



# WATSON... the needle!



## COCAINE, DR. JEKYLL AND SHERLOCK HOLMES

by *Mike Jay*

**C**ocaine was the great pharmaceutical success story of the last decades of the nineteenth century. In a few short years, it went from a minor item in specialist catalogues to a major seller in a huge range of preparations in high-street chemists, grocers and general stores. It was hailed as a miracle of modern medical science, a panacea for all manner of minor ailments – but also, increasingly, as a dangerous and addictive novelty, a social menace and even a new ‘scourge of humanity’. During this period of the cocaine boom – in retrospect, the euphoric high before the crash – its impact on the public consciousness is vividly illuminated by the two enduring literary characters who emerged from its golden age, one dealing with it implicitly, the other explicitly: Dr. Jekyll and Sherlock Holmes.

## COCAINE COLA AND CURE-ALLS

From around 1885 to the beginning of the twentieth century, cocaine was both soft drink and hard drug: mild tonic preparations and strong pharmaceutical solutions coexisted side by side. The most famous and successful of the tonics was the range produced by the Corsican entrepreneur Angelo Mariani, who had begun in the 1860s to produce a stimulant wine for the French market by steeping coca leaves in sweet burgundy. ‘Vin Mariani’ was the first brand to penetrate the new market in Europe and America, and was rapidly accompanied by a wide ancillary range of therapeutic preparations. By the late 1880s these included Pâte Mariani (cocaine lozenges for catarrh), Thé Mariani (a concentrated coca tea recommended for long walks), and Pastilles Mariani (for coughing fits).

But one of Mariani’s lesser-known competitors was to eclipse his fame in the long run. John Pemberton, a small-scale Atlanta druggist, began to supply a ‘Peruvian Coca Wine’ in the mid-1880s; when the city of Atlanta adopted alcohol prohibition in 1886, he removed the alcohol and produced a gloopy syrup masking the bitter active ingredients of coca leaf extract, cocaine and cola nut, a natural caffeine source. He christened it ‘Coca-Cola’, and in 1891 he was bought out by a marketeer called Asa Chandler who set up ‘The Coca-Cola Company’, promoting the “nervine tonic” as a cure for “headaches, hysteria and melancholia” and pushing it with slogans such as “the intellectual beverage” and “the Temperance drink” (which, in a sense, it remains – the bar-room alternative to alcohol). Chandler took Coca-Cola’s sales to over a million dollars a year by the end of the century, and provoked a flurry of copycat products with names like Koca Nola, Celery Cola, Rocco Cola, Wiseola and even Dope Cola.

We might expect the ‘ethical’ pharmaceutical suppliers to have furnished a more sober alternative to this kind of hucksterism, but the promotion of cocaine by the Big Pharma of the day, especially

the multinational Parke Davis, made their advertising look bashful by comparison. The 1885 Parke Davis catalogue offered cocaine in powders, solutions, tablets, lozenges, even cigars and cheroots, all accompanied by copy claiming the drug to be “the most important therapeutic discovery of the age, the benefits of which to humanity will be simply incalculable.” Their range expanded to include toothache drops, cocaine-impregnated bandages, haemorrhoid remedies and, from the 1890s, asthma and catarrh inhalers which made use of cocaine’s vasoconstrictive properties to dry up the nasal passages by spraying more or less pure cocaine straight up the nose. Statements that cocaine “can supply the place of food, make the coward brave, the silent eloquent” ran alongside ads for hypodermic injection kits – smart pocket-sized steel cases styled like large Zippo lighters and containing cocaine, morphine and miniature needles. What the pharmacists and patent hucksters had both discovered was that you could sell cocaine for almost any treatment which came to mind, and the customer would very likely feel better after using it.



