

Colonialism's Civilizing Mission: The Case of the Indian Hemp Drug Commission

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This paper examines a particular episode in the history of British imperialism in India: the appointment of the Indian Hemp Drug Commission in 1893. We analyze the way a quasi-judicial investigation into the consumption of drugs was differently conceived and executed as a civilizing mission by, on the one hand, British colonizers, and, on the other hand, an aspiring colonized elite. By bringing together the ideological dimensions of a civilizing mission (e.g., the reliance on scientific knowledge, proper procedures, legal techniques) with its social ones (e.g., collaboration between colonizers and a local elite), we show how the very notion of a civilizing mission became a site of struggle over meaning, identity, and desirable forms of governance. The analysis reveals a local elite struggling to position itself at once on a par with British criteria of scientific competence and yet not as a mere proxy for British interests; at once able to articulate itself in terms of enlightenment concepts such as reason and modernity and yet celebrating its own distinct cultural authenticity.

We must at present do our best to form a class who may be interpreters between us and the millions whom we govern; a class of persons, Indian in blood and colour, but English in taste, in opinions, in morals, and in intellect. To that class we may leave it to refine the vernacular dialects of the country, to enrich those dialects with terms of science borrowed from the Western nomenclature, and to render them by degrees fit vehicles for conveying knowledge to the great mass of the population.

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—Thomas Babington Macaulay

Colonial rule came about coupled with the West's, most notably Great Britain's, civilizing mission. Often embedded in a Christian sense of moral duty, but also comfortably seated with enlightenment ideas of progress, the civilizing mission had been premised on the idea that "advanced peoples had an obligation to help those less advanced, to provide guidance and instruction and even to rule them" (Merry 1991, 896; Darby 1987). The civilizing process made headway by introducing routinized and bureaucratic forms of organizing social life in a way that simultaneously worked to restructure native consciousness and to ensure an effective command and control colonial apparatus. The introduction of colonial law, for example, was conceived not merely as an instrument of order but also as a representation of an asserted superior culture, embodying the spirit of the progressive West and its ability to tame savage customs (Chanock 1985, Darby 1987, Fitzpatrick 1989, Moore 1992). Consequently, a whole array of cultural devices and political institutions were introduced to colonies in the name of a civilizing mission (e.g., in law, education, civil administration, urban planning, military organization; see Mitchell 1988).

From the eighteenth century onward, writes Cohn (1996), European states made their colonizing power visible not only through dramatic performances of forceful authority but also through "officializing" procedures that established and extended their capacity to govern. The civilizing mission, in short, was coupled with and performed through various "investigative modalities" (Cohn 1996, 10). These modalities defined what was to be relevant knowledge, established procedures by which knowledge was gathered and dispensed, and paved ways for transforming knowledge into "usable forms such as published reports, statistical returns, histories, gazetteers, legal codes, and encyclopedias" (1996, 5). These investigative modalities (e.g., historiographic, survey, enumerative, and surveillance) created the framework for asserting an enlightened form of governance, based on defining, classifying, and registering space; recording transactions and tracing the circulation of property and goods; counting and classifying populations through the registrar of birth, marriage, and death; and licensing some activities as legitimate and suppressing others as immoral or unlawful. The documentation that was involved normalized a vast amount of information as the basis of governance. The capacity to govern, in short, depended to a great extent on "the reports and investigations of commissions, the compilation, storage, and publication of statistical data on finance, trade, health, demography, crime, education, transportation, agriculture, and industry" (1996, 4).

In this study, we offer a sociological analysis of one such civilizing mission "in action"—one that had been orchestrated around the consumption

of hemp drugs in India. We do so by looking at a particular episode in the history of British imperialism in India: the appointment of the Indian Hemp Drug Commission (IHDC) in 1893, which included four British and three Indian members.¹ This quasi-judicial quasi-scientific commission was instructed to inquire into

the cultivation of the hemp plant in Bengal (later extended to the whole Indian sub-continent,) the preparation of drugs from it, the trade in those drugs, the effect of their consumption upon the social and moral condition of the people, and the desirability of prohibiting the growth of the plant and the sale of ganja and allied drugs.²

In 1894, the IHDC published a nine-volume report into which issues of culture, finance, trade, health, demography, crime, education, agriculture, history, and religion were neatly compressed.³ In this sense, the report of the IHDC was a dramatic example of the way an investigative modality had been undertaken and performed. Still, the composition of the commission and the conflicting opinions it eventually expressed (discussed below), sensitized us to consider the political and hermeneutical complexity involved in coupling scientific and administrative expertise with a sense of a civilizing mission.

In general, the practice and ideology of a civilizing mission is associated with a colonizer's outlook. Yet it seems to us that further insights may be gained from considering the normalizing and ordering aspects of the civilizing mission in conjunction with another element of this mission, namely, the effort of colonizers to create local governing elites—"Indian in blood and colour, but English in opinions"—which would have served as their loyal counterparts. In India, writes Chatterjee, there is a history of collaboration between the colonial state and the educated classes, "sealed by the marriage of law and literacy" (1986, 26).

1. The commission was appointed following a resolution of the Finance and Commerce Department of the government of India, responding to a request of the British secretary of state for India. This request came in response to a question raised in the House of Commons in London. Mr. Mackworth Young, first financial commissioner of Punjab, presided over a commission that included six other members: H. T. Ommanney, a collector from Bombay; A. H. L. Fraser, a commissioner from the central provinces; Surgeon-Major C. J. H. Warden, a professor of chemistry and officiating medical storekeeper to government, Calcutta; Raja Soshi Sikhareswar Roy of Bengal; Kanwar Harnam Singh of Punjab; and Lala Nihal Chand of the northwestern provinces (IHDC [1894] 1971).

2. Hemp is also known as *Cannabis sativa*. The commission identified three types of drugs extracted from hemp: ganja, more popularly known as marihuana; charas, more popularly known as hashish; and bhang, dried leaves that are pounded and used for a preparation of a drink. The commission found charas to be relatively rare and focused the inquiry on ganja and bhang.

3. Volume 1 contains the findings and conclusions of the majority and two minority opinions (477 pages). The other eight volumes contain the oral and written testimonies of witnesses from various regions of India and from the Indian army.

Accordingly, and given the social composition of the IHDC, we analyze the way an investigation into the consumption of drugs was differentially conceived and executed as a civilizing mission by, on the one hand, British colonizers, and, on the other hand, an aspiring colonized elite. Thus, by bringing together the ideological dimensions of a civilizing mission (e.g., the reliance on scientific knowledge, proper procedures, legal techniques) with its social ones (e.g., collaboration between colonizers and local elites), we show how the very notion of a civilizing mission was problematized as a site of struggle over meaning, identity, and desirable forms of governance. In this, we tread the route of recent scholarship which shows that while the establishment of "civilized" and "progressive" legal and administrative modes of governance promoted cultural transformations of native peoples, it also provided opportunities for resistance, evasion, and negotiation (Merry 1991; Brown 1995).

