
THE FIRST DOCUMENTED CASE OF DRUG ADDICTION IN MALTA -- SAMUEL TAYLOR COLERIDGE*

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Samuel Taylor Coleridge (1772-1834) is one of the arresting figures in the English literary field of the first quarter of the 19th century. Today he is remembered mainly for his critical writings on William Shakespeare and for his evocative poem *The Ancient Mariner* though he also made a name, in his time, as a journalist and as a philosopher.

As a human being he was weak-willed, over-sensitive to physical discomfort and to the psychological stresses of life, incapable of taking decisions and of sustained mental activity and unable to adjust to an unhappy domestic situation stemming from a frustrating marriage. He was particularly prone to recurrent phases of despondency and depression and dependent upon his friends, among whom were William and Dorothy Wordsworth and Charles and Mary Lamb, for his material and psychological support.

At one period of his life he tried to escape from his chronic physical ailments and material circumstances by coming to Malta; in fact when he arrived in our island at the dawn of the 19th century, he was distressed by his tempestuous married life, harassed by debts and in the grip of opium addiction. It is from this aspect of addiction — and more particularly for the fact that he provides us with the first documented case of drug dependency in Malta — that I propose to deal with Samuel Taylor Coleridge.

He had been taking opiates since at least 1791¹ by way of treatment against various complaints which included "rheumatism", "gout", "asthma" and skin affections; indeed he was only nineteen and still a student at Cambridge when he was first introduced to opium for medical reasons. Later on in life he also resorted to the drug to relieve the anxieties occasioned by his estrangement from his wife so that opium became for him, to use his own words, "a sort of guardian genius". He found relief in the initial pleasurable state of mind induced by opium²

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1. Chambers, E.K., *Samuel Taylor Coleridge* (Oxford 1938), pp. 17,52,62,106.
2. *Ibid.*, p. 124.

but he also became aware of its unpleasant aftermath in the form of feelings of exhaustion and indolence, stomach upsets, abdominal colic, disturbed sleep and distressful dreams which made him dread going to bed at night. Some of this "anguish" and "agony" found expression in his *Pains of Sleep* composed in 1803.³

By 1801 opium had taken such a hold on him that he was having some 80 to 100 drops a day in the form of Kendal Black Drops to relieve the pains of his swollen knees.⁴

In addition to opium Coleridge sometimes also took alcohol in the form of brandy. He also refers to the self-administration of aether, hyoscyamine (henbane) pills and nepenthe, a preparation similar to laudanum but milder in action.⁵ In February 1803 he was experimenting with Indian hemp (*Cannabis sativa*) which in those days reached Great Britain from Barbary. He also inhaled nitrous oxide or laughing gas, first explored by Humphrey Davy in 1799, which Coleridge claimed provoked in him "the most entrancing visions".⁶

It is to be noted that, except for nitrous oxide, all the other substances used by Coleridge formed part of the therapeutic armamentarium of the medical profession and of the conventional stock of drugs of the pharmacist of the time. *Spiritus Aetheris* and *Extractum Hyoscyami Viride* were used for the relief of pain or as sedatives and narcotics, *Extractum Cannabis Indicae* or the tincture — made from the resin of the flowering tops of the female plant *Cannabis sativa* grown in India — were prescribed in tetanus, hydrophobia and insomnia.⁷

Towards the close of 1803, seeing that the treatment that he was having for "gout" had had no beneficial effect, Coleridge decided to take up residence in a warm climate. He chose Malta at the suggestion of Sir John Stoddart, His Majesty's Advocate at the Admiralty Court.⁸ The undesirable effects of opium had become quite evident at this period; in fact his friends had remarked that he had become very depressed and very excitable and that there was a "want of regular work and application". He had become a man of strong dislikes, tending to be offensive to those who disagreed with him, unreliable in maintaining promises and in persevering in projects which he had in mind; and also cheating and tricking his doctors to obtain the drug.⁹ Such was the

3. *Ibid.*, p. 174, Raine, K., *Coleridge, Poems and Prose* (Penguin Books, 1957), p. 99. Coburn, K. *The Notebooks of Samuel Taylor Coleridge*, Vol. 2, (London 1962), Note 2666.

4. Chambers, p. 138.

5. *Ibid.*, pp. 162, 168, 174.

