PART FOUR

THE FRENCH ASSAULT^{*}

* The name *Indochina* is used as a general name for the large southern “peninsula” between China and Indonesia with the present countries Vietnam, Laos, Kampuchea (Cambodia), Thailand (Siam), Myanmar (Burma), Malaysia and the Republic of Singapore. Because the French assault on this part of Asia dates officially from 1867, this date is also the beginning of the opium history in this part of the study. French Indochina is, of course, much smaller. In 1887 it was formed by Annam, Tonkin and Cochinchina (together the present Vietnam), the kingdom of Cambodia and Laos.

CHAPTER TWENTY-TWO

OPIUM IN AND FOR *LA DOUCE FRANCE*

It is well-known that the Western methods to rule their so-called colonies differed between a direct and an indirect form.¹ The first resulted mostly in the construction making the colony part of the motherland (metropolis), like *La France d'outre-mer* in which all inhabitants became Frenchmen. In practical terms, they were second-class citizens, but formally Frenchmen. The Portuguese went even further and strongly advocated a racial mixture (*luso-tropicalism*).² This kind of political and racial integration nearly never happened in the Anglo-Saxon, Dutch or American colonies. In them, a rather large cultural and political gap remained and was cultivated between the rulers-perpetrators, the indigenous rulers and conquered-victims (racial segregation). This is the background to why the Opium Problem also took a different course in the various Western colonies.

Next, there is the not unimportant fact that the French colonized Southeast Asia—the main opium source or location after the 1950s—relatively late. They started after the middle of the 19th-century when the colonial exploitation was already in full swing elsewhere in the realm. The integrative moment is probably the reason why, more than other “whites”, the French expatriates popularized East-Asian opium consumption in its own European capital as an oriental luxury. In many illegal ways they extended the colonial markets by making opium smoking socially acceptable in France and Europe.³ In the USA opium was popularized first as a medicine in local “pills and powders markets”, but remained inimical to “The East”. In France it became a “tool” in the elite communication, an obvious element of the orientalism and *chinoiserie* hype. There are more

¹ C. Trocki (1999b), p. 90 ff. uses a clever study of Furnivall (my edition is from 1948) to demonstrate the differences. Indeed, in daily practice ‘there was no sharp line between direct and indirect rule’. This is not the place to discuss or criticize Furnivall’s approach. In my view, Furnivall does not understand the legal status with its serious consequences. To this aspect I refer only in the main text.

² See my analysis of the Portuguese–Mozambique relations around 1800 in: H. Derks (ed., 1989), p. 63 ff.

³ See, for instance, ch. 8 the export from France into England during the 19th-century.

differences, how the “bite of the snake” was given and received, but these are the most noteworthy.

To show the main elements of this boomerang effect there is no better way than to describe in this first chapter the French opium landscape from around 1900.

Parisian Fumes

In the 1901 issue of a *Journal of Mental Science* a review under the heading ‘Opium-smokers’ runs as follows:

Opium smoking seems to be on the increase in Paris; and, as the smoking is carried on in private apartments, those who reside in them become intoxicated by the fumes. This occurred in the case of a young woman, who prepared her husband’s pipes, so that a craving was induced. To obtain sleep she became dependent upon opium-smoking and the atmosphere created by another smoker. Very soon symptoms of intoxication appeared—hysterical convulsions, neurasthenic anxiety, paralysis of will, excessive timidity, etc. Treated by hypnotic suggestion, she gave up opium-smoking and got well. Bérillon observes incidentally that the cat of the house and a servant who lived in the room exhibited signs of craving after the opium-smoking had ceased there.⁴

The inhabitants on the other side of the Channel must be lucky, since being near or handing a bottle to a laudanum drinker did not addict bystanders like the Parisian fumes apparently did. But if at that time a *Parisienne* had to prepare her husband’s opium pipes, it can be assumed that this is a custom in a wealthy family. And we can be assured that several oriental paraphernalia were present in the “opium room”, creating an addictive, oriental atmosphere.