Advertisement for Cocaine as an Anaesthetic

### “A HEADY RECKLESSNESS...”

Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* was the earlier of the two great literary engagements with the new stimulant culture, emerging in 1886 and providing Stevenson with his first palpable hit at the age of thirty-five. Although he conceived it essentially as a Gothic potboiler, referring to it as “a good crawler” or “a fine boggy tale,” he had also inherited a serious interest in the duality of man and the reality of evil from his Calvinist upbringing, a theme he was to return to throughout his subsequent career. The drug that unleashes Mr. Hyde – “a large quantity of a particular salt, which I knew, from my experiments, to be the last ingredient required...late one accursed night, I compounded the elements...” – is a literary prop rather than a reference to any real substance, but the current fad of cocaine lies behind both the description of its effects and, quite possibly, the writing process itself. Stevenson was sickly and tubercular; his wife Fanny was a nurse with a keen interest in medicines, and his symptoms of ‘nervous exhaustion’ were among those for which coca preparations were indicated. Not



Promotional Poster for *The Strange Case of Dr. Jekyll and Mr. Hyde*

only did he write the book in six days but he destroyed the first draft after three at Fanny’s insistence; it seems plausible that he worked day and night under the influence of a stimulant, either caffeine or cocaine.

Much in the description of Jekyll’s transformation into Hyde reads like a heightened version of the mood swings that Stevenson exhibited throughout his life, and that the effects of cocaine tend to manifest or intensify. His description of Hyde’s altered state of being on his transformation could, indeed, almost have been lifted from Sigmund Freud’s *Über Coca*, the scientific paper that had first brought cocaine’s powers to medical attention two years previously. “There was something strange in my sensations”, Stevenson writes, “something indescribably new and, from its novelty, incredibly sweet. I felt younger, lighter, happier in body; within I was conscious of a heady recklessness”. Looking at his Hyde-image in the mirror, Jekyll “was conscious of no repugnance, rather a leap of welcome... it seemed natural and human. In my eyes it bore a livelier image of the spirit...” Stevenson is counting on his readers to accept the idea that a new drug could achieve these effects, and perhaps even to recognise such effects from their own experience.

But *Jekyll and Hyde* does more than play with the zeitgeist of the cocaine boom: it’s sharply prophetic of the anxieties that would underlie the backlash against cocaine and, twenty years later, lead to its prohibition. The story’s tragedy is rooted in the idea that the euphoria produced by the drug, while it seems to its subject to be entirely beneficent, is in fact the very root of its danger. In the Calvinist scheme within which Stevenson’s narrative plays out, evil is more powerful than good, and anything that eradicates fear and moral responsibility is bound to release the atavistic and bestial self which is the true face of unrestrained human nature. As the movement against cocaine built, the Jekyll-and-Hyde motif would be recalled ever more frequently to characterise the drug’s essential danger: that it makes evil feel good.

### SHERLOCK HOLMES: A SELF-POISONER BY COCAINE

If *Jekyll and Hyde* bears only an implicit relation to cocaine, it nevertheless offers a sense of how the possibilities and dangers of the new drug were being processed in the broader culture. But the second emblematic character of the cocaine boom, Sherlock Holmes, gives us far more than this. In his early incarnation, he presents a fully-realised cocaine user of the late 1880s, conceived by a doctor who had brushed against the drug repeatedly in the course of his medical career; and in Conan Doyle's later revisions of its role, he provides a barometer of how the public mood began to turn against the 'cocaine vice' during the 1890s and beyond.

As originally conceived by his author, the primary motivation of the world's most famous fictional detective is cocaine. "My mind," he tells us in the famous passage that opens *The Sign of Four*, "rebels at stagnation. Give me problems, give me work, give me the most abstruse cryptogram...I can dispense then with artificial stimulants." Part of Holmes' enduring appeal is precisely that he's drawn to his profession not to do good, but to stave off boredom. His few – and mostly late – sententious statements about public service and the common good are substantially outweighed by his expressions of coldness and misanthropy, his rhetorical question that "Was there ever such a dreary, dismal, unprofitable world?" What distinguishes him from the vast majority of subsequent fictional detectives is that his primary interest is in pleasing himself, and the main reason he bothers to solve crimes at all is to keep his mind active enough to dispense with his "seven per cent solution."

