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Out of the 98 accepted cases, 10 were not insane on admission into asylums, 29 were not cured, and 9 died during residence. Regarding the cases described as "not cured," it is necessary to explain that the expression is to be taken only relatively for the period during which the patients were under observation by the Commission, and which as a general rule would be under two years. The duration of residence in asylums of the 50 patients discharged during the period mentioned may be tabulated as follows:—

Ages of patients.

Duration of residence in asylum.	15 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 to 50 years.	51 to 55 years.	56 to 60 years.	75 years.	Age not known.
Not insane on admission.	1	2	3	1	...	...	1	...	...	1	1
One month and under.	...	2	2	...	...	...	...	...	...	...	...
Not exceeding 3 months.	1	4	2	1	...	...	...	...	...	...	...
Not exceeding 6 months.	6	8	2	2	1	...	3	...	...	...	...
Not exceeding 12 months.	...	5	6	2	...	...	...	...	1	...	...
Not exceeding 18 months.	...	...	1	1	...	...	...	...	...	...	...
Not cured ...	2	9	6	4	3	2	2	1	...	...	...
Died ...	...	2	...	2	3	1	1	...	...	...	...

These figures would appear to indicate that the largest number of discharges, 38 per cent., occurred after a residence not exceeding six months in the asylums, and of the rejected cases 19 per cent. were discharged after a similar residence. After a residence of over six and not exceeding twelve months, 16 per cent. of the accepted cases (making a total of 54 per cent. for the whole year) were discharged, and 10 per cent. (a total of 29) of the rejected. Dr. Walsh (Bengal witness No. 112), in a supplement to his written evidence, remarks: "The average period under treatment in the asylum at Dullunda of 55 cases discharged cured during five years (1888-92) varied from 3 to 10 months, and many of these were kept under observation for some time after they had been pronounced sane. Of the 108 cases admitted, more than half recovered very quickly, and this points to some cause easily removable."

For the purpose of comparison, the duration of residence in asylums of the rejected cases of 1892 is given in the following table. This table contains only 121 cases, because of the 124 rejected cases, two were not cases of 1892 at all,

and one was rejected because it has been entered a second time on the statement :—

Duration of residence in asylum.	15 to 20 years.	21 to 25 years.	26 to 30 years.	31 to 35 years.	36 to 40 years.	41 to 45 years.	46 to 50 years.	51 to 55 years.	Over 60.	Age unknown.
Not insane on admission.	...	1	1	...	...	1	...	...	...	1
One month and under.	1	...	...	1	...	1	...	...	...	...
Not exceeding 3 months.	2	1	...	1	...	2	...	...	...	...
Not exceeding 6 months.	3	5	4	2	...	...	...	...	...	...
Not exceeding 12 months.	5	2	3	1	1	...	...	...	...	...
Not exceeding 18 months.	...	1	...	1	...	1	...	...	...	...
Not cured	...	2	11	19	17	8	3	1	...	3
Died	...	...	3	4	2	2	1	...	1	2

531. The proportion of recoveries calculated on the 98 accepted cases would amount to 61·2 per cent., or, deducting from both sides the 10 patients who were not insane on admission, to 56·8 per cent. Calculated in the same manner, the percentage of recoveries of the rejected cases would be 34·7 and 32·4.

532. Calculated on the accepted cases, the mortality amounted to 9·1 per cent. In no single case, however, was the death due directly to the mental condition. The mortality in the rejected cases amounted to 12·3 per cent. on the total admissions. There is one fact which vitiates the figures in connection with mortality in asylums—that is, the practice which exists at all events in the Tezpur Asylum, Assam, of transferring dying patients to the “Moribund Ward” of the Charitable Dispensary for medical treatment.

533. The Commission would premise the analysis of the symptoms presented by the accepted cases by remarking that the information available is extremely meagre. As a rule the asylum records fail to afford a full clinical history of the condition of the patients on first admission, and the subsequent entries in the asylum case books are also frequently lacking in useful information. In one asylum no case book appeared to have been kept up in 1892. The medical certificates on which the patients are admitted into the asylums usually contain only sufficient evidence of the mental state to support an opinion as to the mere fact of insanity. The descriptive rolls are the only source in the vast majority of cases from which the mode of incidence and duration of attack, the habits, and the personal and family history of the patients can be ascertained. The value to be placed on certain entries in the descriptive roll has already been fully discussed. They have been shown to be untrustworthy, and there is no reason to suppose that other entries are more accurate or reliable.

In 17 out of 98 cases only is information recorded as to the nature of the onset of the symptoms; in eight it may be described "sudden;" in six as "gradual" or "slow"; and in three as "insidious." As a rule no detailed information is ascertainable regarding the nature of the premonitory symptoms or their duration. "Headache" has been mentioned, but beyond that there are no clinical symptoms. Sometimes alteration in habit is alluded to, but more frequently attention has first been drawn to the mental condition by some insane, violent, or destructive act which has led to the individual being sent to a medical officer for observation. Regarding the state of the general bodily health on admission into asylums, in 35 cases it is described as "good," in 20 "fair," in 8 "indifferent," in 6 "bad," in 3 "weak" or "very weak," and in the remaining cases no information is recorded. As a rule no records are kept of the form or measurements of the head, general physical features are not recorded, and thermometrical observations do not usually appear to be made. The facial expression is as a rule not described, and in three instances only is it referred to as "vacant." The appearance of a "ganja wart" on the palm is mentioned by one Superintendent. The gait is as a rule not described. Abnormalities or signs of disease of the sexual organs are not usually mentioned. The condition of the circulatory and respiratory systems are not as a rule recorded. Under the digestive system it may be mentioned that in fifteen cases food was refused, necessitating forcible feeding. No information as a rule is available regarding the glandular system, state of the skin, or character of the urine. Under the muscular system "tremor" has been referred to and "muscular twitchings like chorea." But such features as power of "grasp" of hands or reaction to electric stimulus are not mentioned. Under the nervous system—sight, hearing, taste, and smell—no systematic observations appear to be recorded; in only one asylum was there any record regarding the state of the pupils; in one asylum redness of the conjunctiva was mentioned; and in one asylum the eyes are described as "red." The conditions of nervous sensibility, hyperæsthesia and anæsthesia, do not appear to have received attention; and in one asylum only are reflex phenomena mentioned.

Regarding mental symptoms. In fifty-six cases incoherence of language is mentioned, in seven uncommunicativeness, in seven silentness, in nine talkativeness, in twelve muttering, and in twenty-two abusiveness or obscenity of language; in four cases the patients were "excited," in three roaring, in twenty-four noisy, in twelve restless, and in thirty-one sleepless. In seven cases there were symptoms of "exaltation," in thirteen quarrelsomeness, in twenty-nine destructiveness, twenty-five were homicidal, twelve suicidal—frequently the same case exhibited both tendencies—and thirty-six violent. In twelve cases there was laughter, in two dancing, in one absurd postures, and fourteen were either sad, crying, or moaning. Forty-six were dirty or filthy in their habits, twenty-one were indecent, in twenty-four there were delusions, and in four cases the patients are described as "childish."