6. Bettmann, O.L., *A Pictorial History of Medicine* (Springfield, 1972), p. 253.

7. Squire, P., *Companion to the British Pharmacopoeia* (London, 1882), pp. 28, 85, 178.

8. Chambers, p. 177. Coburn, Note 2099.

9. Guest Gornall, R., "Samuel Taylor Coleridge and the Doctors", *Medical History*, 1973, 17, 338.

psychological state of Coleridge when, at the age of thirty-one, he landed in Malta on 18 May 1804 trusting to find tranquillity, a climate congenial to his ailments and a gainful occupation.¹⁰ He also hoped that he would be able to do without opium and to avoid its deleterious results of which he had warnings during his sea passage in convoy to Malta when the captain of his ship had to hoist distress signals to the Commodore for a surgeon to go on board to attend to one of Coleridge's abdominal crisis.¹¹

Stay at Malta

In Malta he managed, initially, to stick to his resolution to do without the drug in spite of disturbed sleep at night but by 28 May, having become feverish, he took thirty drops of laudanum i.e. ten drops more than the dose to which he was accustomed in England.¹²

On 4 July he was employed by Sir Alexander Ball, His Britannic Majesty's Civil Commissioner for the Affairs of Malta, as undersecretary and later as Acting Secretary) to government. Owing to this official post Coleridge lived, at various periods, at The Pallace in Valletta or at The Treasury nearby or at Sant Anton Palace, Attard, after having stayed with the Stoddarts from 18 May to 6 July,¹³ at the Auberge d'Allemagne in Valletta on the site now occupied by the Anglican Cathedral of St. Paul.

Coleridge found his official work uncongenial for he was thrown a good deal upon his own resources, so much so that to ease the anxieties connected with his duties he resorted to opium "in large quantities".¹⁴ He went on vacation to Sicily from 10 August to 8 November 1804. Here, during one of his excursions, he stumbled upon "numerous poppy fields for the growth of opium" and he took this opportunity to take away two or three grains of the drug by incising the poppy capsules. He also discovered that Indian hemp was cultivated in that island but he does not seem to have consumed intoxicants while in Sicily so that his health improved at this juncture.¹⁵ On his return to Malta, however, he again succumbed to his addiction to opium and to whisky and gin on 23 December 1804. He felt driven to it to allay his mental agitation and the accompanying bouts of gastric discomfort and the emergence of terrifying dreams. In fact a dose of opium at bedtime induced a sen-

10. Sultana, D., *Samuel Taylor Coleridge in Malta and Italy* (Oxford, 1969), pp. 137,142.

11. Guest Gornal, p. 331. Sultana, p. 135.

12. *Ibid.*, pp. 146,150.

13. *Ibid.*, pp. 161,227. Chambers, p. 185. Coburn, Note 2505.

14. Laferla, A.V., "Samuel Taylor Coleridge, Public Secretary of Malta", *The Daily Malta Chronicle*, April 4, 1931, p. 9.

15. Sultana, pp. 193,225,198,212,233.

sation of relaxation and tranquil sleep but when the effect wore off he was gripped by acute feelings of guilt and tried to find strength in prayer, in religious speculations and in renewing his resolution to fight the habit.¹⁶

By mid-February 1805 he became depressed and self-reproachful for his opium cravings and intemperance. His morale reached a low ebb by the beginning of April under increasing doses of opium and towards the end of the month his depression worsened by heavy drinking. It was at this time that, for the first time, he contemplated to commit suicide as a release from his misery.¹⁷ It may be remarked that his brother Francis had killed himself in 1799 in a fit of depression.¹⁸

Coleridge was finally relieved of his post on 6 September 1805 when the new secretary Mr. Edmund Francis Chapman arrived in the island and took up his duties.¹⁹ By this time Coleridge had been having opium nightly.²⁰

Return to England

After a stay of sixteen months Coleridge left Malta on 23 September 1805²¹ to return to Great Britain via Sicily and Italy. While in Italy he continued to suffer from depression with recurrent suicidal tendencies, hypochondriasis and despondency over his opium habit that by now had become inveterate. He reached England from Leghorn on 17 August 1806 after a sea voyage of fifty-five days which he spent in "physical pain and moral prostration" so that his friends were shocked at the sight of his wretched physical and mental state. He was a disgruntled man without any plans for the future and still aggravated by debts.²²

In England he remained dependent on opium. In 1808 he made an effort to break the habit but this attempt was as unsuccessful as two other previous ones in 1804 — the first when he was on board ship during his passage to Malta and the second after meeting Sir Alexander Ball at San Anton Palace on 21 May.²³

In 1808 he sought treatment from a medical man and for a time he succeeded in reducing the intake of the drug but he again slipped into his habit. By mid-1814 his nervous condition was so bad that he could not take up a glass of water without spilling it and a man had to

16. *Ibid.*, pp. 249,250,254,261,284,287,353.

