

Drugs and Race in American Culture: Orientalism in the Turn-of-the-Century Discourse of Narcotic Addiction

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By the turn of the twentieth century, the association of Chinese immigrants with opium smoking was old news. Reports of the British Opium Wars of the 1840s and a steady stream of sensationalized, journalistic descriptions of American and Chinese “opium dens” had long confirmed the relationship of the Chinese with opium use for many Americans. What was different at the end of the century, however, was the slow proliferation of more properly “scientific” theories that sought to explain the growing phenomena of habitual drug use among *all* races of Americans. Chief among these was the “addiction” concept, a term that physicians began using sometime around 1900. Most of the new “addicts,” who had become steadily more visible after 1870, weren’t Chinese, nor were they opium smokers.¹ They were instead morphine, cocaine, or heroin users and many of them had become “addicted” through the care of physicians who sought to allay any number of maladies by the hypodermic injection of narcotic drugs. But despite the presence of new drugs and new users, the association of Asian otherness with drug use and its effects persisted in the turn-of-the-century debate surrounding narcotic addiction.

Scholars of the American drug problem have often noted that *fin de siècle* narcotic experts linked addiction with race. For instance, medical historian David F. Musto notes that “the southerner’s fear of the Negro and the Westerner’s fear of the Chinese” shaped American responses to a growing “drug problem.”² In a similar vein, David T. Courtwright argues that changes in the demographics of the addict population, including race, led to the 1914 passage of the Harrison Anti-Narcotic Act, the nation’s first federal anti-narcotic legislation.³ Likewise,

scholars of race and racism in America have noted the frequent references to opium use in anti-Chinese diatribes.⁴ Yet these scholars, and others who have helped to identify and expose the connections between racism and the discourse of addiction, have never sought to examine the details of the logical pattern that structured the association of addiction with race at the turn of the century.⁵ In other words, we know that the discourse surrounding the discovery of the drug problem was (and is) racist, but we still don't understand the intricacies of its operation. It is time for scholars of addiction—and of racism more generally—to engage this problem, because by failing to ask why ideas that we now recognize as blatantly racist once persuaded a large group of educated, intelligent, and well-intentioned people, we ignore the causes of racism and focus instead on its symptoms. Ultimately, we fail to confront the disease.

I hope to begin a reexamination of the interplay between drugs and race in American culture by exploring several examples of turn-of-the-century, anti-Asian racism as it was embedded in the medical literature of narcotic addiction. The explanations of narcotic addiction disseminated in these texts did more than simply state that Chinese people used opium. Their writers continued these older associations but also surpassed them by suggesting that the threat held by the use of opium and its derivatives was *addiction*, an affliction that menaced white drug users with a reduction to the “condition” of the Chinese. This condition was comprised of many elements but its mobilization as a description of the predicament of being “addicted” had the effect of converting the practice of narcotic use into the manifestation of an inner state—into the expression of a hidden truth about the user.⁶ The use of race as a metaphor for addiction helped to shift the discourse of addiction away from the description of practices and moved it instead toward the investigation of essences.

This essay explores several examples of the way in which race, especially the image of the “Oriental,” was mobilized as a metaphor for narcotic addiction in a group of late-nineteenth and early-twentieth-century texts, including cure doctors’ pamphlets, publications from the mainstream medical establishment, and articles from the popular press. While each of these sets of texts has its own protocols, my interest lies less in their generic differences than in the operation of a persistently racist strand that bound them together. The insistence upon Oriental otherness opened a path through the confusing tangle of ideas that problematized the explanation of narcotic addiction to the lay public. It provided a means for these writers to explain the otherwise nebulous threat of addiction that they found hanging over the heads of their white, bourgeois readership. This operation also served, however, to describe people other than narcotic addicts. This essay, therefore, confronts a logic whose easy circularity was perhaps its most vicious feature. Narcotic addiction experts, who often argued that to be an addict was to be *like* the Chinese, further implied that to be Chinese was to be *like* an addict.⁷ The discourse of addiction thus reflected older calls for the subjection of Asian-Americans to the authority of their supposed racial superiors while simulta-

neously reinforcing such demands by associating the “Oriental” with a menacing new figure: the “drug addict.”

Orientalism in the Discourse of Addiction

Because of the way in which the discourse of addiction employed visions of eastern otherness, it is implicated in what Edward W. Said has called “Orientalism,” which he defines as “a way of coming to terms with the Orient that is based on the Orient’s special place in European Western experience.”⁸ That “special place” in European experience is a site of otherness, an exotic locale where the “rational” borders of European culture are both confirmed and threatened by the image of an irrational, sensuous, and seductive Orient. This constructed Oriental threat to European culture was both a product and a source of Orientalism, “a western style for dominating, restructuring, and having authority over the Orient.”⁹

Said’s book concentrates on European representations of the Arab world, and he is quick to point out that, for Americans, the Orient “is much more likely to be associated very differently with the Far East.”¹⁰ American historian Jackson Lears has found strong examples of Orientalism in American culture, writing that “by the 1840’s, Orientalism pervaded the exotic visions of abundance” put forward by various American entrepreneurs and advertisers and that its appeal lay in its representation of “a fluid amniotic zone of escape from bourgeois striving.”¹¹ Yet to escape one’s bourgeois world into an Oriental space typified by its “fluid amniotic” borderlessness, was also to risk the ability to find one’s way back to the familiar and reassuring borders of bourgeois identity. This world of Oriental otherness thus threatened the stability of the bourgeois subject—while also defining it—and it is here that narcotic addiction experts posited a connection to the world of habitual drug use.

American medical writers used exotic, seductive, and degraded images of the Oriental—attached to both the Middle and Far East—as a means of explaining the perils of drug addiction to their readers. Though many practitioners filled the back pages of late-nineteenth-century periodicals and newspapers with their advertising, one doctor towered above the others. Leslie E. Keeley, promoter of the “Bi-Chloride of Gold Cure” was the period’s best known cure doctor. Born in 1832, Keeley received his medical degree at Chicago’s Rush Medical College in 1864. Immediately after, he entered the Union Army’s medical service, where he became interested in curing habitual drunkenness.¹² He began experimenting with potential cures after the war, and in 1879 he and a partner opened the first Keeley Institute in rural Dwight, Illinois. The Institute, which Keeley soon expanded to a nationwide franchise, was a great financial success. “Between 1892 and 1900 the Keeley Company generated income of more than 2.7 million dollars,” according to addiction treatment consultant and historian William L. White, who notes further that over 500,000 alcoholics and addicts took the Keeley cure between 1880 and 1920.¹³ Historian H. Wayne Morgan has argued that “Keeley’s name became almost a household word” during this period and that

“the billboards and wall sized signs proclaiming the presence of a Keeley Institute were almost obligatory for a city to be up-to-date from the 1890’s to the first world war.”¹⁴

In 1897 Keeley, wrote that

“God’s best gift to man,” is the Arab’s favorite name for Opium. . . . The poor, worn nomad of the desert, battling against the elements as he toils across the dry and trackless waste, comes to his encampment as the evening shadows gather, suffering from an exhaustion overpowering. And as the stars gleam out from that Eastern sky like bolts of glowing steel fresh-forged from the furnace of Jove, and the sighing winds breathe out their requiem for the dying day, he finds in the all-potent “drug,” “surcease of sorrow.”¹⁵

Here Keeley created an exotic Oriental landscape in order to people it with outlandish drug addicts. This was a world quite other than that of late-nineteenth-century America. His references to the “eastern sky” and to a “dry and trackless waste” emphasized the difference between the worlds while confining the “Arab” within a desolate and forbidding landscape. Keeley depicted this Oriental world as non-productive, unpeopled, and uncivilized. For Keeley, it was the antithesis of modern America.

