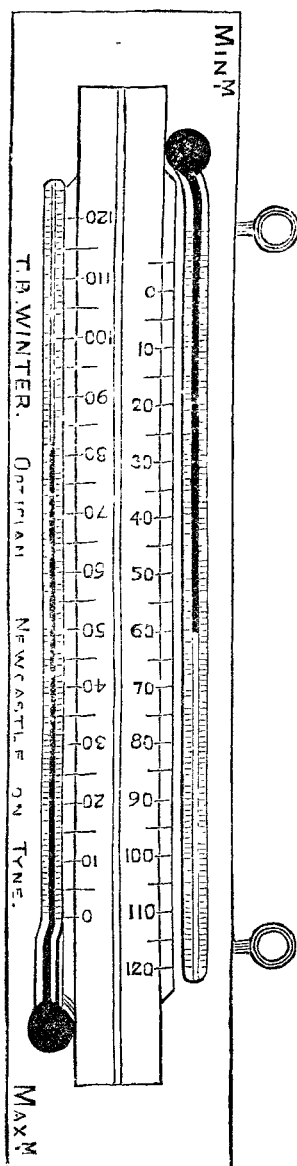


NOTE OF A  
POCKET SELF-REGISTERING MAXIMUM AND  
MINIMUM THERMOMETER.

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NOTHING in its own way is more necessary to the medical officers of large establishments, and, indeed, to the general practitioner also, than a means whereby the temperature of rooms &c can be readily ascertained. For this purpose the ordinary thermometer is of little use, because, though it may tell what the degree of heat is at present, it cannot say how low or how high it has been since the last observation was taken; and the self-registering maximum and minimum



thermometer generally seen is too bulky to be conveniently used even in establishments, while in general practice its employment is almost out of the question. Having lately been making notes of the temperature of various portions of the asylum, I was much impeded by the cumbrous instrument I had to use, and accordingly I furnished Mr. T. B. Winter, a philosophical instrument maker in Newcastle, with specifications for a more portable one, and the accompanying drawing is a sketch of the actual size of the instrument with which he supplied me. It consists of a silvered brass plate with a raised double scale in the middle, running parallel with which on each side is a tube containing, the one mercury, and the other coloured spirit. The maximum tube, containing the mercury, is bent near the bulb, like a clinical thermometer, to break the mercurial column, and the minimum tube, with the spirit, contains a pin, to register the lowest temperature. The whole instrument fits into a case of the size and general appearance of a spectacle case. I have used it for some time, and have found it accurate and convenient. The advantages which it has over any other thermometer of the kind which I have ever seen are, amongst others, its portability, and the fact that it does not require anything, such as a magnet, to set it with. The only precaution to be observed is, when setting the maximum tube, to be careful not to break the spirit column in the minimum tube. This is

best avoided by tapping the instrument gently on a table or window-sill until the mercurial column is sufficiently lowered, and the ordinary plan of giving, as with the clinical thermometer, a smart jerk of the wrist, should on no account be resorted to, as it is almost certain to break the spirit column. Should this accident occur, it is easily remedied by placing the instrument in front of a fire and toasting it until the spirit is forced up to the top of the tube, when the little fracture will unite.

Newcastle-upon-Tyne.

CONGENITAL ATRESIA OF THE DUODENAL  
OPENING OF THE COMMON BILE-DUCT  
IN AN INFANT, PRODUCING A LARGE  
ABDOMINAL TUMOUR.

By MARTIN G. B. OXLEY, M.D.,  
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AN infant (female), five weeks old, was brought to the out-patient department of the Liverpool Infirmary for Children with an enormously distended abdomen. For the following notes of the case I am indebted to the house-surgeon, Dr. P. Davidson. "The little patient was first seen on Jan. 30th with a round, globular, tense swelling of the abdomen; it was dull on percussion over the right side and part of the left except the left lumbar region, where it was resonant. A grooved needle and afterwards a Southey's cannula were inserted by Dr. Oxley into the upper line of the right lumbar region, and thirty-six ounces of bile flowed away in about twenty minutes. The child was very much jaundiced and emaciated. The urine was bile-stained and the motions like white curd. The tumour had existed from birth but had lately increased greatly in size.—Feb. 2nd: The swelling had reappeared, though it was not so large as when first seen; sixteen ounces of bile were withdrawn with Southey's trocar and tube. The child died on Feb. 6th.—Post-mortem examination: The swelling of the abdomen was not half the size it was when first seen, but the child was greatly emaciated. There was no fluid in the peritoneum, and no general adhesions or signs of inflammation. A tumour, globular, and about the size of a cocoa-nut, was found below the free margin of the liver; it was adherent on its posterior surface to the wall of the peritoneal cavity. The duodenum coursed over its surface and was closely adherent to it. The cystic and hepatic duct were both patent, and opened into the tumour. The gall-bladder was of normal size, but contained no bile. No opening into the intestine could be found. On examining the duodenum the papilla indicating where the orifice of the common bile-duct usually is was easily seen, but was quite impervious. The small intestine was contracted. The other organs were healthy."

Liverpool.

AN  
EFFECTIVE APPLIANCE FOR SYMPHYSEAL  
FRACTURE OF LOWER JAW.

By W. J. NAISMITH, M.D. EDIN.

ON July 30th I was called, in consultation with Dr. Hewitt of Prestwick, to a young lady patient of his, who had sustained a severe carriage accident, having been violently thrown out of a capsizing croydon while taking a sharp turn in the road. There was a condyloid fracture of the left humerus, which was put up in the usual manner; but, in addition, the lower jaw was fractured through the symphysis, the two segments being freely movable, and there was a transverse wound about two inches in length requiring two or three stitches, just over the mental protuberance. The wound did not communicate with the fracture. Now, what we wanted was an appliance for keeping the jaw at rest which would also permit of free access to the wound for dressing purposes. The ordinary gutta-percha or other moulded splints were out of the question—first, because the cutting of such a hole in the splint as would have been necessary for the wound would have practically destroyed its efficiency, and, further, we were convinced that the nervous excitable condition of the patient would not tolerate any such weighty apparatus. The lower incisors, broken across and loosened, could not be utilised for ligature, and the neighbouring teeth were of such shape as to afford no hold either for silk or wire. A carefully applied four-tailed bandage quite failed to afford the necessary support to the fracture, after a fair trial of about twenty-four hours, the parts evincing much mobility, and the patient complaining of the grating of the broken surfaces. In looking over some india-rubber appliances, it struck me that a Hodge's pessary, if bent and adapted so as comfortably to enclose the chin,

CAMBRIDGE UNIVERSITY. — The Syndicate appointed to superintend the examinations in State Medicine have issued their ninth annual report, in which they state that sixteen candidates presented themselves at the examination held in October last in Part I., and seventeen candidates in Part II. Sixteen who passed in both parts received certificates of proficiency in Sanitary Science.