2017

Morality and Medicine: Opium and Addiction in Wilkie Collins’s Armadale and The Moonstone

Joshua John Pringle
Iowa State University

Follow this and additional works at: https://lib.dr.iastate.edu/etd

Part of the English Language and Literature Commons

Recommended Citation

Graduate Theses and Dissertations. 15398.
https://lib.dr.iastate.edu/etd/15398

This Thesis is brought to you for free and open access by the Iowa State University Capstones, Theses and Dissertations at Iowa State University Digital Repository. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
Morality and medicine:

Opium and addiction in Wilkie Collins’s *Armadale* and *The Moonstone*

by

Joshua Prindle

A thesis submitted to the graduate faculty

in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

Major: English (Literature)

Program of Study Committee:
Sean Grass, Major Professor
Charissa Menefee
Jeremy Withers

The student author and the program of study committee are solely responsible for the content of this thesis. The Graduate College will ensure this thesis is globally accessible and will not permit alterations after a degree is conferred.

Iowa State University
Ames, Iowa
2017

Copyright © Joshua Prindle, 2017. All rights reserved.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>CHAPTER 1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>A Prescription for Perpetual Pain: Victorians and Drug Dependency</td>
<td></td>
</tr>
<tr>
<td>CHAPTER 2</td>
<td>22</td>
</tr>
<tr>
<td>The Shelter of a Mother’s Little Helper: Women and Addiction in Armadale</td>
<td></td>
</tr>
<tr>
<td>CHAPTER 3</td>
<td>49</td>
</tr>
<tr>
<td>Weak-Will, Potent Painkiller: Medicine and The Moonstone</td>
<td></td>
</tr>
<tr>
<td>CHAPTER 4. CONCLUSION</td>
<td>69</td>
</tr>
<tr>
<td>Still Oblivious to the Opiate</td>
<td></td>
</tr>
<tr>
<td>WORKS CITED</td>
<td>77</td>
</tr>
</tbody>
</table>
i

ACKNOWLEDGEMENTS

I would like to thank my committee chair, Sean Grass, as well as my committee members, Charissa Menefee and Jeremy Withers, for their unwavering guidance and support throughout the course of this research. Without them, this work could never have matured into a piece with which I could genuinely be content. For that, I am extraordinarily grateful.

Additionally, I would also like to thank my friends and colleagues for their professional input and personal support. To those who continually offered advice, I thank you for your persistence. And to those who repeatedly offered an ear, I thank you for your patience. Without the support of all those at Iowa State University who came together to support me, this thesis would not have been possible.

Finally, I would like to thank my family for their unremitting encouragement and inspiration. For my mother and father, my sister and brother, I appreciate you bearing with me throughout this entire experience and for never once letting me believe that I could not accomplish whatever I set my mind to. I would not be who I am, nor where I am, without you.
ABSTRACT

Critics of Wilkie Collins asserted that he should have written about lighter, happier topics rather than focusing on such serious subjects. Entirely disregarding these opinions, Collins delved into the use of opium in his novels *Armadale* and *The Moonstone*. By portraying characters who suffer from both physical ailments and chemical dependency on opium (particularly in the form of laudanum drops), Collins explores the subject of drug addiction. Though primarily functioning as a pain reliever and sleep aid, opium has secondary effects that are revealed through its prominent use in Collins novels.

In *Armadale*, Collins introduces readers to the dynamic figure Lydia Gwilt. The antagonist of the novel, Lydia ultimately reveals herself to be a sympathetic character despite the negative stigma directed toward female addicts. Lydia indulges in a mixture of alcohol and opium on a nightly basis and writes in her diary and to her mentor. While Lydia exemplifies the manipulative, amoral qualities that readers expected from a female addict, she also proves herself to be more than manipulative and amoral. By allowing readers to see life from Lydia’s perspective, granting them access to her private thoughts and feelings, Collins interests readers in a character whom they should find deplorable. Eventually, Lydia proves her moral character despite her substance dependency.

In *The Moonstone*, Collins illuminates the social stigma surrounding drug addiction and the effects that the negative connotation had on opium habituates. Predating the disease model of addiction, the connotation suggests that those who succumb to drug addiction are morally fallible rather than ill. The stigma influences the addicts of Collins’s novel as they struggle to keep their dependency private. Ultimately, Collins reveals the necessity of opium. Without another form of pain relief, his characters must indulge in an addictive substance.
CHAPTER 1. INTRODUCTION

Prescription for Perpetual Pain: Victorians and Drug Dependency

In the early Victorian period, opium was the chief pain reliever consumed by the masses. Among these consumers was the novelist, William Wilkie Collins (1824-1889). Collins suffered from rheumatic gout for most of his adult life, first complaining of the disease in 1853 when it slowed the progress on his novel *Hide and Seek* (1854) (Klimaszewski 40). Collins sought a solution to his pain and found it in laudanum, a concoction of opium mixed with alcohol. It proved a serviceable remedy. But then, as now, the use of opium variants inevitably turned to abuse as Collins struggled for the rest of his life under the shadow of laudanum. At times, he would claim that he had ceased using the drug, but he always returned to the tincture of laudanum. Occasionally, his dosage would spike. Collins claimed that he did not recall dictating the final part of *The Moonstone* (1868) because he was under such heavy sedation (Lawson 1).

Surprisingly, perhaps one of the most significant instances related to opium in Collins’s life did not involve him taking the drug. As a child, Wilkie once heard his mother, Harriet Geddes, speaking with Samuel Taylor Coleridge, who was struggling from his own abuse of opium. Wilkie’s mother exclaimed to Coleridge, “Mr Coleridge, do not cry; if the opium really does you any good, and you *must* have it, why do you not go and get it” (Clarke 20). Though a seemingly minor event in a child’s life, this particular instance would have tremendous influence on Collins later, likely influencing his own sentiments toward drug usage. Despite his dependency on opium, Collins emerged as a driving literary figure in the 1860s.

Collins did not erupt immediately into the literary scene. His first novels, including *Basil* (1852) and *Hide and Seek* (1854), received little acclaim. During the 1860s, though it was a
period of heavy laudanum usage for him, Collins’s fame skyrocketed with the completion of several of his most memorable and lasting works, including *The Woman in White* (1860), *No Name* (1862), and *The Moonstone* (1868). All three works appeared serially in Charles Dickens’s weekly magazine *All the Year Round*. Collins’s friendship with Dickens, who was already an established writer, gave him a foothold in the literary world and allowed him to reach a wider audience, cementing him as a dominant figure of the 1860s. But, Collins’s fiction is memorable for other reasons, as well. A writer of sensation fiction, a genre marked by fantastical plots and scandal, Collins attracted a wide readership and became one of the most renowned authors of the genre. The celebrated inventor of the detective novel, Collins exploited his proficiency in storytelling, often telling wild tales of bigamy, theft, mistaken identities, and other such scandalous material.

But if the 1860s was the defining decade of Collins’s life, these years were also a turbulent time of political drug reform, most notably concerning the widespread sale and use of opium. Though Collins does not foreground opium addiction in his novels, the theme makes frequent appearances, typically as characters administer—or more often, self-administer—to alleviate physical or psychological pain. Alethea Hayter recognizes this emergent theme, suggesting that, “As Wilkie Collins began to habituate himself to opium, characters in his novels began to follow suit” (258). Writing about what he knew, Collins mirrored his own drug dependency in his characters. Portraying a nuanced depiction of drug abuse, Collins worked to establish both the positive and negative aspects of opiate use. Through his literary works, Collins strove to counteract the purely negative association that society heaped on the drug and its users.

Collins’s representations manifest themselves in a variety of ways, though each is couched in Victorian conceptions about drugs—in particular, opium. For example, one scene in
No Name (1862) reveals the public’s lack of understanding regarding the potency of laudanum as a chemist labels a tincture of laudanum as poisonous, which surprises the buyer who appears ignorant of the drug’s strength (552). One of Collins’s later works, The Legacy of Cain (1888), again utilizes opium, depicting the significant psychological shift that occurs after the ingestion of the drug. After drinking some of her father’s sleeping draughts, Eunice undergoes a rapid shift in character, suddenly experiencing a desire to murder her sister for a perceived slight (144-5). After ingesting the sleeping draught, she becomes susceptible to criminal, even murderous, temptation. Collins reveals the potential danger of these drugs, particularly when misused due to abuse or a lack of understanding of the substance.

For the purpose of this thesis, I will focus primarily on Armadale and The Moonstone, both of which make significant use of laudanum throughout their respective narratives. In Armadale, readers mostly follow the plotting and counterplotting of the governess, criminal, and laudanum addict, Lydia Gwilt. Lydia’s laudanum addiction is primarily conveyed through the entries in her diary and letters to her criminal mentor, Madame Oldershaw. Lydia’s writings, penned at night under the effects of laudanum drops, often read like love letters to the drug, denoting the relaxing effect it has on her. Though originally using laudanum as a sleep aid, it soon becomes unclear whether Lydia is using it primarily for this purpose, or merely to pass the tedious hours. Lydia’s use of the drug borders on the recreational, as Collins depicts her use of opium in her attempt to break up the tedium of her middle-class life. The significance of laudanum in the plot of The Moonstone can hardly be disputed, as the entire mystery of the missing Moonstone revolves around the opioid drugging of Franklin Blake. This mystery, coming about specifically because Franklin takes laudanum without knowing it, is also solved by the laudanum addict Ezra Jennings. Ezra solves the mystery by once again drugging Franklin and
allowing him, in his opium daze, to reenact his actions on the night of the robbery. Thus, opium enables both the theft and the solving of the theft of the Moonstone.

Situating these two novels against the backdrop of Collins’s experiences with opium and the broader social issues of chronic illness, medical practice, opium dependency, and domestic boredom, this thesis argues that Armadale and The Moonstone present opium, and more specifically, laudanum, as regrettably necessary remedies to the everyday problems of Victorian life, whether the ailments are physical or psychological. By portraying numerous characters who struggle with physical pain, opium usage, and, subsequently, dependency on the drug, Collins helps the reader to more fully grasp the extent to which the substance influenced everyday Victorian life. The characters use opium as a pain reliever. But, at the same time, they also exhibit signs that suggest recreational use. Thus, it becomes unclear as to whether the characters seek pain relief or oblivion. As Collins once proclaimed of the substance, “Opium sometimes hurts, but also, sometimes, it helps. In general, people know nothing about it” (qtd. in Hayter, 260). Opposing Thomas De Quincey’s famous Confessions of an English Opium Eater (1821), Collins does not merely depict the euphoric effects of opium as De Quincey does, but rather situates the substance as a medicine—a useful medicine, valuable in its capacity for pain relief, though dangerous when used improperly. Foretelling the increased unease surrounding opioids in the 1870s that would carry through the rest of the century, Collins writes of the reality of opium use. Prior to the passing of the Pharmacy Act of 1868, as the Pharmaceutical Society sought to limit the open sale of opium, Collins uses his writing to suggest the negative and addictive qualities of opium while also pointing out the necessity of pain and stress relief for the Victorian society.
One of Collins’s lesser known works, Armadale, has received minimal attention from the academic community; those scholars who have chosen to write on the novel have mostly focused on the iconic Lydia Gwilt. Capitalizing on Lydia’s departure from traditional roles, scholars have focused primarily on the ideals of Victorian femininity and women’s place in society. Most research is focused on this aspect, looking at Armadale as a critique of the Victorian marriage market, specifically referencing Lydia as a dissenter from this social norm. Certainly, Lydia cannot be viewed as the average Victorian female; nonetheless, she finds herself, like many other women of the time, forced into a life of either patriarchal subservience or poverty. Lydia ultimately cultivates a laudanum habit out of the stress of her past life mixed with the anxiety that stems from her ambiguous future. In her dissertation, A Pharmacy of Her Own: Victorian Women and the Figure of the Opiate, Kristina Aikens discusses the impact of the opiate on the Victorian woman, striving to situate the female opium user as one who often must reconcile her role as a maternal figure in spite of her drug use. In particular, Aikens suggests the “transgressive power” (49) of opium, as she makes note of female figures utilizing opium to complicate the “stupefying quality of the traditional marriage plot for women” (49). Aikens studies opium in the works of Collins in order to reveal the gender issues that Victorian women faced. Aikens’s focus on domestic space is particularly enlightening as she positions her study around the docile expectation of the Victorian female while suggesting the alluring nature of opium, particularly as it is seen in this domestic space.

As one of Collins’s most popular novels, The Moonstone has received significant scholarly attention. One of the more fascinating discussions of the novel comes from psychologist Shepard Siegel, in his essay “Psychopharmacology and the Mystery of The Moonstone”. Collins’s familiarity with laudanum would have undoubtedly helped him to
accurately depict the substance. Yet, what Siegel finds enthralling about Collins’s depictions is that he recognized and portrayed psychological principles that are now common in the field of psychology and medicine, namely: drug dissociation and drug tolerance. Siegel explains that Collins depicts these concepts before their documented discovery by psychologists (Psychopharmacology 580). Siegel’s work continually references Ezra’s experiment, suggesting Collins’s foregrounded knowledge of opioid effects on the body. Another of Siegel’s essays, “Learning and the Wisdom of the Body,” revisits Ezra’s experiment, referring to Franklin’s expectation of the drug as an example of a homeostatic response—in other words, knowing that he is going to be drugged, Franklin’s body will be more resilient to the drug (244). Siegel’s work shows just how far Collins’s impact goes in the scholarly world. Not only was Collins a literary icon of the late Victorian era, but his works extend into the scientific realm through his experiential knowledge of as-yet-undiscovered psychological doctrines.

Imperialism in The Moonstone has been fertile ground for many scholars. Numerous scholars have traced the depiction of the orient and, specifically, the presence of Indian culture as it pertains to the novel. In “English Romance; Indian Violence,” Jaya Mehta convincingly traces a direct relation between the Moonstone and opium, both as products that are representative of the stranglehold that England held upon its colonies. Mehta focuses on laudanum’s capacity for obscuration, concentrating on the mysterious theft of the Moonstone, which continues throughout the entire narrative strictly because of Franklin’s unwitting drugging at the hands of Dr Candy (644). Mehta argues, “Like the ink and the diamond, opium is a figure for the mysterious which animates the romance narrative. However, like the Moonstone it further recalls the colonial rapacity—the conquest of Mysore and the Opium Wars respectively—out of which romance is created” (643-4). Imperialism permeates The Moonstone’s narrative, though
indirectly. As representative products of India, the Moonstone and opium are subjects of great mystery. Mehta claims that the use of those foreign objects as items of mystery holds to the English beliefs of the time, which surmise that “whole continents and worlds exist as mysteries to be solved by Europeans like problems in a detective fiction” (612). Not only do these eastern objects add a sense of exoticism to Collins’s novel, but they also serve as mysterious symbols of a culture that is largely disconnected from English society. With his complex tales that circumnavigate the globe, Collins has garnered both criticism and praise for his depiction of the clash of eastern and western cultures.