Keeley described the otherness of this world still more explicitly when he argued that the Arab’s “opium dreaming has no affinity for the life which palpitates in this new world of ours.”¹⁶ His references to “palpitating life” in a “new world” placed the forces of dynamic growth at the service of all that was “new” against a particular version of the “old,” enforcing a common association of progress, motion, and technological improvement with modern American civilization.¹⁷ Keeley used the idea of the drug addict, tied fast to an image of the Orient, as an example of what modern America was *not*. Addicts and Orientals were the others against which Keeley measured modern America’s progress—the way that he assessed its very “modernity.” “The sluggish nations of the Orient may be content to let today be as yesterday, and tomorrow as today,” Keeley claimed, but “the Present, our Present, so full of life and movement and throbbing energies, has no part in [the Arab’s fireside tale.]”¹⁸

Keeley saved his most striking argument for the conclusion to this passage. He stated the threat of racial reduction quite explicitly when he wrote that the Arabs

live in the desert, and its monotony has passed into and become a part of their very souls. And he who, in this mighty continent of the West, delivers himself over to a

life of Opium torpor, falls from his high estate and passes into a world which, by contrast, is even more dreary and monotonous than that of the Arab tribes. . . . He passes from the living progressive world into a desert whose extent is limitless, and whose dry and dreary pathways have no end.¹⁹

Keeley thus made the threat of racial degradation tangible for his turn-of-the-century readers. Addiction threatened modern Americans with a “passage” from the West to the East and from high to low. This downward path was marked by the loss of one’s “high estate” in what Keeley characterized as a bad trade—an exchange of the “living progressive” West for the “dry and dreary” East. Keeley suggested that narcotic addiction was an affliction that rendered its victims unable to participate in the dynamic new world that modernity’s boosters hoped the coming century would deliver. The narcotic addict, inextricably linked to images of the Oriental, played the role of the other in this discourse and was thus registered as an fundamentally modern character.²⁰

Keeley located the Oriental threat of addiction closer to home by inscribing it upon the bodies of the Chinese immigrant population.²¹ He accomplished this task through a vivid description of the Chinese-American opium den. The “SMOKER,” he wrote, “must devote time and money to compel the inspiration of his god, and he can only do so in a temple, known as a ‘den’ or ‘joint,’ prepared for his Satanic worship.”²² Occasionally, wrote Keeley, within such an evil temple a white, never Chinese, addict would arise, and,

shaking himself back to consciousness, to the astonishment of the “almond-eyed” coryphee, he steps down from his bunk, and, with a quick movement, passes out into the street, where the rising sun greets him with its beams of gladness and renewed life.²³

Keeley compared the degradation and decay of a mythical Orient to a glowing and ascendant Occident. More threateningly, this dangerous fragment of the Orient lay embedded within the heart of modern, big-city America, threatening to infect all that surrounded it.

Keeley’s writing linked the Orient, the “Chinaman,” and the addict in order to delineate the modern West more clearly. He wrote that the addict often felt that he was “incompetent for any duty.” This inability to take competent action was, for Keeley, especially problematic in modern America because

in the young and ardent West, where every man is in competition with his fellow-man, he needs a clear head, a steady nerve, a quick and active muscle, together with

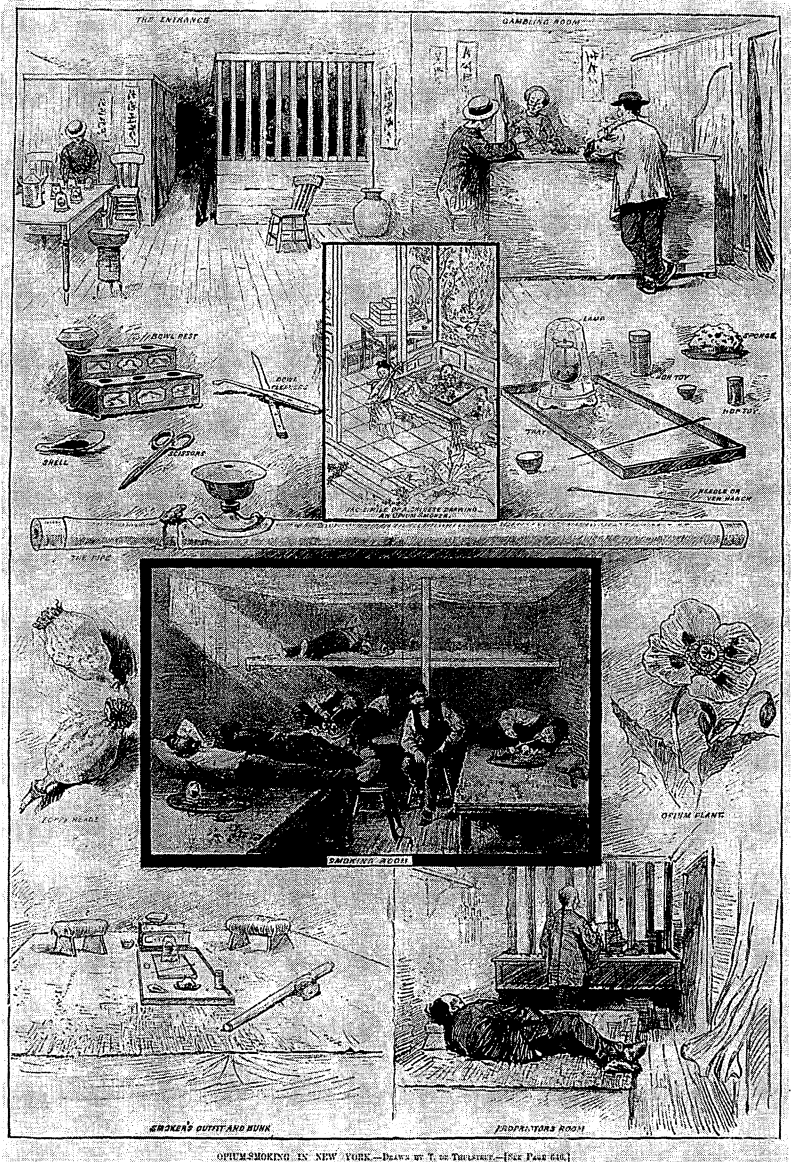


Figure 1: This cartoon, which ran in the 24 September 1881 issue of *Harper's Weekly* made visible the hidden “truth” behind the degradation of white male opium use. By foregrounding the image of an opium den patronized by a rough-looking bunch of whites over a network of decidedly Orientalist images it suggested that the truth behind the appearance of white opium use was unequivocally Oriental. Photo by Donald Strand, courtesy of the Strong Museum, Rochester.