Of course, laudanum drinkers or opium (heroin) syringe users like De Quincey, Coleridge, Oscar Wilde and Conan Doyle’s Sherlock Holmes gave opium its relative status among the cultural elite in the Anglo-Saxon world as well. Their opium must have been largely imported from Turkey and processed in England into laudanum and heroin. Is that why De Quincey or Wilde so often expressed their anti-orientalism? Romantic exaggerations were everywhere, but there must have been a strong relation between these negative feelings and the rather aggressive and popu-

⁴ Found on <http://bjp.rcpsych.org/cgi/pdf>.

lar oriental horror and murder thrillers with sinister Chinese mandarins (Fu-Manchu novels of Sax Rohmer).⁵

The Japanese mostly received better treatment among the Dutch, Americans and English (see ch. 27). This continued even after World War II with highlights like James Bond films (1967, *You only live twice*) or the Hollywood one in which the ideal-typical American hero, Robert Mitchum, even offered a finger to a mafia boss in a Japanese ritual as compensation for American guilt (*The Yakuza*, 1975).

In France, however, smokers like Baudelaire (1821-1867), Rimbaud, le *Club des Haschischins* with its famous writers Hugo and Balzac, nearly all authors from Mallarmé through Cocteau (1889-1963), the Surrealists or Walter Benjamin (1892-1940), all made la France 'douce' from the opium fumes. They all nurtured a rather positive, romantic orientalism. More revealing: laudanum drinking was known, but most of them smoked opium or hashish, a custom which came from the Far East, in this case the French Indochina or the French concession in Shanghai. Probably, as in England, the French opium for the daily use of the common folk, laudanum, originated from the Levant, but this is not well documented.

From Paris, the cultural capital of the Western world, the seduction was irresistible for many who wanted to belong to the 'scene'. Early French films like *Dandy-Pacha* (1908) or *Le rêve d'un fumeur d'opium* (1908) were made; numerous novels like *Les Fumeurs d'Opium* or *Lélie, fumeuse d'opium* (1911) mythologized the drug, while composers like Berlioz composed a 'symphonie fantastique' on the psychedelic adventures of French opium users.⁶

Indeed, the orientalism and exoticism surrounding opium were soon mixed up with many kinds of sexual connotations and practices. Opium dens in, for instance, Montmartre were mostly exotically furnished and expensive meeting points for the cultural elite. France in particular was known to harbor a great number of opium users.⁷ Reports at the time claimed that in 1901 Paris had up to 1200 opium-smoking establishments.

⁵ G. Lee, p. 4 ff..

⁶ Many relevant French titles are mentioned in B. Hodgson, p. 87 -101; M. de Kort, p. 120. On the highly interesting website <http://jclandry.free.fr> many documents from the French opium scene are collected. Many examples refer directly to the French Asian colonies. At the moment I am correcting this text the 'symphony fantastique' is performed in a concert hall of drugs capital Amsterdam (October 2011).

⁷ For the following, including the quotation, see www.salon.com/archives/welcome/history2.html.

A cosmopolitan atmosphere of the big city, still undisturbed by rumors of revolt, helped increase interest in the new aphrodisiacs.

Most famous was the *Moulin Rouge* in Montmartre, already decorated in glittering lights in the 1890s. Visitors had to pass through scarlet-colored halls and enter into an aromatic garden with a giant-sized, mock elephant. This was the ultimate opium den where visitors could indulge in their opium-smoking habit. Cabarets and salons like the Cabaret Voltaire (Zürich) or the Bohemian Salons existed in most big cities in Europe and the United States. Those for the poorer representatives of the cultural elite were characterized 'by lack of money ... long hair, loud ranting against the bourgeoisie, unruly sexual behavior and copious consumption of wine, absinth, opium, hashish and other *substances d'abus*'.

The scandals followed on soon afterwards, but they only added to the creation of the nimbus. This seduction is still being exported today and not only by fashion moguls such as Yves Saint-Laurent, who launched his OPIUM perfume recently.⁸

"Opium in Europe" was not only an interest of the "seduction industry" (from copywriters, movie-makers to Freudianists). Arts and literature were important as well. It is not my job to consider the pros and cons of addicted poets or fiction writers: It is up to literary critics or psychoanalysts to decide whether Baudelaire, De Quincey, Poe, etc. became good, better or bad writers thanks to opium or another narcotic.⁹

One thing is clear: these famous writers made narcotics interesting for the elite in Europe and the USA as aphrodisiacs or stimulators of creativity. Addicted scientists or non-fiction writers never received a nimbus as in literature or art: Freud, who experimented with cocaine in this period,

⁸ A new TV-program on art entertainment in the Netherlands is called "Opium"; a new band is called "Opium", etc.; Jean Cocteau is still mentioned in most opium publications, for instance, K. McMahon, X. Paulès, etc. A specific luxury yacht model built in Marseille is named "Opium"; the "best" aphrodisiac drink "Sex Opium"; MP3 albums by "Opium Jukebox" (Amazon.com) and so on. For the effects on consumers one can consult "Somni Forum", subtitled with 'The continuing adventures of the world's most controversial flower, poppies.org'.