In a nutshell, we submit that Indian participation in such an "investigative project" was in itself constitutive of this elite's process of identity formation and its becoming part of colonial India's governing structure. The process called for a delicate balance: a local elite was struggling to position itself at once on a par with British criteria of scientific competence and yet not as a mere proxy for British interests; at once able to articulate itself in terms of enlightenment concepts such as reason and modernity and yet celebrating its own distinct cultural authenticity. In short, we strive to show that the social position of the commission's members in general, and that of its Indian members in particular, should be linked not simply to the ideas they articulated but also to their essential logic of inquiry and its subsequent operationalization of India's "civilizing" agenda.

STUDYING THE REPORT OF THE IHDC: GENERAL REMARKS

The majority among the members of the Indian Hemp Drug Commission concluded that the prohibition of ganja, charas, and bhang was "neither necessary nor expedient" given their relative harmlessness, the limited extent of their consumption (estimated at 2% of the adult population), the social and religious significance of the drugs, and the ominous prospects that prohibition would drive consumers to more harmful drugs (IHDC [1894] 1971, 1:132, 359). In its conclusions, the IHDC relied heavily on a distinction between moderate and excessive use and was ready to admit the personal and social dangers inherent only in the excessive consumption of either of these drugs. Accordingly, it recommended a legislative policy of "control and restriction" as a method of checking on excessive use: taxation of hemp drugs, licensing cultivation and retail activities, and restrictions on the amount of legal possession.

Two lengthy minority opinions were appended to the report. Both of them were written by Indian members of the seven-member commission (the third Indian member joined the majority). Both Indians drew a distinction between the effects of ganja smoking and bhang drinking. Both advocated the absolute prohibition of ganja and the absolute exemption of bhang from any policy of "control and restriction." Ganja, according to the minority, was a social hazard that impinged on the health and morality of users, regardless of the extent of use. The Indians openly criticized the majority opinion as poorly informed and methodologically flawed. Moreover, both implied that the British had more stake in securing revenue for the crown than in laws that would truly serve the well-being of the Indian people.

The report of the IHDC thus became a site of contest between British colonial officials and Indians who explicitly spoke in the name of the "enlightened classes" of India. The truly subjected were left without a voice in the process: the Indian lower classes, to whom most of ganja consumption had been attributed, were represented in both the inquiry and the resulting report by a host of medical experts, zamindars (estate owners), missionaries, civil servants, tax collectors, magistrates, and police officers who in the course of their testimonies mapped India, charted its social patterns, compiled statistics, and joined together in a juridical-scientific search for truth.

The primary tool of investigation employed by the IHDC was a questionnaire that addressed almost anything one could possibly want to know about hemp: scope, location, and methods of cultivation; production techniques; forms of consumption, including elaborate inquiry as to the bodily manners of eating, drinking, and smoking; classification of consumption and its forms by class, gender, age, ethnicity, and religion; minute inquiry into the effects of use; a typology of potential moral effects (e.g., debauchery, laziness, intellectual stimulation); data about the volume and monetary aspects of trade; inquiries about religious and other social events in the course of which drugs were used; and existing and anticipated administrative measures for controlling and supervising the hemp drugs industry.

The questionnaire was publicly distributed throughout India, and people from all walks of life, colonizers and colonized, were invited to submit their responses. Eventually, the commission gathered the written testimonies of 1,193 "witnesses." We sampled the testimonies from the central provinces and Madras that were published in volume 6 of the report. Of the 277 witnesses, 170 (61.4%) were Indians, and 107 (38.6%) were Europeans. The vast majority of Indian witnesses were Hindus (about 84%), and only 19 witnesses (about 11%) were Moslems.⁴ There was also no Moslem repre-

4. The remaining witnesses include one Sikh, three Parsis, and three Christians. All witnesses were men. We thank Deepak Kaul, first secretary, the Embassy of India in Israel, for his assistance in analyzing the religious affiliation of witnesses.

is a key to understanding the various people's logic of inquiry and ultimate policy preferences. On the one hand, we show how a particular British version of proper governance enabled and legitimized a move from law-as-prohibition to law-as-regulation and that this move, in turn, was compatible with the imperial interest in the extraction of revenue. On the other hand, we explain the Indian interest in a prohibitive law in terms of a process whereby an aspiring elite sought to establish its standing as the authentic enlightened ruler of India, distinct from British foreigners on the one hand and from the Indian lower classes on the other hand.

STATE, SCIENCE, AND INSANITY

[W]hen it is fully developed the patient exhibits paroxysmal violence both against himself or others. He cannot fix his mind to any work, and becomes of highly irritable temper. He will tear his clothes, and drink or eat voraciously, or hate food altogether. He undergoes an amount of muscular exertion without sleep, apparently without fatigue. His face becomes flushed, eyes wild and sparkling, and complains of ringing in the ears, pain, weight and giddiness in the head. Illusion, delusion, hallucination, monomania, kleptomania (propensity to theft), dipsomania (craving for drink), satyriasis (excessive sexual desire), homicidal or suicidal melancholia. . . . (Testimony of Muhammad Habibula, first-grade hospital assistant, on the effects of ganja smoking, in IHDC [1894] 1971, 6:81)

The concern that hemp drugs were a major cause of insanity had been one of the major reasons for establishing the Indian Hemp Drug Commission. That concern was prompted by strong popular beliefs and by statistical data furnished by India's asylums. Out of 1,344 persons who were admitted to lunatic asylums in India in 1892, 222 (16.5%) were officially reported to have lost their sanity due to the consumption of hemp drugs (IHDC [1894] 1971, 1:238). The IHDC had been aware of this scientific evidence.

Besides the popular impression, there has been great prominence given to asylum statistics as affording some tangible ground for judging of the effects of hemp drugs. Over and over again the statistics of Indian asylums have been referred to in official documents or scientific treatises not only in this country, but also in other countries where the use of these drugs has demanded attention. *Other alleged effects of the drugs have attracted but little attention compared with their alleged connection with insanity.* (IHDC [1894] 1971, 1:225; emphasis added)

The members of the IHDC, in setting their policy guidelines, deemed the expected results of the projected reevaluation of the insanity thesis cru-

cial. The importance given to the insanity thesis has to be understood in light of the fact that the data that had been furnished by the Indian asylums had an impact on scientific knowledge on causes of insanity in general. India functioned as a living laboratory for gathering scientific data of all sorts and for experimentation in social-engineering schemes. The project of state building in general, writes Cohn, "often reflected theories, experiences, and practices worked out originally in India and then applied in Great Britain" (1996, 4).

Accordingly, the questionnaire of the IHDC included a number of explicitly inquisitive questions about hemp drugs as a possible cause of insanity:

Question 45 (f): Does [hemp] deaden the intellect or produce insanity? If it produces insanity, then of what type, and is it temporary or permanent? If temporary, may the symptoms be re-induced by use of the drug after liberation from restraint? Are there any typical symptoms? Do insanes, who have no recorded ganja history, confess to the use of the drug?