a freshness of mind that must be constantly available if he would achieve success.²⁴

Keeley believed that the addict's inability to join the "honest workers, sons of toil" who, while drug addicts drowsed, were "already up and doing" was a key problem of drug use.²⁵ Because the addict's desire to consume the products of modern medical technology overrode his capacity for self control, he was unable to participate in modern American progress. Keeley argued that addicts were "lost to the world, consumers and not producers."²⁶ Though somewhat outside the scope of the present study, we must nonetheless note that the discourse of addiction was pervaded by the images of desire, satisfaction, and restraint supplied by the expanding consumer culture.²⁷ The inability to restrain one's desire to consume, in this context, was indicative of a failure of the subject to properly acclimate itself to the modern technological and economic environment. The addict could thus be imagined as a casualty of modernity, as a subject who failed to enter the community of modern, twentieth-century Americans. As Keeley wrote, the addict's voice "could no longer bear its part in fireside song, even if the opium user cares to join in fireside singing, which he does not."²⁸

What is most pertinent for this essay, however, is to note that when Keeley used (Orientalist) human metaphors to illustrate the hazards of addiction, he also defined the metaphorized "Orientals"—the Chinese-Americans whose bodies inevitably bore the metaphor²⁹—as simultaneously antithetical to and symbolic of modern America. Keeley's text produced Oriental others who, insofar as they represented a world resistant to and far removed from the American present, were fundamentally antiquated. But they also signified narcotic addiction, something that Keeley identified as "the secret leprosy of modern days."³⁰ The Oriental could thus signify a particularly menacing element of modernity (the runaway consumption of drugs, or, "addiction"), whose threat was to reduce the white middle class to the status of the (essentially archaic) Chinese. This irredeemably contradictory logic fed off of its own circularity, enabling the construction of an Oriental other who served as a negative referent to what Keeley felt was a well-adapted, respectable, and narcotic-free modern American subject.

Keeley was far from alone in linking the addict with a seductive Oriental threat. Dr. Samuel Collins, promoter of the "Painless Cure," feared a potential degradation of Occident to Orient and suggested in 1887 the possibility of a shockingly literal racial transformation when he exposed the strange case of the mysterious "Mrs. Jones." Collins wrote about a very average American woman who also happened to be an "opium eater." In order to emphasize her Anglo-Saxon ordinariness, he explained that her name "was not Smith but it was Jones" and thus suggested that she could have been anyone's next-door neighbor. But, noted the doctor, something was amiss with Mrs. Jones: She "was the terror of all the boys in the village. Her eyes had an unearthly light in them. She took crude opium and everybody knew it." Mrs. Jones was what would soon be called a

narcotic addict but, more significantly, Collins explained her predicament in terms of skin color. He wrote that “the opium was yellow, she lived in a yellow house, and she had a yellow skin.”³¹ Mrs. Jones, through her opium use, had experienced the racial degradation feared by many turn-of-the-century observers. The change in her appearance marked her fall from what Keeley called the “high estate” of the modern West to the archaic world of the Orient, the world of the metaphorized Chinese and their opium dens.

The opium den also threatened to seduce the honorable. In 1900 a short series of articles in *The Journal of the American Medical Association (JAMA)*, written under a Philadelphia dateline, narrated the story of “a young woman teacher of the Chinese [who] became addicted to the smoking of opium, which it is believed she learned from her pupils.” To indulge her habit she went “to an opium den and smoked, [where] she developed alarming symptoms before medical aid was obtained, and death occurred shortly afterward.” The *JAMA* claimed further that “smoking of opium appears to be by no means uncommon, not only among the Chinese but among others” and that the “policemen have been most negligent” in its control.³² The next issue stated, however, that since her death “a crusade has been instituted by the city authorities among the citizens of Chinatown, and a large number of arrests have been made.”³³ These articles relied on the long-standing association of the Chinese with opium use but further emphasized the seductiveness and growth of narcotic use to white society. They showed the way that a young teacher could be coaxed from her virtuous path, provoking the response of an otherwise uninterested constabulary.

Because of its association with the Orient, and especially with China, narcotic addiction was often envisioned as a *foreign* threat, imported from distant shores to menace the hard-working but dangerously susceptible American public. The American Pharmaceutical Association’s Committee on the Acquirement of the Drug Habit declared in 1902 that “if the Chinaman cannot get along without his ‘dope,’ we can get along without him.” But with or without the “Chinaman,” the committee feared that it might be too late to stop the spread of “his” vice. They noted the growing figures for the importation of smoking opium and reasoned that “the great increase in the quantity of this special kind of opium proves one of two things, or both: Either our exclusion laws are being violated, or the smoking of opium is largely practiced by others than Chinese.”³⁴ In other words, they feared that the practice was rapidly spreading among the non-Chinese.

The New York *Sun* shared the APA’s concern and pointed out that China was “history’s most notorious example of a drugged nation.” However, the paper explained, “with the aid of practically every civilized nation” China had reduced the number of its addicts. The United States, on the other hand, had “distanced every other nation in the world in the volume per capita of its illegitimate drug consumption.”³⁵ Such an argument suggested that the United States threatened to become the world’s next “notorious example of a drugged nation.” State department envoy Dr. Hamilton Wright, wrote in 1909 that opium addiction was “no

longer a Chinese or far eastern evil, but one that has made its appearance in and threatens the social fabric of many western nations.”³⁶ These writers argued that what they believed to be a growing narcotic problem threatened the United States with the possibility of becoming “like” China. If Americans failed, therefore, to address this problem and its carriers, the nation too faced a reduction in status to the level of an “uncivilized” and “drugged nation.”

Charles B. Towns: “The White Hope of Drug Victims”

The suggestion of a threat to American national integrity implied that the United States needed to act decisively inside and outside its borders in order to contain a growing drug threat. Thus, the discourse of addiction both reflected and enhanced a growing imperialistic longing for the economic rewards that entrepreneurs hoped to reap in the Asian market. It served, among other things, to cloak economic considerations in humanitarian garb while it simultaneously aided calls for domestic persecution of Chinese immigrants. This combination of impulses was particularly clear in the exceedingly influential efforts of one “American citizen’s direct and practical proposal to help fight the great monster right in its lair.”³⁷ This language of “monsters” and “lair” was the way that a journalist, writing for *Collier’s* in 1913, characterized entrepreneur Charles B. Towns’ attempt to bring his addiction cure to the Chinese mainland.