⁹ The poet Georg Trakl (1887-1914) is apparently the first well-known modern poet-addict. The "Opiumaniacs" of the 19th-century smoked the soft opium or took *laudanum* (opium mixed with alcohol; mostly freely available), Trakl started with the heavy opium derivatives heroin and morphine, added later cocaine. It may be true that alcoholics do live a much shorter life, but it seems to be exceptional for a heroin addict to make it to the age of 50. Hayter's conclusions from her interesting literary comparisons of eight famous authors is illuminating: "No clear pattern of opium's influence on creative writing ... has emerged from this survey ... They had nothing in common except that they lived in the same century, were imaginative writers, and took opium' (A. Hayter, p. 331).

is only of interest to a small coterie of adepts. That was not the case with the drugs as such: they became an aim in themselves, of interest later to the pharmaceutical industry, psychologists and even secret services.¹⁰

The question here is how did this Parisian environment at the end of the 19th-century become “addicted” by opium which could not be harvested from the Champs d’Elysées, while referring to the easy life lived by the gods.

The French Pharmaceutical Scene

Around 1900 the rather new pharmaceutical and chemical industry already worked in close collaboration with medical scientists, apothecaries, state bureaucrats, and so on in a “health complex”, which had serious consequences for other corners of society. Famous names like Merck or Bayer industries are mentioned not for their discovery of heroin (1874), but for its exploitation.¹¹ The French competition and jealousy were fierce.

The most important French industrial region became Rhône–Poulenc.¹² It is part of a new, specific, modern and Western scene developed from the middle of the 19th-century in West Europe, later in the USA: its young European and American history explains how medical products search for markets, patients and diseases with all possible consequences.

¹⁰ For the 20th-century development after 1945 in this field, see C. van Campen, who started with the analysis of the French writers and poets like Baudelaire (*Les paradis artificiel*, 1860), Gauthier, the *Club de Hachichin* or the remarkable study of Jean Moreau (1845): *Du hachisch et de l’aliénation mentale, études psychologiques*. The climax of this development was the highly controversial LSD experiment with Dutch Holocaust victims and the CIA’s MKULTRA project. See <http://www.angelfire.com/ar2/Handleidingen/MKULTRA.html>.

¹¹ What the relationship was between Freud and the notorious opium and heroin factory E. Merck (now one of the largest multinationals in the pharmaceutical industry) is apparently given in an article by A. Hirschmuller titled “E. Merck and cocaine. On Sigmund Freud’s cocaine studies and their relation to the Darmstadt industry”. See: www.cocaine.org/history/merck.html.

¹² The history of the pharmaceutical industry is of the utmost importance to highlight the backgrounds of the drug problem in Europe, the USA and the world. Rhône–Poulenc is a combination of 19th-century initiatives in the field: the Poulenc apothecaries from Paris with similar entrepreneurs from Lyon. In 1928 they merged, the first of a long series of merges. In 1999 Rhône–Poulenc merged with the German Hoechst AG to form Aventis. This in its turn merged in 2004 with Sanofi, making Sanofi–Aventis at the moment the third largest pharmaceutical industry in the world. It must be clear that in this volume this side of the history cannot be dealt with. E. Kremers, G. Urdang, p. 286–294, 322 ff.

To create patients and diseases in response to the need for multinationals to survive and expand was not understood in the 19th-century, and probably not before 1945.¹³ As in other countries at the beginning of that century, it was the individual performance and leadership which prevailed. After the Second World War, however, social and economic institutionalization led to increased centralization and monopolization of markets. A few remarks and details about this development in France will suffice.

