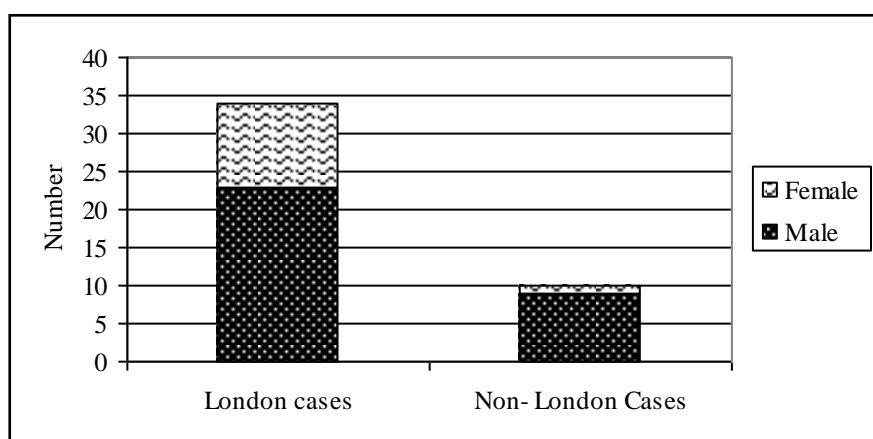


Figure 1-6: Summary of regular drug-takers between 1900 and 1915 shown by gender and location

No articles appeared during 1901 or 1905. However, a greater number of articles appeared during 1902, 1904, 1906, 1911, 1912, 1913 and 1914. The latter four years demonstrated a specific pattern, with 1912 and 1913 forming a peak, in reported cases. Thus, in these years, publication of 47.8% of all articles concerning regular drug-takers occurred. The non-London incidents accounted for 19% of incidents within this period. Females formed 27% of the regular drug-takers. Figure 1-6 summarises the gender and location of regular drug-takers and indicates that males were more commonly involved in regular drug-taking outside London.

### **Non- London incidents**

Between 1909 and 1913, nine incidents (21%) occurred at locations outside London. During the same period 55% of drug-related deaths occurred outside London. The drug from one incident went unreported. All the other incidents within the period were associated with morphia. One incident concerned the combining of morphia with veronal. Outside this specific period, veronal or opium featured in non-London incidents.

### **Age Profile**

Regular drug-takers were between 24 and 67 years with an average age of 37 years. The mode for pre-1916 regular drug-takers was 33 years. The male age range was between 24 and 67 years however, there were eleven males of unknown age. The majority of males were in the age band 30-39 years (n=9) and the next largest group were those in age band 20-29 years (n=6). These two age bands accounted for 46.8% of all males, of known age who regularly took drugs. The age range for female cases was between 26 and 56 years but there were three females of unknown age. There is no female mode. The majority of females were in the age band 30-39 years (n=4) and the next largest age band was 20-29 years (n=3). These two age groups accounted for 58% of all females, of known age who regularly took drugs. When the age data was analysed by gender, on average males

were older. The average male age was 38 years, compared to the female average, which was 35 years. Figure 1-7 summarises average age data by gender and location.

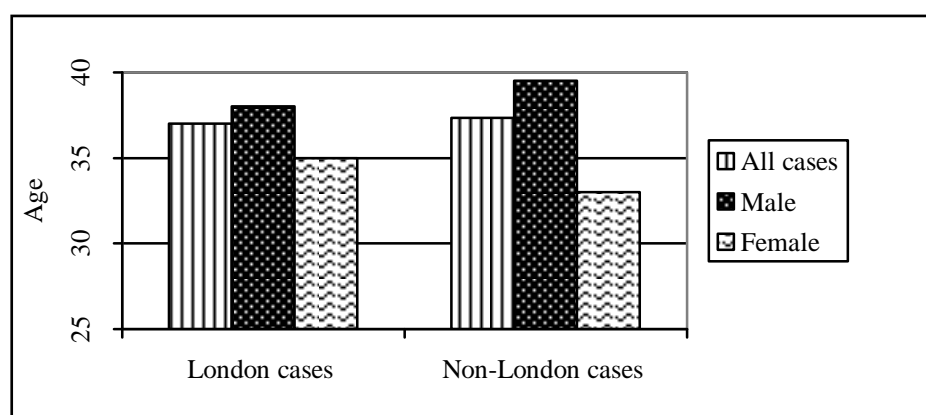


Figure 1-7. Average age of regular drug-takers between 1900 and 1915 by gender and location

Importantly, there was infrequent reporting of age in non-London incidents meaning an age was only stated for a third of such incidents. Included among the regular drug-takers were seven foreign nationals of whom six were male. Figure 1-8 shows the average age by gender for these foreign nationals.

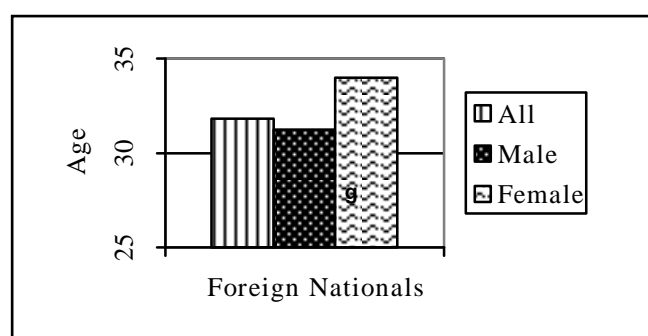


Figure 1-8, Summary of average age by gender for regular drug-takers of foreign nationality<sup>5</sup>

### Reported drugs

The articles named at least one drug in 43 of the 44 incidents. Table 1-10 below lists these drugs and the number of consumers. The sum

<sup>5</sup> The average age data for the female foreign nationals related to only one individual.

of the consumers is more than 43 as five of the individuals took more than one drug type.

Drug type	Frequency
Morphine	22
Cocaine	8
Opium	7
Veronal	7
Laudanum	3
Chlorodyne	1

Table 1-10. List of drugs associated with regular drug-takers between 1900 and 1915

Five of the regular drug-takers took a combination of drugs and their consumption followed a similar pattern. All had taken morphine along with at least one other drug. Among regular male drug-takers, it was more common to combine drugs. Figure 1-9 shows the number of males and females who took each drug.

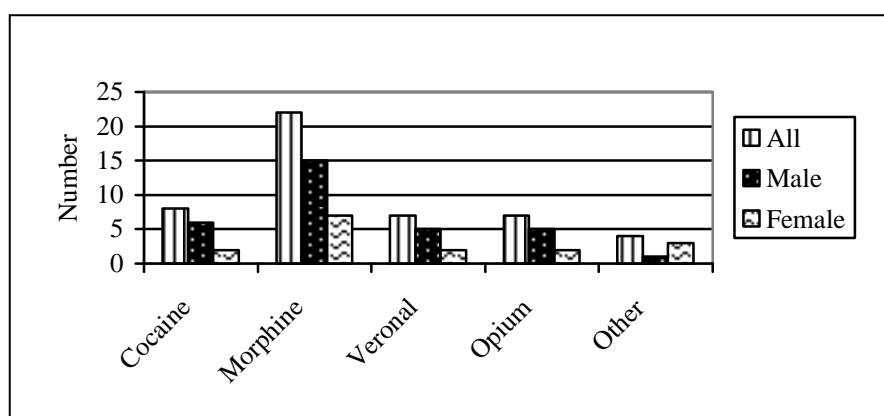


Figure 1-9. The number of males and females who took each drug

Although Figure 1-9 indicates cocaine consumption by two females, at least one only took cocaine when she was not able to obtain her drug of choice. Furthermore, the family of the other female who took cocaine thought she only took morphine. This pattern of drug transference occurs only among regular female consumers.

Six males reportedly took cocaine and five had their age reported. They are all between 31 and 40 years old, perhaps suggesting cocaine was associated more with younger males. Those reported to take cocaine regularly were associated with injecting and some had been or were in treatment because of their drug-taking.

Opium appeared to be associated with older men as the average age of consumers was 50 years. In contrast, the average age of the two female opium-takers was 31 years. However, neither female was associated solely with opium. Two of the three drug-takers who took laudanum were female. Their deaths occurred within five years of each other. The first female died in 1907 aged 56 years and the second in 1912 aged 31 after being dependant upon opium for more than four years.

Veronal only appeared in cases published after 1911<sup>6</sup>. The average age of females who took veronal was 32 years. This made them younger than their male counter-parts who had an average age of 50 years. Morphine was the most common drug associated with regular drug-takers and consumers were younger with an average age of 30 years. Engagement in morphine consumption was associated with a pattern of longer and more regular involvement of at least five years and up to eight years. This indicated regular drug-takers had consumed morphine since before 1900. Some of this group also had been in treatment for drug-taking.

The seven foreign nationals were associated with either morphine or opium. Furthermore, the nationality appeared to be associated with drug types. For example, Europeans consumed morphine, and Americans mostly opium although one opium-taker came from India. A number of foreign nationals had long histories of drug-taking. Some took their drugs by injection and at least one had previously undergone treatment for drug-taking.

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<sup>6</sup> A Germany company, Merck and Bayer marketed veronal and it was commercially available from 1903. Davenport-Hines (2002) states that almost immediately there were concerns as individuals who suffered from anxiety tended to take the drug at levels that exceeded the recommended dosage and came to harm as a result.

### **Reported occupations**

The occupations of regular drug-takers included business and finance (n=8), professions allied to medicine (n=4), the army (n=4), shipping (n=4), the entertainment industry (n=4) and barrister (n=3). Regular drug-takers appeared to have spent time in countries associated with morphine. For example, six individuals had begun taking drugs while living in South Africa. Five of these took morphine and one cocaine. Three of these morphine-takers were ex-army officers. Other occupations held by the morphine-takers included ship's doctor, civil engineer, surveyor, merchant and stockbroker. Mobility also featured in the life histories of female drug-takers. For example, one female who took morphine posed as an aristocrat, travelling around Europe, and financing her consumption by deception.

### **Discussion**

The drug-takers of unknown frequency and those who regularly consumed collectively offer a snapshot of drug-related activity immediately prior to a change in the law, which made possession or supply of specific drugs illegal. The information concerning drug-takers of unknown frequency is interesting, as some who had self-regulated their consumption had reportedly altered in character or behaviour in the months prior to their death. A smaller number had reportedly taken drugs previously. Thus, it is likely at least some of these individuals may have been, in modern-day terminology, experimental drug-takers or perhaps even relatively new or inexperienced drug-takers. Hence, the incidents involving drug-takers of unknown frequency could help develop a richer profile of drug activity that reflected different stages in drug consumption.

In the previous chapter, the analysis of articles concerning seven individuals associated with drug-taking activity, identified three themes that were; female participation in drug-taking, supply networks and geographical movement.

The analysis of information concerning drug-taking of either unknown frequency or regular consumption, helped develop two of

these themes; female drug-taking and geographical movement. The analysis, too, demonstrated the unpredictable nature of the source. For example, the inconsistent reporting of age limited the value of collating the information. On the other hand, the content of the 87 articles concerning either drug-takers of unknown frequency or regular consumers enabled two new themes to emerge, which were patterns of consumption and social background.

### **Female representation within drug-taking activity**

Census data for England and Wales (University of Essex 2004) helped contextualise the tabulated information concerning drug-related activity. The population figures for 1901 and 1911 showed a greater number of females within the population. The difference was also increasing over the period. In 1901, there were 1,070,617 more females and by 1911, the difference had increased to 1,178,317<sup>7</sup>. Therefore, if gender made no difference to participation in drug-taking activity then female drug-takers should outnumber males. The individual accounts presented within Chapter 5 demonstrated this pattern, but reports from pre-1916 of drug activity analysed within this chapter did not. Instead, among the drug-takers of unknown frequency, the number of females represents 33% and among regular drug-takers, it was lower at 27%. Therefore, why would females be less evident within these two groups? There could be several reasons. Chapter 5 considered seven individuals who attracted the most detailed press coverage. Therefore, did the press focus more upon the unusual and as a result exaggerate the degree of female participation? Alternatively, perhaps females were not participating in drug-taking as much as males. A further explanation could be that females were participating at a similar rate compared to males but their drug-taking behaviour was less detectable, making reporting it less likely.

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<sup>7</sup> The census figure excluded males who were serving abroad either in the army or at sea. However, the census narrative for 1901, concluded that even with an allowance for this, females would still outnumber males.



With regard to the first option, several of the accounts within Chapter 5 involved individuals well known to the public such as Carleton and Belcher. These individuals probably did attract more press attention due to who they were. However, other individuals were unknown such as Greswold and Forsythe and they still drew press attention. Both of these cases were associated with an allegation of professional malpractice and this element possibly drew press coverage. Alternatively, press interest may have been due to the behaviour of their families. It is difficult to draw conclusions about why the press decided to focus more upon the individuals discussed within Chapter 5, but it is possible to speculate that gender was not the only element of the ‘story’ which drew press attention. Thus, it is not possible to conclude that the press fostered an exaggerated view of female participation through their coverage.

The second option that females were less likely to participate in drug-taking is questionable, as all the females discussed within Chapter 5 had to be engaged in drug-taking to feature. However, it is extremely difficult even today to assess the degree of female participation in drug-taking. The task is problematical due to the overall lack of data on general prevalence within the population. For example, Sutton and Maynard (1993) state that:

“Sources of prevalence figures for the use of all other illicit drugs are even fewer than those for opiates, and often non-existent”.

(p.455)

Furthermore, they argued that:

“...policy design and execution in this area is conducted in an almost data-free environment where, because of ignorance, it is impossible to set sensible policy targets...”

(p.456)

More recently, the Audit Commission (2002) stated that because “drug-taking is an illicit activity, reliable data on prevalence are hard to obtain” (p.7). A long-standing debate exists within the literature concerning how the drug-taking population can be most reliably

calculated (Frischer and Forsyth 2009, Hay et al. 2009 and Bloor and Wood 1998). The variation in the gender ratio within research samples drawn from different settings fuels this debate (MacDonald 1999 and Parker et al. 1988). For example, female representation is generally greater in samples accessed through treatment services compared to those obtained through agencies working within the criminal justice sector (Griffin, 1992). However, Neale (1998) argues that treatment facilities have developed around the needs of male drug-takers (Neale 1998) and therefore female drug-takers may choose not to engage with such services (Hunter and Judd 1998). Potentially, therefore even samples accessed through a treatment facility may fail to accurately reflect the prevalence of female drug-taking.

Within Europe, research undertaken by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2005) found that in relation to the drugs they considered (which did not include heroin or cocaine), male drug-takers consistently outnumbered females but the rate varied between countries. Therefore, the consistency of modern research samples indicates that males probably outnumber females, but there is still debate regarding the degree. Within the British context, the male to female ratio is usually within the range of between 5:1 (16.67%) and 3:1 (25%). Samples drawn from the criminal justice sectors have the higher male ratio and the lower is from treatment services (ISSD 2000, Galvin et al. 1998, Ghodse 1995, Griffin 1992, Parker et al. 1988). These findings suggest that in some situations female participation is less frequently detected rather than actually lower. The male to female ratio from this study is higher than either modern source, and demonstrates, too, the potential for even greater female representation than estimates based upon treatment facility records suggest. Furthermore, the ratio from this study and modern ratios show a similar pattern to their differential. For example, it is possible to anticipate the lower rate of reported female participation among regular drug-takers given that

the incidents came to press attention due to activity within the criminal justice system.

An alternative explanation of the gender variation could relate to gender differences in suicide. Research by Varnik et al. (2008) found that females attempting suicide favoured, more than males, the use of poison, i.e. an overdose of a drug. If, indeed, some of the drug-takers of unknown frequency had suicidal intentions, it might explain the higher proportion of females (33%) compared to the regular drug-takers (27%).

The third option, for lower female prevalence, was the possibility that females engaged differently with drug-taking making them less visible. Chapter 5 offers some evidence to support this view. The gender variation between samples from treatment facilities and the criminal justice system, discussed previously, suggests females are able to conceal their drug-taking. Given the era of the study, it is feasible that female drug-takers would be less visible within society. At this time, females did not play any role in public life (Marr 2009) and largely, females remained confined to the domestic environment. This could explain both the use of postal supply by female drug-takers and their invisibility as consumers because their participation was within the privacy of their home.

However, the literature too, argues that modern-day female drug-takers are more likely to avoid capture and be 'invisible' (Ettorre 1994, Banks and Waller 1988, Parker et al. 1988). The absence of female drug-takers from research samples means knowledge of female participation in and experience of drug-taking is more limited; an issue which research is beginning to address. The emerging research has led to further questions about apparent differences. For example, EMCDDA research (2005) indicates male drug-takers outnumber females but also found that this profile was dynamic, finding variation between countries and that there had been "more equality of drug-taking experience observed in recent years" (EMCDDA 2005 p.17).

Based upon data from newer EU counties, the EMCDDA report

theorised that initially males were always more likely to engage in drug-taking. However, females would gradually engage more so that the differential decreases over time. However, an explanation of this pattern could be either greater female engagement or increased visibility. During 1973, a research sample of drug-takers drawn from Hampshire had female representation of 42% (*The Times* 1973). This demonstrates greater female representation than modern studies have indicated is possible and it poses the question, was this a period of high female involvement or greater visibility of females? The available evidence is insufficient to tell but it does suggest female participation can be at a similar rate to that of males.

If, females can better conceal their drug consumption, is it a deliberate act or the coincidental outcome of other factors? For example, research by Pacula (1997) suggests that female drug-takers switch drugs, which potentially makes them harder to track given that studies of drug activity tend to focus on a specific drug type. However, from current research it is unclear why females might switch drugs. It may not be to conceal their consumption but because females are more responsive to market conditions and thus react to changes in price or purity (ISDD 2000, Pacula 1997, Awiah et al. 1992, Barnard 1993, Parker et al. 1988). The articles indicated that several regular female drug-takers switched between drug types but there were no males. Instead, it seemed males were more likely to combine two drugs. This could point to a consumption difference, the relevance of which is again unknown.

The evidence increasingly points to the conclusion that there may be something about how females consume drugs, which makes them either less visible within the population or less detectable to law enforcement activity. Other evidence that might support this comes from an EMCDDA report (2005). This highlights that females may exhibit particular drug preferences. For example, their data indicates greater consumption of illegally obtained tranquillisers and sedatives by young females aged 15-16 years, and the greater use of treatment services by females over 39 years for problems related to these

substances. As these drugs attract less harsh penalties and less attention from law enforcement activity, it suggests female consumption choices might reflect a desire to conceal their activity. Avoidance of the illicit market by females is a feature identified within Chapter 5 and could explain, too, female preference for tranquillisers and sedatives that they could obtain legally from their doctor. Furthermore, the consumption of drugs that society associates less with the illicit market could help to disguise female participation in drug-taking.

### **Mobility and movement of people**

#### *Foreign nationals*

Chapter 5 highlighted how both the movement of foreign nationals into England and the personal experiences that foreign travel could offer British nationals, might contribute to the development of domestic drug-taking activity. There was also evidence that foreign nationals entering the country may be of relevance. For example, Kimful dealt drugs to Carleton and her friends. The movement of both Trevanion and Forsythe within England indicated the potential for domestic transference of drug knowledge. Therefore, the theme was comprised of several sub-categories and showed the potential for links to another main theme, the supply network.

Analysis of the articles concerning regular drug-takers and those of unknown frequency highlighted the presence of foreign nationals. The 1901 census recorded 247,758 foreign nationals, which represented 0.76%<sup>8</sup> of the population of England and Wales. Among the drug-takers of unknown frequency, one incident involved three Chinese nationals. It is possible to calculate the representation of foreign nationals by either using the number of individuals (n=24) involved in the reports or the number of incidents (n=21). The representation of foreign nationals among drug-takers of unknown frequency using the first method would be 12.5% and the second

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<sup>8</sup> Based upon the total enumerated population for 1901, which was 32,527,843 (University of Essex 2004).

method 4.8%. Therefore, in either case the level of representation of foreign nationals is higher than might be expected. However, among regular drug-takers, seven were foreign nationals, which represented 15.9%. In contrast to the drug-takers of unknown frequency, there were no Chinese nationals among the regular drug-takers. All regular foreign drug-takers were either European or from countries with colonial links to Britain. This suggests over-representation of foreign nationals within both groups but more so amongst the regular drug-takers. There may be several possible explanations.

1. The press chose particularly to highlight drug-related incidents involving foreign nationals.
2. The drug-taking behaviour of the foreign nationals was more visible or detectable compared to the indigenous population so making the likelihood of reporting greater.
3. Foreign nationals were more likely to take drugs and therefore generated more incidents, which increased their likelihood of press reporting.

As with female participation, there is little to indicate thus far that the press focused specifically upon any particular group of drug-takers. Therefore, while option one is possible there is no supporting evidence. In respect of the second option, the Chinese had a specific drug-taking behaviour and their practice of opium-smoking had the potential to be more obvious, not least through the smell. In addition, however, the group shared other cultural traits such as a different physical appearance; holding employment related to the sea and living in close proximity, usually in boarding houses within a port. It is more probable that it was not their drug-taking behaviour that made them more visible but other cultural characteristics. Despite the distinctive behaviour of Chinese opium-smokers they feature less among the regular drug-takers than other foreign nationals who were regular drug-takers with less prominent consumption behaviour. This suggests option two is less likely.

The third option suggests that certain nationalities may be more likely to take drugs and therefore have a greater potential of detection. In support of this theory, EMCDDA (2005) research indicates a variation in drug-taking rates across different countries. Therefore, the suggestion from the articles of greater participation in drug-taking by other nationalities could be possible. In addition, the countries of origin for the regular drug-takers of foreign nationality were interesting. The articles indicated just under half of the foreign nationals were from America and the same number came from Europe, with one from India. Census records indicated that these nationalities were those less commonly found in England and Wales, at that time. Out of the 247,758 foreign nationals, only 18,311 were born in America or 7.3% of all foreign nationals. The number of individuals born in Asia was 1,245 or 0.5%. The European nationalities found within the articles were less common too. For example, in England and Wales the French were only the third largest group of European nationals while Austrians were the fifth and Hungarians were the sixth with less than 4%.

The previous chapter, referred to the increasing prevalence of drug-taking in both France and America immediately before and during this period. It may be possible from the evidence collated for this study to conclude that foreign nationals were more likely to take drugs and as a result had a greater likelihood of detection. Therefore, the apparent over-representation of foreign nationals from specific countries among regular drug-takers suggests the press captured a trend for greater involvement in drug activity by these nationalities. It could indicate, too, the drugs consumed by the regular drug-takers of foreign nationality, morphine or opium, were those they could source more easily within Britain than their home nations. Thus, meaning foreign nationals entering Britain were more likely to be regular drug-takers. America and parts of Europe were introducing harsher laws regarding drug consumption (Davenport-Hines 2002) during the period 1900 to 1915, which could explain supply difficulties in their home countries.

*Geographical spread of incidents*

Veronal featured within articles concerning both regular drug-takers and those of unknown frequency. Most articles appeared between 1910 and the end of 1913. If veronal attracted the attention of the press and reporters specifically sought veronal incidents to write about, then the geographical spread of these should have been nationwide. However, this is not the case. Instead, incidents centred on to two geographical locations: London and a coastal strip running from Wisbech to Hove, but mostly focused from Margate to Hove.

Furthermore, the literature review indicated studies of morphine and opium offences were geographically scattered.<sup>9</sup> The only notable exception was the high, localised consumption in the Fens during the 1800s, also discussed in the literature review. Therefore, identifying a pattern on the south coast is interesting for two reasons as it contradicts current opinion concerning drug consumption and poses the question, what was different about this area? Furthermore, this geographical pattern is of interest, too, in the present day as the Brighton and Hove conurbation remains an area associated with problem drug use (Hickman et al. 2004, Brockes 2001 and Turnbull et al. 1996). Therefore, what is the history of drug-taking within this area? Did it develop within this area around 1910 or did it pre-date this time, just simply becoming visible during this period?

Berridge (1999) argues drug-taking at this time was associated with the affluent in society. This group could afford to travel. As referred to in the previous chapter London was not an attractive or necessarily safe place during the period 1910 to 1913 and the wealthy may have chosen to move out of the capital for an extended period, which would explain why more incidents occurred in locations outside London than in the capital. Furthermore, the evidence gathered for this study indicates reported veronal incidents initially occurred in London from 1908, and the last report on the south coast occurs in Hove during 1913. Therefore, it is possible that what the reporting pattern actually conveys is a movement of not

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<sup>9</sup> For opium see Berridge 1978, p.300-301 and morphine Parssinen 1983.



only the wealthy but also their associated drug-taking activity from London to fashionable and affluent south coast resorts easily accessible by rail. The drug-taking account of Trevanion indicates this theory was feasible as he lived in Brighton but regularly travelled to London during this period.

Trevanion's drug-taking in Hove, too, reflects a trend seen within the 87 articles for greater male involvement with drugs outside London. This latter point could be associated not with gender but with social norms of the era. Males enjoyed more freedom of movement and it was acceptable for males to travel alone, whereas it was unacceptable for females, particularly among the more affluent.

#### *Movement between countries*

Geographical mobility is less apparent among the drug-takers of unknown frequency. Within this group, some individuals were sailors or attached to the army and at least one of these had served in South Africa. However, among the regular drug-takers the theme of mobility is much stronger. There is representation from the army, which relates strongly to service in South Africa, and there were occupations allied to the sea including two naval officers, seamen, merchants and professions allied to shipping. A surprising number of long-distance locations appear within the articles concerning regular drug-takers, including Australia, America, India and South Africa.

The regular recurrence of South Africa is interesting as it suggests a link between established patterns of consumption and the transmission of drug-taking into Britain. The literature review described how Britain experienced an influx of people from South Africa at the start of the Boer War (1899-1902). However, the articles identify a specific link to the army. This could reflect either drug-taking associated with the treatment of wounds or, which was more essential in the Boer War, medication to prevent illness, which ensured that soldiers were fit to fight<sup>10</sup>. The literature review

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<sup>10</sup> At the time, the Boer War was the largest military conflict that the British had faced. However, at the outbreak of the Boer War the Government had discovered that a third of the male population who were presenting to enlist were not fit

highlighted how during the American Civil War soldiers received unregulated doses of opium to control the spread of disease (Booth 1996). Possibly, British army medics desperate to maintain a fighting force might have adopted similar methods.

Furthermore, Parssinen (1983) argued that rate of participation in drug-taking during the 1920s, was less than before or during the First World War. The influence of the Boer War veterans could explain this point. If even a small proportion of the 500,000 soldiers, (Encyclopaedia Britannica 2010) involved in the conflict became regular drug-takers, then their re-entry into the general population would have a significant influence upon the country's natural rate of drug-taking. The articles show, too, that drug-takers arriving from South Africa at the turn of the century were still evident until at least 1910. A drug-taking incident in Cornwall during 1910 also demonstrates that dispersal of those returning from South Africa was nationwide. Most evidence from the articles concerns those who settled in London. A common place to settle was around St James' Square, which had several officers' clubs. Drug-takers associated with South Africa mainly consumed morphine but some took cocaine.

#### *Movement to London during 1914*

Both DeVeulle and Kimful moved to London during 1914 and another article reports similar movement during this year by a regular drug-taker. The report states that a couple, who met in India and both had long histories of drug consumption, returned to England and initially settled in Redcar, North Yorkshire. However, for some reason they moved to London during 1914. The movement of Kimful and DeVeulle could be associated with inward movement of drug activity from France to Britain due to the war. However, the case of the Indian and her partner could indicate something about the supply

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enough to fight (Feldman 1994). The climate in South Africa, too, caused many health problems among the soldiers reflected in the fact 13,250 died from diseases compared to 7,894 who were killed in the conflict itself.

of drugs. Possibly, London had gained a reputation as a location with a wider choice of drugs. Alternatively, was it becoming hard to find a supply in North Yorkshire? It is feasible that the move does relate to local supply difficulties. The German navy had a strong, fast fleet by the start of the First World War, and as early as November 1914 the German navy could attack the northeast coast of Britain, particularly in areas such as Hartlepool and Scarborough (Marr 2009). Merchant shipping in the area initially had warnings but later in the war, German attacks were on sight (Van Emden and Humphries 2003). This meant that the use of northern ports for commercial shipping was less common, and the demise probably reduced the availability of smuggled drugs within the area. Thus, a drug-taker of high consumption would need to secure a more stable supply elsewhere.

### **New themes**

Due to the number of articles considered within this chapter, further themes emerged, which were reported patterns of consumption and social background. Unfortunately, analysing a greater number of articles highlighted the limitation of collating age information; an issue discussed later in this section.

#### *Reported patterns of drug consumption*

A striking similarity between articles referring to regular drug-takers and those of unknown frequency, was the volume of articles published between 1910 and 1915. There were no articles about drug-takers of unknown frequency after 1913 but the group still had the greatest percentage (54%) published within the period 1910 to 1915. Articles about regular drug-takers within the same period (1910-1915) formed 48% of all articles, with the last published during 1915. Initially, this feature appears to be part of the same trend. However, closer analysis suggests it was not. The drug-takers of unknown frequency formed a more intense pattern over a shorter period. Furthermore, the reports concerning incidents outside London

were related to veronal. In comparison, regular drug-takers formed a smaller percentage and extended over a longer period. In addition, only 20% of incidents were outside London and although veronal featured in the incidents, morphine was slightly more common. Therefore, it appears that the press coverage reflected a trend in drug-taking, when veronal was favoured and differences between the two groups indicate the trend was associated with either drug-takers of unknown frequency or non-London locations. Furthermore, the pattern conveyed by the articles fits with other research, which indicates in England and Wales deaths from veronal rose after 1909 (Davenport-Hines 2002). In addition, the fall in veronal incidents after 1913 could relate to two events within that year; the first, the publicity from the second Trevanion inquest, and the second, a warning from Bayer, the manufacturers of veronal, that customers should not exceed the recommended dose.

The literature on drug consumption suggests the existence of a cyclic pattern. Jacobs (1999) argues that interest in a specific drug will peak and as that one starts to decline, a new or less popular drug will become prominent, attracting interest and increased demand until that drug reaches its peak. The pattern of reporting, along with the focus upon veronal, suggests that what the articles captured was a peak in veronal consumption rather than perhaps an overall peak in drug consumption. The occurrence of only one other reported veronal incident after 1913 supports this view.

The consumption of each drug, if there were no preferences related to gender, should reflect the gender split of the incidents. However, the articles seemed to show gender preferences for drugs. Female preferences varied between the two groups but this was less noticeable among regular drug-takers. Female drug-takers of unknown frequency seemed strongly to prefer cocaine (66%) and veronal (50%) whereas morphine was a drug preferred by males as female consumers represented only 17%. In contrast, regular female drug-takers were less likely to take cocaine (25%) and showed a preference for morphine (33%) while their preference for veronal or

opium was at a similar level (28%). The preference by regular female drug-takers of morphine may have been greater as the total number of morphine-takers used to calculate female preference included three European males. Excluding these three Europeans increased the female rate of morphine preference to 38%.

A further difference between the two groups of drug-takers was the occupational profile of individuals. Regular drug-takers included fewer actors and no actresses compared to drug-takers of unknown frequency. The acting profession had a strong association with cocaine. Therefore, the apparent female preference for cocaine might relate instead to those employed in the entertainment industry.

The two groups of drug-takers varied too in respect of female preference for veronal and morphine. As noted earlier in this chapter, young females<sup>11</sup> are more likely than males to consume illegally obtained tranquillisers and sedatives (EMCDDA 2005). In addition, the research noted that more than 50% of females receiving treatment for tranquilliser or sedative dependency were aged 39 years or over. These findings fit well with the drug-takers of unknown frequency, as they include mainly younger women (50% under 30 years) or older women (37.5% over 40 years) and the majority took veronal, a barbiturate. The only female morphine-taker among the drug-takers of unknown frequency is in her 30s. It could be that gender preferences may have a stronger influence upon early stage drug-taking behaviour and possibly males would be more likely to start by consuming morphine and women veronal.

In comparison, among the regular drug-takers, there is a more even spread of ages but also fewer females of known age which makes it more difficult to address the issue of preferences. However, unlike the drug-takers of unknown frequency there were a number of regular female drug-takers reportedly with long histories of drug consumption. The two females who took veronal were 27 and 38 years old indicating the younger or older pattern of sedative consumption. However, the female morphine-takers were between 26

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<sup>11</sup> The research focused upon young people 15-16 years of age. The EMCDDA were unable to look at the adult population due to a lack of data.

and 42 years. Overall, the data seems to suggest that females engaging in regular drug-taking were more likely to be in their 30's. The data suggests, too, that possibly when female drug-taking became more established, gender preferences for particular drugs reduced and became more similar to that of regular male drug-takers. However, it is difficult to explore this notion further. As discussed above there is "surprisingly little empirically based research on women drug users" (Barnard 1993) and there is even less about female decision-making in relation to drug-taking.

### *Social background*

The individuals who feature within the articles considered by this chapter have similar social backgrounds. Most seemed to have affluent lifestyles and many had professional backgrounds. Across both groups of drug-takers, the army was the most common occupation<sup>12</sup> but professions allied to medicine and individuals from the business and finance sectors were also very prominent. Closer analysis indicated an occupational pattern. Drug-takers of unknown frequency were often from professions allied to medicine (n=5) which included four doctors, but fewer from the army (n=3). Conversely, regular drug-takers had fewer individuals from professions allied to medicine (n=4), which included two nurses but more from the army (n=6). An explanation for this pattern might be the source of incidents. Inquest hearings identified the drug-takers of unknown frequency and a death made it more difficult to conceal drug-taking. Whereas, usually, the detection of regular drug-takers was through an incident related to drug procurement, and the legitimate access doctors had to drugs helped conceal their drug-taking thus keeping their representation low. Therefore, the articles

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<sup>12</sup> Male occupations in business and finance, medicine and the army were quite common. However, women also regularly appeared who were either the dependent of a doctor or a member of the army. Furthermore, the evidence was that army wives tended to travel with their husbands. Therefore, these women without their own formal occupations were essentially strongly associated with army life. Furthermore, for most females it was while they were abroad with their serving husband that they starting taking drugs. As a result adding these women to the male army members meant the biggest occupational group became those associated with the army.

reflect that the most likely way a drug-taking doctor would become visible was when they fatally overdosed.

Equally, army personnel should appear among the drug-takers of unknown frequency due to a fatal overdose but there were few. However, several deceased males from the business and financial sectors had previous links to the army, suggesting that a change of occupation in later life might be ‘hiding’ the army link.

### *Age profile*

Initially, it seemed articles consistently reported age. However, review of the greater number of articles, many quite brief, found that often age was omitted. Therefore, age information became less useful especially as it was more common for regular drug-takers not to have their age reported. However, from the age information available, it appeared the age profile of the two groups differed only slightly. Drug-takers of unknown frequency from outside London appeared to be younger. However, with more age data missing for regular drug-takers it is difficult to be certain. One consistent feature of both groups was that on average female participants were younger than males.

## **Chapter conclusion**

The analysis of the articles featuring drug-takers of unknown frequency or regular consumption published from 1900 until the end of 1915, demonstrated that they could provide valuable information. However, there were some limitations. For example, inconsistent reporting of age weakened any potential profile of drug-takers. Furthermore, the content only enabled the development of two themes to emerge in Chapter 5: female participation and geographical movement. However, the greater number of articles provided the opportunity to explore two new themes, which were patterns within drug consumption and social background.

The evidence from the articles concerning female participation seemed increasingly to suggest female drug-takers were harder to

detect. As modern research has done, so too this study found that females were more difficult to trace through incidents dealt with by the criminal justice sector. Furthermore, female consumption patterns identified by this study were similar to those reported within modern research such as switching behaviour.

The behaviour of female drug-takers suggests a link between their drug of choice and method of procurement. Females seemed to prefer drugs diverted from a legitimate source, such as a doctor. Thus, if females are less detectable, is their decision-making behaviour part of a deliberate strategy to conceal their consumption or a reflection of their restricted home-based lives within the period?

The evidence indicates that perceptions of drug-takers might help conceal female consumers. For example, regular drug-taking behaviour is more associated with opium. Therefore, the female preference for veronal arguably places them outside the definition or public perception of a drug-taker. In essence, it is possible that female drug preferences could ensure that society may not associate female behaviour with the practice of regular drug-taking. This study suggests, too, that males were more likely to begin their drug-taking careers with morphine, a drug more associated with regular drug-taking. Maybe, within a particular age range, possibly 30-39 years, progression to certain drugs diminishes the gender differences in consumption. It is unknown whether such changes have an impact on the ability to detect female drug-takers.

The individual accounts presented in Chapter 5 found a strong association between drug-taking and travel. This link continued to feature within this chapter and the evidence indicated that the movement of people might not just occur for pleasure but through employment. Furthermore, among regular drug-takers there was a higher than anticipated number of foreign nationals. This suggested an inward movement of drug-taking knowledge. In addition, the nationalities were both those less common within Britain but also those associated with countries that were both experiencing a growth in drug consumption, and introducing harsh penalties to deter drug-



taking. Possibly, some drug-takers moved to Britain to avoid detection and punishment.

Alternatively, the influx could signify a better supply of drugs in terms of purity, price or accessibility. The main nationalities found were American or European but parts of Britain might have been relevant too, in particular, southern Ireland then under British rule<sup>13</sup>. However, the most striking feature was the pattern of veronal incidents, which occurred in London and along the south coast of England. The probability that the two areas were associated with the same group of people illustrated very clearly how the movement of people could transmit drug-taking practices from one area to another and create pockets of drug activity or 'hot-spots'. Furthermore, the identification of a concentration of incidents on the south coast, between 1910 and 1913 is important as it contradicts current accounts of drug-taking activity within Britain.

A strong and unexplained link exists between drug-taking, South Africa and military service during the Boer War. It posed the question whether the association between the Boer War and drug-taking was specific to that conflict, or whether increased drug-taking is generally associated with periods of military conflict.

The drug-takers of unknown frequency suggested there might be more experimental or irregular drug-taking outside London during the period 1910 to 1913. Further analysis suggested a peak in the consumption of veronal around 1913.

There was variation between the types of drugs consumed by female drug-takers of unknown frequency compared to those who regularly took drugs. For example, there appeared to be greater consumption of morphine amongst regular female drug-takers. An influence upon consumption could be occupational background as those from the entertainment industry appeared more likely to be irregular cocaine-takers. Greater preference for veronal among drug-

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<sup>13</sup> Two incidents in close proximity suggest the existence of drug activity in southern Ireland. During 1913, a young female returned from Ireland with a supply of veronal, on which she overdosed. Then during 1914, a doctor highly dependent on a combination of cocaine and morphine arrived from Ireland to work in England, but he too overdosed.

takers of unknown frequency reflected the tendency, noted in modern research, for younger and older females to favour tranquillizers and sedatives.

Overall, the content of the articles helped develop two of the initial themes and indicated a larger number of incidents, despite the brevity of some reports, could assist with drawing together a richer account of drug-taking within the first years of the twentieth century. The articles also raised issues about drug-takers, which required more evidence to understand the implications of some features, such as the relationship between drug-taking and the Boer War. However, the content of the articles considered within this chapter did not develop significantly the theme of supply. The next chapter considers the content of articles from 1916 until the end of 1922 for the same two groups of drug-takers. These articles, potentially, could develop explanations to some questions posed within this chapter. For example, do female drug-takers deliberately adopt a strategy to avoid detection?

## **Chapter 7. Reported drug consumption: 1916-1922**

### **Introduction**

The previous chapter considered articles related to drug consumption published from 1900 to the end of 1915. This evidence raised questions about female drug-taking behaviour. It highlighted, too, the significant impact the movement of people could have upon both locations where drug-taking activity occurred, and domestic prevalence. The articles, too, had limitations regarding information on social background and age.

The previous chapter concluded that additional evidence was required to illuminate further the emerging themes and to address the questions posed about drug-taking behaviour. This chapter considers the content of articles published from 1916 until the end of 1922 that concerned drug-takers of unknown frequency and regular consumers. The pattern of drug-taking amongst Boer War veterans was of particular interest and the articles considered within this chapter should indicate whether a similar pattern occurred in the years following the First World War.

A comparison of the articles considered in the previous chapter and those considered within this chapter identified three features related to regular drug-takers. During the shorter period 1 January 1916 to 31 December 1922 there were more articles that featured regular drug-takers. Furthermore, within this period there were also more regular female drug-takers. The third feature relates to the range of legal cases that involved a regular drug-taker. Before 1916, divorce cases and other legal proceedings such as personal disputes featured regular drug-takers. However, after 1916 such cases no longer appeared.

This chapter firstly, describes the profile of each group of drug-takers. Then it discusses the content and draws comparisons to the content of articles discussed within Chapter 6.

## Description of the tabulated information for drug-takers of unknown frequency

The smallest group within this study were the drug-takers of unknown frequency identified from articles published between 1916 and 1922. Thirteen articles appeared which all reported upon inquests. The inquests were in response to seven drug-related deaths. Two of the inquests concerned foreign nationals. One of the deceased was Chinese and the other was Canadian.

No articles appeared during 1917 or 1921, otherwise coverage by year was reasonably consistent. Of the post-1915 drug-takers of unknown frequency, 29% of the incidents involved a female. Figure 1-10 summarises the gender data for the deceased by the location their death.

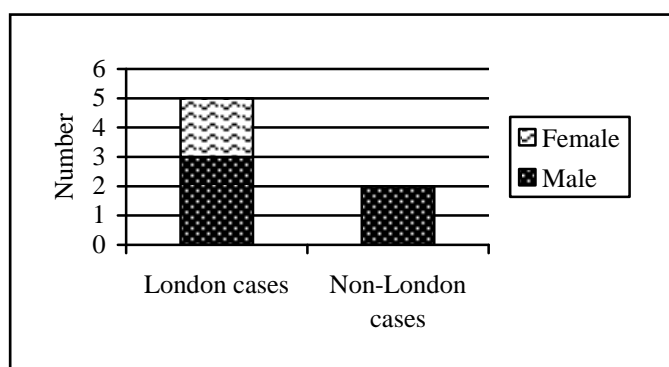


Figure 1-10. Summary of deaths between 1916 and 1922 by gender and location for drug-takers of unknown frequency

### Non-London incidents

Both non-London cases occurred after 1919. One was in Surrey during 1920 and the other in Cardiff during 1922. Both cases involved males and each had taken a different drug. The first death was associated with cocaine and the second opium.