Towns was a colorful and influential character. He was, according to David F. Musto, the “undisputed king, or, perhaps emperor” of the cure doctors.³⁸ His authority derived in part from the approval and support of Cornell University’s Dr. Alexander Lambert, who went on to be President of the American Medical Association and was among the most respected physicians of the period. Towns relied on Lambert’s support and through his influence Towns’ voice registered at the highest levels of government and of mainstream professional medicine. Towns’ success had as much to do with the character that he was able to project as it did with his addiction “cure.” He began life as a Georgia farm boy, where he soon showed himself to be a giant of will, according to his 1913 *Collier’s* biographer. Such a characterization stood in clear opposition to that of the drug addict, whose condition was often defined as the total loss of will power. Towns was a man who supposedly “breaks the horses and the mules and the steers that no other will can conquer, . . . [he has] the coolest, strongest will and a courage that will take a dare from nobody.”³⁹ Towns, who was able to face nature and dominate even the most defiant of its creatures simply by the force of his will, thus appeared as the antithesis of the addict.

Towns also stood as a figure who, unlike the narcotic addict, was able to translate his will power into a modern argot. His biographer explained that the farm became “too easy for Charlie” and that he next tested his will against the railroad, perhaps the preeminent symbol of modernity. Towns, of course, had the power to “break” the railroad, just as he had done with the stubborn horses and steers. The railroad “yielded somewhat to his aggressive disposition, but when

transportation problems began to be halter broken his interest flagged and turned to life insurance."⁴⁰

After he became the most successful life insurance salesman in his district, *Collier's* explained, Towns sought a fresh challenge. While casting about New York City for a new occupation, Towns was allegedly approached by a man who claimed that he was in possession of a cure for the drug habit. After he was told by his doctor that such a notion was absurd, Towns took up the challenge and "perfected" his cure by experimenting on addicts who had answered the ads that he placed in New York newspapers.⁴¹ Soon Towns sought a larger market for his cure and in 1908, with the support of Dr. Lambert, he took it to China where, according to *Collier's*, he faced the "yellow tide" single-handedly:

And this man on the soap box, with only a revolver in his lap and another on his hip, is just as much alone as he appears. . . . There is absolutely nothing between him and death for his American impudence, save his Georgia-born nerve. Yet there he sits, one lone white man, in the midst of four hundred million Chinamen, waiting for the soldiers of the Empress Dowager to come and try to take down his signs.⁴²

Towns appears in this passage as the consummate self-possessed individual. The writer placed him alone on a soapbox, revolver in hand, over and against a sea of threatening racial others. *Collier's* emphasized Towns' individuality and autonomous subjectivity by measuring it against the undifferentiated mass represented by the subjects of the Empress Dowager, the descendant of an ancient line whose soldiers threatened to overwhelm Towns and take down his self-promotional signs.

Towns' biographer praised him as an exemplary American, making clear, however, that Towns was not exceptional. He was, rather, an "everyday American," a frontiersman who represented the strength of the will against the threat of narcotic addiction and its threat to reduce the white, American bourgeoisie to the level of their racial "inferiors." Towns was everyman; he was flexible, strong and dynamic. Coming from Georgia and New York, he represented both North and South and was a product of both rural and urban America. He had been a worker and a manager, a laborer and a professional: "Formerly of Georgia, late of Manhattan, now of the Flowery Kingdom, once a farmer and horse wrangler, then a railroad man, insurance agent and broker,"⁴³ Towns was, according to *Collier's*, "the White Hope of drug victims."⁴⁴

There was one thing, however, that Towns most decidedly was not, and that was Chinese. As his *Collier's* biographer waited outside the office of the American consul to China, he claimed to see "Mr. Towns, himself much angrier than his tones, issue from that same reception room and go bouncing down the stairs with a stride as undiplomatic as it was un-Oriental."⁴⁵ While clearly

positioning Towns against the “Oriental,” this passage also suggested that Towns, who lacked “diplomacy,” was able to maintain his autonomy and independence against an expanding, bureaucratically administered, corporate society. *Collier’s* pictured Towns as a strong, self-willed, autonomous individual struggling against a faceless bureaucracy in an attempt to protect modern America from the Oriental ravages of drug addiction.

Racial Essence and the Double Meaning of Addiction in William Rosser Cobbe’s *Doctor Judas* (1895)

Closer to home, Chicago journalist William Rosser Cobbe, himself a recovered addict, wrote *Doctor Judas, A Portrayal of The Opium Habit* (1895). There he distinguished between various types of addicts according to the type of drug they preferred. He wrote that narcotic

users who take the drug into the circulation by the stomach or by injection, never form the habit by deliberate purpose; they are tied hand and foot by the physician or they are led into it by racking physical pain, at a time when they are not morally responsible for their conduct.⁴⁶

He compared this blameless addict with “the smoker of opium” who, he argued, “becomes such through wantonness of desire.”⁴⁷ This division of the addict population into two groups, each with a different degree of moral responsibility, was one of the most common features in the discourse of addiction. This is, quite literally, the addiction concept’s definitive feature. We can better understand these two contradictory notions, their relation to race, and the way in which the term addiction contains both of them if we make a brief trip to the *Oxford English Dictionary* to explore the earliest English uses of the word.

Originally, addiction signified the assignment of a status or condition by a court of law. The *OED* lists the word “addict” as derived from the Latin *addictus* which meant “assigned by decree, made over, bound, or devoted.” The word first appeared in English around 1529 as a legal adjective, describing the state of someone who was “formally made over or bound (*to* another); attached by restraint or obligation; obliged, bound, devoted, consecrated.” This usage soon was made obsolete by a related verb form whose most recent manifestation is the one that we still use today. While its first meaning was “to deliver over formally by sentence of a judge (*to* anyone). Hence, ...to make over, give up, surrender,” it became paired with a second one that emphasized a greater degree of volition than the strict *juridical* sense of the legal term: “To bind, attach, or devote *oneself* as a servant, disciple, or adherent (*to* any person or cause)” and also “to devote, give up, or apply habitually to a practice.”⁴⁸ Both of these contradictory senses of the word—first, the notion of addiction as an assigned or *juridical* condition and second, of addiction as a self-willed or *volitional* condition—are at work in the

noun “[drug] addict,” a designation that became the dominant name for an habitual drug user (someone who suffered from an “addiction”) sometime around 1910.

The discrepancy between the voluntary and compulsive—which, following etymological precedent, I will call the volitional and juridical definitions of the words addict and addiction—is of central importance in any discussion of habitual drug use.⁴⁹ Its resolution provided a formula for the assessment of moral culpability for the addict’s condition. This formula held dire consequences for those who were left without an excuse for their drug taking.

Many turn-of-the-century medical authorities believed that the necessity of living amidst modern social, technological, and economic pressures caused middle-and upper-class Americans—who were still, at least physically, creatures of “nature”—to become particularly susceptible to the seduction of narcotics.⁵⁰ This move greatly reduced the volitional sense of the word “addict” by minimizing the role of individual choice for white, middle-class drug users and thus spared them the moral responsibility for their condition. These people were *juridical* addicts because they were addicted *by* the conditions of a changing world. The *volitional* meaning of the word was generally reserved for those whose racial, and often class, position was often deemed inferior in white, middle-class America. It also served to illustrate the depths that beckoned the “more respectable” members of society should the “drug hazard” go unchecked. Non-white and demimonde others were supposedly free of the commercial and cultural strains of modern life and were thus, with few exceptions, denied an excuse for taking drugs. They were thus assigned a greater degree of moral responsibility for their habit than were “juridical” addicts.