17. *Ibid.*, pp. 293,296,320,324,327. Coburn, Notes 2712,2866.

18. *Ibid.*

19. Laferla, p. 9.

20. Sultana, p. 361.

21. *Ibid.*, p. 371.

22. *Ibid.*, pp. 398,404,409,399. Chambers, p. 192.

23. Sultana, pp. 135,146,400. Chambers, p. 197.

be engaged to follow him about the streets to prevent him from buying laudanum from chemists.²⁴ Finally he placed himself under the strict medical supervision of Dr. James Gillman at Highgate in April 1816. Opium was reduced to medicinal doses but at times Coleridge managed to obtain the drug surreptitiously from a chemist in that town. Under the regime of Dr. Gillman, Coleridge was able to engage in literary work during the last eighteen years of his life although, in the words of Thomas De Quincey, opium "killed Coleridge as a poet" and caused him to leave his philosophical speculations unfinished.²⁵ Coleridge died from congestive heart failure on 25 July 1834 after forty-three years of slavery to opium.²⁶

Actions of Opium

Crude opium is the dried juice obtained by incising the unripe seed capsule of the white poppy plant *Papaver somniferum* which grew originally in Asia Minor. From there the use of opium reached Greece and then Rome about the 5th century B.C. The Arab physicians of the 10th century administered it for medicinal purposes and by the 16th century European doctors were prescribing it in the form of an alcoholic extract known as Tincture of Opium or laudanum for relieving pain and inducing sleep.²⁷

In England there was a considerable vogue for it in the 18th century. It was eaten, smoked or drunk in the form of an infusion or mixed with alcohol. India was the great source of supply for Great Britain so much so that the trade in the drug assumed an enormous economic importance to both countries by the end of the century.²⁸

During the following thirty years, British merchants extended the opium trade from India to China but because of the harmful effects of the drug on health and on the exchequer, the Chinese government prohibited the importation of opium. The merchants resorted to smuggling and when the Chinese tried to stop this by force, Great Britain sent a military expedition which gave rise to the so-called Opium War of 1839 and China was forced to make trade concessions to European powers and to open Hong Kong to British commerce in 1842.²⁹

Several literary celebrities in Great Britain were addicts to opium. Thomas De Quincey (1785-1859) claimed to have experienced a state

24. Caine, H., *Life of Samuel Taylor Coleridge* (London, 1887), p. 19.

25. De Quincey, T., *Works*, Vol. XI (Edinburgh, 1863), p. 107.

26. Crambers, pp. 197,216,237,253,289,308,330. Guest Gornall, pp. 331,339.

27. Jevons, F.R., "Was Plotinus Influenced by Opium", *Medical History*, 1965, 9,374.

Burn, H., *Drugs, Medicines and Man* (London, 1963), p. 110.

28. Leigh, D., "Medicine, the City and China", *Medical History*, 1974, 18,58.

29. Weech, W.N. (Ed.), *History of the World* (London, n.d. 1944?), pp. 390,773.

of ecstasy from opium and ascribed to its influence his *Confessions of an English Opium Eater* (1821). He had started taking the tincture at the age of 17 for "neuralgia" from toothache until by time it became as necessary to him as "the air he breathes".³⁰ Sir Walter Scott (1771-1832) suffered from renal colic and his wife was a chronic asthmatic who predeceased him in 1826. Between 1823 and 1825 laudanum and opium pills were supplied to them by an Edinburgh chemist in such large amounts — equivalent to six grams of morphine a day — as to suggest addiction in either of them or both. This was some six years before he came to Malta for three weeks in 1831 after suffering from an apoplectic stroke.³¹ Scott's friend, George Crabbe (1754-1832), poet, medical practitioner, priest and author of the poem *Parish Register* (1807), began to have opium for "digestive weakness" but became "much addicted" to it in later years. Their contemporary, Elizabeth Barrett Browning (1806-61) could not do without her "indispensable morphine" and felt uncomfortable when the dose was "weaker than usual".³² The poet Francis Thompson (1859-1907), author of the *Hound of Heaven*, took opium between 1880 and 1907.³³ The American novelist and poet, Edgar Allan Poe (1809-49), the pioneer of the modern detective story, besides being an alcoholic was also an opium addict.³⁴