### Age profile

The age range was between 21 and 63 years with an average age of 38 years. There is no mode for the post-1915 drug-takers of unknown frequency. Analysed by gender, males with an average age of 42 years were older. The female average age was 33 years. Figure 1-11 summarises the average age of drug-takers of unknown frequency.

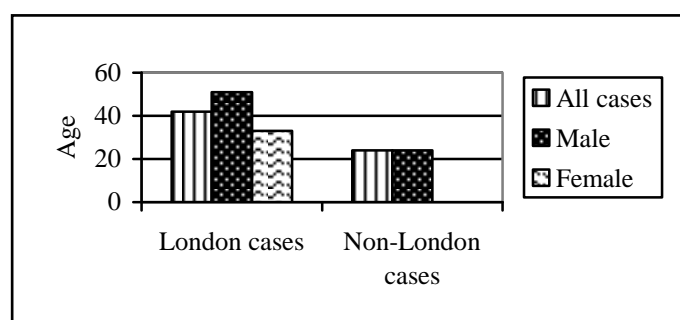


Figure 1-11. Average age of drug-takers of unknown frequency between 1916 and 1922 by gender and location

The age range for the male drug-takers of unknown frequency was between 24 and 63 years. Two males died at locations outside London but only one article stated an age, that being 24 and he was considerably younger than those who had died in London, the youngest of whom had been 38 years. There were two females from London aged 21 and 44 years.

### Reported drugs

The deceased consumed a range of drugs. The most common drug, cocaine, featured in three incidents (43%) and these all occurred after 1918. One incident concerning a female involved a combination of cocaine and chlorodyne, a practice that was unusual for a female. Two deaths involved opium and one veronal. However, the individual who had died from veronal poisoning reportedly also took opium.

### Reported occupations

The occupation for one drug-taker of unknown frequency was

missing. The reported occupations of the other drug-takers of unknown frequency indicated a strong military association. Closer review, too, indicated that one of the military personnel served as a doctor. Therefore, along with a female who was a chemist's assistant, another occupational group was professions allied to medicine. Thus, at times occupational classification was difficult. Similarly, another army officer prior to the war was a professional dancer and along with a female civilian dancer from the group they too could have formed another occupational group.

### **Description of tabulated information for regular drug-takers**

Regular drug-takers featured in 87 articles that concerned 48 individual drug-takers. Twenty of the cases related to inquest hearings and the remainder were associated with criminal proceedings. Offences included theft, bigamy, assault and murder, as well as the forgery of prescriptions or other deceptions related to obtaining drugs. Nine incidents involved foreign nationals, which included three Americans, as well as drug-takers from Canada, Australia, China and, notably, two from South Africa, but only one of European origin.

At least one article appeared during each of the years from 1916 to 1922. Most articles were published during 1922 (n=11) but 1919 (n=10) was also a prominent year. Other years ranged between 2 (1916) and 8 (1917) articles per year.

### **Non-London incidents**

Incidents that occurred in locations outside London only appeared from 1919. Of the post-1915 regular drug-takers 43.8% of incidents involved a female. Figure 1-12 summarises the gender data in terms of location.

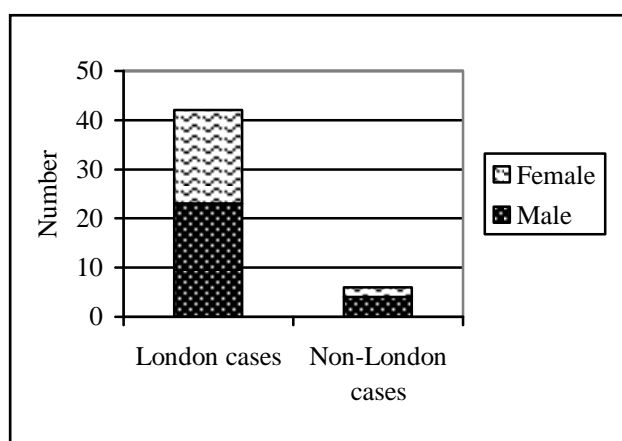


Figure 1-12. Summary of regular drug-takers between 1916 and 1922 shown by gender and location

Of the six reported non-London incidents, four related to three coastal locations: Liverpool, Southampton and Hartlepool, while two were inland occurring in Hertfordshire and Surrey.

Two of the non-London incidents involved a foreign national. Non-London incidents involved either morphine or cocaine with the exception of one who had taken both of these drugs. Two other drug-takers, from locations outside London, were in treatment for drug-taking; one of whom had fatally overdosed while in treatment. The other was in treatment, placed there by her family, to avoid a prison sentence. The reported life histories indicated that one of the six individuals had regularly taken drugs for at least 6 years. Three individuals living outside the London area had direct links to the medical profession. These were a ship's doctor, a hospital attendant and a nurse married to a doctor.

### Age profile

The age range was between 18 and 76 years, which included the oldest drug-taker identified by the study. The average age of post-1915 regular drug-takers was 35 years. However, by excluding the 76 year old the average age of the group reduced to 33 years. The modes of post-1915 regular drug-takers are 22, 27 and 29 years. Figure 1-13 summarises the average age by gender and location.

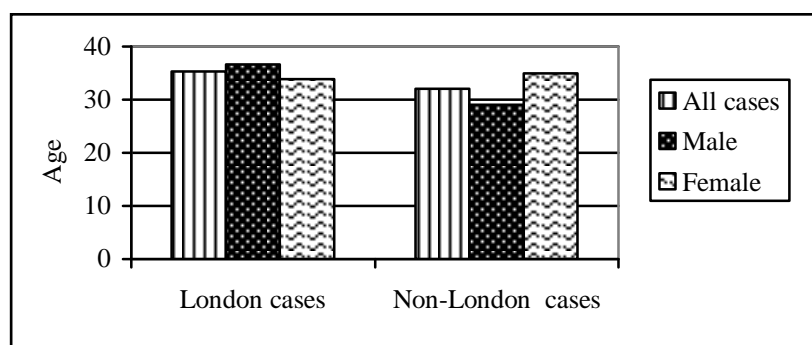


Figure 1-13. Average age of regular drug-takers between 1916 and 1922 shown by gender and location<sup>1</sup>

The age range of female drug-takers was between 18 to 76 years with an average age of 34 years. The female mode was 22 years. The majority of females were in the age band 20-29 years (n=6). The age bands 30-39 and 40-49 years accounted for a further seven females. The two other females of known age were 18 and 76 years old. Four females did not have their age reported. The age range of male drug-takers was from 26 to 65 years with an average age of 36 years. The male modes were 27 and 29 years. The majority of males were of similar age being either in the age band 20-29 (n=8) or 30-39 (n=7) years. The male modes were 27 and 29 years. Four males did not have their age reported.

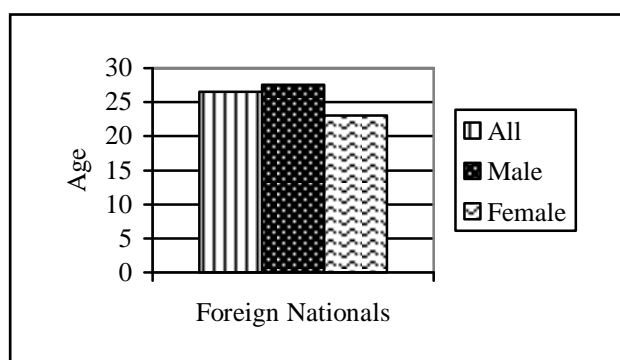


Figure 1-14. Average age of foreign nationals between 1916 and 1922 shown by gender and age

Only five of the nine foreign nationals had their ages reported. Their ages ranged between 23 and 29 with most being in their late

<sup>1</sup> There was no reported age in the majority of non-London cases. Therefore, the ages shown in Figure 1-13 are the reported age of one male and one female.



twenties. Figure 1-14 shows the average age of foreign nationals by gender.

### Reported drugs

Ten of the group took more than one drug and of these two-thirds were male. A combination of morphine and cocaine featured in five incidents and morphine featured, too, with either opium or heroin. Table 1-11 lists the reported drugs and number of consumers. The sum of consumers is greater than 48 as some individuals took multiple drugs. The preferred drugs of two were unknown.

Drug Type	Frequency
Morphine	21
Cocaine	18
Heroin	8
Opium	5
Veronal	3
Laudanum	1

Table 1-11. List of drugs associated with regular drug-takers between 1916 and 1922

Morphine, by a slight margin, was the most common drug. Cocaine was the second followed by heroin. It is among regular drug-takers during 1917 that heroin was first reported. Further reports were infrequent with one during 1919 and 4 reports during 1922. Four of the first five cases had a direct link to the army. The average age of those taking heroin was 33 years. Figure 1-15 shows the number of males and females who had taken specific drugs.

The presence of the oldest morphine taker amongst the regular female drug-takers meant, on average, female morphine takers were older than males. However, by excluding her, male morphine takers became the older group. Foreign nationals, who consumed morphine, were much younger having an average age of 28 compared to the British average of 41 years.

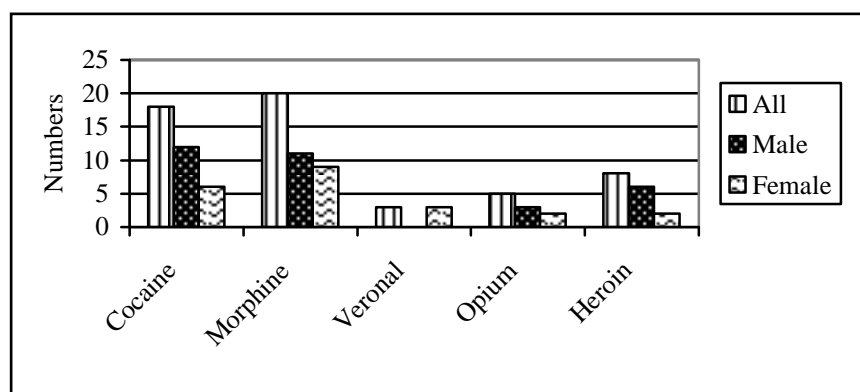


Figure 1-15. Summary of drugs taken by regular consumers between 1916 and 1922 including gender information

Some female regular drug-takers were associated with cocaine. The average age of the female cocaine-takers was 24 years, and there was a mode of 23 years. In comparison, the average age of male cocaine-takers was 34 years and there is a mode of 29 years. Veronal was a drug associated solely with young women. The average age of females who took the drug during the period was 21 years with a mode age of 22. Opium-takers had an average age of 41 years and there were an equal number of males and females. However, it appeared that females were possibly slightly younger. Eight regular drug-takers reportedly injected their drug of choice, which represented 16.7% of the total.

Among the foreign nationals, the drug of choice appeared to be morphine, taken either solely or in combination with heroin. The second most common drug for this group was cocaine.

### **Reported occupations**

Regular drug-takers were associated with a wide range of occupations. Employment in the army was a strong feature but the medical and nursing professionals were noticeable too, as was employment in the entertainment industry, which included musicians and actors. Occupations allied to shipping featured too but were less prominent. Some regular drug-takers held non-professional occupations such as typist, maid, or clerical worker and this was a new feature.

## **Discussion**

The articles published from 1916 to the end of 1922 considered within this chapter provide rich evidence about drug-taking during the era, and developed the emerging themes.

### **Female representation within drug-taking activity**

Female participation varied between the drug-takers of unknown frequency and regular consumers of this era as well as with those from the earlier period too. Again, census records helped contextualise the tabulated data. Census records from 1911 and 1921 (University of Portsmouth 2009a and 2009b) showed a greater number of females within the population and a growth in the differential over the period, which by 1921 stood at 1,736,221. The inconsistent rate of female participation found across the different groups of articles required further consideration. Table 1-12 shows the rates of female participation for the drug-takers of unknown frequency and regular consumers for the two periods.

A comparison of the groups identified a pattern in female consumption. During the earlier period, the prevalence of female drug-taking was high generally, as London and non-London incidents are equal at 33%. This could even reflect a growth period in participation by female drug-takers of unknown frequency, potentially new, inexperienced drug-takers. This group is larger than regular drug-takers within the same period. Within the next period, 1916 to 1922, it appears that some of the drug-takers of unknown frequency progressed in to regular drug-taking. The rates indicated, too, that this progression was more likely outside London as female participation rose by 22% compared to 17% in London. The fact that each group of articles contributed to the overall picture of drug-taking suggests that rather than over-emphasising the extent of drug-taking the press possibly reflected, fairly reasonably, the rate of activity. The extent of female recapture in reporting (only one female) compared to the high rate within the Chinese community (discussed in Chapter 8) is another indication that the press probably

did not actively focus upon female drug consumption. Furthermore, this picture of high prevalence of drug-taking in the pre-war period fits with accounts in the literature (Parssinen 1983).

Description of articles	% of females within group	% of female incidents occurring outside London
Drug-takers of unknown frequency 1900-1915	33	33
Drug-takers of unknown frequency 1916-1922	29	0
Regular drug-takers 1900-1915	27	10
Regular drug-takers 1916-1922	44	33

Table 1-12. Variation in reported female participation

Other research findings might help assess if the rates of participation in Table 1-12 are a reasonable reflection of female involvement. One piece of research by Parssinen (1983) drew upon drug treatment records from the 1920s, and he found female representation was 42%. This study found a similar level with regular female drug-takers representing 44%. The period of this study is a mix of wartime and the early 1920s whereas Parssinen's evidence is from the 1920's and this slight difference in time coverage might explain the small percentage difference. The literature suggests an increase in drug-taking occurred due to the war. However, the fall in female drug-taking of unknown frequency, particularly outside London after 1915, found by this research suggests that although regular female participation rose, with fewer new entrants, overall female participation in drug-taking was in decline during and immediately following the First World War.

Consideration of male participation may indicate how female activity altered and Table 1-13 shows the male rates of participation.

Description of articles	% of males within group	% of male incidents occurring outside London
Drug-takers of unknown frequency 1900-1915	66	66
Drug-takers of unknown frequency 1916-1922	71	100
Regular drug-takers 1900-1915	68	90
Regular drug-takers 1916-1922	55	67

Table 1-13. Variation in reported male participation

Drug-takers of unknown frequency are probably inexperienced or new drug-takers. Therefore, Table 1-13 shows a growth in new male entrants to drug-taking over the period and particularly at locations outside London. However, both groups of regular drug-takers indicate a fall, which is greatest in areas outside London. This fall could reflect a lack of progression in drug-taking among males due to their absence from the population because of the war. This would help explain why, in a period that sees an increasing number of new male drug-takers, there is a fall in regular consumers. This presents an interesting idea as if there were fewer male drug-takers within the civilian population this would actually increase the likelihood of female detection. This could also mean female participation remained stable or even declined during the period but appeared greater due to greater probability of detection.

Furthermore, the evidence thus far offers indications of why females might have become more visible. This study has highlighted differences in female engagement with drug-taking. For example, females appear to adopt purchasing and consumption strategies that differ from males, which would have been more difficult to maintain during wartime conditions. Both Chapters 5 and 6 suggested that females might prefer to avoid direct contact with the illicit market and some females did so by using a third-party purchaser, normally a male. Therefore, for some, the absence of their male partner meant

they had to engage personally with the illicit market. Starting to engage at riskier points in drug-taking activity such as procurement further increased their chance of detection. This was already higher due to fewer male drug-takers within the civilian population. In addition, the change in legal status in 1916 made procurement of certain drugs riskier. Therefore, it is highly probable that the war led to the identification of more female drug-takers and enabled a more accurate picture of female engagement with drugs. The collated information from the study indicates several features. Firstly, female drug-takers of unknown frequency were probably experimental consumers and participation in such activity fell slightly over the period 1900-1922 (33% compared to 29% post-1915). Secondly, the female drug-takers of unknown frequency reduced significantly outside London after 1916 (33% compared to none post-1915). Thirdly, female involvement in regular drug-taking increased within both the capital and elsewhere. The largest growth being outside the capital (10% compared to 33% post-1915).

Based upon modern research findings these changes are interesting. Wartime circumstances could explain the apparent growth in reported incidents both inside and outside the capital. Within Chapter 6, there was reference to a couple moving during 1914 from North Yorkshire to London and discussion that their move might indicate a reduced supply as the opportunities for illegal importation fell due to wartime disruption of commercial shipping. Replication of supply problems elsewhere could mean drug-takers drifting towards the capital in search of a supply, particularly females who had greater sensitivity to change within the market. This would produce an overall rise in reported prevalence within the capital, especially among females. Wartime supply difficulties could explain the lower rate of drug-takers of unknown frequency, too, as there would be fewer regular drug-takers circulating outside London to transmit drug knowledge as well as less access to drugs.

*Cycles in drug consumption and potential gender differences*

The research literature on drug consumption includes a theory that drug-taking behaviour goes through cycles. Various studies have noted patterns within drug consumption over time (MacDonald 1999, Collison 1996, Ditton and Hammersley 1994, Parker et al. 1988, Burr 1987). However, arguably, it was the seminal work of Hunt and Chambers (1976) on heroin consumption patterns, which first considered the pattern of epidemic spread. Their study of heroin epidemics within the United States between 1965 and 1975, drew upon theories related to the spread of disease and compared these with the incidence and growth of heroin epidemics. They theorised that there were phases within heroin activity and their data appeared to indicate the epidemic phase could last between 3 and 5 years. It is only more recently that their theories have been considered within the British context looking at heroin-taking on the Wirral (Parker et al. 1998) and within Scotland (Ditton and Frischer 2001). The research demonstrates that Hunter and Chambers' theory appears culturally transferable.

Ditton and Frischer (2001) noted that the time lag between epidemic peaks had received little attention. Their modelling seemed to indicate a spacing of possibly 20 years. However, statistical evidence gathered from other parts of the United Kingdom might indicate a shorter period. By combining the statistical information presented by the Audit Commission (2002) and Roe and Man (2006), peaks in drug-taking behaviour are identifiable within England and Wales during the following years: 1968, 1984 and 2000. Setting aside the duration of the epidemic cycle, the theory that both a cycle and phases within a cycle could exist is highly relevant to this study in relation to patterns within female drug-taking.

Ditton and Frischer (2001) describe 4 phases to a cycle. It is within phase 2 that there is the growth in new drug-takers. Phase 3 is when the number of new drug-takers is in decline. Comparing the data from this study with these phases there is a slight fall in drug-takers of unknown frequency between the pre-1916 and post-1915

periods. Of interest too, is the geographical spread of incidents. Hunt and Chambers (1976) theorised that phase 2 depended upon there being individuals willing to be introduced to drug-taking. In the longer term, this is only possible if macrodiffusion occurs. This is the process that transfers drug-taking from a large, highly populated area where it is not possible to gain further recruits to a small, less populated area where it is possible to recruit drug-takers again. This study indicates the number of incidents outside the capital after 1915 involving female drug-takers of unknown frequency fell sharply from 33% to zero. Furthermore, there was a change in the level of regular drug-taking within the capital and elsewhere over the period. The absence of female drug-takers of unknown frequency and the apparent growth in regular female drug-takers outside the capital suggests that between 1916 and 1922 phase 4 of the cycle, a period of stable, higher endemic use occurred. Hence, earlier phases of the cycle occurred between 1900 and 1915.

The pattern of activity seen first within London and later on the southeast coast described in Chapter 6, suggests that phase 2 may have been between 1908 and 1913. This would mean that phase 3 maybe began around 1914. The evidence from this study appears to fit with the theory of epidemic spread developed by Hunt and Chambers (1976) and previous research has found it culturally transferable to Britain, but thus far, their theory has only related to heroin consumption. Therefore, applying the theory generally to female consumption of any drug within the period may not be appropriate despite the apparent close fit. However, the patterns within female consumption point to the possibility that the peak in drug-taking activity within Britain during the early 1920s discussed within the literature (Kohn 2001, Davenport-Hines 2002) arguably could be a male peak. Potentially, if consumption peaks occurred at intervals of 16 years as the longitudinal data for England and Wales suggests then 1920 would be a peak year. Furthermore, consumption information, as discussed previously, largely reflects male activity. Therefore any peak is more likely to relate to changes in male



behaviour. Applying these assumptions would lead to the possibility of another male peak in 1904. It is, perhaps, of note both these male peaks (1904 and 1920) occur within two years of the cessation of a major military conflict.

Collectively, the evidence seems to suggest that possibly female drug consumption follows cycles but that these may operate independently of male activity. Furthermore, based on the reported incidents, potentially a female peak for a drug may occur prior to a male peak, and possibly, there may be a time lag of several years. If this were the case, then knowing more about female activity could help predict future male behaviour.

## **Mobility and movement of people**

### *Foreign nationals*

Foreign nationals featured strongly within the articles considered by this chapter. Census records indicated that the number of foreign nationals, either resident or visiting, rose by 125,758 in the first decade of the twentieth century and the total number by 1911 was 373,516. Therefore, in 1911, foreign nationals represented 1%<sup>2</sup> of the population of England and Wales, a growth of 0.24% since 1901. Drug-takers of unknown frequency included two foreign nationals, 28% of that group. One was Canadian and the other Chinese. Among the regular drug-takers were nine foreign nationals, which represented 19% of this group. Only one of these was from Europe. The more common countries of origin were America and South Africa. Therefore, both groups showed over-representation of foreign nationals.

Census data indicates that all the nationalities cited thus far were less common within Britain. For example, in 1911, Africans formed 0.2% and Chinese 0.4% of all foreign nationals. Hence, a similar pattern of over-representation, as described within Chapter 6,

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<sup>2</sup> Calculated using the total enumerated population for 1911, which was 36,075,269 (University of Essex 2004).

emerged. Foreign nationals particularly featured among regular drug-takers. This raises the question does the pattern reflect a reporting bias possibly due to racial tension as discussed within the literature review, or the existence of a specific association between drug-taking and those nationalities?

EMCDDA (2005) research indicates that the prevalence of drug-taking does vary between countries so this could be a possibility. However, does higher engagement with drug-taking by certain less common, but recurring nationalities, suggest another feature of this group? Could the data indicate that particular foreign nationals experiencing stricter drug laws in their own country, such as America and Canada, perceived Britain as a safe haven for drug-taking? This is a strong possibility as Whitaker (1988) describes how the movement of both Americans and Canadians into Britain during the early 1960s coincided with new, stricter drugs legislation in those countries. He also notes how this marked a period of change in the domestic drug scene. Modern research too links particular drug types to certain nationalities. For example, Edmunds et al. (1996) relate how in one London drug market they studied, Italians controlled the heroin supply.

#### *Military service and conflict*

The evidence considered within this chapter linked mobility of drug-takers to employment and particularly military service abroad. Current literature discusses the possibility that drug consumption by military personnel during periods of leave was due to a lack of alcohol (Davenport-Hines 2002 and McAllister 2000). Other accounts suggest a peak in consumption occurred after the First World War, during the early 1920s (Kohn 2001). This study, using the evidence of the post-1915 drug-takers of unknown frequency and regular consumers develops another view that periods of military conflict generally, and not just the First World War specifically, might be linked to a growth in drug-taking among military personnel.

Recent research suggests there is a possible association between the cessation of conflict and a rise in drug-taking activity (Hollywood 1997). The theory has arisen from research into increased drug activity in Northern Ireland following the ceasefire agreement. Hollywood suggests that peace may weaken informal social controls and that fewer restrictions on mobility may allow the drug market to expand. Civilians living in Britain during the First World War had restrictions imposed upon them by the conflict so there are domestic similarities to Northern Ireland. The theory would therefore explain the general increase among the domestic population, which produced the peak in drug consumption in the early 1920s as discussed in the literature. However, evidence gathered for this study suggests military service during periods of conflict could be relevant too.

Chapter 6 discusses how drug-taking was associated with Boer War veterans while this chapter highlights an association with First World War veterans. Drug-taking activity among war veterans seems to be a repeated historical pattern as indicated by the study of opium consumption during the American Civil War (Booth 1996) referred to previously. Given the proximity of the Boer War and the First World War, it is highly probable that little altered within the few intervening years in terms of army behaviour. Therefore, repetition of the pattern identified following Boer War is likely but on a larger scale. The longitudinal data, discussed earlier, that helped identify consumption peaks at 16-year intervals, also points to a link between the cessation of conflict and subsequent peak in male drug consumption. This study, too, identified evidence that collectively hints at an explanation for the association between drug-taking and conflict, which could have its origins within the Boer War. This conflict, often referred to as the first modern war, led to the development of new warfare strategies (Marr 2009). For example, by the start of the Boer War, the British army had machine guns, which could create many more casualties in a shorter time from a range that possibly meant the opposing sides had little physical contact.

The Italians introduced aeroplanes into military service during 1911. Therefore, in 1914 air combat was relatively new and untested, which inevitably placed considerable stress on the pilots recruited for the First World War. However, by the end of the war, there was extensive use of bombing raids by aeroplanes and this demonstrated another huge change in warfare techniques. The collated articles provide several life histories of First World War veterans. These highlight the human difficulties in using new modern warfare strategies and make a specific association between cocaine and aircrew. For example, the following is a reported statement about a defendant's life history:

“He afterwards joined the R.A.F., and took part in the bombing of the big German industrial centres, going out on 53 of these air raids. The nervous strain was too much for him, and he took drugs, at first only sufficient to enable him to support his nerve while flying, but the habit grew, and he was now a mental and physical wreck.”

*(The Times 1921a, p.7c)*

Another example from the retrieved articles is that of a Voluntary Aid Detachment (V.A.D.) nurse who was experiencing the impact of mechanised weapons at the frontline. She described to a friend how she started taking drugs to complete her nursing duties in France.

“She said that the work she had to do as a nurse in France was so terribly hard that the doctors used to give them drugs to keep them up; otherwise they could not have done the work, as they had only about four hours sleep.”

*(The Times 1918, p.5c)*

Other First World War evidence suggests the use of drugs for various reasons was common among those on active service. For example, the war diary of a German Officer assigned to a U-boat wrote after spending a short time at sea:

“I understood why the officer I replaced had recommended the use of opium before all cruises which were to last over twelve hours.”

(Palmer and Wallis 2004, p.234).

These three separate accounts place a different perspective on the notion that the war veteran became a drug-taker through the incorrect therapeutic use of a drug. They suggest, too, that drug-taking by military personnel could have been fairly common. However, Kohn (2001) highlights the lack of attention given to drug-taking war veterans:

“Addiction among veterans was not uncommon, and surfaced occasionally when one overdosed or fell foul of the law, but the ex-combatant addict was not attributed any great significance in the typology of the drug habit.”

(p.153)

Possibly of interest is modern data on drug-taking within the military. Davies et al. (2009) report how the Armed Forces introduced compulsory drug testing, using the Armed Forces Act 1996 and that each year around 85% of serving personnel are tested. During 2000, the percentage of positive tests represented 0.71% but this rose between that year and 2005 to 0.90%. Since 2005, the rates of positive tests have remained stable. Between 2000 and 2005, Britain entered into two conflicts, one in Afghanistan (2001) and the other in Iraq (2003) and both of which continue. The increase in positive tests over this period is therefore interesting given the association between periods of conflict and drug-taking found by this study.

As discussed previously, the end of the First World War presented difficult domestic issues too. The government wanted returning soldiers to find employment but there was a general lack of opportunities. The First World War altered the domestic structure of employment. Women had gained new skills and knowledge due to the long absence of male employees and this meant more competition

for jobs<sup>3</sup>. Therefore, in an attempt to manage unemployment, the Government slowed down the pace of demobilisation. However, this action did not please the waiting soldiers and throughout Britain, during 1919, there was much unrest and violence led by soldiers wanting their demobilisation<sup>4</sup>. Concern about the actions of soldiers awaiting demobilisation is a theme reflected within the articles. A number of army camps feature in drug-related incidents during 1919. Soldiers from overseas were relevant too. For example, Canadian troops needed repatriation and a rumour that Britain lacked the ships to transport them home led to a mutiny at a Welsh barracks, where some died as the army tried to regain order (Lee 2000). Articles featuring regular drug-takers reflect this theme, too, as three concern colonial soldiers attached to the British Army. On balance, the lack of employment opportunities could have led some veterans to consider illegal activity to ensure an income.

#### *Movement between countries*

Post-1915 regular drug-takers had strong links to travel. Obviously, the movement of drug-takers would infer, too, the movement of drugs and opportunities to learn new drug-taking behaviours. Both the range of destinations and regularity of foreign travel were important factors. Therefore, the occupational links allied to shipping among the post-1915 regular drug-takers were potentially very significant.

#### **Reported patterns of drug consumption**

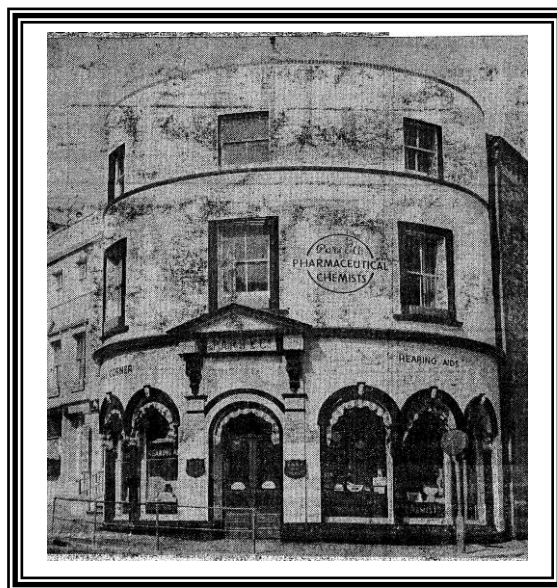
The content of articles concerning post-1915 drug-taking developed the theme of reported patterns of consumption. Within this era (1916-1922), the historic literature discusses the growth in cocaine consumption and, therefore, this drug will receive particular attention within this section. Discussion within this section draws

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<sup>3</sup> Furthermore, the First World War also financially affected the more affluent. Thus there was a need within this sector to make changes to their lifestyle, which included taking up employment (Lawrence 1994).

<sup>4</sup> Their actions known as the Khaki riots included one incident in London that involved 3,000 troops who protested on Horse Guards' Parade.

upon additional contemporary material. The first source is a set of contemporary records kept by a Bournemouth Pharmacy, Pars and Co Ltd.<sup>5</sup> (See Appendix C for further details regarding this source). Figure 1-16 shows the premises of Pars & Co Ltd, Bournemouth.



*Photo courtesy of the Daily Echo Bournemouth*

Figure 1-16. Pars & Co Ltd., Bournemouth

The second contemporary source is a collection of 54 articles from *The Times*. These were found while searching but they did not meet the inclusion criteria of the study as their content did not relate to a person but to general trends in drug-taking.

Press coverage in the early 1920s suggests that cocaine during this era became particularly popular not only in Britain but also within Europe.

“Cocaine has entirely ousted the morphine habit” [in France].

*(The Times 1922a, p.9e)*

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<sup>5</sup> The contemporary records were poison registers that recorded all dispensed prescriptions that contained any named drug under legal restriction. These may include individuals who regularly took drugs as patients then paid for their consultation, prescription and dispensing. Thus, payment perhaps influenced what their doctor prescribed for them and there was no limit to how often a pharmacist could dispense a private prescription. Collated data for this study shows drug-takers did obtain their drug of choice through prescriptions, suggesting the poisons registers may be a useful source.

“A startling increase in the drug habit throughout Germany, an enormous secret trade in cocaine has developed which rivals the old smuggling associations”.

*(The Times 1920a, p.13d)*

However, coverage suggests cocaine became popular with drug-takers in other parts of the world much earlier than the 1920s. The article also points to restrictions on opium having contributed to the rise in cocaine consumption.

“Within recent years the cocaine habit has spread rapidly throughout the world, especially in India and China, where the efforts to stop the traffic in opium have resulted in the introduction of the more deadly cocaine.”

*(The Times 1918b, p.2d)*

The evidence considered in Chapters 5 and 6 indicated that cocaine was in circulation throughout the period. Evidence from pre-1916, discussed in Chapter 6, suggested those more likely to access cocaine were inexperienced or experimental drug-takers and regular consumers were more likely to be young males. In addition, those employed within the entertainment industry were more likely to be occasional consumers.

The female drug-takers of unknown frequency throughout the period 1900-1922 had a strong preference for cocaine. Males of this group had a strong preference for morphine pre-1916 but their interest in the drug declined post-1915. Between 1900 and 1922, opium was only associated with male drug-takers of unknown frequency. Veronal, which was as popular as morphine among pre-1916 drug-takers of unknown frequency, was in decline post-1915.

The regular drug-takers presented a different picture and they probably provided the better profile of contemporary drug-taking activity. Pre-1916 regular male consumers preferred cocaine and the trend continued post-1915. The two regular female drug-takers associated with cocaine only consumed it when their preferred drug was unavailable. Although regular male drug-takers continued to



outnumber females, post-1915 there was a slight growth in the proportion of females taking cocaine.

The drug preferred by pre-1916 regular female consumers was morphine. Furthermore, the proportion of females taking morphine grew post-1915. The growth in female preference for morphine appeared to be greater than for cocaine.

Pre-1916 regular drug-takers consumed veronal and opium but males seemed to slightly prefer these to others drugs. However, both drugs are less evident post-1915, with veronal not appearing after 1918. This supports the conclusion within Chapter 6 that it was in decline. Again, veronal was associated with young females. Opium was more associated with older individuals whether male or female.

A feature of regular male consumption was combining drugs. The most common combination was cocaine and morphine. Other combinations were morphine with heroin or opium. During 1917, heroin appeared too and was strongly associated with males.

The Pars collection records only three drug types of interest to this study: cocaine, opium and heroin<sup>6</sup>. In terms of cocaine, the rate of dispensing declined over the period. Generally, females were the more likely recipient of cocaine; however, the records indicated several interesting features. (See Figure 2-4 within Appendix C). On two occasions, male and female consumption seemed to become similar. The first is between 1900 and 1904 when there is a sharp fall in both male and female dispensing after 1901, followed by a sharp rise again particularly among females during 1903. The second occasion is from 1914 until 1920. Then, during 1920, male and female consumption diverge markedly with female dispensing remaining stable after a sharp fall in 1918 while male consumption rises sharply. Prior to the divergence in 1920 the rate of male dispensing had only surpassed the female rate during 1908 and 1912 and then only by a relatively small margin. However, the male rise

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<sup>6</sup> Morphine did not feature in the Pars records, as the drug was not under the same restrictions until 1920. Veronal, because it was a patent medicine without selling restrictions, also did not appear in the pharmacy records.

from 1920 was so great that during 1922, 73% of customers receiving cocaine were male.

Potentially, the pattern of cocaine dispensing could reflect press coverage. The sharp fall in 1901 occurred during a year when *The Times* reported three cocaine related deaths<sup>7</sup> and published detailed reports concerning the civil action by the Forsythe family against Dr. Law. These incidents involved both female and male drug-takers. This could explain the sharp fall in dispensed cocaine to both groups after 1901 but not the subsequent rise. Interestingly, too, the drop in the rate of cocaine dispensed to females after 1918 coincides with the death of Billie Carleton, which received much press attention.

The Pars records show a sharp rise in male cocaine dispensing during 1902 and 1921. This pattern could reflect the return of war veterans from the Boer War and then the First World War. The male increase from 1902 is at a slightly slower rate than the female increase during that period but the male rate continues to rise despite a sharp decline in female consumption. This pattern could be similar to that seen among pre-1916 regular drug-takers, among whom links to South Africa featured up until 1910. As Appendix C highlights, Bournemouth was a town associated with a number of high-ranking military men (Legg 2003) and the Pars records indicated a number of families headed by retired military men with colonial service<sup>8</sup>. Therefore, the Pars records may have captured a particularly relevant population given the reoccurring military connection within articles retrieved from *The Times*.

Another relevant feature of the Pars records is the frequent appearance of hotels as a customer's place of residence. A large proportion of dispensing from the shop was to a mobile population (see Appendix C), a group of particular interest to this study. Chapter 6 speculated whether the pattern of veronal incidents reflected the

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<sup>7</sup> *The Times* reported two incidents. One involving two actresses and the other a wealthy merchant who died bankrupt; the implication being his financial situation was due to his cocaine consumption.

<sup>8</sup> A search of the 1901 census using names of customers provided occupational and family information. Often the place of birth of wives or children indicated a colonial link.

movement of individuals and the transference of drug-taking practices from the capital to fashionable coastal resorts. The Pars records relating to cocaine seem to demonstrate trends about consumption in Bournemouth, a south coast resort popular with Edwardians. They suggest the town possibly experienced similar transference of drug-taking practices to those identified in Brighton and Hove.

A dip in the dispensing of cocaine to females occurred between 1910 and 1914 while male dispensing rose from 1910, peaking during 1912 and then declining. This period has featured in other discussion related to the south coast and the consumption of veronal and morphine. If, as speculated earlier, male and female consumption patterns differ then the pattern in the Pars records is explainable. If female interest in veronal grew, and females switched drugs rather than combined them, then female dispensing of cocaine would correspondingly fall. The dip in cocaine dispensing during 1912 could therefore be a peak in female veronal consumption. Furthermore, earlier evidence from this study suggests males tended to combine their drugs. Therefore, a male rise in cocaine dispensing might also reflect increasing male use of veronal. As cocaine is a stimulant and veronal a sedative, their combined use would have a rational and specific purpose. Therefore, the Pars collection that captures the consumption of a mobile and affluent population probably arriving from London, possibly demonstrates how movement of people influenced consumption behaviour on the south coast during this period. The consistency between *The Times* articles and the Pars collection concerning female consumption trends between 1900 and 1914 is the basis for this view.

The Pars records indicate that females were more likely the recipients of opium (see Appendix C, Figure 2-3). Dispensing to both male and female clients was greater during the late 1890s and early years of the twentieth century but the rate was mostly in decline particularly among females. Male opium dispensing shows two sharp peaks. The most striking peak occurred during 1908 when male

dispensing rose above the level of female dispensing just for that year. The other smaller peak occurred during 1918 and coincided with a rise in female dispensing. The upward trend in female and male dispensing began in 1914 and male and female dispensing appeared to increase at a similar rate until 1918. Chapter 6 discussed cycles in drug-taking and, in particular, that as one drug declines another rises in popularity. The Pars records might be mapping an opium cycle. The literature suggests veronal and opium could be substitutes for each other and, as suggested above, veronal appears to have gone into decline after 1913. Possibly the Pars records captures the drug, which replaced veronal, as from 1914 opium dispensing starts to rise. Chapter 5 referred to an article about the death in Paris of Mlle Fleury during 1913. Reports provide a description of her opium parties, which were very similar to ones held by Carleton during 1918, and Carleton reportedly began taking opium from around 1914. This evidence, along with the Pars records, suggests female interest in opium was growing for several years prior to 1918. Female dispensing remains constant between 1918 and 1922 and despite a sharp fall in male dispensing after 1918, male consumption rises again from 1920.

There are three striking similarities between the consumption patterns of opium and cocaine.

1. For both drug types, 1908 is of interest. During this year, male dispensing is greater which is unusual within the Pars records.
2. The war years, 1914 to 1918, seem to show male and female dispensing as more alike.
3. During 1920, male and female consumption diverge.

It is not clear why male dispensing is greater during 1908. However, the similar pattern in dispensing during the war years suggests that the absence of younger males alters the pattern of male consumption. This suggests that possibly older males hold drug preferences similar to that of females. Further support for this notion comes with the divergence of dispensing during 1920 when

demobilization is complete and young males re-enter civilian life. Other evidence considered earlier suggests that male drug consumption was peaking during 1920.

Heroin dispensing at Pars is interesting too (see Figure 2-5 within Appendix C). The records for heroin show the same pattern of divergence during 1922. The most striking feature is that females were more likely to be dispensed the drug and male dispensing never overtook them in any year. For example, during 1900 78% of dispensed heroin went to a female customer. The Pars records show there was a sharp growth in consumption by both females and males during the early years of the twentieth century. The fall in dispensing between 1902 and 1904 was less for females. Following a peak in 1906 there was a sharp fall in dispensing to females. From 1910 until 1916, this sharp peak and trough pattern of female consumption continued with peaks in 1912 and 1916. However, between 1914 and 1916 the dispensing of heroin rises sharply and at the same rate for male and female customers. However, male consumption sharply declined after 1916. Following 1920, male and female dispensing diverged, with female dispensing rising and male dispensing falling (see Figure 2-5 in Appendix C).

The sharp fluctuations, particularly within female dispensing of heroin, makes the Pars records interesting as they initially do not appear to follow the trend seen within the content of *The Times*. Heroin appears only among the post-1915 regular drug-takers and the arrestees for drug offences. Furthermore, heroin is strongly associated with regular male consumers with military links. Hence, only two of the reported incidents concerned a female heroin consumer.

However, on closer consideration, there could be a link between the two sources. The Pars records show that during 1917 female dispensing of heroin was high and male dispensing low, indicating that there was a greater probability that an incident could involve a female. It is during 1917 that the first heroin incident appears and it involves the wife of army officer. Again, in 1922, female dispensing

at Pars is rising while male dispensing falls, and it is within this year that *The Times* reports a second incident concerning a female heroin-taker. Furthermore, Belcher's preference for heroin during 1918 fits with a sharp rise in male dispensing of heroin by Pars. Thus, the pieces of evidence from various sources indicate that the heroin-takers were starting to come to public attention by 1917/1918, which probably suggests a period before this when consumers first became aware of the drug and interest in it was growing. The years between 1914 and 1916 saw male and female dispensing come together and possibly this was the time when consumer interest in the drug began.