(g) In such cases of alleged connection between insanity and the use of hemp as are known to you, are you of opinion that the use of the drug by persons suffering from mental anxiety or brain disease to obtain relief has been sufficiently considered in explaining that connection? And do you think there is any evidence to indicate that insanity may often tend to indulgence in the use of hemp drugs by a person who is deficient in self-control through weakened intellect? Give an account under each of these points of any cases with which you are acquainted.

Question 46: Discuss the same question in regard to the habitual excessive use of any of these drugs. (IHDC [1894] 1971, 6:iii)

So central had been the insanity hypothesis that the IHDC set itself the laborious task of visiting all the asylums in the Indian subcontinent with a specific aim in mind: "Every case of insanity ascribed to hemp drugs . . . during the year of 1892 has been especially inquired into in the asylum where the patient was confined [and] the papers and records of the case have been thoroughly examined" (IHDC [1894] 1971, 1:7). Additionally, the IHDC made a special effort to interview a host of medical experts, civil surgeons, hospital assistants, and superintendents of lunatic asylums and their subordinates in order "to thoroughly examine the testimony in support of the commonly received opinion that the use of hemp drugs is a frequent cause of lunacy" (IHDC [1894] 1971, 1:7).

Yet the commission had a hard time sorting out the answers to its questions. On the one hand, there were those who flatly denied the connection between ganja smoking and insanity. On the other hand, there were those who passionately argued that ganja smoking led to insanity. Some witnesses praised ganja as an intellectual stimulant that helped religious scholars to

meditate and concentrate, while others claimed that ganja smoking caused people to go "off their heads." Except for the opinions of European missionaries who almost unanimously warned that ganja smoking inevitably led to insanity and ultimately to death, it had been impossible to attribute typical answers to a typical group of witnesses, whether by occupation or ethnicity. Worse still, almost half of the witnesses (in our sample) either ignored the questions about insanity or stated that they had no valuable information to offer on that matter. This latter trend was particularly noticeable among British witnesses who typically responded by stating that they were "unable to give satisfactory or useful answers" or that such questions were "more the province of a medical man" (witnesses 9 and 7, respectively).

Strict positivism, namely, counting affirmative and negative answers to questions about hemp and insanity, could not suffice. Whereas the negative answers could be coped with rather easily, the affirmative answers represented a confusing collage of qualifications and ambiguities. Many witnesses who confirmed the insanity hypothesis simply reiterated the phrasing of question 45 and stated that "ganja smoking has a tendency to deaden the intellect and produce insanity" without furnishing any empirical basis for their answers (one witness—witness 54—went so far as to claim that the consumption of ganja was in and of itself proof of insanity). Almost half of those who answered in the affirmative strictly distinguished between moderate and excessive use and were ready to affirm the hypothesis only in regard to the latter. Even more disquieting was the fact that many witnesses claimed that the insanity brought about by ganja was only temporary and disappeared as the effects of the drug faded, thus leaving the commission with an unstable and ambiguous definition of the very term *insanity*.

Finally, many of the stories and episodes that witnesses recounted in support of their answers were proved by the commission to be based on unreliable sources. Over and over again, witnesses who were subjected to a follow-up oral interview by the commission qualified their written statements by saying that the cases they reported were based on hearsay or secondhand sources. For example, one witness (witness 100) who reported about a number of cases in which the use of ganja led to insanity stated in the follow-up interview that "all the statements made here are based exclusively on hearsay. I have not seen any of these ill-effects myself in my practice. At college I learned that half the insanity of the country was due to hemp drugs but I have not been able to verify it myself. I have had no experience. I have not seen a case."

Whereas the inquiry was designed to find out the truth about hemp, the answers seemed only to increase the confusion and to bolster the mystery surrounding the use of ganja. The responses clearly indicated that there had been a wide popular belief as to the mental damage of ganja but failed

to substantiate this belief with hard evidence. The commission therefore expected medical experts, especially those acquainted with cases of insanity, to provide testimonies that would be more accurate and reliable. Of the 277 witnesses questioned in the central provinces and Madras, 54 (19.5%) belonged with medical occupations: 23 British civil surgeons, 15 Indian practitioners identified as civil apothecaries and native doctors, and 16 Indian hospital assistants.

Yet the picture drawn by the medical practitioners was not more instructive than the general one. While some witnesses referred to the insanity caused by ganja as a form of an acute mania, others described a state of delirium, while still others were content to ascribe insanity to symptoms such as "singing, soliloquy, vociferation, laughing, no idea of dress" (witness 104). Not unlike lay witnesses, most medical practitioners did not provide any empirical support for their statements. Of the 16 Indian hospital assistants, 3 failed to answer the relevant questions, 2 answered in the negative, and 11 affirmed the hypothesis by merely stating the fact. Some of the affirmative answers collapsed in the follow-up oral interviews. At the beginning of this section I quoted Muhammad Habibula, a first-grade hospital assistant, who claimed that people who indulged in prolonged ganja smoking were "sure to be affected by permanent insanity" and went on to provide the above quoted vivid account of the results. In his oral interview, however, he said that "by 'sure' I mean 'likely'" and further admitted that his description of the symptoms referred

to insanity from all causes. . . . I do not know any typical symptoms of ganja poisoning except the dilated pupils. . . . I think [ganja] makes madness very likely; I think fifty percent of the insanes in the Jabalpur Asylum were from ganja. This was in 1882, I think. It is long ago and I cannot accurately remember the proportion. It was large. I was only temporarily there as a substitute. . . . I had only just left college a little before. I had never seen a case of insanity before. (IHDC [1894] 1971, 6:84)

Of the 15 Indian practitioners, 3 did not address the questions about insanity, 8 confirmed the hypothesis without elaborating on specific cases (but volunteering self-generated statistics showing that 35%–50% of all insanes were ganja-related cases,) 3 confirmed the hypothesis and provided examples, and one native doctor argued that the hypothesis had no foundation whatsoever.⁶

6. One "native doctor" openly admitted to being a regular consumer of ganja and stated: "My age is fifty-five years. I have smoked ganja for thirty-five years. . . . take ganja regularly. . . . I smoke six to eight or ten *chillums* a day. . . . I have steadily smoked for thirty years and have good health and always appetite. . . . I have never been intoxicated, i.e., insensible from ganja. . . . I have never seen a ganja smoker grow mad. . . . I can bring two hundred old men who are able and hearty, who have smoked fifty years. . . . I know Hindu books on

Of the 23 British civil surgeons, 3 stated they had no information to provide, 3 were unwilling to confirm the hypothesis, 12 confirmed it, and 6 were ready only to reiterate asylum statistics and to explain the procedures whereby these statistics had been gathered. Five of the witnesses who confirmed the hypothesis were asked to corroborate their written statements at oral interviews. All 5 backed off from their original statements or significantly qualified them. One (witness 99) said that "I have never been into the question of ganja. . . . my first sentence ('[ganja] leads to mental and moral degradation') is based on what a ganja smoker said." Witness 96 stated that "the opinion I have stated is based on hearsay, not on any case shown or quoted to me." Another civil surgeon (witness 90) stated that his opinion was based on speaking with smokers and ganja-shop owners and was "not the outcome of my professional experience," and 2 others (witnesses 88 and 85) stated that their confirmation of the hypothesis was based on what the insanes themselves told them.