The alteration in symptoms in the asylum was in some cases very rapid, so rapid in some instances as to be almost immediate. In others the progress towards sanity was slower; in some there were relapses, with occasional outbursts of violence; while others from being violent and abusive became melancholic or quiet and silly, or drifted into a condition of dementia.

534. The cause of death in the nine fatal cases was as follows: One general debility, one cholera, two dysentery, one leprosy, one heart disease, one diarrhœa, one dropsy and old age, and one no cause assigned. In five of these cases no *post-mortem* examination appears to have been made; in the four in which it was conducted, the condition of the brain is not specially noted in three, while in one case—death from cholera—the following note is made: "Weight 43 oz.; both membranes and substance of brain congested, and lateral ventricles contained a very small quantity of fluid. Brain substance firm." As to the results of *post mortem* examinations in alleged ganja cases, therefore, the evidence is purely negative as to any even coarse brain changes being present. It may be remarked, however, that as a rule when autopsies have been conducted in asylums, it has been solely with the object of ascertaining the cause of death and not for purposes of pathological research. In most cases the brain does not appear to have been examined, and, when it has been examined, the information recorded is so meagre and superficial as to be valueless.

535. Reviewing the mode of incidence so far as it can be ascertained, the type, general symptoms, and duration of cases in which the mental balance has been alleged to have been overthrown by the use of hemp drugs, the question arises are there any symptoms pathognomonic of the condition generally known as hemp drug insanity, and on what does the evidence rest that the use of these drugs may induce mental aberration? The evidence obtained by the Commission appears to indicate that in the cases of alleged hemp drug insanity which find their way into asylums, there are no typical features in the premonitory symptoms and no pathognomonic symptoms in the insane condition on which to base a determination of causation. The mode of incidence, the premonitory symptoms, and the symptoms of the insane state are practically the same in cases in which these drugs have never been used as in instances in which the mental equipoise has been accepted as being disturbed by their employment. The type of hemp drug insanity is mania, though in the subsequent history of a few cases there appears to be divergence from the type. The mania may be acute or chronic. The majority of medical witnesses who have studied the subject are clearly of opinion that there is nothing typical in the symptomatology of hemp drug mania to distinguish it from mania due to other causes. But at the same time several express an opinion that the symptoms are of shorter duration in hemp drug mania than in mania due to other causes. Besides this pretty generally accepted view that short duration is a diagnostic mark of hemp drug insanity, one or two witnesses are inclined to think that there are other characteristic symptoms. Dr. Cobb (Bengal witness No. 110) in his oral evidence states: "There is nothing very typical in the symptoms, but still ganja insanity has points of distinction from other kinds of insanity. It is very temporary. Confinement of the patient with removal of the exciting cause generally brings about rapid cure. Delirium is a prominent feature. There are other general features which it is difficult to put into words, and which experience alone can teach.....One recognizes ganja insanity intuitively. All the symptoms I have described may be present in other kinds of insanity, but one judges by the combination of them." Dr. Crombie (Bengal witness No. 104) in the appendix to his written evidence states: "I refer to the peculiar characters of this form

of toxic insanity by which it can be recognized just, or nearly as readily, as those of delirium tremens distinguish alcoholic intoxication. To enable me to do so clearly, it is necessary to distinguish between acute ganja intoxication due to a single debauch or to continuous excessive use of it in what might be called a bout of ganja drunkenness, and the effects of its continued immoderate use over a lengthened period of time. Acute ganja intoxication is marked by the extreme vehemence of the mania. In its mental, moral, and muscular manifestations, it bears no resemblance to alcoholic intoxication whatever. The maniac is excited in every fibre. His aspect is infuriated, his eye glares and is tense and glistening, while at the same time the conjunctiva is red and injected. He shouts, vociferates, sings, walks quickly up and down or round his cell, and shakes the door out of its fastenings. If at liberty, he is violent and aggressive, and may run *amok*. In other cases the mental disturbance is less marked, but the demeanour is excited, and he suddenly seizes some weapon, and slays one or more of the people in his neighbourhood without apparent reason. The attack is of short duration, being limited to a few days. Then there is perfect recovery, and the patient is oblivious of things which took place during the period of intoxication.....The insanity produced by the long-continued immoderate use of ganja has also features of its own. The patients are hilarious, attitudinise, and are full of the sense of well-being; they are as a rule good-natured and trustworthy, and recover in a large proportion of cases under confinement and deprivation of the drug. These cases characterize Indian asylums by the large number of happy amusing lunatics they contain. They are, however, very subject to relapses even after lengthened periods of freedom from symptoms."

The alleged shorter duration of hemp drug cases is to some extent borne out by the statistics obtained by comparing the accepted and rejected cases for 1892. In the accepted cases (98), after deducting the ten patients who were not insane on admission, the percentage of recoveries has amounted to 56·8 per cent. of the total admissions, while of the rejected cases only 32·4 per cent. of the admissions have recovered. The Commission consider, however, that too much stress should not be placed upon rapidity of recovery as a diagnostic sign in attempting to differentiate between hemp drug and ordinary mania. It is well recognized that as a rule ordinary uncomplicated cases of mania rapidly recover. Moreover, bearing in mind that hitherto hemp drug cases have been accepted as such as a rule on untrustworthy evidence, and that consequently many of the cases on which Superintendents of Asylums have based an opinion as to the relative rapidity of cure of hemp drug and ordinary mania were not actually toxic cases, "rapidity of recovery" can only be accepted tentatively as a means of discrimination. It is scarcely necessary to observe that this so called "diagnostic mark" has not been used in diagnosing hemp drug insanity in the asylums, as it has been shown that diagnosis was made on the admission of the patient and not after his recovery.

In connection with the alleged greater recoverability of cases of hemp drug mania, it may be of interest to quote statistics of cases in an English asylum. In the West Riding Asylum the percentage of recoveries in acute and simple mania were respectively 65·5 and 61 per cent., while 8·4 and 11·9 per cent. were relieved and 11·9 and 16 per cent. formed a chronic residue. Taking all maniacal forms in the same asylum (including the simple, acute, hysteric, chronic,

delusional, recurrent, and puerperal), the recoveries amounted to 53·2 per cent. : 14 per cent. were relieved, and 20·6 per cent. formed a chronic remainder. Obviously, however, these figures are not strictly comparable with the statistics of the hemp drugs and rejected cases with which the Commission have been dealing, because the Indian cases have only been a limited period under observation—under two years—while the West Riding Asylum statistics refer to periods of several years.