Parssinen and Kerner (1981) present data on the manufacture of heroin between 1910 and 1923. The quantity of heroin manufactured fluctuates but the pattern does not equate to the fluctuations within the Pars records. For example, in 1910, production is at a higher level and both male and female dispensing at Pars is at a low level but in 1911 production falls to a third of the previous year and female dispensing rises sharply while male dispensing continues to fall. A decrease in supply would probably mean a higher price. Research suggests females are more price-sensitive (Pacula 1997) so an increase in female consumption is unlikely. However, if the earlier female purchasing traits were transferable to female dealing activity there could be an explanation. Potentially, females might be more likely to seek heroin from a legal source of supply and then diverted it into an illicit market where the price was rising and larger profits attainable. In other years where heroin production is higher, female dispensing is falling and possibly the greater availability would mean the price would fall, reducing a dealer's profit and potentially female dealers would not be so interested in diverting the drug from a legitimate source.

Perhaps what the Pars records and the research by Parssinen and Kerner (1981) indicate is that retail demand for the drug was unpredictable and maybe surplus production was entering the illicit market. This would explain the pattern within the evidence collated for this study. Furthermore, the incident concerning a female

injecting heroin-taker who, in desperation, killed herself in 1922 might support this notion. She had been a wealthy, society woman but at her death was penniless, with all her belongings pawned. Her financial situation was due to her drug-taking, which suggests that heroin was an expensive drug. The cost probably relates to its availability as production fell during 1920 from 76,145 ounces to 12,385 ounces in 1921. Although production temporarily rose in 1922 to 31,673 ounces, the likelihood is that the scarce legitimate supply pushed the illicit price up greatly and led the female to financial ruin.

The financial situation of this female-heroin-taker mirrors that of Carleton, who Belcher may have introduced to heroin. Given that Carleton had supported both her own and DeVeulle's cocaine-taking for some time without financial difficulty, possibly her financial problems reflect a change in her drug consumption to heroin. The cost of heroin would probably have been increasing during 1918 because production fell by 25% in that year. Alternatively, as Carleton supported DeVeulle's drug-taking maybe she also began funding Belcher's heroin consumption. Chapter 5 indicates DeVeulle thought by late 1918 that the quality of the cocaine supplied by Belcher had declined. If Belcher was making greater use of cutting agents, which would reduce purity, this suggests he wanted to make more money from his drug dealing. Perhaps this reflected his need to make more money to support his heroin consumption.

### **Age profile**

Another pattern to emerge from comparing the evidence from this and the previous chapter, is a change in the age profile of drug-takers. The average age of the females was always lower than that of the males. The age difference between pre-1916 and post-1915 regular drug-takers was between 2-3 years. However, the difference was much greater for the pre-1916 and post-1915 drug-takers of unknown frequency. Pre-1916 the difference in average age was 5 years but post-1915 the difference was 9 years. The main reason for

this was that the female average age fell from 38 years in the earlier period to 33 years in the later period whilst the male age only reduced by 1 year from 43 to 42 year. This would seem to suggest that if pre-1916 drug-takers of unknown frequency were mainly new or experimental drug-takers, the profile of the female drug-taker altered during the period and females started to try drug-taking at a younger age. However, in the case of males no such change appeared to occur.

It is possible that the smaller fall in male age actually reflects further evidence of the impact of the First World War upon general population trends. Initially, the war meant younger males who could potentially become drug-takers were absent due to active service. Then the death of large numbers of young males meant they were fewer to engage in drug-taking after the war. The consequence could be that with a section of the young male population missing, the average age of male drug-takers was unable to fall by much. Therefore, the falling female age might reflect a trend that would have affected the whole of the population had the First World War not occurred.

### **Chapter conclusion**

The evidence considered within this chapter was able to assist in developing several of the key themes discussed within previous chapters. The introduction of another primary source, the Pars records, assisted with the analysis of gender differences and patterns of consumption. A particular benefit of these records was the customer base, which appeared to include individuals who were affluent, mobile or had a military connection; traits of interest to this study. A comparison of the Pars records and the content of *The Times* found similarities between them. This suggests the content of *The Times* might in fact provide a reasonable representation of drug activity within the period. For example, the appearance of heroin incidents in *The Times* involving females mirrored periods of high female dispensing at Pars.



As the analysis progressed, the complexity of some themes became more apparent. For example, the mobility and movement of people did not simply concern recreational travel as highlighted in Chapter 5 but also related to occupational groups, particularly military personnel. Furthermore, the theme of mobility and movement linked into other themes, too, such as reported patterns of consumption and supply networks.

A key theme enriched by the evidence reviewed in this chapter was female involvement in drug-related activity. The difference between the pre-1916 and post-1915 periods suggested a rise in regular female drug-taking during the war, which was consistent with the literature. However, the discussion considered whether the apparent rise was actual or perceived. This research suggests that females might engage differently with drug-taking and some female procurement and consumption strategies seemed to minimise their risk of detection. However, four factors, which combined during the wartime period weakened the normal female procurement strategies and therefore increased their likelihood of detection. Thus, the apparent increase was more likely a perceived one, which reflected the greater visibility of female drug-takers.

Furthermore, the evidence of female involvement from Chapter 6, indicated a possible peak in female drug-taking around 1908 to 1913, and the discussion within this chapter speculated that the peak in cocaine consumption during the early 1920s, highlighted by the literature, might have been a male peak. The evidence from this study concerning wartime military service and drug-taking might underpin such a finding. So too, do the Pars records, which demonstrated after 1920 that there was a decline in female consumption of cocaine and a substantial growth in male cocaine consumption. Potentially, this reflects the return of war veterans. In addition, the pattern of sharp growth in male consumption of opium and cocaine appears, too, from 1902; which marks the end of the Boer War. A growth, from 1902 in male consumption would fit, too, with the possible male consumption peak of 1904.

The Pars records had certain features, which suggested that male consumption possibly tracked female consumption. Furthermore, during the war, female and male drug consumption appeared to become similar, suggesting older males unable to service in the war, shared similar preferences for drugs to that of females. The dispensing of opium, cocaine and heroin from 1920 showed a strong divergence along gender lines when younger males returned. While male dispensing of opium and cocaine rose sharply, female dispensing fell. Instead, a sharp rise occurred in the rate of heroin dispensed to females, while male dispensing of heroin fell (see Figure 2-5 within Appendix C).

A theme to develop within this chapter was the link between military conflict and drug-taking. Chapter 6 identified features in drug-taking behaviour linked to earlier service in the Boer War and evidence considered within this chapter replicated these features following the First World War. Oral history accounts from a separate source along with the content of articles, suggested that the impact of introducing modern, mechanised warfare techniques might have increased the likelihood of military personnel consuming drugs. Possibly military personnel consumed drugs to cope with aspects of their duties, rather than as a release whilst on leave. This finding would differ from views presented by the contemporary press and those focused upon within the literature (Karch 2006 and Berridge 1999).

Drug-takers of foreign nationality were from countries with harsher drug laws; possibly some foreign nationals saw Britain as a safe haven. Comparing the evidence over time indicated that the profile of drug-taking foreign nationals was altering. Chapter 6 described a more even split among regular drug-takers of foreign nationality. Roughly, half were American and the other half from European countries. However, the foreign nationals considered within this chapter were mainly either North American or South African.

The Pars records appeared to demonstrate the effect of a mobile population on drug consumption. Trends within prescribing seemed to suggest the trend, this study detected, on the south coast for veronal during 1910 to 1913 might have occurred in Bournemouth too. Although the Pars records did not include veronal the pattern of change in other drugs, and the gender of customers pointed to this possibility.

The Pars records indicated that male dispensing of cocaine and opium unusually surpassed female dispensing during 1908. This suggests this year might have some significance yet unknown.

The pattern of heroin dispensing when considered against production records presented within the literature (Parssinen and Kerner 1981) found that in a year when production was low and the price potentially higher, female dispensing at Pars rose. This appears to contradict the expected behaviour of the price-sensitive female. This led to speculation that females could be diverting their dispensed supply elsewhere. This behaviour would fit with price-sensitive dealing by females.

Overall, the evidence from Chapters 6 and 7 have enabled several strong themes to emerge, which are female participation in drug-taking and movement and mobility of drug-takers. Furthermore, the features that emerged are ones detectable in other sources or which compare with other findings. Such consistency regarding the quality of the evidence extracted from *The Times* is encouraging. However, to date, little evidence about supply networks has emerged and this is a key aspect to explore. The next chapter considers the articles featuring arrestees for drug offences. As the profile of arrestees is very different, for example there are few females and more occupations associated with travel, this group of articles may illuminate a different aspect of drug-taking, possibly, supply networks.

## **Chapter 8. Reported drug activity 1916-1922**

### **Introduction**

The personal profiles of arrestees for drug offences differed considerably from the individuals considered within previous chapters. This led to speculation that the articles might capture a different aspect of drug-related activity, possibly drug dealing. This would be an important development because supply networks are a key aspect of drug-related activity and one which as yet had not been explored.

### **Description of the tabulated information for arrests related to drug offences**

These articles reflect the change in the legal status of drugs that occurred in 1916, affecting the public only after the July of that year<sup>1</sup>. The articles identified 361 individuals making it the largest group of the study.

The incidents all relate to criminal charges brought against individuals for either possession and/or supply of specific drugs, which initially included opium and cocaine but morphine only after 1920<sup>2</sup>. Veronal, which was a patent medicine, did not come under the same legal restrictions so the drug does not feature within this chapter.

There were 248 foreign nationals involved in drug related incidents, which represented 68.7% of arrestees. The majority (83.9%) were Chinese. The next largest group of foreign nationals were Europeans. Italy was the most common country of origin followed by Russia and Switzerland.

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<sup>1</sup> Initially, the introduction of restrictions upon possession and supply of named drugs occurred earlier that year, in May and specifically referred to the armed services.

<sup>2</sup> Morphine was not included in the Defence of the Realm Regulation 40b which only placed restrictions on the supply or possession of opium and cocaine. No similar restriction was placed on morphine until the Dangerous Drug Act 1920. (Release 2009)

The largest number of articles appeared during 1922 and the least during 1917. However, the number of articles did not reflect the number of individuals actually identified. For example, during 1917 the eight articles published identified 98 individuals arrested for drugs offences.

Of the 361 individuals charged only 30 (8.3%) were female and only two were involved with reported incidents outside London. Articles featuring females peaked during 1921 at 25.6%. Figure 1-17 shows the reported incidents of possession or supply of prohibited drugs between 1916 and 1922 by gender.

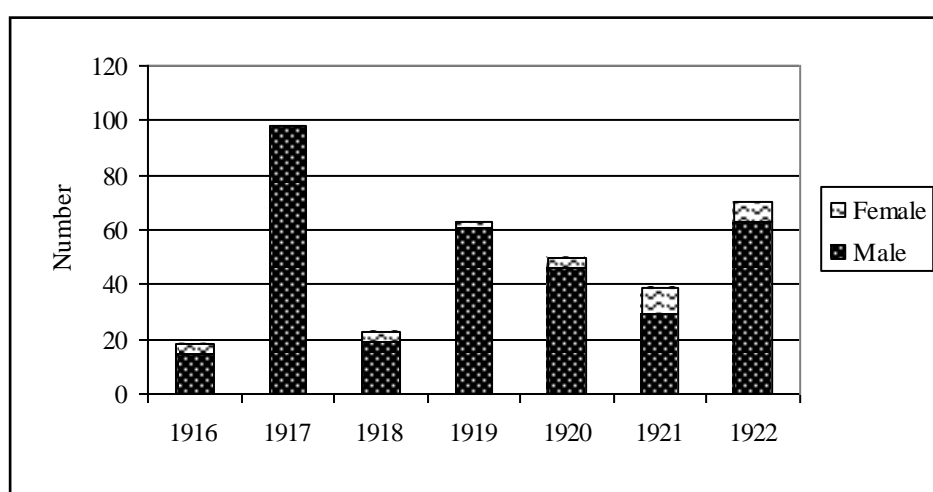


Figure 1-17. The number of males and females reportedly charged with either possession or supply of prohibited drugs between 1916 and 1922

Articles featuring foreign nationals followed a pattern. During 1916, most foreign nationals were European: the exception being an American. However, for the next 3 years (1917-1919) there were a large number of Chinese nationals arrested (1917: 98.9%, 1918: 78.3% and 1919: 69.8%). From 1920, there were fewer articles concerning the arrest of Chinese nationals and none during 1921. In addition, this three-year period saw a shift in geographical focus. During 1917, which was the first year that featured arrests within the Chinese community, only 5% of these occurred in London. However, in 1918 and 1919 the focus of reporting switched to arrests of Chinese nationals resident in London. Arrests of Chinese nationals

were mostly due to targeted police activity that focused upon private addresses thought to be opium dens.

From 1919, the articles start to include other nationalities. Initially these were Europeans, but by 1922 arrestees included Indian, Mexican, Afro-Caribbean, Australian, Greek and Germans. Figure 1-18 shows the percentage of reported cases by nationality.

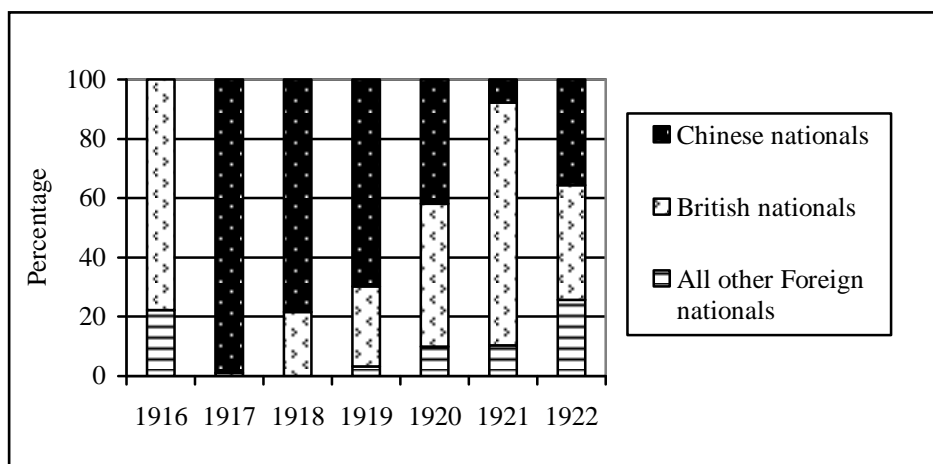


Figure 1-18. Percentage of reported arrestees by nationality charged with possession or supply of prohibited drugs between 1916 and 1922

### Non-London incidents

Arrests occurred at locations outside London. Of particular note was 1917 when only five of the 98 arrests were in London. In addition to the unusual pattern of reporting, which occurred in 1917, the years 1919 and 1922, too, featured a greater number of non-London incidents.

### Age profile

The age range of arrestees was between 17 and 60 years with an average age of 32 years and the mode was 23 years. When the age information was analysed by gender, males were older. The male age range was between 17 and 60 years with an average age of 33 years. The mode for the males was 23 years. The majority of males were within the age band 20-29. The age band 30-39 years was the next largest and together these two age bands accounted for 69% of all males. The female age range was between 18 and 52 years with an

average age of 29 years. The modes for females were 22 and 29 years. The majority of females were in the age band 20-29 years, which represented 62.9% of all cases. The average age of reported arrestees fluctuated over the period (see Figure 1-19).

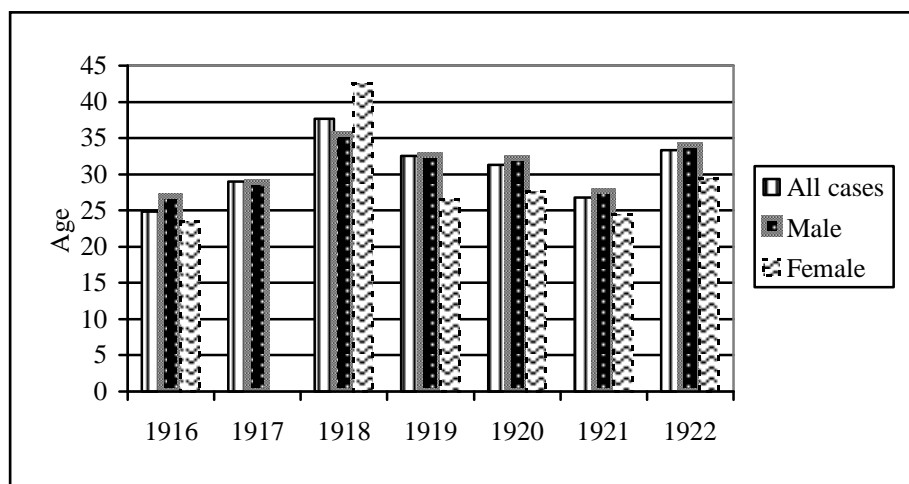


Figure 1-19. Average age of male and female arrestees charged with possession and supply between 1916 and 1922<sup>3</sup>

There were several features related to age. With the exception of 1918, all the years analysed indicated that female arrestees were younger than their male counterparts. Closer analysis of 1918 indicated that females who featured during this year were probably not typical of the women identified in other years. Not only were they older but the type of drug-related activity they engaged with was different too. For example, a 52-year-old female was obtaining, by post, regular amounts of cocaine using forged prescriptions. The two other females aged 45 years and 38 years were involved with opium smoking and one, possibly both, had connections to the Chinese community. In other years, females were more commonly in their twenties, employed as actresses or dressmakers and took cocaine.

Figure 1-20 shows the average age of arrestees by nationality based upon all reported information. However, reports concerning Chinese arrestees often omitted their age. All the Chinese arrestees

<sup>3</sup> It is not possible to calculate an average age in 1917. In this year there were no articles reporting a female arrest. In addition, there was only one article that reported the age of the male arrestees.

were male and so were nearly all the other foreign nationals. Therefore, in Figure 1-20 rather than the average age for all British arrestees,<sup>4</sup> the annual comparison figure is the British male average age. The increase in average age of arrestees between 1916 and 1919 may reflect the impact of the First World War. In these years, younger males would have been abroad on active service, thus leaving a greater proportion of older males in the general population.

Figure 1-20 indicates, too, that during 1919, foreign nationals had an older average age. However, there was only one report of a foreign national in that year. Probably given the average age of foreign nationals within other years, this arrestee was more unusual and the use of his age is perhaps distorting the overall age profile for foreign nationals over the period.

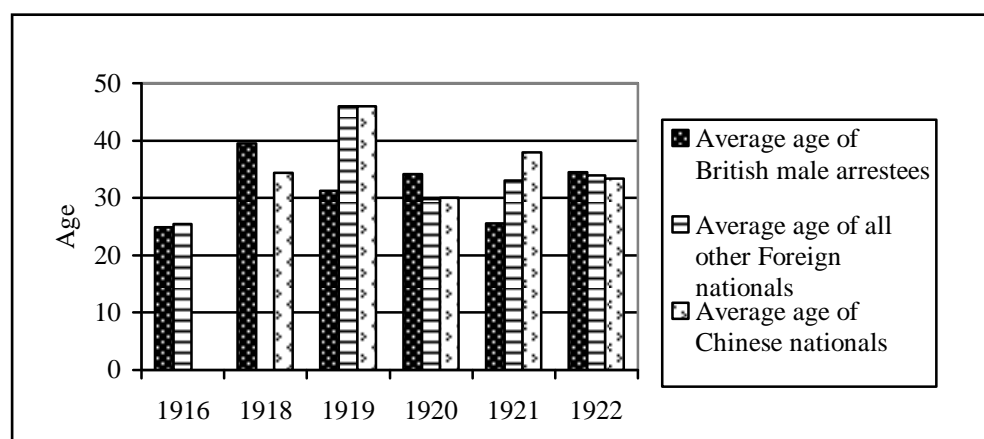


Figure 1-20. Average age of arrestees by nationality

### Reported drugs

Until the start of 1920, drug offences related to the possession or supply of one drug type either, opium or cocaine. During 1920, the Dangerous Drug Act<sup>5</sup> came into effect and from this year, the pattern of arrests alters. For example, arrestees had in their possession more than one drug. Often this was morphine along with another drug. In

<sup>4</sup> There is no entry for 1917 because reports only include the age of one British arrestee. The other 97 arrests made in 1917 were of Chinese nationals and their ages are unreported. In 1919, the average age of the foreign nationals relates to only one arrestee and so may not be representative of foreign nationals in that year.

<sup>5</sup> Under the provisions of the Dangerous Drugs Act 1920, morphine became restricted, which meant any unauthorised possession or supply became an offence.



addition, a reported incident during 1920 might indicate a change in offending behaviour. It involved the theft from a warehouse of morphine and opium.

During 1920, three female arrestees each had in their possession cocaine, morphine and heroin. This incident was the only one from this group of articles to refer to heroin. Furthermore, one of the three females re-offended within two weeks. On this occasion, she only had cocaine in her possession. Figure 1-21 shows the number of males and females charged with possession or supply by drug type.

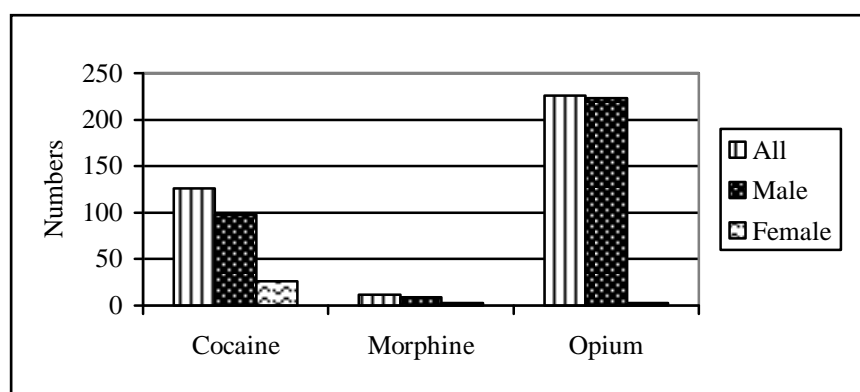


Figure 1-21. Number of males and females charged with possession or supply by drug type

Analysis by drug type and age appears to show that individuals associated with cocaine were younger than those associated with opium. Cocaine was the most commonly reported drug during 1916, 1921 and 1922, whereas, during 1917, 1918, 1919 and 1920 it was opium. However, 1917 was an unusual year as 97 of the 98 incidents concerned Chinese opium smokers. These arrests were made as part of targeted police activity towards Chinese nationals rather than as chance events. Hence, the police focus masks the extent of drug-related activity generally among the population.

### **Reported occupations**

In terms of employment, overall arrestees for drug offences appeared to be less affluent occupying mainly unskilled jobs. However, the types of employment indicated some similarities across the period,

such as mobility and/or inconspicuous access to multiple individuals. For example, occupations featuring mobility included from 1918 sailors and other members of a ship's company such as officer, steward, dispenser or cook. Collectively, seafarers were the largest occupational group. A smaller but related group were dock labourers. Other recurring occupations associated with mobility were dealer, buyer, merchant, porter, bookmaker, performer and commercial traveller. These, and other recurring occupations too, offered regular access to people in a situation that would not raise suspicion. For example, tailor or dressmaker<sup>6</sup>, waiter, and retailers such as butcher, haberdashery or fruit seller. In addition, there were three examples of places of employment within the service industries: boarding house, laundry and café as well as the entertainment industry with musicians and actors appearing from 1919 onwards. Military links, too, appear after 1919, including a dispenser from a military hospital.

Some arrestees had previous convictions unrelated to drugs such as living off immoral earnings, harassment, theft and burglary but most were for drug offences (65%). After 1920, some of arrestees were in possession of a firearm.

## **Discussion**

The expectation at the outset was that the articles featuring arrestees for drug offences would concern the supply of drugs and thus reflect drug market activity. In this chapter, use of modern research into drug markets helped explore the content of articles. Appendix J outlines some of the modern findings related to this discussion.

### **Female representation within drug-taking activity**

Highlighted earlier within this chapter was the low female representation among the arrestees. In addition, the social background of the females discussed within this chapter is markedly different from the females discussed within previous chapters. Many

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<sup>6</sup> It is perhaps of note several women arrested were reportedly known to be sex workers. However, in court they stated that their occupation as dressmaker.

held lower paid employment and a few were engaged in sex work. The literature highlights how contemporary press coverage made links between female sex workers and drug dealing (Berridge 1999). This study appears to reflect this association but the scale is much lower than might have been anticipated given the content of some press reports referred to in the literature.

Modern research findings suggest that the presence of sex workers can facilitate a drug market and the most likely type is a semi-open market<sup>7</sup> (May et al. 1999). However, the degree of participation by sex workers is related to the drug type sold within the market. Furthermore, although research by May et al. (1999) suggests that sex workers might purchase drugs for a client, their role in actual street dealing within an open or semi-open market is limited. Therefore, the few female arrestees were likely to be either drug-takers or those acting as a go-between for a client or dealer. If this were the case, then the evidence seems to indicate two things. Firstly, less affluent females might not engage with drug-taking as much as other females. Secondly, females of any social background rarely traded in either open or semi-open drug markets.

Berridge (1999) states that generally only the affluent within the period engaged in drug-taking, which seems to fit the evidence of female arrestees. However, it seems unlikely that less affluent women did not engage in drug-taking. Thus, the evidence poses the question why did less affluent females not feature as either drug-takers or dealers alongside less affluent males.

One explanation might be that there were many more female drug-takers from less affluent backgrounds than reported. The collated evidence for this study indicates two periods when reporting may have overlooked female drug-takers in favour of other drug activity. The first period is during 1917 when articles focus upon Chinese male arrestees living outside London. The second period is during 1919 when the articles highlight drug activity associated with military personnel. As noted in Chapter 7, 1919 was a period of

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<sup>7</sup> See Appendix J for information relating to types of drug market.

unrest among soldiers awaiting demobilisation (Marr 2009) and this probably contributed to press interest in this group.

However, even with press interest focused on either the Chinese community or unrest within the army, reporting considered in earlier chapters still featured females. The reporting of female drug-taking activity within other groups, but not the arrestee group, could suggest that the press deliberately focused upon those females fitting a particular profile. Mainly, the females considered within other chapters were the wives or daughters of professional men and thus, the type of female that the press could project as ‘the vulnerable female’, an image discussed within the literature. Maybe the purpose of press coverage was to encourage a change in the law regarding drugs. If so, press coverage of female arrestees, some of whom were either sex workers or female drug-dealers or both, would distract the reader from the notion of females as ‘vulnerable victims’. Therefore, it seems likely that a greater number of less affluent females engaged in drug-taking activity than reporting suggests. But how did their rate of involvement compare to the more affluent females discussed in earlier chapters? This is difficult to assess due to the variable coverage. For example, female arrestees during 1916 and 1918 represented 17% but there were no reports during 1917. The likelihood is female activity continued at a similar level during 1917 and this suggests a reasonable amount of female activity probably went unreported.

The content of articles seemed to indicate lower female representation might not just relate to reporting. Between 1916 and 1922, particularly in London, articles reported targeted police activity including undercover policing and surveillance operations within areas associated with dealing activity. However, in comparison to the male detection rate there were few females.

A lack of detection does not equate to a lack of participation, a factor perhaps overlooked by research until relatively recently. Australian research questioned the long-held impression perpetuated

in the literature that female participation within dealing networks is limited or non-existent. Denton and O'Malley (1999) argued:

“Embedded in common knowledge and in much contemporary research literature is a view that drug dealing is essentially a male occupation, indeed, ‘drug selling’ is ‘a man’s world. (Alder 1993, p. 199). Women are conspicuously absent from most accounts of drug distribution and, where featured, they are depicted as ‘unsuitable’ as drug sellers (Blum 1972, Alder 1993)”.

(p.513)

Through their ethnographic study of female drug dealers, Denton and O'Malley (1999) were able to present evidence that in Australia, female drug dealers are more common than previous research suggested. Furthermore, their study identified particular traits that were associated specifically with female drug dealers. There is no evidence that the findings are culturally transferable and the research relates to modern times, but it does suggest that female participation in dealing is firstly, possible and secondly, more common. On balance, the notion of lower participation in dealing by less affluent females appears less likely. A more plausible explanation perhaps, based upon the evidence considered for this research, is that the behaviour of female drug-takers makes them better able to conceal their consumption and so maybe female drug dealers can be more difficult to detect too?

However, assessing whether the detection of female dealers is more difficult is complex. It is not simply about whether the police can detect a female offender but also about the decisions made concerning the alleged female offender. For example, from 1900 until around 1936, the female prison population declined (Hicks and Allen 1999). It is unlikely that females spontaneously decided to reduce their criminal activity during this period. Explanations for the fall could relate to the type of crime committed; the importance of it within the context of other offences and changes to sentencing structures (Muncie 2001). This is particularly important as modern statistics indicate that females are associated more with particular

offences (Roe and Man 2006). If the types of offences females committed were considered more minor, they might not be prosecuted and instead receive a police caution. Therefore, a large number of females may be committing offences even though the number of prosecutions suggests otherwise.

Equally, a lower rate of female offending could relate to how the criminal justice system responds to female offenders. Pollak, in his book *The criminality of women* (1950), argued that females commit crime at similar rates to males; however they are better able to conceal their offending for a range of reasons. One reason concerned how males are socialised into protecting females and demonstrating chivalry. Therefore, he argued because males dominate the criminal justice system female offenders would receive greater leniency, for example, a suspended rather than a custodial sentence. However, research by Farrington and Morris (1983) found that although females appeared to receive less severe punishments they did not. Comparing the offending profiles of males and females demonstrated that sentencing was, in fact, largely similar because males were often repeat or violent offenders who attract harsher sentences. Where they did find difference was when females had fewer informal social controls in their lives, such as a stable male partner or dependent children.

The literature highlights how male offending forms the evidential basis for the discussion of crime. Furthermore, research into gender difference and crime is a relatively recent development. Heidensohn (1989) states:

“What is striking about sociological studies of crime for much of this century is the extent to which they ignored the gender gap and also avoided discussing female crime”.

(p.89)

Her book discusses whether the criminal justice system treats females differently and she cites court-based research that indicates due to their infrequent appearance in courts and the public perception of the female role, the trials of female defendants differ from those

of males. For example, a case involving a female defendant might be more likely to introduce medical evidence that presents her in a detrimental way.

The issue of gender difference is raised within drugs research by Parker et al. (1988) who observed that:

“...when they [females] are ‘busted’ by the police, particularly for dealing along with a male partner, the woman is often not arrested”.

(p.138)

The observations of Parker et al. (1988) seem to reflect the chivalry theory outlined by Pollak. If this observation reflects a widespread pattern of policing, then it could explain the lack of female representation within drug research samples drawn from the criminal justice sector as discussed in Chapter 7. It is not that there is a failure to detect female drug-takers or that they conceal themselves, but that they are not all recorded. Thus, the low number of female arrestees appearing among the articles considered within this chapter may indicate more about the official recording of crime and less about press reporting.

However, this does not mean that the press did not contribute to or perpetuate the perception. One drug-related arrest might support this point. During 1921, articles report the arrest of a couple both involved in dealing. Both had been on the run for several months having evaded arrest at another address. Articles reported their separate trials. The female was able to stand trial immediately following her arrest but the male was not due to the affects of drugs and required a period of treatment. On the reported evidence, it would seem that the individual most capable of running a dealing operation was the female (as she was deemed fit to plead at arrest). However, the report did not refer to her as a dealer only that she was involved in trafficking with others. However, the article reporting upon the later trial of the male included the headline ‘*Prison for cocaine dealer*’ and his reputation as a dealer commented upon within the report:

“...the prisoner had an extensive traffic in the West End, and had escaped the police by living at many addresses- 50 at least”.

*(The Times 1921b, p.5f)*

The female's role in the dealing operation seems downplayed even though it was clear she was involved and knew how to cut drugs for resale. This case highlights how the female's knowledge and ability to operate a dealing operation was equal, if not greater, than the male because she was not incapacitated by drugs. However, as highlighted within Chapter 6, females were not considered equal and had little place in public life. Therefore, to acknowledge the female offender as an equal with the male would run contra to the social conventions of the era. On balance, it is likely that there were more females involved in drug dealing but for a range of reasons there was no acknowledgement of their participation.

Previous chapters have explored female drug-taking and identified particular traits that could make them less detectable. If these traits were patterns of behaviour transferable to drug dealing activity then females might be less visible. One modern study of female dealing referred to above possibly provides support for the notion. It concluded that there were observable differences between female dealing and male-led operations (Denton and O'Malley 1999). For example, female dealers less frequently used physical violence to protect their business because others perceived their threat of violence credible and complied. Less use of physical violence by female drug dealers could be one reason for their low detection. Research indicates that violence increases the risk of detection by drawing additional attention to individuals involved in dealing. Therefore, the more successful operations, those not disrupted by law enforcement activity, practise 'violence-avoidance' (Pearson and Hobbs 2001, p.ix).

Greater buyer loyalty might be another reason why the detection of female dealers could be less common. Buyers perceive female



dealers as fairer and research indicates that female dealers are less likely to exploit buyers (Denton and O'Malley 1999). Therefore, a good trading relationship is of mutual benefit to sellers and buyers and both will be eager to avoid any disruption, making it a more secure and stable market in which to trade.

In addition, research indicates that within certain markets female dealers might be less likely (May et al. 1999). The findings from this study, too, indicated the avoidance of open markets by female buyers. Drawing together the evidence suggests the low level of female representation among arrestees did not infer limited female involvement in drug-related activity. Instead it suggests arrests mainly occurred within locations associated with particular types of drug markets, those avoided by females, or within markets which traded in drug types less associated with females, such as cocaine.

Arguably, female involvement with drug dealing may have been considerable. The literature review highlighted how females had for centuries inherited and shared knowledge about drugs as part of the home-based carer role. In essence, drugs were familiar to them and pharmacists, people the female carers knew well, which presented the potential for illicit supply opportunities. The combination of the war and the introduction of DORA 40b presented females, especially those from less affluent backgrounds, with an opportunity to earn money. Furthermore, Denton and O'Malley (1999) argue an illicit market is more accessible for females to enter than legal business.

“But the absence of a clear authority structure, organisational hierarchies that have few steps, and the space for business autonomy, coupled with the fact that there may be few obstacles for women to overcome in this illicit sector than is the case elsewhere in the economy”.

(p.514)

Furthermore, the young males traditionally associated with criminal activity (Muncie 2001) were absent when drug dealing became an offence. This study indicates the war impacted upon the structure of criminal activity. Analysis of the articles indicates that

the age of male arrestees steadily increased from 1916 until 1920, which equates to the period when increasing numbers of young men would be away fighting and afterwards awaiting demobilisation. The sudden drop in the age of male arrestees in 1921 suggests the re-entry into the population of young, criminally active males who became associated with drug activity. If the void left by young males presented criminal opportunities for older males, equally there could have been opportunities for females to profit. In addition, the period was one when females were actively encouraged to enter new areas of legitimate employment, filling vacancies left by males who enlisted, which possibly gave them more confidence to engage in dealing. Furthermore, the age combination of one drug dealing couple from the arrestees group reflects this wartime age and gender dealing profile. The male was 46 and his wife 29 years of age.

The lack of employment opportunities after the war, highlighted in Chapter 7, may have meant more young males engaged with drug-activity to gain an income. There are several examples of young males arrestees who claimed they had only brought some cocaine for the first time after hearing they could make money from it.

Therefore, although the study only identified a few female dealers it seems increasingly likely that they were not that rare. It seems more probable there were a number of female dealers operating. Furthermore, those who apparently worked for themselves were not street level dealers and some were moving large quantities of drugs around Britain. One even had reported links to Europe. There is a strong possibility that these women controlled 'business'. Supporting this view are the activities of Ada Lo Ping You, a key individual in the supply chain to Carleton. The evidence indicated that she had transformed her drug dealing activity from a Limehouse opium den previously operated by her opium-smoking husband, into a discreet mobile drug service that facilitated opium-parties within the private homes of the more affluent such as Billie Carleton who lived at The Savoy Hotel. The emerging picture of female drug dealing is that it is potentially different to male operations. The female drug dealers

who were identified in the course of this study are, therefore, very interesting and worthy of particular attention.

## **Mobility and movement of people**

### *Foreign nationals*

Foreign nationals formed a large percentage of arrestees (63%) and most were Chinese. Excluding Chinese nationals, the percentage of foreign nationals among arrestees falls to 18%, which would present a similar profile to that of regular drug-takers from pre-1916 and post-1915. The high number of Chinese nationals found within the articles contrasts markedly to the very small number resident in Britain. The high percentage of Chinese nationals among arrestees, therefore, is of particular interest.

The literature review outlined the history of the Chinese community in Britain and its link to drug-taking. Furthermore, the growth of the community during the war had, by 1916, created racial tensions. Reporting, apparently, reflected the growing negative portrayal of the Chinese. During 1917, 97 of the 98 arrestees were Chinese. All the arrests, too, relate to targeted police activity, mainly raids on private addresses. In comparison, during the same period, the articles that featured drug-takers of either unknown frequency or regular consumption included only one concerning a Chinese national. The imbalance between the numbers accidentally detected and those identified through organised raids seems to highlight an effort to present Chinese nationals as deviant, particularly as other nationalities did not appear to be the subject of police raids.

The British government's recruitment of Chinese seamen referred to in the literature review led to significant tension from 1916 onwards between the government and British Trade Unions. After the dispute ended the government allegedly put pressure on Chinese nationals to leave Britain (Half and Half 2010). The stance of the government towards the Chinese community is of particular interest when considering the articles. Both 1917 and 1919 feature a high

number of arrests within the Chinese community resulting from police raids and, in a few cases, some re-arrests within weeks. Repeated raids on a small number of houses within a small community increased the likelihood of re-arrest. Repeat offenders potentially faced deportation. Hence, what seems to have been captured is the government possibly using the issue of drug-taking as a vehicle to remove legally some Chinese nationals from Britain. Furthermore, the press reports during 1917 of convictions and deportations would help to appease the general unrest amongst the indigenous population who believed that Chinese seamen were taking British jobs. The renewed interest in Chinese nationals during 1919 supports this view as employment opportunities came to public attention again with the return of the nation's war veterans.

The profile of other foreign nationals may reflect prevailing attitudes within Britain at the time. The literature review referred to the 1902 Royal Commission on Alien Immigration and highlighted the tensions over immigrants living in the East End. These were mainly Russian and Polish Jews who entered Britain to escape persecution in Russia. At this time, no legislation existed to control the number of immigrants entering Britain. In comparison, the United States had introduced immigration laws in 1882. Therefore, with no restriction on entry, many foreign nationals saw Britain as an opportunity for a better life.

However, as the Royal Commission of 1902 indicates, Britain had growing concerns about foreigners. Domestic concerns stemmed from economic hardship and the growing power of other key nations that posed a potential threat to the British Empire, in particular the United States, Russia and Germany. Furthermore, the Boer War had demonstrated major issues regarding national defence as many British males of enlistment age failed their army medical.<sup>8</sup> Therefore, in the first decade of the twentieth century Britain entered into a number of treaties and introduced the Aliens Act 1905 to control immigration, particularly by Russians and Polish Jews.

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<sup>8</sup> A third of the male population were unable to enlist because they failed the army medical (Hennock 1994 and Feldman 1994).

The nation of most concern was Germany (Van Emden and Humphries 2003). Anti-German feeling within Britain was so great when war broke out in 1914 that many German nationals or their naturalised descendents were targets of violence from their local communities. At the outbreak of war, the Aliens Restrictions Act required foreign nationals to register at their local police station. In addition, internment camps were set up for Germans resident in Britain.

The profile of foreign arrestees perhaps reflects some of the domestic concerns of the period. Through the requirement to register, the police knew the residential addresses of all foreign nationals and maybe targeted those areas where there were higher numbers of them living. The arrests of four Russians might reflect this. However, if the police targeted foreign nationals from less popular nations, then the arrestees should have included Germans but none appeared until 1922.

Setting aside Chinese arrestees, the presence of four Swiss nationals<sup>9</sup> suggests, that policing may have focused too upon certain areas of commercial activity, such as, restaurants, bars or clubs. Spillane (1998) suggests in Chicago, waiters acted as go-betweens for drug procurement and possibly this study reflects the same pattern of dealing and explains why police targeted the area. Further support for this view may be the absence of German arrestees until 1922. It is not until then, that police activity focused on ports and German and Italian arrestees start to feature.

### *Supply networks*

Chapter 5 initially identified the theme of supply networks but the articles considered within other chapters provided little additional

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<sup>9</sup> The German, French and Swiss were heavily involved in the restaurant and hotel trade within an area of London. However, after the outbreak of war employers dismissed German staff to retain customers. The Germans, Russians and Polish were also involved in the clothing industry, either tailoring or dressmaking and often lived close to their place of employment so they could bring garments home to finish. Streets, such as Goodge Street, were popular areas for Germans or their descendants to live. This is within the Russell Square cluster.

evidence. However, articles featuring arrestees for drug offences provided some good insights about the supply network. Among the arrestees were many individuals with unskilled or low paid occupations. Given that these individuals probably engaged in drug dealing, their reported occupations are interesting.

Many of the occupations were those that enabled individuals to circulate freely among people without suspicion. For example, waiter, bookmaker's tout, commercial traveller and driver were all examples of occupations that would be useful for dealing. Recent research highlights how a high concentration of people apparently engaged in their everyday activities is a key component of one type of drug market, one organised around routine activity (Eck 1996). Within such markets buyers and sellers are familiar with the location and it enables communication, meaning this type of market exists near places where people naturally concentrate.

This occupational profile of arrestees seems to suggest that locations for dealing might be cafés, bars and retail areas. In addition, given the period of the study, this would also include locations of street markets.

