

this rather than from a larger quantity," writes Dr. G. S. Thompson from Deesa in Guzerat. Dr. Spencer, Rajputana, says: "I was nearly twenty-one years in Rajputana. For eleven years I was chief medical officer of that province. Living on friendly terms with natives of all classes, I was only once consulted with reference to a man whose life was being spoilt by excessive use of opium. I can only believe, therefore, that the abuse of the drug rarely occurs." Surgeon-Lieutenant Rattledge replies: "I have known very few instances of men passing from moderation to excess." "When opium is used in excess it does certainly injuriously affect the physical condition of the persons using it, but the number of such persons is not very great," says our correspondent from Mutton Central Gaol. Surgeon-Lieutenant Jackson writes: "Very few pass from the moderate use of opium to using it excessively." Staff-Surgeon Smithson writes: "I have not met with a case where moderation has passed into excess. The persons reported are poor, and this would probably have a retarding influence. However, if the tendency to excess were great, I do not think this would be a sufficient preventive."

Having thus established the fact that opium is generally taken in moderation and that excess is very rare, we come to the main question of our inquiry: What is the effect of its use on the health and the morals of the people? In order to avoid any great error in either direction, the words "as habitually indulged in by the population," were added to the question. It is clear that the right answer to this question cannot be got from results observed in cases of extreme abuse of the drug. Evidence based on what takes place in some dens of the outskirts of Calcutta and Bombay is clearly not relevant; the few poor wretches who have ruined and are ruining themselves by the abuse of opium cannot be taken as representing the hundreds of millions of working and healthy population of India.

Our correspondents, consisting of European and Native doctors and civilians, are the best and most authoritative witnesses on the question; and the overwhelming majority of them are decidedly in favour of the use of opium. The immense majority of our correspondents are strongly opposed to any interference with the use or cultivation of opium in India. So far from having been taught by their official experience that opium is the unmitigated evil which it is represented by well-meaning fanatics to be, they almost unanimously testify that it is a highly beneficial and useful stimulant, which could not be replaced by anything else without great damage to the health and general well-being of the natives. They express themselves in terms of strong but justifiable indignation as to the folly of those who are responsible for the artificial agitation which has led to the appointment of the Commission. We shall let them speak for themselves on this point later on. In the meantime we give answers received as to the effect of opium.

Surgeon-Lieutenant Gordon Seton, Kohat, writes: "From observing cases of men who admittedly eat as much as five grains daily, and have done so for years, I have come strongly to the conclusion that in physical and moral condition the opium eater is as good a man as any, and he is certainly free from malaria. It is the 'bharg' eater who suffers." Brigade-Surgeon-Lieutenant-Colonel George King says: "Its influence on the physical condition is excellent, on the moral perfectly harmless." Surgeon-Lieutenant Jackson says: "If the use of opium is moderate, it has a good effect on the physical and moral condition of the people of India."

Surgeon-Lieutenant-Colonel Booke, Bhopal, Lahore, writes: "If taken moderately, it does not affect the physical condition, particularly if the person is well fed and clothed; if not, smaller doses must be taken, as the effect under these conditions seems more powerful. I have noticed no effect on the moral condition, except in cases of excess, when the moral tone is lowered, much as is the case with alcohol."

Surgeon-Lieutenant-Colonel E. Lawrie writes: "My experience and conclusions have led me to the opinion that opium taken habitually has no deteriorating influence on the physical or moral condition. I have had to treat patients for the effects of the sudden discontinuance of opium, and for opium poisoning, but I have never yet been called upon to treat, nor have I ever met with, a diseased or depraved state of the constitution due of itself to what is called the opium habit."

Brigade-Surgeon-Lieutenant-Colonel H. J. Hazlet, Madras, says: "The smoking of opium is decidedly injurious in both respects, but, when eaten and in ordinary doses, I think it does little or no harm."

Surgeon-Lieutenant-Colonel W. F. Murray says: "There is no doubt, if taken in excess, the moral and physical condition deteriorate; but, during a service of over twenty-four years, some of these years spent in the heart of the opium district, I have seen very few such cases; I do not think they would amount to a couple of dozen. Should such a case occur in gaol, I would gradually diminish the opium given, mixing it with catechu till I had finally brought the prisoner to do without it altogether. The cases in which natives are injured by the habit do not in the faintest degree correspond to the injuries induced by alcohol amongst the European population. I should say that more mischief was caused by strong drink in any large city in Great Britain in one day than is caused by opium through the whole of India in a twelvemonth."

Dr. Deane, Surgeon-Lieutenant-Colonel, was years in India before he knew that nearly every one of his servants either smoked or ate opium. "You cannot tell the man who uses opium, and uses it largely as servants do, from the man who never touches it, and no one can say that of alcohol drinkers. I have made hundreds of *post-mortem* examinations, and never once saw any lesion that could be at all attributed to opium."

