

PRIVATE TUITION.

K. A. Barton, C. E. Beasant, A. S. Benham, J. E. Brown, A. G. Cave, E. Crawford, F. M. Crawshaw, D. M. G. Crow, E. B. Fenn, F. Goode, M. Haines, M. A. Hardwick, S. M. Hick, A. L. Hodge, M. A. Holmes, B. A. Kennedy, G. Kerr, N. L. Kimpton, M. E. Lambourne, M. J. Loveland, M. N. McKell, M. McKinnon, A. W. Murray, L. E. Nicholls, G. A. Peers, C. Perrins, G. C. Perschke, L. L. Phillips, M. V. A. Porriati, M. J. Pound, E. B. Pullen, S. M. Ramsay, D. Reeves, E. H. Thom, E. A. Vines, E. Waine, E. N. West, M. A. Whale, L. M. Whittingham, F. E. Williams.

PRIVATE TUITION AND INSTITUTIONS.

Manchester, *St. Mary's Hospitals*, M. Lamarett. London Hospital, L. H. Pearce. Woolwich Military Families' Hospital, M. E. Pitron. General Lying-in Hospital, J. Thomson. Greenwich Union Infirmary, A. White.

AN OPEN SAFETY-PIN FOR TEN DAYS IN THE ŒSOPHAGUS OF A BABY.

Dr. T. G. Blackburn, as reported in *The Lancet* from a Colonial exchange, records a remarkable case in which an open safety-pin remained for ten days in the œsophagus of a baby aged three months without producing any symptoms. The child was admitted into the Provincial Hospital, Port Elizabeth, with the history that she had swallowed a safety-pin. There were absolutely no symptoms; she was bright, happy, and laughing, and took the breast as usual. On the next day a radiogram was taken and clearly showed the pin fixed in the œsophagus, open, with the point upwards, about opposite the middle of the sternum. Interference was considered dangerous. Extraction upwards could be performed only if the point could be grasped and so prevented from doing irreparable harm to the œsophagus—a feat of manipulation practically impossible in such a narrow space. Trying to dislodge the pin had also its dangers, because if the bougie passed beyond without dislodging, on withdrawal it might drive the point into the œsophageal wall. Taking all the points into consideration, as well as the fact that the child was suffering no inconvenience, it was decided to wait, carefully watching the condition daily on the fluorescent screen. A week after admission the child first showed symptoms. She had crying bouts and was more restless, though there was no rise of temperature or vomiting. This condition continued for three days, and as the pain was thought to be due to commencing ulceration of the œsophagus it was decided that something must be done. She was placed on the X-ray couch with the tube underneath and the fluorescent screen on top. A metal bougie large enough to fit the œsophagus was then passed till it was seen to touch the blunt arm of the pin. On applying slight pressure the pin was dislodged and passed down behind the cardiac shadow and appeared in the stomach. The pin was now in

an accessible position, but it was decided to give Nature another chance and to see whether the pin would turn shut end down and be passed per vias naturales. Two days later it was seen to be fixed at the pylorus open end down. As nothing further was to be gained by waiting, the stomach was opened through a median incision made just below the xiphoid cartilage. The stomach and pin were brought to the incision. A slight incision over the blunt end allowed easy extraction. Three fine sero-muscular sutures closed the stomach opening and purse-string suture around this was used for security. The child stood the operation well and six hours afterwards took the breast. Recovery was uneventful.

GLASGOW MATERNITY HOSPITAL.

Mr. W. Guy, Secretary of the Glasgow Maternity Hospital, has received the following letter from Princess Louise, expressing her gratification at the success of the bazaar which was opened by Her Royal Highness:

Kensington Palace, W., December 17th.

DEAR SIR,—I beg to thank you for your letter and the account of the bazaar, which I have given to Her Royal Highness Princess Louise; and she wishes me to say how very much gratified she is to hear of the extremely handsome results achieved and the splendid sum of money raised by the bazaar, which she thinks reflects the greatest credit on all those responsible for it.—Yours faithfully,

(Signed) GEORGE LANE.

W. Guy, Esq.

CHARGE AGAINST A MIDWIFE.

Elizabeth Kennedy, a certified midwife, of 76, St. Catherine's Road, Notting Hill, charged with the wilful murder of a young married woman, by performing an illegal operation at 105, Westbourne Park Road, Paddington and also with performing a similar operation on two other women, was brought up again before Mr. Paul Taylor at Marylebone Police Court last week; and Minnie Short, a cook, was charged, on remand, with aiding and abetting her in connection with the last two offences.

Agnes Simkins, or Rolles, testified to meeting Short, whom she knew as Miss Grange, and telling her that she wanted to know some one who would help her. About three days later Short took her to Mrs. Kennedy. She explained her condition, and remained at the house for the night, and on the following three days Mrs. Kennedy examined her. She paid her £6 5s., including board and lodging, in accordance with an arrangement made with Short, of which a sovereign was afterwards returned. Mrs. Kennedy called in Dr. Clarke, and induced her to take his advice and go into the Infirmary in Marloes Road.

The doctor stated that what had happened might have been brought about quite naturally.

Both prisoners were committed to the Central Criminal Court for trial, bail being allowed in the case of Short.

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