A Homelie Herbe: Medicinal Cannabis in Early England

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ABSTRACT. Cannabis is often regarded as a substance alien to British culture until the 1960s, at which supposed point of introduction it functioned as a marker of subversion. In fact cannabis was used as a medicinal herb by the Anglo-Saxons, and highly valued during the Tudor and Stuart periods. It remained in the British *Materia medica* through the 18th and 19th centuries, being well regarded by orthodox doctors. However, the type of cannabis grown in England was probably less rich in psychotropic cannabinoids than plants grown in the East.

KEYWORDS. Anglo-Saxon herbalism, English Renaissance herbalism, cannabis, medicinal marijuana, history of medicine

INTRODUCTION

Although medical herbalism has an ancient and venerable history, its use in Britain since the seventeenth century has increasingly been the subject of contention. This is not a function of the perceived efficacy of plant medicine. Rather, the authorisation or prohibition of particular therapeutic practices re-

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flects the fluctuating distribution of power by means of which the civic body, as represented by the government and the professions it recognises and licences, asserts its right to regulate the individual body of the citizen. Legal control has been particularly overt in the case of psychoactive plants such as cannabis, which possess the politically and morally charged property of changing the way we see the world.

Prohibited for common use in Britain since the 1920s, and banned even for prescription by doctors since the 1970s, cannabis is currently the subject of experimentation purporting to prove to the satisfaction of science that the plant is a cornucopia of therapeutic constituents. As in America, orthodox pharmaceutical and medical bodies have been canvassing the government to authorise clinical trials and grant licences for cannabis-based medicines. Transformed almost overnight from outlaw to commercial opportunity, cannabis is the subject of urgent investigation on the part of commercial scientists, as companies on both sides of the Atlantic scramble to patent profitable analogues. I suggest that a rational consideration of its venerable history in England, coupled with the evidence of its therapeutic properties (newly confirmed in the language of biochemistry), leads to the inescapable conclusion that the prohibition of medicinal cannabis in England is an historical anomaly that should be rectified as soon as possible. Indeed, the British government is moving in this direction: cannabis has recently (October 2001) been re-classified in recognition of the fact that by any measure, it is much less dangerous than substances such as street heroin. GW Pharmaceuticals' cannabis-based medicines are in the final stages of U.K. testing. Yet there is no official will to restore cannabis to its former position in the repertory of common herbs available to qualified practitioners, let alone to legalise the growing of the plant for home consumption. Cannabis is still perceived as an alien drug, and despite reports in the popular press about its use as self-medication for pain control, or to ease the effects of neuromuscular dysfunction, one that is primarily associated with an anti-social hedonism.

Trease and Evans (1998) state that cannabis is believed to have reached Europe via Napoleonic Egypt. However, an authoritative 19th-century history of drugs (Flückiger and Hanbury 1879) details the way in which it became prominent in contemporary British medicine following the *in vivo* research carried out by O'Shaughnessy in Calcutta, during the 1830s. Grinspoon (1997) adds that between 1840 and 1900, more than a hundred papers were published on its therapeutic effects.

Whilst this may be accepted as the inauguration of modern usage, hemp had in fact been a staple of indigenous European medicine for more than a millennium. In addition, like its cousin the nettle, cannabis was a source of fibre for rope and cloth. Its seeds provided food, and crushed, yielded oil rich in essential fatty acids to nourish both people and their beasts.

Why then was it seen in the Victorian period as a new plant? Even the reputable Grieves' *Herbal* (Grieve 1971) speaks of cannabis as if it reached England only in the mid-nineteenth century. I believe the answer is that during this period, the strain of cannabis most commonly employed in Britain for both medicinal and psychotropic purposes was the variety known as *Cannabis indica* or Indian hemp, imported from the Indian sub-continent in the form of compressed resin, whereas previously, medicinal use had been made of the leaves, seeds and roots of cannabis plants grown in a northern climate.