Ultimately, it was through the uncommitted answers of those witnesses who were ready only to explain how asylum statistics had been compiled that the commission believed to have discovered the answer to the insanity hypothesis. In fact, the commission inadvertently performed a brilliant exercise in the sociology of knowledge, uncovering the process whereby popular beliefs, through the medium of bureaucratic imperatives, were transformed into statistical-scientific data, which in turn fed back into the convictions of both lay persons and medical experts.

The commission exposed the fact that British India's civil surgeons and asylum superintendents were only remotely involved in establishing causes of insanity. Patients typically arrived at asylums equipped with a descriptive roll (form C) containing biographical details that included the "cause of insanity." This descriptive roll was routinely filled in by the local magistrate who ordered the person to an asylum, the magistrate himself often relying on information provided by the police. Both magistrates and police officers considered hemp as the cause of insanity if they found out from the insane or his relatives that the person consumed the drug.

Formally, a civil surgeon had to verify and sign form C upon admitting a person to an asylum. Typically, however, a civil surgeon acted as a rubber stamp, passing form C to an assistant who copied it to the asylum's register. A hospital assistant from Calicut explained the procedure to the commission:

When a patient is received into the asylum, my procedure has been first to look into the warrant and papers with him and to make

medicine. They never ascribe insanity to ganja" (IHDC [1894] 1971, 6:88). It is noteworthy that only 3 witnesses in our sample of 277, all of whom Brahmins, admitted to have used ganja. All 3 made similar statements about the beneficial aspects of use. In general, however, the voice of the actual smoker was practically absent from the report.

entries in the General register. If I find any omission in the certificate I write to the Magistrate who sent the man or to the Civil Surgeon (as the case may be) bringing it to his notice and asking him to furnish the required information. I mean such omissions as the "cause of insanity" or any other particular in Form C. This is in accordance with the Madras Surgeon General's Circular No. 12, dated 28th September 1891, which emphasises "the extreme importance of making every endeavour to obtain a full and correct history of each case with special reference to cause and previous occupation." . . . When a lunatic is received, I immediately fill in all the entries in the "general register" from the papers in my own hand. Column 10, which shows "cause" is at once filled up if there is any entry as regards cause in the papers. (Witness 117)

The civil surgeons and asylum superintendents who appeared before the commission readily admitted that they had never changed a cause of insanity once it had been filled in by a magistrate or a police officer, even though they knew that the latter were under bureaucratic pressure not to leave blank columns in form C and were likely to provide the most ready information on hand in order to comply. In fact, most medical witnesses humbly admitted that they had neither experience with mental illnesses in general nor with drug-related mental effects in particular.

The IHDC thus concluded that most medical experts in India acted in "a mechanical way" on the basis of "a general impression that the information supplied by Magistrates or police was as good as the government required for statistical purposes" (IHDC [1894] 1971, 1:230). In contrast to the expectation that the statistical information gathered by the state would be based on established medical authority, the IHDC found that medical persons in India made no such jurisdictional claims. The candid statement of Surgeon-Major H. St. C. Carruthers, a civil surgeon and the superintendent of the Calicut lunatic asylum was illuminating:

The general register of the Asylum is written up by the Hospital Assistant. . . . I do not see this register unless I specially call for it, or special orders are required on any point. I never as superintendent of the Asylum made any enquiry regarding the cause of insanity, and there are not, as far as I know, any orders requiring me to make enquiry. . . . As civil surgeon I have to enter cause of insanity in Form C. This cause is often entered as unknown . . . but as a matter of fact I always do make enquiries . . . and sending to the magistrate if I cannot make a shrewd guess as to the cause from my own enquiry. . . . Generally therefore when a cause is entered in Form C it is entered on the authority of the Magistrate. . . . My position as Superintendent of the lunatic asylum required me to take charge of insanes when they are sent in, and retain them until they are fit for discharge. I am simply keeper and incidentally medical attendant, and not responsible for any statements and

certificates received with the patient as long as they are in order. (Witness 91; emphasis added)

Subsequent to the procedure described above, the general registers of all India's asylums were copied on a yearly basis into statement VII and compiled into the official statistical reports of the government of India, thus reappearing as authoritative scientific data. The IHDC therefore concluded that the asylum statistics of India were flagrantly untrustworthy. Dismayed at its discovery, the IHDC accused the medical officers of India for bolstering a myth, suggesting that "this popular idea (about ganja and insanity) has been greatly strengthened by the attitude taken up by Asylum Superintendents" who "assisted by the statistics they have supplied and by the opinions they have expressed in stereotyping the popular opinion and giving it authority and permanence" (IHDC [1894] 1971, 1:226). Civil surgeons, the IHDC concluded, acted as bureaucrats rather than as scientists, having been "so pressed to give statistical information that they have often done so without considering whether it could be regarded as scientifically or even reasonably accurate" (IHDC [1894] 1971, 1:236).

For the British, the collapse of the insanity hypothesis was a precondition for establishing a policy of "control and restriction." Had the hypothesis been substantiated, it would have been very difficult, probably impossible, not to opt for absolute prohibition. In the absence of such imminent danger, the commission moved to consider other types of effects. Adhering to the moderate-excessive distinction, the IHDC tended to accept the opinions of those witnesses who emphasized the harmlessness of moderate use, the legitimate leisurely aspects of consumption, the benefits of hemp in providing staying power and meditative ability, and its ascribed applications in "native medicine." At the same time, the finding that only excessive consumption carried a ruinous potential justified some form of governmental intervention, namely the imposition of taxes under a theory of checking on excessive consumption.

However it was the same concern with the validity of the insanity hypothesis that prompted the Indians to dissent. Two of the three Indian on the commission did not interpret the findings in a way that nullified the insanity hypothesis. The first dissenter, Raja Soshi Sikhaheswar Roy, did not directly address the insanity hypothesis but elaborated in general on the methodological flaws of the inquiry. He argued that the commission failed to get sufficient response from the enlightened classes of India, that the complex nature of the questionnaire and the limited time allotted to answer it in the full deterred many potential respondents, and that the use of the English language, in general, created a bias against the true Indian position on the subject.