This logic is clear in Cobbe’s claim that narcotic users who preferred the drugs employed in professionally sanctioned medicine were “tied hand and foot” by their doctors. Such a characterization served to invoke what I identify as the juridical definition of addiction. Cobbe argued that these *patients* were the responsibility of the physician because they “never form the habit by deliberate purpose.” They were thus *assigned* their status of addict (they were *addicted*) and were free of personal responsibility. They ought not, by this logic, to be punished for their condition.

Cobbe paired this version of addiction with that of the opium smoker, claiming that this kind of addict became “such through wantonness of desire.” It is hard to imagine a clearer statement of the volitional definition of addiction. Cobbe described a class of addicts who had willfully chosen their condition and were thus guilty of wrongdoing. He strengthened this differentiation when he wrote that

this distinction alone, the fact of independent action on the one hand, and irresponsible subjection on the other, must forever divide the smokers from the eaters of the drug. One habit is

superinduced by physical infirmity; the other instigated by moral depravity.⁵¹

From this distinction Cobbe drew the conclusion that the medical profession was obliged to bear responsibility for its white, middle-class patients, whom they, and modern conditions, had *sentenced* to a life of addiction.

In contrast, he made the sources of both addiction and its control clear for the volitional addict, writing that

the opium smoking habit comes of association with unholy persons and is entered into with deliberation. The surroundings are always repulsive and the inmates of these resorts are criminals or petty offenders against police regulations. They are ignorant, illiterate, vulgar, brutal, and wicked.⁵²

For Cobbe, it was clear that the addicts who could be counted among the opium smokers committed an offense for which they alone were responsible. This breed of addict, according to Cobbe, had learned his addiction from sources outside the medical arena and had freely chosen to enter into the company of degenerates. They were, therefore, fitting subjects for police control and incarceration.⁵³

Cobbe's next move is easy to anticipate. He insisted that "smoking is an Asiatic vice and one which can never gain favor among reputable people in this country."⁵⁴ His use of the phrase "Asiatic vice" operated, first and most obviously, to situate the problem in a particular place, far distant from American shores. At its most simple, it declared merely that Asian people smoked opium. Yet Cobbe's phrase went beyond simple association, suggesting that there was something about both the practice and its practitioners of opium smoking that was fundamentally foreign, essentially *other*.

Cobbe insisted that "opium smoking is rooted and grounded in the Chinese character."⁵⁵ He argued that opium smoking was embedded in the Asian character in a way that it could not be in the American and that it was integral to and symbolic of an essential "Asian" selfhood. To make his point, Cobbe painted a vivid picture of the Chinese-associated opium den and its supposed terrors for his readers. He continued his racial imagery, but expanded the drug's threat to non-Asians when he wrote of the dens that "the master of the prison-like place is a jaundiced Chinaman or an American mummy; in either case dried out, fleshless, wan, and worn."⁵⁶ Like Keeley, Cobbe described the opium den as a gloomy, morbid place, a prison presided over by "fleshless" Chinese and, significantly, American "mummies." He thus immediately expanded the racial constituency of the opium den and suggested that this "Asiatic vice," which was supposedly "rooted and grounded in the Chinese character," could indeed find a home in the United States, with native-born Americans under its spell.

Cobbe made further distinctions about the race as well as the gender of the smokers in this hidden world of the opium den, finding within its walls,

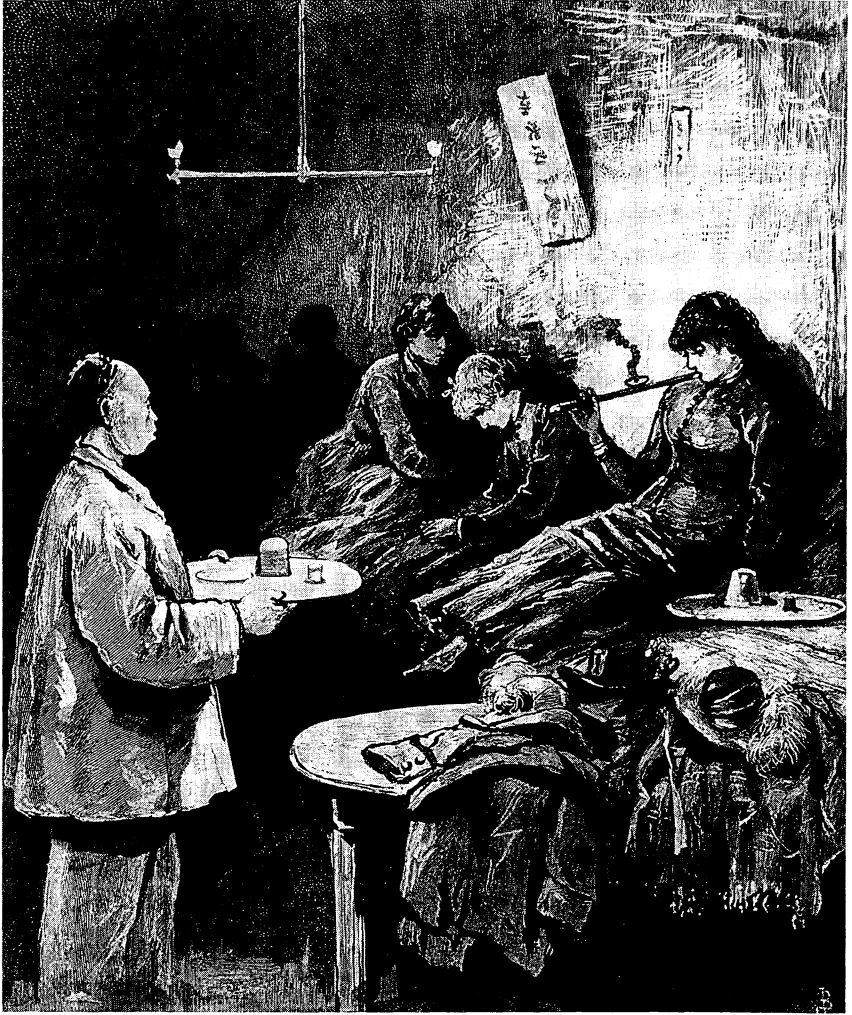


Figure 2: The Chinese often received the blame for spreading the opium habit to an unwary American public. This cartoon, from an October 1888 issue of *Harper's Weekly* gave visual form to a common argument—that narcotic addiction might enter white American society through its allegedly weakest point, that is, its women. Photo by Donald Strand, courtesy of the Strong Museum, Rochester.

besides Chinamen, young men, both whites and Negroes, from the lowest stratum of social life, and the most abandoned female outcasts of the streets. Now and then a male subject, never a female, is supplied from the higher walks of life; but, from the nature of the case, as will presently be seen, he is one whose pride and self-respect were cast aside before resorting to the stupefying pipe of the Oriental.⁵⁷

The opium den was for Cobbe a place where both race and gender mixed indiscriminately. He claimed that the “lowest stratum of social life” was well-represented here but also that one could find an occasional male of the “higher walks” present. He explained this upper-class presence as a sign of an already-completed racial degradation but my point is that opiate addiction and racial degradation were symbolic of one another in Cobbe’s text, just as they were in the wider discourse of addiction.

