fainted. On arriving at the house, I found on the boards, under the bed, a pool of blood, which must have amounted to two or three pints, having filtered through the bed after inundating the clothes. The woman was faint, and gasping for breath; the hæmorrhage had ceased. On examination, I found the os uteri patulous and dilatable, capable of admitting my middle finger, which I passed up, and then discovered the cause of the hæmorrhage. From the first, indeed, I had suspected, but could not before satisfy myself by touch, as the dilating process had not then commenced, that the placenta was adherent to half the circumference of the os tincæ. The head was presenting. As the woman still continued alarmingly faint, I administered two drachms of compound spirits of sulphuric ether in a little water. I separated the placenta from its attachment to the os uteri, punctured the membranes with a long probe, and, having infused a couple of drachms of ergot in half a pint of boiling water, gave a fourth part of this every twenty minutes. This brought on active labour after the third dose; and in two hours the woman was delivered of a child of more than average size, which gasped two or three times, and expired. My patient recovered from this fearful state in an incredibly short time, and is now in robust health. Not the least remarkable point about those cases generally is the rapidity with which the women recover.

CASE II. I was hurriedly summoned to a woman, aged 28 years, in her third pregnancy, and whose previous labours had been natural. Her husband, who was the messenger, in great excitement said his wife must be either dying or dead, as he thought no person could survive such a loss of blood; and truly, on arriving at the house, which is three miles from my residence, a spectacle presented itself calculated to appal any one who was not totally indifferent to human life. The chamber utensil (which was a large one) was filled with blood; the floor in several places was covered; the bed and clothes were soaked; the woman was passing rapidly from one faint to another. I immediately gave her two drachms of Hoffmann's anodyne in water, and proceeded to examine her. I found the os uteri so dilated as easily to admit two fingers; the placenta was adherent all round, with a rent in its centre, from which gushed the torrent of blood which had well nigh swept off my patient, and from which oozed still blood in small quantity. As the woman had not yet recovered from the syncope sufficiently to justify me in proceeding to deliver, and as there was still hæmorrhage—small in quantity, it is true, but liable to be increased to a gush by the first pain or the first rally from the faintness—and as she was at this time in the worst possible condition to bear any further loss of blood, I decided on firmly plugging the vagina, so as to place a pad against the rent in the placenta, and on assisting her out of the syncope, before attempting delivery, I therefore repeated the ether at intervals of ten or fifteen minutes during an hour, to the amount of a drachm at each dose. I then withdrew the plug, and administered the ergot, as in Case I. Having introduced my hand, and separated the placenta from its attachment to the os tincæ, after a most painful and bloody process, I succeeded in seizing one of the legs of the child. As the os was dilatable, I had little difficulty after this in completing the delivery, having saved the lives of mother and child.

REMARKS. I attribute the safety of both these women to the use of Hoffmann's anodyne. In Case I, the hæmorrhage was very profuse, and its effects were terrible for the first few minutes; indeed, there was a fearful struggle between life and death, in which the latter would, I have little doubt, have obtained the victory, had he not been combated by the ether. What occasioned the hæmorrhage? The placenta is adherent to half the circumference of the os uteri; the latter, in its progress towards development, or in other words, during the increase of its surface, being elastic or extensible, moves away from part of the placenta which is not endowed with elasticity, and lacerates some of the vessels of the latter: hence the gush of blood, which may then and there be fatal by syncope, if the nervous energy is not excited by some agent capable of producing

a powerful though not prolonged stimulus. That agent is, without doubt, Hoffmann's liquor. If we drag our patient through the first shock, we have routed the enemy for the present; the system will have righted itself before there is a return of the hæmorrhage, when a new mode of proceeding may announce itself. The plug in the vagina performs no mean part in arresting the danger; for, a firm pad being placed in close contact with the lower walls of the uterus, these in turn press the open mouths of the vessels, and secure the formation of a clot. The ether must be administered freely and fearlessly. In support of this opinion, I may here mention a case of unavoidable hæmorrhage, which I had the management of in the autumn of last year, and in the latter stages of which I had the valuable assistance of a highly intelligent physician and esteemed friend from a neighbouring town. In this case, one fit of fainting followed another in such rapid succession, with jactitation of arms and legs, relaxation of sphincters, and that utter state of prostration which too frequently is the immediate herald of death, that we did not hesitate to carry the use of this drug to the extent of between four and five ounces in three hours, with the happiest result. I mention this by the way, to fortify the opinion that this drug ought to and must be administered freely, in unavoidable hæmorrhage, threatening by its extent the immediate death of the patient. Astringents are useless in this class of cases; if the loss of blood is profuse, the patient will die before they produce any effect, if effect is expected from them; and if the hæmorrhage is not profuse, the patient will do equally well without them.

