

and half is taken in the morning and the rest at night, half an hour before food. The result is that the drug mixes with the food and thus is very gradually absorbed. When a native commences to take opium the effect at first is to cause constipation and a drying up of the secretions, but after a week or two of habitual use these untoward results wear off and the drug seems to actually stimulate peristalsis. The habitual taking of opium is usually commenced after the age of thirty, very often, to commence with, as a treatment for disease, and is then probably continued for the rest of the man's life. The effect of moderate use on the *native* seems, on the whole, a harmless one. The man, as long as he takes his dose regularly, is capable of the highest mental and physical exertion. If, however, his dose be withheld he suffers extremely.

Prolonged indulgence in the habit does not seem to produce any definite tissue changes which can be detected post mortem. As regards the effect on the brain, some interesting statistics were produced by Dr. Crombie, of Calcutta, for the use of the Royal Commission on Opium that sat some three years ago in India. I may summarize them as follows :

Of the total admissions of 2202 into the lower Bengal asylums during the ten years 1881-1890, 641 were ganja (Indian hemp) smokers, 117 were spirit drinkers, and eight were opium eaters. In other words, 29.1 per cent. used ganja, 5.3 alcohol, and only .35 were opium eaters. Of the 800 admissions during the three years, 1888-90, into the Bombay Presidency asylums, 132 were ganja smokers (16.5 per cent.), 56 (or 7 per cent.) were spirit drinkers, and six (or .75 per cent.) were opium takers—of these six cases attributed to opium, five were from the city of Bombay itself, leaving only one for the rest of the province and he belonged to Hyderabad, in Sind, where the opium habit is almost universal. In the Madras presidency during the year 1888, the total admissions were 168, and of these 7.1 per cent. were from ganja, 6 per cent. were alcoholics, and *none* took opium. In the Rangoon asylum, the only one in Burma, the total admissions for the six years ending 1890, were 541, of which 2.9 per cent. were attributed to ganja, 5.91 to alcohol, and .92 to opium. The city of Rangoon contains about 15,000 Chinamen, and yet not a single Chinaman was admitted to the asylum during these six years, although a large number of them smoke opium.

To summarize these figures: out of 3711 admissions to the various asylums, 801 cases were attributed to ganja, 215 to alcohol, and only nineteen to opium, and these figures are the more remarkable