The opium den also symbolized for Cobbe a loss of individual autonomy. He described the interior of an opium den, claiming that the smokers lay upon

little platforms, . . . three or four men and women, perhaps; there being no distinction of sex in these places and usually no consciousness of it, and no respect of age, or race, or previous condition—black, white, and Mongol, young and old, male and female.⁵⁸

Cobbe thus depicted one of the horrors of the opium den to be its lack of regard for class status or the racial and gendered borders that marked the limits of one’s autonomous identity. In this scene, the opium smoker was cast adrift in an ocean of sameness, a place where, for Cobbe, even the borders of the piled bodies became unclear, indistinct, stacked on “little platforms” one upon the other. Among the faults of the opium smoker was thus the willful surrender of the consciousness of these markers of difference—markers of the boundaries that normally separated one person from another and served to reinforce the logic of autonomous selfhood characteristic of American bourgeois society.

That Cobbe held such clearly-marked autonomy as a sign of “respectable” selfhood was abundantly clear in his declaration that “opium smokers make no effort to conceal their sin, and hence have no objection to being thrown together; but it can easily be seen that if respectable members of society formed the habit, they would demand isolation.”⁵⁹ This was the basis for his belief that the respectable could never be found in an opium den—it violated their sense of propriety, which could be found precisely in the maintenance of distance from others, especially in terms of an otherness marked by gender, race, and class. To become an opium smoker was to surrender one’s autonomous individuality and to become swamped in an ocean of sameness.

But what comprised that “sameness” that awaited Cobbe’s bourgeois readers? Cobbe followed a path blazed in 1871 by neurologist George Miller Beard, when he claimed that opium had different effects on people according to their race.⁶⁰ Cobbe wrote that “dark races, as the African and Asiatic, are not so easily affected by the pipe as the white peoples.”⁶¹ He expanded upon this seemingly innocuous claim, writing that

Chinese are, as a rule temperate in their smoking, and, accounts of travelers in China to the contrary notwithstanding, it does not appear that their lives are appreciably shortened by the habit. Unquestionably, though the general effects are present in all habitués; only that in the Chinese they are not so virulent.⁶²

But if this was the case, how could one account for the supposed depravity, degradation, and decay that Cobbe so extravagantly documented in his description of the Chinese-dominated opium den? Such a claim made sense only if one assumed that an existence that was horribly degraded for one race might be much closer to normality for another. This is precisely the logic that we find in Cobbe’s text.

Cobbe’s claim that opium smoking did not alter the lives of the Chinese to the same degree that it changed the lives of whites was another way of saying that there was less difference between lives of the addict and non-addict in Asian and Asian-American cultures. In a fascinating passage, Cobbe reminded his readers that his book pertained primarily to addicts who were addicted at the hands of their doctor, *not* to opium smokers. He wrote that

it is here repeated that nothing said in these pages relating to the opium habit includes this class of slaves, who were slaves before they began the habit. The fact is emphasized, because the world in its ignorance confounds the latter with respectable people, who have been led into the other forms of indulgence through ignorance of the effects of the drug, or by physicians who did not consult their wishes in the premises.⁶³

Cobbe’s point is crucial and bears repeating. He believed that opium smoking was something enjoyed by a class who were “slaves before they began the habit.”⁶⁴ Opium smoking was thus the sign of a condition that existed *prior* to the actual smoking of opium. It was a marker of an essentially degraded identity that became visible in the individual’s choice to become an opium smoker. Cobbe wrote that “opium smokers are bestialized by birth environment, or, by evil practices before the opium stage is reached.”⁶⁵ In other words, Cobbe claimed that in the act of smoking opium the smoker became *himself*, that the smoker’s act

testified to the truth of his already-degraded soul. For Cobbe then, the Chinese opium smoker both realized and displayed his (essentially corrupt) true “Chinese character” in the act of smoking whereas the white smoker displayed rather his degradation, evidence that his racial status had been reduced to that of the Chinese. Cobbe thus suggested that a condition of slavery, in this case a slavery to the “wantonness of desire,” was the true state of the Chinese character. Slavery to desire was precisely the problem experienced by addicts, and thus we glimpse the subtle mechanisms of a logic that offered race as a metaphor for addiction. An absolutely crucial element of this logic was its circularity. Cobbe’s writing demonstrates the way that addiction could stand for the hidden “truth” of racial character, or, put another way, to be an addict was to be like the Chinese, but also, to be Chinese was to be like an addict.

Cobbe made the final and most threatening steps in his argument when he insisted that these volitional addicts could never truly be cured:

The serious question is, does it pay to cure such creatures? Absolutely devoid of moral sense they have no strength of purpose and no thought of disgrace, and consequently are as ready for a recurrence of the habit as they were originally for its formation.⁶⁶

Even if an addiction cure might be affected, because they were “slaves before they began the habit,” simply attempting to stop their drug use amounted to little more than removal of the symptom. In fact, such a removal could, in the long run, cause greater problems. Cobbe argued that opium smokers were of such a low stature that any attempt at their redemption could well turn against the redeemers. Writing that even “if they remain healed of the desire for the narcotic, their vices, unrestrained by the subduing influences of the drug, are liable to break forth in passion of venal practices to the injury of society,”⁶⁷ Cobbe suggested that this class of drug user was beyond therapeutic help, leaving incarceration as the only logical solution to the problem that they posed.

Conclusion

This essay has examined the way that several turn-of-the-century medical writers used a group of negative concepts, especially the otherness of a constructed “Oriental” menace, to describe the threat of narcotic addiction as a degradation of the racial status of the modern, bourgeois American. Their writings, like all texts, resonated with the traces of the culture in which they were embedded while simultaneously assembling a framework that provided readers with a means to interpret their own perceptions of that same culture. These texts not only employed and reinforced old stereotypes, but also produced new images of racial inferiority in their descriptions of drug addiction. The discourse of addiction both reflected and enhanced Orientalist images of the Chinese, even-

tually drawing upon those images in order to argue that public access to narcotic drugs ought to be restricted, while simultaneously reinforcing racist calls for the persecution and continued exclusion of an entire segment of the American population. Tied inextricably to the "Oriental," the discovery of the narcotic addict as a casualty of modern medical technology produced a character that served as a negative referent in the construction of a white, bourgeois identity that was based on its maintenance of autonomy and rationality despite the challenges of a modernizing world. It implied that modern, national progress could not be achieved without the containment of an "Oriental" drug threat.

Notes

In addition to the anonymous readers at *American Studies*, I would like to thank Yong Chen, Alice Fahs, Michael Sappol, Brook Thomas, Jon Wiener, Torbjörn Wandel, and Julian Carter for their various contributions to this piece.

1. David T. Courtwright's *Dark Paradise: Opiate Addiction in America before 1940* (Cambridge, Mass., 1982) is the best available study of the demographics of the addict population during this period.