Other occupations included maid or domestic cook and seem to suggest a link into the domestic environment and possibly to affluent female drug-takers. Within the seven individual accounts these occupations were associated with the procurement or movement of drugs. For example, DeVeulle depended upon his maid to complete some of his drug purchases and Carleton asked her maid to carry her cocaine from her apartment at The Savoy to her dressing room at the theatre. Among the pre-1916 regular drug-takers a peer relied upon his hairdresser, who visited on a daily basis, to bring him morphine. There are at least two ways of interpreting these arrangements. It could be that after 1916, more affluent individuals did not want to risk an arrest for the possession of drugs so they used their employees to move their drugs through public places. Alternatively, it could be that these employees had the necessary skills or

connections to enable the successful procurement of drugs for their employer.

In addition, it is possible to see how other occupations might feed into the supply chain, for example occupations allied to the sea or those engaged with overseas trading. In some cases, the trading activity included domestic distribution of imported goods. For instance, there were occupations such as grain merchant or dealer of curios. Some of the countries these individuals were trading with and the type of goods they purchased could offer opportunities to deal in drugs. Modern research findings highlight how legitimate businesses very often have the drugs trade embedded within their operation (McSweeney et al. 2008). This finding suggests the need for more research to understand these business links (McSweeney et al. 2008).

Another recurring occupation was commercial traveller, which might enable domestic distribution within specific local communities. The entertainment industry was a further occupational group likely to be highly mobile. At the time, theatre troupes regularly toured within Britain and abroad. Members of the troupe could easily move drugs as well as transmit drug-taking practices within the towns they visited.

Most arrests at ports before 1920 related to the smuggling of opium, mainly by Chinese nationals. However, during 1920 there is an alteration to this pattern as three arrests relate to the possession of cocaine. Two of these arrestees were Japanese seamen berthed at Victoria docks. The other arrestee apprehended alone was in possession of opium and cocaine and probably was a British dock labourer. During 1921, also at Victoria dock, there is another arrest for the possession of cocaine.

A further change in port activity is detectable during 1922 through the arrest of two Italian seamen found in possession of cocaine. These two arrestees had not been intending to import the cocaine into Britain but instead were transporting it from Spain to sell in Hamburg. The involvement of Spain with the onward transit of cocaine into Europe is a pattern of trafficking seen in current

research (McSweeney et al. 2008). Furthermore, modern research indicates that Europe plays a significant, but still not fully understood, role within the middle market of the drugs trade (McSweeney et al. 2008, Pearson and Hobbs 2001).

This study provides an indication of how the illicit market evolved after 1916. From 1919, a growing number of Europeans appear among arrestees for drug offences. Among post-1915 regular drug-takers there is not the same trend as articles feature mainly British nationals but there are some individuals from countries with colonial links. The difference in the two groups suggests that maybe Britain acted as a refuge for foreign drug-takers who wanted to avoid stricter drug laws in their country of origin. Furthermore, Britain's supply not only came from Europe but Europeans appear to have been developing the supply chain within and through Britain.

Some of the arrestees engaged in drug dealing activity had previous convictions for intimidation, firearms and assault. These offences suggest two options as to how the illicit drug market developed after the law changed during 1916. Either criminally active individuals began to diversify into drugs or, alternatively, established dealers employed individuals to protect their commercial interests. Potentially, the latter might be a strong possibility. Kimful who moved to London during 1914 had an established method of selling, connections to a number of illicit sources and a regular customer base. Therefore, what he probably needed, after the possession and supply of the drugs became illegal, was protection for his established business interests. The evidence collated for the study appears to show that within 4 years of the change in the law, drug dealing had become an organised, potentially violent and very lucrative business. For example, one dealer was using several properties to conceal drugs, and some arrestees possessed firearms. Furthermore, army veterans would have had the type of skills that were transferable into the provision of organised protection for drug dealing operations.



### **Patterns of consumption**

Female arrestees were associated with cocaine at a rate almost triple that expected if there was no gender difference. Among the arrestees, equal numbers of males and females took morphine. Opium was almost totally associated with males. However, the opium consumption profile was probably distorted due to the high number of male Chinese arrestees.

A striking feature was the female association with cocaine. Pre-1916 and post-1915 regular female drug-takers had a much lower rate of consumption. Therefore, what sort of drug activity were the drug-takers of unknown frequency and arrestees reflecting? Was there some common feature or was this similarity purely coincidental? One interpretation based upon the drug-takers of unknown frequency is that cocaine was a gateway drug. Much of the evidence presented at the inquests of drug-takers of unknown frequency suggested that the deceased had taken drugs on other occasions, but probably not regularly. Hence, their consumption might have been either experimental or possibly they were new, inexperienced drug-takers. However, low consumption of cocaine amongst the regular drug-takers suggested cocaine might draw females into the practice of drug-taking but that it was not a drug they continued to take if their consumption became more regular and established.

Articles featuring regular drug-takers between 1900 and 1922, seem to indicate that although there was a slight increase in female involvement in the later period, regular consumption of cocaine was more associated with males. The Pars records reflected this trend too. Furthermore, modern research states that males are greater consumers of the drug (Roe and Man, 2006). Most female arrestees were in possession of morphine, cocaine and heroin. Therefore, what can explain the high frequency of association between females and cocaine arrestees? Some of the females were reportedly sex workers, therefore, collectively the articles possibly suggest that the female arrestees were not taking the drugs they had in their possession but

had it for male use. This fits with modern research findings discussed earlier that suggested female sex workers might act as go-betweens for their client and a dealer.

### **Chapter conclusion**

The articles featuring arrestees contribute much to a deeper understanding of the involvement of females in the supply network. It is their notable absence as arrestees, which points to their activity being elsewhere. Earlier chapters concluded that the procurement and consumption behaviour of females helped conceal their involvement with drugs and the evidence from this chapter suggests female behaviour could also conceal dealing activity. The lack of female representation among the arrestees suggests the articles profile open-market activity, where females were less likely to engage, as they preferred closed markets with reduced risk of detection, as highlighted in Chapter 7. Furthermore, modern research suggests the construction of markets is around drug types, hence female involvement in closed markets could reflect the circulation of their preferred drug within those markets.

A key factor to emerge from the discussion is the importance of how society defines the ‘drug-taker’ or ‘drug dealer’ as this facilitates the continued recognition of drug-takers or dealers by others within society of individuals who might belong to these two groups. Hence, a definition drawn from press reports or recorded law enforcement activity, which largely captures male behaviour, could easily ensure the failure to recognise females as dealers or consumers because they take different drugs or are less evident in open markets.

The discussion concerning the high volume of Chinese nationals who appeared after 1916 concluded that possibly the issue of drug-taking was used as a vehicle to forcibly, but legally, repatriate Chinese nationals. Their presence in Britain was a cause of social unrest generally among the public and specifically within the Trade Union membership. The profile of other foreign nationals is more difficult to interpret. It seems more likely that the Chinese, who had

a close association with opium, were the only nationality targeted by the police. Probably the arrests of other nationalities came from the police focusing on locations where they thought drug activity occurred. For example restaurants and bars; an employment sector associated, too, with specific nationalities, in particular the Swiss after the outbreak of war, when to retain customers employers dismissed German staff.

The theme of supply networks was thus far little developed. However, the articles considered within this chapter provided a wealth of information. In addition, what was absent from the arrestees' profile generated speculation, too, about the construction of these networks. Through close analysis of the evidence and making comparison with modern research into supply networks, it was possible to detect at least three levels of activity. The first was low-level street dealing activity, which featured dealers who operated in open markets. There was also evidence that particular business operations, such as a restaurant, may offer opportunities to mask drug dealing activity. Furthermore, the articles identified maids or other domestic staff who were moving or purchasing drugs within the public sphere for their employer. The procurement of drugs by domestic staff illuminated a supply chain link back to affluent female drug-takers confined to the domestic environment by social conventions.

The next level concerned evidence of domestic distribution opportunities through employment, such as commercial traveller. The third level identified was distribution networks that either brought drugs into Britain or were involved in their movement, through Britain on to other markets. Certain business operations again could be significant such as shipping and importation companies. Within the distribution level, change is detectable towards the end of the period. There was greater European involvement, particularly after 1919, but also the networks became more organised and potentially violent with firearms becoming more common. The drug type found in ports within Britain from 1922 altered too, with much more

cocaine appearing. It is unclear whether foreign seamen were only bringing the drugs into Britain or whether they also distributed drugs within Britain while on shore leave.

The evidence from the chapter challenges current thinking about drug-taking behaviour. A theme within the literature is that drug-taking was confined to the more affluent in society. However, the social background of most arrestees for drugs offences points to wider social participation. The literature does present petty criminals as part of the supply network but this presents several questions. Firstly, did affluent individuals complete street deals with petty criminals? If they did not, then from where did the petty criminal get their income and how did the affluent procure their drugs? Arrestees indicate particular occupations could have brokered drug deals between the affluent and less well-off dealers, such as servants or sex workers. However, the lack of female representation among the arrestees points to such brokered deals being on a small scale. This, in turn, points to firstly, petty criminals dealing not just to the affluent but to males from their own social background. Secondly, by inference closed markets were populated by those missing from the arrestee profile which was affluent males and females generally.

Furthermore, current thinking suggests petty criminals were involved in dealing from 1916 and this poses the interesting question of how did they gain entry to the supply network? They would need to have a source of drugs, knowledge of demand and links to customers. These are all elements that require time to develop. This possibly suggests that criminals were involved in drug dealing prior to 1916, but it is unclear how, when or why they entered the supply network. Alternatively, the entry requirements to the supply network could reflect the participation of individuals with specific knowledge that could be adapted to facilitate the new illicit market, such as females. In their traditional role as 'the carer' they had extensive knowledge of drugs and their preparation.

Current literature does not consider the inter-relationship between four factors: female procurement patterns, female consumption,

alteration to the law and the affect of wartime conditions. The evidence from this study suggests female participation was an important element of early drug networks particularly given the point in time the law changed, when young males were absent and a mood prevailed within society for females to be economically active.

Earlier chapters recognised the potential for geographical locations to be of interest to this research into drug-taking activity. Therefore, the next two chapters focus upon the geographical information from the articles. The purpose is to explore the geographical spread of drug activity, first within the capital and then within Britain. A key aspect of the analysis is the constant comparison of the collated information to help identify differences and similarities that might further illuminate drug-related activity within the era and enable a greater understanding of the features thus far identified.

## **Chapter 9. Geographical analysis I: London**

### **Introduction**

Analysis of the articles highlighted considerable geographical information not anticipated at the outset of the study. Chapter 5 indicated locations and travel might be important aspects of drug-taking activity during the era. Furthermore, the accounts indicated that some of the drug-takers preferred to purchase drugs at locations away from their place of residency. In addition, Chapter 6 highlighted the impact of drug-takers moving between areas through the clustering of veronal incidents within London and along the south coast at fashionable resorts between 1910 and 1913. Therefore, it became apparent that plotting the locations stated within the articles might illuminate other patterns of behaviour, possibly even supply networks. Appendix K outlines the type of location information available and describes the pilot work concerning the London locations. This chapter describes what emerged from the geographical information and discusses what it might indicate.

### **Descriptions of the geographical areas that this study associated with drug activity**

Plotting all stated locations indicated five areas in which drug-taking incidents clustered.

- Hyde Park North
- Ladbroke Grove
- Queen's Gate
- Russell Square
- Waterloo

Some of the clusters spanned the whole period and some emerged later. Appendix L provides a summary of each cluster including features of drug-related activity within it.

## Hyde Park North cluster

### *Features of the cluster*

Two roads define the cluster: Marylebone Road on one side and Bayswater Road/Oxford Street on the other. It is possible, due to the scatter of the incidents that two supply networks operated within this cluster.

Amenities within the cluster included a regular street market situated in the top left of the cluster and Paddington station situated on the left-hand boundary. The cluster included several medical features. One was Harley Street, and the other an Army Officers' Hospital, identified through the articles. A dispenser, employed by the hospital, stole cocaine from the hospital to supply an army Officer stationed in Hull. One article identified a treatment centre within this cluster.

The cluster shows drug-taking trends. Morphine appeared in 1900 and 1906 but not again until 1921 and all three cases occurred in the same small area within the cluster. Opium featured throughout the period 1909 to 1922. Veronal appeared only during the period 1911 to 1913 and cocaine more after 1919. In the years 1921 and 1922 cases occurred that involved individuals who took cocaine in combination with either opium or morphine.

Within the cluster lived six regular drug-takers and one dealer. All lived in close proximity to one of the following tube stations: Baker Street, Lancaster Gate or Regent's Park. Three lines serve Baker Street: the Circle, the Metropolitan and Hammersmith and City. The other two stations each had one line serving them, either the Central or Bakerloo line. Lancaster Gate tube station, shown in Figure 1-22, had a hotel attached to it.

The articles identified three members of a Greek family: husband, wife and nephew all arrested for dealing. The family was associated with at least three different addresses, one was within this cluster and the place where the female was arrested. The other two locations were a café, located in an area the literature strongly associates with

drug dealing, and the other within the Queen's Gate cluster. Neither the Hyde Park cluster nor Queen's Gate cluster were areas, generally associated in the literature, with drug dealing.



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Figure 1-22. Lancaster Gate tube station 1921

The retrieved articles also linked the Greek female to another male, Edgar Manning<sup>1</sup>, convicted of drug dealing during 1923.

#### *Links to the individual accounts*

Trevanion's family home was within the cluster. He lived there prior to 1906 during which time he injected morphine. In addition, Miss Forsythe managed a nursing home within the cluster, between 1895 and 1900. During this time, she took a combination of drugs. After the closure of the home she moved to the other side of the cluster where she continued to take drugs. Belcher, who featured in the Carleton case, lived just two streets outside this cluster.

<sup>1</sup> Kohn (2001) discusses the drug-dealing activity of Edgar Manning and within this he refers to Tinovia Iassonides, one member of the Greek family identified within this research. However, some of the details Kohn states differ from those reported in *The Times*. Kohn's primary source was the *Evening News*.



## Ladbroke Grove cluster

### *Features of the cluster*

This cluster was the furthest from the Leicester Square area that the literature associates with drug activity. The cluster had several amenities including the Portobello Road market, that was centrally located within the cluster. There were three tube stations surrounding the cluster, which were Notting Hill Gate, Ladbroke Grove and Holland Park, shown in Figure 1-23. Three lines, which were the Central, the District and the Circle, served the first station. The other two stations were each served by one line, either the Circle or the Central. Roughly at the centre of the cluster was a drug treatment facility.



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Figure 1-23. Holland Park tube station 1914

Three individuals living within this cluster used forged prescriptions to obtain their drugs. Two received their drugs through the post. One stated they switched to a postal supply to avoid detection. Four of the drug-takers had long histories of drug-taking. Two dated back to the 1890s. At least one of the drug-takers had previously been in treatment.

*Links to the individual accounts*

Forsythe moved into this cluster during 1902 when she entered a treatment facility. Trevanion moved into the cluster after leaving his family home due to his morphine-taking. Weeks before her death, Freda Kempton, who worked in central London, moved into this cluster. In addition, Kimful, a drug dealer identified from the Carleton account, arrived in Britain during 1914. By 1918, he lived on the fringe of the cluster selling drugs from his home address where he allowed his customers to take drugs.

**Queen's Gate cluster***Features of the cluster*

The majority of incidents occurred in the immediate vicinity of the Cromwell Road/Brompton Road junction. This makes the cluster geographically small. Amenities within the area included the Chelsea and Westminster Hospital, which was on the edge of the cluster. Three lines, the District, the Central and the Piccadilly, served Gloucester Road tube station, seen in Figure 1-24. Regular drug-takers lived near the tube stations. For example, Gloucester Road lay between two reported addresses. A third drug-taker lived on the same street as another tube station that has since been closed (Brompton Road station). The Piccadilly line served this station too. The cluster also contains a third tube station, South Kensington, situated in the centre of the cluster and served by three lines: the District, the Central and the Piccadilly.

One residential address in the cluster was associated with the Greek family<sup>2</sup> referred to above. The property was the farthest away from Leicester Square where the family had a café. At the property police arrested the nephew from the family after finding cocaine concealed in a chimney breast along with a set of scales. The

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<sup>2</sup> The articles retrieved from *The Times* identified three members of the same Greek family. The oldest, a male in his forties, owned a café. The other two were his nephew and his wife and both were involved in incidents at separate addresses in different clusters.

property was only four streets from the Chelsea and Westminster Hospital and it was the farthest residential location from the drug activity on the Cromwell Road.



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Figure 1-24. Gloucester Road tube station 1907

From 1900, there was evidence of cocaine consumption within this cluster including injecting activity from at least 1900, if not before. Such early reports of cocaine consumption, particularly injecting activity, make the cluster distinctive. The majority of drug-takers within this cluster had lengthy drug-taking histories and took significant amounts regularly.

A shipping merchant lived at an address within this cluster but he died of an overdose at the home of his mistress, which was within the Hyde Park North cluster. He reportedly visited Limehouse to purchase his drug of choice. A number of males from this cluster had links to South Africa and Australia.

#### *Links to the individual accounts*

Forsythe, during 1900, while consuming morphine and cocaine by injection, moved into this cluster.

## **Russell Square and Waterloo clusters**

Initially, the area plotted on the map appeared to be one cluster. However, reflecting upon the years in which incidents occurred suggests that two clusters existed.

### *Features of the Russell Square cluster*

The Russell Square cluster was the largest. It also contained the Leicester Square area where the literature suggests drug activity occurred. The description of this cluster does not include incidents from that area.

The geographical spread of incidents over time indicated a pattern. Between 1902 and 1914 in the streets immediately surrounding St James's Square there were five drug-taking incidents, three relating to morphine and one each to opium and laudanum. Three of the five were ex-army officers, two of whom had served in South Africa. This area is strongly associated with the military as both the Army and Navy Club and the East India Club, which also admitted commissioned officers as members, are located near to St James's Square.

Before 1908, writers, actors and barristers (n=7) are found in another area within the cluster which can be traced from Russell Square diagonally across to Temple Church and Blackfriars Bridge. The drug of choice amongst the majority of these drug-takers was cocaine. The area immediately surrounding Russell Square continued to feature in other years (1916, 1920 and 1922) but Temple Church did not. The St James's Square area appeared again during 1922 but was then associated with the injection of heroin.

Between 1908 and 1916, four isolated incidents occurred in the immediate vicinity of King's Cross Station and all were cases of overdose. The 1908 incident involved morphine, the 1911 report does not state the drug and the later incidents involved opium (1914) and cocaine (1916). However, the deceased from the 1914 incident reportedly took cocaine too, and had moved into the vicinity of

King's Cross station from North Yorkshire with her drug-taking partner. Until 1922, there are no further reports of drug activity near King's Cross and all the incidents then concern arrests for possession and supply rather than overdoses.

Incidents of possession and supply appear as pockets of drug activity scattered around specific locations. For example, the area around Mornington Crescent shows a handful of cases during 1920 and 1921 and likewise between Euston Road and High Holborn, incidents occur mostly during 1922.

A feature of this cluster is a link to criminal activity and some criminals particularly in the earlier years travelled some distance, for example from Manchester, to engage in drug activity within London. During 1916, two arrestees had previous convictions, one for living off immoral earnings. After 1919, previous offending features convictions for drug offences.

Edgar Manning, a convicted drug dealer, lived within this cluster at several different locations during 1922. The first location was central to the cluster on Hallam Street where, in February, Goodwin<sup>3</sup> overdosed. The second location on the very edge of the cluster on Regent's Park Road was the location of his arrest on possession and supply charges during April 1922.

An incident during 1921 involved a husband and wife who dealt drugs. Although arrested at an address in Wandsworth, they had been dealing within this cluster since mid to late 1919 from an address just off Oxford Street. However, by the early 1920s, they had moved in a southwesterly direction to a location away from this central area.

#### *Links to the individual accounts*

Forsythe moved into this cluster during 1901, settling at a location on the edge of the Leicester Square area. Within this cluster too, lived friends of Billie Carleton, including Stewart, DeVeulle, Marsh, Belcher and Richardson, three of whom were drug-takers. DeVeulle, Belcher and Richardson all lived on streets with tube stations. The

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<sup>3</sup> Goodwin was the army officer stationed in Hull referred to previously within this chapter when describing the Hyde Park North Cluster.

Piccadilly line served Dover Street station (now closed) and three lines: Hammersmith and City, Circle and Metropolitan lines served Great Portland Street. Several of the individual accounts associated with this cluster asked their employees to move their drugs around this area on their behalf.

#### *Features of the Waterloo cluster*

The Waterloo cluster is the only one south of the Thames. Its shape is similar to that of the Hyde Park cluster and again, the scatter of incidents suggests two networks existed within the cluster. One network seems to fan out from Waterloo station in a southeasterly direction. The other network is centred on New Kent Road, fanning out from the Elephant and Castle. The Elephant and Castle is the terminus for the Bakerloo line, completed in 1904. A further extension to the Bakerloo line in the opposite direction meant that by 1913 there was a direct link between the Elephant and Castle area and Paddington Station on the other side of London.

A prominent feature of the cluster is St Thomas's Hospital around which two incidents occurred.

Waterloo Station, seen in Figure 1-25, was probably associated with one of the incidents. An ex-soldier who obtained cocaine in Winchester brought it to London and sold the cocaine to a chemist retailing within this cluster. It is highly likely that the ex-soldier brought his cocaine to London by train arriving at Waterloo Station, as the station provided a direct service to the south coast. Winchester Station, at that time, was one of only a few stations on this route.

An incident, which began within the Russell Square cluster, also involved two locations within this cluster. An Indian man brought drugs into Britain from the continent via Victoria Station. He chose to meet his would-be buyer (actually an undercover police officer) at Westminster Bridge tube station. From here, they hired a cab, which took them along Lambeth Palace Road, part of this cluster. After agreeing a price for the drugs, the man called at a restaurant in

Belvedere Road, again part of the Waterloo cluster to collect the drugs.



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Figure 1-25. Waterloo Station 1923

Situated just outside this cluster, on St Andrew's Hill, was the warehouse of a pharmaceutical company named Whiffen and Sons Ltd. (Richmond et al. 2003). During the early 1920s, it relocated to the Fulham area. In 1923, the company had its license to manufacture and export morphine and cocaine revoked by the Home Office during an investigation into British involvement with the illicit drug trade.

## Discussion

The current literature contains no geographical research of this type for Britain. The only study of a similar nature identified concerned drug markets within Chicago between 1900 and 1940 (Spillane 1998). Therefore, largely findings from modern research aided the process of analysis. However, modern research into drug markets (see Appendix J) has a relatively short history and there are still gaps in that knowledge (McSweeney et al. 2008). The discussion begins by considering the drug related activity within the clusters.

### **Drug-related activity within the clusters**

Of the five identified clusters, four existed from around the turn of the century and the fifth, Waterloo, emerged much later based entirely upon the supply of cocaine. The four original clusters seemed to show different patterns of drug activity. Findings from modern research indicate a link between types of drugs and geographical areas (Lupton et al. 2002, Jacobson 1999 and Eck 1996).

Ladbroke Grove cluster appears the least developed and possibly emerged later (around 1907) compared to the other three markets that existed from at least 1900.

Queen's Gate cluster stands out from the others and has four particular features. Firstly, average female representation across the other four clusters is 29% but within Queen's Gate, female incidents represent 43%. Secondly, male occupations were either engineering or shipping, whereas in other clusters the backgrounds are wealthy, retired or professions such as the military, medical or legal. Thirdly, between 1908 and 1912 morphine, veronal and cocaine are all associated with the area with opium appearing, too, during 1918. Other clusters do not tend to show all these drugs either together or within the same period. Furthermore, there is no evidence of drug-takers combining drugs, which is also more unusual. Fourthly, drug-takers have an unusual age profile. In most clusters, the age range spans 30 to 40 years. However, within Queens' Gate the female age span is 13 years (42 years to 55 years old) and the males 17 years with most males being either 36 or 37 years old.

The occupational profile of this group is the most likely factor to generate the unique features of the cluster. As the males had similar occupations, potentially there was a professional or social link facilitating the supply network. The males travelled abroad, or had regular access to ships that could bring drugs into Britain. This would make the drug-takers of this cluster less dependent upon local supply factors and might explain the wider range of drugs associated



with the cluster. In addition, the lack of combined drug consumption was a possible indicator of drug scarcity or rising cost.

Forsythe moved into this cluster during 1901 when her consumption was high and she needed to be close to a stable, easily accessible supply of several drugs. Her presence therefore might support the notion that the availability of drugs was particularly good within this cluster due to the occupational profile of its residents. This cluster had connections to Australia and South Africa too, which could mean there was greater transmission of drug practices within the area.

The Waterloo cluster had some specific differences compared to the other clusters. In addition to emerging later and being based entirely upon cocaine, it was the only cluster south of the Thames and it featured lower paid or unemployed individuals mostly arrested for possession.

The biggest cluster, Russell Square, changed significantly around 1919 and from then onwards began to match more closely the profile of the Waterloo cluster. For example, after 1919, arrestees for possession are from less affluent backgrounds. Spillane (1998) discussing arrest activity in Chicago, during a similar period, suggests the police arrested those dealers unable to pay protection money as a way of demonstrating they were addressing drug-dealing within the city.

Modern research highlights particular traits that determine the type of market (Hough and Natarajan 2000, Edmunds et al. 1996 and Eck 1996). A key market distinction is whether it is an open or closed market. The former will be a riskier market in which to operate and the latter because it operates through a network of people known to the dealer, potentially is less risky and more discreet, making detection more difficult too. Edmunds et al. (1996) suggests four key features of an open market are:

1. More geographically fixed.
2. Both poorer quality and fake drugs circulate for sale.

3. Particular amenities such as good public transport links, cafes, shops and drug using sites sustain the market.
4. The presence of sex workers may be central to sustaining trade within an open market.

May et al. (1999) also suggests buyers in an open market are likely to be “ill-informed, inexperienced or desperate” (p.31). Comparing the evidence from each cluster with these features indicates three of the clusters, Ladbroke Grove, Queen’s Gate and Hyde Park North appear not to have been open markets. Instead, their supply patterns feature the use of forged prescriptions or postal supply. Furthermore, noted within the individual accounts was the dealing activity of Kimful. He reportedly dealt drugs from a property just outside the Ladbroke Grove cluster, suggesting the potential for discreet off-street outlets. Collectively the evidence suggests these three clusters were closed markets.

Closer analysis of the drug activity within the Hyde Park North cluster suggests it was probably two markets. One based upon opium and veronal near Paddington Station, and the other around Harley Street based upon morphine. The supply of the latter market was probably from pharmaceutical leakage via Harley Street doctors. There were several incidents involving doctors who lived on Harley Street. These doctors injected themselves and in one case, also a friend living at their home. Modern day research indicates, too, that private prescribing is a major source for the illicit London market (Edmunds et al. 1996).

The more complex cluster is Russell Square and the nature of the market alters over time. During the first decade of the twentieth century, it appears to be two closed markets. The streets immediately surrounding St James’s Square formed one market based mainly upon morphine and strongly linked to the army. The other market was around Russell Square, moving east to High Holborn and Blackfriars Bridge and based upon cocaine. However, the evidence suggests that around 1919 some form of distribution occurred which

transformed the two clusters into a larger open market. Furthermore, at a similar time the Waterloo cluster emerged, probably operating as an open market too but, due to fewer articles, there is less known about the trading patterns within this market. As noted above two key indicators of an open market are the presence of sex workers and the offering of fake drugs for sale (Edmunds et al. 1996) and both the Waterloo and Russell Square clusters had these features after 1919-1920.

Closer analysis of the other clusters indicated that while the Russell Square cluster altered in a more obvious manner around 1919 it was not the only cluster to experience change. However, in other clusters, it was more subtle.

Previously identified was a rise in incidents involving veronal between 1910 and 1913. This does not appear in all clusters, but a rise in veronal incidents within the Hyde Park North and Queen's Gate clusters occurs during the same period as the activity on the south coast. Furthermore, the geographical pattern of veronal and opium within similar areas, at a similar time, supports the view veronal possibly was a substitute for opium (Parssinen 1983). However, the third cluster, Ladbroke Grove, which was largely an opium-based market, did not have any incidents involving veronal until 1918. If veronal was a substitute for opium, why was there no substitution earlier within the Ladbroke Grove cluster? Was there an opium supply problem during 1918 that affected this market?

There is evidence that demographic changes to an area might alter drug-taking behaviour and there are some examples of this in the clusters. For example, prior to 1919, the Ladbroke Grove cluster featured retired and affluent individuals who took opium or laudanum and the dominance of opium made it a more unusual cluster. After 1919, the occupational profile changed to reflect the business/professional sectors, which coincided with the appearance of different drugs such as morphine, cocaine and heroin. This range of drugs in Ladbroke Grove might explain the appearance of veronal in 1918. It could be that veronal was a substitute for morphine or a

drug used to counter the effects of cocaine and induce sleep. Carleton took both veronal and cocaine during 1918, probably for this purpose.

Possibly, the pattern of heroin incidents also reflects the movement of people. During 1922, Hyde Park North and Ladbroke Grove both reported incidents involving heroin. The only other cluster with heroin activity was Russell Square during 1918<sup>4</sup>. This suggests during the immediate post-war period, consumers of heroin moved in a westerly direction out of the more central areas of the capital towards areas like Ladbroke Grove. However, it could have been drug-takers in general as the Kempton account demonstrates she moved into the Ladbroke Grove cluster during 1921, although she worked within the Russell Square cluster. Social or transportation reasons might explain the movement. Equally, another explanation could be alterations to central London drug markets, which started around 1919-1920. Some drug-takers may have wanted to disassociate themselves from these changes in an attempt to maintain anonymity.

As noted earlier, 1919 appears significant because of the changes to the Russell Square cluster and the emergence of the Waterloo cluster. Modern research suggests such changes reflect some form of displacement activity (Jacobson 1999) due to the introduction of law enforcement strategies directed at drug markets.

Reports concerning the Waterloo cluster cover only a few years and it is unclear whether it was a location for buying and selling, a residential area for some drug-takers, or had evolved to sustain the Russell Square cluster. The residential addresses indicate that some of those living in the Waterloo cluster were travelling into the Russell Square cluster before their arrest for the possession of drugs. This could mean either individuals carried the drugs with them into

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<sup>4</sup> An earlier heroin case occurred during 1917 but there was no location information to plot the incident. In this incident, a doctor supplied a female patient with a large quantity of heroin without recognising that she had become dependant upon the drug. At a later disciplinary hearing, the General Medical Council struck off the doctor (*The Times*, 1917, p.10)

the Russell Square cluster for sale, or the individuals were travelling into that cluster to obtain drugs.

One incident, which refers to a restaurant on the Belvedere Road on the edge of the Waterloo cluster, might indicate the direction of drug movement. The article indicates drugs were stored at this location. Modern research by Buerger (1992) describes the practice of operating a 'holding house', which should be "where the main stock is kept near the retail outlets but isolated from them" (p.41). The restaurant was on the other side of the Thames from Russell Square, which made it isolated from the market within that cluster. However, the street had several bridges that crossed the Thames, and led directly into the zone the literature associates with drug dealing at that time. The number of arrests that occurred around this street suggests probably the 'holding house' operated from around 1919 although not identified until a police operation in 1922.

On balance, drugs were probably stored within the Waterloo cluster and moved the short distance into the Russell Square cluster in small quantities by individuals. The movement of a single, larger quantity would put the dealer at risk of greater loss should the drugs be seized by police. The location of the 'holding house' is interesting, too, from the perspective of stocking it. Next to the Thames, a boat could have delivered drugs or, being directly behind Waterloo Station, the rail network could have supplied the 'holding house' too.

### **Drug dealers**

Several articles during 1922 identified a Greek family, which was comprised of a husband, wife and nephew. Police arrested them separately for the possession of cocaine and suspicion of dealing. The court convicted and deported the wife and nephew. However, criminal charges against the husband were dropped as the magistrate believed the evidence of his nephew that his uncle did not deal drugs. The family were associated with three different addresses

across London. The first was their café on Church Street<sup>5</sup>, Soho, which was in the middle of a known drug-dealing zone. Kohn (2001) states the café was a place:

“...to which women, from both better and worse classes, were said to flock in search of drugs.”

(p.154)

From Kohn's description, it seems unlikely that the husband was not aware of the dealing activity within his café. Kohn does not refer to the other two residential addresses identified by this research. These were in a westward direction from the café. The first of these was within the Hyde Park North cluster adjacent to Lancaster Gate tube station. The second is in the Queen's Gate cluster. This property seemed slightly removed from the main area of drug activity for that cluster. However, it is near two features that could offer a drug supply. The Chelsea and Westminster Hospital was only a few streets away. This research identified two dispensers from other hospitals who stole drugs from their dispensaries to sell illegally. Therefore, a pharmaceutical leakage is possible. Alternatively, the property is not far from the relocated warehouse of the pharmaceutical company Whiffen and Sons (Richmond et al. 2003). As indicated previously, the company had its license to manufacture and export morphine and cocaine revoked with immediate effect by the Home Office during 1923 (Parssinen and Kerner 1981). The company's association with the illicit drugs trade makes the warehouse a feasible point of leakage into the local area too. The two residential properties associated with the Greek family could have been either a store or a selling point within that specific cluster. Alternatively, their use was on a rotational basis for dealing as described by Buerger (1992).

However, there may be a more complex explanation. Kohn (2001) discusses the female member of the Greek family and her relationship with Edgar Manning, a drug dealer convicted in 1923. Kohn argues that Manning wanted to withdraw from the West End

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<sup>5</sup> Church Street was renamed Bucknal Street and is in close proximity to Tottenham Court Road tube station served by the Central line.

after a drug-taker named Goodwin <sup>6</sup> fatally overdosed in 1922 while visiting his flat. Therefore, Manning moved to an address in Regent's Park Road. Kohn argues that he formed a relationship with the Greek female, Zenovia and so she also moved to an address on the same street and together they discreetly dealt cocaine from these properties. Parssinen (1983) also refers to Manning and Zenovia, when he quotes an article from *The Lancet* published in 1923. The content is more ambiguous about a partnership between the two, but does state Zenovia had her own cocaine business.

On balance, it is feasible that the Greek family, possibly even Zenovia, managed an expanding drug operation and employed Manning. Current research indicates family or kinship bonds are a common way to maintain trust and order within a supply network (Pearson and Hobbs 2001). In addition, Zenovia and her husband appeared to fit the age and gender profile, discussed previously, of those people most likely to enter the illicit drug market during the war. It is possible that the family had gained, during the war, an illegal supply maybe through pharmaceutical leakage which even current research shows is common (Edmunds et al. 1996). From the locations of their residential properties, the most likely source for the Greek family's supply was somewhere close to or within the Queen's Gate cluster. At this property, police found scales and other documentation suggesting it was here that the cocaine was prepared for sale. Earlier within this discussion, links to the shipping industry identified Queen's Gate as possibly having its own supply chain from abroad. The property is also not far from Kensington South tube station, which would provide direct, quick access to the family's café in Soho. Therefore, this residential address would make it an ideal 'holding house'. Another residential property owned by the family and located in the Hyde Park cluster was next to Lancaster Gate tube station. This would also have given quick, direct access to

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<sup>6</sup> Reference to Goodwin occurred earlier in this chapter. He was a witness in the prosecution of a hospital dispenser for the theft and supply of cocaine to Goodwin. As referred to previously, Manning's flat is the place where Goodwin later fatally overdosed on heroin.

the café but via an alternative tube route. The two properties were located at either end of a direct route through Hyde Park enabling easy movement between the two properties.

If Zenovia did have a property on Regent's Park Road, as Kohn (2001) states, then it is interesting that this third residential property should also be on the edge of a park, near a main entrance and close to two tube stations served by the Northern line. The two tube lines, which served the other two properties, link up to the Northern line in central London near to the family's café. This makes a strong case for the family operating a supply network across London organised by Zenovia. Particularly as Zenovia claimed she took over Manning's business after his imprisonment during 1922 (The Times 1922b, p.7e).

However, the character of Manning arguably makes it less likely that he managed a drug dealing operation. Firstly, he was a highly visible person, well dressed and distinctive in appearance but most notably, he was somewhat reckless. Parssinen (1983) sums up Manning as follows:

“Clearly Manning was a hoodlum whose various indiscretions guaranteed that he would come to the attention of the police.”  
(p.175)

For example, on one occasion, he shot three people in broad daylight outside the Palace theatre and on another he aroused his landlord's suspicions by showing him a gun he kept. The latter incident led to his arrest and later conviction in 1923. In addition, upon his release from prison Manning continued his criminal lifestyle but was not again associated with drug dealing. Therefore, could Manning have been a decoy for the café owner or Zenovia? Was the family's drug dealing operation from the café well established but in need of protection from both other dealers and police activity within Soho? Manning's history with firearms potentially makes him a suitable candidate to provide protection to the family's drug network. Furthermore, his notable appearance both



attracted attention to him and equally detracted it from others, such as the Greek family. His distinctive appearance, if he was protecting a drug operation, could serve as a very visible reminder to other dealers not to impinge upon the Greek family's business.

This view would contradict Kohn, but he focused only upon Zenovia, and her link to Manning and not the family as a whole. Most importantly, Kohn appears not to have known of the other properties linked to the family. Furthermore, after Zenovia served her prison sentence she was deported. Zenovia and her husband's nephew decided to settle not in Greece but Paris, which was then still central to the drugs trade (Booth 1996). Therefore, like Kimful, she appeared to have relocated to a place where she could potentially engage more in drug distribution, maybe to London where her husband remained.

Assuming the Greek family operated a drug-dealing network, how did it function? Did they bring drugs into the central area for sale through their cafe? Alternatively, were they gradually transferring their business away from the café to somewhere that would avoid police attention? It is unknown for how long the family members had links to the properties to the west of London but the one to the north was from early 1922. Based upon reports from the *Evening News*, Kohn (2001) suggests that the Regent's Park Road property was specifically set up for a different type of dealing activity, one that would have:

“attracted a more discreet clientele, which would have been reluctant to venture into Soho. Customers could have injections on the premises, or take drugs away.”

(p.154)

The opportunity to purchase drugs with the option of consuming them at the same residential address was very similar to the way in which Kimful reportedly operated during 1918 and probably before then. Furthermore, it appeared a successful means of maintaining invisibility, as Kimful had been dealing for up to four years before the Carleton inquest exposed him as a dealer. Possibly the publicity,

which the Carleton inquest attracted, alerted other dealers to a new retail method. However arguably it was an adaptation of the opium den.

On balance, the Greek family seemed to be diversifying their dealing operation during the early 1920s. Police activity could have disrupted their trade at the café by making it too risky to make purchases and thus, a less lucrative drug outlet for the family.

Modern research suggests that police activity alone has limited impact upon dealing behaviour (Mason and Bucke 2002, Aitkens et al. 2002 and May et al. 1999). However, the content of the articles offers other examples of similar changes to dealing activity, which collectively suggest some dealers chose to relocate around 1919 to 1920. The pattern of movement was away from central London towards the west of the capital. Both the Greek family, and another dealing couple identified by articles, moved out of the central area to properties that were relatively close to one another and near to both the Chelsea and Westminster Hospital and a warehouse belonging to Whiffen and sons which, too, had relocated from central London. Possibly the movement of a known source of pharmaceutical leakage could explain the pattern of movement seen by the two dealing operations. Alternatively, as suggested earlier, it could relate to the movement of their customer base to areas with less police activity. The fact that two females involved in dealing activity sought to relocate their operations away from emerging open markets is interesting.

The appearance of cocaine during the later part of the period within clusters not previously associated with the drug was an interesting development. The literature suggests changes in popular culture at the start of the 1920s led to the emergence of a large number of nightclubs, which became associated with drug-taking and, in particular, cocaine (Marr 2009 and Kohn 2001). It was a natural association to make, as the drug was particularly suited to sustaining those participating in this all night culture. This may explain why cocaine became more apparent in the Russell Square

cluster in the latter years of the study but not its appearance in other clusters that were more residential.

The evidence from the Russell Square cluster indicated that during the earlier period, drug-taking activity involved cocaine and morphine but with each drug type associated with a specific part of the cluster. The two areas within the cluster appeared to operate as closed markets and seemed relatively stable. However, within the later period, the picture of drug-taking is much different. The two markets are no longer as distinctive and the reporting focuses more upon arrests for possession rather than incidents of actual drug-taking. Presumably, drug-taking continued within the area but went unreported. The apparent increase in street dealers and particularly the evidence of apparent novice dealers<sup>7</sup>, indicates a change in the supply network around 1919. These signs denote an expansion in the market (Jacobs 1999) and the later scatter pattern of incidents supports this. Furthermore, as street dealing activity largely concerned cocaine particularly after 1919, the market expansion relates to one drug, cocaine. Furthermore, Chapter 8 highlighted how drug types can relate to one type of customer.

Chapter 7 highlighted the use of cocaine by military personnel while on active service and their re-entry to civilian life from 1919. Veterans who took cocaine could have changed customer demand. Highlighted earlier was the strong association that the Russell Square cluster had with the military through a closed market, operating at the turn of the century. In the area, there were a number of clubs for army officers and in the streets immediately surrounding these clubs veterans from the Boer War overdosed in the early years of the twentieth century<sup>8</sup>. The First World War meant the recruitment of

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<sup>7</sup> A number of articles relate the arrests of war veterans, who claim to have purchased a supply of cocaine for the first time with the intention of selling it. Some of these allegedly had been misled and the powder they purchased was found not to be cocaine. The motivation to buy cocaine for many veterans was comments by others about the profits they could make dealing the drug.

<sup>8</sup> During the early part of the period, within the Russell Square cluster, is a small area comprised of several streets around St James' Square. Here, between 1902 and 1914, four reported incidents occurred. Three involved individuals who had been, or were in the army. All had served overseas, two specifically in South Africa, where their drug-taking had started.

many more soldiers so the expectation would be that drug-taking veterans would populate the area once again but on a much larger scale than following the Boer War.

This explanation for the expansion of the market differs from the literature that suggests nightclub attendance facilitated the growth. Looking at the evidence, those attending nightclubs would be looking for irregular, opportunistic purchases of small quantities sufficient for that night, whereas regular drug-taking veterans would seek regular, larger quantities of known purity and sufficient for several days. Therefore, the dealing profile would be very different and thus maybe both drug-taking veterans and nightclubbers shaped the change within the cluster.

