and 183 in the preceding two weeks, were 181 last week, and exceeded by 15 the number in the corresponding week of last year. The causes of 57, or nearly 9 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had increased in the preceding three weeks from 32.7 to 36.8 per 1000, further rose to 40.1 during the week ending March 26th. During the past twelve weeks of the current quarter the death-rate in the city averaged 38.5 per 1000, the rate for the same period being 28.7 in London and 19.9 in Edinburgh. The 269 deaths in Dublin during the week under notice showed an increase of 22 upon the number in the preceding week, and included 22 which were referred to measles, 5 to whooping-cough, 3 to diarrhoea, 1 to "fever," and not one either to small-pox, scarlet fever, or diphtheria. In all, 31 deaths resulted from these principal zymotic diseases, equal to an annual rate of 4.6 per 1000, the zymotic death-rate during the same period being 2.7 in London and 1.2 in Edinburgh. The fatal cases of measles, which had been 12 in each of the preceding two weeks, rose last week to 22, and exceeded the number recorded in any week since August, 1887. The deaths referred to whooping-cough, which had declined from 8 to 5 in the previous three weeks, were again 5 last week. The 3 fatal cases of diarrhoea exceeded the number in any recent week. The 269 deaths in Dublin last week included 32 of infants under one year of age, and 97 of persons aged upwards of sixty years; the deaths of infants showed a slight decline, while those of elderly persons considerably exceeded those recorded in any recent week. Seven inquest cases and 3 deaths from violence were registered; and 94, or more than a third, of the deaths occurred in public institutions. The causes of 24, or nearly 9 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

THE farewell banquet to Surgeon-Major-General J. Sinclair by the officers of the Medical Staff quartered in Ireland took place at the Shelbourne Hotel, Dublin, on Thursday, March 31st, when a large assembly of guests was present. Surgeon-Major-General Sinclair has earned deserved popularity with the officers of his department during the time he has filled the position of Principal Medical Officer in Ireland, and his retirement, although compulsory on completion of sixty years of age, is much regretted. Surgeon-Colonel W. Collis, now Principal Medical Officer, Cork, will, as previously announced, succeed Surgeon-Major-General Sinclair.

The death is announced of Brigade-Surgeon William Jobson on March 21st at Edinburgh.

ARMY MEDICAL STAFF.—Surgeon-Colonel Alexander Frederick Bradshaw, C.B., to be Surgeon-Major-General, vice W. Thomson, M.B., retired; Brigade-Surgeon-Lieutenant-Colonel Charles Henry Young Godwin to be Surgeon-Colonel, vice A. F. Bradshaw, C.B.; and Surgeon-Lieutenant-Colonel Philip Lefevre Kilrov to be Brigade-Surgeon-Lieutenant-Colonel, vice C. H. Y. Godwin (all dated March 10th, 1892); Surgeon-Captain Richard Hugh Penton is seconded for service with the Egyptian Army (dated Feb. 12th, 1892).

NAVAL MEDICAL SERVICE.—The following appointments have been made at the Admiralty:—Staff Surgeon Robert W. Biddulph to the *Sirius* (undated); Surgeon Robert W. Senior to the *Sirius* (dated April 5th, 1892).

HOSPITAL AND DISPENSARY, SCARBOROUGH.—

During the past year substantial progress appears to have been made towards providing a new hospital, the erection of which was determined upon at the last annual meeting. A site in Westgate has been obtained, on which the new building is being erected. The honorary treasurer's statement of accounts showed a balance in hand of £91 2s. 7d. The report concludes with a sympathetic reference to the loss the hospital has sustained by the death of the late Dr. John W. Taylor, who for twenty-one years had rendered the institution continuous valuable services in several important official posts.

Correspondence.

"Audi alteram partem."

THE OPIUM QUESTION.

To the Editors of THE LANCET.

SIRS,—As you have given your adhesion to the anti-opium agitation, and as 5000 medical men have signed a declaration to the same effect, the opportunity seems a favourable one for clearing up some difficulties which surround this controversy. We have had a good deal of declamation, many dogmatic statements, and much sentiment of a highly respectable kind; but the solid foundation of fact on which this fabric should be built lacks stability, if indeed it can be said to exist at all. It is obvious that unless satisfactory proof can be given of the disastrous effects of the opium habit on the human constitution, England must be allowed to leave the court without a stain on her character. I have long been trying to get this information, but until now I have completely failed. But observing among the names of those who have memorialised the Government on the anti-opium side professors of materia medica, of pathology, and of medicine, physicians and surgeons to large hospitals, and others of our professional leaders, I invite them to step out and enlighten our darkness. They can hardly have lent the weight of their authority without full knowledge and consideration and an ample sense of the responsibilities attached to their position.

