taking a full dose reaches its acme. The symptoms of depression *advance at the same rate* with a large dose as with a small one; but as a small dose can produce only a certain degree of depression, its effects of course cease as soon as they have arrived at that point. A full dose having a much greater sedative power, its operation continues much longer, until by power added to power, the symptoms have attained to a high pitch of depression. For the operation of opium as a *stimulant*, we thus endeavour to account:—The excitement is a reaction of the system consequent on the depression primarily produced. As the sedative operation of a small dose is very soon over, we have an increased action following very speedily after the exhibition of the medicine. The vital power is ever jealous of a depressing invasion; it resists, as long as possible, the *expression*, if we may so call it, of a sedative influence (thus with a dose of but weak power we *perceive no primary sedative effect*), and as soon as the operation of the medicine is over, a vigorous reaction obviates its effects. When a *full* dose of opium has been administered, it is a considerable time arriving at the maximum of its power; it goes on gradually overcoming the resistance attempted by the vital power of the system, till it has quite mastered it; its effects go so far in diminishing or vanquishing vital energy, as to *destroy* the power of reaction, and instead, we have a total exhaustion, torpor, sleep: the fortress is compelled to yield to the persevering and continually superadded efforts of its enemy.

With regard to a *medium* dose, the *apparent* effects are, first, *stimulant*, then *sedative*. Here again we suppose a sedative effect to commence immediately and primarily, with an *intention of continuing to increase*, as long as the strength of the dose will permit. The vital energy is here also on the alert, and before any sedative influence is *perceived*, though *part* of the operation of the medicine has already taken place, and when its *remaining power* is but *small*, a reaction takes place, which continues until the previous depression is completely neutralized. The remaining power of the medicine which has been put off by the reaction, now takes effect, though with irresolute force, the rest procured by it being disturbed, in consequence of the unremitting efforts of the vital power to maintain her authority. We suppose the *intermediate reaction* to occur only when a certain portion of the sedative effect has taken place; in a *full* dose it is prevented by the *remaining power* of the medicine being *very great*.

If we regard the effects of *fear* as a sedative, we shall find an exact analogy existing; with this difference; that its full operation is immediate. Imagine a powerful man at-

tacked suddenly and unexpectedly by a wolf; his fear for a few seconds will have a stunning (sedative) effect upon him. But a reaction soon takes place, his courage, his strength, his resolution, are greater than natural, and he makes the most frantic efforts to release himself from being torn in pieces. Suppose the same person to be of a superstitious turn of mind, and to be assailed suddenly in the dead of night, the hour most dreaded by the superstitious, by some very appalling and apparently supernatural combination of circumstances; his fear will in this instance be so great, as to subdue the power of reaction; he either expires, or sinks exhausted in a state of complete syncope.

In nature we invariably find a high degree of excitement, or violent and long-continued muscular exertion, to be followed by a *proportionate* degree of depression or weariness; how then can we suppose the sedative effect of a narcotic to be secondary to a stimulant one, inasmuch as there is *no proportion in their relative degrees of intensity*? But we find in nature, as in the instance of the power of fear, that a *slight* depression of the vital power is followed by a reaction, and a violent depression by no reaction at all. Let us then be guided by this very evident analogy in our estimation of the power of these medicines. Why should nature alter her laws so completely, and so fantastically, in this single instance of narcotic medicine? I remain, Sir,

Your very humble servant,

R. UVEDALE WEST.

Westminster, Nov. 8, 1831.

UNION OF A ONE-LOBED LUNG

TO THE PLEURA COSTALIS BY A TUBULAR
LIGAMENTOUS APPENDAGE.

To the Editor of THE LANCET.

SIR,—I have transmitted for insertion in THE LANCET, a description of a perfect "*lusus naturæ*" in the anatomy of the thorax, should you deem it worthy a place there. I regret that it is not in my power to communicate any particulars relative to the indisposition of the individual the peculiarity of whose pulmonary system I am about to record; but I was informed that he had been long ill, was addicted to drinking, and had been under the care of Mr. Hardr, of Walworth. The deceased, J. Blundell, was 38 years of age; by trade a cooper. I assisted at the post-mortem examination, which was conducted by Mr. Wells, surgeon, Buckingham Place, Dover Road, at the request of the friends of the defunct.

