

been used. The mother of the child in the present case, while agitated extremely, was yet thankful that it was not to her own person that she had applied the sponge, as in such case nothing could ever clear her with her husband. As many well authenticated cases as possible should be placed on record. There is no reason why people should not contract disease from the seats of water closets; and in the case of a virtuous and truthful woman who labours under gonorrhœa, and yet denies having had improper connection, it would be a painful thing, and repugnant to all feelings of charity, not to give her the benefit of a doubt. Her after happiness might depend on our decision, and we should well weigh the *pros* and *cons* before giving an adverse opinion.—*Lon. Med. Gaz.*

*Fatal Poisoning from Bromine.*—By Dr. SNELL.—This case is considered by the narrator to be the only instance on record in which the poisonous effects of bromine have been witnessed in the human subject.

Dr. Snell was called to see Mr.—, Tuesday morning, May 28, 1850, about half-past six o'clock. He was informed by the friends that half an hour previous the patient had swallowed bromine, with suicidal design. At this time the patient was complaining of incessant pain, which he described to be of a burning character; breathing slightly accelerated, short, and thoracic; pulse somewhat frequent, small, and quick, slight borborygmus and eructations from the stomach; several times during his illness partial tremors of his hands and arms were observed, but no decided convulsive movements were manifested, and the tremors were doubtless, the result of excitement and fearful apprehension upon a naturally nervous temperament.

An ounce bottle, with its tin case, was found upon the walk, below his bedroom window, and he confessed having taken the whole but a few drops spilled upon his hand and clothing in the act of swallowing. It was taken undiluted, directly from the mouth of the phial, hence the violent inflammation of the lips, tongue, mouth, œsophagus, &c. Another fact not to be omitted in the detail of the case is this, the poison was taken into an empty stomach; this circumstance alone, doubtless, caused a

greater intensity, as well as an earlier commencement of the symptoms of gastritis. At the expiration of two hours and a half from the time the fatal dose was taken, the symptoms began to indicate some degree of prostration, surface cold and clammy; breathing short and laborious, with prolonged expiration, attended with considerable mucous throat-rattle. The mucous secretion of the Schneiderian membrane was copiously discharged, and saliva flowed very freely; pulse frequent, quick, and hard; no thirst, retching or vomiting; pain more intense. In three hours and a half pulse more frequent and feeble; breathing thoracic, difficult, and slightly convulsive; mucous throat-rattle more extensive, and deglutition, which has been growing more and more difficult, is now found to be impracticable. The patient is becoming quite restless, throwing his hands and arms frequently into different positions. Cold perspiration breaks out, and the skin in many parts appears tinged slightly blue, and shrunk; countenance haggard, and blueish pale; features pinched; eyes sunken, pupils natural; conjunctiva has lost its lustre, and appears corrugated; no abatement of pain; frequent but ineffectual desire to stool; restlessness and other symptoms, indicative of extreme prostration and impending dissolution, increase rapidly. In four hours, pulse small, frequent, and almost imperceptible; no retching, vomiting, or thirst; patient is unable to protrude his tongue; cold perspiration increases; constant restlessness; pain moves lower down. Four hours and a half, no pulse; extremities cold; respiration decidedly convulsive, with the prolonged expiration peculiar to dying persons. The above symptoms continued to grow more intense till death relieved the sufferer, about seven hours and a half after the poison was taken.

*Autopsy sixteen hours after death.*—The head was not examined. Lower portion of the lungs congested, and a limited number of tubercles in the upper lobe of both sides. There was considerable serous effusion in the pericardium, but nothing more of particular importance was found respecting the viscera of the chest. The mucous surface of the œsophagus was not examined, but from the symptoms evinced during the illness of the subject, it is to be inferred