not withdrawn by leave of the Council, shall be delivered to the Committee of papers, and shall be preserved for future inspection, and shall never be lent out of the Society's house without order of the Council."

On the 27th October, the Committee again met, when the report of Dr. Sharpey and Dr. Todd was read. Mr. Kiernan, the referee on my first paper, "On the Nerves of the Uterus," presented to the Royal Society in 1839, moved that the report should be adopted. This was seconded by Mr. Owen, the other referee on the same paper. In doing this, Mr. Owen said, according to report, "All Europe is waiting in eager expectation for the publication of Mr. Beck's paper." Mr. Kiernan and Mr. Owen had frequently seen Mr. Beck employed in dissecting away the neurilemma of the uterine ganglia and nerves, as stated by Dr. Herschfeld, but in extolling the paper, which was then not completely written, no allusion was made to this fact. As a matter of course, in the report the paper was lauded "as a most valuable contribution to the anatomy of the nervous system," and worthy "of being rewarded with the Royal Medal;" but Dr. Sharpey and Dr. Todd, who must have been cognizant of the process of mutilation carried on industriously for eight months with forceps and needles, omitted in the report any allusion to the destruction of the neurilemma of the uterine nerves.

At this meeting of the Committee, Mr. Gray of the British Museum, moved, "That the minute of the 27th October, recommending Mr. Beck's paper for the Royal Medal, be rescinded, the same having been passed when the Committee was not regularly constituted." This proposition was seconded by Mr. Lawrence, but negatived. Seven days before this, the confirmed minute of the Council respecting the award, had, according to the statement of the Marquis of Northampton, not only been rescinded, but erased from the journal-book of the Council. Dr. Roget, Dr. Sharpey, Mr. Bowman, and Mr. Christie, who attended the meeting of the Council when the erasure was made, and were now present at the Committee of Physiology, all voted, if I am correctly informed, against Mr. Gray's motion.

At this meeting of the Committee of Physiology, Mr. Gray delivered in writing the following protest, of which he gave me a copy, but which the Secretary, Mr. T. Bell, did not record in the Committee's journal-book:—

"The undersigned does not concur in the recommendation that the Royal Medal be given to Mr. T. S. Beck for his paper 'On the Nerves of the Uterus,' inasmuch as that paper appears to him to consist merely of the anatomical details of two dissections—one of the uterus some time after parturition, and the other of the uterus immediately after parturition, without any attempt at generalization, and without any statement of physiological inferences. In one instance, an important fact is avowedly left unascertained, in consequence of an injury during the progress of the dissection, which might easily have been remedied by the dissection of another body, and the anatomical investigation of the virgin uterus, which is essential to the completion of the observations, has been left wholly neglected. For these reasons, and in conformity with the established practice of the Royal Society, in which it has ever been the rule to abstain from giving an opinion on any disputed point of fact, the undersigned is desirous of recording his protest against the recommendation that the Medal be awarded to an incomplete, purely descriptive anatomical paper on a subject which is still in controversy."

(To be continued.)

REPORT OF A CASE OF POISONING BY BELLADONNA.

By SAMUEL SOLLY, Esq., F.R.S.,
SURGEON TO ST. THOMAS'S HOSPITAL.

THE following case appears to me of sufficient interest to be placed on record:—

W. S—, aged sixty, was under my care for chronic rheumatism in the knee-joint. The following liniment, in addition to constitutional treatment, was prescribed:—Soap liniment, five ounces and a half; extract of belladonna and tincture of opium, of each, two drachms; infusion of roses, four ounces. To take a fourth part every two hours. This was made up at the Apothecaries' Hall, and labelled for "external use."

On the 13th of January, at half-past seven A.M., his servant poured out two tablespoonfuls of this liniment, which would

contain a *scruple* of the *extract of belladonna*, and gave it to him instead of his usual medicine. He drank it off before he perceived the mistake, and even then attached so little importance to it, that he had his breakfast about half-an-hour afterwards. This meal consisted of kidneys, tea, and bread-and-butter. He declined seeing any medical man in the country, though urged by his wife to do so. He drank freely of water, but did nothing else. When he came to London, he called on me, about two hours from the time of his taking it.

At this time there were no symptoms of poisoning. I ordered a *scruple* of ipecacuanha immediately, which he took at my neighbour, Mr. Beale's, following it up with some warm water. This acted as an emetic very freely; the matter vomited smelt of belladonna. After the vomiting, I gave him chloride of mercury and powdered jalap, of each, five grains immediately; sulphate of magnesia, one ounce, and distilled vinegar, one ounce; and sent him home in a cab, Mr. Beale kindly accompanying him. He was there left in charge of Mr. Dukes, of Kingsland, who tells me that all the symptoms of poisoning by belladonna soon appeared.