In considering the “peculiar characters” of hemp drug insanity as alluded to by Dr. Crombie, the Commission have to recall attention to the erroneous character of the statistics which form the basis of that officer’s conclusions, and also to point out that generally all the features of the acute form as described by Dr. Crombie are comparable with the symptoms of transitory mania and the symptoms of the chronic form with those usually found in cases of mania unconnected with the use of hemp drugs. Indeed, Otto Von Schwatzer’s description of transitory mania in the Dictionary of Psychological Medicine might be read in lieu of Dr. Crombie’s “peculiar character” of the symptoms. “The principal characteristic of transitory mania is the spontaneous and ungovernable intense excitement produced by the cerebral irritation and the morbidly exaggerated motor impulse, which, however, does not consist, as in other and milder forms of frenzy, of a more or less harmless restlessness, but in a wild paroxysm with a blind desire of destruction. The excitement extends with great intensity over the whole of the motor sphere, so that not single muscles, but the whole muscular system, is under its influence. All the wild motor discharges are without any purpose and object Every idea is at once expressed either by words or by inarticulate cries, screams, and shouts lively and sparkling eyes, which protrude from the orbits, redness of the conjunctiva, threatening or staring look As rapidly and suddenly as the attack comes, so suddenly it also disappears. Another abnormality of transitory mania is that its duration may be very much protracted, there being cases in which the attack lasted several days Recollection generally reaches as far as the moment of outbreak, and perhaps includes darkness before the eyes, etc., but then completely ceases.” The description of some of the symptoms usually found in cases of mania, as given by W. Bevan Lewis, is also fairly comparable with Dr. Crombie’s account of the special features presented by cases of insanity produced by the long-continued immoderate use of ganja. “The excitant swell of feeling and the torrent of disconnected ideas may express themselves in continuous garrulity, in noisy chattering, in threatening and abusive tones, in laughter, in singing, or loud shouting with corresponding pantomime and almost ceaseless activity, or the feeling of unusual freedom and energy may find relief in destructive tendencies, smashing of glass, breaking of furniture, tearing of clothing, or, perhaps, in violent aggressiveness.” In regard to these lunatics being “very subject to relapses,” it may be remarked that this also is recognized as a common feature in ordinary cases of mania.

536. Summing up the evidence as to the presence of pathognomonic symptoms in cases of hemp drug insanity, the Commission consider that, with the exception perhaps of the shorter duration of such cases when compared with cases of ordinary mania, there are no symptoms by which the cause of the mental condition can be determined.

Summary of conclusions regarding hemp drug insanity.

The determination of cause depends wholly upon history. The Commission also consider it not improbable that there are no typical brain lesions peculiar to hemp drug insanity, though definite lesions are doubtless present in chronic cases, as they are in cases due to other causes.

In answering the question, therefore, on what the evidence rests that hemp drugs may induce mental aberration, the Commission would offer the following remarks: The evidence may be considered under two heads—(a) popular; (b) scientific. The popular idea that the use of hemp drugs may induce insanity can be traced back for many centuries, and the present day views on the subject are no doubt the outcome of old popular ideas which have been handed down and become concrete. With non-medical witnesses the mere use of the drug along with the fact of insanity, as the evidence shows, has as a rule been accepted as cause and effect. Of the large number of medical witnesses who have given evidence before the Commission, probably not a single one has ever observed the inception of the habit and the use giving rise to mental aberration, and been in a position to gauge the value of other contributory causes if present. With practically no modern literature on the subject, with no special knowledge apart from the popular idea, with a very slight or no clinical experience of insanity in England, with the experience derived from perhaps having had half a dozen insanes in the course of two years under observation as Civil Surgeons, officers have been placed in charge of asylums, and have had to differentiate between cases of hemp drug insanity and ordinary mania. The careful inquiry which has been made by the Commission into all the alleged hemp drugs cases admitted in one year into asylums in British India demonstrates conclusively that the usual mode of differentiating between hemp drug insanity and ordinary mania was in the highest degree uncertain, and therefore fallacious. Even after the inquiry which has been conducted, it cannot be denied that in some of the cases at least the connection between hemp drugs and insanity has not been conclusively established. But taking these accepted cases as a whole, we have a number of instances where the hemp drug habit has been so established in relation to the insanity that, admitting (as we must admit) that hemp drugs as intoxicants cause more or less of cerebral stimulation, it may be accepted as reasonably proved, in the absence of evidence of other cause, that hemp drugs do cause insanity.

The action of hemp resin, the active principle of all forms of the drug, when taken internally, has formed the subject of accurate experimental observations, and the physiological action of the drug on the human subject and animals is fairly well known. When, however, the products of the destructive distillation of the resin are inhaled, as in ganja smoking, the precise physiological effects induced have not hitherto been, so far as the Commission are aware, as fully studied. Dr. Russell's experiments (Bengal witness No. 105) already quoted are, the Commission understand, the only ones instituted on man with any pretensions to scientific accuracy. On the other hand, Assistant Surgeon Bocarro (Sind witness No. 20) and others refer from careful actual observations to the general physiological effects induced by smoking ganja and charas. With the object of elucidating the physiological effects of the products of the destructive distillation of hemp resin, Dr. D. D. Cunningham, F.R.S., Professor of Physiology, Medical College, Calcutta, at the request of the Commission, kindly undertook a

series of experiments on monkeys. A full account of the experiment with ganja is given in paragraph 483. Dr. Cunningham reports on naked-eye inspection that "the cerebro-spinal nervous centres were all apparently perfectly healthy." The results of the histological examination are not before the Commission, but it is hoped that they will be received in time to be included in the appendix. So far as the information from all sources before the Commission is concerned, there is no evidence of any brain lesions being directly caused by hemp drugs, as they have been found to be caused by alcohol and dhatura; and there is evidence that the coarse brain lesions produced by alcohol and dhatura are not produced by hemp drugs.

537. The precise physiological effects induced by the inhalation of the products of the destructive distillation of hemp resin and those arising from the exhibition of the resin by the stomach are probably not identical, but in both cases there is ample evidence that the use of the drug in either form may first cause cerebral stimulation, and then depress the functional activity of the brain. François Franck and Pitre's experiments (Arch. de Physiol., 1883), quoted by Lauder Brunton, indicate that in the case of dogs the excitability of the brain is increased by the administration of *Cannabis*, a purified form of hemp resin, so that the tendency to epileptic convulsions is greatly increased, and may be induced by very much slighter stimuli than usual. Alcohol is a typical cerebral stimulant, and any drug which, like alcohol, increases the functional activity of the brain, may, like alcohol, give rise to what is technically known as "an intoxication." The effect of alcohol may result in three principal sets of symptoms, which are admirably set forth by Legrain (Dictionary of Psychological Medicine).

Cerebral stimulants.

- (a) Taken in large amounts, in a short time it produces acute symptoms, which are immediate, but temporary—*intoxication* or *drunkenness*.
- (b) Alcohol if taken often and in great quantities, or if the drunkenness is nearly continuous, or if the individuals are not very strong in brain, accumulates in the organism without being at any time completely eliminated, and gives rise to acute symptoms of longer duration than mere intoxication—*delirium tremens*.
- (c) Alcohol regularly or irregularly introduced into the system for a long time in doses even short of producing immediate symptoms is known to produce general disorders and progressive lesions, characterized by weakening of the faculties and premature dementia, the *ensemble* of the symptoms constituting *chronic alcoholism*.

