of the six wine cases and two of the five tea cases occurred in the autumn. Cases of lead poisoning traced to tea packed in lead occurred at Odessa in 1886, and the safety of so packing it has often been called in question. It is acknowledged by the trade that many teas contain a trace of lead. The tea may apparently get its lead in several different ways. It may no doubt mechanically rub off lead from the lining of the chest, or still more (from the larger proportion of surface exposed) from the lead paper of the small packets. It would be interesting to make comparative analyses of the tea from the corners and sides of the chests and from the middle. The lead lining of the chest is sometimes acted upon either by the tea fermenting inside it or from the chest being made of green wood. The salt produced is basic lead carbonate, an impalpable powder which would readily diffuse itself through the tea. A slow action by which the lead becomes brittle and "perished" goes on in shops and places where the cases are kept for a long time—possibly tea kept long in such coverings might be contaminated in this way. Traces of copper, chips of lead paper, and in one case a piece of brass, found by the analyst in several small packets of tea, would seem to point to great carelessness in packing either in England or abroad. Mr. Angell of Southampton, the county analyst for Hants, to whom I have submitted most of the teas I have had examined, finds by experiment that tea infusion has a powerful solvent action on lead, so that the chips of lead paper would be a source of danger in the teapot. The samples examined were nearly all packet teas of the common sorts. They were packed in ordinary paper, in lead-paper, and in lead paper lined with white paper. Mr. Angell has kindly given me the results of some analyses he made on his own account, so that altogether twenty-two different kinds of tea have been examined, of which seventeen contained traces of lead. The quantity of lead found was in most cases extremely small—of sixteen samples of eleven different brands of tea the lowest quantity found was 1.375 milligrammes per pound, the highest was 18 mgr. per pound, and the average of all 5.962 mgr. per pound. The lead was most unevenly distributed; of two packets of the same brand bought at the same time at the same shop one contained 1.6 mgr. per pound and the other 18 mgr. How far one would expect these small quantities of lead to prove dangerous it is difficult to judge. Data as to quantities which have proved poisonous are few and refer almost exclusively to water. Oliver refers in his Goulstonian Lectures to a case of his where only $\frac{3}{16}$ gr. per gallon was found. Parkes quotes cases of lead poisoning due to water containing only $\frac{1}{16}$ gr. per gallon, and sums up by saying that water with $\frac{1}{16}$ gr. per gallon should be considered dangerous and that some persons may be affected by less. It is of course impossible, either in water or in tea, to say that a found quantity is in any degree constant; still greater uncertainty is introduced by the fact that persons differ very widely in the amount of water that they drink. The quantity of tea is perhaps not quite so variable; a quarter of a pound a week seems a fair average. If one assumes two pints of water to be the average quantity drunk per diem one can make a sort of comparison which may be given for what it is worth. Tea containing 6 mgr. of lead per pound (the average of all the estimations) would be then about equivalent to water containing $\frac{7}{16}$ gr. per gallon; while the tea which had most lead (18 mgr. per lb.) would be equal to water containing $\frac{3}{8}$ gr. per gallon. Possibly these quantities may be peculiar to the year owing to some temporary cause; but, assuming that they are not exceptional, though far too small to cause a widespread epidemic, such tea would probably cause plumbism in a few susceptible individuals and would certainly add to the danger of their being affected from other sources, such as water or home-made wine. Moreover, may not some of the many cases where tea is suspected of causing vague dyspeptic and colicky symptoms be in reality minor cases of lead poisoning? The tea trade is in the hands of the Customs authorities; are they justified in passing tea which contains any lead whatever?

Weyhill, Andover.

PHOTOGRAPHIC CLUB.—As a large number of the medical profession are interested in photo-micrography, we are asked to state that Mr. Andrew Pringle, F.R.M.S., will read a paper on this subject at the Photographic Club, Anderton's Hotel, Fleet-street, on Wednesday, Oct. 3rd. Free tickets of admission may be obtained by sending stamped envelope to the honorary secretary, Mr. James A. Sinclair, 26, Charing-cross-road, W.C.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

"BONNET-PIN IN THE MALE URETHRA."

By J. J. STACK, L.R.C.P. EDIN., L.R.C.S. IREL.

A FEW years ago, a man, aged about forty-five years, called on me and asked me to remove a pin from his urethra. He said that he passed the beaded head of a bonnet-pin into his "pipe" "to relieve himself from the gravel." He was in a fearful state of mind over the accident, as he was afraid that the pin had slipped into his bladder. On examination I found the beaded end by pressing my fingers well up behind the scrotum, where I could use pressure enough to propel the foreign body forwards. I got an ordinary No. 8 catheter, and cut off the top with the scissors. This I passed into the urethra, with the object, if possible, of ensheathing the point of the pin. My idea, however, failed, and after several trials I was obliged to give it up. I then pressed the beaded end forwards as well as I could, guiding the point with a small forceps, until I got the point within a short distance of the meatus. I next forced the point through the tissues and got the body of the pin exposed. This I pulled on until the head came to the spot where the point was. By pressing the body of the pin downwards and backwards—the bead was in the meatus—and with very little manipulation, I was enabled to thus extract it. This is, so far, exactly like Dr. J. H. Simpson's case, but the presence in the urethra was less mysteriously accounted for. There was a little soreness in the penis for a day or so, with a slight discharge, but beyond this the case progressed favourably. Dr. Simpson's case and mine are very curious coincidences, and one description would nearly suit the two cases.

New Cross-road, S.E.

CURIOUS DEFORMITY OF THE CHEST WALL.

By S. FLOYD, M.B., L.R.C.P. LOND., M.R.C.S. ENG.

THE following deformity of the chest may be of sufficient rarity to be worth recording. A boy aged thirteen was admitted to the hospital ships, Long Reach, suffering from a mild attack of small-pox. On physical examination the second, third, and fourth ribs and costal cartilages on the right side of the chest were found to be deficient, so that the space wanting in the chest wall measured three and a half inches vertically and two and a half inches horizontally. At the fourth space the right side of the thorax measured twelve and a half inches in circumference, and the left fourteen inches. The unprotected space was markedly depressed on deep inspiration, but the ordinary physical signs elicited upon examination of the thorax were normal, though a little pronounced. The pectoralis major and minor were absent on the right side, with the exception of the clavicular head of the former, which was more developed than on the opposite side. The rest of the pectoralis major was represented by a fibrous band. The right deltoid muscle was hypertrophied, but the boy had almost as much power with the right as with the left arm. In every other respect the chest was quite normal. The costal ends of the third and fourth cartilages could be felt to be joined together, but the other deficient ribs and cartilages terminated separately. The deformity is congenital, and no other member of the family is affected in any way.

Hospital Ships, Long Reach, near Dartford.

A CASE OF HÆMOPHILIA.

By JAS. WM. WHITE, M.B., C.M. GLASG.

THE patient, a boy aged five years, has since birth been an object of interest and anxiety to his friends. The most moderate blow, and at times even a hand pressure, have sufficed to cause ecchymoses which are slow to disappear. The limbs, therefore, have almost normally a mottled appear-