Dangers of Opium Administration

There is no doubt that opiates — thanks to the alkaloid morphine they contain — are effective, when used medicinally, in allaying apprehension and dulling pain in medical and surgical emergencies. However, they produce untoward results of a grave nature when administered over prolonged periods. The drug causes a tendency to introversion but there is no support for Coleridge's allegation that it excites the poetic imagination and his explanation of how *Kubla Khan*, had been written on waking from a deep sleep following the ingestion of an anodyne of opium in 1798. The dangers of uncontrolled opium administration are:

a. The establishment of tolerance, i.e. the need, following the regular use of the drug, to take even larger doses to obtain the same

30. Stores, G., "Morphine was not made to be withheld," *The Manchester Medical Gazette*, 1968, 47,14.

Lewin, L., *Phantastica* (Milano, 1928), p. 52. De Quincey, T., *Confessions of an English Opium Eater* (Edinburgh, 1862), pp. 4,5.

31. Mac Nalty, A.S., *Sir Walter Scott, The Wounded Falcon* (London, 1969), pp. 92,170.

32. Miller, B. *Robert Browning* (London, 1952), p. 193. *The Encyclopaedia Britannica*, 11th Edition (Cambridge, 1910), p. 359. *Dictionary of National Biography*, Vol. XII (London, 1887), p. 429.

33. Thompson, F., *Works*, Vol. 2, (London, 1913), p. 3. Jevons, p. 374.

34. Hammerton, J. (Ed.), *Practical Knowledge for All*, Vol. I (London), p. 215.

relief as previously so much so that from twenty to two hundred times the ordinary therapeutic dose may have to be taken. De Quincey seems to have consumed amounts of Tincture of Opium equivalent to 4.7 grams of morphine daily (about 60 grains).³⁵ Coleridge had started with a small dose of laudanum equivalent to one-and-a-half grains (90 milligrams) of opium daily but rose to two hundred grains (13 grams) a day in times of stress.³⁶

b. Addiction or dependence, i.e. a craving for the drug which, if not satisfied, causes both mental and physical suffering. Dependence had developed in Coleridge by the time he was twenty eight.³⁷ It seems that anybody can become addicted to opium after three or so weeks of regular use but the personality make-up of the subject plays a major role in its development, unstable characters are more likely to become addicted.³⁸

c. Withdrawal manifestations, i.e. if the drug supply is discontinued abruptly the individual becomes restless, starts vomiting and complains of violent pains in his abdomen and leg muscles. Diarrhoea and insomnia may also occur.³⁹

There are indications that while in Malta, Coleridge did have warnings of such an impending crisis which he describes as a feeling of "oppression of my breathing and convulsive snatching in my stomach and limbs". These symptoms were relieved by taking the drug.⁴⁰

State Control of Opium Consumption

Before 1800 opium was a popular remedy in the Fens of England for the treatment of malarial fever and to keep children quiet at night especially during the teething period. It was commonly given in the form of poppy-head tea, the plants being grown in the Fen area itself for local consumption and also for the London market for the production of Syrup of White Poppies.⁴¹ Besides this local source of opium, Great Britain imported about one hundred thousand pounds by weight of the drug yearly by the 1850s, "enough to give every single inhabitant of the country a dozen fatal doses". Its use was so widespread that it has been said that a bottle of laudanum (a solution of opium in alcohol) was the main item among the medicaments contained in the domestic medicine box or chest.⁴²

35. Burn, p. 107.

36. Guest Gornall, p. 331.

37. *Ibid.*, p. 330.

38. Jevons, p. 374. Burn, pp. 103-7.

39. Jevons, p. 374. Burn, pp. 103-7.

40. Caine, p. 94.

41. Berridge, V., "Opium in the Fens in Nineteenth Century England," *Journal of the History of Medicine and Allied Sciences*, 1979, 34,293.

42. Sherwood Taylor, F., *The Century of Science*, (London, 1952), p. 206.

In Coleridge's day there were no legal or other restraints on the sale of opium in Great Britain. Legislation to control the use of narcotics was not passed until 1868 when restrictions in the sale of these drugs by unqualified vendors came into force by the Pharmacy Act. In fact Coleridge acquired his supplies of opium from the vintner's shop apart from the apothecary. He took it in various forms — as the crude drug (initially half-a-grain or 30 milligrams daily), as pills, as laudanum or as a preparation called Kendal Black Drops.⁴³