The analogues of these chief effects of alcohol may also be traced in the symptoms induced by hemp drugs, in which we have—

- (a) The condition of more or less delirium with hallucinations and merriment as occurring in a person who has taken what is to him a large dose of the drug, the symptoms being only temporary—*hemp drug intoxication*.
- (b) The condition of wild frenzy, with symptoms of transitory mania occurring in a person who has systematically indulged largely in the drugs—*hemp drug delirium*.

- (c) Cases in which the drug has been used for a considerable period, and then given rise to mania of shorter or longer duration, or cases in which the symptoms of hemp drug delirium do not completely subside, but pass on into a state of mania usually curable, and thus indicating the probable absence of anatomical lesions—*hemp drug mania*.

The evidence, though by no means clear and decisive, is perhaps sufficient to justify the presumption of an analogy such as is above indicated; and cases which have come before the Commission have seemed to divide themselves into these three classes. At the same time it must be pointed out that the sharp line of demarcation in symptoms which separates alcoholic intoxication from delirium tremens does not separate the intoxication and delirium produced by hemp drugs. Further, in regard to what has been said about hemp drug mania, it may be noted that it is not improbable, though it has not been established by evidence, that prolonged abuse of the drugs may give rise in some cases to definite brain lesions resulting in a progressive weakening of all the faculties leading to dementia.

538. Hemp drugs have been classed among the "poisons of the mind," and it may be of interest, as throwing a good deal of light on the whole subject and explaining the different modes in which "intoxications" may give rise to altered mental states, to allude briefly to the manner in which mental poisons are presumed to act. M. Legrain, in Hack Tuke's Dictionary of Psychological Medicine, defines mental poisons as including all substances, whatever may be their origin and nature, which are capable of exercising a marked action on the intellectual processes, either by disordering them or by suspending them completely for a moment or longer. He then goes on to describe their action at length in a passage which may be summarized as follows. Poisons of the mind act primarily to a greater or less extent on the cerebral cells. Almost all substances introduced into the organism modify the cerebral processes, this being due to the delicacy of the organization of the nervous system, which, like all complicated mechanism, is extremely vulnerable. The brain as the terminus of all sensations, and as the regulator of even the most minute cellular functions, has to bear the brunt of attacks, even the slightest, directed against the vital equilibrium, and has also to re-act in order to re-establish this equilibrium. In every intoxication, in addition to the cerebral re-action due to the effect of the poison itself, there are other re-actions requiring as many reflexes for the defence of the body, and closely connected with the impressions which the sensorium receives, of modifications of nutrition, or of changes which take place in other organs under the influence of the poison. These re-actions are the symptoms common to every intoxication. The cerebral re-actions which take place under the more direct influence of the toxic substance are of two kinds—they may be diffused, general, and undefined, and expressed by vague symptoms, indicating a lesion of the brain as a whole; or they are well-defined, clear, and localized, indicating that the poison affects one special centre of the brain to the exclusion of all others. Special derangements may also occur in addition to those of the brain. In spite of the great dissimilarity of the substances which are capable of producing cerebral intoxication, there are nevertheless certain clinical features common to all. We might even say that there are no intellectual disorders more pathognomonic of one poison than of another. The artificial insanity produced by toxic substances is nothing but the

re-action of the cerebrum, which is arrested in its full and regular function, and the coming into play of the cellular elements under the influence of an external and abnormal excitation which is different from the usual stimulation. As already pointed out, this excitation may affect one part of the brain more than another; hence the apparent difference in the symptoms, which may also vary in different individuals, although they are under the influence of the same poison. The toxic substance does not add any new element to those which the normal brain possesses, and herein lies the great difference between the superadded insanity and the insanity which the brain produces itself between toxic derangement and psychosis. All or nearly all slight intoxications, from whatever cause, are characterised by certain general symptoms—(1) excitation of the organ of thought; (2) intoxication; and (3) incoherence of ideas and actions. In organic derangement there is a qualitative ideational alteration; in toxic derangement there is only a functional disturbance, and a quantitative modification of psychical expression. The special symptoms are of infinite variety, and this variation of the special phenomena depends upon two factors—(a) the localization of the toxic effects in a special cell group in the brain; and (b) on individual re-action. Nervous and predisposed persons appear to be more easily affected than normal subjects. Certain toxic substances, such as alcohol and morphia, etc., do not produce the same effects on all individuals, male or female, under all latitudes. A large number of substances produce cerebral effects, but rarely in consequence of certain individual dispositions. Among labourers who handle carbon disulphide or aniline, some only present mental disorders. The individual factor with its idiosyncrasies plays here, as everywhere, a very important part. There are other factors, too, which have to be considered, the degree of education, reason, locality, dosage, and mode of preparation of the drug, all of which may modify the symptoms. Thus the hallucinations of the Western people under the influence of hashish are not identical with the voluptuous dreams of the Orientals. The simple intellectual disorders produced by various poisons are of two kinds—(1) the condition of excitement, and (2) the condition of depression; but these two conditions do not exclude each other. Thus in the case of hemp drugs, depression or narcosis usually follows the initial excitement. In addition to the intoxication and general disturbance of the mind, mental poisons produce also insane conditions or mental disorder. But these conditions are intimately connected with the general disturbance of the mind. The individual variations are here very numerous, the same poison producing different effects in two individuals. The insane conditions have been classed into several groups—(1) maniacal or incoherent type is the most frequent, the derangement being absolutely general; (2) alcoholic type, a maniacal condition of a depressive, painful, and frightful form; (3) maniacal type of expansive form, ambitious, mystic, and erotic ideas, idea of self-satisfaction and of exaggeration of personality—this form is considered as representative of hashish, etc.; (4) melancholic type; (5) mixed forms in which depression may alternate with excitement; and (6) *vesaniæ* conditions, *i.e.*, attacks of insanity, which, although excited by poisons, do not derive their special colour or character from the drug, but arise in persons strongly predisposed to insanity. Most poisons produce nothing but temporary disorders, which disappear without leaving any trace behind: their effect is limited to a slight excitement or depression of the faculties, to a short intoxication, or to a more or less profound narcosis; afterwards perfect order is re-established. Other poisons cause more serious symptoms. The duration of symptoms varies according to the individual disposition and the dose absorbed;

but, generally speaking, the acute stage, if recovery should follow, does not last more than a few days or weeks. In chronic voluntary intoxication the cause of the symptoms depends necessarily on the habits of the patient and the individual re-action. The chronic period does not generally establish itself from the first. There are first the acute phenomena, which may reproduce themselves a number of times, without, however, preventing chronicity from establishing itself: these acute symptoms are nothing but epiphenomena, which appear again and again in the course of this period: the two essential kinds of symptoms, however, are the irresistible appetite for the poison, with periodical return of the acute and sub-acute symptoms, and the progressive decay of the mental faculties. The acute symptoms correspond to the temporary saturation of the body with the poison, while the chronic symptoms are the expression of definite anatomical lesions in the brain gradually developed under toxic influence. The prolonged use of mind poisons thus gives rise to progressive weakening of all the faculties passing over into dementia. Acute toxic insanity is a secondary insanity: it is polymorphous; all forms of insanity may be observed, not only in two different intoxications, but even in the course of one and the same intoxication. It is temporary, nothing but a momentary acute effervescence terminating with the elimination of the poison.