It is surely not too much, therefore, to ask them to justify the faith that is in them by supplying information on the following points:—1. Does the opium habit directly shorten life? 2. Has any death been certified as due to opium eating or smoking? 3. What are the symptoms observed by competent medical observers? 4. Give some pathological detail of the tissue degenerations noted. 5. Admitting that morphia is not volatilised by heat, but is largely if not entirely destroyed by the heat of the pipe, which constituent of opium causes the alleged ill effects? 6. Is it not the case that the Sikhs and the Rajpoots, the finest and the most warlike races of India, take opium regularly and thrive on it? 7. Is it not equally the fact that large numbers of the educated Chinese also take opium regularly without bad results? Some answer to these queries, couched in good set scientific phraseology, and backed up with statistical detail, will be of great service to the cause of truth.

I am, Sirs, yours faithfully,

Reform Club, March 28th, 1892. ROBERT FARQUHARSON.

To the Editors of THE LANCET.

SIRS,—I thank you for the consideration which you have given to the contentions of the side I take on the opium question; but I do not allow your argument to be conclusive. The habit of opium smoking is not more unnatural than the majority of popular indulgences; and every indulgence is justified by a certain amount of therapeutic or tonic effect which it produces. More than 15,000 Chinese coolies, the greater part of whom smoked opium, passed through the hospitals of which I had superintendence, and I decidedly hold that the popular use of alcohol does more harm than the use of opium. I asked you to compare the Hindoo who takes alcohol with the Chinaman who takes opium, and have no doubt that the Chinaman will be found the less deteriorated of the two. So much for the question as to which is the greater evil. The task you now set before us is to make the Chinaman moral and temperate by restricting his alcohol and limiting his opium smoking. It is a hopeless task. India supplies the best opium under elaborate safeguards. Stop its production in India, and you will very much harm the cultivators and cripple the resources of the Government, while you will not benefit the Chinaman. Large amounts of opium are readily procured from South-west China, although, on account of its inferior quality, it does not sell in competition with the Indian article, but abundance of opium can always be got. When it is shown to be possible to efficiently regulate the sale of all luxuries which may be noxious by unrestrained use, it is time for Government to interfere. But even in England a way has not been found to limit the sale of alcohol and opium to purely therapeutic purposes. We

have not stopped the abuse of alcohol at home any more than we can stop the use of opium in China. But the Indian Government exerts itself to minimise the injurious use of the drug. It is not in the power of the authorities to extirpate a national habit. Indian opium is much more expensive than native Chinese, and in consequence less used by the poorer classes than by the well-to-do. It is an important consideration that probably the composition of Indian and Chinese opium is different, and that the proportion of the alkaloids varies. I believe that the finer quality of Indian opium is less injurious and causes less ultimate mischief than the other coarser varieties. Until it is absolutely guaranteed that alterations in the present system of production will not cause additional harm, by the extension of the use of alcohol or otherwise, it is well to remember the motto, "*Quæta non movere*." The practical question is not really affected by the fact that a single overdose of opium is much more serious than a single overdose of alcohol. It is a consideration regarding habitual use which is before us. I see no reason to alter my previous conclusions:—1. The habitual use of opium is not so dangerous nor so degrading as the "anti-opium party" represents. 2. The importance of forbidding the export of opium from India with a view to lessening its consumption in China has been exaggerated. 3. To place restrictions under present circumstances on opium consumption is likely to cause harm by stimulating the use of other more dangerous forms of indulgence.

I am, Sirs, yours faithfully,

March 29th, 1892.

W. D. S.

P.S.—I may add that I sympathise with all efforts to decrease vice and lessen misery, especially of semi-civilised races. The introduction of the "fire-water" to the races unaccustomed to it is a story of disgrace. On the other hand, I am convinced that the present endeavour to raise a crusade against opium is an example of misguided zeal.

To the Editors of THE LANCET.

SIRS,—At a very crowded meeting at the Society of Arts on Thursday, March 24th, a paper was read by G. Batten, Esq., late of the Bengal Civil Service, with Sir John Strachey, K.C.S.I., formerly Lieut.-Governor of the North-West Provinces and Oudh, in the chair, on "The Opium Question." The reading of this paper was preceded by a remarkable article in *The Times* of March 21st, of two and a half columns, on this subject, the main object of which seemed to be to show that, apart from the question of economic revenue, "the legitimate use of opium in India is determined by two sets of causes—by geographical or climatic necessities, and by needs arising out of the prohibitions of religions, or the temperament of races"; or, in other words, the issues were limited to purely medical and moral lines. The latter we can surely dismiss with the remark that, if there is any force left in the precept to do to others as we would be done by, the obligation devolving on a professedly Christian nation to supply its subjects with an inducement to self-indulgence in lieu of another prohibited by their religious enactments, or to minister to a temperament—alas! already admittedly sensual—by means of a drug, whatever may be said to the contrary, largely taken for sensual purposes, is as baseless as it is immoral.