The extensive history of opium is steeped in imperialist violence. References to the poppy plant and its euphoric effects may be traced back to 4000 and 700 B.C. in artifacts from the Sumerian and Assyrian civilizations, respectively. Allusions to opium also appear frequently in Greek mythology and medieval literature, such as in Homer’s *Odyssey* and Geoffrey Chaucer’s *The Canterbury Tales*. During the nineteenth century opium continued to be used for medicinal purposes, but it was in the early 1800s that violent conflict began to surface surrounding the substance. This conflict would culminate in The Opium Wars, two clashes between Britain and China. With its iron grip on Indian commerce, the East India Company saw its potential profits fall when the Chinese government ceased receiving Indian opium products, creating a disparity between British and Chinese imports. Virginia Berridge, author of *Opium and the People* suggests that it was this imbalance which primarily caused the first opium war. She claims that “it was the amount of opium entering China, the emperor’s decision to make a strong stand, and the British demands for free trade and diplomatic equality which led to the opium war of 1839-42” (174). Berridge goes further, professing that “[The opium wars] initiated…the connection between hostile reactions to opium use in the East and change
perceptions of opium in England” (173). What is odd about this negative association is that most opium during the 19th century was produced in Turkey and had little or no connection to China. In fact, “For over forty years, between 1827 and 1869, between 80 and 90 percent of opium imported into the country was Turkish. Even at the end of the century, Turkish opium still had over 70 percent of the market” (4). Despite this origin, British sentiments about opium would be troubled by the connection to these infamous wars, an undertone that would be exploited later by various anti-opium groups. Nonetheless, opium still found its way into British society. Its medicinal uses proved to be too beneficial to ignore.

In the absence of a general pain reliever (aspirin was not marketed by Bayer until 1899), opium served throughout the Victorian period as the primary remedy for pain. But, it was a remedy that simultaneously caused an amalgam of other problems. It was the first solution for Victorians suffering from a variety of physical and psychological ailments, a trend which reinforces not only the health problems, but also the impropriety of the use of the drug at the time. Though opium was primarily prescribed for chronic diseases, such as gout and neuralgia, Victorians discovered that it had additional uses other than recurring pain relief. Among the working class that inhabited the Fens, a marshy area near Cambridge, opium became a popular, cheap remedy for the poor living conditions of the area that caused a number of chronic ailments. Susan Wendell sheds light on the problems that plagued Victorian society, suggesting that “chronic illness frequently involves pain, fatigue, dizziness, nausea, weakness, depression, and/or other impairments that are hard to ignore. Everything one does…must be done within the limitations they present” (166). Living with these ailments could become nearly unbearable and could impact one’s ability to provide for a family. Opium was not a cure, but it did offer relief from some of the most unpleasant physical effects of chronic illnesses. Thus, opium was a
common treatment for disease. It was a medicine which helped people from the working class all the way to the upper echelons of society make it through the painful existence of everyday life. However, given the potency and addictive quality of opium, the common usage proved problematic. As C.E. Terry suggests, “as long as painful disease prevails and opium is the principal agent of relief, addicts will be formed by its use” (345). Without opium, chronic sufferers would have led a painful existence, yet these are most certainly not the only uses that Victorians found for the drug.

For every illness or ailment for which opium was deemed a suitable remedy, there were other issues that opium served to suppress. Opium and its variants, particularly laudanum, were often used for numerous minor ailments, such as sleeplessness, fatigue, depression, coughs and colds, toothaches, and stomach cramps (Berridge 31-2). Laudanum became a popular medication for women, especially, as it was often the go-to remedy for “women’s complaints” arising from menstrual pains (32-3). Other physical troubles, such as ulcers, bruises, and sprains were commonly treated with an ointment made from opium (33). Yet another popular use for the drug came as an alleviant to heavy drinking. This behavior also found its way to the Fens, as some taverns would slip opiates directly into the beer to counteract the eventual symptoms of the alcohol. Even medical practitioners were not immune to opium’s addictive qualities, despite the medical community’s growing wariness of the substance. Berridge suggests that “medical men were known to use this type of remedy on themselves after excessive drinking” (34). The multitude of diseases and ailments for which the public sought opium made it an extremely popular medicine, a popularity that combined with poor pharmaceutical practices to ferment users’ dependency on the drug.
Because of the way that opium was packaged and sold, self-medication became problematic. Large quantities of laudanum were kept at general stores, the most common destination for opium purchases. Customers would generally bring their own containers and fill them from a large jug on display. This imprecise method led to a culture of self-medication and an inability to know exactly how much was too much. As Berridge explains, “the ‘jug and bottle’ method of sale was almost universal” (31). Despite its problems, this method remained popular. Even children were allowed to purchase the substance, and it was often one of their expected tasks to do so. It was not uncommon to see a bill of sale with laudanum listed amongst other items such as cough drops and honey (26). Not only were children asked to retrieve the medicine, but even they would receive the substance as a pain remedy. Infant doping became such an issue in England that authorities began to take notice. In a letter to Lord Palmerston, one medical official suggested the reasoning behind one such poisoning:

The Hull coroner…noted in 1854, after an inquest on an infant poisoned with laudanum sold in mistake for syrup of rhubarb, that the liquid opiate ‘was kept with several other bottles of similar shape and appearance on a shelf in the shop window of a Grocer in a district thickly inhabited by factory operatives, and was given to a messenger between six and seven years old’. (qtd. in Historical 23)

Whether as a means of easing their pain or merely to quiet a crying baby, opioid solutions were frequently given to children. Berridge suggests that even medicines such as the popular Godfrey’s Cordial were occasionally used as a means of ridding oneself of an unwanted child, particularly among the working class families of the Fens (44). The inexact method of opium distribution prior to the Pharmacy Act of 1868 enabled a culture of self-medication, which led to a number of problems such as drug abuse or overdose. Without proper regulation, Victorians
were subject to copious amounts of a medicine about which they knew very little—the potency of which could, and often would, lead to an assortment of additional problems.

Thus, in trying to ease their pain, many Victorians succumbed to the disease of addiction. This disease came with an additional caveat, because, as Barry Milligan, author of *Pleasure and Pains: Opium and the Orient in Nineteenth-Century British Culture*, explains, “addiction…was a ‘disease of the will,’ as much a vice as an illness” (25). As the 1860s progressed, the hypodermic injection of morphine became a favorite method of treatment for some surgeons and physicians, who believed this to be an alternative to more popular forms of opium consumption, such as laudanum. However, some physicians found this new trend to be problematic. Dr. Clifford Allbutt refuted the efficacy of the hypodermic injection, arguing that “injections of morphia, though free from the ordinary evils of opium eating, might, nevertheless, create the same artificial want and gain credit for assuaging a restlessness and depression of which it was itself the cause” (qtd in Berridge 142). Despite the new medium of delivery, the possibility of addiction remained. Though medical researchers continually strove for a better method of pain relief, early modern medicine was unprepared for the effects that such a powerful substance could hold over the masses.

For many Victorians, what was particularly concerning about opium was its powerful ability to influence an individual’s ability to act, which was threatening to the Victorian principle of free will. For instance, pictures of Chinese opium dens, in which figures lay on beds for hours in a state of oblivion while smoking the substance, dominated the image of opium consumption in the Victorian period. As a result, the substance, which seemed to steal the willpower from an individual, came under fire. Coleridge considered Will particularly important as it allowed for action rather than reaction. He contends that, “even in man, will is deeper than mind: for mind
does not cease to be mind by having an antecedent; but Will is either the first… or it is not WILL at all” (161). Derived from Coleridge’s On the Constitution of Church and State, a political text published in 1830, this sentiment about will remained relevant throughout the Victorian period. As Coleridge suggests, rather than simply reacting to the world around them, Victorian gentlemen (in particular) were supposed to be the agents of action. Compounding this argument, John Reed, author of Victorian Will, suggests that “Will as free will and as strength of will was promoted as a central force in the achievement of progress” (84). Hindrances to such progress were looked down upon and even considered immoral. Opium was looked at as one such hindrance. Collins depicts Victorian beliefs surrounding opium in a particularly illuminating conversation between Franklin and Ezra. As Ezra tries to explain the complex effects of laudanum, Franklin responds in confusion, exclaiming, “I thought the influence of opium was first to stupefy you, and then to send you to sleep” (387). To this, Ezra refers Franklin to De Quincey’s Confessions of an English Opium-Eater (1821), describing the author’s experience of wandering the London streets at night under the effects of opium. Therefore, those who willingly gave up their free will in favor of the solace of opium were viewed as immoral and a hindrance to societal progress, and were therefore unfit to live in the respectable Victorian society.

Addiction as a disease of the will remained the overriding consensus of commentary on drug abuse throughout most of the 19th century. In Inventing the Addict, Susan Zieger juxtaposes two separate popular narratives which exemplify Victorian sentiments concerning the addict. The first narrative she pulls from the biography of George Harley, a London physician who, succumbing to overwork, insomnia, and debilitating eye strain, takes to morphia (an archaic term for morphine). For two months, he takes his medication until a fellow physician urges him to taper off of using the drug. Resolutely, Harley replies, “man, if I made up my mind to cut off my
own arm, I would do it; and with the morphia bottle within my reach, I shall lie here until Nature gives me sleep, or until I change my mind. My resolve, however, I will not break” (Tweedie 178). Harley’s willpower is all that it takes for him to break free of the evils of addiction. Such is the sentiment with which Victorian addicts were forced to contend. If a sufferer was unable to break free from the torment, he or she was considered weak-willed or inferior. More than this, addicts were often considered to be self-limiting in that they willingly undertook a habit despite the fact that it was detrimental to their health and their ability to be a respectable member of society. Such a sentiment may have some validity, as many narratives surrounding addicts reveal them to care more for their substance abuse than anything else, including education, work, and family. In pursuing opium or other drugs, the characters often hurt others and themselves in their perpetual search for oblivion. Because of their inability to convincingly grow and enact a legitimate resolution, addicted characters provided a clear moral binary in Victorian literature. Contemporary readers were unwilling to accept the possibility that an addicted character could become anything but a morally deficient individual. Because the addict supposedly could not realistically fulfill the expectations of a protagonist, “drunkards and addicts…tended to occupy the margins of nineteenth-century novels, often as spectacles of moral self-limitation” (Zeiger 14).

The notion of the addict as a self-limiting individual is also suggested in the second story that Zeiger mentions, a piece of lore popularized in 19th century medical discourse. This second narrative, particularly when paired with the first, provides an enthralling juxtaposition of Victorian ideals:

A few years ago…a tippler was put into the almshouse in Massachusetts. Within a few days he devised numerous expedients to procure rum, but failed. At length,
however, he hit upon one which was successful. He went into the wood-yard of
the establishment, and placing one hand upon a block and with an axe in the
other, he struck it off at a single blow. With the stump raised and streaming he ran
into the house, and cried, “Get some rum, get some rum, my hand is off.” In the
confusion and bustle of the occasion a bowl of rum was brought, into which he
plunged the bleeding member of his body, then raised the bowl to his mouth,
drinking freely, and exclaimed, “I am satisfied.” (Turner 234)

While Harley’s tale hints more at the power of human will, the second piece of lore instead
focuses on the self-limiting, selfish desperation with which Victorian addicts lived their lives.
Though situated on polarizing ends of the spectrum, both narratives offer themselves as cultural
propaganda. Harley’s tale attempts to prove that human willpower can overcome anything,
despite the biologically and psychologically addictive qualities of opium and other substances.
The story parallels Reed’s sentiments. He writes, “the modern Christian Englishman stood at the
pinnacle of progress because he represented the highest development of will” (83-4). Therefore,
Willpower was something to achieve. Herein lies the difference between the two tales: while
Harley seems capable of quitting his substance abuse at any time, the tippler (a drunkard) is
devoid of willpower. The tippler finds himself completely under the control of rum—the
substance seems to be the main reason for his existence, even to the point that he is willing to
lose his hand just for a reprieve from sobriety. Despite the tippler’s clear resolve, his willpower
comes directly as a result of his need for alcohol rather than his own determination. While the
second narrative is likely a hyperbolized incident, its existence reveals the extent to which
dependence was rampant.
More than anything, these two stories reveal the vast difference in addict perception. Whether it is the strong-willed Harley, capable of giving up such an addictive drug without hesitation, or the drunkard who seems prepared to literally sacrifices life and limb for a drop of alcohol, these stories reveal the chasm between the addict and respectable society. The disparity between these two figures speaks to the sentiment surrounding addicts. Harley retains some level of willpower, and is therefore considered respectable. Meanwhile, the ludicrous actions of the drunkard cement his reputation as a worthless individual. The drunkard’s tale relays Victorian principles of will, as Zeiger suggests that “the drunkard’s self-mutilation negates social progress itself, by eliminating that symbolic engine of human labor and self-advancement, the hand” (2). Though this particular iteration of the tale comes from America, its implication toward Victorian social mores remains as an early example of “medical, temperance, and mainstream discourses” (2). Instead of viewing individuals as troubled, such as the drunkard, they were vilified and considered morally deficient. This social view of addicts drives the narrative of Collins’s stories, as multiple characters struggle to coexist with opium. By analyzing the opium-afflicted characters of Collins’s narratives, I explore the scandalous nature of opium in the middle class and the negative stigma attached to the drug and addicts in general.

While opium was considered a medicine at the time, the Pharmacy Act of 1868 would eventually strive to classify the drug as a poison, though Collins tried to depict the substance in much more ambiguous terms. The discourse of the time suggests that the classification of opium as a poison was beginning to take hold and that opium was starting to be seen in a more negative light. The added association of opium with the Orient did not help, nor did popular depictions of the lower class’s use of the drug to quell hunger pains (Klimaszewski 52). Suspicion of eastern philosophy proliferated during this period as the British population feared the influence of
Oriental culture. Milligan explains the anxiety of Oriental influence on Britain’s population, claiming that people feared that as “[r]etribution for England’s dishonorable imperial policies…the Orient (especially China) will enter, colonize, and conquer the English body in the form of a contaminating contagion enabled by opium” (83). Juxtaposing mysterious eastern cultures with imagery of plague and pandemic, British citizens began to associate eastern products with the same meaning. Implicitly, Collins argues against defining opium formally as a poison by suggesting that its positive aspects still outweigh the negative. Lawrence Driscoll, in his book *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses*, suggests that, “what we shall see is that Collins was writing against the current of the Pharmacy Act and its line of thought and was striving to maintain the place of opium as a substance that can help the community, rather than as a dangerous poison that it must expel” (24). However, Collins does not suggest that opium is without its flaws. As a chronic sufferer himself, Collins wrote partly as an advocate for opium, expounding its medical benefits, though keeping in mind the rampant carelessness which caused opium’s detriments to arise.

In 1868, as issues with opium consumption continued, the Pharmacy Act of 1868 attempted to create more distinct restrictions on the sale of drugs. The bill came as a result of the Pharmaceutical Society, a group of medical professionals who strove to establish more control over the sale of dangerous chemicals. Among other things, the group wanted to take opium out of the hands of apothecaries and chemists and instead entrust the sale of opium-based solutions solely to members of the group. The Pharmaceutical Society was not the only professional group of medical practitioners, however, and other groups also attempted to take control of the lucrative sale of the drug. As Berridge explains, “certainly deaths from opium were high (140 died from narcotic poisoning in 1868), and the level of accidental overdosing was notable, even
though deaths by other violent means – suffocation, drowning – were always far more numerous” (34). Whether from overdose or other means that arose as a result of the stupor that opium created, opioid-related deaths began to draw attention for good reason. The attention began to come to a head in the 1860s as pharmacological discourse concerning opium approached its zenith and varying organizations struggled to take control of the drug market.