There is no absolute consensus as to whether cannabis is a closely related genus of plants, including *Cannabis sativa*, *C. indica*, and *C. ruderalis*, or a single polymorphic species with variant ecotypes, each carrying different proportions of cannabinoid constituents depending on environmental circumstances (Flückiger and Hanbury 1879; Staryk 1983; Schultes and Evans 1992; Trease and Evans 1996; GW Pharmaceuticals website 2001). Whichever is truer, the fact that the Anglo-Saxons do not record any mind-altering effects for their homegrown hemp seems to suggest that 10th-century English-grown cannabis lacked the concentration of sunlight-induced terpenophenolic metabolites (e.g., delta-8 and delta-9 tetrahydrocannabinol, etc.) responsible for changes in consciousness, and consistently present in plants grown in the light and heat of Asia. Either the potentially psychotropic effects of the plant were unknown, or, if occasionally observed, were not regarded as controllable in a therapeutic context, and hence not recorded in reference texts.

Anglo-Saxon and Classical authors simply differentiated *C. sativa* (cultivated) from *C. sylvestris* or *agria* (wild). It has been suggested that the latter is *Eupatorium cannabinum*, but in the *Durham Glossary of the Names of Worts* (Cockayne 1856,Vol. 1 p. 329), *C. agria's* synonym is "holi rope," in my view an epithet applying more properly to cannabis. Reversing the usual route of plant migration, by means of which wild-growing Mediterranean herbs were introduced for cultivation into colder parts of Europe, *C. sativa* came to Greece and Italy from the northeast. 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, described by Herodotus *circa* 500 BCE (*Histories*, bk.IV, p. 295): " . . . it begins to smoke, giving off a vapour unsurpassed by any vapour-bath one could find in Greece. The Scythians enjoy it so much that they howl with pleasure."

Hemp has been found in Germanic burials dating back to 500 BCE (Schultes 1973). This raises the possibility that Saxon folk custom, rather than herbal lore inherited from the texts of Galen and Dioscorides, established its use in England, although subsequent monastic praxis embraced both. *C. sativa* was cultivated in England during the Anglo-Saxon period (5th-11th centuries CE) to make rope, but it was also noted that "manured" hemp, used for coughs and jaundice, differed in its properties from "bastard" (wild-growing) hemp, the

latter being medicinal "against nodes and wennes and other hard tumours" (Schultes and Hoffmann 1992, p. 97). The *Herbarium* (11th century, rpt. 1984, CXVI, p.148) recommends "haenep" (glossed in Latin as *Cannabis sativa*) specifically for sore breasts: "gecnucude mid rysle, lege to pam breostan, heo toferep paet geswel; gyf paer hwylc gegaderung bip heo pa afeormap." (I translate this as "Rub [the herb] with fat, lay it to the breast, it will disperse the swelling; if there is a gathering of diseased matter it will purge it.")

Hemp enjoyed an enhanced respect under the Tudor monarchs, as with the onset of imperial longings, the navy's demand for rope increased. It was vigorously cultivated in England, and even planted at Jamestown, Virginia, in 1611 (Grinspoon and Bakalar 1997). Male and female plants were distinguished by the terms "carl" and "fimble" hemp, respectively, and the characteristics of summer and winter hemp assiduously noted. Parkinson's *Theatrum Botanicum* (1640) includes notes on its cultivation. The "drowning" of the carl hemp was an important part of its processing in preparation for use as fibre, and required skill, for too prolonged an immersion would cause the hemp to rot. It is interesting to note that the 19th-century reprint of Thomas Tusser's *Five Hundred Points of Good Husbandrie* (1812, originally published in 1557) contains an editorial comment to the effect that the neglect of the valuable hemp plant is one of the misfortunes arising from a dependence on foreign trade. The categorisation of non-psychoactive cannabis as an indigenous or naturalised British plant, serving as a useful source of fibre, clearly remained untroubled for centuries.

But this is only one aspect of the history of cannabis use in what is now termed "early modern" England. The English Renaissance herbals clearly indicate that, as for the Anglo-Saxons, hemp was a source of therapeutic constituents as well. It is clear that the Tudor herbalists, who by 1588 depended on extra-European sources for only 15% of their drugs (Bellamy 1992), were qualified by familiarity, as well as by their assimilation of Classical sources, to assess the virtues of cannabis as a medicinal herb.

"Water of hempe" was recommended in *The Vertuous Boke of Distillacioun* for headache and "for all hete wheresoe'er it be" (trans. Andrewes 1527). John Parkinson, in *Theatrum Botanicum* (1640), and Nicholas Culpeper (1652) subsequently confirmed this indication for the aromatic water. Richard Banckes (1525, p. 21) also demonstrates an awareness of the anti-pyretic property of cannabis: "its virtue is, if a man have the fever, fret well his pulse therwith, and he shall be whole."