Surgeon-Captain Crawford says: "On the one hand, I look on opium as a luxury to the rich, the same as alcohol in Britain. On the other hand, I look on it as a necessity to the poor man, enabling him on a minimum allowance of food to do a maximum day's work. It differs from alcohol in that alcohol is responsible for a certain amount of crime, whereas opium is not."

LIABILITY OF MEDICAL MEN TO DISABLING ACCIDENTS.

It has been argued that either every event must be an accident or no event can be an accident, but in practical life it is found necessary, or at least very convenient, to consider some events as accidents, and they are accordingly so classified in the books of the Medical Assurance Society. For instance, on January 9th the Secretary received the following letter:

— Hotel, January 8th, 1894.

THE SECRETARY.—DEAR SIR,—Had severe accident last Friday, January 4th, was thrown from my horse, am completely disabled. Please send forms, and oblige.—Yours, etc., —

and this letter is one of more than twenty of its kind which are received by the Society every year.

The claims for sickness benefit which are treated as "accidental" may be roughly considered as belonging to two classes: (1) those caused by accidents of a kind similar to that referred to in the example given, and (2) those produced by accidents incurred in the actual work of the medical man. In the first class the accidents are nearly all met with in riding or driving, and, as might be supposed, are usually suffered by country practitioners. At all hours of the day or night the country practitioner is liable to be called upon to mount his horse or get into his trap and go along the country lanes and roads as fast as he can. He is very often alone, and is liable to be thrown from his horse or, perhaps worse still, from his trap by all sorts of things which the practitioner in a city never experiences. The sleeping driver of a hay cart, a dozing tramp by the roadside, the village donkey which brays at the approach of the horse—any of these may "happen," and in a minute the country practitioner finds himself in much greater need of medical aid than most of those who send him urgent summonses.

The second class of accidents are mostly produced by cuts which cause blood poisoning in operations, necroses, etc., and perhaps the numbers in this class would be appreciably increased if in all cases the causes of the illnesses producing sick claims were accurately known. In many cases of infectious disease the doctor has "caught" it from a patient, and this is as clearly an accident as a fall from a horse.

Speaking approximately, it may be said that about one-tenth of the total sick claims of the Medical Assurance Society arise from what are recognised as accidents, and the

aid given by the Society in such cases is invaluable. The doctor can claim no damages from the patient in whose service he may be injured, and if he be wise he will secure compensation in the best of all ways—namely, by mutual assurance.

The total payments to members for accidents producing total disablement over a greater or less period of time amount to over £500 a year. The office of the Medical Assurance Society is at 33, Chancery Lane, W.C.

MEMORIAL TO SIR ANDREW CLARK.

Preliminary Meeting under the Presidency of the Duke of Cambridge.—Proposed Form of the Memorial.—Mr. Gladstone's Adhesion.—Public Meeting Arranged.

A MEETING was held at the Horse Guards on January 11th in support of the proposal to create some permanent memorial of the great professional and public services of the late Sir Andrew Clark. The chair was taken by H.R.H. the DUKE OF CAMBRIDGE.

THE DUKE OF CAMBRIDGE, in opening the proceedings, said that while the Royal College of Physicians might wish to have some personal memorial of their late President, probably a portrait, it was generally felt that some public memorial should be created. The London Hospital felt that it had a special interest in any such scheme. Sir Andrew Clark had been long the Senior Physician, and at the time of his death he was Consulting Physician to the hospital. His earliest association with London was through his appointment in 1853 to the post of Curator of the Museum, and thereafter his connection with the hospital had never ceased. The authorities of the hospital therefore felt that they might well take the lead in this matter, though they were anxious that it should not be regarded in any way as a local or special movement, but rather one in which it was desired to enlist the widest public sympathy. The hospital was in great need of isolation wards, and if a block could be erected for this purpose, and called "the Andrew Clark Wing," that would be a valuable addition to the usefulness of the hospital and a worthy memorial.

CANON WILBERFORCE, in moving the first resolution, said that he could speak as a representative of the tens of thousands who owed more to Sir Andrew Clark than it was in his power to express. He felt certain that the project had only to be known to receive wide support from the public. He referred to Sir Andrew Clark's devotion to the interests of his patients, and dwelt on the deep practical interest which he took in the welfare of the London Hospital. He concluded by moving:

That a fund be raised with the object of erecting a memorial to the late Sir Andrew Clark, and that such a fund be devoted to some object at the London Hospital, with which he was closely connected for so many years.

The resolution was seconded by Mr. J. H. BUXTON (Treasurer of the London Hospital), who said that those who like himself were intimately connected with the London Hospital knew best the worth of the work done by Sir Andrew Clark, and were best able to appreciate his many works of self-denial. He was always ready to recognise the advantages he had derived from his connection with the London Hospital, and took a warm interest in the life of the East End.