The external appearance of the body was characterized by the great delicacy of the skin and effeminate contour of the limbs, which nevertheless displayed the most perfect symmetry, the section of the integuments having been made by an incision extending along the median line, from the sterno-clavicular articulations of the humerus to the pubes. The muscles covering the anterior part of the thorax were dissected, and disposed over their lateral parietes, and the mediastinum brought into view by excising the sternum with a portion of the ribs four inches from the dorsal extremities of their cartilages. The right lung was perfectly crepitous, but adherent firmly to its investing membrane. The left lung was barely one-third the size of the right, exhibiting only *one lobe*; was pertinaciously attached to the mediastinum, and, at its inferior part, a *ligamentous substance*, three inches long, connected it firmly to the pleura costalis, between the third and fourth ribs. This extraordinary appendage, when divided, was found to be *pabular*, readily admitting the blowpipe, but an attempt to inflate the lung from the part to which it had been attached was unsuccessful. Two quarts of serum were contained in the left pleura, and several ounces followed the introduction of the knife into the pericardium. No morbid change was detected in the heart, which appeared remarkably fat. Pursuing our investigation into the abdomen, the liver assumed, externally, a dirty-green colour, was united to the contiguous organs by morbid adhesions, greatly enlarged, and weighing nearly seven pounds, its substance was friable, readily breaking down, and resembled boiled flesh. The gall-bladder and ducts remained free from disease, but the spleen partook of the pathological condition of the liver. Having secured by ligatures the two orifices of the stomach, a scalpel, passed from the pylorus to the cardia, discovered a bloody sanies copiously diffused; sponging this away, the villous coat beneath presented a dark, sphacelated hue, which extended over the greater portion of the mucous surface, but no ulceration was observed. Evidences of inflammation were traced, generally, along the intestinal canal and mesentery, but were most conspicuous in the stomach. Transverse arch and descending colon effused. In the right iliac fossa was serum equal in quantity to that which has been described as occupying the left pleura pulmonalis. Kidneys rather enlarged and deeply embedded in adipose substance, which material was distributed in profusion through the several textures of the subject.

I am, Sir, your obedient servant,

GEORGE EVANS.

Kent Road, Nov. 28th, 1831.

REMARKS ON
THE LATE MURDERS
BY THE
"BODY SNATCHERS."

By JOHN GORDON SMITH, M.D., *Professor of Medical Jurisprudence.*

IN undertaking to redeem the pledge given in a late number of this journal, I assure its readers, that I approach a most repugnant task with no ordinary degree of reluctance. Indeed I wish that the pledge could be recalled, and that I might by such a measure avoid concerning myself in a discussion which, however important, becomes more and more forbidding, as the occurrences which have called for it become more developed.

In the introductory lecture which I delivered last year, at the *Webb Street Theatre*, and which was published in the *LANCET* of October 16th, 1830, a passage occurs (at page 102 of the volume in which the lecture appeared) declarative of *one* reason why I have of late years (notwithstanding the courtesy with which I have been uniformly treated, and the accommodation I have never failed to receive) declined appearing in the criminal courts; and I now desire to avow *another*. It has repeatedly occurred that, being seen there, I have been compelled to interfere in cases of which I had no previous knowledge; and I have generally found it difficult, if not impossible, to abstain from tendering my services, in cases depending upon medical testimony. For the same reason I am not a frequenter of coroners' inquests; although my *clinical school* (if I may so speak) is to be found among such proceedings: and I could wish to see more of this sort of practice than the apathy and stupidity of coroners encourage one to seek after.*

* Truly has it been observed, that "*the medical profession is a rope of sand*." Were it otherwise, medical assistance would be paid for, as well as other assistance, upon these occasions: but I cannot find *esprit de corps* enough to accomplish this desideratum. A pert school-boy-looking urchin rushes into the business before any sanction is given by authority; destroys not only the *phenomena cadaveris*, but all possibility of his graver and more instructed seniors being able to make anything of the case; and satisfies old *Starlight* by declaring himself to be Mr. Something or other, no less a person than apprentice to the parish surgeon, who too often takes upon himself to interfere where he has no business. It is not decorous for coroners to take evidence on matters of *opinion* from youth in *statu pupillari*: it is an abuse which should be put a stop to. If they happen to become witnesses as to facts, their testimony may be as valuable as that of their masters; but doctrinal and hypothetical statements should be taken from responsible members of the profession only.