William Turner (1551) offers his readers Latin, English, French and Dutch names for medicinal hemp, indicating widespread use in northern Europe. He follows the Classical authors in recommending it for earache and warning that it may impede fertility, and compares Dioscorides' discussion of hemp with

that of Pliny, emphasising that it (p. 112) "maketh soft the joints that are shrunk together."

Turner also echoes Simeon Sethy (p. 112): the seed "if taken out of measure, taketh men's wits from them, as coriander doth." This does not sound like personal testimony, yet it is clear that if the English Renaissance herbalists were sufficiently in thrall to the Classical lore-masters to preserve and repeat their conclusions, they were also capable of discussing those findings and comparing them with contemporary knowledge based on the authority of experience.

What is remarkable about Turner, for instance, is his critical use of eclectic sources: he is punctilious in his attempt to differentiate between what he has read and what he has understood through his own perceptions. In the Dodoens *Herbal* translated into English by Henry Lyte (1619), Lyte warns against the ingestion of the raw seeds in what may be the voice of experience, despite being based on Galen: the seeds are "contrarie to the stomach . . . and engendreth grosse and naughtie humors in all the bodie" (Schultes and Hoffmann 1992, p. 95). The mode of hemp preparation utilising dairy products such as butter (e.g., Culpeper 1652) is not copied from Classical sources but is a specifically Northern European practice. I conclude therefore that if Dioscorides, Galen et al. provided the literary basis of Tudor and Stuart writing about cannabis, their work was supplemented by a contemporary empirical awareness.

However, cannabis does not seem to have been recorded in English Renaissance herbals as an inebriant, any more than it was documented as such by the Anglo-Saxons. This is all the more curious since Prosper Alpinus (1591) had reported on its use as an intoxicant in Egypt, and given the extraordinary cosmopolitanism of the English at that time, and the fervour with which strange plants were investigated by the early Elizabethans, it is implausible to suppose that *hashish* was altogether unknown. Burton's resplendent *Anatomy of Melancholy* (1621) perhaps offers a clue to this puzzle: speaking of herbs which take away grief, he mentions "another called Bang, like in effect to Opium, which puts [men] for a time into a kind of Extasis, and makes them gently to laugh" (p. 593). It is clear from the context and word choice that Burton is repeating here information gleaned from a Hispanic text: significantly, he shows no awareness that the aromatic, resinous *bhang* is in any way related to the familiar English hemp.

The generation of herbalists who followed the Renaissance practitioners in England also approached cannabis with confidence and curiosity, discovering new applications or attempting to ascertain its mechanism of action. Culpeper listed *Cannabis sativa* in his famous *Herbal* (1652). With a wry aside on the disciplinary use of hempen rope (it is "good for something else than to make halters only" (p. 183), he applauded the healing virtues of the plant, e.g., "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." He recommended cannabis for fluxes, 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 till it releases its oils, for hot and dry coughs (Culpeper 1994, p. 183). The use of cannabis as a drying, warming plant that "openeth the passage of the gall" is anticipated in Gerard (1633, p. 709).

Culpeper was not the first to note the significance of the hempen knot. William Bullein had earlier (1562) claimed a socio-therapeutic action for cannabis, wittily asserting that "neckwede" is specific against necrosis of the body politic. Under the heading "Many good medicines made of hepe" [sic], he notes: "if there by any yonkers troubled with idelnesse and loytryng, hauyng neither learnying, nor willyng handes to labour, or that haue studied Phisicke so longe that he can giue his Masters purse a Purgacioun, and Countinghouse, a strong vomit . . . if there be any swashbuckler, common theef, ruffen or murtherer paste grace, the next remedie is this lace or corde . . . this is a purger, not of Melancholy, but a finall banisher of al them that be not fitt to liue In a common wealth" (Fol. xxviii).