The arrival of a large number of drug-taking veterans would increase local demand, drawing new dealers into the area. However, a greater concentration of dealing activity would make the area one where a purchase was certain. This could attract new, inexperienced purchasers to the area or nightclubbers already in the area. Their entry would trigger change in dealing. The high concentration of inexperienced buyers would make them very vulnerable to criminals seeking a quick, high return activity. This type of drug dealer Buerger (1992) called 'the opportunist', being only a short-term or ad hoc member of the market. In addition, the articles indicate that the press reported the potential scale of the profits available from selling cocaine in the illicit market. For example, in 1921, a report stated that one kilo of cocaine purchased in Germany for 600 francs (£12) would sell in France for 10-15,000 francs (£200-300) (*The Times* 1921c, p.9e).

At a time of post-war economic concerns and high male unemployment, such coverage alerted those in need of money to a potential source of high return. In addition, these returns could be maximised due to the type of buyers who made irregular purchases and had little knowledge of drugs, meaning greater scope for customer exploitation through lower purity and higher pricing. Evidence from the Russell Square cluster indicated that there were

individuals who either knowingly or, unwittingly claim that they had cocaine for sale but actually the substance in their possession was not cocaine. The occupational profile of these men indicated either they had criminal or military backgrounds<sup>9</sup>. Furthermore, the arrestees for drug offences reflected a profile of young males returning from the war who were becoming criminally active. Chapter 8 highlighted the drop in the age of male arrestees after 1919. There was also evidence during the period of the study that British citizens engaged in smuggling activity within Europe (*The Times* 1920b, p.9c and 1922c, p.9f). The entry of new opportunistic dealers and the emergence of new supply networks probably had a detrimental affect upon the old market structure within the Russell Square cluster. Spillane (1998) argues that in Chicago there was integration of the drug market with other commercial features within the neighbourhood prior to 1920, and the drug activity at Zenovia's café would reflect that.

The change around 1919 to open street-dealing by opportunistic dealers indicated the old market structure had been replaced. The new market provided drugs of reduced purity as opportunistic dealers maximised profits, by making greater use of cutting agents. Lower purity would undermine the reputation of the market and there would be a loss of trust in the supply, meaning regular drug-takers who were the established customer base of the old networks would probably withdraw from the market.

To recapture trade the original dealers who had formed the old supply networks would need to find new methods of supplying established customers, probably by transferring trade to more discreet locations. This explanation would seem to fit well with the evidence from the articles. The changes such as customer exploitation, greater risk and ad hoc selling seen within the Russell Square cluster, were dealing traits discussed in Chapter 8, that were associated with male dealing activity (Denton and O'Malley 1999).

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<sup>9</sup> There is also evidence of Boer War veterans engaging in the organised supply of drugs (*The Times* 1914, p.8f).

This suggests the Russell Square cluster became a male-dominated market, explaining why female dealers with a different operational style withdrew from that market and began trading elsewhere after 1919/20. Therefore, what occurred within the Russell Square cluster probably triggered the slight changes within other clusters.

There are difficulties in analysing the Russell Square cluster because, as Chapter 8 highlighted, between 1916 and 1919 *The Times* focused upon Chinese opium smoking. Therefore, only three articles regarding drug activity within the Russell Square cluster appear between 1916 and 1919. One concerned the death of a drug-taker who had injected morphine and cocaine for several years. The other two cases during 1918 and 1919 were arrests for the possession of opium and cocaine. The drug types fit with activity from the earlier years of the century indicating that any change to the supply structure probably occurred after 1919.

To argue for a destabilisation of the market after 1919 requires an explanation of why the movement of soldiers in and out of London did not destabilise it earlier. Just prior to the introduction of the DORA regulation 40b in May 1916, there was a failed attempt to prosecute William Johnson who operated as a dealer within the Russell Square cluster. In reporting upon the case, *The Times* stated:

“The use of cocaine was now largely on the increase among prostitutes and some soldiers, particularly those in the overseas contingents, and the drug has being illicitly imported into this country.”

(*The Times* 1916, 5f)

This extract indicates two things. Firstly, there reportedly was an established trade in cocaine within the area and, secondly demand for the drug was on the rise. The literature indicates that areas with established market reputations, in this case for cocaine, will draw in both buyers and sellers from elsewhere (Lupton et al. 2002). Berridge (1999) states that in 1914-1915, 200-250,000 Canadian troops passed through London. If only 0.5% of the lower estimate took drugs then that would place around 1000 new buyers into the

market virtually overnight. Although many of the buyers would make one-off transactions during leave periods there would still be a constant flow of soldiers, meaning overall demand would have risen to a much higher level.

However, the war put restrictions upon who could engage with the supply network as a seller. The civilian population, from which sellers might emerge, was comprised of only older males and women, but Chapter 8 highlighted how female dealing operations could potentially make markets more stable and less violent (Denton and O'Malley 1999). A potential reason why the market was not destabilised by the increase in demand during the war was that it was a female-dominated-market. Chapter 7 suggested older males had similar drug preferences to females so maybe they had similar dealing traits as well and so engaged in wartime markets too. Therefore, the entry of some demobilised British veterans to the supply side probably affected the cocaine market more than any increased demand from foreign soldiers during the war.

Chapter 6, which discussed drug-taking veterans from the Boer War, suggests that the reintegration into the community could have several other long-term influences. It was possible to trace veterans who still took drugs up to nine years after their return. Highlighted within Chapter 7 was the fact that veterans were settling within areas where there had previously been drug activity reported and therefore expanded these markets.

In addition, as discussed earlier, there was economic hardship for many soldiers returning from the First World War, so those who did not take drugs may have seen the opportunity presented by an expanding drug market. Some may have based their drug dealing upon fellow veterans who took drugs. The shared experiences of veterans, whether dealer or buyer, could generate a bond that would make this supply network more resilient. Trust and kinship are two elements that make supply chains function better (Pearson and Hobbs 2001) and a shared military experience with codes of conduct similar to a family would fit this profile.

### **Law enforcement activity within drug markets**

The articles indicated that during the war the Canadian military helped enforce drug legislation and took part in undercover operations. The articles concerning Chinese opium smokers highlighted the use of police raids to make arrests. It is also possible to identify police surveillance operations and the trial of DeVeulle highlights how he was one target. Berridge (1999) stated that in 1916, the police were fully aware of cocaine dealing and believed that sex workers were distributing cocaine to soldiers. However, Parssinen (1983) suggests the police were ill informed and only uncovered one organised drug network “Thanks to a tip.” (p.131)

Sir Basil Thompson, Head of Scotland Yard Special Branch writing in 1921 describes how he policed drug activity, in particular the cocaine supply in London:

“You must make the risk so great and the cost of the drug so prohibitive that the traffic ceases to be remunerative. This entailed legislation, and at that time legislation by Order in Council was comparatively easy and swift. It then became a matter of police efficiency.....Traps had to be set; traffickers fell into them without more ado, and a few exemplary sentences did the rest. Therefore the price rose a hundredfold.”

*(The Times 1921d, p.11g)*

When Sir Thompson wrote the above text, the maximum penalty was six months imprisonment with hard labour and a fine. It is likely when he referred to “exemplary sentences” that this was what he meant. However, from the evidence gathered for this study, it is difficult to identify any individuals who received such “exemplary sentences”. Most reported convictions in 1916 occurred before the issuing of DORA 40B and the reporting in 1917 and 1918 focuses upon Chinese opium-smokers. However, in 1919, out of 57 reported sentences passed, 43 were fines and 14 custodial. The fines ranged between 5 shillings (£10.50 at current value) and £50 (£1060 at



current value<sup>10</sup>). In this year, all but one fine related to Chinese nationals. Mainly the custodial sentences imposed were not the maximum as 78.6% were for three months or less. There is a similar pattern in 1920, but from 1921 custodial sentences became longer and occurred more frequently. In 1922, the passing of custodial sentences of 4 months or more occurred in 86.5% of cases and 22% of these offenders received a fine too. The fines ranged between £50 and £200 (between £1060 and £4240 in current value), most received the latter. Evidence from this study indicates some anomalies in sentencing. For example, when the reported charges were the same for a couple, often the female received a lesser custodial sentence compared to her male partner. In addition, a defendant's willingness to enter treatment influenced sentencing, too, as a custodial sentence or other penalty was suspended. However, treatment was expensive and not all defendants could afford it, therefore a disproportionate number of less affluent drug-takers did receive a custodial sentence or penalty. Modern research indicates that this sentencing pattern continues, as defendants from professional backgrounds are less likely to go to prison than those from lower paid areas of employment (Lea and Young 2003).

Furthermore, there is evidence that not everyone wanted the law changed. Davenport-Hines (2002) quoted the reaction of an MP to the trial of DeVeulle. The MP seems to see the legal response as disproportionate to the offence. He suggests the DeVeulle prosecution was “a tremendous hullabaloo to get hold of one man who had distributed the cocaine” (p.171). A letter from a barrister printed in *The Times* identified by the searches seems to express dissatisfaction with further legislation to restrict public access to drugs:

“Is it not as well to keep level heads and make some provision for a case like this<sup>11</sup>, and not punish the whole community

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<sup>10</sup> Calculated using online converter (National Archives 2009a).

<sup>11</sup> The man had tried to obtain cocaine from a number of chemists over the course of the day to treat an injury to his eye without success.

because a few mental degenerates have acquired this hateful habit?"

*(The Times 1922c p.16c)*

Overall, the evidence suggests a lack of appetite within parliament or the legal profession for legal change and Sir Basil appeared to suggest a decline in drug dealing due to his successful policing strategies, which meant:

“...though the traffic is not dead, few people could be found to take the risk of a long term of imprisonment.”

*(The Times 1921d, p.11g)*

However, during 1923, the law did alter and the Dangerous Drugs (Amendment) Act 1923 brought in higher fines and longer custodial sentences and also greater police powers to search (Berridge 1999), which suggests that possibly drug regulation might not have been the sole purpose of the Act.

The introduction of drug regulation without parliamentary debate or process but instead through wartime regulations, which by their nature were temporary restrictions to support the war effort, made their enforcement in the post-war period potentially problematic. Legal theory suggests that for the public to adhere to a law, they need to perceive it to be fair and credible. As a member of parliament and a barrister appeared to view the legislation unfavourably perhaps the public, too, failed to see the need for it and so in the years immediately following the war were more willing to disregard the law. The high profits that drugs now generated, an outcome of Sir Basil's policing strategy, was another significant factor.

### **Amenities that support drug markets**

Highlighted earlier was the importance of particular amenities to drug markets. The content of the articles identified particular amenities of relevance to the markets operating during the era of the study. Tube stations were a very strong feature. Furthermore, this

relatively new and expanding form of transport probably influenced how drug-dealing activity developed. The use of the tube network would illustrate two key features of modern markets: that of speedy recognition of the benefits of new technology, and an aptitude to integrate them quickly into daily activity. Potentially, the extension in a westerly direction of the Central line during 1920 may have contributed to the westward drift of drug-takers away from the new, riskier open market of central London. The evidence reviewed to date strongly suggests the movement of drugs around London by tube. Current research, too, indicates tube stations are a key location for drug-dealing activity (Edmunds et al.1996).

In addition, the importance of the tube network poses a question: what relevance to the supply network did other forms of transport have? The clusters operating as closed markets, enjoyed positions on key arterial routes that provided good transport links and trams may have been important. Easily accessible markets would reduce the time a drug-taker would need to spend within the market location to a minimum and thus reduce the risk of detection.

The content of articles indicated too, the potential relevance of combinations of local amenities. For example, Lancaster Gate tube station was also the location of a hotel. Whilst the tube station provides quick access, the hotel offers a discreet waiting place or a room in which to take drugs. In support of the latter view are articles that indicated hotel rooms were associated with a number of deceased drug-takers. Furthermore, other venues such as members clubs had relevance too, particularly in relation to the military.

Within several clusters, there were large street markets such as Portobello Road (Ladbroke Grove), Carnaby Street (Russell Square) and Church Street (Hyde Park North). This was of interest as among arrestees for drug offences were a number of dealers, merchants or traders. This finding is similar to Spilliane (1998) who argued that the drug markets often integrated with other commercial activity prior to 1920.

Another recurring amenity within clusters is a treatment facility. This poses the question did the facility exist due to awareness of drug-taking within the area? Alternatively, was the treatment facility a contributing factor to a cluster emerging through relapsed patients populating the area?

Ports were another amenity to feature and increasingly foreign nationals, mainly of European origin, were those found in possession of drugs. For example, one article stated that Italian sailors arrested in London had cocaine, which they had purchased in Spain and intended to sell in Hamburg or elsewhere. Hamburg was also associated with opium during 1922, as three Mexican sailors arrested in London with opium had agreed to carry the drug from Hamburg to Portsmouth.

### **Evidence of pharmaceutical leakage supporting drug dealing**

The retrieved articles provided good evidence that pharmaceutical leakage occurred and indeed that the activity of some doctors or pharmacists possibly maintained the drug market during the period. For example, highlighted earlier in this discussion were two Harley Street doctors who injected themselves and others.

Furthermore, there are those like Dr Stewart willing to 'lend' rather than prescribe drugs. Therefore, it is highly probable that a reasonable proportion of the medical profession were 'sympathetic' to a drug-taker wishing to make 'purchases'. Current research indicates that this situation still exists as Edmunds et al. (1996) include a postscript to their research report which states:

“We were informed that one of the private prescribers whose patients supplied the market had been struck off.”

(p.32)

Furthermore, when doctors did not assist, drug-takers forged prescriptions to obtain drugs. Arguably, chemists should have been more aware but there is evidence to show that, as was the case among doctors, there were those chemists and dispensers who were

willing to be 'sympathetic' to drug-takers for profit. For example, several hospital dispensers stole to sell on to drug-takers. On a larger scale, there was the chemist who supplied from stock both Belcher and Kimful. Other research also highlights an even greater scale of leakage through the pharmaceutical company Whiffen and Sons.

The evidence from the study also points to the sharing of information about 'sympathetic' sources. For example, three incidents refer to a chemist in Holborn around the same period. There is no evidence to indicate it is definitely the same chemist but all three were regular drug-takers and did not live close to the area. Two are making a specific journey to this location to obtain drugs, and the third, a female, received their drugs by post.

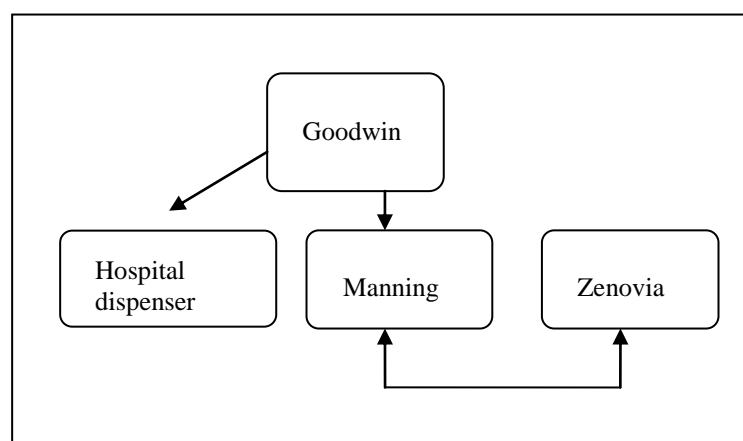


Figure 1-26. The links between Goodwin and the supply network

The case of the Holborn chemist is perhaps speculation but evidence across the research has shown drug-takers moving in similar friendship groups and having friends or associates in common. For example, Goodwin was involved in two different reported incidents that occurred several years apart and these identified three dealers linked to him. Figure 1-26 illustrates this association.

## Chapter conclusion

The geographical analysis provided great insight to drug-related

activity across London. The process was able to identify specific areas where drug-taking activity occurred. This suggested a pattern of socialization. Living in close proximity suggested drug-takers shared knowledge about where to obtain drugs and maybe offered one another support even prior to the 1916 legislation. The clusters showed links to particular types of drugs. Chapters 6 and 7 both discussed the potential for an association between certain occupations and drug-taking. The subsequent plotting of residential addresses suggested particular occupational backgrounds might be associated with areas as well as drug preferences.

One cluster, Queen's Gate, for several reasons was of particular interest. It altered little during the period and the nature of the drug-taking behaviour coupled with the demographic features associated with the area made it unique. Arguably, from the evidence it probably operated differently to other markets due to these unique features, and offered a wider range of drugs. The likelihood is that the individuals within this area brought drugs into Britain either on their own ships or when travelling for their employment. The age range suggested that the market operated upon the basis of a social or professional network of individuals. Furthermore, unlike other clusters, there is no notable increase in cocaine incidents during the later period suggesting changes within other clusters had less effect upon this market and pointing to the conclusion that the Queen's Gate cluster may well have been a stand-alone closed market. The uniqueness of this market may also have been the reason for high female representation within it. Perhaps as a closed market, females felt more secure to trade within it or the wider range of drugs made the market popular with females because they had the opportunity to easily switch drugs in response to price changes without having to make links into another market.

The evidence captured changes to drug activity and, in particular, alteration to the Russell Square cluster around 1919, which included:

- an influx of new, younger, male dealers from around 1919 that altered the structure of the market,

- the movement of established dealers from the Russell Square cluster into either different areas or other modes of supply triggered by the arrival of younger male dealers,
- the movement of people associated with regular drug-taking, from the central London area to the suburbs in the west, which were the same areas to which dealers moved.

However, subtle changes appeared within the other clusters such as the introduction of cocaine to other areas. Potentially, the changes within Russell Square meant established dealers who wanted to keep their ‘good’ reputations developed a different method of trading in less riskier areas and adopted different trading methods. It is also relevant that two of the dealers known to have moved out of the Russell Square cluster were female. Thus far, the evidence indicates females involved with drug-related activity are more eager than males to adopt risk avoidance strategies and, thus, movement away from Russell Square after 1919 fits this profile. It suggests, too, that during the war possibly the drug market was female-dominated and, after 1919, an influx of young male dealers changed the market structure to a male-dominated operation.

The literature suggests increases in demand for cocaine came from those enjoying the new trend of nightclub entertainment. However, from the evidence gathered for this study it is possible to construct another explanation. Market disruption occurs at the end of the war and the significant change then is the return of war veterans. Chapter 7 traced drug-taking veterans from the Boer War and features identified in that discussion appear to be replicated in the years immediately following the end of the First World War, but on a greater scale. This leads to the view that First World War veterans expanded the market, drawing in a greater concentration of dealers, which made the market more visible. The certainty of accessing drugs encouraged the inexperienced to go there to buy too. This market growth, the profits available and customer-base of part inexperienced, part desperate, made it a market vulnerable to the

entry of opportunistic traders, typically fitting the dealing profile of younger males. The diminished reputation of the market could lead the original dealers to relocate their dealing operations.

Many of the opportunistic traders could have been army veterans as lack of legitimate employment combined with their covert skills learnt while in military service made them suited to dealing activity. Furthermore, dealers with a military background could actually attract drug-taking veterans into their markets due to a sense of shared identity or 'kinship'.

Modern research indicates the involvement of younger males in the Russell Square cluster, evidenced by the content of articles, would increase the likelihood of violence (National Statistics 2008). In addition, violence perpetrated by young males is particularly associated with economic concerns (Graham and Clarke 2001), a situation that existed after the First World War.

The geographical mapping appears to illustrate the organisation of supply networks. For example, there are strategically located properties, which stored drugs. The position of these properties also seems to indicate a link to particular amenities such as tube stations, railway stations, and pedestrian access, such as footbridges or routes through parks. Other amenities included hotels, street markets and possibly a point of pharmaceutical leakage such as a hospital. The presence of drug treatment facilities within clusters is of particular interest.

In terms of female dealing activity, the most detailed information concerns Zenovia and there is strong evidence to suggest that she may have personally managed the family business. In addition, Zenovia's alleged public claim to have taken charge of Manning's business suggests she was quite proud of her involvement in drug dealing, an image at odds with how the press presented females as 'vulnerable victims', which was discussed in Chapter 7.

Furthermore, the evidence indicates that Zenovia was not unique as there were other females associated with dealing. This study identified several examples of women who did supply drugs within



closed markets and had an established network of customers. As no recapture of female dealers occurred in reporting, it appears that there could be a reasonable number of females engaged in dealing within the era. The articles suggest that the police and the criminal justice system might have not fully recognised the degree of female involvement in drug dealing, which reflects the discussion within Chapter 8.

The largest amount of evidence relates to the Russell Square cluster, which became an open market trading largely in cocaine. Hence, evidence concerning closed markets was rather limited. However, the technique of ‘reading against the grain’ helped theorise how the closed markets might operate. Modern research suggests drug markets are constructed around drug preferences. Therefore, if open markets trade largely in cocaine, conversely closed markets must relate to other drugs, possibly morphine and/or opium. Evidence from this study suggests that morphine and opium were the preferred drugs of females and older men. The apparent similarity in consumption between females and older males is a view point supported by the Pars records. This suggests then, that possibly closed markets were more associated with female drug-takers and possibly older males who consumed morphine and opium.

The geographical analysis of London, also contributed to the ‘story’ of veronal consumption. Reported veronal incidents occurred in only two of the clusters. Therefore, if there was a link between veronal incidents on the south coast between 1910 and 1913 and London residents then these drug-takers came from either the Hyde Park North or Queen’s Gate clusters. This would also fit the explanation from Chapter 6 that social unrest in London led the affluent to relocate for a period to the south coast. Hyde Park, situated centrally to these two clusters, was used during this period as an Army Camp for soldiers drafted in to curb rioting and manage striking dock workers. Hence, the surrounding area would have been less appealing to affluent residents.

The evidence considered within this chapter concerned the supply network within London and the articles illuminated very well a number of aspects of drug-taking activity. The next chapter considers the geographical information for Britain and whether similar trends are evident and if so, is it possible to trace these links to the London markets.

## Chapter 10. Geographical analysis II: Britain

### Introduction

The previous chapter considered geographical evidence for London and it helped identify five potential areas in which drug-taking activity appeared to cluster. Within these clusters drug-takers shared common traits in either consumption or social background and this pointed to a market or supply network that served a particular customer base. In addition, the process helped to identify particular features that probably developed or sustained supply networks. Noted too were specific points in time when changes seemed to occur within clusters such as the introduction of cocaine from around 1919 to clusters where it was previously absent.

There were fewer reported incidents in other parts of the country suggested that it might not be possible to illuminate drug-related activity within Britain to the same extent as had been possible for London. However, this chapter explores the evidence, considering what it might reveal about drug activity nationally, and whether any similarities exist, which might indicate links to the London markets.

### Preparing the maps

A review of non-London incidents identified several features. Articles featuring either drug-takers of unknown frequency or regular consumers, referred to a range of drugs. Morphine was the most common drug appearing throughout the period but with greater frequency among regular drug-takers. Laudanum and opium were more common during the first decade of the century. Cocaine only appeared after 1920 and was associated with arrests for drug offences whereas morphine only featured in one arrest for a drug offence. This incident occurred during 1922 and involved a seaman who possessed both cocaine and morphine. All the other incidents concerning arrestees involved either opium or cocaine.

Furthermore, the two drugs appeared to follow a pattern. Opium was strongly associated with Chinese nationals and appeared more frequently prior to 1922, whereas cocaine was more common during 1922 and strongly associated with seafaring foreign nationals, other than Chinese seamen. However, with no articles for 1921 it is difficult to pinpoint the decline in opium and emergence of cocaine. Overall, the three categories indicated that despite cocaine becoming the focus of reporting outside London during 1922, there were still drug-takers, mainly from medical backgrounds, that preferred morphine. In addition, opium remained the drug of choice for the Chinese community.

Incidents featuring arrestees frequently involved ports. However, the years 1916 and in particular 1919 were exceptions because either ports or army camps featured. During 1921, there were no reports of drug-related activity.

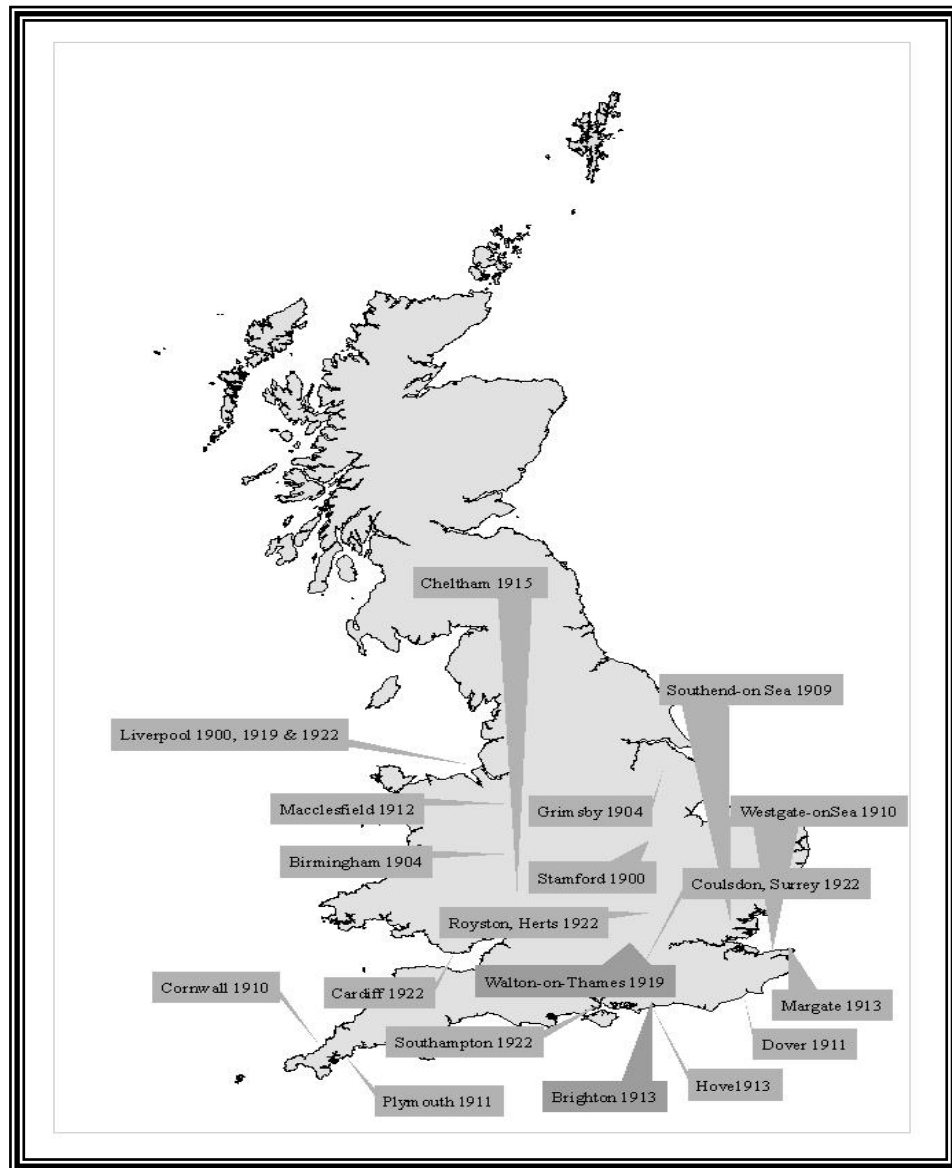
The articles appeared to be reflecting different types of drug-related behaviour. Articles about drug-takers of unknown frequency and regular consumers illuminated the demand 'story' whilst articles about arrestees for drug offences potentially represented the supply 'story'. The analysis of these two 'stories' began with the preparation of two maps of Britain.

### **Description of Map 1**

Collectively, drug-takers of unknown frequency or regular consumers provided 23 reported incidents within Britain, involving 25 individuals. There were no articles for the years 1916, 1917 or 1918. Almost two thirds of the cases appeared in the period prior to 1916. Figure 1-27 is the first map of Britain showing the locations of reported drug activity. This map illustrates the demand 'story'.

Plotting the incidents showed that there was a wide geographical spread of consumers and it revealed patterns of activity related to areas and years. Between 1900 and 1904, incidents occurred in central England, while 1909 to 1913, saw incidents at fashionable south coast resorts, a feature noted in earlier chapters. Lastly,

between 1919 and 1922, incidents occurred in the south at locations close to London.



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Figure 1-27. A map of the Britain showing the locations of reported drug activity by drug-takers of unknown frequency and regular consumers between 1900 and 1922

There were five ports located in both the north and south of England. All the cases concern the deaths of regular drug-takers. Three of the deceased held occupations related to the sea.

The reported occupations generally related to: the army, medical profession, business sector or employment connected to the sea. A number of individuals had been regular drug-takers for many years and some of these injected their drug of choice. A few had been in treatment for drug-taking. After 1919, foreign nationals started to appear; one of whom, an American, had been previously deported from Britain for drugs offences in 1915.

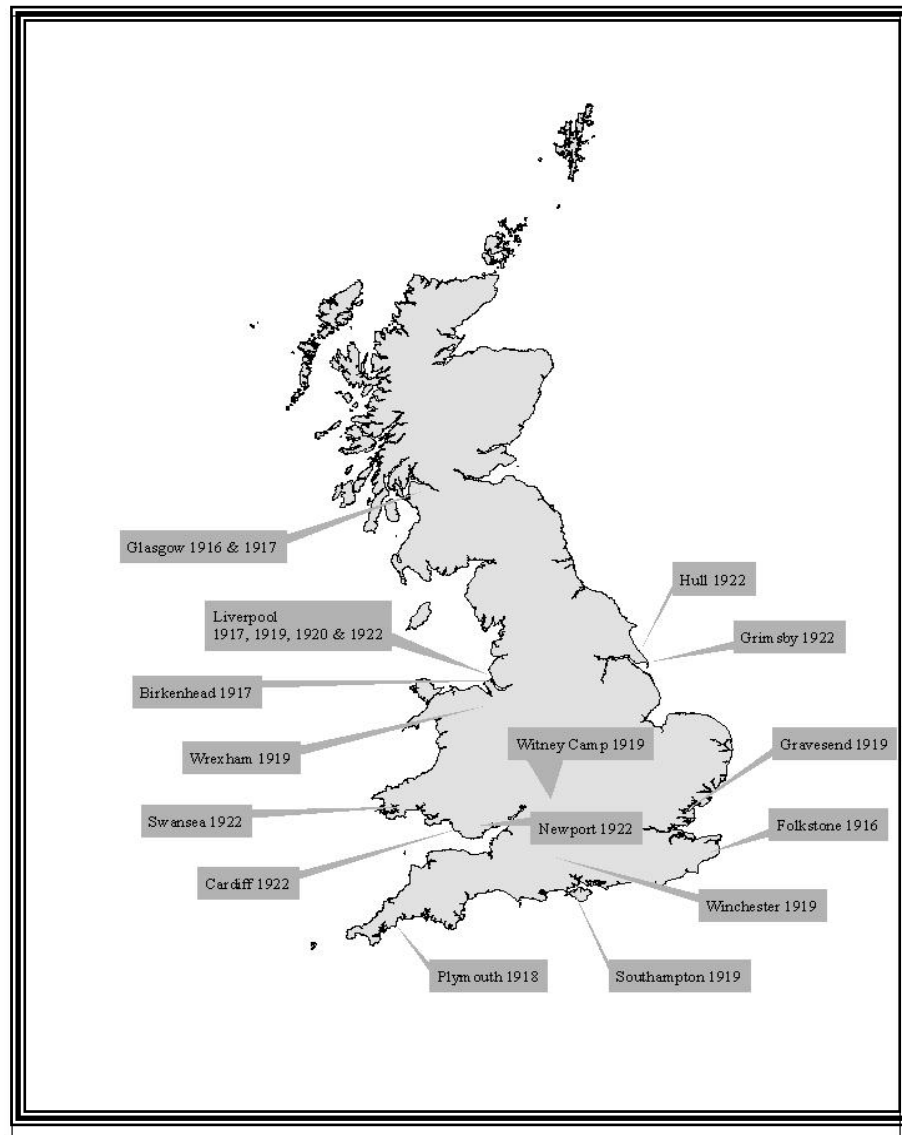
## **Description of Map 2**

Map 2 reflects the content of articles published from 1916 until the end of 1922 that featured arrestees for drug offences. Despite being a shorter period than that which Map 1 relates to, there were a larger number of incidents to plot. The 34 incidents included a number of multiple arrests made within the Chinese community, so in total the incidents involved 160 individuals. Virtually all the locations associated with arrestees were ports. Those that were not had military associations. However, during the wartime period many ports were likely to have been associated with the movement of military personnel. For example, eight million soldiers passed through Southampton docks during the First World War.

Thirteen different ports featured on the map. At the start of the period, ports within the Liverpool area and Glasgow featured most. Liverpool continued to feature throughout the period but Glasgow did not. Over the period a number of the locations recurred and these included Cardiff (n=4), Hull (n=3), Liverpool (n=3), Swansea (n=2) and Southampton (n=2). Of particular note are the number of incidents that occurred in South Wales during 1922 (n=6). Figure 1-28 is a map of Britain showing the location of reported drug activity that potentially illustrates the supply ‘story’.

Largely, incidents at ports reflected activity aboard ships either just arriving or about to depart from the dock. Considering the incidents by drug types reveals a pattern to activity. Opium was the main drug between 1916 and 1918 and it was leaving Britain from Glasgow destined for China. British nationals organised this traffick.

From the start of 1922, incidents involved foreign nationals trafficking cocaine into Britain. Some of these foreign nationals were military personnel. However, there were no articles for 1921 so a change in port activity may have occurred during 1921.



Not all incidents at ports concerned the movement of drugs. For example, during 1917 reporting focused upon police raids on opium dens in Liverpool and Birkenhead. Apart from these individuals, the drug-taking status of the arrestees went unreported.

The articles provided considerable detail about supply routes and highlights Hamburg as a key distribution point. From here, evidence showed cocaine left for Cardiff and Grimsby. In addition, during 1922, drugs also entered Britain from Japan, Italy and Brussels. Individually, the reports could suggest that it was lone individuals opportunistically bringing drugs into the country. However, the regularity of incidents and the recurring locations of origin and entry indicates organisation. The later appearance of firearms highlighted the need to protect a valuable commodity.

The recurrence of locations associated, at that time, with military camps suggested another occupational link to drugs. A Canadian army camp at Folkestone featured during 1916 and later in 1919, when there was demobilization of the army, Winchester and Witney appeared too. Winchester appeared twice within reports published during 1919. Both incidents involved the arrest, in London, of soldiers stationed at Winchester for the possession of cocaine. In the first incident, the soldier had allegedly purchased the cocaine in Winchester from another soldier who had returned from India. In the second incident, there is no reference as to where the soldier purchased his cocaine, but he came from the Winchester camp.

The reported arrests from around Britain seemed to suggest that both serving and retired army personnel might have been involved in the movement of drugs. Within Chapter 9, there was discussion of a supply case involving Goodwin, an army officer. While stationed in Hull, he received a postal supply from London of stolen cocaine. Within this chapter, there was more evidence of the postal movement of drugs. During 1918, a female living in Plymouth sent forged prescriptions to the Civil Service Supply Association in London, which dispensed the stated drugs to her by post.

## **Discussion**

As highlighted earlier within this chapter, the two maps reflected different types of drug-related activity. However, five ports appeared



on both maps namely, Liverpool, Grimsby, Southampton, Plymouth and Cardiff.

The first map indicates that consumption was evident throughout Britain. However, it appeared most prevalent within the south of England, a pattern reflected, too, in modern research findings (Roe and Man 2006). The second map relates more to the supply of drugs and only two types of location featured; seaports and military camps. This suggests that two specific occupational groups undertook trafficking. Furthermore, these two occupational groups appeared to move only two types of drugs namely, opium in the earlier period and cocaine in the later. Chapters 6 and 7 indicate that regular drug-takers preferred morphine. This drug was not under the same restriction as cocaine and other drugs until 1920 but from this year the expectation would be that incidents of morphine trafficking would appear but they did not.

### **Morphine and the supply network**

The absence of morphine trafficking could indicate that the two years (1920-1922) when it was an offence to possess or supply morphine, was too short a period to capture reported detection. However, it could also indicate that there was no need to bring morphine into Britain because the illicit domestic market had sources of supply within the country. Knowledge of the illicit morphine market during this era is limited. The only detailed research found relates to China (Parssinen and Kerner 1981) and it is a helpful starting point.

The introduction of morphine to the Chinese market occurred during the late 1890s when opium became too expensive and, at first, morphine provided a cheaper substitute. Parssinen and Kerner (1981) demonstrated that the Japanese became involved with the illicit morphine market in China around 1907 and supplied it by diverting morphine out of the legal British market. Their research based upon British historical records detailing annual production, domestic demand and legitimate exportation of morphine led them to state:

“The inescapable conclusion is that from 1911 to 1920, approximately 175,000 ounces of morphia per year, which could not be accounted for either by export or by domestic demand, was funnelled into the non-medical market, either in Britain or abroad”.

(p.47)

Feasibly, they argued, the amount could have been larger, possibly by as much as a further 200,000 ounces per year. The amount of British morphine that Japan imported increased between 1913 and 1917 to thirty times more than the amount anticipated for legitimate national consumption. Parssinen and Kerner (1981) argue that the quantity of morphine involved meant that British manufacturers must have been aware of what was happening. The illicit trade in morphine forced up the price considerably, particularly after 1913 following a ban on the legal importation of opium to China. This ensured that the trafficking of morphine became a very lucrative trade and one that British companies, given the growth in their production during the period, were happy to engage with.

Furthermore, it seems that along with the British manufacturers, the British government, too, overlooked the diversion of British produced morphine into China’s illicit market. Parssinen (1983) quotes from a communication sent from the Far East section of the Foreign Office in 1917 regarding the trafficking of morphine:

“The prohibition of morphia exports would preclude a considerable number of Japanese from earning their living by poisoning the inhabitants of Manchuria and would therefore add fuel to the fire of Japanese irritation. In fact, it seems essentially a question to be postponed until the end of the war.”

(p.151)

The history of Japanese morphine trade in China is useful as it indicates that British manufacturers were willing to overlook the diversion of their product into the illicit market in China. Therefore, perhaps the same manufacturers might be willing to supply the British illicit market. As noted earlier there was no evidence of morphine being trafficked into Britain and this supports the view that

pharmaceutical leakage of some kind sustained the British domestic market.

Chapter 8 indicated that morphine generally circulated in closed markets but how did it enter them? Were manufacturers selling to specific wholesalers who then diverted some of their legally purchased drug into the illicit market? Alternatively, was the leakage on a more ad hoc basis and undertaken by less scrupulous chemists who diverted some of their shop stock into the local community when approached by a drug-taker? An example of this would be Woolridge, the chemist identified by the Carleton inquest who supplied Kimful and later Belcher. Unfortunately, there is insufficient evidence to address fully the issue of distribution. However, given that a handful of companies had learnt from the Japanese how to divert morphine into an illicit market for larger profits, it is possible that they repeated this with British wholesalers, particular in the key year 1918. During this year, the Japanese had to halt temporarily their trade that due to the scale of over production must have left British manufacturers with large quantities of surplus morphine. British morphine manufacturers had seen their product rise to a value greater than that of gold (Parssinen 1983). The sudden cessation of these trading conditions in 1918 probably led them to consider with some urgency other new illicit markets to minimise their potential losses.

During 1919, the Japanese were able to find a loophole in the law and re-engaged in the illicit Chinese morphine market. However, increasingly the Japanese had less need of British produced morphine. Recognising the potential of the trade, the Japanese invested sufficiently during the First World War to create its own pharmaceutical industry. This included the production of cocaine. In the post-war era, Japan sought to develop new markets for their drugs and those involved were less concerned about the legality of these transactions (Karch 2006). The articles identify two Japanese seamen bringing cocaine into Britain during 1920. This would seem to suggest that the illicit drugs trade that British companies had been

complicit with had turned on the nation, as Japan developed a new illicit market, this time for cocaine within Britain.

Karch (2006) discusses how deeply the Japanese nation became involved with the drugs trade from the early 1920s and suggests the structure of the country within this era meant a few major commercial organisations came to dominate the country by holding influence within the government as well as the army. He relates how the extent of Japanese involvement only emerged following World War II when America decided to hold War Crimes Trials and sought to charge Japan with crimes against humanity related to the sale of drugs. The investigation found so much documentation relating to drug trafficking that the original investigation team had to recruit more staff.

### **The influence of illicit drug markets upon patterns of consumption**

The evidence concerning the illicit trade appears valuable when considering patterns of consumption described in earlier chapters. Highlighted previously was the combining of morphine and other drugs from around 1916. Up until about 1919, the other drug used in combination was cocaine, and then it became either heroin or opium. During 1921, the combination of morphine and cocaine again occurs. This may show preferences for drugs or it could be that morphine-takers were controlling the cost of their consumption. Modern research describes speedballs, which are the combination of heroin and cocaine. The high price of cocaine prohibits regular consumption but occasional mixing of the drug with another less expensive one, allows the drug-taker to experience cocaine at less cost. This practice might explain the pattern seen in relation to morphine. The drug was both scarce and becoming increasingly expensive up until the end of 1917. Therefore, the drug mixed with morphine could be the cheapest available at the time. It would also explain why, when there was a large surplus of morphine during 1918, there were no incidents of morphine mixing.

Furthermore, the research of Parssinen and Kerner (1981) provides information on heroin production for the period from 1910 to 1923 but they do not discuss the peaks in production of this drug. The diversion of morphine by manufacturers makes it feasible that heroin, too was diverted into the illicit market during specific years between 1911 and 1920. Evidence from this study, discussed within Chapter 7, highlighted how during the years of highest production, such as 1917 or 1919, articles indicate the availability of heroin within the illicit domestic market. In particular, during 1919 the year of greatest heroin production, there are incidents involving the combining of morphine and heroin. Combining drugs, as noted earlier, can be an indicator of price differentials but with no evidence of the proportions of each drug combined, the more expensive drug is unknown.