The French Enlightenment must have had many effects in its country of origin because French chemists, apothecaries or medical scientists discovered one useful drug and pain-killer after another: in 1804 *morphine* (Séguin and others), in 1809 *nicotine* (Posselt a.o.), in 1819 *caffeine*; *codeine* was directly “isolated” from opium and *atropine* from belladonna (ca. 1832). A related compound was *chloroform* (1831), its use doubled from 1855 to 1875; *ether* trebled in the same period; *chloral*, introduced in 1869, was consumed more than chloroform six years later. The consumption of *morphine* increased from 250 grams in 1855 to ten kilo in twenty years’ time. Opium was the most popular among the traditional pain-killers. It continued to be employed in quantities of 150 kilo per year.¹⁴

Remarkable figures, because—as discussed in ch. 8—the French opium export to England was, for instance, already about 11,000 lbs in 1833. This strongly decreased, but in 1870 there was again a French export of that magnitude. After this year this import exploded, with even several years of about 60,000 pounds.¹⁵

¹³ Of course, it is not appropriate to discuss here modern developments in the pharmaceutical (and related chemical) industry, but the present scandals involving these industries are rather alarming: through the well-known international channels one is able to create unnecessary mass vaccinations against rather innocent flues, etc.; forbidden tests of new products are carried out in Third World countries; very expensive HIV medicines are distributed in a monopolized relationship, while very cheap medicines are available; and so on. In the UK the activities and many publications of Charles Medawar and the *Social Audit* organization give very detailed information. Not by accident is the Joseph Rowntree Charitable Trust sponsor. The history of this trust is strongly connected to the anti-opium struggle from the end of the 19th-century. See C. Medawar, B. Freese and J. Rowntree.

¹⁴ Th. Zeldin, vol. 2, p. 784 ff.; P. Bousset, H. Bonnemain, p. 206 ff., E. Kremers, G. Urdang, p. 318 ff. Normally only the German inventors are named, like Gaedeke, Sertürner, Niemann, Losen and many others (M. de Kort, p. 33 ff.), but the French were as important as the English or Americans. They all belonged to an initial phase of a new industrialization which expanded globally from the 1880s onwards.

¹⁵ V. Berridge, G. Edwards, p. 272. Zeldin should have mentioned whether everything was re-exported (except 300 lbs). Probably there is a misunderstanding in how “opium” is

Zeldin is more reliable in finding a connection between 'an enormous increase in drug-taking' in the Second Empire and 'a recourse to the asylums'. Indeed, the number of 'madmen' in asylums increased from about 8,000 (1838) to 88,000 (1900). The French professionalization of medical practitioners resulted not so much in better health (environment) for the common people, as in new and more profitable definitions and institutions. As elsewhere, this professionalization of the medical field was not only the result of a fight for a higher status and remuneration, but also of an extension of the "sphere of influence": the expulsion of the lay healers and the gradual monopolization of the health system.¹⁶ This included a monopoly on the prescription of opiates, cocaine and other poisons.

The asylums were one of the bulwarks in this system: state and medical interests merged here. Mostly old people were transported to them, who could not obtain a place in the quickly overcrowded old people's home in their villages and regions, if they were available at all. According to the medical personnel, old people are only in need of tranquilizers, for which hashish was mostly chosen. The doctor-patient relation in the northern villages is brilliantly described in Flaubert's *Madame Bovary*. I do not remember whether any form of drug use was known in her village: Emily took arsenic and not opium to kill herself.

Cannabis (hashish) was chosen by Jean Moreau of a Parisian hospital in his publication *Du haschish et de l'aliénation mentale* (1845).¹⁷ Moreau could rely on a certain tradition, because during the Napoleonic occupation of Egypt, the intoxicating property of cannabis was discovered. Back in France, authorities were quick to impose heavy penalties on selling, using or trafficking in cannabis. For Moreau, these rules did not apply.

The "doctors" in the villages were not familiar with it, however, and their urban colleagues were probably still afraid of the authorities, because in the urban hospitals alcohol is used excessively:

... in 1855-1875 the consumption of alcohol in Paris hospitals rose from 1,270 to 37,578 litres and that of red wine from 17,000 to 163,000 litres though the number of their patients remained the same.¹⁸

The "doctors" and their helpers became very thirsty with all those "insane" peoples or the patients instead of restoring them to health. This excessive

defined here. Is Z. referring to 150 liter of laudanum? And does this require 11,000 lbs "opium"?

¹⁶ M. de Kort, p. 37, 43.

¹⁷ V. Berridge, G. Edwards, p. 212.

¹⁸ Th. Zeldin, idem, p. 785.

alcohol consumption apparently was the result of the warnings of other scholars who stated that cannabis was the *cause* of insanity.

To understand what happens in France one can depart from two important phenomena: the widespread distribution of drugs for recreational purposes, and the emancipation or “isolation” of a health complex as a monopoly.

The first leads nearly automatically to a consumer, addict and patient orientation. In practice, this is followed by the establishment of a whole gamut of assistance and healer institutions, let alone criminal investigators, drug departments of the police and entertainment industry (see above).