This public discourse surrounding drug use and opium in particular, would eventually result in the creation of the Society for the Suppression of the Opium Trade (SSOT), a group that expounded on the evils of opium addiction. Founded in November of 1874, the SSOT emerged as a major figure in drug discourse and sought to limit the influx of opium from China. Citing various preconceptions about the drug, the SSOT suggested that prohibition was the solution. The group made claims that “opium is evil,” that it “could not be consumed in moderation,” and that the substance both “physically and morally destroyed the user” (qtd. in Harding 28). The SSOT differentiated between recreational and medicinal usage, arguing that any usage other than medicinal was evil (24). However, as is represented in Collins’s works, the boundary between the medicinal and recreational uses is blurry, at best. What began as a medicinal treatment often resulted in recreational use; though, as Collins depicts it, there is often still an underlying psychological reason for the ingestion of the drugs. Regardless, the SSOT sought to limit the influx of opium to England and utilized the already existing negative connotations from Chinese opium users as fodder to further equate the use of opium with moral failing.

Though originally concerned with the custom of opium-smoking, the SSOT would later shift their concerns toward the general use of opium, indicating an increased anxiety toward the addictive qualities of the substance (Harding 33). At first, the oral ingestion of opium was considered therapeutic; however, the Society would inevitably view opium itself as the problem.
Because of its addictive nature, members of the SSOT concluded that opium could not be taken in moderation, and that, as the Reverend G. John suggests, “the appetite becomes more intense and insatiable every day; the smallest use leads infallibly to an intemperate use” (31). By redirecting their condemnation toward the effects of opium, the SSOT served to establish a hopeless attitude toward those dependent on opium. They suggested that once an individual commences the use of the substance, he or she inevitably becomes dependent. From that point, the person loses his or her possessions, livelihood, and family in order to support the drug habit. On the other hand, if the person attempted to break from the habit, he or she may, according to John, undergo, “an incurable opium diarrhea, which often proves fatal” (qtd. in Harding 33). Depicting this as a no-win situation, the SSOT sought to portray opium use as a fruitless endeavor, urging the public to never indulge, not even once. As a further deterrent, the Society would strive to portray the opium user using the popular image of the emaciated Chinese opium-smoker as a prophetic warning to the public of the future of the opium user.

In their publication of *Friend of China*, the SSOT sought to condemn opium users by stereotyping the opium addict. In fact, as Geoffrey Harding, the author of *Opiate Addiction, Morality, and Medicine: From Moral Illness to Pathological Disease* suggests, “this image of the opium-dependent Chinese peasant was constantly evoked in *Friend of China* to reinforce the drug’s ‘pernicious effects’” (32). John provides one such image that acts as a particularly scathing representation of a Chinese working class individual. Mixing racial bigotry with stereotypical opium imagery, the reverend paints a picture for the Victorian public:

> There is nothing too mean or corrupt for him [the opium-dependent peasant] to attempt. He will lie, cheat, and steal, without the faintest sense of shame or wrong. He may not knock about his wife and children, as the dram-drinker does,
for opium does not work in that direction exactly, but he will in cold blood sell his wife, starve his children, and steal the clothes of [sic] the backs of his aged parents, and cause them to die from cold. (qtd. in Harding 32-3)

Portraying the Chinese opium addict as selfish and shameless, John sought to carry the negative connotations over to English opium users. Though the SSOT at first took issue only with the Chinese practice of smoking opium, they eventually “attributed to opium a particular property the kind of which had not been previously considered; the property of impairing the habitual user, not just physically, but also morally. In other words this technical language described the manifest symptoms of opium dependence as those of a ‘vice’ but analysed its aetiology in terms of a pathologically impaired moral faculty” (Harding 33). Before a psychological understanding of drug addiction had been attained, social opinion marked chronic drug users as morally fallible.

Despite Collins’s works, which portrayed a multitude of drug-dependent individuals in a nuanced light, the SSOT’s unequivocally negative sentiments would dominate public opinion long after Collins had passed away. Harding suggests that the SSOT’s designs to condemn English opium users had largely succeeded by the end of the 19th century. In spite of opposition to the anti-opium movement, “the society’s campaign, by the turn of the century, had popularised the view that the opium-dependent individual—whether a Chinese peasant addicted to the opium pipe or a Laudanum-dependent British labourer—by virtue of the actions of the opium on the soul was thus morally debased” (34). Despite the SSOT’s eventual success in condemning opium use, Collins stands out as an early opponent to the organization and suppression of the opium trade in general. Written before the culmination of the SSOT’s argument, Collins’s literary works serve to ground his readers in Victorian society. By representing various addicts and
revealing the complex relationship that Victorians had with opium, Collins serves to familiarize Victorian England with the substance that would prove to be a hotly debated topic.

My first chapter analyzes Collins’s novel *Armadale* (1866) and in particular the behaviors of its villainess Lydia Gwilt, who frequently consumes laudanum throughout the novel and records her reason for doing so in a diary that slowly comes to dominate the narrative. Lydia takes to using laudanum before bed to calm her nerves and allow for a restful sleep. However, both Lydia’s diary and the letters that she sends to Oldershaw delineate Lydia’s underlying reasons for her drug usage. From living as an orphan and being introduced to a life of crime under the tutelage of Oldershaw and her husband, Lydia realized that life for the Victorian woman was uncertain. Lydia’s letters explicate her position as a woman with few financial options as a source of anxiety for her. Without the myriad of ways to relieve stress that Victorian men were accustomed to, Lydia resorts to taking laudanum at night in the seclusion of her bedroom. Thus, Lydia’s opium use and subsequent addiction act as a critique of the conventional domestic life in Victorian England. By allowing Lydia the voice to reveal her anxiety about money and marriage, Collins opens a discourse that reveals the detrimental effects that limiting a woman’s alternatives may actually have. Though Lydia’s actions ultimately prove her questionable morality, Lydia’s usage of opium also enables the reader to sympathize with her. Though Lydia is undoubtedly the villainess of the novel, she is humanized through her emotional baggage. In studying her character, it becomes clear that she is not simply another junkie, but is a character struggling with real substance abuse issues—all of which are the result of the expectations placed on her as a female in Victorian society.

My second chapter addresses *The Moonstone* (1868), which complicates its presentation of opium use by situating it much more completely within the proper realm of Victorian medical
practice. Through the narrative, the reader is able to understand the influence that not only illness, but also treatment, has on a character. Collins portrays multiple characters under the influence of opium in the novel, each one trying to avoid his or her original illness. However, Collins presents the characters in a sympathetic light. They are struggling from both the physical pain of their diseases and their addiction to opium. They are not the morally destitute individuals that society labels them. Collins shows incredible insight into the struggles of opium addiction. By representing his characters not as opium addicts, but rather as characters being chased by their multiple diseases, Collins shows foresight into the modern ideology of drug addiction. Specifically, I plan to study the characters Franklin Blake, Drusilla Clack, Lady Verinder, and Ezra Jennings. In particular, Ezra, who is often considered a stand-in for Collins himself, struggles with chronic pain, thus instigating his addiction to opium. The characters reveal Collins’s stance on drug addiction—his acknowledgement of its psychological, rather than moral, implications.

Collins’s works help to reveal the prominence of opium in the Victorian era. Despite being labeled as a sensation writer or an author of popular Victorian fiction, Collins delivered depth in not only his characters, but also in his portrayal of Victorian life. He did not shy away from showing the darker side of living in the era that was rampant with disease and limited medical treatment. Instead, Collins revels in portraying medical treatment in the form of opium. With his understanding of the effects of opium and his own experience of the drug, Collins depicts the drug addict with disturbing accuracy. Opium is not simply a plot device for Collins, though he uses it to excellent effect as such; Collins shows that medicines such as opium help to portray the struggles of Victorian life and the extent that characters will go to escape those struggles.
CHAPTER 2

The Shelter of a Mother’s Little Helper: Women and Addiction in *Armadale*

The Poppies Blooming all around
My Herbert loves to see,
Some pearly white, some dark as night,
Some red as cramasie;

He loves their colours fresh and fine
As fair as fair may be,
But little does my darling know
How good they are to me.

-Sara Coleridge, *Poppies*

*Armadale*, the tale of the villainess Lydia Gwilt, follows her on her complicated path towards marriage. Lydia, though the antagonist of the novel, stands out to both contemporary and modern readers as the most fascinating and complex character in the text. Though certainly not an example of the average Victorian woman, Lydia lives under the oppressive patriarchal system that dictates that she must marry in order to live comfortably. However, given her strong character, Lydia struggles to accept her subordinate role in society, which leads her to break from this traditional role in search of her own place in the world. Along the way, she undergoes various physical and psychological difficulties which inevitably lead her to take up the use of laudanum. Though she begins taking laudanum as a sleeping aid, it soon becomes clear that she has established an addiction to the substance. Lydia stands as the perfect example of the Victorian public’s conception of the female drug user: an immoral and manipulative figure who finds shelter from everyday life through her drug habit. Yet, by providing Lydia with likeable traits, and even allowing the reader to peer within her head and experience her own thoughts and emotions, Collins created a relatable character—to the chagrin of many.
Contemporary readers struggled to accept Lydia and reviewers chastised her nontraditional behavior. Both demographics expected Lydia to conform to the idea of physiognomy: the idea that an individual’s outer appearance should reflect her personality. The practice had gained momentum until “the general idea of physiognomy, of reading character in the face, had become thoroughly familiar and even respectable by mid-century” (Fahnestock 337). Physiognomy would become a staple in literature in the nineteenth century, so much so that “readers from the 1850s through the 1870s could be relied on to understand something of the code of physiognomy” (Fahnestock 325). Readers were often confused when authors did not adhere to the trend. This led many to fervently decry characters such as Lydia who failed to uphold this literary tradition; in fact, one review in the Spectator argued that Lydia is “fouler than the refuse of the streets” (150). Readers were unable to reconcile the image of this beautiful crimson-haired woman as the depraved and corrupt villainess that she inevitably proved to be.

Moreover, Lydia proved problematic not only because she did not match the physiognomic stereotype, but also because she was still a relatable figure. Readers objected to both the fact that she was not what she appeared to be and that she was more like them than they cared to admit.

Extraordinary for a number of reasons, Lydia stands apart from the other characters that populate the novel—yet even she still exists under Victorian social norms. Collins himself argues for his representations and the truthfulness inherent within: “I am not afraid of my design being permanently misunderstood, provided the execution has done it any sort of justice. Estimated by the Clap-trap morality of the present day, this may be a very daring book. Judged by the Christian morality which is of all time, it is only a book that is daring enough to speak the truth” (Collins 4). Collins’s statement underlies the general unease with which the public responded to his novel. In linking together Lydia’s unfavorable attributes that distanced her from
contemporary readers with her use of opium, Collins reimagined the figure of the female habituate, portraying the traditionally deceptive and amoral role while simultaneously, scandalously, humanizing and justifying both her existence and her use of opium.

Though British society of the early half of the nineteenth-century took relatively little issue with substances such as opium, this attitude would begin to shift in the 1860s and ’70s. Terry Parssinen argues that “between 1870 and 1910, public and professional opinion about narcotic drugs turned around. Opiates, and later cocaine, came under attack from novelists, public health reformers, and medical men for being morally corrupting, poisonous, and pathogenic” (103). Even Thomas De Quincey’s famous Confessions of an English Opium-Eater (1821), an account of De Quincey’s intoxicated evening spent wandering the London streets and attending the opera, seemed at odds with the overall sentiment toward opium. Parssinen expounds on the shifting social perception of drug use, suggesting:

De Quincey’s Confessions continued to be read, or at least remembered, into the late nineteenth century, as evidenced by the continued references to it. But the temper of the times had changed, and public opinion about opium had changed accordingly. Romantic exuberance, which had extolled the self and sought out the unconventional, gave way to high Victorian moralism. Self-experimenters…who dabbled in opium, were not noble but depraved. (66)

Gone were the days of De Quincey and Coleridge, along with the glorification of opium. As the social stigma surrounding drug use increased in the Victorian period, those who were openly dependent upon drugs began to be seen as morally lacking. Literature began to reflect this shift, portraying the crippling effects of extended drug use, establishing a negative connotation with drug habits. While, for the most part, an ambivalent attitude existed towards drug habituates,
once their dependency became public knowledge, their integrity came under question. This could be socially damaging to a male; but female habituates, as the de facto guarantors of Victorian domesticity and morality, were condemned more harshly.

Though opium use was generally rampant throughout England, women remained one of the larger demographics to indulge in the substance. Dr. Robert Jones testified “that doctors and women are more often victims than others” (479). As the two main entities in Victorian culture which had increased exposure to the drug, both doctors and women used opium whether medicinally or recreationally. Women, often the keepers of the house and, more specifically, the medicine cabinet, had no shortage of access to the potent substance. In fact, women were more likely to be opium consumers than men (Calkins 164). Women did not need to visit the iconic Chinese Opium Dens, the shadowy, smoke-filled rooms that became the ubiquitous image of debauchery and self-indulgence. Rather, women would often purchase patent medicines, solutions bought for the wellbeing of their families. Thus, Victorian women were often in possession of the drug, which enabled consumption in the privacy of their own homes.

This privacy meant that dependency was not always immediately apparent; but if such a dependency was discovered, women potentially faced social backlash. To be clear, the use of laudanum was widespread enough that using the drug was not itself considered taboo but true dependency on the drug was another situation altogether. Considering the moral implications which became popular during this period, women especially found themselves under increasing strain to remain free of medicines’ hold. Though the woman’s health was allegedly of some concern, the bulk of apprehension is rooted more in the presumed detriment to traditional Victorian values since, as Shani D’Cruze writes in her essay “Women and the Family”, “it was to middle-class women that the job of maintaining genteel domesticity and thus the social status of
the family – measured in both class and moral terms – was entrusted” (54). Given these lofty objectives, the Victorian female was often forced to live under more oppressive social expectations than their male counterpart. Expected to uphold the domesticity of the household, a higher premium was placed on moral behavior for women.

Habitual female drug users thus found themselves especially susceptible to social critique. Though males’ addiction to drugs was also frowned upon, female drug habituates were pointed to as representative of women’s capabilities. This group of women was thrust to the forefront of political discourse as an example of the inability of the female to restrain her behavior. Susan Zieger suggests that women’s mental capacity was questioned as a result, claiming:

The medicalization of morality that I have been tracing even led writers to question women’s cognitive abilities. Since addicted women were clearly acting against their own best interests, and since they seemed to stand as proof that women were peculiarly susceptible to addiction, they were cited in arguments that women should be disqualified from formal political representation. (73)

This generalization of all women due to the perceptions of female drug users created drawbacks at a vulnerable time in feminist politics. The stereotype of the female drug user would soon be mixed together with other undignified lifestyles. Zieger continues, writing: “opponents of feminism could invoke the plight of the female habitual drunkard, usually graphically illustrated as a descent into poverty and prostitution” (76). Linking together habitual drug use with such degenerative circumstances served to further stigmatize female drug addiction in the minds of the public. No longer was drug use a separate matter; rather, it was the gateway to a life of degradation.
The perception of the female drug user or alcoholic proved troublesome to many. One article in the *Saturday Review* suggested that “[a] habit that isolates and degrades her, while at the same time she retains her rank as wife and mother, is not only dangerous to her individually, but to society” (“Drawing-Room” 76). In this respect, it is not simply that the female habituate is morally decrepit; some were concerned of the influence that she might have, considering the wifely duties to which many women, despite their habits, were still expected to complete, such as cooking, cleaning, child-rearing, and entertaining guests. This particular public opinion suggests that concern for women’s drug use existed primarily to question these women’s ability to function as wives, mothers, or even just respectable women in society, largely disregarding the harm coming to the women themselves. The continuation of society as they know it remained the overriding theme throughout much of this discourse, as journalists and medical men alike opine on the matter.