539. Before leaving the subject of insanity, there is one point to which it seems desirable briefly to allude. The impression left on the minds of the Commission by the perusal of a large number of records in criminal cases and by the examination of some asylum cases is that there is occasionally seen a tendency to confound intoxication and insanity in connection with hemp drugs. The result is that in some cases men who should have been simply punished for being intoxicated have been sent to the asylum, and, though sane when they reached that institution, have been detained there. These cases are, however, much rarer than they used to be, if one may judge from the old asylum reports. A more serious result of this confusion is that there are cases in which men who have committed offences, especially crimes of violence, under the influence of hemp drugs have been acquitted on the ground of insanity, although the circumstances have been such that had the intoxicant been alcohol, they would have been convicted. It is undoubtedly more difficult in the case of ganja than in the case of alcohol to recognize the line drawn for social and legal purposes between intoxication and insanity. But the difficulty is not insuperable. The main reason for the confusion that has existed is probably the ignorance that has prevailed regarding hemp drugs. When they are recognised as a common intoxicant, it is to be hoped that the practice of the Courts will be freed from the occasional blemishes above indicated. It is not expedient, nor is it just, that intoxication from hemp drugs should secure immunity from punishment which is not allowed to alcohol; and, on the other hand, the Commission cannot concur with Dr. Walsh (Bengal witness No. 112) when he says: "It is not my opinion from experience that it is either dreadful in itself or possibly disastrous to a man's mind to have to herd for years with lunatics, though sane."

CHAPTER XIII.

EFFECTS—MORAL: GENERAL SUMMARY OF CONCLUSIONS.

540. Hitherto the effects of hemp drugs have been considered principally with reference to consumers themselves. In turning now to the discussion of their moral effects, we shall practically consider briefly their direct effects on society. Are consumers offensive to their neighbours, and is there any connection between hemp drugs and crime? These are the questions which it is proposed now to discuss. A considerable mass of evidence has been collected on these questions.

541. As to whether moderate consumers are offensive to their neighbours the evidence can leave little doubt on the mind of any one who peruses it carefully. About seven hundred witnesses have thought it worth while to speak on this point. It may be safely presumed that of the remainder the great majority have no experience of anything offensive in consumers. Of those who have given their opinions, over six hundred say that moderate consumers are not offensive to their neighbours. Of the small minority, some object, not unnaturally, to the bad example they think their ganja smoking neighbour may be to their sons who are growing up. Some merely take offence at the smell of the ganja smoke, and some at the "coughing and expectorating." They are evidently not inclined to be tolerant of the indulgence which they do not care themselves to practise. On the other hand, some of the minority are clearly dealing not with moderate consumption, but with the worst type of excess. They speak vaguely of the consumers as committing the gravest crimes under the influence of these drugs. Altogether it is clear that the moderate consumer is as a rule perfectly inoffensive. There appear to be quite adequate grounds for accepting the statement of those who assert that as a rule he "cannot be distinguished from the total abstainer." Some witnesses have stated that they had difficulty in finding the moderate consumers, though they did find that the habit of moderate consumption is common. Indeed, there are not wanting those who say that no consumer of bhang or ganja, whether in moderation or in excess, is ever an offensive neighbour. The contrast in this respect between the excessive consumer of hemp drugs and the excessive consumer of alcohol is frequently emphasized. No doubt the excessive consumer of hemp drugs must sometimes be a disagreeable and perhaps even dangerous neighbour; but even among excessive consumers such cases seem to be very rare indeed.

542. In discussing the connection of hemp drugs with crime, it is necessary to discriminate between any effect which they may be supposed to produce on crime in general and the unpremeditated crimes of violence to which intoxication may give rise. Thus there are those who allege that the habitual use of alcohol, at all events if carried to excess, degrades the mind and character of the consumer and predisposes him to crime in general, or to crimes of a particular character, especially to offences against property. Drink is thus set down sometimes as one of the most efficient agencies for increasing the criminal classes. On the other hand, there are well known cases in which intoxication from alcohol has led to crimes of an occasional and exceptional character, generally to unpremeditated crimes of

violence or other unpremeditated offences against the person. These two classes of cases should be carefully distinguished and treated separately.

543. The first question then is whether any large proportion of bad characters are habitual consumers of hemp drugs, and whether there is any general connection between such consumption and crime. About one-half of the witnesses have dealt with this question. Of these, a majority of two to one hold that no large proportion of bad characters are moderate consumers. A majority, but not quite so large, have the same opinion regarding excessive consumers. In respect to the second part of the question, a majority of eight to one hold that moderate consumption of these drugs has no connection with crime in general or with crimes of any particular character. A majority of nearly four to one hold the same view in regard to excessive consumption. There is one witness who makes rather a suggestive observation in this connection. He says that consumers "are called badmashes for this reason only, that our children may fear them and avoid their company." This undoubtedly suggests an explanation of some part of the popular condemnation of the drugs. A very large proportion of the natives of this country have a strong aversion to the use of intoxicants, and may reasonably be expected to influence their children against them in precisely this way. This may lead some witnesses to take an exaggerated view of the number of bad characters who are consumers. But there need be no hesitation in accepting the view that this number is indeed larger in proportion than the number of consumers among the general population. Consumers of hemp drugs are found more among the lower orders, among the poor, than among the more wealthy. The former are, of course, the classes to which the badmashes or bad characters belong. This is the explanation given by many witnesses of the alleged fact that proportionately more consumers of hemp drugs, and especially ganja smokers, are to be found among bad characters than among the whole population. But the general opinion is that hemp drugs have *per se* no necessary connection with crime. It is true that some witnesses assert that habitual consumers sometimes spend more than their poverty renders reasonably possible, and are then tempted to commit petty thefts. And there are probably many Magistrates of experience who have in "bad livelihood cases" heard the police enlarge on the amount believed to be spent on hemp drugs and other intoxicants and the apparent impossibility of meeting this expenditure honestly. The same is true, however, of any unwise expenditure beyond what one can afford, and of any extravagance which intensifies poverty.