*The Sign of Four* emerged in 1889, and it's this first period of Sherlock Holmes stories that are most liberally sprinkled with drug references. In the first published short story, *A Scandal in Bohemia*, we learn that Holmes "had risen out of his drug-created dreams, and was hot on the scent of some new problem"; in *The Five Orange Pips*, Dr. Watson describes him as a "self-poisoner by cocaine and

tobacco." But it was the exchange between Holmes and Watson at the beginning of *The Sign of Four* that established for all time the nature of Holmes' habit, and Watson's attitude to it. The story starts in Holmes' study, with the detective taking a syringe from a "neat morocco case" and injecting it into an arm "all dotted and scarred with innumerable puncture marks." Watson tells us that this has been going on "three times a day for many months," and remonstrates with Holmes about his habit.

Watson's argument against his friend's chemical vices reads today like a mischievous pastiche of Victorian medical mumbo-jumbo, but can be found more or less verbatim in many of the textbooks of the time. "It is a pathological and morbid process," he insists, "which involves increased tissue-change, and may at last leave a permanent weakness." This splendidly ominous-sounding diagnosis is probably very close to what Conan Doyle himself believed (and would have applied with equal conviction to, for example, masturbation). Holmes, however, dismisses it airily, and it prompts him to his famous justification and motive for his career: "I abhor the dull routine of existence. I crave for mental exaltation. That is why I have chosen my own particular profession, or rather created it, for I am the only one in the world."

Why did Doyle, in 1888, seize on the cocaine habit as a central plank in the character of his new detective? At the time it seemed to reviewers "a curious touch," but it struck an immediate chord with the public and Doyle continued to thread it through the stories as their success built. It was imitated, too, by other writers: M.P. Shiel's exotic detective Prince Zaleski, who emerged in 1895, sits in his room full of Oriental antiques where the air is heavy with "the fumes of the narcotic *cannabis sativa* – the base of the *bhang* of the Mohammedans – in which I knew it to be the habit of my friend to assuage himself." Doyle's intention was to create a bohemian character of acquired and exquisite tastes – a character quite unlike the author himself who, as a practising GP in provincial Southsea, was far closer to Dr. Watson. But Doyle had been

immersing himself in the ‘yellow’, decadent writings of Bloomsbury, and met Oscar Wilde at the famous dinner at the Langham Hotel in 1890 when *The Picture of Dorian Gray* was commissioned: it’s likely that he had Wilde partly in mind while conceiving his ‘pallid’, ‘languid’ detective. Holmes’ distinctive props – the violin, the Meerschaum pipe, the bachelor apartment in the metropolis and the cocaine habit – are all intended to establish him as one of the new bohemians: eccentric, sophisticated, and tantalisingly immune to public opinion. Unlike the masses with their patent coca tonics, Holmes would have taken the trouble to acquire the finest quality of stimulant: his cocaine, we imagine, by mail-order from Merck in Darmstadt and his hypodermic kit not the standard Parke Davis set but the bespoke creation of a chemist in Piccadilly or Mayfair.

The inner Holmes, as well as the outer, was faithfully conceived around the bohemian stereotype. He is solitary, and haunted by an existential darkness: the ‘black moods’ that come over him, his bipolar swings from insomnia or focused, obsessive, day-and-night work to his days and weeks “in the dumps,” when he doesn’t “open my mouth for days on end.” For a late Victorian doctor like Conan Doyle, this was a familiar medical syndrome associated with the highly-strung, ‘neurasthenic type’, the febrile ‘brain-workers’ who were increasingly identified in the medical literature as a high-risk group for drug abuse. In *The Sign of Four*, Doyle mirrors these unstable mood-swings with a dual dependence on morphine and cocaine, but morphine is never subsequently mentioned: perhaps he felt that it carried rather too strong a whiff of the pathological drug addict, while cocaine was at most a ‘vice’ or character weakness.