The primary reason that female drug dependency became an issue is that many were concerned for the integrity of the English home life. While not every woman would wind up following the traditional path of a wife and mother, the maternal life was the expected route. Thus, stigma directed towards wives and mothers often extended to the general population of women as well. D’Cruze emphasizes this paradigm, suggesting its lasting influence throughout the nineteenth-century:

Although not all women were mothers, motherhood was clearly the manifest destiny of women. Increasingly, a distinction came to be drawn between what might be appropriate for single women, and their subsequent duties and role as mothers. These and other threads of public discourse all converged to underline a maternalistic view of the genteel woman, and overall by the end of the nineteenth
century ideals of motherhood, its importance, its duties and, of course, its obligations, had been reinforced strongly. (73)

While spinsterhood was a possibility, most women were expected to marry; otherwise, they were liable to be reliant on a male relative for their livelihood. The legitimate fear of spinsterhood could lead women to go to great lengths to attain a suitable marriage. This “manifest destiny” for women came with some caveats, most notably (for the purpose of this research) their need to remain both physically and morally capable of maintaining their role as the matriarch of their home. However, this did not necessarily stop women from becoming dependent upon their medicine. Instead, women often relegated their drug use to more private areas in an attempt to veil their addiction from the public.

Though readers had been exposed to the opium user’s experience in the form of Thomas DeQuincey’s famous *Confessions* in the early part of the 19th century—as social views toward drug use shifted in the latter half of the century—substance dependency largely remained absent from the public sphere. Amidst the likes of Arthur Conan Doyle, Charles Dickens, and Oscar Wilde, Collins strove to portray the reality of drug use despite the public’s lack of exposure to the subject. However, these portrayals were often challenging depictions for the Victorian reader. Zieger argues that “[t]he confusing task of reading a morphinomaniac’s body, which changes appearance with the rhythm of addiction, puts the reader/physician in scary proximity to the addict’s dangerous knowledge” (73). The addict’s dangerous knowledge, this unshared experience, exiles her from society. Zieger, in her quote, suggests the taboo nature of drug addiction. Though Collins, among others, would strive to bring the issue of drug dependency to an even scarier proximity, Zieger goes further to suggest the difficulty of accomplishing this, claiming, “all who read representations of addiction are caught in its peculiar paradox: in the
tradition of British empiricism, the surest knowledge of a thing is gained through unmediated experience, but in the case of drug addiction, firsthand experience forfeits the ability to comprehend and represent the experience to others” (75). As Zieger elicits, the Victorian public struggled to understand the problems of drug addiction because they could not or would not experience it themselves. Instead, they would have to rely on various depictions of the instance in literature—depictions which varied vastly and which sometimes sacrificed realism for literary license. With varying depictions of drug addiction, readers could find it difficult to understand the inner workings of the drug addict.

With more nuanced portrayals of drug use and addiction, readers were able to experience the life of a drug user vicariously. But Victorian readers found it difficult to relate to these changing portrayals. Zieger suggests that for Victorians, “Reading brings one closer to addiction without experiencing it, an event that would forever compromise one’s ability to know” (Zieger 75). As Zieger argues, those who do become victims of drug dependency are unable to reflect on their status specifically because they are dependent; their perspective has been skewed to the point that they cannot be relied upon to describe it. Zieger’s proposed viewpoint suggests an implicit inability of the Victorian public to understand the drug addict. This incapacity further supports the separation between the drug addict and society, creating an inherent disconnect between the two. The disconnect created lasting implications for Victorians, who, despite possibly struggling from the same substance abuse issues, also saw the great divide between themselves and respectable society. This divide realizes itself in the prior paradox to which Zieger refers, a paradox which “generated problems for self-representation, both in ordinary life and in politics. Bourgeois women derived their social authority from their domestic virtue and influence; the scandal of their secret addictions to alcohol and morphine eroded it” (75). For
many women, this meant that their habits necessitated secrecy. To retain their positions in society, weaknesses such as drug addiction or alcoholism would have to remain under wraps, away from the public eye. This was not always possible.

Because of the influence of the various drugs available, some drug users had difficulty hiding their symptoms. Opiates, for instance, were utilized largely for their sedative effects. Such drugs were not conducive for public engagements, and often would cause the individual to remain in a private setting, suspicious behavior in itself for middle to upper-class Victorian women. This was not generally feasible, considering the social nature of the Victorian household. Eleanor Gordon and Gwyneth Nair explore the social lives of Victorians in their book *Public Lives*, suggesting “the sociability of the household…ensured that the family was constantly in the public gaze, for the Victorian household entertained a stream of visitors, most staying only a matter of hours, although others remained for days or even weeks” (115). Impromptu visits were not uncommon, and thus the possibility of a visitor remained relatively high at any given moment. The unpredictability of these social visits could wreak havoc for a drug dependent woman, whose duties as the matriarch of the household would not cease despite her drug use. Even if one could refrain from these social gatherings, suburban social circles were not extensive enough that a woman could refrain from her social responsibilities for an extended period of time. Her absence would be noticed. In a letter to her former doctor, a reformed opium habituate explains the radical change since her addiction, describing the extent to which addiction had influenced her daily life:

> It got me into such a state of indifference, that I no longer took the least interest in anything, and did nothing all day but loll on the sofa reading novels, falling asleep every now and then, and drinking tea. Occasionally I would take a walk or drive,
but not often. Even my music I no longer took much interest in, and would play only when the mood seized me, but felt it too much of a bother to practice. I would get up about ten in the morning, and make a pretence of sewing; a pretty pretence, it took me four months to knit a stocking. Worse than all, I got so deceitful, that no one could tell when I was speaking the truth. (Confessions 546-7)

Explaining the far-reaching impact of opium on her behavior, this 22-year old woman shares her own unfulfilling lifestyle under the influence of the drug. Seeming to have lost her interest in life, she spends her days drifting in and out of consciousness. She makes weak attempts at the various pastimes which she used to enjoy. Further, she hints at her supposed immorality, suggesting that, under the influence of opium, she was inherently more deceitful than usual. Standing in stark contrast to the euphoria described by De Quincey, other writings began to follow this pattern, revealing the unfulfilling life of the opium addict. In this instance, the narrator explains her days spent largely indoors, away from social obligations. Though this behavior could be explained for a brief time, eventually, suspicions would arise. One could not simply avoid social engagements because of an opium habit without the surrounding community becoming aware. In attempting to manage physical or mental anguish, many habituates would struggle to maintain both their drug habit and their position in society: “whether good or evil, opium use in the nineteenth century was seen as a personal weakness that did not warrant the exclusion of the addict from society. This live-and-let-live attitude thrived as long as addicts were discreet but crumbled as opium’s unsavoury aspects began to outweigh its benefits” (Hodgson 40). As long as one could handle the symptoms of their drug of choice, they were fine. However, considering the forms of drugs readily available to the public at large, side effects
were not always easy to manage. Opium and its various patent medicines were the most popular
drugs available, due to their inexpensive nature and effectiveness. Yet these concoctions were
often strong enough to send the user into an oblivious state, particularly if the user was
unaccustomed to the drug. Because of this potency, hiding one’s habit would often prove
difficult, particularly considering the significance of opium in the medical industry at the time.

Various opiate concoctions, as well as chlorodyne, and morphine itself, were used as
general pain relievers for the public at large, but many of these medicines were pushed
specifically towards women to remedy a variety of ailments that plagued women of the era.
Barbara Hodgson further explores female drug use in her book In the Arms of Morpheus,
claiming that: “the eighteenth century produced a marked instance of invalidism…This trend
thrived into the nineteenth century, when a fragile constitution was not only fashionable but also
convenient for avoiding the drudgery commonly associated with women’s lives. Doctors, taking
advantage of the female mania for ill health, loaded them down with medicines” (64). Women’s
lifestyles often led directly to their drug dependency, either of their own volition or because
doctors prescribed heavy narcotics for a variety of issues. These issues ran the gamut from
legitimate pain relief to the mere calming of nerves. In Opium and the People, Virginia Berridge
writes, “morphine was undoubtedly popular in the treatment of specifically female complaints –
for period pains, in pregnancy and during labor – and also for those ailments such as neuralgia,
sleeplessness and ‘nerves’ in general, which were considered to have a hysterical origin and so to
be particularly common among female patients” (148-9). Considered a panacea at the time,
opium in particular was a common remedy for a variety of minor physical ailments. C.E. Terry
expounds upon this sentiment, suggesting “it is natural…to suppose that among cases originating
through the medical use of the drug women would exceed men in view of the greater frequency of recurrent or chronic, painful maladies among women” (474).

As temperament toward the abuse of drugs changed in the 1860s, both male and female habituates experienced social disdain, this experience was magnified for women. Particularly considering the middle-class female’s traditional role as the domestic focal point, many believed that her place was at home, though this view would begin to receive resistance in the middle of the century as feminism took root:

While working-class women became less visible in the public arena, the opposite trend can be seen for middle-class women. Their involvement in early-nineteenth-century political campaigns, albeit from behind the scenes, had posed an implicit challenge to the view that it was inappropriate for them to take an interest in affairs beyond the home. From the mid-1850s, a more explicit challenge was mounted against the ideology of separate spheres, when a series of campaigns developed which sought to address the inequalities and disadvantages faced by women. (Hannam 219)

This shift countered the traditional Victorian view that required middle-class women to remain out of the public domain, often sequestered to the home. This ideology partly came from the suggestion of woman as the weaker sex, more fragile and sentimental than their male counterparts. Barbara Harrison writes, “this pathological weakness required that women be ‘protected’, sheltered from the stresses of participation in the public domain. It was both a form of self-fulfilling prophecy, and a ‘double bind’. Women were restricted to a sedentary and often socially isolated existence and then pilloried for the failure of their wills, the neglect of household and childcare duties, and their idleness” (158). Expected to remain in the shadows,
away from the excitement and turbulence of the outside world, women were forced to lead lives of tedium. Though supposedly protected, this would inevitably lead some women to experience psychological problems from their isolation and ennui.

Women existed under differing social expectations than men; certain behaviors which many saw as relaxing or pleasant were not suitable activities in which Victorian women could engage. Hodgson suggests that “men had recourse to drinking along with cigarette and even opium smoking, behaviour that most women were not permitted to indulge in, unless covertly. Medical use of morphine, along with other opium medicines, was for them, at least for a while, a legitimate means of escape” (96). Though Victorian life held just as much turbulence and discomfort for women, they were not usually allowed to relieve their anxiety or pain as freely as men were. Such a stigma toward female use of drugs or alcohol forced many women to indulge their habits covertly. While their male counterparts were entitled to an assortment of activities (whether this involves alcohol, smoking, or a variety of other, male-centered pastimes), Victorian women had less behaviors in which they could both respectably and actively take pleasure.

Wives were not always even entitled to their own hobbies or pastimes. Depending on their class, or more specifically, their income, some wives were instead resigned to caring for their children and the household throughout the majority of the day, leaving little time for their own devices. Gordon suggests that “women with little or no domestic help, mainly those in the lower middle class, would have spent most of their time and energy on child-rearing and housekeeping with little opportunity to escape either” (165). Depending largely on how many servants the family was able to keep on retainer, the responsibility of raising children and keeping the homestead could fall solely to the wife. With all these responsibilities, women in this position found little time for daily pleasures. This certainly does not account for all middle-class
women; but by-and-large, women were traditionally the caretakers of the home, and thus often had many duties to which they had to attend. Marriage was the goal, as most women were unable to support themselves without the fiscal aid of a husband or male relative. To find a husband who could support oneself was the only legitimate solution. Yet, for those who did not desire this path in life, marriage seemed a condemnation in itself.

These issues of gender, domesticity, and addiction play critical roles in Collins’s depiction of the villainess, Lydia Gwilt. Lydia, after living as an orphan and being taken in by the Oldershaws finds that her options are limited. Yet, she soon discovers that her remarkable beauty can be used as a stepping stone out of her life of poverty. Thus, the plot of Armadale unfolds, revolving around her search for a suitable husband. As a result of a past filled with mistreatment and degradation, Lydia would prefer to live in solitude but this is not a legitimate option, or at least it is not an option that can keep her in the relative comfort and ease that she wants for her life. Lydia, though not the prototypical Victorian female, lives under restraints that require that she marry well in order to live comfortably. Thus, she goes well out of her way to find a wealthy husband who can support her desired lifestyle. Armadale’s plot largely follows Lydia’s desperate struggle to gain the affections of Allan Armadale, the wealthy landowner of Thorpe-Ambrose, and thus avoid a life of spinsterhood.

Collins depicts a grim life for Victorian women who are unable to marry well, a theme that reinforces the necessity of Lydia’s efforts. Madame Oldershaw, Lydia’s mentor in the world of crime, serves as a gateway for some of these more desperate women. An incarnation of the real-life Madame Rachel Levison, a purveyor of cosmetics and a procurer of wealthy men in Victorian England, Oldershaw serves the London population of women who are afraid that they have passed the age of marriage. Going to such lengths as using primitive cosmetics as a means
to hide their ages, these women turn to Oldershaw whose very presence in the narrative implies the necessity of marriage—or at least sexual commerce—for Victorian women. For some women, marriage was simply no longer a possibility. The fear of becoming too old and no longer being desirable to the opposite sex stood as a very real possibility. Desperate for marriage, women would go to extreme lengths to nab a husband. Thus, it does not come as particularly shocking when Oldershaw, in a letter regarding Lydia’s attachment to Allan, writes: “What a chance for you, after all the miseries and the dangers you have gone through, to be mistress of Thorpe-Ambrose, if he lives; to have an income for life, if he dies! Hook him, my poor dear; hook him at any sacrifice” (191). Lydia, in angling for a husband, seems to have caught Allan as her trophy. Oldershaw urges her to claim him by any means. After the marriage, it matters little what happens to Allan, as Lydia will have achieved her goal and be entitled to his property, regardless of Allan’s fate. Lydia is no doubt willing to go further than many women of the period in snatching up a husband, though her reasons for needing to do so are clear.

As the narrative grants the perspective of Lydia, her anonymity fades and we are able to view her as the manipulative coquette that she is. Continually striving to evade discovery by Allan’s various informants, Lydia shifts her behavior to mask her true intentions and to deceive her pursuers. One instance sees Lydia nearly caught, as Allan’s spy catches up to her on the road. Instead of attempting to escape, Lydia turns to the man and confronts him, unafraid of this obstacle. Realizing that she is the taller—and likely, the stronger—of the two, Lydia verbally chastises him. Going further, she impetuously rips off his hat and throws it into the ditch. Lydia realizes that she can gain the upper hand on Allan’s spy by directly confronting him, and she is able to do this out in the open, on a well-traveled road. When Midwinter happens upon the pair, Lydia’s untouchability in this situation becomes clear; she is “too confident in her own powers of
persuasion not to count on the man’s assistance beforehand, whoever he might be, because he was a man” (Collins 459). Lydia is so capable of shifting her behavior to mask her true intentions that she can transform her countenance at any given moment. Relying on Midwinter’s sense of justice, Lydia is able to convince him that Allan’s spy is, in fact, a man from town who has been following and harassing her. Without hesitation, Midwinter is prepared to come to Lydia’s aid. The spy realizes that he has lost the upper hand and quickly runs away. Lydia’s rapid shift in character is further cemented as she feigns the distressed damsel that she most certainly is not, and she searches for consolation her in her vulnerable time:

‘May I—may I ask for the support of your arm? My little stock of courage is quite exhausted.’ She took his arm and clung close to it. The woman who had tyrannized over Mr. Bashwood was gone, and the woman who had tossed the spy’s hat into the pool was gone. A timid, shrinking, interesting creature filled the fair skin, and trembled on the symmetrical limbs of Miss Gwilt. (460)

Shedding her skin, Lydia becomes tentative and weak, manipulating Midwinter. Her capacity for deception is fully on display in this scene.