Possibly, increased production indicates higher demand for a drug, making heroin the more expensive drug. This could fit with other evidence. From 1918 until the end of 1919, there was low demand for morphine from Japanese traders and, thus, British manufacturers had a larger surplus that they might have diverted into the illicit domestic market triggering a price fall. The Carleton case, too, possibly offers insight to drug prices. Carleton paid for the cocaine that she and DeVuelle consumed therefore she could also have paid for the drugs she and Belcher consumed. As Belcher preferred heroin, the financial difficulties of Carleton prior to her death could reflect that the cost of her drug consumption rose considerably, possible due to buying a different more expensive drug, potentially heroin, triggered by meeting Belcher.

### **Drug-related activity at British ports**

Largely, research has neglected the issue of supply routes and distribution networks both within this period and up until quite recent times. Therefore, there is a knowledge gap, which led McSweeney et al. (2008) to state:

“A consistent theme to emerge from the literature is the need to improve our knowledge and understanding of how different drug markets and different distribution and trafficking networks develop and operate.”

(McSweeney et al. 2008, p.72)

Earlier chapters have shown similarities between the drug-taking behaviour of the past and that of the present. Hence, supply networks might demonstrate common features over time too. The appearance of Liverpool and Swansea mirrors the literature that also contains general comments about smuggling at other ports that had a Chinese community (Berridge 1984).

Whilst this might be true of Cardiff, other ports such as Plymouth, Southampton or Hull, which feature in this research did not have a Chinese community. Indeed the movement of opium from Glasgow to China was not even associated with Chinese nationals. Therefore, it would seem that trafficking activity was more complex and the evidence from this study suggests it was more likely to involve Europeans and indicates British ports were probably staging points for onward movement, which could be either into or out of Europe.

Generally, the literature does not provide any detailed consideration of how supply networks may have operated. However, the prominence of Cardiff is interesting. It is a port with a Chinese community but reporting indicates that trafficking here involved Europeans and cocaine. During the period, the port was expanding and it had three features that when combined distinguished it from the other identified ports.

1. It was a key base for European shipping companies.
2. It received shipping from the West Indies and America.
3. It was involved in the domestic shipment of goods to other ports within Britain.

In theory, therefore, it would be an excellent hub for a supply network as it allowed both onward-movement to and from Europe as well as opportunities for domestic distribution via other ports. Modern research into drug trafficking has highlighted particular

points of entry to Europe for specific drugs. The evidence for this study indicates that these points may have a historic basis. For example, within the articles collated for the study Spain featured in relation to the movement of cocaine and current research indicates that this country is still of major importance to cocaine traffickers. In addition, this study not only identified European locations but also indicated the possible use of specific ports to smuggle particular drugs into and out of Britain. For example, Cardiff was a port associated with both opium and cocaine, while ports such as Hull and Swansea received only cocaine. Modern drugs research, too, notes the use of specific ports for the entry of particular drugs (McSweeney et al. 2008 and Davies et al. 2009).

Linking ports to drug types could also reflect the organisational structure of different groups of smugglers in a similar manner to that observed by modern research into drug markets (Pearson and Hobbs 2001). Closer analysis suggests that by the early 1920s cocaine was entering the country in two main areas. The first location was in the north-east focusing upon Hull and Grimsby, which would fit with cocaine arriving from Germany. The second location was South Wales, focusing upon Cardiff, Newport and Swansea which could suggest a different, possibly non-European supply network.

The collated evidence discussed within other chapters suggests that the drug smuggling activity seen in the northeast was possibly not a new development. Evidence suggests cocaine demand possibly existed in this area prior to 1914. Modern data on declared drug misuse shows this area as having “significantly lower levels of illicit drug use” (Roe and Man 2006, p.26). Nevertheless, despite this if drug-taking within this area was analysed by drug category then the use of Class A drugs is the second highest level within Britain. In essence, this area historically could have been associated with a smaller number of regular drug-takers who preferred drugs of greater strength.

However, modern data on Wales demonstrated both a lower overall prevalence and lower consumption of Class A drugs (Roe and

Man 2006). Some evidence of drug activity in the north-east came from regular drug-takers whereas all the incidents in Wales are from arrestees for drug offences associated with supply. Therefore, possibly Wales has been more associated in the past with smuggling than consumption and the drugs seized were probably in transit rather than for circulation within the area. Furthermore, looking at modern findings on supply networks it is feasible that the South Wales entry point for cocaine supplied the London market.

Modern research by Pearson and Hobbs (2001) identified various supply networks and one example was that of a Bristol dealer who supplied markets in Southampton, London and Manchester. If the entry point in South Wales did supply the London market, this would be an easterly movement of cocaine across the country and could explain, too, why within London there was a westerly drift amongst those associated with cocaine during the early 1920s.

Earlier chapters highlighted the tube network was important to the supply story. Therefore, possibly the rail network had similar importance for domestic distribution. For example, Paddington station could be the entry point within the capital for cocaine arriving at ports in South Wales. The westward drift of drug-related activity would therefore reflect the movement of London dealers towards the capital's entry point for cocaine. This station is located within the Hyde Park North cluster and a short distance, too, from a property connected to the Greek drug dealing family, who traded in cocaine. Chapter 8 noted this property was within a cluster associated prior to 1922 with opium and veronal. Detection of cocaine-related activity at the property during 1922 could suggest that consumption behaviour within the cluster was altering. Alternatively, the property, close to an entry point for cocaine, could highlight its purpose as a holding house for onward distribution. This would fit with finding scales and other records at the property.

In addition, the theory that Paddington Station was an entry point within the capital for cocaine arriving at ports in South Wales would offer a good explanation for the emergence of the Waterloo cluster.



During 1913, an extension to the Bakerloo line, which terminated at the Elephant and Castle, (a point central to the Waterloo cluster) resulted in the tube line becoming a direct connection to Paddington Station after this date. Chapter 9 helped identify a holding house for cocaine within this cluster too.

Suggested earlier within this chapter, was the idea that port activity was opportunistic trafficking. However, collectively the evidence suggests it is more likely that smuggling was quite organised. For example, when arrested several of the traffickers carried a firearm. The majority of arrests made in South Wales involved Europeans specifically from Italy, Germany and Prussia. Furthermore, Hamburg was a recurring location from which the trafficked cocaine originated, and this seemed to indicate planning and organisation. For example, the movement of drugs through Hamburg acknowledged its status as a Free Port, which meant there were fewer restrictions on shipping entering the port, and if goods were in transit it was not necessary to provide a ship's inventory. So effectively, the port could provide temporary storage for cargo without the port authorities knowing the nature of the goods. This made it an ideal port for the onward-movement of drugs from source to consumer.

Liverpool was a location that featured but, interestingly, the activity here differed in three ways. Firstly, opium and morphine were the two drugs associated with this location. Secondly, the arrestees appeared to have been British or Chinese rather than European. Thirdly, the activity did not always relate to the movement of drugs but on occasions drug-taking.

The police enforcement activity identified much of the drug-taking activity in Liverpool between 1917 until 1922 and reporting associated it firmly with the Chinese community. However, there was earlier evidence of drug taking in Liverpool. For example, during 1900 an American shipping clerk, a regular consumer of opium since 1885, shot himself when no longer able to manage his need for opium. An article reporting the arrest in London of a British female

during 1922 indicated, too, that Liverpool was an entry point that supplied the London opium market.

Another port to have a similar profile to Liverpool was Southampton. The drugs associated with this location were also morphine and opium. Again, like Liverpool, the arrestees were not of European origin; one arrestee was Chinese and the other British. The former was an injecting morphine-taker and the latter a Chinese opium smuggler who appeared to be moving opium out of Britain.

The evidence from this research generally indicates that Chinese seamen were more likely to be smuggling small amounts of opium and the direction of drug-movement could be either into Britain or out of the country to China, with the latter being particularly evident during 1919. In this year, the arrest occurred of a Chinese man who had concealed 28lbs of opium aboard his ship. The amount was large as most carried 1-3 lbs and the opium seized originated from Trinidad, which was a recurring source of opium in that specific year. The change in behaviour probably reflects the supply situation within China at that time. At the end of the First World War, the British government altered the system for export licenses with Japan, which effectively stopped British manufactured morphine entering the illicit Chinese market during 1918. This probably had a dramatic effect upon the regular morphine-takers within China. The sudden morphine shortage probably fuelled interest in a substitute drug. The substitution of opium seems highly likely considering the nation's drug consumption history. It would explain, too, the movement of opium purchased in Trinidad through Britain by Chinese seamen.

### **Factors influencing change within the illicit drugs trade**

The First World War altered the pattern of production for pharmaceutical companies worldwide. Producers saw their potential markets shaped by wartime allegiances. Furthermore, within these newly structured temporary markets, there were gaps in provision. For example, prior to the First World War Germany was a major producer of cocaine so those countries not allied with Germany

potentially found their access to the substance substantially reduced. As previously noted, Japan identified the pharmaceutical opportunities presented by the conflict and invested heavily in developing their own industry during the war (Karch 2006). Other European countries responded to domestic shortages and military need by increasing production. Therefore, by the end of the war, production within a number of countries was at a much greater level and there were new entrants to the market too, which could only equate to a worldwide surplus within the legitimate markets. Potentially, producers had two options: either to scale down their production, which would affect profits or to divert their surplus into the illicit markets. It is highly probable that the second option was the more appealing one. The literature supports this as Bruun et al. (1975) argue that pharmaceutical manufacturers were knowingly involved with the development of illicit markets:

“In the 1920s drug trafficking was a business which was mostly carried out by supposedly law-abiding European pharmaceutical firms.”

(p.223)

Furthermore, evidence from this study indicates that cocaine, which entered Britain in the immediate post war period, was arriving from European countries. For example, there was a Dutch national arrested in London during 1920 and 4 Italians arrested in Cardiff and London during 1922. In addition, the nations noted were those that current research associates strongly with drug trafficking activity. For example, Davies et al. (2009) cites Holland as the second most important entry point in Europe for cocaine and a study found that a group of Italians dealt heroin within one established market operating in London (Edmunds et al. 1996).

Identified, too, were Russian and German traffickers. The latter might feature because of the nation's large pharmaceutical industry or an alternative explanation might relate to a theory put forward by McSweeney et al. (2008). This suggests that trafficking activity tends to emerge in locations that are experiencing economic or

political instability. Both Germany and Russia were in that situation in the early 1920s as Russia had experienced revolution and Germany had lost the First World War.

This theory might also explain earlier drug dealing activity. Chapter 5 indicated that Kimful, a drug dealer operating in London, had moved to the capital from Paris during 1914. Chapter 8 discussed reasons for his relocation to London. One suggested Kimful perceived London as a new emerging market, able to offer him greater financial rewards. Kohn (2001) highlights how the nightclub scene in London first emerged in 1911 so there is the possibility cocaine started to come into vogue in London during 1911-12. This would coincide with the reported new trend for cocaine in Paris (*The Times*, 1912 p.3b, 1913f p.7d, and 1913a p.6b). Articles highlighted that there were many wealthy British individuals travelling between London and Paris who could easily have assisted with the transmission and growth of new drug-taking practices at this time. For example, Trevanion had stayed in Paris during 1911 for several months and engaged in heavy drug-taking. Davenport-Hines (2002) further supports the notion that cocaine was a drug on the ascent in London in the pre-war period by citing the claim made by Edgar Wallace, a writer, that he first saw cocaine in London during 1911. Therefore, as previously argued, Kimful's relocation to London might reflect his identification of a new market where penalties for dealers were less harsh.

However, as he did not move until 1914 it is perhaps feasible that his move might relate to the theory that economic and political instability can shape drug activity. The First World War would generate within Europe, and specifically France, uncertainty. Furthermore, at the outbreak of war the degree of disruption was unknown and it was thought that Paris would be occupied (Marr 2009). Therefore, it is plausible due to it being an island nation and at less risk from occupation, that Britain became a temporary base for established European dealers such as Kimful.

Kohn (2001) who has researched Kimful, further established that following Carleton's death in 1918 he left London and re-located again, this time to West Africa. Here, allegedly he became the inspiration for the character of 'Rick' in *Casablanca*. However, Kimful's choice of West Africa at this time again seems to indicate that possibly his decision-making related to drug-markets. West Africa could be a key location for the onward movement of drugs to Europe from places such as South America and, notably, given the evidence from this research, opium from Trinidad; a source that Chinese nationals had identified in 1919. It is also of interest that modern research in recent years identified West Africa as a staging point (McSweeney et al. 2008). Davies et al. (2009) described West Africa as a "consolidation point and centre for logistics, command and control" (p.170). Modern literature may suggest it is a newly identified location for activity, but collated evidence from this study suggests that Africa had a long-standing association with the drugs trade. Chapter 6 linked regular drug-takers to a period of residence in South Africa. Furthermore, articles related to the smuggling of drugs into Britain identified German East Africa as a source of cocaine. The emergence of Africa at this time could support the earlier theory that the First World War displaced established trafficking networks within Europe. Perhaps this displacement was to areas able to support drug activity but also close to locations that were familiar to smugglers, thus allowing them to sustain their 'businesses'. Chapter 9 speculated whether the Waterloo cluster emerged due to displacement activity but the principle and rationale for only slight movement to protect a market from complete disruption could equally apply to trafficking routes.

The movement of Kimful to West Africa also suggests that his involvement in drug dealing was altering. It is possible that Kimful was moving up the supply chain from local dealer to 'wholesale' supplier. His decision following Carleton's death to leave Britain quickly would also seem to indicate an individual who was not a small-scale casual dealer like Belcher but rather someone who had

larger commercial interests to protect. An article published in *The Times* during 1922 demonstrated that the profit from drug dealing during the early 1920s was no less impressive than present-day remuneration from the trade. The article described the arrest of two Hindus in Northern India. Six years before they had been penniless but had become involved in cocaine smuggling and became so wealthy they had a palace fortress “luxuriously furnished and fitted with steel gates” (*The Times* 1922e, p.7a). The two men employed a number of bodyguards to protect them and their property. When police raided the property, it took thirty police officers over an hour to gain entry (*The Times* 1922e, p.7a).

Chapter 9 highlighted the deportation of Zenovia and her decision to settle in Paris, which both the literature and collated evidence from this study indicates was a centre of European drug activity within this period. The good connections to London via the boat train to Victoria station could mean she also moved up the supply chain, sourcing drugs to distribute within London. Chapter 6 discussed the social position of females and the male-dominated society of the period, which only associated females with roles linked to the domestic environment. Thus, Zenovia would be a less obvious, or an ‘invisible’ drug-dealer, purely because as a female she would not be considered capable of the role. Potentially, this could make her a very successful dealer or distributor.

### **Domestic distribution of drugs**

There was a slight indication of how drugs might have moved around Britain from their point of entry. The longest, regular distance identified was Liverpool to London using a female courier. The pattern of domestic movement and the use of a female courier are both features of modern drug trafficking. For example, in terms of movement Pearson and Hobbs (2001) who researched drug distribution networks, found a London family who supplied a drug market operating in North Yorkshire. In addition, research has highlighted that women “play a prominent role in drug-trafficking”

(McSweeney et al. 2008 p.8) and a common role is a courier. However, the female courier identified from the published articles exhibits another feature of interest, as she was the partner of a Chinese national. Modern research indicates that many distribution networks operate on kinship bonds (Pearson and Hobbs 2001 and Denton and O'Malley 1999). There are a number of examples identified by this research of kinship fostering dealing units. For example a couple arrested in Putney in 1921, as well as more prominent individuals such as Ada Lo Ping You or Zenovia who allegedly were involved in dealing with their husbands. In the case of Zenovia a nephew was also engaged in the family 'business'.

Chapter 9, which considered London supply networks, discussed transportation and, in particular, the tube network. The geographical analysis presented within this chapter demonstrates links to the rail network. For example, use was made of the Dover to London route on at least one occasion and the Winchester to Waterloo line. Given the evidence of drug activity in Southampton, it is likely, too, that use of the Waterloo line went beyond Winchester giving London a connection to an entry point for drugs on the south coast. Research findings indicate that hubs for drug dealing activity can occur at unlikely locations and their emergence is likely to stem from their proximity to good transport connections both horizontally and vertically (Pearson and Hobbs 2001). Possibly, at the time Winchester may have been a location that would fit this hub profile.

By drawing together the evidence from London and other parts of the country, it seems to point towards particular stations, either railway or tube, as having a key role in the storage and distribution of drugs. For example, a male who lived on Euston Square met the female drug courier who travelled between Liverpool and London. This male stored cocaine in the left luggage office at London Bridge Station too. This method of drug storage placed the drugs out of the physical possession of a dealer and reduced their risk of detection. An article in *The Times* first reported this method of concealment during 1920 in connection with a European trafficking operation

detected in Hamburg. Therefore, the similar reported use at a London station, during 1922, suggests that traffickers were learning from each other either by word of mouth, or indirectly through press reporting.

Analysis of London incidents highlighted that there were several examples of postal drug distribution and again, reported activity from outside London highlights the same method. Furthermore, the evidence gathered for this study suggests that this method of distribution pre-dates the introduction of criminal penalties for the possession of drugs. Therefore, possibly the method might have been devised by less scrupulous chemists to supply regular drug-takers because, as Chapter 5 highlighted, it allowed chemists not to record the transaction. Drug dealers may then have adopted this method of distribution later. A particular benefit of this method to distributors is that when their 'stock' is in the post it is no longer in their physical possession thus reducing their risk of detection or conviction.

Alternatively, drug-takers may have developed the method to become less visible or to maximise the amount of drugs they could obtain. By using postal delivery, drug-takers could feasibly submit any number of prescriptions to a chemist using different names and gain a large amount of drugs without the chemist becoming aware. The use of a post office box, too, as the delivery address provides further anonymity. Whatever the origins of this distribution method, it is still one that is in use. Recent drug seizure information indicates a small proportion of cases involved the postal distribution of drugs within Britain (Davies et al., 2009). This suggests either it is a little used method or a highly effective method to avoid detection. The method presents difficulties for law enforcement, too, as any recipient named on the outside could deny any knowledge or ownership of a parcel sent anonymously through the post.

### **Involvement of military personnel with drug trafficking**

The evidence considered within other chapters showed a strong



association between drugs and service personnel, particularly the army. The reported evidence considered within this chapter makes this connection again but it also suggests that it was not only British military personnel but also those from the Empire nations and Europe. In addition, reports indicate both serving and retired personnel were involved. The lack of employment opportunities in the immediate post-war period could be one reason. Alternatively, trafficking may have been particularly suited to the skills of ex-service men. For example, transferable skills might include firearms and surveillance experience as well as the ability to undertake covert activity. However, another reason for military involvement could have been their access to drugs. Chapter 8 discussed an army hospital dispenser who stole cocaine to supply an officer during 1919.

Other post-war reports of trafficking in Europe indicated some of the drugs diverted into the illicit market came from army supplies. For example, during 1920 in Hamburg 1,590 bottles of cocaine which were labelled 'Army Stores' were seized by the police (*The Times* 1920a, p.13d). In the same year, there was the theft of morphine and cocaine from the British Army Medical store in Calais (*The Times* 1920b, p.9c). This trend continued into the 1920s as a third reported incident occurred during 1922 in Eastern France. The drugs seized on this occasion bore the label 'Pharmacie Central de Armee' (*The Times* 1922f, p.10b).

Previous chapters referred to drug-taking veterans whom the press presented as isolated cases arising from poor therapeutic use of a drug. However, Chapter 7 drew together evidence that suggested that self-regulated use of cocaine and morphine by military personnel might have been a common practice in some areas of military service during the First World War. The question this raises is to what degree did the military endorse the use of drugs by their personnel? Furthermore, did the military actually routinely supply drugs to sustain personnel in stressful situations as suggested by the evidence

heard at the Boshell inquest held during 1918<sup>1</sup>? These questions are difficult to address but it would seem likely that some form of drug-taking culture established itself within the military during the war and this could well have become normalised by those involved (Parker et al. 2002). It is likely following demobilisation that these individuals may have found it difficult to obtain a supply as a civilian. However, knowledge of the army supply possibly meant they were able to access these supplies through old associates who remained in the army.

Alternatively, the army, due to the war, had amassed a large stockpile and at the end of the conflict covertly diverted its surplus supplies into the illicit market, following the lead, allegedly, of many of the biggest pharmaceutical manufacturers in Britain and Europe. However it occurred, there is good evidence of army medical supplies circulating within illicit markets.

## **Chapter conclusion**

The expectation was that the drug-related incidents outside London would not provide such a rich overview of drug activity as the capital. However, the geographical analysis of Britain in fact illuminated very effectively the drug activity outside London and especially the supply network that existed both within Britain and abroad. Again, the absence of evidence helped develop thinking about drug activity at this time. Specifically, the lack of detected morphine trafficking compared to the known demand for the drug among regular drug-takers discussed previously.

The evidence suggested that drug-taking might have been more visible in particular locations at certain times. Chapter 6 and 7 speculated about a link between the concentration of activity and the movement of people. There was insufficient evidence to assess whether three areas of concentrated activity identified within Britain

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<sup>1</sup> Mary Boshell was the daughter of a Columbian merchant who enlisted to work as a VAD nurse after the death of her fiancé. At the inquest, a witness reported how Boshell had stated doctors gave her and other nurses drugs to ensure they could cope with both the nature of the nursing and the long shifts that were required.

related to the movement of people.

The evidence from around Britain as well as London suggested that around 1919 drug behaviour altered. Firstly, the number of reported incidents increased. Secondly, cocaine incidents became more common during 1920. Chapter 9 speculated that these features reflected open market activity. Thus, this study tells the ‘story’ of this aspect of drug activity and reveals much less about the closed market experience, in which morphine circulated, the preferred drug of many regular drug-takers.

The reported evidence provided a wealth of detail concerning supply networks, and furthermore profiled those who were involved. Here, again, the year 1919 features as it was around then that a distinct change occurred in the supply network. It appears that possibly from 1919 drug smuggling evolved into a more organised operation. Furthermore, it is possible to detect the emergence of an integrated worldwide market. It is possible to trace the response to shortages in one area by either transference to another drug or the use of alternative sourcing such as during 1919 when Chinese seamen obtained opium in Trinidad.

The evidence suggests the First World War influenced and arguably accelerated the development of the illicit drug trade. Wartime conditions appear to have created a false market for pharmaceutical companies because trading was limited to allied countries. This meant individual countries had to be more self-sufficient in producing the drugs they required for their domestic and military needs. As a result, in the post-war period, there was potential for a mismatch between production and peace-time retail demand. Furthermore, a market in one country could not adjust by selling their surplus in another country because that nation’s own industry had already satisfied domestic demand. As the illicit trade in drugs was likely to generate more revenue the option to divert part of their surplus into this market where consumer demand existed, was one solution.

Furthermore, there is good evidence of a clear structure to the

supply network. Concentrated activity at particular ports probably selected for specific reasons reflects this point. For example, Hamburg was a free port, and Cardiff had a range of commercial activity that offered traffickers an efficient distribution hub from which drugs could be speedily moved in, out and onward from to a range of other locations in both Europe and America as well as within Britain.

Other chapters highlighted the importance of geographical features that seemed to facilitate the supply networks, such as transportation links. The evidence indicated that long distance movement of drugs occurred and the most likely mode of transport was the railway. However, plotting locations illustrated it was specific points on the existing transportation network that were important.

The ports or stations that featured within Britain appeared to have certain traits such as multiple options for onward movement, storage facilities and possibly were the less obvious locations to be associated with the trafficked drug type. For example, a natural assumption about Cardiff due to its Chinese community would be the movement of opium through the port. However, the drug arriving at the port was cocaine. Chapter 8 speculated about the public perception of a drug-taker and how it might mean female association with drug activity was less common. In a similar way, maybe the public perception of an area might facilitate less expectation of drug activity occurring there. For example, Winchester is a location that reoccurs. However, the location is not one that would be automatically considered as a place where drugs might be traded, being inland and not particularly close to London. Despite this, evidence from this study suggests Winchester, like Cardiff, could have been a key distribution or storage hub during the era.

Furthermore, the geographical analysis generates ideas about how activity seen in London might have links with smuggling activity at ports. For example, a possible explanation for the westward drift of drug-takers and drug dealers within London could relate to Cardiff

being a coastal entry point for cocaine that came by rail to the capital entering London at Paddington station.

In addition, all the evidence points to Cardiff probably not being the final destination for the cocaine arriving there and from the reported incidents of consumption for that period it is most likely that the intended market was London or the area of southern England directly below London. The absence of cocaine incidents at southern ports, such as Southampton but at some locations immediately south of the capital, suggests that cocaine consumption occurred more in London and along a 'cocaine corridor' directly below London that extended maybe as far as Winchester. This pattern of consumption might reflect consumer movement between the capital and their place of main residence. It might even illustrate a supply route to which consumers were drawn. The idea of a 'cocaine corridor' would fit with a supply chain that began in south Wales and travelled across the country by rail.

Overall, considering the pattern of identified ports and other transport links, the evidence points to the supply networks being well organised and routes being strategically planned. It is likely that networks operated within an agreed remit too. Map 2 appears to identify two sea routes into Britain for cocaine. One was on the north-east coast and the other in south Wales. Likewise, opium seemed more associated with the port of Liverpool.

Specific countries appear to be involved in the trafficking activity, many of which were European, much like in the present day. In addition, the evidence shows the presence of Japanese smugglers and links to East Africa, an area allegedly associated with Kimful too. Alongside this activity, there is also the evidence of traffickers being either serving or demobilised military personnel from both Britain and other nations. The transferable skills of military personnel and their poor employment opportunities in the immediate post-war era may have led some into this highly profitable trade. It was possibly that the integration of these skilled individuals into the trade developed the strategic planning and organisation, which is more

evident in the reports related to supply activity after 1919.

Of interest, too, is the circulation in the illicit market of cocaine from army medical supplies. Not only does the military appear linked to drug-taking but also it would seem that in this era a specific link existed between military personnel and cocaine. Chapter 7 linked the use of cocaine with particular operational duties during the war. This could account for the pattern of consumption noted in the Pars records, which saw a marked increase in male consumption post-1920 when veterans would be re-entering civilian life.

In summation, the geographical analysis of Britain could only provide a limited overview of the activity of drug-takers but vividly illuminated how supply networks could have operated within Britain and their connections to those in other countries. The evidence indicated, too, how there appeared to be interdependency between the legal and illicit markets. This suggested their interaction influenced patterns of consumption within the illicit market that was sensitive to price, purity and availability.

## **Chapter 11. Conclusion**

### **Introduction**

This thesis explored drug-related activity during the early twentieth century. This was a particularly interesting period as, during 1916, DORA Regulation 40b made it an offence to have possession of or to supply certain drugs; representing a fundamental change in Government thinking. Periodically, there is still debate over the legal status of drugs and within these discussions some direct comparisons with drug-taking behaviour prior to legal controls occurring.

A literature search indicated that, in comparison to other periods, there is relatively little research into early twentieth century drug-taking. Mostly, research analyses Government decision-making processes from the turn of the century until the publication of the Rolleston Report during 1926. Furthermore, little research into drug-taking during this period has occurred since the mid-1980s.

Influenced by an historical approach known as ‘history from below’ this study sought to address the gap in current knowledge by researching the era from the perspective of the drug-taker. Practitioners of ‘history from below’ emphasise the great challenges of the approach and that much speculative work is required before the evidence is ‘unlocked’ (Hobsbawm 2005). Usually, it is necessary to find sources that have accidentally captured the research subject. Hence, an innovative approach to both the sources and the process of analysing them is essential. The research journey that led to this thesis bears testimony to this point. At times, sources were analysed but their full relevance was not apparent until a later stage and sometimes only after the analysis of other sources. Therefore, constant reflection and comparison of not only what was present but also ‘missing’ from the assembled evidence was fundamental to developing this thesis.

The topic presented specific difficulties too. Those engaged in drug-taking, then as now, wished to conceal their involvement and the limited sources made it necessary to concede that for this era it

was not possible to develop a pure ‘history from below’ of drug-taking.

Consideration of *The Times* as a source arose from the ideas of the Annalists. They argued that the point of intersection between the public and private sphere offered an opportunity to explore the past. Because reporters from *The Times* brought to public attention private events, this source could potentially capture a range of drug-takers but press interests could mediate these accounts. However, Jordanova (2000, p.185) stresses how “No sources are transparent records of a past situation” and therefore it is necessary “to be able to imagine the kinds of mediations at work in any given artefact”. Considering this the study used the content of *The Times* to explore aspects of drug-taking behaviour that otherwise would not have been illuminated.

Although articles from *The Times* formed the principal source of evidence, other sources also contributed. The records from Pars and Co. Ltd., Bournemouth were an invaluable source as were the published oral testimonies of people who lived through the era gathered by other researchers. During the research, the significant growth in online archives was highly beneficial. For example, the online archive that provides access to Booth’s Poverty map of London and associated field notes. There is further discussion of sources later.

How much detail *The Times* articles could offer was initially unknown. However, this research demonstrated that a large number of articles, many quite brief, if considered collectively could illuminate a common activity. The key to the process was systematically devising a list of search statements that reflected all appropriate drug-related words or phrases in common usage during the era.

Organising the overwhelming number of articles and their diverse content was both a challenging and time-consuming research phase as well as occasionally frustrating. However, repeated reading of the articles enabled constant comparison between them. Reflecting back,



it is difficult to envisage an alternative approach to assembling the evidence from *The Times*. Re-reading articles was necessary to become familiar with the subtle content of some. For example, some stated a person had recently changed in character or appearance, had started carrying a drug, or now visited the pharmacist more without specific medical need. Collectively, the evidence points to self-regulated drug activity but the term ‘drug-taker’ did not appear within the article. Thus, searching for this term would not have identified the article. Hence, a broad range of terms were needed.

Collating the personal details was another time consuming research process, and inconsistent reporting particularly in relation to age did slightly undermine the value of the process. However, tabulating the information highlighted a wealth of geographical information and this unexpected discovery had great research value.

Overall, I would make little alteration to the research process. While some parts were not as effective as hoped their completion brought unforeseen aspects to the fore. The finished research does not completely achieve what I set out to do. The greater press coverage that produced the seven individual accounts of drug-taking provided a fuller picture of the lives of these drug-takers. These were more like the ‘stories’ of drug-takers I set out to find and to bring together to ‘speak’ about the drug-takers from the era. However, instead the completed research illustrated quite powerfully that a collection of articles concerning unrelated incidents can offer albeit a less personal but nevertheless significant insight to the lifestyle and activities of individuals who shared a common interest in drugs. The shift from personal to collective experience also indicates movement towards a type of cultural history that can also encompass the ‘below’ perspective by capturing:

“lowly individuals whose brushes with authority are recorded in documents which suddenly throw a shaft of brilliant light over what normally lies in historical darkness”

(Black and MacRaild 2000 p.117)

I believe the completed research does ‘throw a shaft of brilliant light’ upon particular aspects of drug-taking not previously considered and thus makes an important contribution by beginning new narratives about drug-taking within the era. For example, did wartime drugs legislation offer an economic opportunity that led females to shape the early supply networks? The next section considers in more detail the research findings.

## **Research findings**

### **Female participation in drug taking**

Females were very cautious consumers and their consumption behaviour differed from males. They preferred to take drugs alone, usually within their own home and diverted drugs from a legal source where possible. To retain anonymity they preferred to make transactions at a distance, making typical procurement behaviour a postal supply. Thus, they both concealed their identity and eliminated the risk of arrest for possession that transacting in a public place might lead to. These female traits could be instinctive behaviour or deliberate actions. Likewise, they could arise from necessity given how social constraints during the era limited female activity outside the domestic environment.

Low representation within the criminal justice sector possibly indicates that the traits of female drug-takers made them difficult to detect. There are signs, too, that society struggled both to comprehend females could be willing consumers and how to respond to detected females, undeniably involved in drug-taking.

Press reporting seemed to contribute to society’s dilemma as coverage down-played or did not consider that females might choose to participate in drug activity. The press emphasis on male participants helped construct a public perception of ‘drug-taking’ based upon male behaviour. Thus, the quite different female traits meant the public found it difficult to associate females with drug-taking.

Furthermore, the research identified female drug-takers who received more lenient treatment from the criminal justice system than males committing similar offences. Possibly the courts viewed females as less responsible. Social structures meant females remained largely within the domestic environment under male 'protection'. Because females largely consumed drugs at home, possibly the courts saw female drug-taking as a domestic incident that fell under the jurisdiction of the male head of the household. In support of this view, the research indicates that between 1916 and 1918 when male 'protectors' were absent the number of females being dealt with by the criminal justice system grew.

The research, too, found a wartime rise in female participation. However, it is unlikely this was an actual rise particularly as the absence of male drug-takers immediately increased the likelihood of a detected drug-taker being female. Possibly, the rise indicates that female strategies to avoid detection probably were not as effective during wartime or maybe females took greater risks to obtain drugs. Potentially, wartime provides a better profile of female involvement with drugs particularly as it becomes possible to identify female drug dealers. This finding supports an argument made by Burke (2004) that 'bounded female cultures' are more distinct 'whenever women are more sharply segregated from men' (p.27). In terms of drug activity, this research indicates segregation from young males may highlight female activity better.

When the nation was not at war, it seems that a combination of female consumer traits and the social structures of the era led to only limited capture of female drug-takers within public records. Predominantly female capture occurred when it was unavoidable such as at inquest hearings. Therefore, in the case of female drug-takers from this era, the point of intersection between the public and the private sphere has limited value. This was due largely to society confining female activity to the private domestic environment.

## Supply networks

This research makes a significant contribution to knowledge relating to the supply 'story'. This had three periods: pre-war, wartime and post-war and illuminated the changing world of the consumer. The first period was characterised by co-operation and cohesion but the other two illustrated how the integration of two very different illicit markets significantly altered the domestic supply structure of the early 1920's.

The literature relating to the pre-war period argues against drug-takers having any sense of a collective identity or the existence of a subculture during the early twentieth century. Previous research based upon official documents rather than drug-takers possibly contributed to this viewpoint. If so, this thesis illustrates the value of exploring alternative sources that offer new insight. Hobsbawm (2009) argued that the thirty to forty years prior to the First World War saw the invention of traditions that created many new identities, suggesting that:

“social groups, environments and social contexts all called for new devices to ensure or express social cohesion and identity and to structure social relations”

(p.263)

In the context of this study, this theory appears to have resonance. Mapping the locations of drug-related incidents indicated clusters of activity. Further analysis found some commonality between the incidents, such as the drug type. This suggests a local source for that specific drug and by implication knowledge transfer among drug-takers for them to cluster there. If they shared knowledge of where to access drugs, it follows, too, that they probably shared other drug-related knowledge. The lifestyle accounts of DeVeulle and Belcher highlighted this point. Furthermore, around this time the behaviour of groups were of specific interest and led to theorizing about how groups of individuals functioned. This growing body of work might

have influenced the more educated drug-takers. For example, Gustave Le Bon, (Le Bon 2011) suggested that groups provided anonymity, a feature, particularly attractive to drug-takers.

Potentially, the clusters represented groups of drug-takers with a relationship based upon knowledge exchange and mutual support. These are the important elements of a drug subculture as described by Young (1971) and the value of such a group to its members is risk minimisation. For example, experienced consumers can make the inexperienced aware of overdose risks. Another benefit of a shared identity is the feeling of belonging which is particularly important if there is a heightened chance of the individual feeling outcast or stigmatised. By 1898, the United States was beginning to lobby other powerful nations to introduce drug controls and although Britain was initially reluctant (Berridge 1999) drug-takers probably sensed future personal difficulties. This might explain their need for mutual support gained through membership of a like-minded community. This suggests Hobsbawm's theory of new collective identities forming to 'express social cohesion' in a changing world would appear to extend to drug-takers.

During the pre-war period, drug-related incidents occurred in private homes, hotel rooms or occasionally members clubs indicating the supply network functioned as a series of closed markets. The locations, too, highlight the social restrictions upon females as their drug activity occurred within the home and their access to drugs was sometimes through domestic staff. Such an arrangement could infer exploitation of the employee. However, the employer was vulnerable, too, given the potential risk of public exposure as a drug-taker. These considerations place the trading arrangement within a different perspective. It suggests that female employees had knowledge of how to link into a drugs supply and, if needed, be able to determine their quality. Furthermore, the employer had confidence in the employee to both supply the drug and protect their anonymity. Hence, this dealing arrangement constructed around mutual trust shows similarities with findings from recent research into female

dealing activity by Denton and O'Malley (1999). Potentially, closed markets dominated by females would be highly resilient to detection.

Reflecting their greater freedom of movement, male drug-taking during the pre-war period occurred in hotel rooms, members clubs and offices as well as at home. Greater mobility makes it more difficult to identify supply sources. However, two clusters suggested social contacts were important. In one cluster, the males are all of similar age, had employment in either shipping or engineering and due to their occupation often travelled abroad. The other cluster features serving or retired military personnel and all the incidents clustered around an area where there were officers' clubs. Thus, during the pre-war era, males probably dealt within semi-closed markets, where the seller did not personally know the purchaser but their social/occupational connection was sufficient to facilitate the transaction. Later in the post-war period, a few articles described military personnel buying and selling drugs when they met at a club. This supports the view that common social or occupational links facilitated male supply networks and their operation depended upon the expectation that others in the network respected the group's shared values. However, the risk of detection increased when sellers and buyers do not have a direct personal relationship.

By plotting incidents of veronal consumption, this research identified for the first time a significant feature of pre-war drug-taking. This was the impact of drug-takers collectively moving to another area. The geographical analysis suggested that the movement of drug-takers from two of the London clusters to the south coast of England between 1910 and 1913 probably generated a hot-spot of veronal consumption.

#### *Wartime period*

The introduction of legislation to control drug consumption occurred in the middle of the wartime period. Consumer demand then was for a range of drugs including morphine, veronal, opium as well as cocaine. However, wartime consumption by known civilian drug-

takers indicates that cocaine was either a substitute for another drug or taken along with morphine. This usage pattern suggests cocaine was a cheaper drug and possibly more readily available, but not preferred by regular civilian consumers.

During the war, military personnel were associated increasingly with cocaine. Furthermore, after the war the military link to cocaine continued through the activity of war veterans. Thus, it seems likely that there were two supply networks during the war. One that served military personnel based upon cocaine and another that served civilian drug-takers and offered a range of drugs. In the post-war period, it is possible to trace open market activity within the significantly altered Russell Square cluster and the new Waterloo cluster. The cause appeared to be returning war veterans. Therefore, the civilian supply network, captured during the war years is of interest because this structure was the illicit domestic supply network that emerged in response to DORA regulation 40b.

Making unauthorised possession or supply of certain drugs illegal created an economic opportunity. The absence, due to the war, of young males, commonly associated with criminal activity, meant there was more scope for others to deal drugs. During the war, there were severe food shortages because the conflict curtailed foreign shipping arriving in Britain but it also diminished the opportunities to smuggle drugs into the country. This suggests the early illicit market depended upon diverting drugs legally manufactured in Britain; a procurement method more associated with females.

Traditionally, too, through their domestic caring role females were associated with knowledge about drugs and were the principal link between home and the pharmacist. Indeed, the Pars records show that females were the most likely purchasers of drugs from the shop. Therefore, females potentially had both a good knowledge of those chemists that might illicitly supply drugs and how to prepare them for sale. Thus, drug dealing was potentially a very suitable enterprise for a female to enter easily. Ada Lo Ping You is a good example of a female dealer who showed adaptation to consumer demand.

Furthermore, the war effort encouraged females into new employment sectors and the economic hardship arising from the war that faced many female-led households, made drug dealing with its high financial returns an attractive option to some women. The identification, during wartime, of a number of female dealers suggests females may have shaped the early supply network. At the very least, they were a more common feature of drug markets than previously considered.

#### *Post-war period*

Supply networks, particularly those in London experienced major changes as two different illicit markets, the civilian and the military, tried to integrate. The two markets had developed through different experiences. The civilian market had a diverse mix of older male and female traders used to domestic law enforcement activity. The military market had young male traders who shared a common identity and self-regulated their members' behaviour through military procedures. The location of members clubs associated with the military was probably a feature that drew many drug-taking veterans into the Russell Square cluster. However, the concentration of demand within one area attracted those with a suitable drug supply into the area. This period of high demand for cocaine coincided with two other significant factors. Firstly, the resumption of foreign ships entering British ports. Secondly, the likelihood of surplus stocks due to a wartime expansion in global production. Potentially, any surplus could enter the illicit supply network.

The literature outlines some supply-side changes, but until now, no consideration of the implications they had for supply networks across London has occurred. Through the articles, it is possible to trace outward movement of civilian dealing operations from the Russell Square cluster into other clusters and these mainly featured female dealers who preferred to trade within closed markets. Therefore, the post-war supply 'story' concerns the creation within the civilian environment of a large open market structured around the



wartime military market model. Furthermore, the sudden and rapid growth of an open market for cocaine populated by young males both focused attention on one area, and helped to detract attention from the activity of established civilian dealers. With the attention of the police focused elsewhere established dealers were able to discreetly relocate to the suburbs and reconfigure their operations. For example, the introduction of private properties at which drug-takers could both buy and consume.

Collectively the articles from *The Times* help to outline a 'story' of supply networks within London. It suggests how networks of drug-takers first emerged in response to changing perceptions of drug-taking. The introduction of legislation to control consumption while drug-takers were separated into two groups: military and civilian, offered the opportunity to view how markets led by females and older males varied to those led by younger males. The integration of the two different illicit markets following the war demonstrates the impact of supply displacement and subsequent transformation of dealing operations in other parts of the capital.

### **Drug-taking by military personnel during periods of conflict**

Potentially, drug-taking war veterans were of great significance to the post-war supply 'story'. However, this group has received little research attention (Kohn 2001) until now. The behaviour of drug-taking Boer War veterans developed thinking concerning military personnel, conflict and drug-taking. The resettlement pattern of drug-taking Boer War veterans first indicated particular areas of London were important. Replication of this settlement pattern by First World War veterans but on a larger scale suggested drug-taking military personnel could have domestic consequences when conflict ceased.

