Anna Karenina and Opiate Addiction
Author(s): Ann Marie Basom
Published by: American Institute of the History of Pharmacy
Stable URL: http://www.jstor.org/stable/41112557
Accessed: 23-03-2017 15:09 UTC

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at http://about.jstor.org/terms

American Institute of the History of Pharmacy is collaborating with JSTOR to digitize, preserve and extend access to Pharmacy in History
Almost every critic of Anna Karenina has observed that Anna changes from a beautiful, sensitive person to one who is increasingly nasty, petty, and vindictive. While there are many reasons for the deterioration of Anna’s character, her drug use has been ignored as a significant contributing factor. Although several critics have noted Anna’s use of opium, the effect of this addiction on her character has never been analyzed. Moreover, while critics have debated for over a century Anna’s motivation for suicide, only Stankevich has considered a pathological component to her demise. By looking closely at Anna’s use of opium, we can better understand both her emotional and psychological turmoil, as well as her suicide.

Morphine and opium are mentioned only eight times in the novel in connection with Anna, and yet the effect of habitual drug use on her is enormous. As Lionel Trilling has noted, “Part of the magic of the book [Anna Karenina] is that it violates our notions of the ratio that should exist between the importance of an event and the amount of space that is given to it.”

Morphine is an opiate, extracted from the opium poppy. In the nineteenth century opium and morphine were usually ingested in pill, powder, or liquid form, either alone, or as part of a medicinal preparation. Parssinen notes that “as long as it [morphine] had to be taken orally, there was little to recommend it over opium.” Anna’s use of opium, as opposed to morphine, at the end of the novel, would thus seem to reflect the fact that the same drug was available in different preparations.

Morphine is highly addictive, and opiate addiction is characterized by both physical and psychological dependence. Milkman and Sunderwirth’s definition of addiction as “self-in-
duced changes in neurotransmission that result in behavior problems,” is useful in categorizing Anna’s drug dependency. In other words, in Anna’s case, regular opium/morphine use (self-induced) results in both psychological and physical dependence (changes in neurotransmission), which contributes to the deterioration of her personality (behavior problems), culminating in suicide.

Writing in 1886, Howells concluded that “It is she [Anna] who destroys herself.” Browning and Konick similarly point to Anna’s inherent psychological and emotional deficiencies as responsible for her increasing unhappiness and eventual suicide. One could argue that Anna’s opiate use is a further indication of such deficiencies. On the other hand, other critics have focused on society’s role in Anna’s tragedy. So that, alternatively, one could argue that society, here in the form of the medical profession, is to blame for Anna’s addiction, because of the liberalness with which opium was prescribed at the time. Courtwright, citing William S. Burroughs, concludes that there is and was no pre-addict personality, but, rather, that “addiction is an illness of exposure . . . those who have access to junk become addicts.”

This study will neither condemn nor condone Anna’s use of opiates, but rather point to their pronounced effect on her demise. It is important to note from the outset that opiate use in the nineteenth century did not carry with it the same stigma it does today, perhaps because of the high social status of its clientele, as suggested by Courtwright. Also, the fact that most addiction was iatrogenic, and that many continued their drug use for what they perceived to be medical reasons, precludes judging nineteenth-century opium users by today’s standards.

Morphine is first mentioned in Anna Karenina soon after the birth of Anna’s daughter, Annie. The delivery was extremely difficult, to the point where it was thought Anna would die. She is diagnosed with puerperal fever, and her chances of survival are given at one in a hundred. She begs for morphine to kill the physical pain: “Oh, my God, my God! When will it all come to an end? Doctor, give me some morphia! Give me morphia!” (IV: 17). Anna thus requires morphine as an analgesic to dull her physical pain. She also, however, suffers emotional anguish, so when Anna asks when it will all end, one wonders if she is referring here only to her physical pain. Is she not escaping from two pains, one physical and one mental? Morphine is thus here already an escape into oblivion, a sort of death. Earlier in the novel Anna is not only certain she will die in childbirth (IV: 3), but she desires this ultimate escape (IV: 4), and later regrets not having died (IV: 20, IV: 23, VII: 24). For Anna, morphine provides a temporary alternative to death, in that it enables her a certain measure of escape from her troubles. Anna herself realizes that morphine, as well as all her activities, is a form of escape. She occupies her time to forget her situation: “I can’t do anything, begin anything, change anything! I restrain myself, wait, invent occupations for myself,—the English family, writing, reading, but all that is only deception, it is all a kind of morphia” (VII: 12). Anna here identifies morphine as one means of escape from her situation.