Yet this scene in itself does not fully exhibit Lydia’s capabilities, nor does it entirely situate Lydia in terms of the ‘fallen woman’ a term with which female drug addicts would become synonymous. Pedgrift Junior inevitably puts together Lydia’s story. The narrative describes Lydia in such intangible terms that imply the separation between the female addict, the public at large, and the stereotyped traits that serve to aid in her reintroduction to civilized society:

A miserable, fallen woman, who had abandoned herself in her extremity to the help of wretches skilled in criminal concealment—who had stolen her way back
to decent society and a reputable employment, by means of a false character—and
whose position now imposed on her the dreadful necessity of perpetual secrecy
and perpetual deceit in relation to her past life. (415)
Lydia exemplifies the social traits that the public expected out of a female drug addict. She is
manipulative, secretive, and decidedly immoral. She cares little for the well-being of others;
rather she is intent on achieving her own goals, in spite of the many obstacles that oppose her.
Undoubtedly, Lydia is a self-involved and deceptive character—she earns her description as the
antagonist of the novel. However, these traits are kept entirely separate from her existence as a
drug user. Even though Collins depicts Lydia as the dishonest and devious woman—he
maintains her humanity through her inner dialogue and diary entries. Despite being a laudanum
addict, and being the prime example of what Victorian readers would expect from an addict,
Lydia shows that these characteristics are not necessarily indicative of drug addiction—that in
fact, Lydia is this way because of a variety of psychological reasons distinct from her abuse of
opium.

By allowing the reader to experience Lydia’s inner thoughts, laid out within the confines
of her diary, Collins allows them both a peek into the inner workings of the laudanum addict’s
mind and allows them to view her as a person, rather than an immoral exile, alienated from
respectable society. Lydia’s diary reveals her to be more than just the manipulative entity that her
actions betray. In her dissertation, “Becky Sharp’s Children”: Criminal Heroines in “Vanity
Fair” and the Sensation Novels of the 1860s, Alexandra Doeben evaluates Lydia’s character,
writing:

At the same time as it establishes Lydia’s criminality and moral deviancy, the
diary makes Lydia an intriguing, if not sympathetic, character. Readers are
inducted not only into Lydia’s plans, but also into her private habits and emotions—habits that even the narrator might not be aware of, such as her laudanum addiction, her love of Beethoven, and the painful memories of her past. These characteristics of Lydia were considered especially dangerous by contemporary reviewers because they distracted from her vices and suggested that Lydia had likable and pitiable characteristics (76).

Contemporary readers found Lydia to be a troubling character because of the close proximity to Lydia that Collins allowed. Victorian critics wanted Lydia to be the drug-addled, typecast persona that was expected; instead, they were presented with a figure that hit close to home. Doeben further proposes Lydia’s close proximity to the reader, suggesting that “by reading the diary readers enters into a personal, intimate relationship with Lydia and gain access to her crimes and murderous schemes as well as to her emotions, memories, and regrets. This intimacy prevents the audience from viewing Lydia as stereotypically and thoroughly evil villainess” (75).

Given Lydia’s nature, the underhandedness and the deceptiveness with which she must lead her life, readers are not often granted a glimpse at her true thoughts. With the inclusion of her diary, Collins allows the reader to see the tumultuous nature of her mind and emotions. She becomes more than just the sum of her actions, which would suggest that she truly is the stereotyped female addict; instead, readers are able to see that there is much more going on under the surface.

Despite being Armadale’s antagonist, Collins goes to great lengths to depict her as a dynamic woman. Though her presence is apparent throughout the opening of the novel, her introduction to the other main figures in the novel occurs relatively late in the narrative. This introduction encapsulates Lydia’s existence, as Collins writes: “on the near margin of the pool, where all had been solitude before, there now stood, fronting the sunset, the figure of a
woman…The two Armadales stood together in silence, and looked at the lonely figure and the dreary view” (320). This mysterious figure, just a silhouette at first glance, turns out to be the enigmatic Lydia Gwilt, around which so much of the novel’s tension revolves. Her appearance as this lonely figure emphasizes the solitary life that she leads. Since her childhood, Lydia experienced such torment, especially from men, that when the Oldershaws (a criminal couple) take her in—Lydia enters into one of her most lasting relationships. Though first appearing as a silhouette against a setting sun, following her entrance into the novel, the shadow surrounding Lydia dissipates as her true character is revealed.

In Lydia, Collins created a character who not only manipulates and schemes (establishing her immoral behavior) but who also succumbs to laudanum addiction, which further cements her depravity. Lydia’s addiction is primarily explained through her diary entries, which she writes late in the evening when she can indulge in her opium habit. Her laudanum use emerges primarily as a means of easing herself to sleep, though it soon becomes unclear whether she needs her drops for medicinal or recreational purposes. Lydia’s obsession with the drug becomes clearer as her diary entries explore her love of the substance:

*Tuesday morning, ten o’clock.*—Who was the man who invented laudanum? I thank him from the bottom of my heart, whoever he was. If all the miserable wretches in pain of body and mind, whose comforter he has been, could meet together to sing his praises, what a chorus it would be! I have had six delicious hours of oblivion; I have woke up with my mind composed… “Drops,” you are a darling! If I love nothing else, I love you. (513-4)

As she exclaims her thanks to the inventor of laudanum and her love for the substance itself, Lydia’s substance abuse issues become salient. Using her tincture of opium, Lydia treasures the
sleep which eventually sweeps over her. But, more than this, she finds herself able to sink into oblivion, enabling her to cease thought and action for six hours. Lydia’s use of the drug begs the question, is this medicinal or recreational use? In Lydia’s case, are we even able to separate the two purposes? For Lydia, laudanum allows an escape from the everyday struggles of Victorian life. She is happy for even six hours of nothingness. However, as the passage continues, Lydia focuses more on the potency of laudanum, on its ability to keep her from feeling at night, and allowing her to function during the day. As she closes this passage, she suggests her love for her drops, her love for laudanum itself. Despite much of *Armadale*’s plot centering on Lydia’s suitors and romantic schemes, it seems that Lydia’s true love is opium, the substance that allows her to stop thinking and to stop existing in a world that so debases her.

Lydia’s diary grants readers the view of the inner workings of her mind, yet in her letters to Oldershaw, they are also allowed the view of her social world, which enables the reader to more fully comprehend Lydia’s place in the world. They soon discover that Lydia is not particularly the mastermind behind her schemes and underhandedness, that perhaps she is not entirely to blame. Writing under the influence of her laudanum, Lydia writes to Oldershaw, describing the world outside her bedroom window: “Oh what a weary, long letter I have written! and how brightly the stars look at me through the window—and how awfully quiet the night is! Send me some more of those sleeping-drops, and write me one of your nice, wicked, amusing letters” (349). Lydia, already exhibiting the effects of the laudanum mixture, flightily writes to Oldershaw. As the opiate begins to take effect, Lydia’s lengthy letter draws to a close, and Lydia herself grows more vacant—slipping from one subject to another, before finally concluding her correspondence with a request for amusement from Oldershaw. Lydia alludes to the monotony of her life as she closes her letter to Oldershaw. Staring at the silent, peaceful night outside her
bedroom window, gazing at the stars shimmering in the sky—Lydia is bored. Rather than enjoy the peace and quiet, Lydia cannot stand it; she instead feels suffocated by the tedium of middle-class life.

Lydia finds that some of even the most transient pastimes are closed off to her simply because she is a woman. For instance, Lydia takes pleasure in smoking tobacco despite the fact that it was generally viewed as a more masculine pastime. One particular conversation with Allan elicits this passion, as Lydia claims: “‘I delight in smoking!’…‘It’s one of the privileges of the men which I have always envied” (561). Lydia, the unconventional female, enjoys the habits which are not necessarily considered appropriate for her sex. This privilege, one considered inappropriate for her, is one which she enjoys, likely (in part) because it is inappropriate for her.

Lydia, rather than live by the codes of the traditional Victorian woman, spends much of her time breaking Victorian mores.

Lydia finds that, had she been born and raised under differing circumstances, she would not have become the person that she is today, she would not have the mental stress that causes her trouble sleeping, and she could have married a man that might have led to a life of genuine happiness. Instead, her nights are filled with the torment of what her life has become, causing her to resort to a sleeping draught to allay the thoughts that ramble through her mind. Lydia writes to Oldershaw, reporting her difficulty in sleeping, suggesting the further implications of her insomnia:

Bed? If it was ten years since, instead of to-day; and if I had married Midwinter for love, I might be going to bed now with nothing heavier on my mind than a visit on tiptoe to the nursery, and a last look at night to see if my children were
sleeping quietly in their cribs. I wonder whether I should have loved my children if I had ever had any? Perhaps, yes-perhaps, no. It doesn’t matter. (513)

Reflecting on the path that she has been granted in life, Lydia envisions how her past has brought her to her current existence. She imagines the ideal lifestyle, one replete with a loving husband and children—a life devoid of anguish. Yet this dream exists only as a juxtaposed image of Lydia’s current conditions. Her opium-induced contemplation causes her to question herself. She wonders whether she is even capable of love, whether she has the capacity for love. The possibility of her simply being incapable of love, a theme continually brought up throughout the novel’s narrative, seems inherently evident in this scene. At this point in her life, Lydia wonders whether she is too broken from past abuses to be able to experience genuine emotions, or whether she will always be the two-faced creature that enables her scheming. With this introspection, the reader is able to view Lydia as a troubled woman in more ways than one.

Throughout her diary, Lydia’s emotions are constantly in flux, shifting with each passing hour and each perceived slight; these entries also relay to the reader the mercurial nature of Lydia’s thoughts as she slips from subject to subject. Likely written late at night, in accordance with her free time spent writing to Oldershaw, these entries seem particularly reminiscent of an opium daze. Rapidly shifting between topics, she concludes with a capricious, suicidal suggestion.

Poor dear Midwinter! Yes, “dear.” I don’t care. I’m lonely and helpless. I want somebody who is gentle and loving, to make much of me; I wish I had his head on my bosom again; I have a good mind to go to London, and marry him. Am I mad? Yes; all people who are as miserable as I am, are mad. I must go to the window
and get some air. Shall I jump out? No; it disfigures one so, and the coroner’s inquest lets so many people see it. (523)

Lydia’s suicidal thoughts do not cease there and, in fact, remain a constant throughout her depiction. While this instance seems more the result of her being under the effects of opium, other sequences portray Lydia’s understanding of the danger of the drug. Intentional opium poisonings remained a concern throughout the Victorian period, and in fact helped to lead to the Pharmacy Act of 1868. Suicide through laudanum overdose seemed a more pleasant way to go, as exhibited by Lydia’s inner dialogue during another sequence in which she again contemplates suicide:

The second thing that turned up was my bottle of Drops. I caught myself measuring the doses with my eye, and calculating how many of them would be enough to take a living creature over the border-land between sleep and death.

Why I should have locked the dressing case in a fright, before I had quite completed my calculation, I don’t know—but I did lock it. And here I am back at my Diary, with nothing, absolutely nothing, to write about. Oh, the weary day! the weary day! Will nothing happen to excite me a little in this horrible place.

(Collins 665)

Lydia, afraid of her own capacity for suicide, locks away her laudanum. She instead returns to her diary, yet finds that her days are so uneventful that she has nothing about which she can write. Not only do Lydia’s diary and writings to Oldershaw allow the reader to sympathize with her, they also serve to underline the daily lives of some middle-class women, who had few activities in their lives to keep them entertained.
Lydia’s drug use stems largely from her position as a woman in Victorian society—and her inability to cope with such a lifestyle. Living the cushioned, middle-class life, Lydia finds herself suffocated by the perpetual tedium. Though I would argue that Lydia’s past, particularly her troubled childhood and relationship with the Oldershaws, has a profound influence on her—and likely has some impact on her laudanum dependency, her inability to reconcile her subordinate position in society remains a much more significant reason for her heavy drug use. Lydia often finds herself bored, with nothing to fill her time. In one such scene, she contemplates her status as a woman, and the various activities that she can legitimately fill her time with: “I can’t keep thinking and thinking any longer; I must do something to relieve my mind. Can I go to my piano? No; I’m not fit for it. Work? No; I shall get thinking again if I take to my needle. A man, in my place, would find refuge in drink. I’m not a man, and I can’t drink. I’ll dawdle over my dresses, and put my things tidy” (Collins 535). Finding herself overwhelmed from mental stress, Lydia tries to find something that will help take her mind off of her problems. Running through her list, checking off the unsatisfactory activities that are actually acceptable for her to do, she mentions drinking alcohol but quickly dismisses the idea because it is not respectable. Even after her marriage, Lydia finds herself discontented. Despite marriage being the endgame for most Victorian women, for Lydia, it is not enough. Given her strong personality and desires, Lydia is not suited to live the docile life of a housewife. Her marriage with Midwinter, though beginning happily, soon sours; ultimately Lydia returns to her former scheming, and her quest to obtain Allan’s fortune. Hoping for some chemical stimulation to keep her from thinking, Lydia realizes that she has very few sanctuaries to which she can turn. Given her inaccessibility to drink, it is unsurprising that Lydia finds refuge in her laudanum drops. As Lydia herself alleges: “how am I to get through the weary, weary hours between this and the evening? I think I shall
darken my bedroom, and drink the blessing of oblivion from my bottle of Drops” (Collins 619). Though she primarily uses her drops as a sleeping aid, at this juncture, Lydia finds them to be a good way to merely pass the time. Without any other hobby or pastime with which she can spend her time, Lydia is left to the friend that she is unwilling to leave behind.

Madame Oldershaw’s response to Lydia’s complaints of tedium does not offer a solution; instead, she perpetuates the expectation of the docile Victorian woman. Oldershaw urges Lydia to cease her continual agonizing and instead simply accept her place in life, saying, “you shall have the sleeping-drops to-morrow…Don’t encourage poetical feelings by looking at the stars; and don’t talk about the night being awfully quiet…And as for the night, do what Providence intended you to do with the night when Providence provided you with eyelids—go to sleep in it” (Collins 351). Encouraging her not to think, Oldershaw essentially suggests to Lydia that she must accept her lot in life. Oldershaw strives to suppress Lydia’s thinking in this way, and also by providing Lydia with more laudanum drops. By supplying Lydia with her precious sleeping aid, Oldershaw reinforces her advice with a substance that deliberately impedes Lydia’s ability to worry about her life. Thus, Lydia remains sedated, both literally and figuratively.