Nevertheless, Roy counted the opinions of witnesses on various drug-related issues and distributed them according to geographical regions and occupational categories. In particular, he produced his own detailed statistical table which showed that the overwhelming majority of witnesses, first and foremost those from the "enlightened portion of the native community" did find ganja to be a deleterious drug that should have been prohibited (IHDC [1894] 1971, 1:369).

The second dissenting opinion was written by Lala Nihal Chand. Chand directly confronted the insanity hypothesis. Like Roy, he challenged the methodology that had been employed by the majority. First, he argued that the selection of 1892 as a single sampled year was too limited in scope. In contrast, he provided detailed statistical tables summarizing existing official data that showed the consistency and significance in the overall rate of people whose insanity had been ascribed to the consumption of ganja (inserting 28 tables and statistical compilations into his 94-page minority report). Second, he found a methodological flaw in the decision of the IHDC to reexamine only the medical records of those people whose insanity was ascribed to ganja and to ignore the significant number of records in which a cause of insanity had not been established at all. Chand argued that while the commission was ready to dismiss some of the records it examined as unreliable, it nonetheless ignored the possibility that more ganja-related cases could be found among the "unknowns."

The impressive scientific-statistical approach performed by Chand, however, was only a preview to his main grounds for dissent. As earlier mentioned, the majority was of the opinion that the findings of magistrates and police officers could not have served as a sound basis for establishing a cause of insanity. Surgeon Major-General DeFabeck, for example, at the time surgeon general of Madras, told the committee that "a reliable case would be one in which a European officer certified the cause from personal observation or inquiry" because a European district officer could be expected to be "acquainted with the products of his district" without applying to district magistrates. He therefore declared that he was compelled to dismiss statement VII as unreliable as long as it was filled by local native officials (witness 83).

Chand, in contrast, declined to accept the view that establishing causes of insanity was within the exclusive jurisdiction of British medical officers. Given the general understanding, also prevailing at England at the time, that causes of insanity were established on the basis of biography and past patterns of behavior rather than on a medical-neurological basis, Chand argued, civil surgeons enjoyed no special advantages over magistrates and police officers. On the contrary, the familiarity of magistrates and police officers with friends and relatives of insane persons allowed them to make better on-the-ground judgments than remote and foreign civil surgeons.

Referring to magistrates, he wrote that the committee had to treat them as "the most trustworthy servants of the Crown, and therefore their accuracy cannot be questioned but on a very strong evidence." Referring to cases in which police officers made entries in form C, he wrote that "there can be no other agency in bringing to light the history of a lunatic than the police" further adding that the fact that there were many cases in which the cause of insanity had not been entered proved that there was no systematic effort by the police to ascribe insanity to ganja (IHDC [1894] 1971, 1:413).

The formal (i.e., methodological) and substantive (i.e., whose jurisdiction) aspects of the debate between the majority and the minority members of the IHDC were representations of an underlying struggle over the very distribution of competence among British colonizers and Indian civil servants of the crown. The Indian members of the commission, like many of the Indian witnesses who appeared before the commission, were determined to demonstrate that their analytic and statistical abilities were by no means inferior to those of the British. When we compare the attention to details, the readiness to furnish statistical data, the effort to offer an aesthetically attractive presentation (inclusion of tables, figures), and the general depth and scope of answers provided by Indian and British witnesses, we find that, by and large, the Indians were often more thorough and forthcoming in their commitment to the hemp truth-seeking project than their British counterparts.

Yet the struggle over competence did not end with demonstrations of scientific rigor. Chand's arguments, while relying on equal competence when it came to the juridical-scientific method, nonetheless insisted on the principle of respecting the authority of low-level state officials. At stake was the respective reliability and expertise of magistrates and civil surgeons, an issue that by and large corresponded with the respective social standing of Indian and British officials in general (all 11 magistrates providing oral testimony before the commission were Indian, while all 7 civil surgeons were British).

In the next part of this article we shall discuss the British-Indian debate over the very ability "to know India" as underlying the conclusions of the report and as marking the rift between the majority and the minority. Here we can begin by tracing the contours of this debate to competing understandings of social knowledge in a given field, namely, the community knowledge of police and local magistrates, which stood against the knowledge allegedly produced by European doctors, or, in their absence, European district officers. The minority opinion, as we have seen, simultaneously defended Indian officials on grounds of better acquaintance with local conditions and on grounds of personal trustworthiness. At the same time, the minority, like the majority, also argued in terms of statistics, science, and analytic rigor. In other words, the Indian minority position had been

organized around two complementary themes: first, demonstrations of equal competence when it came to "science" and, second, demonstrations of equal integrity when it came to the duties of state officials. Together, these themes combined to generate an Indian alternative to British policies and, as we shall further see below, an ambiguous in-between position for an Indian elite that strove to be as British as one could be and still act as spokesmen for Indians (Chatterjee 1986).

HEMP, CULTURE, AND RELIGION

Whoever smokes ganja
 his face grow pale
 his wife will complain
 he is impotent
 his brother will say
 he is afflicted with pain
 but the smoker will turn
 to his *chillum* again

—Punjabi folk-song (cited by
 Lala Nihal Chand, IHDC, 1:401)

The refutation of the insanity hypothesis and the subsequent downplaying of other alleged harmful effects of ganja (e.g., crime, laziness, and debauchery) allowed the majority on the IHDC to base its policy guidelines on cultural considerations. Chapter 9 of the report dealt with the social and religious customs associated with hemp drugs. The IHDC concluded that the great majority of witnesses provided testimonies that showed that both ganja and bhang were customarily used in religious ceremonies and festivities. In respect to bhang, the IHDC established that it was an essential element in the Durga Puja festival:

During this rejoicing a cup containing an infusion of the leaves of the hemp plant is handed round, and all are expected to partake thereof, or at least to place it to the lips in a token of acceptance. Sweetmeats containing hemp are also distributed. . . . There is difference of opinion among the witnesses as to whether there is any injunction in the *Shastras* rendering obligatory the consumption of hemp; custom, whatever be its origin, may now be said from immemorial usage to be regarded by many people as part of their religious observances. . . . Witnesses who can speak with authority on the subject . . . testify to religious sanction for the use of bhang or siddhi, while many witnesses of high social position, well acquainted with the habits of the people . . . speak to the prevalence of the custom, its intimate associa-

tion with the religious devotions of the people, and the innocent harmlessness of the practice. (IHDC [1894] 1971, 1:160)

The IHDC identified a number of occasions for the use of bhang, such as in the festivals of Diwali, Chait Sankranti, Pous Sankranti, Sripanchami, Sivachaturdasi and Ramnavami, as well as in weddings and "many other family festivities" (IHDC [1894] 1971, 1:160). The commission then proceeded to consider the religious usage of ganja and found that it was mainly practiced by worshippers of the god Siva, especially in the special form of worship known as Trinath:

