THE 'HOMELIE HERBE'

Vivienne Crawford examines the medicinal history of cannabis in Britain.

FROM THE MIDDLE of the seventeenth century to the end of the twentieth, medical herbalism has been increasingly subject to legislative restriction. This is not because plant medicine is ineffectual. Rather, the history of legislation reflects the degree and type of control which successive governments, and the professions they recognise and license, have seen fit to exercise over the bodies of British citizens.

Legal control has been particularly visible in the case of neurologically active plants such as cannabis, also known in England as hemp or marijuana. (The Spanish word first gained currency in the USA in the 1920s, as part of a deliberate attempt to associate the plant with Mexican migrants.) Cannabis has been prohibited for self-medication in Britain since 1928, as a consequence of resolutions adopted by the 1925 International Convention on Narcotics Control. In recent decades the popular press has associated it with culturally subversive attitudes and anti-social behaviour, and also implied that it is a relatively recent import. The truth of the matter is very different.

Cannabis Sativa, from *Phytographie Medicale* by Joseph Roques (1821)

Cannabis has recently been redefined as a medicinal plant. Experimentation since the 1980s has established beyond doubt that the plant is a cornucopia of therapeutic constituents. New uses are being found almost monthly, as pharmaceutical companies scramble to patent profitable analogues and establish national monopolies following clinical trials of cannabis-based medicines. However, the plant already has a venerable, if largely forgotten, history of therapeutic use in England. Hence its recent legalisation for medicinal purposes is less an innovation than a restoration of the *status quo ante*.

There is a debate over whether there is a single species of cannabis (*Cannabis sativa*), capable of many variations, or a related group of plants. If cannabis is a single species carrying multiple genetic possibilities, which may be activated or not, depending on environmental conditions, this would explain why the Anglo-Saxons wrote about the plant without mentioning its hallucinogenic properties. Their medicinal hemp, grown in the cloudy regions of northern Europe, did not contain a reliable concentration of the sunlight-induced metabolites which produce significant changes in consciousness.

We are accustomed to receiving culinary and medicinal herbs from the Mediterranean, but in contrast, *Cannabis sativa* seems to have come to Greece and Italy out of the north. Excavation of Western Altaic burial mounds has confirmed the Scythian custom of inhaling the fumes of cannabis seeds, heated in pots or on stones in an enclosed space, which Herodotus recorded in his *Histories* (c. 500 BCE): 'it smokes and gives out such a vapour as no Grecian bath can exceed: the Scyths, delighted, shout for joy'. Hemp has been found in Germanic burials dating back to the same period. This raises the possibility that Saxon custom, rather than herbal lore from the Classical tradition of Galen and Dioscorides, established cannabis use in England. A vigorous woodcut from the *Kreuterbuch* of Leonard Fuchs (1543) reaffirms the importance of cannabis in the Germanic *Materia medica* of the Renaissance period.

C. sativa was cultivated in England during the Anglo-Saxon age to make both rope and medicine. It was carefully noted that 'manured' hemp, used for coughs and jaundice, differed in its medicinal properties from 'bastard' (wild-growing) hemp, the latter being more efficacious 'against nodes and wennes and other hard tumours'. The eleventh-century Anglo-Saxon *Herbarium* recommends 'haenep' specifically for sore and swollen breasts.

The functional value of hemp soared under the Tudors, as the navy's demand for rope increased. It was eagerly cultivated in England, and even planted at Jamestown, the newly-established Jacobean English settlement in Virginia, in 1611. Male and female plants were distinguished by the terms 'carl' and 'fimble' hemp, respectively, and the characteristics of summer and winter plants assiduously recorded.

But this is only one aspect of the history of cannabis use in Tudor and Stuart England. Empirical knowledge of cannabis as a source of medicine had not been lost. Tudor herbalists, who by 1588 depended on extra-European sources for only fifteen per cent of their drugs, were qualified by long familiarity, as well as by their assimilation of Classical tradition, to assess the virtues of cannabis as a therapeutic plant.

'Water of hempe', freshly prepared from the dried leaves of the plant, was recommended for headache and 'for all hete wheresoe'er it be' (*The Vertuous Boke of Distillacioun*, trans. Andrewes, 1527). Culpeper (1653), the founding father of modern English herbalism, subsequently confirmed this usage.

Wryly referring to the use of hempen rope for public

hangings, Culpeper comments that the Saturnine plant is 'good for something else than to make halters only'. He not only lists its uses, but tries to explain its actions: for example, 'The emulsion of the seed is good for the jaundice, if there be ague accompanying it, for it opens obstructions of the gall, and causes digestion of choler.' That is, cannabis is helpful to those who have the type of jaundice which is accompanied by a fever, because by stimulating the liver, and hence the flow of bile into the digestive tract, medicinal hemp reduces heat and inflammation caused by the inadequate breakdown of food in the stomach and intestine. Culpeper recommends cannabis for fluxes (diarrhoea), colic and rheumatic pain, adding that the fresh root, 'mixed with a little oil and butter, is good for burns', and the seed, seethed in milk, for coughs.