That Anna’s initial use of morphine/opium was medical is extremely probable. Several studies of nineteenth-century opium use in the United States (Courtwright), Great Britain (Parssinen), and Norway (Pedersen) conclude that in the majority of cases addiction was iatrogenic. Morphine and opium were prescribed liberally by doctors for every conceivable ailment: headaches, nervous disorders, anxiety, pain, insomnia, insanity, coughing, diarrhea, malaria, cholera, smallpox, syphilis, and tuberculosis, among others. Interestingly, the typical opium addict in nineteenth-century America was a middle-aged white woman of the middle or upper class, who was initially prescribed opium for a physical ailment: “Uterine and ovarian complications . . . cause more ladies to fall into the habit, than all other diseases combined.”

After the pain of childbirth and disease has passed, Anna continues to use pain-killing drugs, not to relieve any physical pain, but to quell her mental anguish, as well as possibly to prevent another pregnancy. During an intimate discussion with Dolly, who is visiting Anna at Vronsky’s estate, Anna tells Dolly that she is using a form of birth control: “prescribed” to her by her doctor after her difficult labor with Annie: “After my illness the doctor told me . . .” (VI: 23). While the text is
not specific at this point (indeed, it could not be because of censorship), the method must be one which Anna has control of herself, without the aid of Vronsky, who desires more children (VI: 21, VII: 25). Nineteenth-century prostitutes used opium, and its derivatives, morphine and heroin, as a means of birth control, for regular use of opiates causes the disruption or cessation of menstruation. Although we cannot state with certainty what form of birth control Anna was employing, her opiate use would, in any case, have provided additional protection against an unwanted pregnancy.

Earlier in this same conversation with Dolly, Anna states that when she thinks of her situation, which the reader knows is often ("Always about the same thing" [II: 22] as Anna tells Vronsky earlier in the novel), she cannot sleep without morphine (VI: 24). Later we are told that Anna manages to distract her thoughts from her situation only by "occupations by day and morphia by night," further indicating that she requires morphia every night: "and just as heretofore, only by occupations by day and morphia by night could she stifle the terrible thought of what would happen if he ceased to love her" (VI: 32). Furthermore, as use of the phrase "as heretofore" indicates, this behavior is not new. Because Anna's use of morphia is daily and regular, the reader can conclude that Anna has become psychologically, and likely physically, dependent on opiates by this point in the novel.

Dolly is shocked not only by Anna's confession concerning birth control, but also by Anna's seeming deficiency of feeling for her daughter. While Anna's lack of interest in her daughter may be a throw back to certain social norms of early nineteenth-century Russia, it also reflects Anna's obsession with Vronsky, to the exclusion of all else, even her son and daughter. On the other hand, Anna's inability to perform the practical, daily duties of a mother may be another manifestation of her opium addiction. Dolly is shocked that Anna seems a stranger to her own daughter's nursery, and that Anna cannot recall the number of Annie's teeth (VI: 19). Regular opium use affects the memory, causing one to forget not only that which one wants to forget: "Memory is the intellectual faculty most affected at the later stage of addiction. For immediate daily concerns, the memory may become nearly useless." Interestingly, Anna does not run the household on Vronsky's estate, Vronsky does (VI: 22). Of course, this could be attributed to the awkwardness of her position, but still it is strange that she takes no interest in any of the details of managing the house, not even in the daily routine of her own daughter.

It is during this visit that Dolly is struck by Anna's new habit of squinting, half-closing her eyes (VI: 18). Contracted pupils are another symptom of opiate addiction, and it is possible that Anna's eyes are half-closed to let in less light. However, as well as a possible physical basis, there is also an emotional basis for Anna's new habit, in that she closes her eyes to her troubles, as Dolly herself concludes (VI: 21). Both these troubles and Anna's inability to face them are, as we shall see, exacerbated by her morphine use.

Ruth Benson has noted how Anna refuses to make decisions at several points in the novel. Anna herself knows that she does not have the strength of character to disregard social conventions: "she knew in the depths of her soul that she would not have the strength to break anything off, nor to escape from her former position, however false and dishonest it might be" (III: 16). Because she does not want to choose, for whatever reason, she employs morphine to avoid her dilemma. On the other hand, morphine impairs her ability to make any decision, to take any action, thereby contributing to the hopelessness of her situation:

The opium-eater loses none of his moral sensibilities, or aspirations: he wishes and longs, as earnestly as ever, to realize what he believes possible, and feels to be exacted by duty; but his intellectual apprehension of what is possible infinitely outruns his power, not of execution only, but even of power to attempt. . . . he is powerless as an infant, and cannot even attempt to rise.