Great dryness of the throat, difficulty of deglutition, all sorts of delusions, rambling incoherent conversation, dilated pupils insensible to light, eyes rather prominent, and a vacant stare; muscular power generally feeble; very drowsy; pulse feeble and irregular. He was altogether so low and depressed, that Mr. Dukes thought at first the case was almost hopeless. He gave him some coffee, and kept him walking about.

I saw him again between two and three o'clock. Found him very drowsy, asking earnestly to be allowed to sleep, complaining that he should sink into the earth, and the next minute rambling incoherently. No eruption on the skin of any kind could be seen, though looked for carefully. The stomach having been completely emptied by the emetic, and the bowels not having been opened, I ordered a turpentine enema. This soon acted very freely, and from this time he rapidly recovered. The next day he was quite well, excepting a little dryness of the throat. He told me that his ocular delusions the day before were most extraordinary and fanciful, but that, by shifting the position of his eyes, he could remove them.

St. Helen's-place, Jan. 1855.

ON

A CASE OF ATELECTASIS.

By HENRY H. VERNON, M.D.,

RESIDENT MEDICAL OFFICER TO ST. MARY'S HOSPITAL.

THE following case will, I hope, prove acceptable to the profession, on account of its physiological and forensic bearings, as well as because it makes some addition to our home records of the condition it involves; the disease, if, as Dr. Jörg thinks, it may really be called a disease, having been principally met with and described by continental authorities.

On Monday the 15th inst., I was hastily summoned to attend A. M—, aged twenty-eight. She had been for some days under treatment for an attack of colitis. Labour had threatened repeatedly during the two or three days before Monday, and as she had not completed her full period of gestation, I was by no means surprised to find, when I arrived at the house, that the child was already born, and crying lustily for its size; it was a female, and very small; but, notwithstanding its debility and diminutive size, it cried so loudly, that I heard it while entering the adjoining room, it being at the time under the bed-clothes. After removal from the mother, it cried at intervals, and the parietes of the chest rose and fell with considerable regularity, as well as with an expiratory and inspiratory descent and ascent, indicative, one would suppose, of no mean expansion of the pulmonary organs. Having rendered the necessary assistance to the mother, who, by the way, flooded considerably, I ordered the child to be enveloped in warm flannel only, and placed at a moderate distance from the fire, and to be fed in two or three hours with a little diluted milk. At eleven P.M., however, after a brief career of five hours, it expired. Permission was then asked, and granted, to examine the body, of which I availed myself on the following Wednesday.

On examination, the body was found to weigh two pounds thirteen and a quarter ounces avoirdupois, and to measure twelve inches and three-quarters in length; the subcutaneous layer of fat was very imperfect, and the skin was shrivelled; the medial line was seven-eighths of an inch below the ensiform cartilage, and one inch above the navel; the eyelids were adherent

to each other, and the ocular and palpebral conjunctivæ, except over the corneæ, were also agglutinated; the crystalline lens was amorphous, and like calves'-foot jelly in colour and consistence; pigment was deposited upon the posterior aspect of the iris in abundance; the lungs lay at the back of the chest, but slightly overlapped the pericardium, they were of a purplish-red hue when first exposed, but became in an hour or two more florid, they sank in water both entirely, and, when divided into small pieces, were nowhere crepitant, and broke down under the finger and thumb when firmly compressed; the foramen ovale was completely open; the ductus arteriosus presented no traces of the conical form it is asserted by Bernt to assume even after a few seconds of respiration, its calibre was about the same as that of the arteria innomata in the same subject; the pulmonary veins contained blood; the ductus venosus and hypogastric arteries were as pervious as in a still-born infant; the kidneys were botryoidal on the surface, having been but little transformed from the lobulated form of early intra-uterine life; the intestines contained meconium, which appeared at the anus; the nails on the hand were tolerably well-formed, but, on the toes, except the great toe, were hardly to be distinguished.

On examining a section of the lung under the microscope, no vesicular appearance could be detected, nor even any air-passages, except bronchiæ of considerable size; blood was extravasated into the parenchyma in considerable quantities. I attempted in vain to insufflate the lungs; gentle efforts had no effect in expanding the vesicles—if indeed, at such an early stage of development, vesicles exist—while more energetic efforts ruptured the parenchyma, and forcing passages through it, produced bullæ under the pulmonary pleura.

The mother menstruated for the last time during the second week of July, as freely and for as long a time as usual, so that, giving the date of conception at as early a period as possible, the fœtus could only have been at the sixth month (plus four or five days) of intra-uterine life, unless indeed we suppose conception to have taken place before the catamenia appeared, which is so contrary at any rate to the general rule, that unless good evidence appears to the contrary, we are justified in assuming the ordinary course of events to have obtained. The length of the fœtus was somewhat over the usual measurement at the sixth month; but the mother was a large and well-nourished woman, and hence I am inclined to consider the fœtus a well-grown one of the age before stated.