544. Another question which arises in reference to the connection between hemp drugs and crime is whether these drugs are to any considerable extent taken by criminals to fortify themselves to commit premeditated crime of any kind. About one-half of the witnesses speak on this point. Of these a majority of nine to four answer in the negative. The truth seems to be that as hemp drugs help the consumer to endure great fatigue or exposure and stimulate him to unwonted exertion, criminals, like any other consumers of these drugs, go to them for that assistance when they feel that they require it. This is just as any man under similar circumstances might go to the intoxicant he was in the habit of using. Sometimes, no doubt, also a criminal may take his own particular

intoxicant to supply Dutch courage. But it seems just as common with him to desire to keep his head clear, and therefore to avoid all intoxicants. No man, of course, who was not unaccustomed to the use of hemp drugs would turn to them for any of these purposes. There would be too great a risk of the unaccustomed intoxicant disabling rather than nerving the man. There is one class frequently mentioned in some parts of the country by whom the drugs are no doubt used, *vis.*, "lathials" or professional clubmen, who are employed occasionally as mercenaries in riots and assaults. These men, like many wrestlers, use the drug habitually, and no doubt indulge in it before going out on their work.

545. About the same number of witnesses deal with the question whether criminals use hemp drugs to stupefy their victims. By a majority of about three to two, they answer this question in the affirmative. The question arises whether complete or sufficient stupefaction can be induced by the administration of these drugs. There seems to be considerable doubt on this point. It is a very general opinion that only persons unaccustomed to the drugs could be rendered insensible by them, and such persons would not take the drugs. No doubt ganja might be administered in a *chillum* with the pretence that there was nothing there but the tobacco with which it was mixed. But this as a rule would involve too much risk. Ganja would be too readily detected by smell and flavour. Many even of those who believe that hemp drugs could produce sufficient stupefaction speak also to the admixture as a general rule of more potent drugs, such as dhatura. As to cases, it is far easier to get many established cases of such stupefaction by dhatura alone than to get one where hemp drugs were clearly the narcotic employed. There are two special instances of this kind of use of hemp drugs mentioned by some witnesses, *vis.*, thefts of ornaments from prostitutes intoxicated with bhang, and thefts of ornaments from children stupefied by majum sweetmeats. These, however, do not appear to be common. It is difficult to get instances of any such use of these drugs. The evidence in support of the view that they are so used is largely hearsay and based on mere rumour. On the whole, it is very improbable that the drugs are much used in this way; for dhatura, a much more potent drug, is more easily available and more easily administered.

546. There seems, therefore, good reason for believing that the connection between hemp drugs and ordinary crime is very slight indeed. There remains for discussion their alleged connection with unpremeditated crime, especially crimes of violence. In this connection it seemed only necessary to consider the excessive use of the drugs. This, then, was the question put before the witnesses, whether excessive indulgence in any of these drugs incites to unpremeditated crime, and whether they knew cases in which it had led to temporary homicidal frenzy. This question has been discussed by nearly six hundred witnesses, of whom a majority of very nearly three to two answer in the negative. They do not believe in any such connection. Their experience has not brought before them cases in which that connection seemed to exist. Some of them have clear recollection of crime being associated by causation with alcohol, but cannot recall any case in which it was similarly associated with hemp drugs. They will not go beyond their experience, and therefore they answer in the negative.

Some of them go further than this. They go so far as to say that these drugs not only do not incite to crime, but have the very opposite tendency. They are of opinion that the drugs "tend to make men quiet;" that "the immediate effect is stupefying; there is none of that tendency to violence which is a characteristic of alcoholic intoxication;" and that the result of continued abuse of the drugs is to make a man "timid and unlikely to commit crime." These last statements cannot be accepted as generally true. No doubt the drugs may sometimes have these sedative effects, though a number of witnesses speak to habitual use producing irritability. Any one who has extensively visited ganja shops or places where consumers congregate must be struck with the perfect quiet which prevails in the great majority, and with the slothful, easy attitude of the consumers. These are not, however, the invariable effects of hemp drugs. Undoubtedly the excessive use does in some cases make the consumer violent. It is probably safe to say in view of all the evidence that the tendency of the drugs often seems to be to develop or bring into play the natural disposition of the consumer, to emphasize his characteristic peculiarities, or to assist him in obtaining what he sets his mind on. If he aims at ease and rest and is let alone, he will be quiet and restful; but if he is naturally excitable and ill-tempered, or if he is disturbed and crossed, he may be violent. This may be accepted perhaps as generally true if allowance be specially made for the fact that excess in the use of these drugs tends to show and to develop inherent weakness of character. At the same time the fact that so many witnesses testify to the peaceable and orderly character of the excessive consumers goes far to prove that in this country experience shows that as a rule these drugs do not tend to crime and violence.

547. This impression is intensified by the consideration of the statements made by some of the witnesses who constitute the minority. Mr. D. R. Lyall (Bengal witness No. 1), who has had thirty-two years' varied experience as a Revenue Officer and Magistrate, says: "I have known cases of temporary homicidal frenzy;" but in his oral examination he says: "I can give no examples to illustrate my answer." This is precisely the position occupied by many of the most experienced witnesses. They have a more or less vague impression that hemp drugs and violent crime have been occasionally associated, but they cannot recall cases. A few testify to having searched the criminal records or police reports for years back in vain. As Mr. Westmacott (Bengal witness No. 2) says in his written paper: "I do not at this moment remember a case, but I have an impression that there are such cases." This is a witness typical of a class.

There are other witnesses who speak less cautiously of "many cases," but cannot give information about any. Thus Mr. Williams (Bengal witness No. 18) speaks of "innumerable cases of homicidal frenzy." But his remark "is merely based on newspapers;" and he knows only one case which occurred at Calcutta while he was at Darbhanga, and of which his knowledge is "entirely hearsay." Similarly, Mr. W. C. Taylor (Bengal witness No. 36), an uncovenanted officer of forty-seven years' experience, speaks of "numerous cases," but can only recall one—surely a doubtful case—in which an attack was made on a party, of which he was a member, by a Sonthal in the Sonthal rebellion of 1856. Similarly, the Inspector-General of Police in the Central Provinces

states that "running *amok* is always the result of excessive indulgence" in hemp drugs; but under cross-examination he says: "I have never had experience of such a case. I only state what I have heard." These witnesses also are typical of a considerable class, who refer to hearsay, to rumour, and to newspapers as the basis of their opinion.

Many others, like Mr. Cooke, Commissioner of Orissa (Bengal witness No. 8), base their opinion on what they have heard of the history of criminal lunatics in asylums, and really speak only of acts of violence due to mania. One witness exposes this fallacy very simply: "I have never seen any instance of unpremeditated crime committed by a consumer, except that mad men sometimes grow violent." Such cases are clearly irrelevant to the question immediately under discussion. But there are a good number of witnesses who thus confound cases of violence occurring in the course of established insanity with unpremeditated crime incited by drugs. Instances are thus given of acts of violence committed in the asylum where the lunatic is confined. Some witnesses are even content to quote the fact of mania characterized by violence without any particular offence being committed as establishing this alleged connection between hemp drugs and violent crime.