An association between wartime consumption and a positive outcome for the drug-taker such as the successful completion of military duties or the possibility of military honours could alter attitudes towards drug-taking (Parker et al. 1998). In addition, this could trigger the formation of an open market, like that seen after the

First World War because traders in the market do not perceive their behaviour as inappropriate. The resettlement of drug-takers who have 'normalised' their drug-taking activity into a new environment could lead to rapid growth in participation thus affecting overall domestic prevalence. This research found drug-taking veterans were visible within the population for some time after the cessation of conflict indicating an influence upon national prevalence of up to ten years. Furthermore, the scale of the conflict and the growth in prevalence were directly associated. In addition, drug-taking among military personnel was more likely in new or evolving areas of combat. For example, First World War aircrews were associated with cocaine as it enabled them to complete bombing raids. This type of warfare, only introduced in 1911, involved flights of long duration in aircraft that were of very basic design.

### **Drug-taking and foreign nationals**

Arguably, targeted police activity within the Chinese community was a vehicle to forcibly repatriate members of that community. The intension was to placate the public, and in particular, trade unions concerned about employment opportunities for British seamen. Provision within the Aliens Act 1905 allowed repeat offenders to be deported making targeted police raids important.

The articles showed, too, higher representation of other nationalities than might be expected from census records. Possibly, press coverage aimed to reflect the national mood of distrust and suspicion towards foreign nationals. Alternatively, a good domestic supply attracted morphine-takers from other nations to Britain.

Furthermore, European nationals were more likely to have employment within the service industry and thus, be found in restaurants and bars where drugs might circulate and police focused their law enforcement activity. The use of domestic staff to procure drugs could be a further indication that members of the service industry brokered drug transactions.

### **Patterns of consumption**

Comparing the consumption profiles of either drug-takers of unknown frequency or regular consumers with the Pars records, indicated that male consumption possibly tracked female consumption. However, due to the pattern of wartime dispensing at Pars, females and older males might have had similar consumption patterns. A gender divergence in drug preferences within Pars records after 1920 when war veterans re-entered civilian life further supports the idea. Collectively, the evidence suggests the consumption peak in cocaine during the 1920s was associated with males. Furthermore, a female consumption peak between 1908 and 1913 suggests that cycles in drug consumption could be gender specific. Therefore, it is probably more helpful to consider consumption trends in terms of gender.

Modern research found higher female use of tranquillizers and sedatives (EMCDDA 2009) and the preference among young females for veronal that this study found mirrors this modern trend. Drug preferences by this group might demonstrate a desire to deflect attention from their drug consumption as their chosen drug type does not fit the contemporary social definition of drug-taking that is based on male consumption behaviour. In addition, historically females were associated with hysteria or nervous conditions. Therefore, female consumption of drugs that have a calming affect, place female consumption into a positive social consumption framework masking the extent of regular female drug-taking.

Furthermore, the study found the press created misconceptions about drug consumers. Tabulated information from *The Times* suggested heroin was a drug associated with males. However, the Pars records indicated more female consumers. Further research into heroin production within the period found that during years of low production and higher price more incidents involved a female. This suggests in times of shortage, females become more detectable possibly by taking greater risks to procure heroin. Therefore, the Pars records that identified females as the more common consumers

of heroin particularly in the early 1920s probably provide the more accurate picture. This illustrates, too, the importance of considering consumption trends by gender, as the 1920's are associated with a peak in cocaine consumption.

### **Working with the sources**

Many of the sources used during this study were electronic archives. The recent rapid growth in such sources makes it particularly important to appreciate their capabilities. This section reflects first upon the strengths and limitations of *The Times* Digital Archive.

#### ***The Times* Digital Archive**

Previous research compared the effectiveness of searching the paper indexes of *The Times* to an earlier electronic search engine. This study developed this knowledge by assessing the research value of a more recent on-line version.

Overall, *The Times* Digital Archive provided a wealth of information, far surpassing early expectations. Being able to electronically text search every published article makes the archive of great value when seeking the personal experiences of people long forgotten. Indeed, some retrieved articles were able to provide more than a snapshot in time as their content identified individuals at several points in time or exposed links between individuals or locations that enabled a richer profile of drug-takers to emerge. Given the high number of brief articles identified, it seems likely that the search engine of the online archive is more effective than hand searching. However, the pilot work and subsequent full searches of the archive highlighted important operational issues that future researchers should consider before using the archive.

Use of the archive demonstrated that despite a good knowledge of the technology and a systematically constructed search strategy the yields showed some anomalies. For example, it was unclear why a reduction in false negatives occurred when combined searches for drug types included the term 'veronal'. However, possibly, given the

issues related to the term heroin, highlighted within Appendix E it could be that 'veronal' has a more distinctive letter structure than other terms thus, the search engine could more easily detect it. The presentation of the text within the original paper, such as smudged ink or poor type setting could reduce legibility too. Equally, the scanning process does undermine searches. For example, when a group of short articles form one search unit the rate of false positives is much greater. This occurs because the search engine does not distinguish between the different articles. Thus, if one term from a search statement appears in any of the articles, all of them become part of the yield.

A further operational issue is the splitting of articles between different pages, as it is not always possible to trace electronically the other part. Thus, by being incomplete the evidence is devalued.

The rapid growth in electronic archives since the start of this study suggests researchers undertaking similar work should ensure they regularly explore what is emerging and appraise the capabilities of new and evolving electronic sources. Otherwise, it is possible to overlook a valuable source. This is particularly important in relation to historical research from 'below' as many of the emerging electronic archives are highly applicable to this area of research. However, many of the archives focus upon similar periods, nominally the nineteenth century, and periods, such as the early twentieth century, do not feature or receive only partial coverage. Potentially, this could affect the type of research undertaken in the future and possibly lead to the neglect of some eras.

The development of online archives has the potential to alter substantially the practice of historical research by providing greater access to evidence and opening up new research opportunities. Previously, historical research had practical limitations such as the need to travel to specific archives, or access restrictions, such as opening times or limited space in viewing rooms. However, the electronic developments, too, need careful practical consideration. Electronic evidence still requires long periods of viewing suggesting

that researchers need to be mindful of guidance on the use of I.T. equipment.

### **The Pars collection**

The Pars collection, not previously accessed for research, had great relevance to this study. Originally, it was envisaged that the records might identify regular recipients of particular drugs and that their details would enable the development of a profile of regular consumers. However, despite the outstanding quality of the record-keeping, analysis of the records found insufficient detail about customers to link them to other sources.

However, later the records had great value as a contemporary comparison when analysing the consumption profile of drug-takers developed from *The Times* articles. The customer profile of Pars and the south coast location increased the value of the records to this research given the drug activity on the south coast between 1908 and 1913.

Similarities between the content of *The Times* and the Pars records were an unexpected and remarkable discovery. For example, both sources indicated a rise in male cocaine consumption after 1920. The two sources had useful differences too. For example, the different ‘story’ of heroin consumption led to further analysis using manufacturing information presented in the literature. This suggested that contrary to the impression giving by *The Times*, females consumed heroin but maybe only became visible in times of high price and scarcity when females took greater risks to procure it.

### **Other sources**

Published oral testimonies of the wartime experiences of both civilians and military personnel were useful when reflecting upon the significance of the emerging differences and similarities. These personal accounts provided added context and highlighted the issues and concerns of those living during the era.

The Booth Poverty Map, another electronic source, was invaluable when trying to identify particular locations within London. The detail of the maps and the content of the associated field notes enabled a much greater understanding of areas that were of interest to the study.

### **Reflections on the research process**

Partly the purpose of the research was to test whether it was possible to extract sufficient evidence from *The Times* Digital Archive to illuminate the behaviour of drug-takers during the era. The research journey demonstrated that the source could provide a high volume of good quality evidence. However, the outcome of the study depended equally upon developing a process able to ‘unlock’ the evidence. The literature related to historical research often likened the skills of the historian to those of a detective or lawyer (Arnold 2000). This research experience indicated this was a good comparison to draw but also the importance of adopting a flexible approach to the research process to ensure that the full potential of the evidence was ‘unlocked’.

An appreciation of the period was of key importance, too, particularly when ‘reading against the grain’, which was an approach of enormous benefit to this study. On many occasions it was not what the evidence conveyed but the ‘silences’ it kept at particular points, which either allowed the themes to emerge or influenced the next stage of the research.

Developing the seven individual accounts was very useful. Extracting the details and structuring them into a chronological account made it much easier to identify the differences and similarities between accounts that developed the themes. Although the accounts did not provide the full range of themes that eventually emerged, the process provided a structure and context in which to analyse the other articles. For example, travel often featured within the individual accounts and thus the movement of people was included as an item for extraction from the other retrieved articles.

This led to the early identification of a link between South Africa, military service and drug-taking.

Basing the study upon mediated newspaper accounts of drug-taking was a decision made from necessity due to a lack of alternatives. However, *The Times* Digital Archive provided so many articles that it was possible to distinguish trends in reporting and appreciate the influence of contemporary social concerns and thus address the need “to imagine the kinds of mediations at work” (Jordanova 2000 p.185) within this source. For example, anti-Chinese sentiment reflected in the reporting of drug-taking within the Chinese community. Thus, to some degree, the study was able to see beyond the press ‘message’ and made use of other sources to aid this process, for example, the Pars collection offered good points of comparison as highlighted above.

A final reflection is how this study fits with historical research. The research journey highlighted the similarities the process had with qualitative methods and that opened up the question of whether the completed study is historical research. Immersion in the archives provided a window through which to glimpse the lives of long forgotten drug-takers. This leads me to conclude that it is essentially a form of historical research that follows a more recent trend to explore neglected aspects or ‘missing’ histories. Entering this newer area of historical research includes challenges such as how to approach the evidence and unlock its content. Inevitably, this leads to decisions about the research process. At these points, I believed I remained true to my initial purpose that was to focus on the drug-takers and their ‘story’. This meant a move away from the features of previous historical research into drugs that contextualised the Opium Wars of the nineteenth century, into Government decision-making processes and analysing policy-making through the eyes of the decision-makers. Sitting in the room with Miss Forsythe, her focus would be upon her relationship with drugs. As noted earlier the completed research was not the collection of personal accounts sought to help ‘speak’ about drug-taking during the era. However,



what emerged focused upon the aspects of drug-taking that would hold the interest and be the concern of Miss Forsythe and all other drug-takers of the era; how to access a supply and continue consuming drugs in a changing world.

### **Further research**

This study begins a new narrative concerning female drug-taking and particularly dealing activity. The findings suggest females structured the early illicit supply networks, which is a significant departure from the long-standing view that females play only a minor role in drug networks (Denton and O'Malley 1999). Thus, it will be important to disseminate the findings of this thesis as well as undertake additional research. Further work would explore drug networks after the displacement caused by returning drug-taking veterans and focus upon whether females only had a brief role in the supply 'story' facilitated by wartime conditions or whether the female supply 'story' evolves into a narrative about the successful operation of closed markets? Further, research would replicate the method developed in this thesis and search *The Times* Digital Archive for articles relating to female drug activity between 1923 and 1950. This period includes the Second World War enabling the research to test the theories that the segregation from males emphasises female traits and that wartime conditions bring female dealing more to the fore.

The supply 'story' outlined through the geographical analysis was an unexpected and unique piece of research that developed from the original research. Furthermore, the geographical analysis suggests an important link between past drug activity and current behaviour. For example, this study found drug activity around Hove and Brighton and the area remains associated with problematic drug taking (Brookes, 2001). Research findings suggest possible links between fashionable Edwardian seaside resorts and greater drug activity now, such as in Weston-Super-Mare, where ten per cent of all drug rehabilitation facilities within the United Kingdom operate (Bright,

2002). Thus, this study poses new important research questions. For example, why these areas, rather than others, became drug active and whether and how they remain so.

Further geographical analysis plotting recent drug-related arrests within London, and comparing the spread with the activity this study identified, could address the latter question. Any overlap would support the view that locations of drug activity have a historical context. Hence, further historical research that traced how markets developed after 1922 through arrest information, possibly collated from press coverage, could help identify features of locations likely to nurture or support drug markets or supply chains. Particular transportation links or a specific combination of amenities may facilitate markets and it is possible that specific retail histories contribute. The development of drug markets is of great importance particularly as research into modern drug markets is a recent development and knowledge is currently quite limited.

Another example of how the past might facilitate a better understanding of the present is the study of drug-taking behaviour within the military during periods of conflict. Further searches of *The Times* Digital Archive for military drug-taking activity during and immediately following the Second World War, would test whether there is replication of increased drug activity. If so, such research could develop a greater understanding of the relationship between drug-taking and military conflict and possibly indicate the specific areas of service most affected. Such research could be relevant to managing the mental health of serving soldiers.

In addition, using *The Times* Digital Archive to conduct further research provides the opportunity to replicate the method developed during this study of searching and extracting content. Such work could assess how transferable the process is to other eras or whether the nature of reporting alters in later periods making the method less or more insightful.

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## Appendix A: Inclusion criteria and their descriptions

Criteria	Description
1. Drug-taking of unknown frequency	The content of the article featured a person or persons who had consumed a drug but the article did not explicitly report whether they regularly took drugs.
2. Drug-takers with regular consumption	The article explicitly reported that a person or persons regularly engaged in a drug-taking activity.
3. Arrests for possession or supply	An article reporting upon criminal proceedings after 1916 that involved a person or persons charged with the possession and/or supply of drugs but the article did not always report their own drug-taking status.

Table 2-1. Inclusion criteria and their descriptions

## **Appendix B:**

### **Search statements used in the literature searches**

Key search vocabulary:

Opium

Heroin

Morphine

Cocaine

Cannabis

Additional lsearch vocabulary:

*Tak\**

*Use\**

*History*

*Polic\**

*Decision making*

*Decision-making*

*Analysis*

The search statements were built using one word from the key search vocabulary list combined with each term from the list of additional search vocabulary.

One early exclusion was all literature related to drug treatment. However, despite the lack of search vocabulary related to treatment some literature concerning this aspect did appear within the search results.

## **Appendix C:**

### **Records from Pars and Co. Ltd**

#### **Introduction**

The analysis of *The Times* indicated that a number of the drug-takers of either unknown frequency or regular consumers obtained their drugs from a chemist. Therefore, records of a contemporary chemist might help explore drug-taking within the period. This does not suggest that all chemists at the time knowingly dispensed to drug-takers. However, during the period, customers had greater freedom over what they obtained from their chemist shop and a small proportion may have been regular drug-takers. Furthermore, dispensing records might indicate trends in drug preferences over time and by gender.

#### **Pilot work on pharmacy records**

Local archives were searched for examples of pharmacy records and these were viewed to gain a better understanding of how poisons registers and other material might be used. Pharmacy records for several different local pharmacists were held at the Dorset County Record Office. Viewing these immediately identified practical issues about poisons registers. The hardback ledgers used by the pharmacies were large, heavy and in a condition that required great care when turning pages. The ink had faded significantly in certain sections making parts illegible. There were other issues such as the old letter formation and spelling which made some words difficult to read. Comparing the different sources indicated, too, that there was great variation in the content of the records.

Although the records offered a useful insight into the dispensing practices of the period, those viewed did not cover more than a year or two. For any analysis to be useful, the source needed to capture a

much longer period of dispensing. It would have been useful; too, if the source recorded particular details, such as name, address, substances dispensed and date. The pilot work provided greater understanding of pharmacists' records and what would be the most beneficial content. However, it was unknown whether it was possible to find a source that fitted these requirements.

### **Searching for appropriate pharmacy records**

A visit to the local library led to the discovery of some articles from the *Bournemouth Daily Echo*, which described the closure in 1979 of a local chemist shop (*Daily Echo* 1979). The chemist shop was Pars and Co. Ltd, which had traded in the town for 103 years. The premises had become a local landmark and even today, locals refer to the area around the shop as Pars Corner. Pars had a reputation as an up-market business and attracted its customers with impressive window displays, which often had as their centerpieces the finest imported toiletries (*Daily Echo* 1979). The articles indicated that fittings and records from the shop had been disposed in an archive or a museum but the details of where were not given.

A search of the A2A database (National Archives 2002) found the records were a collection held by the London Science Museum Library. The collection was complete too, with poisons registers spanning the entire 103 years of trading. The archivists responsible for the Pars collection agreed to transfer a series of volumes from their remote stores for viewing in the reading room of the library.

### **Edwardian Bournemouth**

At the turn of the century, Pars and Co. Ltd had been trading in Bournemouth for 24 years. The town was a highly fashionable seaside resort and had a reputation due to its mild climate as a good place to recuperate or live if in poor health. A good railway service existed between London and the town, which ensured many visitors,



both day-trippers and holidaymakers. Many of those visiting Bournemouth were affluent members of London society, prominent politicians such as Gladstone, famous literary and theatrical stars such as Oscar Wilde and Sir Henry Irving, as well as British and foreign royalty. For example, King Edward VII chose to build his mistress, Lily Langtry, a home in Bournemouth. Furthermore, it was a retirement location for ex-military personnel (Legg 2003). Therefore, the Bournemouth population mirrored closely the background of the regular drug-takers, captured within the articles from *The Times*. It was therefore possible that the Pars records would include some clients who were regular drug-takers.

### **The Pars collection**

A feature of the poisons registers was the level of detail and consistency of the dispenser's record-keeping. In addition, the occasional amendment to original entries indicated that the registers were checked regularly for accuracy. Based upon the other poisons registers previously viewed, the Pars collection seemed an extremely rare and valuable record of dispensing activity. From the content of the Pars collection, it appeared possible to analyse the frequency at which particular restricted drugs were dispensed and identify regular customers, along with their gender and in most cases their place of residence.

Familiarity with the poisons registers began to raise further questions about the geographical spread of the customers. Interest in this aspect increased when some customers apparently came from some distance, notably Brockenhurst and Ringwood, located 15 miles and 8 miles from Bournemouth. There were 63 other pharmacies within Bournemouth (Mate et al. 1903) so there must have been premises closer to these customers' places of residence than Pars and Co. Ltd. This raises the question of why they chose to make the journey to Pars. Furthermore, it is interesting that the shop dispensed to these individuals, as the dispenser was legally required to know

the recipient or for someone known to the chemist to introduce the recipient to them before they dispensed particular drugs.

As well as those from local towns, the records indicated that a high number of customers were guests in local hotels and, as visitors to the area, this meant that they failed to meet the dispensing restrictions too. However, the poisons registers appear to indicate that Pars and Co. Ltd. overcame the selling restrictions to hotel guests by having prescriptions collected by staff from the hotel at which the recipient was staying, or by local nurses employed by guests to care for them.

### **Analysing the Pars collection**

Poison registers<sup>1</sup> from alternate years were analysed and this provided information on dispensing at Pars for 13 years within the period of the study (1900-1922) In addition, analysis of the year 1890 provided an indication of earlier consumer demand for opium and cocaine<sup>2</sup>. Pilot work helped to develop a simple data extraction tool with which to collate the content of the poisons registers. The collated information underwent a process of analysis involving several stages. The first stage of the analysis addressed the change in use over time of three drugs, namely opium, cocaine and heroin<sup>3</sup>.

Analysis of the data for each year involved estimating the number of prescriptions dispensed that year by counting the number of pages used to list the prescriptions and then taking an average of the number of entries per page. Any entry that included as an ingredient of a dispensed prescription any one of the three drugs: cocaine, opium or heroin was recorded.

The collated information helped to estimate the annual percentage

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<sup>1</sup> The poisons register records all dispensed prescriptions that contained any drug from the poisons listed within the Pharmacy Act 1868 and the later amended Pharmacy Act 1908.

<sup>2</sup> Heroin only became commercially available during 1898 and so did not appear within the records relating to 1890.

<sup>3</sup> Morphine was not included, as the restrictions which applied to cocaine did not affect morphine until the 1920 Dangerous Drugs Act.

of prescriptions dispensed for each drug. The second stage of analysis considered the distribution of prescriptions for the three drugs by gender. The third stage of analysis considered each specific drug in turn. The annual total of prescriptions for each drug was calculated as a percentage of the total number of prescriptions dispensed thus providing an indication of how the consumption of the three drugs compared with other years. The numerical information obtained from these three stages of analysis was then summarized in tabular form for each of the years analysed. The data was then prepared as graphs and these are presented in Figures 2-1 to 2-5 below.

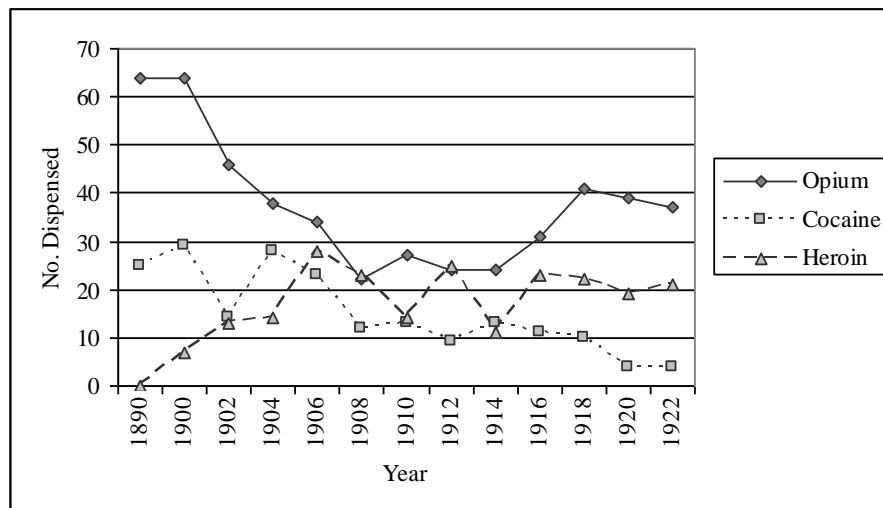


Figure 2-1. Dispensing by Pars & Co. to female clients between 1890 and 1922

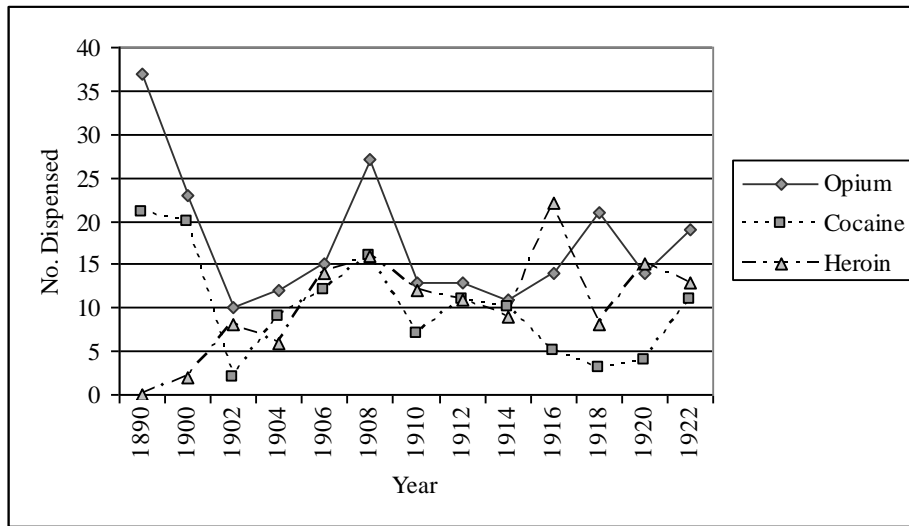


Figure 2-2. Dispensing by Pars & Co. to male clients between 1890 and 1922

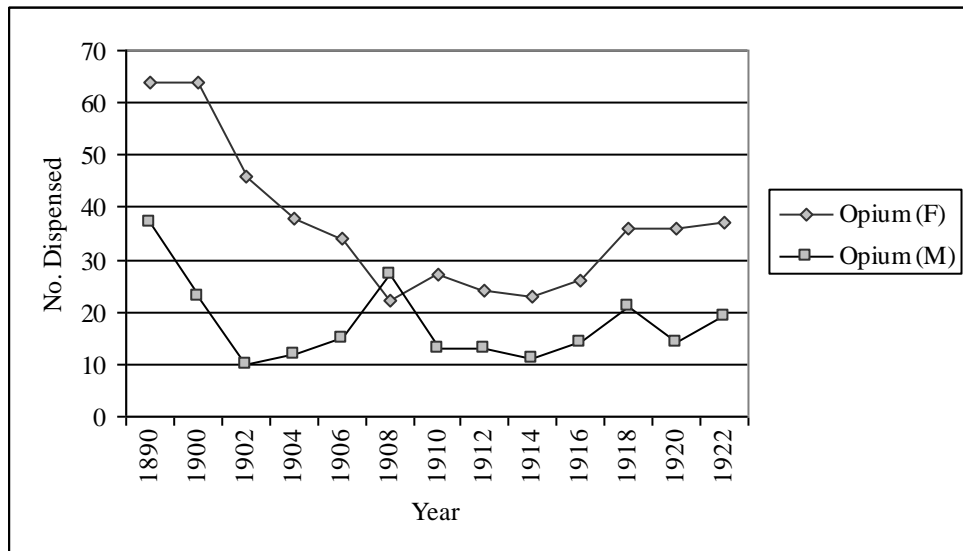


Figure 2-3. Gender comparison of opium dispensing by Pars & Co. between 1890 and 1922

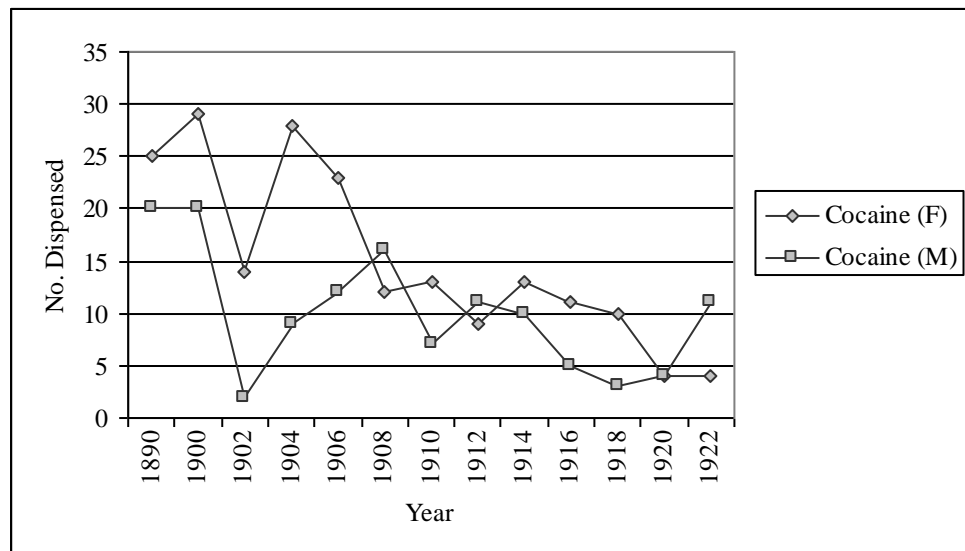


Figure 2-4. Gender comparison of cocaine dispensing by Pars & Co. between 1890 and 1922

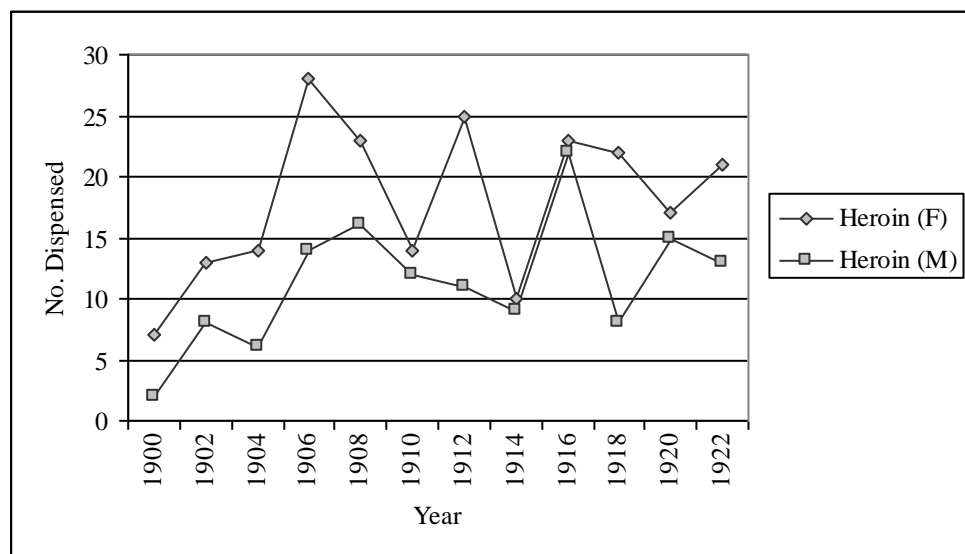


Figure 2-5. Gender comparison of heroin dispensing by Pars & Co. between 1900 and 1922

## References

Bournemouth Daily Echo, 1979. Chemist's-open every day for 103 years-closing down. *Bournemouth Daily Echo* 16 May, 5a.

Legg, R., 2003. Bournemouth The Good Old Days. Bath: CPI Bath Press.

Mate, W. & Sons Ltd., 1903. Mate's Bournemouth Business directory and year book 1903. Bournemouth: W Mate and Sons Ltd.

National Archives, 2002. *Access to Archives (A2A)*. Available from: <http://www.nationalarchives.gov.uk/a2a/records> [Accessed 15 October 2002].

## **Appendix D:**

### **Search strategy applied to *The Times Digital Archive***

Search type used: Keyword WITH search limiters applied:

1. All dates between 1<sup>st</sup> January 1900 and 31<sup>st</sup> December 1922.
2. Search only newspaper sections: News, Editorial and Commentary and People.

#### Key search vocabulary:

Opium

Heroin

Morphine/Morphia

Cocaine

Cannabis

Veronal

#### Additional search vocabulary:

Habit

Inquest

Coroner

Possession

Unlawful

Prescription

Prescriptions

Drugtaker

Drug taker

Drug-taker

Drugtakers

Drug takers

Drug-takers

Drug taking

Drug-taking

Table 3.1 illustrates how key and additional search vocabulary were combined to create each search statement Table 3.1 also presents the search statements, along with the yield and precision for each.

Search line	Search Statement	Yield	Precision within yield
1	Opium AND Habit	239	45
2	Cocaine AND Habit	127	82
3	Morphia AND Habit	111	55
4	Morphine AND Habit	42	21
5	Veronal AND Habit	37	18
6	Heroin AND Habit	15	11
7	Laudanum AND Habit	13	5
8	Opium AND Inquest	107	45
9	Cocaine AND Inquest	60	42
10	Morphia AND Inquest	78	28
11	Morphine AND Inquest	35	12
12	Veronal AND Inquest	82	38
13	Heroin AND Inquest	14	12
14	Laudanum AND Inquest	21	4
15	Drugtaker	1	1
16	Drug taker	27	25
17	Drugtakers	0	0
18	Drug takers	8	8
19	Drugtaking	2	2
20	Drug taking	52	35
21	Drug AND Theft	21	9
22	Opium AND Unlawful	35	17
23	Cocaine AND Unlawful	38	31



Search line	Search Statement	Yield	Precision within yield
24	Morphia AND Unlawful	2	0
25	Morphine AND Unlawful	6	5
26	Veronal AND Unlawful	3	3
27	Heroin AND Unlawful	4	3
28	Opium AND Prescription	32	15
29	Opium AND Prescriptions	14	3
30	Cocaine AND Prescription	43	36
31	Cocaine AND Prescriptions	18	13
32	Morphia AND Prescription	32	14
33	Morphia AND Prescriptions	22	9
34	Morphine AND Prescription	20	14
35	Morphine AND Prescriptions	7	5
36	Veronal AND Prescription	14	11
37	Veronal AND Prescriptions	1	1
38	Heroin AND Prescription	8	8
39	Heroin AND Prescriptions	3	2
40	Opium AND Coroner	73	30
41	Cocaine AND Coroner	51	40
42	Morphia AND Coroner	70	27
43	Morphine AND Coroner	29	8
44	Veronal AND Coroner	56	30
45	Heroin AND Coroner	11	10
46	Laudanum AND Coroner	25	4
47	Drugtaking AND Coroner	1	1
48	Drug taking AND Coroner	16	15
49	Drug habit AND Coroner	11	10

Table 3-1. Search statements, yields and their precision

## **Appendix E:**

### **Limitations of *The Times* Digital Archive**

#### **Issues identified through searching**

The process of systematically searching the archive indicated a number of weaknesses which included the construction of the search unit during the scanning process, the ability of the search engine to recognise keywords and issues related to the retrieval of full text articles for review.

#### **The search unit**

The effectiveness of the search engine appears to vary in relation to the scanning and submission of the original newspaper content to the electronic archive. The process of scanning and submission appears to define what this study refers to as the search unit (see footnote page 95). Where the article is longer, the search unit will be a single article but shorter articles often appear as part of a group resulting in the search unit becoming the entire group of articles. A search unit formed from a number of articles receives a tag that relates to the title of the first article. This can hamper the review process, as if the first article concerns a very different topic the group of articles may appear to have little relevance and therefore, initially appear to be a false negative. Only a full reading of all the articles can establish the relevance of the identified search unit.

Furthermore, the greater the number of shorter articles which comprise the search unit, the greater the likelihood of generating a false positive. This occurs because the search engine scans across all the articles that make up the search unit looking for the search statement. The system may find all the parts of the research statement but not within the same article. Therefore, the construction of the search unit is very important as it can influence the likelihood

of generating false positives. Some examples that arise from the search statement Opium AND Inquest include:

- 1909, 9a
- 1910b, 9a
- 1913a, 10a

False positives occurred in other ways too. Some yields listed against a search statement were inaccurate, as the retrieval of some identified articles found the content did not contain the search statement. This issue most commonly occurs in Parliamentary Reports. Table 4.1 provides examples of search statements and references from *The Times* that were found to be false positives.

Search statement	<i>The Times</i> reference
Cocaine AND Habit	1919, 14b
Morphia AND Habit	1905a, 6a
Opium AND Habit	1913a, 10a

Table 4-1. Examples of false positives

False negatives occurred too and were an issue only identified through close reading of the content of other retrieved articles that reported the same incident, such as court proceedings over several days. A retrieved article could refer back to a previous report, but it was not possible to find the article, even with the use of specific searches on days or names of involved individuals. A second form of false negative was in relation to lengthy cases where coverage was occurring everyday, but articles were not being identified for some of the days on particular search lines.

Poor keyword recognition by the search engine contributed to the number of false positives, too. For example, the search statement Heroin AND Possession was part of a pilot search and produced a high volume of false positives. The search engine seemed unable to

identify consistently the word ‘heroin’ within the text and Table 4-2 lists some examples of this error. Collectively, the error represented 23.8% of hits from that search statement.

Words identified in error as Heroin	<i>The Times</i> reference
Heroic	1906, 8c
Heroine	1920, 8b
Wherein	1905b, 2f:
Herein	1900, 2f 1905c, 10a

Table 4-2. Examples of poor text recognition for the search statement Heroin AND Possession

Although the online guide does not refer to case sensitivity, it is a factor to consider when searching. For example, a search using the same limiters of date and sections identified 17 potentially relevant articles for the keyword ‘Toussaint’ but a search for the same keyword but entered all in lowercase identified only 3 potentially relevant articles.

Latterly, the expectation is that the search seeks words individually; however, in one instance the search engine identified a phrase with a different meaning. The search statement ‘drug taking’ (with a gap and not combined as Drug AND Taking) produced a potentially relevant article which actually highlighted the phrase ‘person taking a drug’. In this instance, the person was not taking a drug in the way sought for the study.

### **Retrieval of full text for review**

On several occasions the retrieval of articles identified as part of the yield proved problematical. The most common issue was the non-display of the article or partial display. For example, search statement cocaine AND inquest included an article from 18 January 1908a, 3a and search statement opium AND prescription included an article from 12 April 1907, 4a. In such cases, it was not possible to establish whether the article formed part of the search yield.

An example of a less common difficulty with retrieval occurred when an identified article extended over several pages or had a continuation column elsewhere within the newspaper. In some instances, it is possible to view the entire article but the print function did not allow the text appearing within the continuation section to be printed. For example, a report on the Congress of Medicine (*The Times* 1913b 3a).

A further infrequent problem occurred when columns had been mismatched and the article was incomplete, for example an article from 4 December 1908b, 9c.

## Conclusion

The limitations outlined here each have an influence upon the potential search yields and in turn affect the potential availability of evidence. No discussion of the issues described here appears in the current literature and these are important issues when considering the use of *The Times* Digital Archive for research purposes. Some of the issues are quite technical but there are some more basic operational issues. For example, case sensitivity and articles with missing sections. These issues could hamper even the most simple of searches. Therefore, it is very important to be fully aware of the limitations of the search engine before embarking upon searches of *The Times* Digital Archive.

## References

Times, 1900. Gaze v London Drapery stores (Ltd) and others. *The Times*, 13 September, 2f.

Times, 1905a. Judicial Committee of the Privy Council. *The Times*, 31 August, 6a.

Times, 1905b. 'The one needful thing'. *The Times*, 25 May, 2f.

Times, 1905c. Swaziland. *The Times*, 6 January, 10a.

Times, 1906. House of Commons. *The Times*, 28 July, 8c

Times, 1907. House of Commons. *The Times*, 12 April, 4a.

- Times, 1908a. High Court of Justice. *The Times*, 18 January, 3a.
- Times, 1908b. House of Commons. *The Times*, 4 December, 9c.
- Times, 1909. Summary of contents. *The Times*, 2 February, 9a.
- Times, 1910. Summary of contents. *The Times*, 6 August, 9a.
- Times, 1913a. House of Commons. *The Times*, 27 March, 10a.
- Times, 1913b. The congress of medicine. *The Times*, 12 August, 3a.
- Times, 1919. House of Lords. *The Times*, 12 February, 14b.
- Times, 1920. 'All tied up.' New sketch at the Coliseum. *The Times*, 17 August, 8b.

## Appendix F: List of extracted items

Extracted information	Purpose
Case Year Number of articles	To reference the article
Drug Type Gender Age Location Legal Type Penalty/Verdict Occupation Nationality Any previous convictions	Personal details of the individual involved in the incident for later collation and comparison.
Special Note	To record any other information of interest and note any similarities with other articles. For example, a recurring connection to South Africa.

Table 5-1. Extracted items and purpose of extraction

## **Appendix G:**

### **Issues related to the preparation of the individual accounts**

Some individual accounts did not include a full drug-taking history. This was due to the legal focus of proceedings that limited the information provided at the hearing. For example, the Trevanion account arose from an inquest hearing. The purpose of an inquest is specifically to ensure:

“A limited fact-finding inquiry to establish the answers to:  
**who** has died,  
**when** and **where** the death occurred, and  
**how** the cause of death arose.”  
(Her Majesty’s Coroner for Surrey 2009)

Therefore, despite his long history of morphine consumption, little investigation of this occurred because it did not directly relate to the cause of his death, which was associated with veronal poisoning. Therefore, the type of legal proceeding determines the nature of the evidence available to reporters and their readership.

Depending upon the severity of the criminal offence, the case is heard either in a Magistrates’ Court without a jury or at a Crown Court with a jury (James and Raine 1998). The forerunner of the Magistrate’s Court was the Police court and many of the articles identified for this study drew upon reporting from this type of hearing. Even today, the Magistrate’s Court deal with the majority (95%) of legal cases (Her Majesty’s Court Services 2009). The evidence heard in either the Crown or Magistrate’s Court is restricted to those issues that directly relate to the alleged offence. Furthermore, there may be some facts that the court does not hear because they might unfairly influence the outcome of the case, such as previous convictions for drug offences. Therefore, for a number of legal reasons, the presentation of evidence to the court may be restricted, which impinges upon what the reporter is able to report.



## References

Her Majesty's Coroner for Surrey, 2009. *Coroners: how they work*. Available from: <http://www.surreycoroner.info/workofcoroners.html#purpose> [Accessed 14 January 2009].

Her Majesty's Court Service (HMCS), 2009. *Magistrates and Magistrates' courts*. Available from: <http://www.hmcourtsservice.gov.uk/infoabout/magistrates/index.htm> [Accessed 20 August 2010].

James, A. and Raine, J., 1998. *The new politics of criminal justice*. London: Longman.

## Appendix H:

### Emergent themes from the individual accounts: specific areas of interest and relevance

Themes	Areas of interest	Why of relevance
Female participation in drug-taking	Common traits that helped distinguish female engagement with drug-taking from that of their male counterparts. Paying particular attention to: Consumption: Solitary or social Knowledge: Self-reliant or shared Source of supply: Diverted or illicit	Behaviour that is more insular might increase the invisibility of female drug-takers and reduce their risk of detection.
Supply networks	<p><u>Diversion</u></p> <p>What was the scale of the diverted supply and were professionals generally complicit in the activity or naively unaware?</p> <p><u>Illicit supply networks</u></p> <p>How did these function and what role did the following have?</p> <ul style="list-style-type: none"> <li>• Legitimate businesses</li> <li>• Drug-taking networks</li> </ul> <p><u>Distribution methods</u></p> <p>Indirect purchasing:</p> <p style="padding-left: 40px;">Postal delivery</p> <p style="padding-left: 40px;">Instructed third party</p> <p>Venues or public locations</p> <p>Locating dealers at places of possible opportunistic demand</p> <p>Other forms of dealing</p>	<p>Understanding more about the ease and rate of diversion from legitimate sources might help establish the importance of the illicit market to drug-takers.</p> <p>Understanding more about how the illicit market functioned might assist in developing an overview of its origins and structure.</p> <p>Understanding more about the methods of distribution can assist with building up a more detailed picture of the supply chain and the degree of organisation and planning.</p>

Theme	Areas of interest	Why of relevance
Geographical movement	<p data-bbox="660 197 1018 277"><u>Geographical distribution of dealers and drug-takers</u></p> <p data-bbox="660 286 1018 416">Was there any geographical relationship between drug-takers and supply?</p> <p data-bbox="660 564 1018 600"><u>Movement of people</u></p> <p data-bbox="660 609 1018 779">Can any domestic trends in drug-taking behaviour be associated with travel or the movement of individuals?</p>	<p data-bbox="1043 286 1366 551">The distribution of both drug-takers and drug dealers might further inform how supply networks operated during the period.</p> <p data-bbox="1043 609 1366 869">This would help identify if there were places that influenced the pattern of drug-taking within the United Kingdom during this period.</p>

Table 6-1. Emerging themes and their relevance

## **Appendix I:**

### **References for retrieved articles included in the study**

Searches of *The Times* Digital Archive produced a yield of 1,737 articles for the period from 1 January 1900 to 31 December 1922. After a process of review and extraction of any duplicated hits, the included articles totalled 359. As described in Chapter 4, the three inclusion criteria helped group the articles.