Anna not only refuses to take any definite action, she generally refuses to even speak of her situation (II: 23, VI: 21), thereby further adding to her own misery.

This inability to act may explain the frequent references in nineteenth-century medical literature to the moral decline of the opiate addict: "Mental and moral powers are reduced to an extreme degree." James Tyson, in 1900, listing the symptoms of a morphine addict, included "irresolution and loss of self-control, and
a moral obliquity similar to that induced by alcohol, especially in women.” According to De Quincey and Coleridge, however, what appears as moral decline is actually a form of paralysis. The ensuing discrepancy between knowledge of what one should do and awareness that one cannot act upon one's beliefs gives rise to the feelings of hopelessness and despair experienced by so many addicts.

The fifth mention of morphine in connection with Anna occurs when Princess Barbara complains to Vronsky that Anna has been taking morphine: “The evening passed happily and cheerfully in the company of the Princess Barbara, who complained to him [Vronsky] that in his absence Anna had been taking morphia” (VI: 32). Anna counters by stating that she could not sleep while Vronsky was away, and that she “hardly ever” takes it when he is with her: “What am I to do? I could not sleep... My thoughts kept me awake. When he is here I never take it, or hardly ever” (VI: 32). While Anna begins by saying she never takes morphine when Vronsky is with her, she ends by qualifying her statement “hardly ever.” What does this “hardly ever” mean to Anna? We already know that she was taking morphine regularly, and we witness her take it after her conversation with Dolly, while Vronsky was at home. Indeed, Anna may very well be deceiving herself as to the frequency of her habit.

Browning considers self-deception as one of Anna’s three principle weaknesses which contribute to her unhappiness and lead to her suicide. Interestingly, in the nineteenth century, untruthfulness was frequently identified as another effect of opiate addiction: “Persons addicted to morphia are inveterate liars, and no reliance whatever can be placed upon their statements.” Although Anna begins to lie long before she is addicted to morphine (II: 9, II: 27, III: 17), under the influence of opiates her ability to deceive expands to the point where she has difficulty distinguishing the truth from the lie. For example, she tells Dolly she is happy when Dolly arrives to visit her at Vronsky’s estate (VI: 18), and this joy seems to be reflected in her appearance (VI: 17). Appearances, however, can deceive, and Anna later admits that she is most unhappy (VI: 24). Furthermore, after her distressing conversation with Dolly, Anna takes her medicine, of which the chief ingredient is morphine (VI: 24). She is then able to enter her bedroom cheerfully, under the calming influence of the drug, and Vronsky is unable to discover the content of her discussion with Dolly. Anna’s ability to dissemble, appear cheerful, and deceive Vronsky, is thus aided by opiates.

Anna exhibits deception, bifurcation, jealousy and meanness before morphine is mentioned in the novel. However, morphine exacerbates these characteristics, contributing to her degeneration: “Opium only works on what is already present in the mind” [my emphasis]. Anna’s irritability and jealousy increase immensely in the second half of the novel, to the point where Anna can control neither her thoughts nor her actions. After her death, Vronsky recalls the drastic change in Anna’s character from a mysterious, charming, loving person to one who became cruelly vindictive (VIII: 5).

Irritability and suspicion are frequent companions of opiate addicts, and Anna displays both in ever increasing proportions as the novel proceeds. Indeed, it is exactly these two traits which eventually drive her from Vronsky (or Vronsky from her) (VII: 23), and make her life such a misery she literally cannot endure it any longer. Vronsky asks why she is so irritable (VI: 32), and Anna herself admits she is irritable and jealous (VII: 23). Dolly notices how fretful Anna is when she visits Dolly for the last time (VII: 28). Anna’s irritability arises from her jealousy of Vronsky, for she suspects he has another love and will leave her for another. Interestingly, this parallels the suspicion of addicts, noted by Paton in 1905, who affirm old friends are forsaking them. Jealousy in itself is not unusual in a romantic relationship, indeed, both Levin and Kitty experience episodes of jealousy, but neither are destroyed by it. Anna’s jealousy, on the other hand, assumes epic proportions by the end of the novel (VII: 23). We are told her worries are unfounded, and that she herself knows this (VII: 30), and yet she continues to torment herself and Vronsky with her baseless fears.

