On May 21st, he was in much the same state. The continuous current was ordered to be applied in the form of two of Pulvermacher's chains to the muscles of the arm and leg alternately.

On May 31st, he could flex the foot on the leg better; but movement in the ankle-joint was still very limited, though he could walk better on the right leg since admission. Speech was greatly improved, and he could now pronounce all the letters of the alphabet pretty well, but had some difficulty yet in the pronunciation of B, D, E, K, and H.

On July 1st, he was discharged much in the same condition as above.

NOTE.—This is a very rare case indeed in the history of syphilis, since the syphilis was in its stage of roseola when the hemiplegia suddenly supervened. The treatment followed by the late Dr. James Jones, under whose care in the hospital the patient was during his first attack in 1869, was the administration of a drachm of the liquor hydrargyri perchloridi, with five grains of iodide of potassium in an ounce of water thrice daily. The patient seems not at all likely ever again to recover the use of his arm or leg; and will, in all probability, always be affected with great difficulty in pronouncing words. The use of Pulvermacher's chains was not of much service in this case; there was no other form of continuous current in the hospital.

LONDON DRINKING WATER.

By J. ALFRED WANKLYN, Esq., Corresponding Member of the Royal Bavarian Academy of Sciences.

THE following, which is the first of a series of monthly analyses of the London waters, is intended as a substitute for the analyses published by the Registrar-General.

THAMES COMPANIES.	Parts in a Million (Milligrammes per litre.)	
	Free Ammonia.	Albuminoid Ammonia.
Chelsea Co.—Cab-rank, Horse Guards, Oct. 5	0.00	0.06
West Middlesex Co.—Drinking fountain, Marylebone Road, Oct. 3	0.01	0.07
Southwark and Vauxhall Co.—Red Lion Tap, Kennington, Oct. 2	0.06	0.12
Grand Junction Co.—Cab-rank in Woodstock Street, Oct. 8. ..	0.00	0.07
Lambeth Co.—Main, Newington Butts, Oct. 9	0.01	0.10
New River Co.—House tap from cistern, Oct. 2	0.02	0.08
East London Co.—Drinking fountain, St. John's Church, Bethnal Green, Oct. 10	0.01	0.04

I have often insisted on the fact that the results given by the ammonia-process of water-analysis and those given by Dr. Frankland's combustion-process are totally at variance and irreconcilable; and, as is well known, attribute the difference to the circumstance that, whereas the one process gives results in accordance with the real quality of the sample of water, the other process is affected by errors so large as completely to overshadow the real quantities which water-analysis is required to measure.

The analysis of the London waters during the past month exhibits these differences in a very striking manner. According to the analysis by the ammonia-process, three of the five Thames Companies—viz., Chelsea, West Middlesex, and Grand Junction—were supplying water of good quality and almost indistinguishably alike, whilst the two other Thames Companies—viz., the Lambeth and the Southwark and Vauxhall—were supplying bad water, nearly twice as rich in nitrogenous matter as the water of the first named companies. According, however, to Dr. Frankland's report, the worst of the Thames waters in October were the Lambeth and the Chelsea, whilst the Grand Junction was hardly distinguishable from the Southwark and Vauxhall. West Middlesex, which alone of the five Thames Companies is represented both by the ammonia-process and by Dr. Frankland as being of fair quality, is represented by the ammonia-process as containing seven-twelfths of the impurity contained in the Southwark and Vauxhall, whereas, according to Dr. Frankland, it contains twenty-five thirtieths, or five-sixths, of the impurity contained by the Southwark and Vauxhall.

Fortunately Government confines itself to the publication of Dr. Frankland's analyses and does not take action upon them. The Chelsea Water Company and the Grand Junction Company have, however, just reason for complaint.

OBSTETRIC MEMORANDA.

CHLOROFORM IN OBSTETRIC PRACTICE.

IN the leading article on this subject in the JOURNAL of November 2nd, 1872, it is stated: "We have already alluded to the immunity from accident which chloroform has enjoyed in the lying-in room, and here there seems no reason to supersede it by an agent which is avowedly less convenient; but outside the domain of the accoucheur it has forfeited its claims to be considered a safe anæsthetic." I think this statement is calculated to do harm in more ways than one, by encouraging an overweening confidence in its administration, and tending to diminish the extreme care that should always be employed, more especially when we consider that it is often requisite to give it for a prolonged period.

When called in consultation in difficult cases of labour, I have more than once been compelled to desist from my efforts at assistance, as in the application of forceps or turning, and direct all my attention to the prevention of what threatened to be a fatal issue from chloroform—the natural desire of the practitioner to watch the details of the operation possibly contributing to this result, as well as the exhaustion induced by the prolonged suffering to which the patients had been subjected before assistance had been sought. Apart from the danger of incautious administration of chloroform, I fear we must admit that the tendency to *post partum* hæmorrhage is greater than when no anæsthetic is employed, more especially in those cases where alcohol has been liberally indulged in as a habit, and where, therefore, a larger amount of chloroform than usual is needed to produce the requisite amount of anæsthesia.

I have long been in the habit of employing equal parts of chloroform and ether in all cases of labour, and consider that the risks, both primary and secondary, are less than when the former is given by itself; there are less nausea and depression, and the tendency to hæmorrhage is diminished.

ARTHUR W. EDIS, M.D.,
Physician to the British Lying-in Hospital, etc.

CLINICAL MEMORANDA.

LIME IN DRINKING-WATER.

I FEEL obliged to Dr. Parsons for his information contained in last week's JOURNAL, relative to the geological formation in the neighbourhood of Frome and Beckington—the more so as I am engaging my leisure moments, at present, in the study of English geology, in order to be prepared, as soon as the Registrar-General's report for the census year 1871 is issued, to ascertain, and, if practicable, establish, what appeared in the JOURNAL of September 28th. I have already studied the subject in connection with old Registrar-General's reports sufficiently to render it interesting, which gives me reason to believe that the "theory" will soon be reduced to science. Meanwhile I may remind Dr. Parsons that housewives in rural districts can, and usually do, make their tea and coffee from rain-water; that country air and exercise enable the system better to withstand the influence of excess of lime than the exhausted air of towns; and that copious draughts of cider tend to prevent phosphatic calculi, although favourable to the formation of oxalic. Lastly, I beg to suggest to Dr. Parsons that he should sound for stone in inflammation of the bladder with phosphatic deposits.

The favourite drink in and around Newcastle is beer, and I am informed that it is preferred when brewed with hard water containing oxide of iron. This I believe to be from the hard water dissolving less out of the malt, and also preventing the wort from fermenting too much.

For the requirements of the body, sufficient lime-salts are present in our ordinary food; hence much lime in our drinking-water is unnecessary, and if not eliminated will be apt to induce disease from its insolubility.

JOHN C. MURRAY, Newcastle-upon-Tyne.

FRACTURE OF THE ILIUM BY MUSCULAR FORCE.

A CASE precisely similar to the one reported by Mr. W. Hyde in the JOURNAL of November 2nd, came under my notice on that day. A young gentleman, aged 17, of good muscular development, whilst running vigorously in a foot-ball match, was suddenly brought to a standstill by a snap in his side, followed by a feeling of "coming in two". Being quite unable to take another step, he was carried to the house, and, on my examining him about an hour afterwards, I found considerable tenderness along the upper head of the rectus femoris, and a piece of