The reference for each newspaper article retrieved for use in this study appears below. Article references that relate to seven individual accounts are displayed separately.

#### **Articles included under criterion 1: Drug-taking of unknown frequency (n=31)**

##### **Subdivision a:1900-1915**

- Times, 1901. Inquests. *The Times*, 20 July, 7f.
- Times, 1901. Inquests. *The Times*, 27 September, 10f.
- Times, 1902. Inquests. *The Times*, 29 April, 7b.
- Times, 1904. Inquests. *The Times*, 15 October, 7b.
- Times, 1905. Inquests. *The Times*, 11 January, 10e.
- Times, 1906. Inquests. *The Times*, 22 June, 9f.
- Times, 1907. Inquests. *The Times*, 23 March, 8c.
- Times, 1908. The use of drugs-At the City Coroner's. *The Times*, 22 September, 5c.
- Times, 1908. The Death of Lord Petre. *The Times*, 10 December, 13c.
- Times, 1909. Mr Hugh E. Harrison. *The Times*, 16 August, 9e.
- Times, 1910. The Death of Mrs Erskine Pollock. *The Times*, 27 April, 9a.
- Times, 1910. Death of a female medical student. *The Times*, 14 May, 9f.
- Times, 1910. News in Brief. *The Times*, 18 June, 12c.

- Times, 1910. Dr. J.B. Rous. *The Times*, 15 July, 13d.
- Times, 1911. Case of supposed poisoning. *The Times*, 21 January, 9d.
- Times, 1911. Major A.J. Spearman. *The Times*, 26 October, 9b.
- Times, 1911. The Fire on the Wentworth. *The Times*, 15 November, 10c.
- Times, 1912. A victim of insomnia. *The Times*, 10 April, 5e.
- Times, 1913. The veronal habit. *The Times*, 7 April, 4d.
- Times, 1913. Death from veronal poisoning. *The Times*, 27 August, 8b.
- Times, 1913. The Death of Dr. Dimock. *The Times*, 4 December, 5c.
- Times, 1913. Doctor found dead in bed. *The Times*, 28 October, 4c.

#### **Subdivision b: 1916-1922**

- Times, 1916. Canadian Officer's death. *The Times*, 1 December, 5c.
- Times, 1918. News in brief. *The Times*, 3 April, 3f.
- Times, 1918. The Late Mr. G. R. Halkett. *The Times*, 9 December, 4e.
- Times, 1919. Death of woman chemist's assistant. *The Times*, 12 February, 7c.
- Times, 1920. Young Officer's death in hotel. *The Times*, 23 March, 11d.
- Times, 1920. 'My Angel baby wife.' *The Times*, 24 March, 13c.
- Times, 1922. Chinese dead in a laundry. *The Times*, 22 November, 10f.
- Times, 1922. Chinese laundry mystery. *The Times*, 23 November, 10c.

#### **Case study 7: Kempton**

- Times, 1922. Girl dancer's death. *The Times*, 10 March, 9d.
- Times, 1922. Freda Kempton's death. *The Times*, 18 April, 12c.
- Times, 1922. Girl dancer's death. *The Times*, 18 April, 9b.
- Times, 1922. Freda Kempton's death. *The Times*, 25 April, 9b.

**Articles included under criterion 2:****Drug-takers with regular consumption (n=92)****Subdivision a: 1900-1915**

Times, 1900. At West Ham, Harry Churchill Diamond, 26. *The Times*, 7 February, 14g.

Times, 1900. Inquest. *The Times*, 14 April, 4g.

Times, 1900. Inquest. *The Times*, 22 August, 7g.

Times, 1902. Inquests. *The Times*, 26 February, 9e.

Times, 1902. Naval and Military Intelligence. *The Times*, 5 July, 9b.

Times, 1902. Court of London Sessions. *The Times*, 11 September, 13e.

Times, 1903. Police. *The Times*, 5 September, 8e.

Times, 1903. Central Criminal Court. *The Times*, 16 December, 4d.

Times, 1904. Inquests. *The Times*, 7 April, 5f.

Times, 1904. Probate, Divorce and Admiralty Division. *The Times*, 4 May, 3d.

Times, 1904. Inquests. *The Times*, 8 September, 10c.

Times, 1904. Inquest. *The Times*, 22 September, 8a.

Times, 1904. Inquests. *The Times*, 27 September, 8f.

Times, 1906. Poisoned by cocaine. *The Times*, 26 June, 15f.

Times, 1906. *Before* Judge Rentoul, K.C. *The Times*, 7 February, 11c.

Times, 1906. Inquests. *The Times*, 6 October, 12d.

Times, 1906. Probate, Divorce and Admiralty Division. *The Times*, 14 December, 3f.

Times, 1907. Probate, Divorce and Admiralty Division. *The Times*, 20 June, 4a.

Times, 1907. Inquest. *The Times*, 21 February, 8c.

Times, 1907. Inquest. *The Times*, 11 December, 8d.

Times, 1908. Charge of theft and fraud. *The Times*, 4 September, 2e.

Times, 1908. The use of cocaine. *The Times*, 4 September, 2e.

Times, 1908. The use of cocaine. *The Times*, 14 September, 2d.

- Times, 1908. Probate, Divorce and Admiralty Division. *The Times*, 31 October, 3d.
- Times, 1909. Probate, Divorce and Admiralty Division. *The Times*, 29 March, 3d.
- Times, 1910. The charge of forgery. *The Times*, 25 October, 4c.
- Times, 1911. The death of Mr. L. Sartoris. *The Times*, 20 April, 5c.
- Times, 1911. The drug habit. *The Times*, 25 August, 8d.
- Times, 1911. The dangers of veronal. *The Times*, 28 December, 2c.
- Times, 1911. The death of a naval surgeon. *The Times*, 29 December, 7b.
- Times, 1912. The drug habit. *The Times*, 5 January, 4e.
- Times, 1912. Sale of laudanum to a child. *The Times*, 31 January, 3g.
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- Times, 1912. News in brief. *The Times*, 30 October, 10e.
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- Times, 1921. Prison for cocaine dealer. *The Times*, 5 February, 5f.
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- Times, 1922. Traffic in cocaine. *The Times*, 19 September, 7f.
- Times, 1922. Café proprietor charged. *The Times*, 19 September, 7f.
- Times, 1922. Alleged cocaine trafficker. *The Times*, 21 September, 7d.
- Times, 1922. Soho cocaine charge. *The Times*, 23 September, 5b.
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- Times, 1922. Cocaine trafficker sentenced. *The Times*, 6 October, 7e.
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- Times, 1922. The cocaine traffic. *The Times*, 28 October, 7f.
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- Times, 1922. The cocaine traffic. *The Times*, 31 October, 5c.
- Times, 1922. Opium smuggling. *The Times*, 1 November, 4d.
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- Times, 1922. Prison for cocaine trafficker. *The Times*, 13 November, 9e.
- Times, 1922. The cocaine traffic. *The Times*, 14 November, 7e.



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Times, 1922. News in brief. *The Times*, 1 December, 9g.

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Times, 1922. News in brief. *The Times*, 20 December, 5g.

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## **Appendix J:**

### **The literature on drug markets**

#### **Introduction**

A central aspect of a drug-taker's daily existence is how they obtained their supply of drugs. Only recently has research interest in drug markets arisen due to the introduction of problem-orientated policing methods. Mostly research has attempted to capture the impact of changes to policing methods and the management of crime within areas associated with drug dealing. Gauging how effective different strategies are at disrupting drug dealing within specific localities is of particular interest (Jacobson 1999). For example, in the United States, Buerger (1992) researched the impact of new policing strategies upon two different street dealing sites. Another later study by Eck (1996) drew upon well-established criminological theories to develop 'a general model of the geography of illicit retail marketplaces' (p.68).

Since the mid 1990s research into drug markets within Britain has increased (Lupton et al. 2002, Pearson and Hobbs 2001, May et al. 2000, and Chattersson et al. 1995) and similar work has also been undertaken in Australia (Aitkens et al. 2002). Much of the research has been descriptive of specific drug markets and some researchers have attempted to identify particular features of drug markets. The emerging body of literature is potentially helpful to this study as the descriptions within the literature might help develop a better understanding of the geographical spread of drug-takers at the turn of the century.

#### **Types of drug markets**

In this relatively new area of research descriptive terminology is still emerging. This means that different researchers use different terms to describe similar circumstances. For example, Edmunds et al. (1996) refers to open and closed markets whereas Eck (1996) refers

to markets established through routine activity or social networks. Markets based around routine activity are akin to open markets because in these markets sellers and buyers trade with strangers. In markets that are either closed, or based upon social networks, dealing occurs only between buyers and sellers known to each other.

Beurger (1992) has analysed these two extremes in much more depth and defined a range of markets. For example, he has separated the social network (closed) market into two categories: 'The Club' and the 'Speak easy' (p.35). The former is the most rigid in terms of dealing, as a seller only makes transactions with people known to them. The latter is a more relaxed market in which it is necessary to know about the market and entry is possible if the buyer can verify their association to the market with a code word or specific action. This verification process demonstrates an existing member of the market has provided another genuine drug-taker with an introduction to the market.

Some of the literature suggests another way to distinguish a market is through the type of drugs dealt within it. (Lupton et al. 2002 and Jacobson 1999). For example, Lupton et al. (1999) found three selling groups within the eight markets they studied, which were:

1. Heroin and crack.
2. Powder cocaine, ecstasy and amphetamines.
3. Tranquillisers.

Earlier research by Eck (1996) suggests the type of drug sold at a location might reflect characteristics of the area.

"Methamphetamines dealing locations were more likely to be in isolated locations than cocaine dealing places. ...The cocaine dealers were more concentrated along arterial routes."  
(p.78)

Eck also discusses how drug types might relate to particular types of sellers. He suggests that sellers of methamphetamine are more likely to complete transactions within social networks (or closed

markets) and sellers of cocaine in routine activity (open) markets. Therefore, it is likely that the mode of sale reflects the drug type.

### **The balance of risk and need in markets**

A key theme within the literature on drug markets is the balancing of risk, which relates to both sellers and buyers. Risk can be in terms of the chance of detection through police activity or in terms of obtaining poor quality or contaminated drugs. The literature suggests the construction of any market and the level of trading activity within it relates to the collective assessments of the individuals engaging with the market. Individuals will have determined a level of personal risk, which they are willing to accept in terms of detection and potential punishment.

There is a balance, too, between risk and individual needs; a seller might wish to make larger sums of money from drugs or a buyer might wish to obtain a very regular supply of drugs. To place this in context an open market increases the seller's opportunity to sell and thus offers the potential for higher revenue, because they will make a transaction with anyone entering the market. However, their personal risk is higher because being part of the open market increases their likelihood of detection.

In the case of the buyer, a personal decision to enter the open market reflects the extent they need to obtain their drug of choice: can they delay their purchase until they can access drugs via a social network, thus reducing their risk of detection, or are they in withdrawal and thus need the drugs immediately?

### **Geographical features of markets**

Research suggests that market types have specific geographical features. Table 7-1 compares the features of open and closed markets.

Open Markets	Closed markets
<i>Place-specific</i> : Compact areas that focus upon a major thoroughfare or major activity such as shopping.	<i>Not place specific</i> : The market is based upon a social network so its coverage mirrors the locations of its members.
Streets that have a high volume of people passing through and circulating within.	Quieter more discreet locations, where an individual would not be noticed.
The geographical area is familiar to both buyers and sellers for reasons of personal protection and escape.	Personal risk is less relevant in a closed market therefore there is less need to be concerned about personal protection and escape.
Areas that allow communication either in a verbal or visual manner.	Locations that are accessible and do not incur high travel costs.

Table 7-1. The features of open and closed drug markets

(Table prepared from Buerger 1992; Eck 1996; Edmunds et al. 1996)

Edmunds et al. (1996) listed 12 common amenities and recorded their presence in the drug markets they researched. Only two of the amenities were found in all six drug markets and these were tube or rail connection and locations where it was considered safe to take drugs. With particular reference to tube stations, Edmunds et al. (1996) reported that one open market was:

“...essentially static, centring on a tube station entrance. This usually served as the meeting point- most deals were struck within 50 yards.”

(p.21)

Other frequently occurring amenities were good bus services, fast food outlets, banks/post offices and payphones. These all appeared in 5 out of 6 of the markets. Research by Chatterson et al. (1995) highlighted the key role of telephones in drug deals, stating:

“Some respondents had as many as twenty telephone numbers that they said they could ring to buy heroin or crack...users will, and often do, ‘shop around’ various dealers.”

(p.21)

The appearance of a pay phone on this list of amenities is interesting as more recent research generally indicates that drug markets rely heavily upon mobile phones to communicate. Aitkens et al. (2002) noted:

“The advent and ubiquity of mobile phones made the grapevine vastly more effective, and technology has clearly become of central importance to this street market.”

(p.198)

But Edmunds et al. (1996) note the prominent use of mobile phones in one of the six markets they studied, which they defined as a closed market.

“Some buyers had up to 10 or more sellers’ mobile phone numbers. Some mobiles were held legally, but most were cloned or stolen and used for short periods and then recycled.”

(p.12)

The example of the mobile phone would seem to suggest that drug markets quickly absorb any new technology that could streamline their operation or more importantly protect it.

Much of the literature on drug markets is directly linked to evaluating policing strategies. However, May et al. (1999) conducted research into two open drug markets where high-visibility, low-level police enforcement was introduced and found both markets responded by evolving into closed markets:

“Few interviewees had been disrupted by the police when attempting to purchase drugs and a number of sellers had been distributing drugs for a lengthy period undetected.”

(May et al. 1999, p.1)

Similar research by Aitkens et al. (2002), undertaken in Melbourne, found evidence of markets adapting to new policing strategies. In this case, the market changed in the following ways:

- mobile phones were used more;

- sellers remained mobile (as opposed to loitering in an area);
- selling only to known buyers;
- dealing from off-street locations;
- carrying a small amount of drugs.

The findings of the research indicated that increased policing did not stop the drug market operating but in order to continue, the market needed to adapt. Furthermore, high visibility policing appears only to increase the likelihood of a delay in making a transaction rather than actually stopping it (Aitkens et al. 2002). A delay generally occurs because it takes longer to find a mobile dealer as opposed to a static one (May et al. 2001 and Chatterson et al. 1995). The research by Aitkens et al. (2002) did report that there were some, perhaps those drug-takers who had fewer contacts, who believed there was a smaller quantity of drugs on the market following the introduction of higher visibility policing. But this could be due to another factor related to sellers rather than an actual supply reduction. Buerger (1996) describes two types of sellers: ‘the businessman’ and ‘the opportunist’. ‘The Businessman’ has

“...a greater commitment to the criminal enterprise of drug-peddling.”  
(p.34)

Whereas ‘the opportunist’ “dabble[s] in retail sales only episodically” (p.34). It might also follow that a less committed seller (an opportunist) would withdraw from a market that presented a greater degree of organisation and risk due to police activity.

### **Ethnicity and markets**

The literature also indicated that markets may be determined by factors related to ethnicity. Edmunds et al. (1996) reported that in the markets studied there was evidence that particular nationalities traded either in specific drug types or more usually only sold to

specific nationalities, mainly their own. This is a point picked up by Pearson and Hobbs (2001) in their research into middle-level dealing networks.

“Ethnically bonded networks such as these involve people whose family origins are in drug producing countries and regions, and these regional affiliations are often exploited commercially in terms of importation.”

(p.27)

And also in terms of families:

“Family and kinship ties are often most prominent at higher levels of drug trafficking.”

(p.27)

Pearson and Hobbs (2001) found, too, that dealing in specific drug types could be associated with specific nationalities. For example, one heroin network was associated with Turkish producers who relied upon Dutch people to warehouse the drug in Holland and Belgium whilst it was awaiting transportation to the UK.

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## Appendix K:

### The nature of geographical information

#### Introduction

The process of extracting specific information from the articles (see Appendix F for the items) revealed considerable information about the movement of both drug-takers and drugs. Furthermore, the geographical information extended to locations outside both London, and Britain. The geographical information was reported for different reasons and the following examples outline these:

1. Factual opening statements in articles:

“At Holborn yesterday, an inquest was opened on the body of John Lawrence Hall, 29, an airman, who resided at the Imperial Hotel, Russell Square, Bloomsbury, and was found dead in bed on Christmas Day.”

(The Times 1920, p.5e)

2. The details of charges brought against an individual:

“William John Ogle, 32, male nurse, of Caledonian road, was charged with being an unauthorised person in possession of six tubes of heroin at Tottenham Court-road on November 4.”

(The Times 1922a, p.7e)

3. The life history of an individual as reported from the evidence heard.

“She was arrested and made a statement that her husband, whom she married in Italy, in 1921, was addicted to the drug-habit.”

(The Times 1922b, p.9d)

4. Reported evidence of drug-taking history:

“He had contracted the morphia-habit, and had stayed at a sanatorium in Paris to be cured.”

(The Times 1904, p.8a)

The reporting of either drug-taking activity or personal life histories usually meant the naming of a number of locations. Thus, a much fuller picture emerged of how drug-takers had moved around and how they had obtained their drugs of choice.

**Pilot work regarding the analysis of geographical information**

The wealth of geographical information was unexpected. However, its richness suggested it could illuminate drug-taking activity and should be analysed. Therefore, it was necessary to undertake some pilot work. The period of publication meant it was necessary to obtain an old map of London, as some of the streets named in the articles may no longer exist or, during the time that had elapsed, there may have been name changes. The old map chosen was Booth's Poverty Map of London. There were three particular benefits to using this source:

1. It was very accessible as it was available on-line (LSE 2000).
2. The site provided a search option for specific street names based upon a map of London in 2000. The search results displayed both the map from the year 2000 and the original survey map for comparison purposes.
3. If there was no result returned, a further text search could be made of the original survey notebooks. These notebooks contained descriptions of routes taken by the original surveyor and thus it was possible to gain some indication of where the original street may have been.

The aim of Booth's map was to illustrate the social circumstances of the city's population on a street-by-street basis. The completed

map was colour coded in accordance with the surveyor's notes that recorded particular details, for example, the income of residents, the number of people living in a property and evidence of criminality. Such information initially seemed useful for this research in terms of understanding the social circumstances of the individual identified by the article. However, although work on Booth's map began during the 1890s and thus was near in time to the starting point for this study, much will have changed during the period of the study. The start of the twentieth century was a period of social unrest and great change that was much greater following the outbreak of the First World War (Marr 2009, Van Emden and Humphries 2003, and Hobsbawn 2002). Therefore, there was no consideration of the social element of Booth's map within the geographical analysis for this study.

Initially, the given addresses for the seven individuals considered within Chapter 5 were plotted, and some lived in close proximity. Further plotting of locations using addresses associated with drug-taking of unknown frequency, found that they too lived in specific areas. The emerging pattern suggested drug-takers of the period might be living in specific areas of London.

### **Conclusions from the pilot work**

The pilot work seemed to support the notion that it would be possible to learn more about drug-taking activity across London. If this were the case, then the study could potentially extend current knowledge in relation to drug-taking activity during a key period when the possession or supply of named drugs became an offence. Currently, the historical literature on drug-taking focuses mostly on drug-taking activity in either Limehouse or around the vicinity of Leicester Square and Shaftesbury Avenue. Only a few authors allude to drug activity elsewhere in the city. For example, both Kohn (2001) and Parssinen (1983) relate one incident at Holland Park tube station but only Kohn tentatively suggests that this may indicate that:

“The street traffic extended rather a long way beyond the heart of the West End.”

(Kohn 2001, p.142)

The lack of attention given to drug activity across London within this period reflects a general neglect of supply networks within drugs research as a whole. Edmunds et al. (1996) conducted research into London drug markets and, at the time, stated that their study was unique within the British context. Even outside Britain, there is limited understanding of the operation of drug markets as described in Appendix J. However, a literature search for this study did identify earlier research into drug markets. For example, Lewis et al. (1985) undertook research specifically into the heroin market in London in the early 1980s and Dorn and South (1990) considered drug markets in terms of law enforcement. However, arguably, interest in drug markets has been rather indirect, as it has stemmed from a wider body of research into effective policing methods, which was of international interest from the mid 1990s.

Electronic searches for all the addresses or locations named in each category were undertaken and these were marked on a current map of London using a specific colour for each group of drug-takers and written next to each location was the year and drug type. This process was replicated for locations across Britain.

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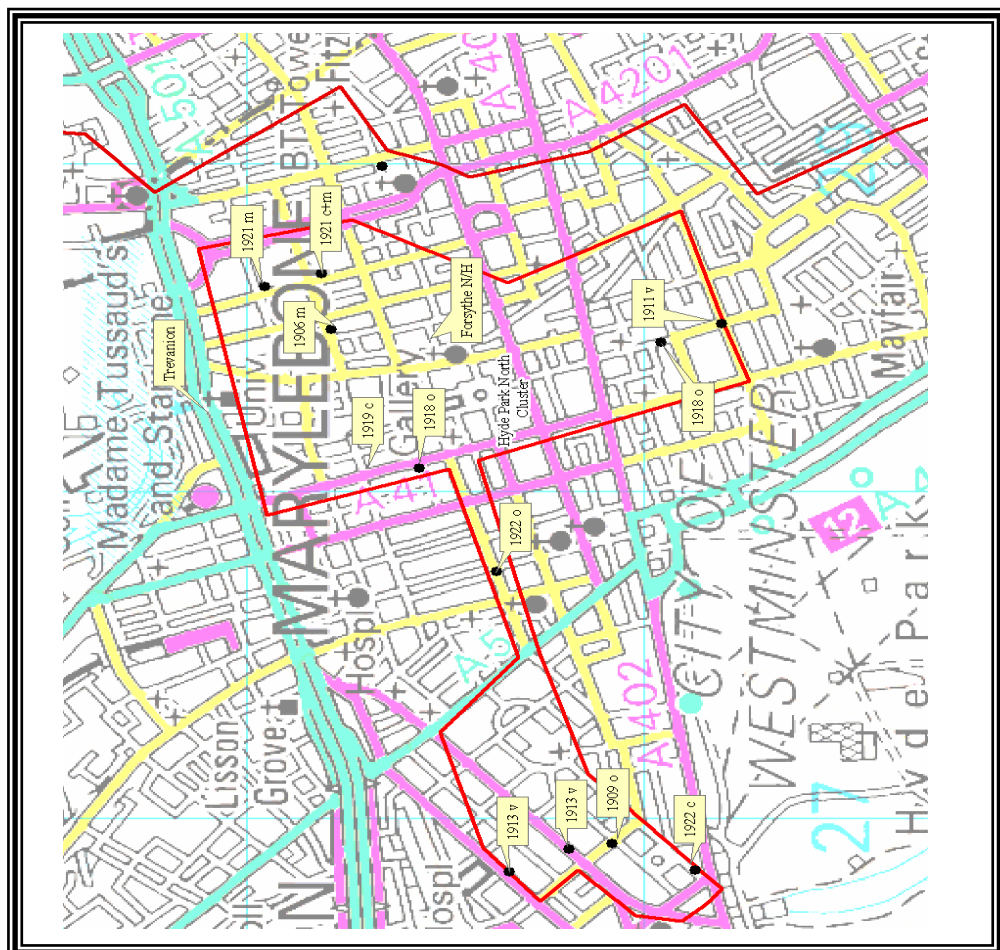
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## Appendix L: The five clusters

The locations were often a street name with no indication of the position on the street. Therefore, the maps are drawn based on the entire road rather than a specific point. Hence, the clusters may be more compact than indicated by the plotted area on the maps.

Each location appears with the year of incident. In most cases, the preceding letter denotes the drug type m= morphine, c=cocaine, h=heroin, o=opium and l=laudanum. Other letters which appear are N/H = nursing home. The names relate to a residential location for individuals featured within Chapter 5.

### Hyde Park North cluster



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Figure 3-1. Map of Hyde Park North cluster

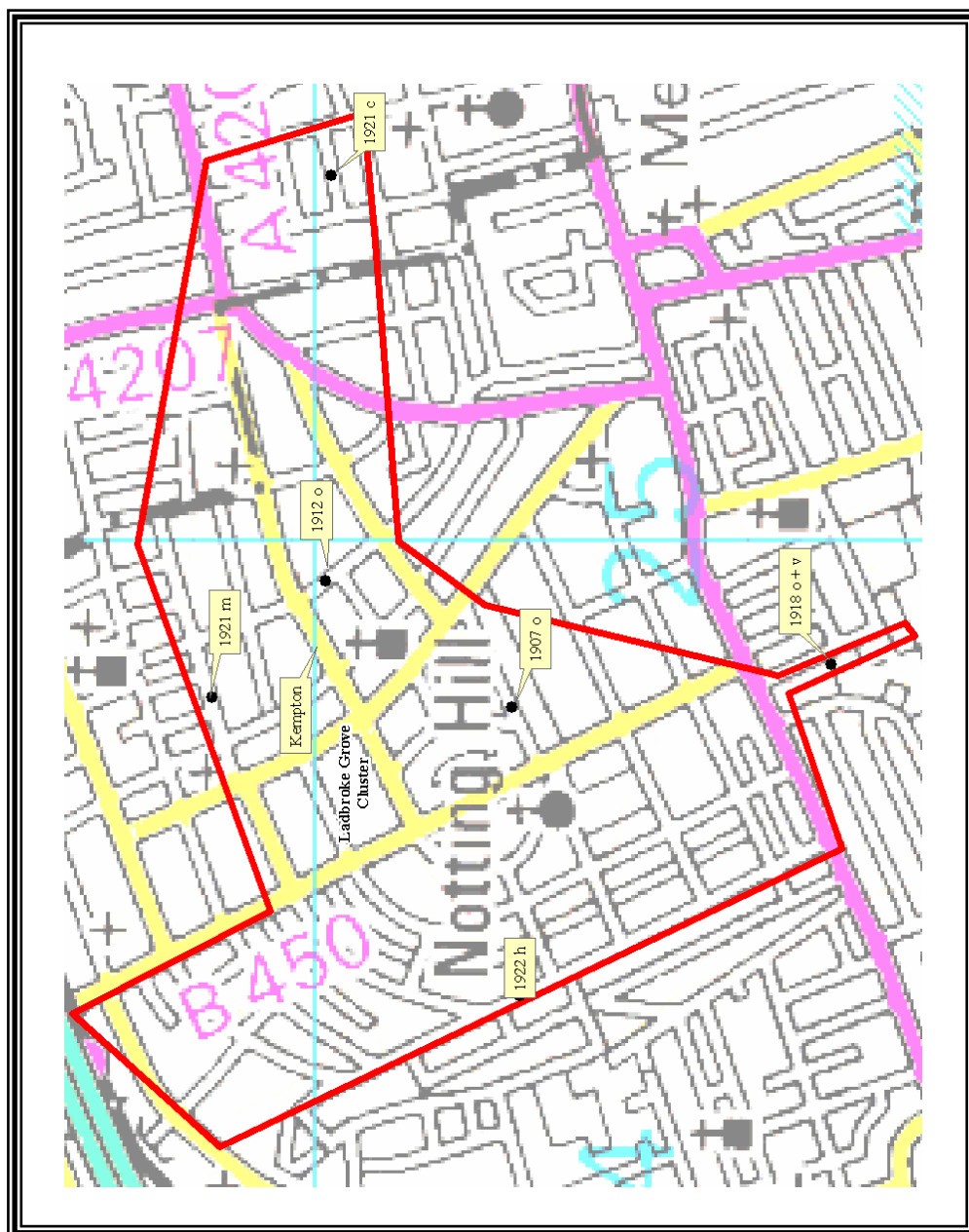
## Hyde Park North cluster profile

Number of cited locations within cluster	13
Range of years when drug activity reported in cluster	1900 - 1922
Most common type of incident	More regular drug-takers with slightly more cases post 1916
Percentages of cases which involve a male	69%
Age range of male cases	20-60 years
Age range of female cases	29-42 years
Occupational background	Professional (teacher, barrister, medicine) and business.
Drugs cited in cases identified with this cluster	Veronal, morphine, opium and cocaine.
Drug-taking behaviour	Some were taking combinations of drugs Some injected drugs.

Table 8-1. Summary information for Hyde Park North cluster



### Ladbroke Grove cluster



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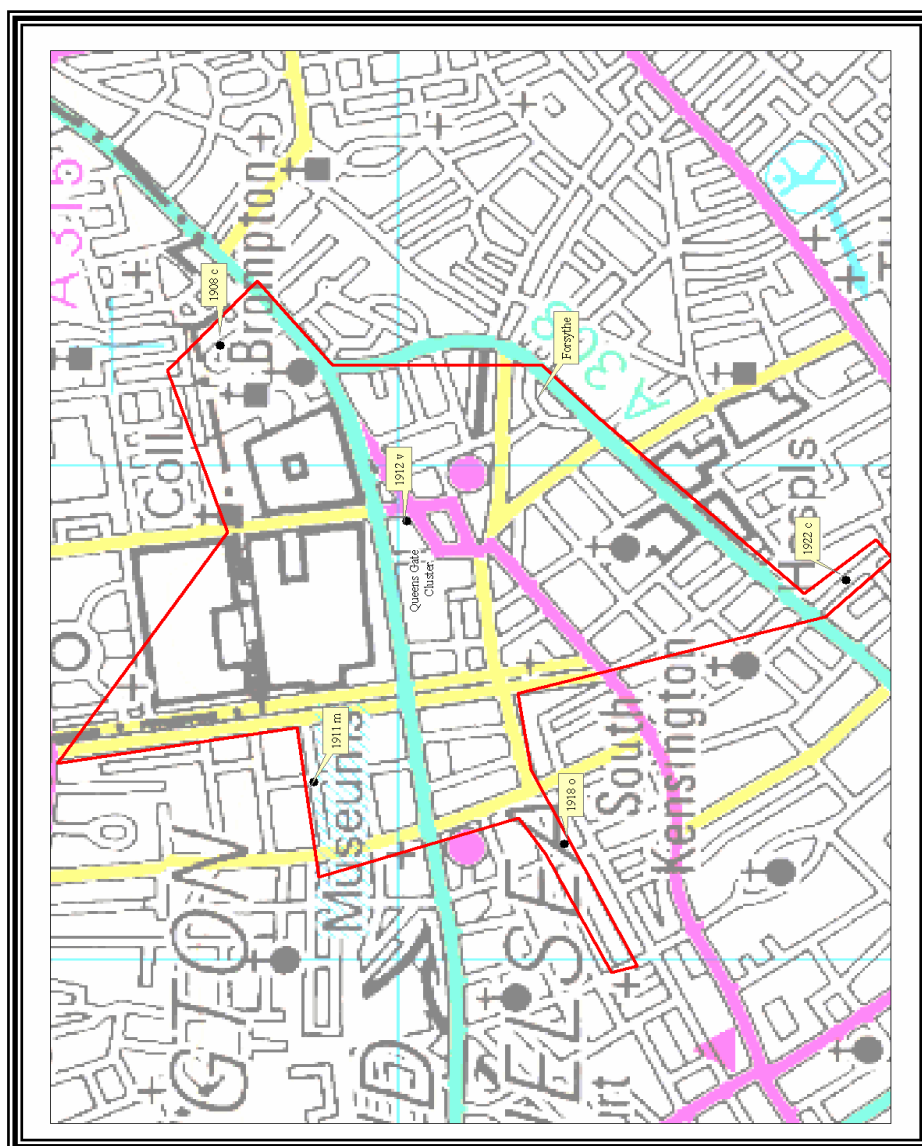
Figure 3-2. Map of Ladbroke Grove cluster

## Ladbroke Grove cluster profile

Number of cited locations within cluster	8
Range of years when drug activity reported in cluster	1907 -1922
Most common type of incident	More regular drug-takers with most post 1916
Percentages of cases which involve a male	75%
Age range of male cases	28-60 years (older prior to 1919)
Age range of female cases	21-56 years
Occupational background	Pre 1919 wealthy/ retired Post 1919 professional and business
Drugs cited in cases identified with this cluster	Pre 1921 opium, laudanum and veronal Post 1921 morphine, heroin and cocaine.
Drug-taking behaviour	Some took a combination of drugs Some were injecting drugs

Table 8-2. Summary of information for Ladbroke Grove cluster

## Queen's Gate cluster



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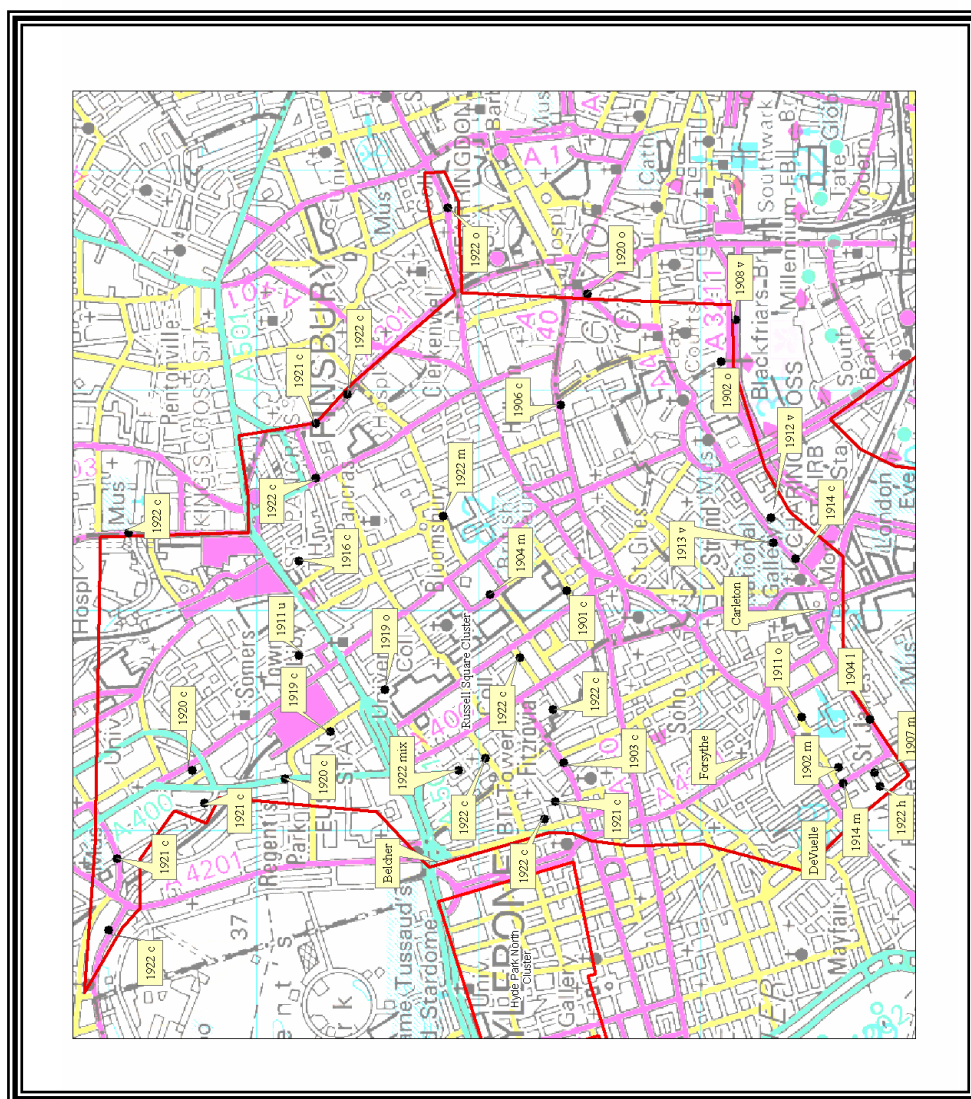
Figure 3-3. Map of Queen's Gate cluster

## Queen's Gate cluster profile

Number of cited locations within cluster	7
Range of years when drug activity reported in cluster	1900-1922
Most common type of incident	More regular drug-takers and most were pre 1916
Percentages of cases which involve a male	57%
Age range of male cases	20-37years (most 36 or 37 years)
Age range of female cases	42-55 years
Occupational background	Engineer or shipping merchant
Drugs cited in cases identified with this cluster	Cocaine 1900-1922 Veronal 1910-1912 Morphine 1900-1911 Opium 1918
Drug-taking behaviour	Some injected drugs

Table 8-3. Summary of information for Queen's Gate cluster

## Russell Square cluster



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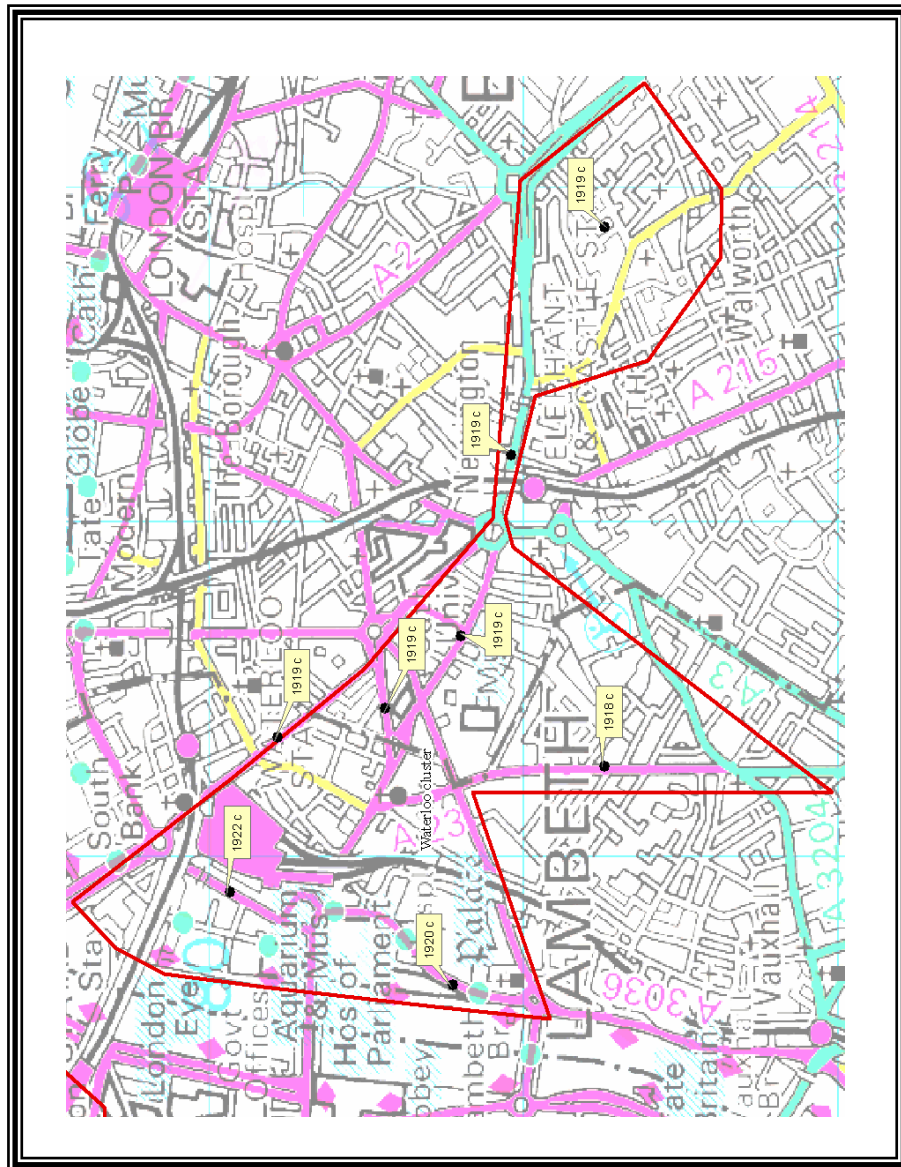
Figure 3-4. Map of the Russell Square cluster

## Russell Square cluster profile

Number of incidents	58
Years when drug activity reported	1901-1922 (50% occurred 1920-1922)
Most common type of incident	Mostly arrestees for drug offences
Percentages of cases which involve a male	72.4%
Age range of male cases	22-52 years
Age range of female cases	21-47 years
Occupational background	Pre 1919 wealthy or professional Post 1919 trades and lower paid employment groups
Drugs cited in cases identified with this cluster	Cocaine 1901-1922. However, post 1920 almost all cocaine incidents are associated with arrests of individuals from category 3. Morphine more popular pre 1917 Opium Heroin most popular 1922 and associated with category 2b members Veronal 1912-1913 only
Drug-taking behaviour	Some injecting activity

Table 8-4. Summary of information for Russell Square cluster

## Waterloo cluster



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Figure 3-5. Map of the Waterloo cluster

## Waterloo cluster profile

Number of cited locations within cluster	8
Range of years when drug activity reported in cluster	1918-1922 with most activity in 1919
Most common type of incident	All arrestees for drug offences
Percentages of cases which involve a male	62.5%
Age range of male cases	23-60 years (most older)
Age range of female cases	21-35 years
Occupational background	Unskilled lower paid employment or unemployed
Drugs cited in cases identified with this cluster	Cocaine

Table 8-5. Summary of information for Waterloo cluster