The medical aspect of the question, however, is one which must be carefully and scientifically discussed; for, if it can be satisfactorily proved that "the general and moderate use of opium" under any conditions imparts to the poor cultivator of India what the writer in *The Times* describes as "an unconscious safeguard" against the endemic diseases of any locality, by far the chief of which is fever (I purposely do not limit the locality to the population of deltaic tracts of land), then the opium question must be discussed apart from all considerations other than those which will enable the peoples of India to resist most successfully that disease (fevers of varied types) which annually carries off numbers out of all proportion to all other diseases put together. For instance, in a population of 44,000,000 in the North-West Provinces and Oudh, the deaths from fevers in 1886 numbered 250,995. This, therefore, is the point round which the battle must now rage, as the withdrawal of the drug said to produce this "unconscious safeguard" is declared by the writer in *The Times* to be "morally indefensible." Opium, therefore, must be viewed, and treated, either as a necessity for health or a luxury for wealth; and perhaps there never was a better opportunity,

outside of a purely professional arena, such as that in which I led the discussion at the meeting of the British Medical Association at Bournemouth last year, than was presented at the Society of Arts last Thursday. There were medical men in that splendid hall capable, from the greatest and most varied experience, of discussing the subject to the full, and there were civil administrators in sufficient numbers to witness the combat and test the results; but clearly, quite unexpectedly to all, this crucial point of the question was never even touched upon in the discussion, if we except a few remarks from Sir Lepel Griffin. I must, however, in justice to Sir George Birdwood, state that, owing to the impossibility of giving the numerous applicants to speak an opportunity of being heard, he most generously, on behalf of the Society, undertook to record in the pages of the Society's journal the remarks of those who would have spoken had there been time. We must, therefore, wait till the journal appears to read the views of those present. In the meantime, I feel all must admit the difficulty which the chairman undoubtedly experienced in limiting the time of the speakers; but, as I have said, Sir George Birdwood has done his best to supply any deficiency which might have been complained of from this cause.—Yours truly,

ROBERT PRINGLE, M.D.,

Blackheath, S.E., March 26th, 1892.

Brigade Surgeon.

* * Other communications on the above subject are unavoidably held over till next week.—ED. L.

PYRAMIDAL CATARACT.

To the Editors of THE LANCET.

SIRS,—In an abstract of a paper read by Mr. Treacher Collins before the Ophthalmological Society, which appeared in THE LANCET of March 19th, there are a few points upon which I, perhaps, may be permitted to touch, all the more as Mr. Collins has quoted from a paper of mine on the same subject in the last volume of the Ophthalmological Society's reports. It is a great regret to me that I was unable to be present at the reading of Mr. Collins's paper, nor have I the context, but the abstract is a full one. Mr. Collins's work and communication deserve great consideration. He has collected a unique series of cases and presented them with skill. His conclusions are, in the main, similar to those drawn by previous observers in cases of pyramidal cataract following corneal perforation, and, with the exception of his hypothesis in reference to the formation of new capsule, confirm (so far as my memory serves me, for I have mislaid the paper) the observations of Professor Schweigger on a case of pyramidal cataract submitted to him by Dr. Samelson. So far, then, his cases, admirable as they are, give no new insight into this affection; but Mr. Collins touches very debateable ground when he divides his cases arbitrarily into groups and selects the one suited to establish a particular view. This is equally open to other observers, and the chaos that must ensue is obvious. In referring to a paragraph in my paper, "that pyramidal cataracts are found in a majority of cases associated with clear corneæ," Mr. Collins is not logical in challenging the statement on the ground "that a large number of eyes with opaque corneæ have not been examined," because my paper obviously refers to cataracts *in esse*, and not to those *in posse*. I join issue with any observer who demurs to the presence of pyramidal cataracts with clear corneæ, assuming that he accepts, as I do, the usually received examples of anterior polar capsular opacity with prominence more or less marked, for within the last three months I have removed by suction two zonular cataracts with pyramids on the centre of each capsule, both corneæ being cloudless. In each the pyramid, which certainly lay outside the capsule, was carefully detached experimentally before rupturing the capsule, and it sank, a thickened, chalky flake, to the bottom of the anterior chamber—a typical example of dead pupillary membrane.

I am, Sirs, yours truly,

P. H. MULES,

March 28th, 1892.

Surg., Mid-Cheshire District Eye Hosp.

TUBERCULIN.

A la Direction du LANCET.

TRES-HONORÉS COLLÈGUES,—Je vous prie d'avoir la complaisance d'insérer dans votre journal ce qui suit :

Dans la *Allgemeine Medicinische Central Zeitung* de 20 février nous lisons : "Un médecin suédois, Dr. O. Torstensson à Gothebourg, a reçu à une demande qu'il