In contrast to Great Britain, the consumption of opium in Malta had been regulated by legislation since at least the third decade of the seventeenth century. In those days there was a substantial population of Moslem slaves in the island and their use of opium, with consequent harm to their health and utility in the labour market, had assumed sufficient gravity as to induce the government of the Order of St. John in 1613 to legislate against its use by slaves. The latter were prohibited from obtaining, buying, keeping or selling it while pharmacists were debarred from selling it to slaves under penalty of a fine and of corporal punishment. In spite of these provisions, however, the use of opium by slaves had not been adequately curbed a century later and the legal code of Grand Master Antonio Manoel de Villhena of 1742 laid down the penalty of death for those keeping or obtaining or selling the drug while pharmacists were prohibited from dispensing it without a medical prescription signed by a physician. These enactments were confirmed by the code of Grand Master Emanuel de Rohan published in 1784 which was still in force at the time of Coleridge's stay in Malta.⁴⁴

Coleridge may have known of these legal restrictions on the consumption of the drug in the island for he had enquired about the sale of drugs in Sicily and Malta. Indeed before leaving England for Malta he had stocked himself with an ounce of crude opium (28 grammes) and nine ounces of laudanum (270 millilitres).⁴⁵ In Malta he drunk his opium infused in the flavouring juice of quinces. Did the stock of the drug which he brought from England last him for the period that he spent in Malta from 18 May 1804 to 22 September 1805? If not, did he acquire it through legitimate medical prescriptions? Or did he get it clandestinely from Sicily and North Africa through the British naval officers and masters of the mercantile marine with whom he came into daily contact through his official position at the Governor's Palace at Valletta?⁴⁶ Or perhaps from the American merchantmen that traded in

43. Berridge, p. 300. Chambers, pp. 131,138,162,168.

44. Cassar, P., "A Medical Service for Slaves", *Medical History*, 1968, 12,274. Cassar, P., *Medical History of Malta* (London, 1965), p. 500.

45. Chambers, p. 177.

46. Sultana, p. 262.

opium in the Mediterranean and touched at Malta on their way from Smyrne to the United States?⁴⁷

With regard to Coleridge's self-administration of opium, it must be borne in mind that he was not without medical knowledge on the use of drugs. Indeed in his adolescence he attended the London Hospital for a brief apprenticeship with a surgeon. He thus had the opportunity to read English, Latin and Greek books on medicine, as he was familiar with the latter two languages⁴⁸ including the Edinburgh New Dispensary which was the most up-to-date British authority on pharmacy.⁴⁹ Apart from the knowledge thus gained, he had learned from other drug addicts as early as 1791 of the 'disagreeable effects' of opium.⁵⁰ By the time he left Malta he had obtained sufficient insight from his own experiences to realise how harmful opium-taking was and how necessary it was to control its use; so much so that on his return to England he declared it a "sacred duty" on his part to publish his case, if he recovered from his addiction, with the aim of promoting the enactment of legislative measures to check the widespread consumption of the drug in Great Britain. He never fulfilled this intention because he never recovered from his dependence on the drug. In fact one cannot think of a better epitaph for him than the words uttered by his own brother James in 1814:- "What a humbling lesson to all men is Samuel Coleridge."⁵¹

Epilogue

It is a matter of great satisfaction that addiction to opium and its derivatives, and other hard drugs such as heroin, never took root in Malta and it is, therefore, not a problem with us; but one regrets to record that it is not so in other parts of the world. In fact it has been estimated by the World Health Organisation that the yearly medical needs of the whole world can be met by a total of 1350 tons of opium but that as much as 1200 tons find their way to the illicit market to contribute to the drug "plague" throughout the world.⁵²

Is there anything that we medical men can do, as individuals, to prevent the iatrogenic development of addiction to opiates? There is much that we can do if we remember the following points:-

a. Certain types of personalities are more prone than others to develop addiction such as the hypochondriacs, chronic invalids and psy-

47. Cassar, P., *Early Relations between Malta and the USA* (Malta, 1976), p. 92.

48. Caine, p. 19.

49. Coburn, Note 2609. Guest Gornall, p. 328.

50. *Ibid.*, p. 329.

51. Chambers, pp. 216,267. Sultana, p. 213.

52. *World Health*, August-September 1972, p. 39. *Newsweek*, 3 September 1979, p. 23.

chopaths. Opiates should not be administered to such persons.

b. We should endeavour to prescribe non-addictive drugs for long term use in prolonged painful conditions instead of opiates.

c. Do not have opiates yourself when in pain — unless they are absolutely needed in an acute condition — and then only for the shortest time.

d. Discourage the taking of opium among members of the medical and allied professions as it is well known that, because of the relative ease of procuring opiates, many opium and morphine addicts are doctors, pharmacists, dentists and nurses.