Mr. JONATHAN HUTCHINSON said that the movement had his most hearty sympathy, and that all he knew of his late colleague prompted him to wish it to be a thorough success.

Mr. W. RATHBONE, M.P., said that he had been much struck by observing that Sir Andrew Clark dealt not only with the disease, but with the individual character; he would cure disease by curing habits, and by inspiring patients with the desire to work.

The resolution was adopted unanimously.

Mr. ERNEST HART, in moving the second resolution appointing a committee, with power to add to its number, to carry out the foregoing resolution, said that he had recently had the most indubitable proof of the very strong feeling which existed throughout the whole medical profession in favour of some important and enduring memorial of Sir Andrew Clark. It had been his lot to receive a considerable number of communications from various parts of the country suggesting

that some memorial should be erected, and after consultation he had taken some preliminary steps to ascertain the extent of this feeling. The form proposed had been a National Clinical Institute, affording facilities for the study of curative methods in medicine, and for making analyses and investigations for diagnostic purposes. The inquiry he had made had elicited the fact that there was a widespread wish within the profession itself to see some memorial to Sir Andrew Clark. He would be able to hand in a list of some hundred and fifty of the most eminent and representative members of the medical profession in every city and university town, and in every great centre in the three kingdoms. He felt that it was undesirable that there should be two different schemes for a memorial, and he desired to express his adhesion to the proposal adopted by the meeting.

The motion was seconded by Mr. CARR GOMM (late Chairman of the House Committee of the London Hospital), who expressed his sincere pleasure at hearing that so strong a feeling in favour of a memorial existed within the medical profession. He thought that the efficiency of the London Hospital would be greatly increased by a reconstruction of the Blizard Wards, by the provision of isolation wards, and by remodelling of the *post-mortem* rooms. An Andrew Clark Wing, embodying these improvements, would be a worthy memorial.

Dr. STEPHEN MACKENZIE, speaking as one of the active staff of the hospital, said that when the Committee had been formed an Executive Committee would be chosen, and he felt sure that the fact that their chairman on that occasion had consented to act as the chairman of the Executive Committee would contribute greatly to the success of the movement. A public meeting would be held, as to the date of which it would be necessary to consult the convenience of the Duke of Cambridge and of Mr. Gladstone, who had promised to attend and speak. The proposed new wing was essential to the safe working of the hospital, to the greatest advantage of the patients. From the time he came to London until the day of his death Sir Andrew Clark had been intimately connected with the London Hospital, and it was fitting that his memory should be perpetuated in connection with it.

The CHIEF RABBI also spoke in support of the motion, referring to Sir Andrew Clark's deep interest in the hospitals of the metropolis, and in all efforts to alleviate the conditions of life in the East End.

A vote of thanks to the Duke of Cambridge for his presence in the chair was unanimously adopted, on the motion of Mr. E. MURRAY IND, seconded by the Rev. J. F. KITTO.

Amongst those who have already joined the General Committee are the Duke of Cambridge (Chairman), the Earl of Iddesleigh, the Earl of Meath, the Bishops of Ripon and of St. Andrews, Cardinal Vaughan, the Chief Rabbi, the Right Hon. John Morley, M.P.; the Right Hon. C. T. Ritchie, the Lord Mayor, the Dean of Westminster, the Dean of St. Paul's, Sir James Paget, Sir T. Fowell Buxton, Sir William Broadbent, Sir W. A. Mackinnon, K.C.B., Director-General A.M.D.; Mr. Herbert Gladstone, M.P.; the President of the Royal College of Surgeons (Mr. J. W. Hulke), Mr. Rathbone, M.P.; Mr. Jonathan Hutchinson, Mr. Ernest Hart, Dr. Thomas Barlow, Mr. T. R. Cobb, M.P., and Dr. Langdon Down.

Mr. Gladstone has promised a subscription of £100. Subscriptions will be received by Mr. J. H. Buxton, Treasurer, or by Mr. C. Q. Roberts, Secretary, at the London Hospital.

AUTOMATIC WRITING.

VII.

By JAMES RORIE, M.D.

An Old Story.—Reflex Cerebral Activities.

I QUITE agree with the explanation given by "Hypnos," of the phenomena so far as I have had an opportunity of considering their latest development. The whole subject, however, appears to me to be merely a revival of the old story of "spirit drawings," etc.,¹ which attracted attention thirty years ago, and which, to my mind, was satisfactorily explained by Drs. Laycock, Carpenter, and J. Hughes Bennett, as illustrations of ideo-motor cerebral reflex activities. These phenomena are very closely allied to the automatic utterances and

¹ *Spirit Drawings*, by W. M. Wilkinson, London, 1864.