Lydia’s tale concludes at the asylum of Dr. Downward, who accomplices her attempted murder of Allan. Downward offers her a plan: to house both Allan and Midwinter in adjacent rooms overnight while subsequently filling Allan’s room with poisonous gas. Though, even to the end, Lydia retains her murderous schemes; at the final hour, her true colors are revealed. All goes according to plan until the two men switch rooms. Lydia checks in on Allan expecting a corpse, only to realize that Midwinter has taken Allan’s place in the gas chamber. Mustering her love for her husband, she pulls his unconscious body from the room and situates him in the hallway. Finding that her plan has failed, she takes his place in the chamber and
perishes in his stead. Though throughout the narrative—Lydia exemplifies society’s sentiments toward female drug users—in this finale she proves herself to be redeemable. Her actions reveal her to still be a moral person. Breaking from social norms, Collins depicts the drug addled Lydia as a complicated individual. She is both conniving and manipulative, yet she also displays the capacity for love and loyalty. On the surface, Lydia can be seen as the epitome of the “fallen woman”; but her actions inevitably prove her moral capacity.

With a firm understanding of not only the effects of opium but also the stigmatization of the drug, Wilkie Collins wrote his novels with startling accuracy and vividness. In portraying the female laudanum addict, Lydia Gwilt, Collins depicted the very real problem of drug addiction for female Victorians. By toying with various literary and social expectations of drug addicts, Collins turns these anticipations on their head. Rather than depict Lydia as the simple drug addict, a woman who manipulates and deceives, Collins allows the reader to view Lydia as a human being—appallingly allowing readers to sympathize and even understand the figure. At a time when female drug dependency was little understood, Collins provided new insight into the phenomenon. Social mores suggested that all drug addicts are:

> Restless…shifty, irritable, and unsociable. There is impotence of will, fitfulness, deception, and lying, inability to keep engagements, loss of concentration and application to work, neglect, ruin of home and family, and as in all inebriates a general enfeebled mental capacity, for which the only suitable place is the lunatic asylum. (Jones 482)

Ironically, Lydia’s narrative does end in a finale at the infamous asylum of Dr. Downward. But while Lydia certainly exhibits some of these traits, readers find that they are not necessarily related to her drug use. Instead, throughout Collins’s novel, Lydia continually breaks from this
stereotypical depiction of the drug addict. She creates a foil for addiction against which the public bristled. Collins portrayed Lydia in a manner that suggested that there were multiple ways of reading drug dependency; more so, his writings suggest that the drug addict could not be reduced to a number of set attributes, but rather suggest that they could retain their complexity and humanity.
CHAPTER 3
Weak-Will; Potent Painkiller: Medicine and The Moonstone

In one of his best known works, The Moonstone, Wilkie Collins portrays the influence that chronic illness and self-medication, had upon Victorian society. A ubiquitous aspect of Victorian existence, chronic illness serves as a prominent theme throughout The Moonstone. This is especially true in the cases of Lady Verinder and Ezra Jennings, who find themselves unable to get by without some sort of pain relief. Without a more permanent solution to dull their pain, they find solace in opium, particularly in the form of laudanum. As the primary pain reliever of the period, opium is utilized throughout the narrative of The Moonstone. Collins’s representation reveals both the necessity of the substance, yet also the tragedy of that necessity. Because of its addictive nature, opium causes these characters to become dependent upon the substance, unable to cease their medication for fear of the return of their chronic pain. The problems of addiction are also told through the narrative of Franklin Blake, who, though not addicted to opium, struggles with withdrawal from his heavily entrenched smoking habit. Steeped in drug practice, The Moonstone depicts the dependency that would often accompany Victorian drug use, both medicinal and recreational. Available to the public at large, opium functioned as the go-to method of pain relief, which, coupled with their ignorance of the substance, created an environment in which addiction and overdose were allowed to proliferate. Collins is not critiquing the use of opium to relieve pain, as I will argue, but is instead critiquing the medical community, and society at large, for their reckless use of the drug.

This chapter consists of three parts. Firstly, Collins’ narrative explores the social stigma that surrounded addicts in the Victorian middle class. This stigma suggested that those who were
unable to control their bodies urges were morally debased, and thus, a high premium was placed upon one’s strength of will. Franklin Blake embodies the Victorian attitude toward will. However, his resolute belief in his own willpower proves to be detrimental to not only his own health, but inevitably allows the entire scandal of the Moonstone to occur. Another important facet of Collins’s narrative appears in the actions of Lady Clack, Lady Verinder’s niece. Clack’s actions exemplify the expectations of Victorian society. Rather than concern herself with her Aunt’s physical health, she instead fixates on her aunt’s supposed lack of morality. By contextualizing the moral obsession with Victorian will, Franklin Blake allows the reader to see the struggle of the drug-dependent Victorian. Meanwhile, Clack allows the reader to understand the scorn perpetrated toward the drug user. The second part of this chapter will analyze the clandestine nature of drug use represented in The Moonstone. For fear of being viewed negatively, opium users would often conceal the consumption of their medicine. Collins depicts this social fear in The Moonstone, as the reader is able to witness Lady Verinder go to excessive lengths to hide her drug use. Hiding her laudanum away in her cabinet, few characters in the novel are ever made aware of Lady Verinder’s drug use; but Mr Candy is aware of it, and it is this medicine that he uses to drug Franklin Blake, instigating the debacle of the Moonstone theft. Finally, this chapter will look at the cumulative effects that Victorian social stigma and the scandalous, clandestine nature of drug use had upon Victorian society as represented in The Moonstone. For this purpose, I will deal largely with Ezra Jennings who exists under a state of perpetual drug use. As the result of a terminal illness, Ezra finds himself self-medicating with opium before ultimately becoming addicted to the substance to the point that he is constantly under its effects.
Addiction and substance abuse permeate the narrative of *The Moonstone*, and this is true long before the novel takes up the subject of opium. In the early chapters of the story, rumors abound circling Blake and the young Rachel Verinder. As the two work on decorating a door, they seem to take to each other, causing many other characters to go so far as to suspect a wedding in the near future. The close proximity in which they are working, coupled with the pungent scent of stale smoke buried in the fibers of Franklin’s clothes, begins to aggravate Rachel. When Rachel requests that he stop smoking because of the stench, Franklin quits without a second thought. This sudden shaking of such an entrenched habit eventually causes tremors throughout the Verinder household. More immediately, however, Franklin’s sleeping habits suffer. Gabriel Betteredge narrates this early segment of the narrative, explaining the effect that giving up smoking had upon Franklin:

\[
\text{He slept so badly after this effort of self-denial, for want of the composing effect of the tobacco to which he was used, and came down morning after morning looking so haggard and worn, that Miss Rachel herself begged him to take to his cigars again. No! he would take to nothing again that could cause her a moment’s annoyance; he would fight it out resolutely, and get back his sleep, sooner or later, by main force of patience in waiting for it. (Collins 55)}
\]

Franklin is willing to give up smoking tobacco if it means pleasing Rachel. But even though his will is strong enough to quit, his body struggles with the sudden chemical shift. Despite the struggle that he goes through to give up smoking, and despite even Rachel breaking down and begging him to return to the habit, he does not bend from his commitment. So intent on marrying Rachel, Franklin sets his mind to quitting his habit only to put his body through the misery of withdrawal. Depicting the power of Victorian will, Franklin sets aside his personal health rather
than be seen as a weak-willed individual. Franklin, the prototypical Victorian gentleman, embodies one of the most important aspects to being a respectable Victorian—a strong will.

Returning to smoking is one alternative to solving Franklin’s worn and sleepless figure; Mr Candy offers another solution—though one which has further implications of weakness in mind. At the dinner party, after discovering that Franklin has been struggling to sleep, Mr Candy offers him an answer. He suggests that with a small amount of medicine, Franklin can finally get the sleep that has been eluding him (69). Franklin seems suspicious, though playfully so, of Mr Candy’s solution. As Betteredge remarks, “Mr Franklin replied that a course of medicine, and a course of groping in the dark, meant, in his estimation, one and the same thing” (69). Franklin appears to represent the general consensus of the population concerning medicine. Many Victorians did not understand the efficacy of drugs such as opium, and would merely persevere through their physical ailments. Rather than seek a medicinal cure, such as laudanum, the taking of which would imply a lack of will, Franklin facetiously responds to Mr Candy, igniting the doctor’s ire. Franklin does not believe that medicine is the remedy to his illness but rather thinks that he can conquer his problem alone. By declining to aid his condition through the use of drugs, Franklin further cements his figure as a Victorian gentleman, whose staunch sense of will cannot be shattered. Franklin Blake allows the reader a glimpse into the life of a Victorian struggling with dependency issues, caught between a desire for a homeostatic existence and his fear of being considered weak-willed or immoral. However, this is not the only representation of stigma which Collins depicts. Rather, Collins portrays not only the drug dependent, but also reflects the sentiments of the anti-opium crusade which would later dominate opium and drug discourse throughout the rest of the nineteenth century.
In the Second Period of *The Moonstone*, the reader is granted a look at the world from the point of view of Miss Clack, a staunchly religious character that exemplifies the overly moralistic Victorian ideal. Considered something of a busybody, Clack manages to nose her way into other peoples’ lives with relative ease. In her quest for “Christian humility” (192), Clack regularly interferes in other character’s lives, striving to show them the error of their ways. This interference often fails, to the entertainment of the reader. For instance, upon learning that her Aunt Verinder is ill, Miss Clack reveals herself to be self-involved, particularly in comparison with the self-sacrificing Lady Verinder. While Lady Verinder puts her faith in a medical solution to her illness, Miss Clack flouts her Aunt’s wishes, instead offering a number of moralistic pamphlets as the solution to her ailment. Despite her apprehension, Verinder responds to Miss Clack’s suggestion, saying “I will do what I can, Drusilla, to please you” (214). In this moment, the reader is granted an inner look into the workings of this relationship. While Miss Clack finds herself concerned with Lady Verinder’s moral wellbeing, she neglects her aunt’s own wishes. Instead, the reader is able to see that Lady Verinder is a truly selfless person. She is willing, despite the physical and emotional stress of her situation, to humor her niece—despite the fact that it is Lady Verinder who is suffering. Miss Clack is not concerned for the wellbeing of her Aunt, but is instead fixated on her own solution to Lady Verinder’s predicament, a solution which she believes to be an “errand of mercy” (214).

Rather than have her relative seek comfort in this life, Miss Clack tries to prepare Lady Verinder for the next by focusing on her moral deficiencies. Instead of speaking to Lady Verinder, Miss Clack distributes a number of publications around her aunt’s home. One of these books, titled *The Serpent At Home*, is meant to be a reminder of the evil that supposedly hides behind every innocent aspect of everyday life. The chapters, labeled “Satan in the Hair Brush,”
“Satan Behind the Looking Glass”, “Satan Under the Tea Table,” and “Satan Among the Sofa Cushions” (222), all exemplify the overly moralistic nature to which Miss Clack aspires.

Miss Clack’s sanctimonious quest is not simply to aid her friends and family into paradise; she also finds herself quarreling with the medical community. More concerned with everlasting damnation than bodily health, Miss Clack finds herself at odds with the doctors who aid Lady Verinder in her final days: “Over and over again in my past experience among my perishing fellow-creatures, the members of the notoriously infidel profession of Medicine had stepped between me and my mission of mercy” (223). A stoic example of Victorian morals, Miss Clack does not concern herself with the health of her loved one; instead, she is so wholly focused on the status of Lady Verinder’s soul that she is unable to see her aunt’s suffering. Thus, Miss Clack has little problem with interfering in Lady Verinder’s treatment. As the reader sees from Miss Clack’s narrative, she goes out of her way to dissuade Lady Verinder from seeking medical treatment: “on the library table I noticed two of the ‘amusing books’ which the infidel doctor had recommended. I instantly covered them from sight with two of my own precious publications” (224). Her manipulative techniques fail, however, as Lady Verinder returns the articles to Miss Clack: “I opened the parcel—and what met my view? The twelve precious publications which I had scattered through the house, on the previous day; all returned to me by the doctor’s orders! ... As to my aunt’s letter, it simply amounted, poor soul, to this—that she dare not disobey her medical man” (227). Miss Clack, though she believes that she is doing what is right, is instead perpetuating the social stigma against both chronic illness and drug use. In seeking moral goodness for her aunt, Miss Clack fails to notice the physical toll that disease takes upon the human body. Indeed, though striving to be the best person that she can be, Miss Clack reveals herself to be negligent to the problems of pain in life. As the reader inevitably deduces: “In the
context of the novel, her manipulative motives, though “self-supported by conscience,” are no more worthy than those of Godfrey Ablewhite—the man she admires as “the Christian Hero” (Levy 74).

Though Godfrey is known early on as a respectable barrister and philanthropist, it is eventually discovered that he has been leading a double life, and is the true morally deplorable antagonist of the novel. Though Godfrey appears to be the perfect Victorian gentleman, it becomes clear that it is he who deliberately, maliciously, allows the theft of the Moonstone. This man is proven to be the hypocritical antagonist. After the reader learns of Franklin’s innocence by unconsciousness, it is discovered that Godfrey is the man who took the diamond from the drugged Franklin and subsequently attempted to flee London by boat. He is unable to escape, however, as the trio of Indians who roam the background of the novel in their search for the stolen Moonstone, find and suffocate him with a pillow before reclaiming the stone. It is thereafter discovered that Godfrey, despite his upstanding position in society, had long been leading a double life. Godfrey’s private life included a mistress, to whom he provided jewels, horses, and carriages and who lived in a villa outfitted with expensive paintings and sculptures (Collins 448). As a result of these expenditures, Godfrey had accrued a sufficient amount of debt, which directly influenced his marriage proposal to Rachel Verinder, believing that this marriage would solve his monetary troubles. When the drugged Franklin spots Godfrey in the Verinder hallway, he offers the stone to him, suggesting that Godfrey deposit the stone in his father’s bank as a means of safekeeping. Seizing advantage of this situation, Godfrey takes the diamond for himself. Despite the presence of various addicted characters in Collins’s novels, it is such characters as Miss Clack and Godfrey who reveal that morality is not inextricably linked to drug use, but rather in the conscious, deliberate, actions of the individual.
While Miss Clack and Godfrey appear to stand for all that is good in Victorian society, it becomes clear that they, and not those who suffer from chronic disease or drug abuse, are the morally deficient characters. They are antagonists who outwardly represent the morally upstanding aspirations of Victorian society while simultaneously proving the fallibility of this ideal and ultimately reveal the insurmountable Victorian moral code. This sequence reveals the stigma that Victorians held for those who fell victim to the drugs that eased their pain. Through little fault of their own, chronic sufferers found themselves stuck between making the decision of experiencing constant pain and either trying to hide their condition and subsequent substance use, or being publically vilified.

Given the complex Victorian attitudes toward medicine and illness, overt drug use is uncommon in middle-class characters in Victorian novels. Opium use specifically was more relegated to the lower-classes, or seen in the form of the Chinese opium den, as depicted in Charles Dicken’s *The Mystery of Edwin Drood* (1870). Given the negative implications heaped upon opium users, partly arising from these various opioid connotations, individuals (particularly those in the higher echelons of society) generally sought to avoid overt usage of the drug. Collins, in writing about such figures, did not placate his readers with idyllic plots. His propensity to offend the sensibilities of middle-class readers caused friction when he began writing for Charles Dickens’s widely read magazine, *Household Words*. Dickens, though good friends with Collins for the majority of their time together, took issue with Collins’s treatment of middle-class figures. This was particularly troubling considering the middle-class was a significant portion of Dickens’s readers. For fear of alienating this group, Dickens occasionally took steps to censor Collins’s work. Dickens refers to Collins’s caustic writing in a letter to his sub-editor of *Household Words*, William Henry Wills, warning Wills of a particularly incendiary
article of Collins’s, and telling him: “Not to leave anything in it that may be sweeping and unnecessarily offensive to the middle class. He has always a tendency to overdo that” (Dickens 247). However, given Collins’s popularity after the serialization and subsequent publishing of *The Woman in White* (1860), his works continued to be featured in Dickens’s magazine *All the Year Round*, despite the remnants of supposedly provocative material. In addition to depicting social stigma toward drug usage and illness, Collins goes further to reveal the result of this stigma. He portrays the reality of Victorian drug dependency in his depiction of Lady Verinder, the matriarch of the Verinder household, who, as the result of a chronic heart condition, struggles with opiate dependency.