CASE OF ACUTE IDIOPATHIC GANGRENE OF THE LEG.

By JOHN DAN BROWN, M.D., Strood, near Rochester.

SELINA A., aged 24 years, strong, stout, and of a ruddy complexion, was seized with severe pain in the left leg, suddenly, on the 24th June, 1852. She was a servant at a low public house in Rochester, and her habits were dissipated. She had suffered from gonorrhœa, but it was not ascertained whether she had ever been affected by syphilis. For seven or eight years she had been subject to chronic inflammation of the skin and cellular tissue of both legs, with occasional aggravation of symptoms. She had one such inflammatory attack a few weeks previously to the seizure for which I saw her. The lower extremities were habitually thickened, red, and scabrous.

June 24th. On visiting her, I found nothing unusual in the appearance of the leg, excepting coldness. There was agonising pain, with quick pulse and furred tongue.

The next report is for June 27th. No relief had been experienced. The leg was violet-coloured, and perfectly cold. There were no phlyctænæ, but there was a thin black-coloured scab over the tibia, similar to what is seen on a surface that has been abraded. Tongue and pulse as before described.

June 28th (fifth day). Pulse quiet; skin cool; tongue white, dry, and scraped in appearance. Bowels confined, with urgent desire to evacuate.

June 29th (sixth day). Pulse weak; tongue thickly furred; bowels twice open. The pain in the leg continued intense.

June 30th (seventh day). Blackness of the great toe. Redness and swelling of the upper part of the leg. The patient slept a little this day for the first time since the seizure. The sleep was the effect of two grains of opium.

July 1st (eighth day). Numerous phlyctænæ on the leg and ankle. The tongue is cleaning. The pulse continues quiet. A considerable amount of relief is afforded by the opium.

July 2nd (ninth day). Two large phlyctænæ, one on the outer and anterior surface of the leg, the other posteriorly. Reddish-black fœtid discharge from phlyctænæ that have burst. Tongue nearly clean. Bowels not open for three days. I was informed that at 4 A.M. the patient

was seized with excruciating pain in the leg, and with symptoms that caused the bystanders to apprehend immediate death.

July 3rd (tenth day). Leg completely sphacelated to within four inches of the knee. Thirst; tongue dry.

July 4th (eleventh day). Severe pain, referred to the great toe.

July 5th (twelfth day). Considerable amount of sanious discharge from the leg. Red blush below the knee. The right leg is now painful.

July 6th (thirteenth day). Disorganisation of the leg is going on. There is no line of demarcation, but the boundary between the rotten and comparatively sound portions of the limb is tolerably distinct. The destruction of vitality has proceeded higher on the fibular than on the tibial side. Pulse very weak.

July 7th (fourteenth day). Indications of an ulcerative line for the first time.

July 8th (fifteenth day). Red blush on the fibular side, with ulceration slowly proceeding. Pains in limb much less than formerly. Great pallor of countenance.

July 9th (sixteenth day). The patient refused to take food and wine. Can take nothing but gin and water. No progress of the ulcerative line.

July 10th (seventeenth day). Gangrene as high as the patella on the tibial side. Limb decomposing and very offensive. Pulse good; tongue furred, and yellowish in colour.

July 11th (eighteenth day). In the same state.

July 12th (nineteenth day). Pulseless. Hæmoptysis; delirium; bones of leg bare, with a great flap hanging out from the ham. The ulcerative line of demarcation has completely disappeared, the gangrene having spread upwards. One-third of the thigh mottled.