It is chiefly in connection with the worship of Siva, the Mahadeo or great god of the Hindu trinita, that the hemp plant, and more especially perhaps ganja, is associated. The hemp plant is popularly believed to have been a great favorite of Siva, and there is a great deal of evidence before the Commission to show that the drug in some form or other is now extensively used in the exercise of the religious practices connected with this form of worship. Reference to the almost universal use of hemp drugs by fakirs, jogis, sanyasis, and ascetics of all classes, and more particularly of those devoted to the worship of Siva, will be found in the paragraphs of this report. . . . These religious ascetics, who are regarded with great veneration by the people at large, believe that the hemp plant is a special attribute of the god Siva, and this belief is largely shared by the people. Hence the origin of many fond epithets ascribing to ganja the significance of a divine property, and the common practice of invoking the deity in terms of adoration before placing the *chillum* or pipe of ganja to the lips. . . . At the Shivratri festival, and on almost all occasions on which this worship is practiced, there is abundant evidence before the Commission which shows not only that ganja is offered to the god and consumed by these classes of the worshippers, but that the customs are so intimately connected with their worship that they may be considered to form in some sense an integral part of it. (IHDC [1894] 1971, 1:160-61).

The IHDC systematically surveyed hemp-related religious practices and classified them on a regional basis, specifying the use of ganja and bhang in Assam, the northwestern provinces, Punjab, the central provinces, Madras, Bombay, Sind, Berar, Baluchistan, and Ajmer-Merwara, elaborating on other festivals (e.g., the Holi festival,) legends and folktales, and detailed descriptions of forms of consumption. The IHDC found that "the use of bhang is more or less common everywhere in connection with the social and religious customs of the people" and that the use of ganja is widespread among "certain classes" that use it for their "social and religious

observances.”⁷ However the crucial move of the commission was that it bound together the use of bhang and ganja. All in all, it concluded that it had little doubt that “[i]nterference with the use of hemp in connection with the customs and observances . . . would be regarded by the consumers as an interference with long established usage and as an encroachment upon their religious liberty” (IHDC [1894] 1971, 1:166).

In short, inasmuch as the collapse of the insanity hypothesis provided the IHDC with an outlet from recommending prohibition on the scientific front, the validation of deeply rooted religious customs provided that outlet on the cultural front. The policy of “control and restriction,” namely, deriving revenue for the crown under the theory of inhibiting excessive consumption, was articulated precisely in that space that had been opened between the lack of proven harms to the moderate user and the proven importance of the drugs in social practices.

It was subsequently to that socially constructed space that the Indian minority members of the IHDC fiercely reacted. Crucial for the Indian minority was to expose the British cultural findings as a false and poorly informed invention of Indian traditions. Both Roy and Chand began by challenging the methods by which the commission gathered its data, yet at the root of their methodological objections lay a substantive position about the respective abilities of British and Indians to really “know” India.

In general, Roy and Chand came close to treating the British as no more than amateur anthropologists who purported to know India from a distance, by listening to witnesses and informants and by touring the country on a horseback or by a carriage, for that matter. It is noteworthy that the British members of the commission did not miss even a single day of touring India in the course of the investigation, and no one among them missed more than one day of meeting with interviewees. The Indian members, on the other hand, were significantly less committed to the traveling modality of studying India. Roy participated in 156 days of touring out of 266 such days, and in 44 meetings out of 86. Chand took part in 78 days of touring and 5 meetings only. Singh, the Indian who joined the majority, was also the most judicious participant by British standards; he took part in 161 days of touring and 48 meetings (IHDC [1894] 1971, 1:11). Although the absence of the Indians was excused in terms of “ill-health,” it is difficult to avoid the impression, supported by the minority opinions, that the Indians

7. As aforementioned, the IHDC almost exclusively treated hemp as a “Hindu affair.” However, the commission had before it testimonies to the effect that ganja use had been widespread also among Moslems (IHDC [1894] 1971, 6:26, 57, 86, 220). One vivid account will suffice here: “It is customary among bairagis etc., to welcome their friends and relations by offering ganja. . . . when this exchange of the bowl takes place, the receiver calls out ‘Ram! Ram!’ . . . when the Musalmans exchange the bowls, they call ‘Jama Alla!’ (Society of God); then the receiver calls out ‘Ishq-I-Alla!’ (Love of God)” (witness 51, IHDC [1894] 1971, 6:238–39).

felt that they, unlike the British, did not have to tour India in order to “know” it.

Moreover, Roy and Chand cast doubt on the evidence presented to the commission. Both argued that, when it came to culture and history, the British relied on the unreliable evidence of “European Gentlemen,” while whole classes of men “on whose statements reliance could be placed in matters connected with Hindu religion” were not approached by the commission. The single Hindu priest that had been consulted (among 264 witnesses from the northwestern provinces), Roy argued, testified that ganja was not essential to religious practices and that “the rule had been invented by the consumers” (IHDC [1894] 1971, 1:403, 377).

The minority’s crucial move in asserting their superior ability to know India, therefore, consisted in Roy and Chand’s self-positioning as authoritative historians and, moreover, as authentic speakers who could provide first-hand accounts of “true” Indian culture. Unlike the majority report, both minority opinions went far beyond the evidence submitted by the witnesses who appeared before the commission. Chand, for example, provided a list of popular songs—which he personally compiled and arranged by India’s regions—deriding ganja as a vice and ganja smokers as a menace to society. Both, moreover, made a special effort to demonstrate their mastery, at least in comparison to the British, of religious texts.

Roy began his minority report with a detailed survey of ancient Hindu law, a topic barely touched by the majority. He argued that none of the standard works of *Smriti* sanctioned the imposition of taxes on intoxicating drugs, and then moved to analyze extant religious customs. Chand also turned to Hindu law and cited from the *Manu Smriti* (which he defined as the universally recognized authority on Hindu religion) in order to prove that it explicitly prohibited the use of intoxicants and that the consumption of hemp drugs was not sanctioned by “religion or society.”

The thrust of the minority’s opinion, however, did not end with a demonstration of superior knowledge. Rather, that superior knowledge led to a narration designed to show that fundamental error of the British lay in their failure to distinguish between bhang and ganja. While the minority concurred with the majority that bhang was widespread in religious practices, it strove to show that the association of ganja with religion was a result of a recently invented tradition that was “chiefly a creation of ganja smokers” (Chand, IHDC [1894] 1971, 1:403).

Roy explained how it came about that the use of ganja has been associated with the form of worship called Trinath Mela. Hinduism, he wrote, distinguished among Brahma, the creator (matter; earth) Vishnu, the preserver (spirit; water) and Siva, the destroyer (time; fire).