Bullein's *Booke of Simples* (Fol. xxviii-ix of the *Bulwarke of Defence*) contains an exuberant listing of all the trades cannabis can serve: "without Hempe, sayle clothes, shroudes, staies, tacles, yarde lines, warps & cables can not be made, no Plowe or Carte can be without ropes, halters, trace etc. The Fisher and Fouler muste haue Hempe, to make their nettes. And no Archer can wante [i.e., be without] his bowe string: and the Malt man for his sackes. With it the bell is rong, to seruice in the church . . . "

He adds that cannabis is hot and dry, medicinally useful, *inter alia*, for conditions of cold contraction (applied as a hot poultice, the leaves and seeds "doe help against the contrarion, or shrinking of the sinewes"), and, stamped together with *Artemisia absinthum*, "to asswage swelling."

Hempseed assumes a more sinister aspect when it appears in a narcotic mixture of herbs to be steeped in wine, strained through a cloth woven by a whore, and taken as part of a 17th century ritual for questioning the dead (Deacon 1968). Further work needs to be done on herbal formulae for magical purposes, in order to determine whether the chemical components of the various plants created a desirable synergistic effect. It may be, for example, cannabis in some way modifies the effect of *Hyoscyamus niger*.

However that may be, it is certain that by 1700, cannabis had been a stalwart of English medicine for approximately a thousand years. An unproblematic component of our *Materia medica*, it continued to be used throughout the eighteenth and nineteenth centuries. Salmon (1710, p. 510) described indications for "the emulsion of the seed" primarily in terms of its usefulness in various forms of haemorrhage and intestinal flux. He recommends a cataplasm of the root of manured (i.e., cultivated) hemp, mixed with "Barley Flower" for sciat-

ica and pains in the hip joint. A Sheffield doctor (Short 1751) eulogised cannabis as specific for chronic uterine obstruction ("not only Months, but some Yeares"), and reports a case in which "when it could not break the Uterine or Vaginal vessels, the Woman threw up blood from the Lungs, but had [her period] naturally the next Time" (p. 138). A uterine action for cannabis was known to the Egyptians. The Ebers Papyrus, dating to 1550 BCE, notes that hemp mingled with honey, administered intra-vaginally, cools and contracts the uterus (Manniche 1989).

Cannabis formed part of the anti-diuretic formula in the *Medicine Britannica* (Short 1751), and he also used it for insect bites, wounds, ulcers, coughs and burns (p. 138): "An Emulsion of the Seed takes out fresh Marks of the Small Pox . . . It kills Worms in the Bowels or Ears of Man or Beast." Again, we see this English combination of the Classical herbal tradition with practical instruction: "the seed boiled in Milk till it burst, then strained, and five or six Ounces of it given several times to drink, has cured the Jaundice in many."

Ethan Russo (personal communication) has made a study of equivalent European sources including Marcandier's *Traité du Chanvre*, translated into English as *A Treatise on Hemp* (1764), which though expansive in echoing its classical and renaissance medical indications, failed to demonstrate an awareness of the inebriating properties of cannabis. Once more, the English seem not to have associated their familiar domestic herb with the intoxicant enjoyed in Egypt and the East.

Like all plant medicines, cannabis was less prominent following the Enlightenment, until O'Shaughnessy's work in 1839 revived its popularity. Cannabis regained its status as a popular medicine in England, but this time, the condensed aromatic cannabinoids found in the blocks of imported Indian resin enabled a new emphasis to be placed on its analgesic function. Even the eminently respectable Queen Victoria used hemp sent from her new dominion for menstrual cramps (BMA 1997), and Victorian doctors treated patients for a range of illnesses, including epilepsy and nervous disorders, with extracts of *Cannabis indica*.

How did a plant which early 20th century orthodox medicine enthusiastically summarised as an antipyretic, analgesic, anti-diuretic, anti-asthmatic, hypnotic, anti-anorectic, anti-emetic, and anticonvulsive muscle relaxant (BMA 1997; Grinspoon 1997) come, fifty years later, to be classified as being "of no therapeutic benefit," unavailable for use, inaccessible to research, categorized as Schedule 1 of the Misuse of Drugs Act, 1971?

That question must be answered with reference to the attempts of American and European governments to control domestic consumer behaviour, and influence the economies of other countries, by enacting laws that distinguish acceptable drugs from those deemed pernicious. The picaresque history of

cannabis legislation, recently the subject of much scholarly scrutiny, cannot be outlined here, but the historical weight of traditional usage must surely be re-evaluated in the near future, and cannabis once again be restored to recognition as a herb proper to English bodies.

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