In spite of the general public’s negative view toward drug addicts, Lady Verinder is able to remain a predominantly moral character despite the ingestion of drugs as a result of her lingering illness. The recurring pain from her heart condition elicits frequent doses of medicine. Despite her serious illness, Lady Verinder is portrayed as a moral character, even with her periodic need for more medication. As a mother, Lady Verinder recognizes the negative impact that her ailment might have on her daughter, and thus resigns to keep it hidden. This secrecy proves problematic as Lady Verinder finds herself struggling with physical pain while keeping her illness and subsequent medication hidden from her daughter. This particular struggle is evident in her interaction with Miss Clack, during which Lady Verinder goes to excessive lengths to keep her daughter in the dark. This interaction, told from the point of view of Miss Clack, displays both the relief that Lady Verinder requires, yet also the great pains which she takes to keep her secret hidden:

She called to me faintly, and pointed to a little phial in her workbox…’Quick!’

she whispered. ‘Six drops, in water. Don’t let Rachel see… ‘Stand between us for
a minute or two. Don’t let Rachel see me.’ I noticed a bluish tinge in her face which alarmed me. She saw I was startled. ‘The drops will put me right in a minute or two,’ she said, and so closed her eyes, and waited a little. (Collins 208) Though the use of medicine soothes Lady Verinder’s symptoms, she still feels the need to hide it from her daughter.

While it could be understandable that she would not want to alarm her daughter as to her condition, Collins goes further to explain that it is not only her daughter whom Verinder refuses to speak with about her health status. Rather, Lady Verinder is uncomfortable even with Miss Clack, a distant relative, discussing her condition. We see this in their continued interaction, as Miss Clack says “finding myself alone with Lady Verinder, I turned naturally to the subject of her health; touching delicately on the strange anxiety which she had shown to conceal her indisposition, and the remedy applied to it, from the observation of her daughter” (211, emphasis added). Miss Clack is curious after the urgent nature of Lady Verinder’s medication. While it is perhaps natural that Lady Verinder might want to hide her illness from her daughter, Collins makes a point to emphasize her desire to hide her medication as well. Of course, it is not just her daughter from whom Lady Verinder hides her situation. Only her sister, Mrs. Ablewhite, and her lawyer, Mr. Bruff, are aware of her condition. Verinder even urges Miss Clack to be discreet, concerned that she has entrusted her secret to someone of questionable reliability. Verinder’s hesitation proves warranted as Miss Clack’s story continues and her character is further revealed (211).

Miss Clack’s narrative continues as she considers the significance of Lady Verinder’s drops of medicine, “I thought of the drops which I had seen in her work-box, I thought of the bluish tinge which I had noticed in her complexion. A light which was not of this world—a light
shining prophetically from an unmade grave dawned—on my mind. My aunt’s secret was a secret no longer” (212). This final statement lands with distinct significance. Clack’s acknowledgement of Verinder’s lost secret is an acknowledgement of the importance of the public image. If Verinder’s secret is no longer just that, then her integrity as an upper middle-class woman is also at stake. Additionally, Clack’s reflection upon Lady Verinder’s laudanum use provides an interesting insight into the status of Lady Verinder and the power of medicine to ease pain. The bluish tinge which Clack notices dissipates quickly upon ingestion of the drops (210). This bluish-tinge, which seems to mark Lady Verinder as a terminal case, is only snuffed out by the relief of her pain. Lady Verinder’s condition does not have a solution. She is doomed to die soon, but she desires to at least be comfortable on her journey to her “unmade grave”. Despite her relative youth, Lady Verinder finds herself in a hospice-like situation, not expecting a cure, but rather simply waiting for the end. Living in this limbo, Verinder finds comfort in her drops, but her predicament is only one example of the problem of Victorian medicine. Though Lady Verinder is able to find temporary comfort from ingesting her medicine, she also runs the risk of becoming addicted to the substance. Such is the life of the chronic sufferer: striving to simultaneously reduce the constant pain and yet remain secretive about their drug use. Thus, we are able to understand the tragedy behind Verinder’s simple rebuke to Miss Clack when she states “you are touching—quite innocently, I know—on a very distressing subject” (211). Lady Verinder finds herself unable to discuss her health status, even with her family member, for fear of the backlash that may ensue.

Portraying societies’ unease with the substance, Collins depicts a conversation between his characters which reveals the extent to which opium was both mistrusted and misused. At Rachel’s birthday party, after an argument over the efficacy of opium for inducing sleep, Mr
Candy decides to show Franklin firsthand just how effective laudanum can be. Thus, he slips a small amount of laudanum into Franklin’s drink, undetected. Candy’s actions, though completely invasive by current standards, embody the medical community of the time. It is because he is under the effects of laudanum that Franklin unconsciously steals the jewel, resulting in the convoluted narrative as Franklin himself ironically searches for the culprit. A major obstacle in Franklin’s search for the truth is the sudden illness which sweeps over Mr Candy from over-exposure to a cold, rainy night. Because of this illness, in attempting to establish a motive as to why Mr Candy would dope Franklin, Ezra alerts Franklin to a recreation of Mr Candy’s inane, unconscious ramblings. Though Candy’s utterings are jumbled and broken, Ezra pieces together Mr Candy’s motive, ultimately resulting in the confession: “He [Franklin] really wants sleep; and Lady Verinder’s medicine chest is at my disposal. Give him five-and-twenty minims of laudanum to-night, without his knowing it; and then call tomorrow morning” (383). Mr Candy, upset at the distrust that Franklin exhibits toward medicine, coolly decides to slip some laudanum into Franklin’s drink to show him directly how much opium can help the young man. Because of his illness, however, Mr Candy is never able to confess his prank to Franklin. This interaction between Mr Candy and Franklin reveals the suspicion existent between the population and drugs such as opium.

Collins further displays the societal distrust of opium through a conversation between Franklin and Ezra. The two discuss the reasoning behind why Mr Candy would spike Franklin’s drink with laudanum, to which Ezra replies: “Every medical man commits that act of treachery, Mr Blake, in the course of his practice. The ignorant distrust of opium (in England) is by no means confined to the lower and less cultivated classes. Every doctor in large practice finds himself, every now and then, obliged to deceive his patients, as Mr Candy deceived you” (381).
Ezra explains to Franklin that it is not uncommon that medical men of the Victorian era somewhat recklessly prescribe opium, despite its negative aspects. Published in 1931, C.E. Terry’s “The Development and Causes of Opium Addiction as a Social Problem” advocates this view, stating that “studies made by the Committee on Drug Addictions indicate that the use of opium by physicians is not always in accordance with the best medical judgment and teachings, and that individuals needlessly are introduced to its euphoric properties at the hands of some physicians, either through ignorance or carelessness” (341). Terry’s statement supports the behavior of Mr Candy. Due to the suspicion, or lack of public knowledge surrounding medicine at the time, doctors took occasional liberties with their patients, believing themselves to have enough knowledge of the substance that the dangers of the drug were considered secondary to easing their patient’s pain.

However, Collins was not arguing against the efficacy and certainly not against the use of opium. His sentiments partially parallel Terry’s, who claims that: “Owing to its invaluable properties in the relief of pain and as a narcotic, it is inevitable in certain medical uses of opium that cases of addiction be formed; and it is the general consensus of medical opinion that this fact should not deter physicians from its use when it is necessitated by the exigencies of the medical situation” (343). Collins was aware of the negative side to opium; however, he still felt that it retained its usefulness because of its amazing capacity for pain relief. This seems to be the sentiment of the medical community as well, though Collins clearly disagrees with the notion that they alone know the best usage of opium. Collins’s portrayal of the bumbling, though well-meaning Mr Candy, insinuates the lack of foresight of the medical community. Unaware of the possible consequences (such as Franklin’s theft of the Moonstone), Mr Candy feels justified in dosing Franklin not only to prove the efficacy of opium but also to help the man with his
sleeping troubles. Franklin may not become addicted to opium as a result of being drugged, but Collins suggests, that, if nothing else, the medical community does not always know best.

Often viewed as a reflection of Collins himself because of his chronic pain and heavy drug use, Ezra Jennings is depicted as a chronic sufferer who finds that he must self-medicate in order to survive his daily existence. Ezra, a heavy opium addict, takes laudanum on a daily basis as a result of his recurring “internal complaint” (375). After years of taking this substance, Ezra becomes hopelessly addicted, and struggles on a daily basis to cope with pain that is so profound that it can leave him bedridden (396). Ezra’s use of the drug has caused his tolerance for the substance to reach an astronomical height, until his regular dose hovers at 500 drops (405). The exact potency of this dosage is impossible to discern due to the variation of opioid solutions; but, likely Ezra’s dose mimics that of Collins’s. One documented dinner conversation suggests the lethality of Collins’s dosage for the average Victorian, as one guest, Surgeon Sir William Fergusson suggested that the dose which Collins used before bed was “enough to kill every man seated at the dinner table” (Hayter 256). Yet because of Collins’s heavy use of the drug, his tolerance level exceeded that of the non-habituated opium user—a concept reflected in Ezra’s tale. However, though Ezra’s substantial laudanum ingestion is in reaction to his internal complaint, the excessive opium consumption has led to a number of issues which plague him daily, as Ezra himself iterates:

The one effectual palliative in my case, is—opium. To that all-potent and all-merciful drug I am indebted for a respite of many years from my sentence of death. But even the virtues of opium have their limit. The progress of the disease has gradually forced me from the use of opium to the abuse of it. I am feeling the
penalty at last. My nervous system is shattered; my nights are nights of horror.

The end is not far off now. Let it come. (375-6)

As a direct result of his disease, Ezra self-medicates with laudanum, which serves to eliminate the pain that he must continually experience, subsequently allowing him to function. Because of the chronic nature of his illness, Ezra is forced into a position of repeatedly allaying the pain with which he lives. Writing on the issue of chronic illness, Susan Wendell suggests that “many of the recognized chronic diseases…sometimes occur in acute forms that kill the patient quickly, and many of them…are expected to kill the patient eventually, either by wearing down the patient’s health or by creating severe, life-threatening episodes of illness” (163). Because Ezra’s own chronic disease has lasted for so long, it has allowed him not only to become addicted to his pain remedy but also to establish a significant tolerance to the drug. Thus, a dose that would normally incapacitate or even kill the average Victorian has a very different effect upon Ezra. In fact, for Ezra, opium serves more as a means to return him to his natural state. Though seemingly contradictory, by living with a chronic disease which frequently causes recurring pain, Ezra finds that he is unable to perform his daily functions. Thus, laudanum serves to sever the pain with which Ezra is forced to co-exist, allowing him to function as normally as possible. A seemingly high-functioning drug user, Ezra finds that the only way that he can exist on a daily basis is to indulge in a pain reliever so that he can concentrate on aspects of life other than his internal pain.

Ezra’s use of opium ironically reveals him to be a strong-willed character, despite the stereotype of the self-indulgent drug addict. This determination unveils itself as the day of the experiment draws near. Considering Ezra’s important capacity in the experiment, as the medical practitioner assigned to dosing Franklin with laudanum, he knows that his role is important and decides to make sure that he is capable of completing his part of the process. Thus, Ezra
determines to cut his opium habit for the near future. The result of this decision is the return of Ezra’s crippling pain. Fearful of not being at his very best, particularly considering the danger that he is placing Franklin in, Ezra realizes that the physical pain he is undergoing is a detriment, even more so than his opium use. Ezra records his sentiments prior to the experiment, saying:

More of that horrible pain in the early morning; followed, this time, by complete prostration, for some hours. I foresee, in spite of the penalties which it exacts from me, that I shall have to return to the opium for the hundredth time. If I had only myself to think of, I should prefer the sharp pains to the frightful dreams. But the physical suffering exhausts me. If I let myself sink, it may end in my becoming useless to Mr Blake at the time when he wants me most. (396-7)

Despite the pain from his internal complain, Ezra tries his best to not indulge in his medication. Yet ultimately he realizes that the physical pain is more debilitating than the remedy. Ezra appreciates how important his role is, and he cannot bear to let down his new acquaintance, Franklin. Despite his desire to remain free of opium, at least for the duration of the experiment—Ezra eventually yields to the chronic pain of his illness and decides that the more appropriate course of action is to take his laudanum. Recognizing that the closest homeostatic state that he can achieve is through laudanum, he decides to partake. Ezra, despite being an opium addict, is able to recognize his physical situation and react accordingly. His actions are not self-indulgent, but rather moored in selflessness. He understands that in his agonized situation, he would be no good to anyone and thus decides to medicate himself—finding that he can function only once the pain subsides. Despite the general immoral connotations attributed to addicts, Ezra serves as a counter to this stereotype. Collins depicts Ezra as a character that is completely devoted to others’ wellbeing and who seems to live exclusively for others.
In fact, Ezra’s whole life is comprised of his caring for other people. Consider first and foremost that Ezra began his career as a doctor, though was forced into obscurity because of some unknown scandal. Because of this scandal, which seems to follow Ezra wherever he flees, he also breaks off his engagement with his lover, for fear of forcing her into living a life with such a disreputable man. However, the most striking instance of his selflessness is in the fact that he is still alive. Ezra himself claims that “I should have let the agony of it kill me long since, but for one last interest in life, which makes my existence of some importance to me still. I want to provide for a person—very dear to me—whom I shall never see again. My own little patrimony is hardly sufficient to make her independent of the world” (375). Though the identity of this stranger is never revealed, Ezra seems to exist strictly for the welfare of this individual. Living as he does, with such constant pain, it would have been easy for Ezra to simply give up on life. But, given his attachment to certain figures within *The Moonstone* and his propensity for self-sacrifice, Ezra cannot bring himself to quit just yet. Thus, opium serves as a pain reliever so that Ezra can continue on in his charitable ways. Though opium users and drug users in general, are often portrayed as self-interested, Ezra is the opposite. Rather than portray Ezra as the prototypical drug-dependent character, Collins depicts Ezra as a figure dependent on drugs for all the right reasons.

Ezra already exists in a state of Otherness that isolates him from the rest of English society, instead being lumped in with undesirables. Being of a darker complexion, Ezra is often attributed with gypsy-like qualities. He is seen as disreputable, and so it is unsurprising that Collins instills in this character his substance abuse predicament. Collins plays with the expectation of the opium user as a disreputable, shady character. Previous to the reader’s introduction to Ezra, the only report that is granted comes from Gabriel Betteredge, Lady
Verinder’s steward. In a conversation with Franklin, he claims that Ezra’s “appearance is against him, to begin with. And then there’s a story that Mr Candy took him with a very doubtful character. Nobody knows who he is—and he hasn’t a friend in the place. How can you expect one to like him, after that?” (320). Already existing on the fringes of English society, Ezra is further disliked because he does not have the appearance of a native Englishman, nor does he have English contacts. He is ostracized before even being introduced. Upon Franklin’s introduction to Ezra, it becomes clear why Collins picked this character to exemplify the opium addict. Though perceived by the English community as an undesirable, upon actually meeting Ezra, it becomes clear that he is actually one of the more redeemable figures within the text. Upon his first meeting Franklin, Ezra resigns himself to aiding this stranger. Despite the façade that society has heaped upon him, believing him to be of questionable character from the beginning, Ezra proves to be a helpful figure in the mystery of the Moonstone.