Although in his later autobiography Conan Doyle insists that “I had no great interest in the more recent developments of my own profession,” there are several reasons why he himself would have been familiar with cocaine. He went to study medicine at Edinburgh University in 1876, the same year that the Edinburgh medical professor Robert Christison attempted an early coca leaf trial that

he published in *The Lancet*; Christison selected several students to chew the leaf and, although Doyle was not among them, he was probably aware of the experiment. In 1885 the annual conference of the British Dental Association was held in Doyle’s home town of Southsea, and cocaine anaesthesia was the major new development discussed. Most significantly Doyle, in an abortive attempt to set himself up as a Harley Street specialist, went to Vienna in 1890 to study ophthalmology, where the use of cocaine for local anaesthesia in eye surgery had recently been pioneered in the city’s General Hospital by Freud’s associate Carl Koller.



Sir Arthur Conan Doyle

Doyle’s earliest professional interest, too, was in toxicology: he achieved the feat – as remarkable then as now – of getting his first article published in the *British Medical Journal* while still in his third year at Edinburgh. It was on the action of a poison called gelsenium, an extract from a jasmine root and an ingredient in Gowers’ Mixture, a neuralgia treatment; Doyle’s experiment included self-poisoning with a substantial dose of 200 minims. His interest in toxicology frequently bleeds through into his fiction: there are several exotic poisons in the Holmes stories, all conceived with far more attention to scientific detail than Stevenson’s *Jekyll and Hyde* potion. One of them, the hallucinogenic ‘Devil’s Foot Root’ in the short story *The Adventure of the Devil’s Foot*, has even made its way into some medical and ethnobotanical literature, planted mischievously by a Sherlock Holmes aficionado and subsequently taken as real. All this suggests that Doyle was well aware of the existence and properties of cocaine, and was using his professional understanding of it to underscore the character of his mysterious detective.

## HOLMES IS REHABILITATED

When the crash came, as with all cocaine crashes, you could see it coming. The euphoric overselling by pharmaceutical companies like Parke Davis was inevitably followed by a backlash that began almost immediately: already in 1887 the *British Medical Journal* was observing that an “undeniable reaction against the extravagant pretensions advanced on behalf of this drug has already set in.” It has since been recognised that the most common pattern of cocaine abuse is not, as with opiates, a lifetime of dependence, but a three to five year binge of excessive and increasing use leading to a crisis followed by one of three outcomes: abstinence, a substitute dependence on opiates or sedatives, or a scaling-down of cocaine use to manageable levels. Nineteenth-century Europe and America binged their way to crisis in a few short years and, horrified at their own reflection in the mirror, fled in panic towards the path of abstinence.

Sherlock Holmes’ career, which ran right through to the 1920s, is an eloquent witness to the dramatic reversal of cocaine’s public image. Concern about its effects built throughout the 1890s, and by 1900 the serious lobbying to control and prohibit it had begun. This was mostly taking place in the United States, where by this stage the Sherlock Holmes stories were being serialised to an enthusiastic American audience in *Collier’s Weekly*, a magazine that was also in the forefront of the campaign against the ‘cocaine menace’. Doyle had been gradually pruning back references to Holmes’ habit throughout the 1890s, limiting them to the occasional dark reference to his hero’s “weakness”; but in 1904, in *The Missing Three-Quarter*, he closed the unsavoury chapter by stating that Holmes had been “weaned” by Dr. Watson from the “drug mania” that had “threatened to check his remarkable career.” This narrative twist is entirely inconsistent with the original set-up: Holmes is now obliged to forget his original motivation, and to disown the hypodermic syringe as an “instrument of evil.” *Collier’s*, however, were satisfied; Doyle conquered the

magazine market in America as he had in Britain; and Holmes’ cocaine habit remains in the early and formative fictions to be enjoyed and reassessed by successive generations.

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