Anna’s mood swings and irrational demands increase toward the end of the novel, until every scene in which she is present contains at least one such transition (V: 28, VII: 10, VII: 23–24, VII: 24–25, VII: 26). Anna’s mood swings are in large part a result of her
irritability and jealousy. Although many of her transitions are too rapid to be associated with the biphasic nature of opium, they can be explained by the increasing anxiety and irritability produced by her addiction.38 Vronsky notices the change in Anna, which is characterized by rapid, irrational, mood swings: “At one moment she appeared to be in love with him, and at the next would turn cold, irritable, and impenetrable” (V: 28). Vronsky becomes accustomed to Anna’s transitions from love and kindness to hatred and cruelty (VII: 24).

Anna’s relationship with Vronsky, in addition to her use of opium, indicates Anna’s inclination toward addictive behavior: “Indeed, remarkable biological parallels exist between pathological drug use and the unhealthy need for affection.”39 Anna’s relationship with Vronsky fulfills every criteria for being diagnosed as “love dependent.”40 The addictive quality of her romantic attachment to Vronsky is attested to by her insistence on his love: at first she does not permit him to use the word, and later she argues he no longer loves her. Milkman and Sunderwirth’s description of the craving of someone who is love dependent reads as if it pertains to a drug addict: “They may cheat, lie, steal, or kill—even for a minimal dose—to avoid the dreaded pain of withdrawal.”41 Anna does everything not only so Vronsky will not leave her, but so he will continue to love her as he did at the beginning of their relationship. However, if she cannot have his love, she can command his attention through hate: “Many of her irrational actions are explainable as attempts, pleas, stratagems, by which to compel, if not Vronsky’s love, at least his attention.”42

Anna suffers from delusions, and unable to distinguish reality from fantasy, she misinterprets others’ words and actions, and imagines still others. For example, she knows Vronsky will not deceive her (VII: 30), yet she cannot stop imagining that he will (VII: 23). She intends to go to Vronsky’s mother’s estate to “expose” and prove Vronsky’s guilt (VII: 29), yet one wonders what this “exposure” will consist of. Since everyone knows their relations, what is there to expose? Indeed, to all outward appearances Vronsky has acted nobly toward Anna, even sacrificing his career for her. Anna’s inability to distinguish reality from fantasy is further exhibited by her interpretation of her last meeting with Dolly and Kitty. Anna imagines that Dolly and Kitty look at her as at something dreadful (VII: 29), when actually both feel sorry for Anna (VII: 28). Whereas Kitty’s hostility disappears when she sees Anna, (VII: 28) Anna, on the other hand, comes to hate Kitty in those few moments (VII: 29).

Anna’s changing behavior reflects the changing effect of opium on the habitual user. Increased doses are required to attain the initial euphoria produced by opiates, until, eventually, doses are needed simply to avoid withdrawal. That is to say, the positive euphoria vanishes, or at least is greatly diminished, and the drug is used only to avoid the pain of withdrawal.43 It is also important to note that even a reduction in dosage leads to withdrawal symptoms.44 Not surprisingly, increasing stress induces a greater and greater need for the drug.45 Thus, Anna would experience less euphoria from her drug use, and her doses would only alleviate the constantly threatening symptoms of withdrawal. Not surprisingly, addicts become increasingly restless, anxious, and depressed.

While the deterioration of Anna’s character may be attributed to a combination of psychological and physical factors, including her opium use, her suicide is a direct consequence of her drug habit. Indeed, suicide is not an infrequent consequence of opiate addiction:46 Mental depression is a more constant and characteristic symptom, associated with intense anxiety, restlessness, and a sense of impending evil, both relieved for a time by the dose. All of these symptoms are increased by a more prolonged withdrawal of the drug, when the mental depression becomes intense, sometimes compelling to suicide.47

An 1872 document concludes: “The patients are very irritable and excitable, and this condition may culminate in delirium or acute mania, often suicidal. Women often have hysterical attacks.”48 Writing in 1894, William Osler noted: “In women the symptoms may be associated with those of pronounced hysteria and neurasthenia.”49