As told, opium and hashish gradually became popular for recreational purposes among the elite already at the beginning of the 19th-century. This development quickened after the 1840s. With the introduction of the hypodermic syringe (ca. 1850), morphine became the painkiller of choice for civilian and military doctors, but also the drug of choice for the bourgeoisie. Twenty years later everybody talked about the *morphinomanie*, morphine addiction. The doctors, who were largely responsible for this, had created new patients by curing the morphine addiction with cocaine and heroin.¹⁹ Is this introduction of stronger and more dangerous drugs done on purpose or simply through ignorance? The latter is difficult to believe, and the former an unbelievable assault on humanity. The only innocent effect was the proliferation of a whole lexicon of addictive *manies*.

The second development is much less spectacular but, in my view, more important because it concerns the origins or roots of the Opium Problem. A new phenomenon is hidden behind what has been discussed so far: the legal power of “people in a white coat” to negate the freedom of individuals and to lock up people for short or long periods without any form of lawsuit, trial or even obligatory consultations. Just the judgment of some medical man with a limited knowledge about the victim and his/her “disease” was enough for this far-reaching execution. Many scandals and accusations of trade with “lunatics” for asylums were unavoidable. However, the new drug scene and the *manies* in addition threatened the whole of *La Douce France* with much more spectacular cases.

As in England, this “white coat” power developed into a monopoly for the whole “professional health complex”. To strengthen this position, the

¹⁹ H. Padwa, p. 341.

same policy was used as all power groups aspiring to a monopoly, like churches, state bureaucrats or the military: to produce fear in order to advertise oneself as the savior of the nation; once this is acknowledged, the bill must be paid:

By the 1880s doctors were beginning to condemn these drugs as agents of degeneration, capable of wreaking chaos on both the individual and social bodies if allowed to spread. Both a sign and a catalyst of medical and social decay, drug abuse needed to be stopped before it, like a variety of other degenerative behaviors and conditions, spread and facilitated the physical and moral decline of the nation.²⁰

The most positive thing one can say about this is that the doctors who opened Pandora's Box did warn us that it was opened. The practical consequence was that the consequent health complex, facilitating both the perpetrators and their victims' helpers, became strongly economically interested in the continuation and expansion of the "scene": morphine, heroin, cocaine 'broke out of the doctor's office' and took hold as a recreational drug in select Paris salons and brasseries by the late 1880s. Once the first reliable statistics about addiction were available, the situation became clear:

In the 1920s there was a great increase in it: Paris is said to have had 80,000 cocaine addicts in 1924, but they were not otherwise criminals. The consumption of drugs fell drastically after that (80 kilogrammes of heroin was the official estimate in 1939, 12 kg in 1950) without obvious results [on criminality].²¹

Another consequence was that in France the medical profession never abandoned its most prestigious, old-fashioned, absolute power. There was apparently no need for improvements, authority was enough: the opium preparation belladonna was still prescribed as a cure for colds in the 1960s.²²

²⁰ H. Padwa, p. 342.

²¹ Th. Zeldin, *Idem*, p. 911.

²² Certainly not for the health of the French population as Zeldin's analysis shows, in which the French remained far below the health levels in other Western countries. See Th. Zeldin, vol. 2, p. 630-636. In nearly every respect France lagged behind: it was in the 1960s 'that medication was drastically revised and put on a more scientific basis' (*Idem*, p. 636), but not for belladonna.

Drugs from abroad

The dimensions of the French Opium Problem at the time must have made many authorities quite uneasy. One main source of unease was the troubles between the Treasury and the Colonial Offices. They were worried not only about the growing anti-opium movement in Europe, but much more the growing costs of the colonial administrations, which were urged to become self-sufficient, to keep their opium for themselves and to stop making trouble. A few French examples will suffice.

In 1907/08 a scandal arose when a navy ship, *La Nive*, was involved in a serious accident because its officers were opium addicts. At the same time the Ullmo opium scandal reached the world press.²³

This naval officer smoked 37 pipes a day! According to 'a well-known French admiral':

Ullmo certainly smoked opium, but no more than his fellow-officers. Only one remedy is possible in the existing state of affairs. The habit is contracted in Indochina by officers, both old and young, who are assigned to that station. The French government has a monopoly on opium there, and draws from it a rich source of revenue. If the government is willing to renounce its profits in this nefarious trade and suppress it altogether, the victims of it will be bound to disappear, not only in Indochina, but also in France. This is the sole means of rescuing the navy from its present grave menace.²⁴

Neither the government in France nor that in its Asian colonies listened to the admiral. The only effect the Ullmo affair had was a decree issued in 1908, which instituted strict controls on the commerce and consumption of opium. It did not become an antisemitic row either, because Ullmo confirmed the accusations. The affair led to the first step France took against recreational drugs.