[I]t was with the object of bringing about a sort of conciliation as it were among the different sects of Hindus who worship their god in

these three different principles that one Babu Annanda Chandra . . . first started this new mode of worship in 1869 somewhere near his native village, this deity being termed "Trinath," or three in one. To popularize this mode of worship among the rural population, he himself composed a few stanzas of song in colloquial Bengali, which are sung instead of the usual citation of Sanskrit *Muntras*, while the worshippers of trinath join together in performing the *Puja*. In these songs there is to be found only the mention of the word *siddhi*, i.e., bhang and not ganja. (Yet) the originator of this mode of worship, himself being addicted to the use of ganja, it was natural that his followers would follow his example and offer ganja to their god while worshipping him. (IHDC [1894] 1971, 1:376)

We can thus discern the logic of inquiry articulated so far by the minority. First, a move to discredit British ways of knowing India while asserting a type of an indigenous embeddedness allowing for authenticity, depth, and reliability. Second, demonstrating the importance of their own superior knowledge by exposing the fabricated connection of ganja and religious customs. This exposure allowed the minority to criticize the British failure to distinguish between ganja and bhang in making their policy recommendations. The Indians, in other words, ruptured the neatly constructed space offered by the British for situating their regulatory policy guidelines. This rupture, as we shortly see, allowed the Indian minority members on the commission to sociologize and politicize the report and to ultimately turn it into a platform from which to assert their own authoritative elite position.

SITUATING THE DEBATE: A DISCUSSION

We suggested that the British policy of "control and restriction" was articulated precisely in that space that had been opened between the lack of proven harms to the moderate user and the proven importance of the drugs in social practices. In what seems to us a significant passage about the British civilizing imperative, the IHDC explained that

[t]he government of this country has not grown out of the forces contained within it, but has been superimposed upon them, and the paternal system of government which may have been suitable in England during the sixteenth century, and in the initial development of some Indian provinces during the period immediately following their annexation, becomes purely visionary when public opinion is in process of formation and the needs of the people are year by year finding more ready expression. ([1894] 1971, 1:265)

It was from this basic standpoint that the hallmark of Western liberalism, namely the writings of John Stuart Mill, made their dramatic appear-

ance in the conclusions of the IHDC. The IHDC moved to cite Mill's idea on liberty as the guiding principle of its conclusions: "There is a circle around every individual human being," the majority recited, "which no Government, be it that of one, or of few, or of the many, ought to be permitted to overstep" ([1894] 1971, 1:265-66). In other words, while one pillar of civilizing India had been erected by the IHDC through its performance of an unbiased judicial-scientific inquiry, another pillar was erected through Mill's liberal theory of the minimal state and an acknowledged sense of the British own "otherness" in India.

It is noteworthy that by the end of the nineteenth century, when British imperialism was at its peak, a colonial commission relied on Mill and, in particular, on an acknowledged "otherness" of the British in India, in order to refrain from governmental interference with native customs. At face value, such reliance seems like a quite surprising retreat from an asserted moral and cultural British superiority and from a civilizing imperative to transform "backward" cultures living in a "timeless existence" (Cohn 1996, 71).

Yet for the Indians, the majority's reliance on British otherness in India and on Mill's theory of the minimal state represented no more than a veil behind which a state interest in deriving revenue for the crown had been concealed. Contemporary writers, arguing from a postcolonial perspective, have exposed Mill as a speaker in whom "we have the ruthless proprietary tones of the white master" (Said 1993, 59). Another writer argued that Mill the imperialist and colonial administrator was the other side of Mill the great theorist of Western liberty and that his Orientalist politics were in fact a "vehicle for defining the identity formation of the West" (Passavant 1996, 315). In that vein, Mill has been shown to promote politics of moral geography in which native others were constituted as immature savages and foreign territories were spatially hierarchized as estates rather than countries.

We submit that this was precisely the way the Indian minority members on the commission treated the political philosophy of the majority, namely, as a logic of governance designed to ground a noninterventionist posture in a perception of the native's essential difference and to thereby derive revenue for the crown under a theory of inhibiting excessive consumption.

In general, there is little doubt that Britain's structure of governance, its civilizing mission, and its investigative modalities, were inextricably linked with a vested interest in an increased capacity to assess taxes. The British invested enormous efforts in learning how land was distributed, how taxes were formerly raised, what were adequate territorial and personal principles of taxation, and how to establish a workable connection between commercial circulation and revenue regulation. The dual functions of

civilizing India and extracting revenue from it were firmly embodied in the person of the colonial tax collector: crucial actors in the colonial governmental blueprint in India, writes Cohn, were those British officers designated "collectors." Collectors were invested with judicial and executive powers in districts that often corresponded with preexisting Mughal revenue units. They were to be the people "on the spot" who "knew" the natives and were supposed to be at once tax collectors and an emblem of a "law and order" civilization (Cohn 1996, 60).

Indeed, there were several reasons for the Indians to suspect the revenue-driven bias of the IHDC. The commission had been appointed by the Finance and Commerce Department and tax collectors were visibly over-represented among the witnesses who appeared before it. These witnesses addressed at length a series of questions concerning the feasibility of taxation, yet at the same time were not asked at all about the desirability of prohibition (in contradistinction to the feasibility of prohibition, negatively assessed by most witnesses). Moreover, the president of the IHDC was the first financial commissioner of Punjab, another member was a commissioner from the central provinces, and another a collector. Only one among the four British members of the IHDC was a medical expert. One of the Indian dissenters, therefore, politely referred to a "class, with a view to serve the interests of the state . . . forgetting that the interest of the government could be best served by serving the interests of the people" (Roy, as quoted in IHDC [1894] 1971, 1:369).⁸

Thus, while the British were perceived to be spokesmen for the interests of the state, the Indian minority members on the commission positioned themselves on the "side of society," arguing on behalf of the people's welfare. Accordingly, the final discursive move of the minority was to sociologize the cultural argument by attributing bhang and ganja, respectively, to upper-class and lower-class consumers, precisely that distinction that had been downplayed, or simply ignored, by the British "knowers at a distance."

Having analyzed a religious practice as a new invention of tradition, Roy linked the use of ganja to the practices of a rural and uneducated population, implying that this population had been seduced by a ganja addict. Roy then went on to cite testimonies to the effect that the practice was in decline among educated people. Similarly, Chand wrote that ganja was chiefly used by fakirs, wandering mendicants, sadhus, and in general by the "lower classes . . . such as artizans, cultivators, fishermen, palki-bearers, day labourers [and] domestic servants of all kinds." The "upper classes," he added, as well as "intelligent and respectable Hindus," regarded the habit as a vice (IHDC [1894] 1971, 1:400).

8. On the view that "the need for a revenue was primarily behind the move of taxing intoxicating drugs," see Mookerjee 1948, 446-54.

Bernard Cohn, writing about the British civilizing mission in India, notes that there were "groups and categories of people whose practices threatened the prescribed sociological order. There were people who appeared by their nature to wander beyond the boundaries of settled civil society: sannyasis, sadhus, fakirs, . . . herders and entertainers." The British, he writes, activated various instrumentalities to control and define them as subverts or criminals (1996, 10). In the case of the IHDC, members of an Indian elite in the making used precisely such images of the "socially untamed" to further their own vision of the good society and to stigmatize ganja as an "uncivilized" drug that should have been prohibited.