2. David F. Musto, *The American Disease: Origins of Narcotic Control*, expanded edition (New York, 1987), 11.

3. Courtwright, *Dark Paradise*

4. I would like to make clear that my goal in this essay is to show several examples of the way that "Orientalism," especially as manifested in anti-Chinese racism, inhabited the addiction concept of habitual narcotic use at the turn of the century. Those more interested in the other side of the equation—the role played by allegations of opium use in anti-Chinese rhetoric—could begin by consulting Stuart Creighton Miller's *The Unwelcome Immigrant: The American Image of the Chinese, 1785-1882* (Berkeley, Calif., 1969). The work of Ronald Takaki, especially *Iron Cages: Race and Culture in Nineteenth-Century America* (New York, 1979) is also quite helpful as is Shih-shan Henry Tsai's *The Chinese Experience in America* (Bloomington, Ind., 1986). Among the more recent works, see Charles J. McClain, *In Search of Equality: The Chinese Struggle against Discrimination in Nineteenth-Century America* (Berkeley, 1994), James S. Moy's *Marginal Sights: Staging the Chinese in America* (Iowa City, Iowa, 1993) and Sucheng Chan's *Asian Americans: An Interpretive History* (Boston, 1991). Finally, Chan has edited two anthologies that provide a very strong overview of the state of contemporary Chinese-American studies. *Entry Denied: Exclusion and the Chinese Community in America 1882-1943* (Philadelphia, 1991) is particularly helpful for the legal history of Chinese exclusion. *Claiming America: Constructing Chinese American Identities During the Exclusion Era* (Philadelphia, 1998) edited with K. Scott Wong, offers a broader, cultural perspective of the same period.

5. A useful, though somewhat dated, overview of the connections between race and narcotics (among other drugs) can be found in John Helmer, *Drugs and Minority Oppression* (New York, 1975). H. Wayne Morgan surveys the cultural history of drug use, including racism, in *Drugs in America, A Social History 1800-1980* (Syracuse, New York, 1974).

6. On page 45 of *Illness As Metaphor* (New York: Farrar, Straus, and Giroux, 1978), Susan Sontag argues that tuberculosis is the disease that "makes manifest intense desire; that discloses, in spite of the reluctance of the individual, what the individual does not want to reveal." If this is the case, then it is interesting to see the way that the description of addiction shared elements of the discourse of TB, the most resonant figure for disease in the nineteenth century. Like TB, the addiction concept operated as a metaphor, both for the self and for the broader culture of which it was a part. The operation of addiction as a metaphor remains intact today, but as Jacques Derrida makes clear, the more appropriate comparison is now with the discourse surrounding AIDS. See Derrida, "The Rhetoric of Drugs," in *Differences: A Journal of Feminist Cultural Studies* 5:1 (1993): 1-25. For a reading of the discourse surrounding AIDS, see Sontag's *AIDS and its Metaphors* (New York, 1989).

7. In *Drugs in America*, Morgan argues that "non users in the 'normal' society feared that anyone risked becoming like the black, Mexican, oriental, or Near Easterner if he permitted drug use to detach him from majoritarian values" (94). This essay expands on

Morgan's insight by providing a close reading of what that "likeness" implied and how it operated.

8. Edward W. Said, *Orientalism* (New York, 1979), 1.
9. *Ibid.*, 3.
10. *Ibid.*, 1. For a study of the way in which University of Chicago sociologists associated the identities of various Asian Americans under the name "oriental" in the mid-twentieth century, see Henry Yu "The 'Oriental Problem' in America, 1920-1960: Linking the Identities of Chinese American and Japanese American Intellectuals," in *Claiming America*, Chan and Wong eds..
11. T. J. Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York, 1994), 63.
12. George A. Barclay, "The Keeley League," *Journal of the Illinois State Historical Society* 54 (1964): 341-365.
13. William L. White, *Slaying The Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, Ill., 1998), 50-52.
14. H. Wayne Morgan, *Yesterday's Addicts: American Society and Drug Abuse 1865-1920* (Norman, Okla., 1974), 75. Keeley was a controversial figure. It was probably equal parts jealousy and scientific principle that earned Keeley the status of *bete noir* with the physicians of American Association for the Study and Cure of Inebriety, a group (though marginalized within the larger medical community) that championed the ideals of what we today recognize as scientific, professional medicine, for the cure of habitual alcohol and drug use. George Miller Beard, the neurasthenia doctor who died before Keeley rose to his greatest popularity, was associated with the AASCI. He believed that "specifics for constitutional disorders are only looked for by those in whom survive the superstitions of our ancestors." (Beard, "Causes of the Recent Increase of Inebriety in America," in *The Quarterly Journal of Inebriety* 1:1 (January 1876), 44.) By this measure, Keeley's therapy—based on his "gold cure," a specific remedy for drug and alcohol addiction—was most definitely not science. Worse, for Beard, it was archaic, pre-modern, a relic from the past. In an 1895 *Quarterly Journal of Inebriety* editorial, the AASCI's dominant figure, Dr. T.D. Crothers, wrote that the gold cure was "an inebriate's theory for the cure of inebriates; a scheme of degenerates for the restoration of degenerates; an insane man's treatment for the cure of the insane." (T.D. Crothers, "The Gold Cures," in *The Quarterly Journal of Inebriety* 17:3 (July 1895), 284.) Keeley also kept his formula a secret, which was a violation of the American Medical Association's code of ethics. Because of his very visible financial success and advertisements featuring effusive testimonials of his "graduates," Keeley was a target of the regulars' scorn. This would continue even after his death in 1901.
15. Leslie E. Keeley, *Opium: Its Use, Abuse and Cure; or, From Bondage to Freedom* (Chicago, 1897), 8.
16. *Ibid.*, 8.
17. A helpful discussion of the American "cult of the new" can be found in William Leach, *Land of Desire: Merchants, Power, and the Rise of a New American Culture* (New York, 1994), 4 -5.
18. Keeley, *Opium*, 8.
19. *Ibid.*
20. The addict's status as a "modern" subject is the central theme of my forthcoming book, "*The Secret Leprosy of Modern Days*": *Narcotic Addiction, Modernity and Professional Medical Authority, 1870-1920* (Amherst: University of Massachusetts Press).
21. For a study of the economic impact of the Chinese presence in North America, and its influence on drug laws, see Helmer's *Drugs and Minority Oppression*, 18-33. There are many good studies of the growing Chinese visibility in the late-nineteenth century press, see for instance Creighton, 113-165, and Takaki, 214-249.
22. Keeley, *Opium*, 104.
23. *Ibid.*
24. *Ibid.*
25. *Ibid.*, 104-105.
26. *Ibid.*, 105.
27. The rhetoric of consumption, desire and its control is ubiquitous in the discourse of addiction. I discuss this at length in "*The Secret Leprosy of Modern Days*".
28. *Ibid.*, 24. Thomas Szasz' notion of the addict as "scapegoat" is suggestive here. See his *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts and Pushers*, Rev. ed. (Holmes Beach Fla., 1975, 1985)
29. This inscription was inevitable for two reasons. The first was the long-standing association of the Chinese with opium use and the second was the Chinese' status as the most numerous and visible representatives of the geographical "Orient" on American soil.
30. Keeley, *Opium*, 23.