Five years later, a report by a French journalist about opium consumption in the French Navy in southern seaports triggered a larger scandal (1913). In Toulon, the chief naval port, there were no fewer than 163 opium dens which 'menaced ... the effectiveness of the Navy as a national defense'.²⁵ The author of these words also wrote for an international forum:

²³ See also G. Thibout, p. 144-149 including the scandal story of the naval officer Ullmo, who was spying to get money and was sentenced to life imprisonment. The scandal was compared to the Dreyfus affair (because Ullmo was an 'Israelite') and even with the Mata Hari affair (because in his villa he had to care for a costly prostitute, "la belle Lison").

²⁴ *The New York Times*, March 1, 1908. See also Idem, October 26, 1907

²⁵ www.druglibrary.org. An article in *The New York Times*, April 27, 1913, cabled to New York by Mr. Dorcier, a journalist of *Le Matin*. It stated that the police and civic authori-

that this terrible scourge is actually one of the principal State manufactures in France's greatest colony, Indochina, where it is sold under a State guarantee as freely as tobacco is here and contributes more than one-sixth of the entire revenue of the country ... the annual production of opium in that colony is over 260,000 pounds, bringing an average revenue of \$2,102,000. Through smuggling, however, the consumption is at least double that shown by the official figures.

They are not very encouraging messages one year before the outbreak of the First World War. They would become worse. In the war, suspicions and accusations around drugs reproduced the war-psychosis clearly. The French deputy, Charles Bernard, declared in 1916:

It seems that the Germans can't beat us with their fire or their asphyxiating gas, so now ... they're using cocaine and morphine to wear us down.²⁶

Also after the war there was no evidence for such a Teutonic plot. There was a simple reason for this. The majority of the drugs in French criminal hands came from colonies in North Africa and Indochina. They reached France through neutral Switzerland or England. Still, the anti-German suspicion about the drug assault on France was wide spread with exclamations as:

Given that German pharmaceutical companies like Merck and Bayer were among Europe's leading producers of these substances, why would the Germans not use their pharmacological capacities to wage a more covert form of "chemical warfare"? ... 'Let's not forget that factories on the other side of the Rhine sent us ... their morphine and cocaine' ... 'the extermination of the French race by all means is the ultimate goal of the German plan' ... 'The spread of addiction since the start of hostilities is both disturbing and mysterious ... if we think about it, it's easy to see that Germany is behind this.'²⁷

The most remarkable thing is that this kind of Germanophobic and nationalistic drug discourses remained intact after the war. As late as 1922 they could be found in French ministerial messages. However, after the war it was revealed that the German chemical firms BASF, Bayer and Hoechst developed poison gas to be used deliberately for the first time. A researcher and fanatic propagandist of this gas was the Jewish chemist Fritz Haber, who came in uniform to test his weapon himself in the

ties can do nothing: 'Under the present laws only dealing in opium is a penal offense. To smoke it, to induce others to smoke privately or for money or to possess a large stock of the drug is perfectly legal.'

²⁶ Quoted in H. Padwa, p. 340.

²⁷ Idem, p. 347, 348.

trenches and instructed his generals on how to use it profitably. After World War II Haber certainly would have been hanged as a war criminal.²⁸

From a French point of view, therefore, such an evil as opium and the many other drugs could only have come from abroad, from “The East”, whether Germany or the Far East, easily substituting the French colonists for “racially degenerated Chinese”.

²⁸ Illustrative enough his wife (1914) and son (1946) both committed suicide thanks to his behavior. As a reaction British and French chemists started to develop the same chemical weapons. For Nobel prize winner Haber (1868-1934) see D. Kaufmann (ed.), *passim*. Remarkably enough one can still find rather perverse defenders of Haber (also inventor of Zyklon B but, of course, not responsible for its use in Auschwitz, etc.) even in present-day Israel, which has still several “Fritz Haber” institutions! Institutions named after Haber’s colleague, the Nobel prize winner Debye, were renamed after it was recently discovered how he had cooperated with the Nazis to a less serious degree than Haber instructed the military in WW-I.