Some witnesses again base their opinion on a purely casual connection between the use of the drugs and the commission of crime. Thus Mr. Hugh Fraser (North-Western Provinces witness No. 8) spoke in his written paper of many crimes "committed under the influence of ganja." In his oral examination he asked that the word "while" should be inserted; and added: "I do not attribute the crime to the consumption of the drug. I cannot recall the details of any of these cases." This is certainly very different from the impression which his written answer conveyed. A Bengal witness goes even further in this direction. He says: "I know of two cases in which two ganja smokers committed murders, one for gain, and the other in heat of provocation."

There is another class of witnesses who do not profess at all to require any basis of fact for their opinion. They speculate on the probabilities. They are content to reply that hemp drugs "weaken the brain and may lead to crime," or "I can imagine their doing so in the same way as excess of alcohol in an individual of a naturally violent temperament, but not in a peaceful subject."

548. All this tends greatly to lessen the weight of the evidence in support of the affirmative answer to this question, and to strengthen the impression that it is but rarely that excessive indulgence in hemp drugs can be credited with inciting to crime or leading to homicidal frenzy. All witnesses have been asked whether they know of cases of homicidal frenzy. The cases quoted are, however, very few. They have all been carefully considered by the Commission. As already stated, a few witnesses have mentioned cases which are admittedly mere outbreaks of established insanity. These cases are excluded. Two Punjab cases mentioned by Colonel Tucker (witness No. 28) and Mr. C. Brown (witness No. 29), in which Ghazis and Kukas are stated merely to have fortified themselves by bhang for a fanatical attack on their enemies, have also been excluded. Finally, four cases which occurred beyond British territory in feudatory states have also been excluded. With these exceptions, all the cases mentioned by witnesses answering question 53 have been abstracted and compiled in a tabular form in Vol. III Appendices.

They are divided into two classes—*viz.*, (i) those cases of which the records have not been called for; and (ii) those cases of which the records have been examined by the Commission. In every case in which the records have been examined, a note containing the result of that examination has been appended to the evidence of the witness who referred to the case. The number of the witness entered in the statement contained in the appendix will facilitate reference to the particular note dealing with the case.

549. There are 58 cases belonging to the first class and 23 cases of the second. Cases in which the record has not been called for. This gives a total of 81 cases mentioned for the whole of India. Taking first the fifty-eight cases constituting class (i), it is interesting to notice that out of such of these cases as have dates assigned, no fewer than eleven are over twenty years old. One European witness has to go back to 1856 before he can find in his long experience any case of violence attributable to hemp drugs, and two native witnesses recall instances over forty years old. This serves to show that these cases are drawn from a long period of years as well as from the whole of India. It is also interesting to notice that seventeen of these cases are attributed to sepoys and armed police, to whom great temptation to violence presents itself when they are suddenly or seriously provoked. Ten other cases are attributed to persons of the fakir or religious mendicant class. The following sentences from Mr. Maconachie's judgment in the case shown as No. 71 on the list are of interest in this connection: "Accused was at the time excited with bhang; and even now at his trial he has a daring and violent manner, which shows plainly his disposition. He is one of those roaming fakirs who, when they get excited by their favourite potations of bhang or charas, are utterly lawless, and are fit to be treated as enemies of society."

Deducting these twenty-seven cases, there remain only thirty-one of this class adduced as evidence of the effect which hemp drugs have on the people generally in leading to violent and unpremeditated crime. These cases cannot be very fully examined, as the Commission have not had the records before them. But the statements of the cases by the witnesses themselves show that several are merely cases of the rowdyism of intoxication; that there are several where the motive for the crime is quite adequate without looking to hemp drugs; and that there are not a few that have been put down to hemp drugs for no other reason than that the offender was a consumer. In one case the witness has held it sufficient to say that the man was under the influence of some drug.

550. The Commission called for the records in twenty-three cases in which the Cases in which the records were examined. records were clearly traceable and easily obtainable. These cases were selected at haphazard simply on this ground. An abstract of what the records contain in each case will be found appended to the evidence of the witness quoting it. The examination of these cases tends greatly to weaken the force of the impression, even such as it is, created by the perusal of the cases of the first class. They may now be briefly discussed in detail. In case No. 59 a police officer informed the Commission that a ganja smoker suddenly murdered a vendor because he would not give him more of the drug. The facts were that the man had his knife in his hand as he was eating fruit; that in an altercation with the vendor the latter first dealt him a

blow with a split bamboo; and that the other then turned on him with his knife. The principal circumstances of the case and the real provocation are lost sight of by the witness. This case cannot be regarded as due to hemp drugs. This witness, second case (No. 60), is defective in a somewhat similar manner, inasmuch as he fails to point out that the man sought to murder his wife because she had given evidence against him. This is unfortunately too often found to be an adequate explanation of such a crime as this. Though the man was a ganja smoker, there is no proof that he was under the influence of the drug at the time. There is no mention of ganja in the record.

The next witness is Dr. Crombie, who is a member of the Committee for advising Government about criminal lunatics. He stated that he was unable, however, to give specific cases, but had one case clearly in his mind. This case he had also quoted before the Opium Commission as a case of running *amok* from ganja. He stated the case thus: "A Bengali babu, as the result of a single debauch, in an attack of ganja mania slew seven of his nearest relatives in bed during the night." A perusal of the records indicates that this statement of the case is wholly inaccurate. There is indeed mention of the man having used both ganja and opium. But there is no mention of a debauch, and there is mention of habit. So that the conception of "a single debauch" is quite opposed to the history contained in the records. The judicial record shows that the man had been for years peculiar in his behaviour; that about six years before he had become quite mad for a time on his wife's death; that on the present occasion a similar outbreak of madness had occurred on his mother's death; that he "did not take ganja during this time;" that the murders were committed on the night of his mother's *Shradh*, about which there had been "a commotion" during the day; and that the motive seemed to be mere insane despair as to how these members of the family could be cared for in the future. The asylum papers indeed mention "his mother's death as well as addiction to ganja and opium" as the cause of insanity. But the papers afford no clue as to the origin of Dr. Crombie's view of the case.

The next five cases are three mentioned by Mr. Marindin (Collector, Bengal) and two by Mr. Dalrymple Clark (District Superintendent of Police, Assam). These witnesses did not profess a detailed knowledge of these cases, but merely suggested that the records should be consulted as the cases seemed to be such as the Commission desired to see. But the records show that no satisfactory connection between hemp drugs and crime was established in any of these cases.

Dr. Mullane, a Civil Surgeon in Assam, mentions two cases in which he thinks the crime was associated with ganja. The first (No. 67) is a case in which a religious mendicant murdered a guest in the middle of the night. Under these circumstances it is impossible to say with anything like confidence what really occurred. But the evidence does point to the crime having been committed under the influence of ganja. In his second case (No. 68), however, Dr. Mullane is incorrect in his facts. The man did wound some people; he apparently did not kill any one. He never took ganja, though he took liquor and opium. The Judge found that he was not under the influence of any intoxicant at the time of the offence.