Indeed, Anna is near hysteria at several points in the novel. Each time she frantically tries to decide on a course of action which will resolve her situation, and each time fails, yet manages to go on living: “Without it [opium] Anna would have come to her senses and calmed down as she had often done before after similar upsets.”50 Anna’s mood on the train when she
travels back to Petersburg after her success at the ball with Vronsky may be compared to her mood immediately preceding her suicide. Both are similar in that Anna is removed from reality and cannot concentrate; her thoughts jump from one impression to another, and she herself questions who she is: “And am I here, myself? Am I myself or another?” (I: 29). Shortly before her suicide, Anna fails to recognize herself in a mirror: “Who is that?” she thought, gazing in the mirror” (VII: 27). However, Anna in the two scenes differs in her ability to control the outcome. On the train, Anna has the power to give in to or to resist her delirium: “She was afraid of giving way to these delirious thoughts. Something seemed to draw her to them, but she had the power to give way to them or to resist” (I: 29). At the time of her suicide, Anna no longer has this strength. Her mental confusion, not knowing where she is, what she is doing or why, reflects her total disorientation: “Where am I? What am I doing? Why?” (VII: 31). The seeds of destruction are thus present within Anna from the beginning of the novel. Her use of opium, exacerbating her mental confusion and depression, finally tips the scales and destroys her.

The night before her suicide, Anna pours her usual dose of opium (VII: 26).51 Once again, the use of the word “usual” (obychnyi) indicates that Anna is a regular user. Anna here associates opium with death, noting that she had only to drink the entire phial to die.52 Later that night she takes a second dose (VII: 26), after which her sleep is troubled and she experiences her terrible recurrent nightmare about the peasant. Opium-induced nightmares are common among addicts,53 the best-known of which are described by Thomas De Quincey in the second half of his Confessions (1821), aptly entitled “The Pains of Opium.” When Anna awakes, the previous day appears in her memory as if in a fog (VII: 26), exhibiting the effect of opium on recent memory.54

That day, when Anna visits Dolly, Dolly notices that there is definitely something wrong with Anna, commenting on her strange and irritable mood (VII: 28), noting that Anna looked ready to cry. Dolly had noticed in Anna a similar mood before Anna’s departure from Moscow after the ball. At that time, in response to Dolly’s concern, Anna replies that she sometimes has these moods, but that they always pass: “I am not strange, but wicked. It sometimes happens to me. I feel ready to cry. It is very silly, but it will pass” (I: 28). Previously, Anna could recover from her depressions, but, now, exacerbated by her use of morphine and opium, Anna’s anxiety and depression is so great, that it will not pass.

The physical symptoms of opiate withdrawal include rapid heartbeat and nausea,55 both of which Anna experiences at this time. Before leaving for the station, she passes the table, set for dinner, and the smell of food is particularly repulsive to her (VII: 29). The terrible beating of her heart is referred to four times in the last hours of her life (VII: 27, VII: 30, VII: 31), and it worsens to the point where it interferes with her breathing (VII: 31).

Anna’s memory is also strongly affected at this time,56 and she confuses the present with the past. She goes into the nursery, expecting to see Serezha, instead of Annie (VII: 27), and she cannot remember brushing her hair (VII: 27). Throughout these last few hours, Anna’s thoughts are so confused, that she cannot remember where she is, what she is doing or why (VII: 30). Having arrived at Obiralovka, Anna has no idea why she has come (VII: 31). Finally, after throwing herself under the train, she cannot comprehend where she is: “Where am I? What am I doing? Why?” (VII: 31).

During her last few hours, Anna does not even recognize herself in the mirror (VII: 27), signalling the bifurcation of her character. The doubling has progressed to the point where Anna has been replaced by her double (about whom she spoke when she thought she was dying), that is, she has now changed so much she cannot recognize herself. This bifurcation can be traced back at least to her fantasies on the train on her initial return to Petersburg, in which she wonders if she is still herself: “Am I myself or another?” (I: 29). The division between the two sides of herself deepens as her situation worsens: “She felt as if everything was being doubled in her soul” (III: 15). The culmination of this division is her non-recognition of herself in the mirror, at which point Anna wonders whether she is not going mad: “What is it? Am I going mad?” (VII: 27). Indeed, double vision (diplopia), another symptom of both morphine addiction and withdrawal, could
help explain Anna’s problems with sight at the end of the novel.57 This doubling, however, has taken place not only in her line of vision, but also in her soul, which has been tormented by the “pains of opium.”