The use of cannabis as a drying, warming plant which 'openeth the passage of the gall' to improve digestion is anticipated in Gerard (*The Herbal*, 1633). A rather more sinister usage is suggested by the inclusion of hempseed in a narcotic mixture of herbs steeped in wine, and strained through a cloth 'woven by a whore', to be taken as part of a ritual for questioning the dead. As hempseed is not notably hallucinogenic, it is probable that other plants in the formula, such as *Hyoscyamus niger*, were intended to fulfil the function of altering consciousness. Awareness of the hallucinogenic properties of bhang (hashish), the resin from the Indian-grown variety of cannabis, certainly existed in Europe by the early seventeenth century, thanks to the adventurousness of colonial travellers. However, available evidence suggests that it was regarded as deriving from a hitherto unknown plant. *The Anatomy of Melancholy* (1621), for instance, refers to 'bang' as 'like in effect to Opium, which ... makes [its users] gently to laugh'. But the context makes it clear that the author is repeating information from a Hispanic text, and he does not connect bhang in any way with the homely English hemp.

Sixteenth- and seventeenth-century English herbalists also had an active understanding of how to use the plant. Henry Lyte's warning against the ingestion of the raw seeds ('they are contrarie to the stomach ... and engendreth grosse and naughtie humours in all the bodie') is based on tradition, but has an authoritative ring which may derive from experience. And certainly, the mingling of hemp with milk or butter is not a technique derived from Greece; it is a specifically Northern European practice.

Thus well-rooted in the English *Materia medica*, cannabis continued to be used throughout the eighteenth and nineteenth centuries. One Sheffield doctor devoted over a page of his discussion on plant medicines to the virtues of cannabis in promoting delayed menstruation, while William Salmon, another eighteenth-century medical chronicler, described its use in regulating haemorrhage. These apparently contradictory effects may be explained by the fact that some herbs are amphoteric, that is, they restore the body to a condition of balance, inhibiting excess or strengthening deficiency, as required.

Like all plant medicines, cannabis was less prominent following the Enlightenment and the new infatuation with chemical substances. However, the establishment of the British Raj provided an opportunity for the rediscovery of medicinal cannabis. Following experiments carried out by O'Shaughnessy in Calcutta, during the 1830s, its use was revived. Once again, cannabis became a popular medicine in England, but this time, instead of the leaves, roots and seeds, the concentrated resin from the Indian variety of the plant was used. This was rich in delta-9-tetrahydrocannabinol and other psychoactive cannabinoids. Hence there was a new emphasis on the use of cannabis as an analgesic and relaxant. Thanks to O'Shaughnessy, even the eminently respectable Queen Victoria used Indian hemp for her menstrual cramps.

Interestingly, there was an explosion of writing in French about cannabis following Napoleon's invasion of Egypt, but this tended to focus on the inebriating properties of hashish, creating the context for Baudelaire's decadent *Fleurs du Mal* poems. In Britain cannabis continued to be regarded as a benevolent therapeutic plant, capable of soothing pain, calming anxiety, promoting appetite and digestion and relieving both headaches and nervous convulsions. This view of the plant prevailed until well into the last century.

How did a herb which for centuries had been of therapeutic benefit in Indian, China, and Europe, and which early 20th-century English orthodox medicine summarised as an anti-pyretic, analgesic, anti-diuretic, anti-asthmatic, hypnotic, anti-anorectic, anti-emetic, and anti-convulsive muscle relaxant (BMA Report, 1997), come, fifty years later, to be classified as being 'of no therapeutic benefit', unavailable for use, inaccessible to research (Schedule 1 of the Misuse of Drugs Act, 1971)?

This question must be answered with reference to the attempts of Western governments to control domestic consumer behaviour, and influence the economies of other countries, by enacting laws which, rather arbitrarily, distinguish acceptable substances from those deemed pernicious.

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Fortunately, we now have the potential for a more rational policy on cannabis. Offsetting seventy years of demonisation, the House of Lords committee (1998) concluded that, 'The acute toxicity of cannabis and the cannabinoids is very low: no one has ever died as a direct and immediate consequence of recreational or medical use'. The government has accordingly re-scheduled cannabis, and this opens the door to arguments for an more liberal policy.

Culpeper was not merely a herbalist but also a Parliamentary democrat. He argued, from political conviction as well as compassion, that the herbs proper to English bodies should be cultivated in every back-yard for the self-healing of the sick, and information about their use freely disseminated. Are we now approaching the point at which home-cultivated cannabis may once again become as common, as beneficial, and as uncontroversial as its cousin the nettle?

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