Mr. Moran, an Assam Tea Planter, gives the next case (No. 69). It is instructive to note that though the case occurred on his own estate, and he was

a witness at the trial, Mr. Moran's memory does not serve him well in regard to the facts. His present account of it differs most materially from that given at the time. The record is clearly against any connection between the crime and ganja, which Mr. Moran did not then mention at all. The only remaining Assam case (No. 70) seems from the papers to have been clearly a liquor case, and in no way connected with hemp drugs.

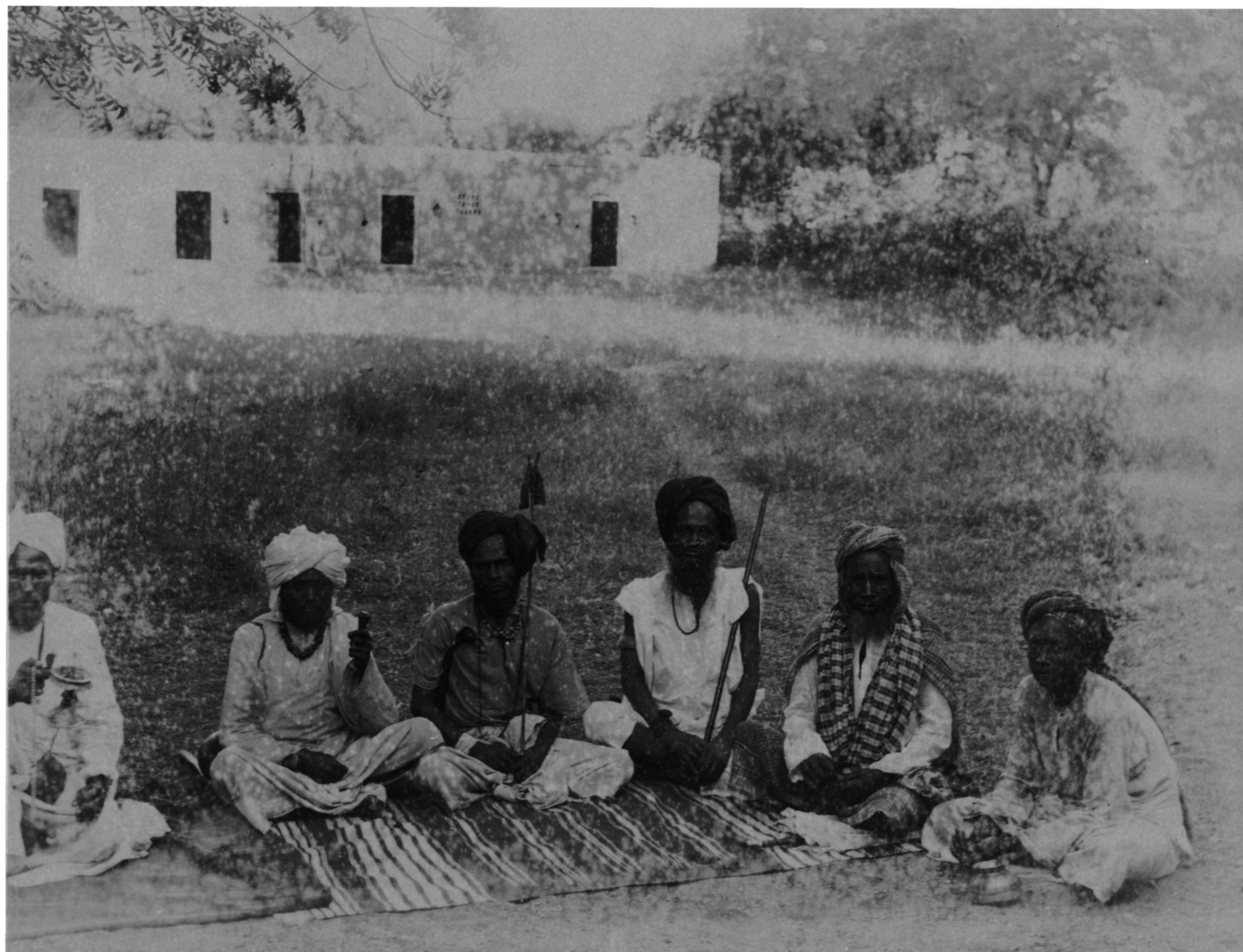
The two Punjab cases seem both to illustrate the connection between hemp drugs and crime. The first (No. 71) has been already quoted as indicating the character of the fakirs to whom so many of these cases of violent crime are attributed. The second (No. 72) is a very interesting case. The records showing the efforts which have been made by the Punjab Government to make the Khosa tribe give up the excessive use of intoxicants well repay perusal. If these tribesmen can be persuaded to see the evil effects which have resulted from this excess and to abjure the drugs they use without turning to others, the Government will deserve congratulations on the results of a somewhat exceptional line of action.

The next case (No. 73) is given by Colonel Chrystie, a Deputy Inspector-General of Police in Madras, and is referred to by several other witnesses. A peon having been fined is said in his irritation to have taken a considerable amount of ganja, and to have then rushed out with a club. He struck a boy, and then ran along the public road until he met an old man whom he beat to death, alleging afterwards that he had killed a black pig. The connection between the crime and ganja was accepted by the courts at the time; but doubt is cast on this case by the fact that this man was afterwards found to be subject to recurrent insanity, several violent outbreaks of which were manifestly independent of any drug. This is one of the accepted cases for 1892 in the Madras Asylum.

The next three cases (Nos. 74 to 76) were referred to by Mr. Stokes, a Madras Collector, as having been mentioned to him by a Police Inspector as ganja cases. But a perusal of the records shows that there is no adequate reason for connecting these murders with hemp drugs. The last Madras case (No. 77) is a strange one. A father first cruelly burned his child; and, when the child cried, it occurred to the father as it was a feast day to offer the child to the god. He did so, killing the child and lapping up the blood. There was evidence that the man was under the influence of ganja (bhang) which he had smoked. The High Court adopted this view and sentenced him to transportation for life.

The next case (No. 78) is one in which certain Talavias organized a riot in the town of Broach, in the course of which Mr. Prescott, District Superintendent of Police, was killed. Mr. Cappel, the Collector, gives a full account of the details of this disturbance, and shows that it cannot be reasonably connected with hemp drugs.

The next two cases were mentioned by Mr. Sinclair, Collector of Thana. The first (No. 79) is the case of a servant who is alleged to have attempted to throttle his master's wife as she was sleeping by her husband at night. He is said to have been under the influence of ganja, and the records bear out this



Survey of India Offices, Calcutta, August 1894.

GROUP OF FAKIRS, HABITUAL MODERATE GANJA SMOKERS, KHANDESH.