Throughout these last few passages, Anna’s mind jumps from one thing to another. She can concentrate on nothing, and is less connected with reality than ever. Her restlessness, extreme anxiety, distractedness, and disconnectedness with the world around her are, as suggested above, symptoms of her ever increasing use of morphine, which preys on her already troubled mind.

Even while hastening to Obiralovka, Anna does not really know what she is doing or why. She considers her own motivations, concluding she desires to punish Vronsky (because of her own irritability and suspicions, more than for any fault on his part) and escape from everybody (society) and from herself (her drug-in-body and from myself!) (VII: 31). Although Anna has not yet received word that Karenin has definitely refused to agree to a divorce, at least as far as she admits to herself, it is not the lack of divorce which drives her to suicide. Quite the opposite, Anna now maintains that even a divorce and the custody of her son would not bring her peace of mind. She senses that even the granting of her wishes would not release her from the emotional turmoil into which she has been cast: “I cannot imagine a situation in which life would not be a torment” (VII: 31). In other words, under no circumstances would Anna’s mood swings, anxiety, irritability, and jealousy cease to be a torment to herself and Vronsky. Indeed, of all the reasons Anna sets forth, the best is that which she gives last: “To escape from myself.” Her escape is from something other than Karenin, Vronsky, or society, it is from whom she has become. She can no longer live with herself, and sees no possibility for change.

“But has the author kept the reader’s attention in Anna’s life and her fate simply to show the fatal effect upon her of opium?”58 While Anna Karenina is not a novel about opium, nevertheless, opium is an element in the novel which should not be overlooked. Anna employs morphine throughout the second half of the novel as a means of emotional escape. Although opium brings temporary relief to a troubled mind, in the end it exacerbates underlying problems and creates new ones, including a need for greater and greater doses of the drug in order to avoid withdrawal. A vicious cycle thus begins, which, in Anna’s case, culminates in death. Along with the many psychological, emotional, and societal factors contributing to Anna’s demise, the pathological influence of opium/morphine on her personality and suicide must be given the weight it deserves. Indeed, by focusing for a moment on Anna’s drug addiction, we gain insight into how modern her troubles and reactions to them are, for, ironically, in spite of her death, Anna belongs to the future, with its violent, self-destructive angst.

Notes and References


5. Parssinen, Secret Passions (n. 4), 79. The use of the hypodermic syringe to inject morphine, producing quicker and stronger feelings of relief from pain, and, in turn, a new kind of addict, began in the 1860s (Parssinen, Secret Passions (n. 4), 79–86). Courtwright, Dark Paradise (n. 4), 46–47. Anna takes both opium and morphine orally.

6. Courtwright, Dark Paradise (n. 4), x.


8. W. D. Howells, [Review of Anna Karenina] in A. V. Knowles, Pharmacy in History
Because birth control was illegal in nineteenth-century Russia, Anna’s doctor was acting both unethically and criminally. As considered below.

Other methods of birth control which the woman could control, and which were available at the time, include the sponge and doucheing (Norman E. Himes, Medical History of Contraception (New York: Gamut Press, 1968), 217, 227, 234, 246, 248; Angus McLaren, A History of Contraception: From Antiquity to the Present Day (Cambridge, MA: Basil Blackwell, 1990), 184–185). Further speculation as to what Anna confided to Dolly about birth control may be found in Sydney Schultz, The Structure of Anna Karenina (Ann Arbor: Ardis, 1982), 97–98.

Burroughs' results are noted in the text parenthetically by part (roman numerals) and chapter (arabic numerals).

24. For physical dependence to develop, one need take morphine daily for only ten to fourteen days (Courtwright, Dark Paradise (n. 4), 47).

25. Well into the nineteenth century, motherhood occupied a relatively insignificant place among the various duties of a noblewoman, who was occupied with managing the household, the production of food and clothing, and, perhaps, even the estate, if her husband was absent. Children were left to nurses, governesses, and tutors. Although this pattern changed, and we see Dolly and Kitty intimately involved with their young children, there was certainly precedent for leaving the care of the very young to others (Barbara Alpern Engel, "Mothers and Daughters: Family Patterns and the Female Intelligentsia," in David L. Ransel, ed., The Family in Imperial Russia (Urbana: University of Illinois Press, 1978), 44–59).