The points of interest in this case are obviously:

1. The consideration that life might have been destroyed without, as far as medical evidence is concerned, there being any proof of the crime.
2. That live birth is not, in every case, accompanied either by expansion, in any degree, of the vesicular structure of the lungs, or by narrowing of the ductus arteriosus.
3. The mode in which respiration was carried on for five hours.
4. The mode of death.

I shall only consider the last two points. With regard to the mode of respiration, there would appear to be but two ways in which it could be accomplished—viz., through the delicate mucous membrane of the trachea, bronchi, and secondary divisions of the air-tubes, and by the skin. At such an early stage of development as had been attained in the case in question, I apprehend that the extreme tenuity of the mucous membranes, epithelium, and capillary walls, would present very similar physical conditions to those which obtain in the air-cells and intercellular passages of the full-grown fœtus, or probably the tissues intervening between blood and air in the former case might be found even more permeable by air than the fully developed vesicle wall. The comparatively free movements of the thoracic parietes is abundant evidence that whatever air found its way into the air-tubes was changed *pro rata* as well as in any other fœtus; and that the quantity (owing, perhaps, to the extensile properties of the young air-tubes) was by no means inconsiderable, is evidenced by the loud cry of the infant. Physiologists have for some time been acquainted with the fact, that animals enclosed in a caoutchouc bag, the head only being exposed, speedily die asphyxiated; and from a comparison of experiments made upon animals whose integuments differ in thickness and moisture, it appears to result that the *thinner* and *moister* an animal's skin is, the greater is the proportion of carbonic acid exhaled from it. Keeping these two circumstances in view, it is evident that if skin in the adult exhale carbonic acid, skin in the fœtus, especially if immature, being better adapted to the performance of the function by its physical properties, must exhale an increased proportion of the gas. From the experiments made

on this subject, it is quite evident, to speak in general terms, that in so far as the function of gaseous interchange is concerned, the skin is the complement of the lungs; and the nearer the physical conditions of the former approximate to the latter, the greater will be the share taken by it in the performance of the function.

The mode of death was evidently asthenia, but *not*, I believe, asthenia affecting the heart. It is a general law, that involuntary muscles, acting under *normal* conditions, are insusceptible of fatigue. In the case before us, however, it is evident that the amount of nervous force consumed in the attempt, under great difficulties, to effect distension of the lungs, must have been wholly disproportionate to the power of generating such force possessed by the respiratory centres; and, in addition to this, the expiratory movements must have been effected by muscular contractions, almost unaided, for the elastic recoil of the thoracic parietes, which ordinarily produces expiration, would, in this case, be wanting, the ribs never having been lifted, as it were, into the position which, owing to their curves, they would rest in when uninfluenced by muscular action. A position corresponding to that which the ribs would assume in a dead child, which had completely respired. The mode of death might, I think, be stated thus: "Inspiration and expiration having each been effected by muscular action *alone*, in an imperfectly developed child, and under physical disadvantages, death ensued from exhaustion of the respiratory centres, and consequent gradual cessation of the respiratory movements."

St. Mary's Hospital, January 22nd, 1855.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Procrimium.

ST. BARTHOLOMEW'S HOSPITAL.

CHRONIC LUMBAR ABSCESS.

(Under the care of Mr. STANLEY.)

A VERY instructive case, in a practical point of view, is in one of Mr. Stanley's beds—an instance of abscess in or round the head of the psoas muscle, pointing, when it has been opened with a lancet, just at the margin of the ribs on the left side. The obscurity and slowness of all cases of lumbar and psoas abscess is almost proverbial, and for a time grave doubts existed as to the real nature of the disease in this patient. Amongst the curiosities of St. Bartholomew's Hospital, Mr. Stanley stated last week that he once opened such a swelling in a man, an *externe* patient, who walked apparently quite well to the hospital, and was working every day up to that time as a shoemaker; yet he had opened into an empyema, the pus continuing to flow for hours from the pleural cavity. In the present case Mr. Stanley was obliged also to plunge the lancet much deeper than it was at all agreeable to go. The nature of the case, however, was then at once cleared up. The boy has since, in fact, quite recovered his health and ordinary appearance.

J. B—, aged thirteen, was admitted into St. Bartholomew's Hospital on the 29th of November, with various anomalous symptoms, of which he could give very little history. His chief complaint seemed a pain and heaviness in the side. He stated that about August (three months from the present date) while jumping over a wall, he strained his back very severely, and he has never been right since. Mr. Paget, on examining him, seemed to think there was some injury to the muscles, or perhaps to the upper part of the psoas, where this muscle arises from the intervertebral substances, bodies, and transverse processes of the last dorsal and upper lumbar ver-