31. Samuel B. Collins, *Theraki: a Treatise on the Habitual Use of Narcotic Poison. How the Habit is Formed: Its Consequences and Cure* (La Porte, Ind., 1887) Reprinted in Gerald Grob, ed., *The Medical Professions and Drug Addiction* (New York, 1981), 19.

32. *The Journal of the American Medical Association (JAMA)* 34:5 (3 February 1900): 306.

33. *JAMA* 34:6 (10 February 1900): 376.

34. American Pharmaceutical Association, "Report of the Committee on Acquirement of the Drug Habit," *Proceedings of the Fiftieth Annual Meeting* (Baltimore, 1902), 572. Though these passages suggest otherwise, the general tone of the report was not overwhelmingly racist. My emphasis, here as elsewhere in the essay, is on the way that a constellation of metaphors that we today recognize as plainly racist, came to inhabit the language of an intelligent, educated and well-meaning group of people.

35. The New York *Sun*, quoted in "This Drug-Endangered Nation," *The Literary Digest* 48:11 (New York, 14 March 1914): 687.

36. Hamilton Wright, "The International Opium Commission," *American Journal of International Law* (July and October, 1909). Collected by Charles E. Terry and Mildred Pellens, *The Opium Problem*, (Montclair, New Jersey, 1928. Reprint ed. 1970) 635.

37. Peter Clark Macfarlane, "The 'White Hope' of Drug Victims: An Everyday American Fighter," *Collier's*, (29 November 1913): 17. See also Samuel Merwin "Fighting the Deadly Habits: The Story of Charles B. Towns," *The American Magazine* 74 (Oct. 1912): 707-715.

38. Musto, *The American Disease*, 79. Musto's claim appears to be in conflict with Morgan's argument for Keeley's dominance in the field (see n. 14) but this is not the case. These writers' apparent disagreement regarding the relative importance of the two cure doctors can be resolved by noting their different scholarly emphases. Musto's concern is with the passage of the Harrison Anti-Narcotic Act (1914) and the government wrangling that attended its birth. As such, he gives much greater weight to the institutional power and influence wielded by Towns through his mentor, Cornell University's Dr. Alexander Lambert. Morgan, on the other hand writes a cultural history of drug use and therefore Keeley's status as a popular figure holds great attraction for him. Finally, Keeley died in 1901 and Towns' rise to prominence came after this date.

39. Macfarlane, "The 'White Hope' of Drug Victims," 16.

40. *Ibid.*, 16.

41. Musto, *The American Disease*, 79-82.

42. Macfarlane, 16.

43. *Ibid.*, 29.

44. *Ibid.*, 16. Towns' own writings, though strongly prejudiced in terms of class, are not as explicitly racial as those of his biographer, Peter Clark Macfarlane. Towns hoped to promote his cure, and he believed that anyone who truly wanted to be cured, with the aid of his remedy, could be. Towns' most representative work is *Habits That Handicap: The Menace of Opium, Alcohol, and Tobacco, and the Remedy*. (New York, 1916). My emphasis here is on the way that Macfarlane described him to the public in his 1913 *Colliers* piece. This is important because Towns' reputation was grounded on his alleged success in treating Chinese opium users.

45. *Ibid.*, 29.

46. William Rosser Cobbe, *Doctor Judas, A Portrayal of The Opium Habit* (Chicago, S.C. Griggs and Co., 1895), 124 .

47. *Ibid.*

48. *The Oxford English Dictionary*, Compact ed. (1971), s.v. "addict."

49. Most historians refer to this discrepancy as a conflict between the disease and vice concepts of habitual drug use. Rather than arguing over which notion is dominant at which time, my turn to something like the "literal" meaning of the word addiction itself is intended to demonstrate how both notions could operate simultaneously in one concept.

50. Such arguments can be found in many places. Among the most interesting and influential are George Miller Beard's *Stimulants and Narcotics; Medically, Philosophically, and Morally Considered* (New York, 1871), 24. Keeley's, *Opium*, 39-41. T.D. Crothers, *Morphinism and Narcomania from Other Drugs: Their Etiology, Treatment and Medicolegal Relations* (Philadelphia, 1902), 33. L.L. Stanley, "Morphinism," *Journal of the American Institute of Criminal Law and Criminology*, VI (1915-1916), 586.

51. Cobbe, *Doctor Judas*, 125.

52. *Ibid.*, 132.

53. This distinction is one whose logic is the implicit basis of the medico-legal resolution of this paradoxical double meaning of addiction that 1914's Harrison Anti-Narcotic Act codified as federal law. The Harrison Act made it impossible to get narcotics without a prescription from a licensed medical professional. Those without a prescription—people who

took narcotics but refused to assume the status of *patient*—were left to the mercy of the legal system.

54. Cobbe, *Doctor Judas*, 125.

55. *Ibid.*, 126.

56. *Ibid.*, 131.

57. *Ibid.*, 125.

58. *Ibid.*, 131.

59. *Ibid.*, 129.

60. See George Miller Beard, *Narcotics and Stimulants; Medically, Philosophically and Morally Considered* (New York, 1871), 46-47.

61. Cobbe, *Doctor Judas*, 125-126.

62. *Ibid.*, 128.

63. *Ibid.*, 133. To mention slavery in 1895, only thirty years after the passage of the thirteenth amendment, must have raised associations with African-American bondage—and thus with African Americans—for many of Cobbe's readers. The use of slavery as a metaphor for wider social problems had, of course, a much longer history. In *Slavery in the Age of Revolution, 1770-1823* for instance, David Brion Davis writes that "for eighteenth-century thinkers who contemplated the subject, slavery stood as the central metaphor for all the forces that debased the human spirit." (Ithaca, New York, 1975, 263) Any number of reformers maintained the metaphor throughout the nineteenth century, not the least of which were abolitionists, free-soilers and temperance advocates. For Cobbe, opium use most certainly signified the degradation of the human spirit, and he unequivocally associated it—by way of the metaphor of slavery—with (Asian) racial essence. This notion then, of a racial identity defined by a "wantonness of desire" and signified by the words "slave" and "slavery," suggests a formulation of racial otherness that may have been present in other racisms—especially that directed against African American men lynched for the alleged rape of white women. After the turn of the century, African Americans were often associated with cocaine, rather than opiate use, and the desire/slavery/addiction linkage thus returned—albeit in a modified form—to the black bodies from which it was at least partially drawn. This, however, was an immensely complex phenomenon and its proper pursuit is beyond the scope of this essay.

64. As we saw above, in a contradiction that seems to have eluded its author, Cobbe argued that the opium smoker, a type of addict who "entered into [addiction] with deliberation" (132) and who was morally responsible for his condition because of the "independent action" (125) that brought it about, only affirmed a pre-existing state of slavery when they "freely" chose to smoke opium. These people's offense would then seem to be that their one act of volition was to surrender their autonomy.

65. Cobbe, *Doctor Judas*, 133.

66. *Ibid.*, 126.

67. *Ibid.*, 126-127.