July 13th (twentieth day). Delirious. Died at 9 P.M.

No *post mortem* examination was permitted. The treatment consisted in the free use of opium, ammonia, and sulphuric ether. During the twenty days, the patient took eight grains of muriate of morphia, and one hundred and eight grains of powdered opium. On the seventeenth day of the illness, peat charcoal was applied to the leg.

REMARKS. The tibial pulse was absent the whole time, so that occlusion of the arteries was superadded to long-standing venous disease. There was not power in the system to separate the living from the dead parts; consequently, amputation appeared to be impracticable.

As but few cases of spontaneous gangrene occur in females, I have brought forward this instance, particularly as it is remarkable for the rapidity of its course. Samuel Cooper only gives one instance, of briefer duration, viz., the case of a man dying of this affection in ten days.

Association Medical Journal.

SATURDAY, AUGUST 16TH, 1856.

THE EXECUTION OF DOVE.

THE confession of Dove, full and curious as it is, opening up the inmost secrets of his heart, and discovering the secret springs which led him to commit the last dreadful act which led to the gallows, will prove of infinite value to psychologists who interest themselves in the annals of crime. It will also be read with intense interest by all those who feel that there has been a tendency of late to underrate the conclusiveness of circumstantial evidence.

Those who remember the evidence given on the trial will, by its light, be enabled to see how well the "scent", if we may be allowed to use the term, was taken up by the prosecution, and how truthfully all its deductions were drawn. We have it from Dove's own mouth, that day by day he mixed strychnine with his wife's medicine. We find explained also what the counsel for the defence thought inexplicable—the manner in which the poison was introduced into the medicine before the last fatal attack, and while the attendants were looking on. It will be remembered that one of the witnesses for the defence stated that Dove could not have put strychnine in the medicine whilst standing at the washstand, without being perceived; and it appears now that he really did not do so, but that he had taken an opportunity of putting the fatal dose of strychnine beforehand—about a grain and a half—into some water in a wineglass which was used for administering the medicine. Again, the slight circumstance of Mr. Morley's servant having seen him through a window, doing something in a hurried manner in the surgery, proves to have been the real turning point of the drama. Hitherto he had obtained strychnine only to poison cats, which he kept openly in the house; but now he furtively abstracted from the bottle ten grains, which he hid in the stable, and used it continually as he required it. From his admission that the idea of poisoning his wife did not enter his head until long after he had used the strychnine openly to poison cats, we shall be able to account for one of the difficulties which beset the question of his guilt before he had confessed.

It was urged by his counsel, that no man in his senses would have publicly exposed the very poison with which he intended to have done an act of murder; and from this fact he argued that Dove must have been insane, if he really had administered it. The evidence of the culprit upon the edge of the grave, however, clears up the difficulty. When he kept the strychnine openly in the razor-case, he had no idea of poisoning his wife; but when the thought suggested itself, he did conceal it in large quantities in the stable, and took the utmost precaution to prevent his possession of it being known. When the bitterness of the medicine made his wife threaten to show it to Mr. Morley, he broke the bottle; in short, he became as secretive under the knowledge that he was committing an evil deed, as he was open, prior to the crime suggesting itself to him. To our mind, his course throughout was perfectly consistent, and proves that he well knew what he was doing, and what would be the consequences of his guilt if he were found out. He himself dwelt upon the anxiety he felt lest a *post mortem* examination should be held within twenty-four hours—the time at which he believed that, according to Dr. Taylor's evidence, all traces of his guilt would be beyond the reach of science. This very admission proves that he knew he had done wrong, and that he wished to escape punishment—punishment which he felt was due to his crime. It is clear to us that this wretched man would never have poisoned his wife, had he known he would have stood on the drop of York Castle in consequence of his deed; we cannot, therefore, admit that his intellectual deficiency should have intervened between him and death.

The influence possessed over Dove by Harrison, the "wise man" of Leeds, will we know be dwelt upon by those who wished to save his life, as an evidence that he was not a responsible being; but, before we can ourselves admit that plea, we must ask the question, whether a belief in the