with unerring regularity. This he had done for many years when I became acquainted with him. He never increased the quantity, nor had he done so for several years; he showed no signs of degeneration, mental or physical, nor anything suggestive of a pernicious habit. It must be in the experience of old residents in India to have met with similar cases.

It seems to me that this crusade against opium, though well meant, is not reasonable. It is as unfair to argue from the *habitués* of opium smoking houses, as it is from the frequenters of gin palaces and other haunts, where the most degraded forms of alcoholic abuse may be met with in our own country. Both, in extreme cases, are an evil; but the moderate use either of alcohol or opium must be left to the discretion of those who feel called upon to take them.

There is another drug which is also in frequent use in India, the hemp (*cannabis*), which is infinitely worse than opium. I find no objection taken to this drug by the anti-opium party. I can see no medical ground that would justify violent interference with the custom in question. Control and limit the abuse of opium, but to interfere with and suppress it altogether seems to me unjustifiable.

I know no reason why opium should be interfered with and alcohol be exempt. The evils of the one are far inferior to the evils of the other, and the moderate use of both—as I have said—should be left to the discretion of those who want them. It seems to me to be clearly proved that the moderate use of opium is not attended with the evil results ascribed to it, though, as with alcohol, a certain number of persons will abuse it. I repeat, therefore, that on medical grounds I see no reason for advocating the abrogation of the present regulations concerning opium in India. I confine myself entirely to the medical aspect. Other and convincing reasons for maintaining them have been ably advocated elsewhere.

OPIUM AS A PREVENTIVE OF AGUE.

BY SURGEON-GENERAL SIR WILLIAM MOORE, K.C.I.E.,
Honorary Physician to the Queen.

On several occasions when I have mentioned that opium is preventive as well as curative of so-called malarious fever the statement has been doubted or even contradicted.

Without quoting ancient authors or writers of the early part of the century, I might cite scores, lay and medical, who, since the time of Surgeon O'Shaughnessy (1853) up to the evidence given recently before the Opium Commission in Calcutta by Surgeon-General Rice, have regarded opium as a preventive of fever. There is also a widespread impression in many parts of India that opium not only protects from fever but also prolongs life. A similar belief has also prevailed in the fen districts of this country. In my own experience I have known opium consumers alone remain free from fever when most others suffered during extraordinary malarious seasons. And as servants in India I preferred opium users, they being less liable to get sick from exposure on the march or when taken into the colder climates of the hills.

The opinions of so many persons which might be quoted, and the widespread belief in the power of opium as a preventive of ague cannot be ignored; more especially as one of the constituents of opium, namely, narcotine, has been proved to be an antiperiodic.

Now how does opium act as a preventive? Opium (I especially refer to smoking) in small quantities excites the circulation, and produces a glow throughout the whole system. In large quantities, it soothes the system and blunts nervous sensibility. Both actions are antagonistic to chill, and chill is the first stage of malarious fevers, especially of ague. The Indian, after working and perspiring all day under a tropical sun, is very likely to become chilled by the night fall of temperature, and this liability is increased by his carelessness in not using extra garments. But he comes home, and after, or sometimes before his evening meal, he takes his opium. As a consequence, instead of feeling cold and shivering, he remains warm and glowing, and so escapes chill, which, if not the real and only cause of malarious fever, is certainly the cause of many repetitions of attack.

From recent Indian newspapers, I learn of a great increase

of malarious fever in certain parts of India. Naturally the question presents, Is this due to the abolition of opium shops, and to the limitation of the possession of opium per person to one tolas weight, rather less than half an ounce?

CLINICAL LECTURE UPON HARE-LIP AND CLEFT PALATE.

BY THOMAS ANNANDALE, F.R.C.S.,
Regius Professor of Clinical Surgery in the University of Edinburgh.

I PROPOSE to-day to make some concise clinical remarks upon hare-lip and cleft palate, and to illustrate the subject by bringing before you several cases of these deformities.

Taking the notes of only the last sixteen years of my hospital work, I find that I have treated during this time 236 cases of hare-lip and cleft palate, and in addition to these many other cases have been under my care in private practice. The remarks, therefore, which I now offer you are founded upon well-matured experience.

Deficiencies, or clefts, in the lips and palate are occasionally the result of injury or of ulceration or sloughing, but true hare-lip and cleft palate are congenital deformities or deficiencies.

HARE-LIP.

This deformity is one of the upper lip, but fissures (usually median) have been met with in the lower lip in a few instances, and in rare cases a fissure has extended upwards through the cheek, along the side of the nose, or across the cheek towards the ear.

Hare-lip may, or may not, be complicated with a fissure of the alveolar margin of the upper jaw, or with a fissure of the palate in a part, or whole, of its extent. Various degrees of hare-lip are met with, and the cleft, or clefts (in the double form) may only affect a portion of the lip, or may pass through its entire extent and open into one or both nostrils.

VARIETIES.—I. "SINGLE" HARE-LIP.

(A.) Uncomplicated.

(B.) Complicated with a fissure through the alveolar margin, with a fissure of the palate, or with both.

In single hare-lip the cleft may be situated upon one or other side of the middle line, but is much more frequent upon the left side. When the alveolar margin of the jaw is fissured, one edge of the fissured bone usually projects more or less and may overlap the other edge.

In connection with fissures through the alveolar margin in single and double hare-lip and in cleft palate it is to be noted that the exact situation of the fissure varies. In single fissures the line of the cleft may be at a point corresponding to the junction of the intermaxillary with the superior maxillary bone, the canine tooth on the corresponding side forming the external boundary of the fissure, or, as is more frequent, the line of the cleft is bounded externally by an incisor tooth ("precanine" tooth) which lies between the cleft and the canine one. In double fissures of the alveolar margin the position of the clefts is similar, there being in a considerable majority, a "precanine" tooth between the canine and cleft. In a few cases it has been observed that a "precanine" tooth existed in connection with one of the clefts but was absent in the other.¹ In both single and double clefts the number of the incisors may be diminished or increased.

II.—DOUBLE HARE-LIP.

This condition occurs without any separation of the intermaxillary bones, but most frequently it is complicated with a double fissure of the alveolar margin. A fissure of the palate may or may not be present. The central portion of bone ("intermaxillary bones") is displaced to a varying extent. In some instances it projects very markedly and it may stand out from the superior maxilla at an angle almost approaching a right angle. Its neck of attachment to the jaw varies in breadth in different examples of the deformity. The soft tissues covering the central portion of bone are continuous with those of the septum of the nose, and in cases of com-

¹ See an important paper by Professor Sir William Turner, *Journal of Anatomy and Physiology*, vol. xxix.