Symbolic features of consumption, beyond the factual sociocultural "truth," helped the minority to create the respective association of ganja and bhang with lower-class and upper-class consumers. Two attributes of ganja set it apart from the usage of bhang: the consumption of ganja by smoking a *chillum* and the streetwise public nature of consumption. The IHDC provided a detailed account of the bodily regime surrounding the use of ganja:

A small quantity of ganja, about 1/16 of a tola, is kneaded in the palm of the left hand with the thumb of the right, a few drops of water being poured on it from time to time. When it ceases to part with any colour to the water, it is ready to be smoked. The *chillum* is a bowl with a short neck issuing straight from the bottom of it, all made of clay; the same that is commonly used for smoking tobacco. It is laid with a foundation of a small quantity of tobacco. On this is placed the washed ganja which has been chopped up and another thin layer of tobacco. A live coal is placed on the charged pipe, a damp cloth is generally wrapped round the neck of it and folded into the palm of the left hand, while the pipe is grasped by the neck between the thumb and first finger. The right hand is pressed, fingers upwards, against the cloth and neck of the pipe, and the draught is made through the space between the thumb and the first finger of this hand. A few short breaths are blown and drawn to light up the pipe, and when this is accomplished one long deep draught is taken with the lungs. The pipe is then handed on to a companion, and so goes the round of the circle.

How strange and arguably unclean these gestures were compared to the simple civilized way of sipping a glass of bhang. And how lowly this way of passing time in company was compared with the descriptions of bhang as a refreshing cooling drink consumed in private or, alternatively, in merry family gatherings. For the Indian dissenters on the IHDC, the strict divorce of ganja and bhang was at the heart of the matter. Bhang, an upper-class favorite, was described as a harmless product, a refreshing drink, an important companion to family festivities, and an essential part of religious ceremonies. Ganja, in contrast, was a lower-class vice, consumed by uneducated

masses and their revered fakirs and sanyasis, breeding crime and laziness, harmful to person and society, smoked in public in a most uncivil manner, looked down upon by intelligent Indians, and inconsequential for religious purposes.

In sum, unlike the British who downplayed the class element in the use of hemp, the Indian minority organized their own construction of "Indian customs" around the class identity of users. The Indians, in short, established what a latter-day student of drug culture describes as "a relationship between the moral status of a particular kind of drug use and the social position of the groups identified as the primary users" (Himmelstein 1983, 13). And in defending the legitimacy of bhang and by simultaneously deriding ganja, the minority drew a line between an old "uneducated" India and its ashes-and-dust-venerated mendicants⁹ and the new enlightened India and its educated elite.

It is in this sense that we believe that the report became a site where Indians negotiated a ruling-elite identity for themselves by articulating a drug policy that would have distinguished them from British colonizers and from India's lower classes alike. Against each social force they used elements drawn from their parity with the other. That is, they distinguished themselves from British colonizers by emphasizing their distinct identity as authentic knowers and representatives of India's customs and religions, past and present. At the same time, they distinguished themselves from India's masses by emphasizing their identity as enlightened, civilized, and educated people who were on a par with their British rulers.

Adoption of the British proposed policy of "control and restriction" could not suffice for these purposes not only because it had been insensitive to class distinctions (this alone could be overcome by prescribing the taxation of ganja and exemption of bhang thereof) but mainly because that policy constituted Indians as a whole as cultural others whose tradition was suffused with mysterious intoxicating drugs that set them apart from the West. An alternative policy of absolute nonintervention, on the other hand, could not suffice for the very same reasons. The space that had been opened up between these two policy alternatives called for an assertive form of responsible governance: the prohibition of ganja alone. Indeed, this was the recommendation of both Indian dissenters.

Ultimately, the report should be read as a site upon which Indians struggled to constitute a new elite, *Indian in blood and color but English in opinions, in morals, and in intellect*. English, yes, but distinct in its asserted social responsibility toward India's masses; a stance of responsibility that had been bred out of the Indian unwillingness to be treated as cultural others by their British colonizers. For the Indians—searching as they were for their

9. On the influence of wandering mendicants in shaping Indian popular views of the British, see Homi Bhabha 1995.

“Indish” identity—liberalism was but a pretext for the extraction of revenue, and cross-cultural tolerance but another form of Western sense of superiority. Asserting their identity as a potential new ruling elite, the Indians thus resorted to notions of governmental responsibility, speaking in the name of social interests and depicting the British as standing on the “side of the state.” In this sense, Macaulay’s ([1835] 1958) vision of Indian Brits who would *be interpreters between us and the millions whom we govern* was not realized. Rather, the *interpreters* developed their own sense of identity not as mediators but as future rulers, not as servants but as heirs, grounding their legitimacy in both their British and Indian “qualities.”

CONCLUSION

Who in Britain or France can draw a clear circle around British London or French Paris that would exclude the impact of India and Algeria upon those two imperial cities?

—Said 1993, 15

Colonialism has often been described as consisting of two pillars of domination. One pillar is that of direct exploitation. The second pillar is that of cultural domination: construing an essentialized inferior native “other” who has to be tamed, educated, disciplined, and, in general, brought under the benevolent spell of a civilizing mission. Yet the relation between these two pillars of domination swings the entire pendulum between the complementary and the contradictory. In fact it is possible not only to understand colonialism as an ongoing effort—fraught with difficulties—to situate exploitation within the more legitimate domain of a civilizing mission but also to understand resistance to colonialism as an effort to unmask the civilizing mission’s essential logic of exploitation. In the case analyzed here, we have seen how liberalism and a liberal-minded treatment of a constituted other was conceived and articulated to sustain a revenue-oriented policy. At the same time, we have seen how Indian resistance to that suggested policy, and an alternative prohibitive approach, insisted on a fundamental rupture between the civilizing claim and the exploiting end.

Moreover, we have seen how the very notion of a civilizing mission assumed various applications and interpretations. The British and Indian members of the IHDC articulated two conflicting methods for civilizing India: on the one hand, a British revenue-oriented position that bred a non-interventionist liberal ideology of respect to cultural others; on the other hand, an Indian assertion of governmental responsibility premised on the moral duties of an enlightened elite to their uneducated poor brethren. In other words, we found that it was an Indian elite, rather than a British

India.¹⁰ In the process, it was the British who refrained from imposing the gift of a civilizing Western law by means of prohibition, and it was the Indians who seized on the opportunity to mobilize the ideology and analytic logic of the colonizers in order to "civilize" India by means of a prohibitive law. At times more British than the British, at other times speaking in the name of authenticity, a ruling elite in the making had been carving a niche from which to assert its authoritative identity.

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10. On the latter-day recruitment of the Indian Hemp Drug Commission Report to the struggle for marihuana legislative reforms in the United States, see Mikuriya 1968.