It is, in fact, Ezra himself that solves the mystery of the theft; and he solves the mystery specifically because of his firsthand knowledge of the effects of opium. It is only when Ezra devises an experiment to recreate the circumstances surrounding the Moonstone’s disappearance that the mystery is solved (421-3). The experiment’s spectators are all witnesses to Franklin, under an opium-induced stupor, slinking into Rachel’s room, stealing the diamond, and returning to the hallway where he drops the diamond before ultimately succumbing to the sedative effects of the solution. Because of Ezra, a character considered to be of low moral standing, the truth is finally able to be revealed. Though, to be sure, Ezra is an important character in that he allows for the solving of the Moonstone’s theft; Ezra is also important as a representation of the falseness of the Victorian ideal. Those who appear to be good ultimately prove themselves immoral; while Ezra, the apparent weak-willed, immoral, foreign character, in the end proves
himself to be one of the most helpful, good-natured, selfless figures in the novel. Through his depiction, Collins questions what is reputable and what is not in Victorian England. Figures such as Godfrey Ablewhite and Miss Clack, the supposedly upstanding members of society, inevitably prove to be driven by greed and selfishness. Despite the suspicion that Ezra is originally viewed with, he proves to be a valuable asset to the Verinder estate and that he is far more respectable than others who are meant to exemplify morally upstanding Victorian behavior.

Though criticized for his sensational plots which tend to venture outside of the realm of reality, Wilkie Collins showed an accurate depiction of the difficulties of human existence. In portraying chronic sufferers and drug addicts in *The Moonstone*, Collins reflects an important aspect of his own life. Given his own experience with opium, Collins depicts the reality that was health in the Victorian era. Due to the many chronic diseases that permeated his society, such as his own rheumatism and gout, opium became a necessity. Rather than live in constant pain, Collins portrays his characters not as the supposedly morally fallible figures that they were painted as by society, but rather as people merely attempting to escape pain. Through their need of opium, these characters run the risk of being humiliated and ostracized by society. Some figures, such as Lady Verinder, are able to keep their secrets hidden from the public. Some, like Mr. Candy, are not the sufferers, but the pushers. Chronic sufferers, such as Ezra Jennings, have little chance of being accepted. Collins creates a spectacular plot in *The Moonstone*; yet more spectacular is his representation of this drug culture. As each character inevitably falls to their respective illnesses; the reader is able to understand the inefficacy of medicine during the Victorian era. Yet Collins creates in this fact a silver lining; absolutely, medicine was unable to cure their diseases, yet the reader can rest assured that each character was comfortable in their final days in this world. Even with all his own struggles with the substance, Collins still praises
the pain relief that comes from the use of opium. In an earlier time, when medicine was not quite so advanced, Collins felt the need to praise this drug for what it could do—to help forget the pain that seemed universal.
CHAPTER 4. CONCLUSION

Still Oblivious to the Opiate

Little has changed in the 150 years since Collins published *Armadale* and *The Moonstone*, at least when it comes to cultural attitudes toward drug use and dependence. What is particularly striking about Collins’s novels is their continued relevance when it comes to twenty-first century opiate abuse and addiction. Despite our increased knowledge of opiates’ effects on the brain and their penchant for inducing dependency, opiates continue to be a major issue in the United States today. As reported by the CDC: “Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids” (Rudd). Opiates prove themselves to be a major cause in the rise of overdose deaths. In fact, in 2014, 61% of overdose deaths involved an opiate of some kind (Rudd). Despite our increased knowledge of the drug, we do not seem to have come very far. In fact, the information from recent years establishes some parallels to Collins’s time: that legitimate use often leads to illicit use; that there is still a general inability or unwillingness on the public’s part to acknowledge the potency of opiates; that the negative stigma attached to dependency on the drug continues to be an issue; and that physical trauma can increase the risk of opiate use later in life. Though opiates continue to be one of the most effective means of relieving pain, they also continue to be a major issue in terms of dependency, which can often lead to overdose and even death.

Now, as in Collins’s day, most opioid use begins for a legitimate reason, or at least a perceived legitimate reason. Whether it is Ezra Jennings chronic pain, Lady Verinder’s recurring pain, or even Lydia’s difficulty sleeping, medicinal use of opiates is often the first stepping stone towards dependency. Pharmacists and chemists in Collins’s time often over-prescribed their
various opiate concoctions for patients. This remains a problem in our present day. Nora Volkow, M.D., posits that “many chronic pain patients are inappropriately prescribed or over-prescribed opioid medications that may be ineffective or even harmful, often due to lack of adequate clinician education on pain management and assessment of substance use disorder risk” (7). This is not necessarily to say that all (or even most) doctors are being unethical in their prescribing for patients. However, the statistics on the subject are discouraging. The CDC reports that “Opioid pain reliever prescribing has quadrupled since 1999 and has increased in parallel with overdoses involving the most commonly used opioid pain relievers” (Rudd). Such a spike in opiate prescriptions simply cannot be overlooked due partly to the fact that, if the individual does not use all of the prescription, that medication does not generally just get thrown away. These medications often inhabit family medicine cabinets, sitting right next to the Ibuprofen and the Nyquil. And while patients may abuse prescription pain killers, it does not always stop there. Continued prescriptions for pain killers can be difficult to obtain. Unfortunately, this can lead to other illicit drug use. In fact, reports show that “eighty percent of new heroin users started by abusing prescription opioids” (Volkow 5). Those who become dependent on drugs such as pain killers may continue to seek out their drug, even when legal drugs are no longer an option. This is unfortunate, considering the inexpensive nature and potency of illicit opiates at least in comparison with prescription opiates.

In the Victorian period, laudanum was a cheap remedy, and thus was often the go-to method to cure any number of issues ranging from hunger pains to gout; the low cost as well as the ease of access was part of its allure. It would often be placed in a medicine cabinet, over which the matriarch was generally considered the keeper. Whenever pain threatened to rear its head, medicine was never out of reach. Whether this is Collins’s depiction of Lady Verinder’s
moment of panic and subsequent medication from her drops, or the ease with which Dr Candy
drugs Franklin Blake (using Verinder’s own medicine)—Collins shows that medicines such as
laudanum were commonplace and always near at hand, so near that the opportunity for substance
abuse was always there. This trend has changed little since Collins’s writing. People will always
try to find the cheapest, easiest way to solve their problems. Even today, abuse of prescription
opiates can lead to other illegal drug use because of these contributing factors. Volkow suggests
that “evidence from interviews with individuals with heroin use disorder suggest that market
forces, including the accessibility, cost, and high potency of heroin are driving increased use of
heroin and transition from prescription opioids” (6). Prescription opiates can be expensive and
difficult to obtain for long periods of time, but they can be a portal to other illicit drugs, which
can be cheaper and possibly easier to obtain for the individual. The CDC reports that “the
increased availability of heroin, combined with its relatively low price (compared with diverted
prescription opioids) and high purity appear to be major drivers of the upward trend in heroin use
and overdose” (Rudd). Whether through pain relievers or illicit opiates, both opioid use and
abuse has spiked in recent years, paralleling the increase in overdose deaths. Catalano et al.
found “that currently NMPO [Non-medical Prescription Opiate] use is the most prevalent form
of illicit drug use beyond marijuana” (84). This study also found that high school was the most
likely period during which NMPO use was instigated, though usage was likely to drop off after
this age. One hypothesis for this outcome was the availability of opiates during high school.
Catalano et al. suggest that “high school students usually live at home with their parents and
some parents may keep NMPOs in the medicine cabinet, providing easier access to these drugs
compared to access for youth who move away from home” (84). Just the availability of these
opiates, the close proximity, may contribute to the start of NMPO use.
Prescription drugs, even opiates, are often treated as less dangerous than illicit drugs. Even in the Victorian era, prior to the Pharmacy Act of 1868, chemists freely sold opiates to anyone willing to buy. And purchasing from this supposed professional instilled in customers the belief that the opiate was safe to consume when, in fact, the potency was often unknown even to the seller. Even after the passing of this legislative act and the labelling of opium as a poison, consumption of the drug continued to be a problem. The drug was simply too beneficial and too inexpensive, and without enough knowledge about the substance, customers were prepared to believe that the product they were purchasing was safe for consumption even by children. The tendency to underestimate the strength of prescription or store-bought drugs is a trend that has continued to be a problem. For instance, though the two are classified as amphetamines, there is a perceptual difference between the drugs Adderall and Cocaine. Similarly, drugs such as Codeine, Vicodin, Oxycontin, Morphine, and Heroin are all in the opioid family, but they are perceived as radically different. Indeed, while “the most notorious opiate is heroin; what people often do not realize though is how similar other drugs stored in medicine cabinets across the country are to this nefarious substance” (Praats). Catalano et al. speculate that “perhaps some of the NMPO users may have learned about or experienced the ability of opiates to relieve pain and thus consider it a more effective and/or safer drug than the other ‘hard drugs’” (85). Though NMPOs are still considered a hard drug, they are not viewed in this manner. In fact, high school students who find these drugs in their family’s medicine cabinet may believe they are less dangerous than drugs they encounter on the street just because they are legal and found within their own homes. Further, though Catalano’s study suggests that, after high school, individuals are not likely to continue their NMPO abuse, McCabe, Teter, and Boyd claim that the illicit use of prescription opiates has increased significantly among college students (37). Whether the
individual ransacks the family medicine cabinet or receives extraneous medications from a peer, the use of NMPOs has proliferated in recent years.

Society’s view towards addicts does little to help alleviate the problem. As Collins depicts in his novels, the stigma surrounding substance abuse generates a variety of issues. In Armadale, Collins utilizes the maternal paradigm to which women were expected to adhere and the challenge that this poses when opium dependency is brought into the picture. Similarly, in The Moonstone, Franklin Blake and Ezra Jennings act as foils for each other—one is seen as the embodiment of Victorian will and the other as the drug dependent outcast, considered unreliable and bankrupt of willpower due to his addiction. Collins problematizes these representations, challenging the correlation between morality and drug dependency. Comedian Mitch Hedberg alluded to the negative social view of substance dependency, saying “alcoholism is a disease, but it’s…the only disease you can get yelled at for having…Damn it Otto, you’re an alcoholic. Damn it Otto, you have Lupus. One of those doesn’t sound right.” Despite being so far removed from Collins’s time, addiction is still often seen as a disease of the will, rather than of the brain. Yet still, this comparison of alcoholism, or any other type of substance abuse, to a “real disease” is laughable to us. Hedberg, who struggled with substance abuse issues himself, died of a heroin and cocaine overdose in 2005. Unless we can actually consider addiction as a disease, this stigmatization will continue to proliferate, without any real solution to the problem. In recent years, the use of opiates has shifted largely toward groups that, in the past, have not been associated with such heavy drug use, as the CDC reports:

‘Some of the greatest increases [in heroin use] occurred in demographic groups with historically low rates of heroin use: women, the privately insured and people with higher incomes,’ …Addicts are often too afraid of losing their jobs or too
afraid of the consequences of admitting they have a problem and often continue their use despite the risks, according to healthcare professionals. (Praats)

Substance abusers are often seen as degenerates, even criminals, despite the recent shift in demographics. Reports from the NIDA (National Institution on Drug Abuse) suggest that “by most accounts, stigmatization and/or incarceration have been society’s prevailing responses to addicted individuals. Such stigmatization impedes the search for treatment and further isolates addicted individuals and their families” (Volkow 600). This unwavering view towards drug abusers can perpetuate recidivism by making treatment secondary to punishment. At a time when someone is undergoing substance abuse issues, our first response is to rebuke and condemn the person, rather than attempt to help. Instead of offering a hand, we demand instead that they pull themselves out of the hole on their own. This can be challenging, particularly when these individuals are often suffering from a myriad of issues.

In *Armadale*, Lydia resorts to using laudanum frequently; though, through diary entries and letters to her former caregiver, Collins reveals that Lydia is a tormented individual. Collins attempts to validate both her actions in the novel as well as her substance abuse because of the abuse she received as a child. Present-day research helps to further legitimize Lydia’s actions. One study, conducted at the Cornell University Medical Center, traced the relation between childhood trauma and opiate use later in life. The study concluded that physical, though not necessarily sexual, abuse was more likely to increase the chances of opiate use later in life. In fact, those who experienced physical abuse as a child were 24.1% more likely to turn to opiates (Heffernan 800). The study also concludes that “A history of childhood abuse was associated with a two- to three-fold increase in risk for use of opiates” (800). Therefore, we find that opiate use, as previously represented by Wilkie Collins and Lydia Gwilt, is closely linked with
environmental factors such as childhood trauma. The study further suggests that this past trauma correlates to an inability to regulate emotions, which causes these individuals to seek an external means of control (801-2). Considering the effects of opiates, this is not entirely farfetched. An analgesic, opium provides a numbing sensation and also a relief from “intense emotions that can be disorganizing in individuals with impaired capacities for self-regulation” (qtd. In Heffernan 798). The term oblivion is often thrown around in literature on the subject, suggesting an escape from thought and emotion. The euphoric effect of opium provides these individuals with a brief evasion from life itself. Being unable to naturally deal with their pain, whether emotional or physical, these individuals can frequently seek an external means of regulating themselves. While we often look to heavy drug users as debased—what we see, not only in Collins’s works, but also in research on the subject—is that these individuals likely have some psychological rationale for their substance abuse.

Wilkie Collins, though praised as the inventor of the detective novel and sensation fiction writer, also provides valuable insight into the pharmacological culture of the Victorian period, simultaneously paralleling modern drug dependency. By analyzing the works of Collins, an avid opium consumer himself, we find that very little has changed since the 1860s when it comes to how we consume drugs. There is still a fine line between medicinal and recreational use (particularly with opiates), just as there is still a general lack of knowledge on the danger that these drugs pose, especially when referencing prescription opiates. There is also a glaring negative association that comes along with being dependent on drugs, a stigma which leads many to hide their use rather than seek help. In essence, we often do not know why someone consumes the medicines or drugs that they do, yet feel that they should be able to stop merely through force of will. Even in Collins’s time, medicines such as opium were an unfortunate
necessity. This has not changed, only evolved. With all the pressures and hardships of modernity, medicine is ubiquitous to modern living. From psychological to physical pain, we have a penchant for dulling the harsher realities of life through medicine. These recent issues with opiate addiction are not new to the world. Collins’s works, as well as his personal life, depict the harshness of opiate abuse and subsequent addiction. Hopefully, one day, we will be able to follow Collins’s struggle and learn from it, to avoid the horrifying reality of opiate addiction, which Collins himself described once in a letter to Mrs. Elizabeth Benzon:

My doctor is trying to break me of the habit of drinking laudanum. I am stabbed every night at ten with a sharp-pointed syringe which injects morphia under my skin – and gets me a night’s rest without any of the drawbacks of taking opium internally. If I only persevere with this, I am told I shall be able, before long, gradually to diminish the quantity of morphia and the number of the nightly stabbings – and so emancipate myself from opium altogether. (Baker 319)

But Collins would continue to struggle with his addiction for another 20 years; and even on his deathbed, he begged his doctors to inject him with morphine, to no avail (567). His pain remained with him until the end of his days.