29. Thomas De Quincey, Confessions of an English Opium-Eater and Other Writings (Oxford: Oxford University Press, 1985), 66–67. Similarly, Hayter paraphrases Coleridge concerning the lack of will exhibited by an opium addict: ‘‘His ‘moral feelings, reason, understanding and senses’ remained as sound and well-intentioned as they had ever been, but his vocation had become completely disordered from them, so that he was like a paralysed man, seeing what movements he ought to make but totally unable to make them’’ (Hayter, Romantic Imagination (n. 26), 197).

30. Brokgauz, "Opium" (n. 4), 17 (my translation).

31. Terry and Pellens, Opium Problem (n. 23), 441. Terry and Pellens’ study presents a comprehensive review of the scientific and medical literature pertaining to opiate addiction published prior to 1928. It includes a vast amount of material concerning what was known and thought of opiate addiction.
in the nineteenth century.

32. Browning, "Blame" (n. 1), 332-334.
33. Osler (1894) in Terry and Pellens, Opium Problem (n. 23), 436.
35. Hayter, Romantic Imagination (n. 26), 52.
36. Hayter, Romantic Imagination (n. 26), 59.
37. Terry and Pellens, Opium Problem (n. 23), 185.
38. The effect of opium is biphasic in that it produces feelings of euphoria (in the initial stages of use), followed by dysphoria as the drug wears off (Donegan, "Commonalities" (n. 27), 125-127).
39. Milkman and Sunderwirth, Ecstasy (n. 7), 49. I have consciously avoided all reference to the term "addictive personality." To begin with, as stated above, in the nineteenth century, opiate addiction was an "illness of exposure," and Anna begins her opiate use for medical reasons. Secondly, there is a lack of consensus as to exactly what distinguishes an addictive personality. See, for example, Alan R. Lang, "Addictive Personality: A Viable Construct?" in Peter K. Levison, Dean R. Gerstein, and Deborah R. Maloff, eds., Commonalities in Substance Abuse and Habitual Behavior (Lexington, MA: D. C. Heath and Company, 1983), 157-235.
40. Milkman and Sunderwirth, Ecstasy (n. 7), 45. Konick ("Underground Woman" (n. 34)) views Anna's inconsistent behavior as a result of her neurotic need for affection, as well as her craving for power and control. The neurotic need for affection he ascribes to Anna is similar to the condition of "love dependence" researched by Milkman and Sunderwirth.
41. Milkman and Sunderwirth, Ecstasy (n. 7), 49.
42. Wasiolek, Tolstoy's Major Fiction (n. 1), 152.
44. Donegan, "Commonalities" (n. 27), 123.
45. Donegan, "Commonalities" (n. 27), 138.
47. James Tyson [his emphasis] [1900] in Terry and Pellens, Opium Problem (n. 23), 441.
49. Osler in Terry and Pellens, Opium Problem (n. 23), 436.
50. Stankevich (n. 2), 301.
51. This is the first mention of Anna taking opium, as opposed to morphine, in the novel.
52. Interestingly, in several of her diary entries Sophia Tolstoy contemplates committing suicide by an overdose of opium, which she keeps nearby on her table (The Diaries of Sophia Tolstoy, Cathy Porter, trans., O. A. Golinenko, et al., eds. [New York: Random House, 1985], 518, 527, 576, 577): "Today I read in the newspapers about a little girl of fifteen who took an overdose of opium and died quite easily—she just fell asleep. I looked at my big phial—but still lacked the courage" (13 October 1910 [576]).
53. Hayter, Romantic Imagination (n. 26), 55.
54. Hayter, Romantic Imagination (n. 26), 53-54.
55. Terry and Pellens, Opium Problem (n. 23), 431, 437-438, 442, 443, 448, 449.
56. Hayter, Romantic Imagination (n. 26), 53-54.
57. E. Levinstein [1877] in Terry and Pellens, Opium Problem (n. 23), 432, 433; Lindesmith, Addiction (n. 43), 30.
58. Stankevich (n. 2), 302. Stankevich poses this question after concluding, in a brief paragraph, that opium is the ultimate reason for Anna's suicide. While he does not provide an explicit answer to this question, he does imply that Anna's opium use is another manifestation of her frivolous nature, for he concludes that she is a weak and irresponsible grown-up child. In accordance with Stankevich's classification of Anna as a pleasure-seeker, opium would be viewed as another source of pleasure for Anna, to which she becomes addicted, much as she is addicted to love.

Pharmacy in Moscow, late nineteenth century.

Pharmacy in History