catheter and the connecting tube had then been strapped to the abdominal wall with Elastoplast strapping.

Two weeks later the patient made a complete recovery from renal failure with no significant abdominal symptoms, and at laparotomy the catheter was found to be lying free in the peritoneum very close to its initial point of insertion. It had excited no peritoneal reaction at all.

We had thought that our method of fixing the catheter (with purse-string suture and two separate pieces of plaster) was perfectly safe, but this is clearly not the case. Now we fit a small cuff of rubber pressure tubing (3 mm. $\times$ 5 mm.—Franklins Ltd.) over the catheter once the latter has been inserted and fixed with a purse-string suture. This cuff fits very firmly and can be pushed down until it is close to the abdominal wall, and the catheter can then be strapped in the usual way. We consider that this provides an adequate safeguard against a similar occurrence.

A further precaution would be the inclusion of a radio-opaque marker in the catheter, which is at present completely radio-transparent. In this patient's case we could not be absolutely certain before operation that the catheter was in the abdomen.—We are, etc.,

E. K. M. SMITH.

M. J. CHAMBERLAIN.

Department of Medicine,
Postgraduate Medical School,
London W.12.

Purpura Associated with Ovarian Tumour

SIR,—Dr. G. M. McAndrew's memorandum on haemolytic anaemia associated with ovarian teratoma (21 November, p. 1307) prompts me to report a case of purpura associated with an ovarian tumour, which was cured by its removal.

Mrs. A. at the age of 41 developed menorrhagia and epistaxis, the latter being considered to be a menopausal phenomenon. Normal curettings being found, she was treated with intrauterine radium. A few months later after further bleeding she had deep x-ray treatment, which effected a menopause. Seven years later further vaginal bleeding was attributed to vaginitis associated with uterine prolapse, and she had colporrhaphies. She came under my care at the age of 51, taking Preludin (phenmetrazine) for her obesity and to give her energy. She was noted to have bruising of her arms and legs. She stated that she had had this for many years; it was painless and antedated her phenmetrazine medication. Nevertheless phenmetrazine was stopped for several months and blood tests were done. These showed no abnormality, quantitative or qualitative, in the formed elements, nor were the various "times" abnormal. She was regarded as a case of purpura simplex, ? cause as the purpura persisted. Six years later she presented with dyspepsia which proved to be due to a large benign pseudomucinous cystadenoma of the right ovary. Post-operatively she drew attention to the fact that the bruising had disappeared—and it had not recurred after a year.

Purpura simplex is classified as an anaphylactoid purpura by Whitby and Britton¹ and an autoimmune basis has been proved in some cases (thrombocytopenic or not).^{2,3} W. David⁴ was given eponymous recognition by Whitby and Britton up to the 1950 edition⁵ for his description of a haemorrhagic condition in women characterized by submucous and subcutaneous haemorrhages, with a normal platelet count, and which he believed

was due to ovarian deficiency, and is still quoted in Wintrobe.⁶

Whatever the mechanism I think it is worth adding unexplained purpura to unexplained recurrent pleural effusion (Meig's syndrome) and unexplained haemolytic anaemia as conditions where an ovarian tumour should be sought.—I am, etc.,

Leeds 17.

M. DALES.

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Tuberculous Immigrants

SIR,—The leading article on this subject (19 December, p. 1547) deplores the Ministry's decision that it is impracticable to x-ray immigrants at the port of entry. It has long been evident that to the Ministry anything is impracticable that is not politically desirable, and everything is practicable if it is politically desirable.

During the war I was in charge of an R.A.M.C. mass x-ray unit. On one occasion it was considered practicable (politically desirable) to x-ray all German prisoners of war. One thousand two hundred and ninety-one P.O.W.s were x-rayed by my unit in three days. It would be interesting to know why the Minister of Health should consider it is impracticable to x-ray immigrants. Surely the Minister does not believe that immigrants would think it vindictive to protect them from or cure them of disease? If it is a matter of expense and priorities, would not a scheme for x-raying immigrants be more rewarding than the present lung-cancer x-ray surveys which, according to U.S.A. findings, rarely reveal a case early enough for curative treatment and costs \$26,890 for each case of cancer detected.

Does not the Minister's attitude make a wasteful farce of the whole programme for the eradication of tuberculosis?—I am, etc.,

Rochester, Kent.

H. J. ROBINSON.

Dangerous Spectacle Frames

SIR,—The need for a wide visual field from the driver's seat of a car has often been emphasized in the technical press. Many years ago arbitrary standards of forward visibility were laid down by the motor industry of Great Britain covering such details as the height of a "standard" driver's eyes and the permissible obstruction by the bonnet and the windscreen pillars. More recent research has led to improvements in all around driver visibility, and now, in so far as vehicle design is concerned, driver visibility is very good indeed.

Considering the number of car drivers who wear spectacles, I do not know of any frame that does not to some degree constrict the wearers' visual fields. Dr. G. F. Taylor (19 December, p. 1597) cites the worst possible

frame design. Here, surely, is a field for profitable research—a spectacle frame and lens without any obstruction to the driver's vision.—I am, etc.,

WILLIAM GISSANE.

Road Injuries Research Group,
The Birmingham Accident Hospital,
Birmingham 15.

SIR,—I read with interest Dr. G. F. Taylor's letter (19 December, p. 1597), having myself just reached an age when hypermetropia makes me more comfortable driving in glasses. The lenses of my glasses are supported only by fine nylon slings from a light tortoiseshell crossbar above. In spite of this I was immediately aware of a gross impairment of peripheral vision when wearing the glasses for driving. It was obvious to me that with my eyes focused for clear vision ahead through lenses, they were not focused for clear vision outside the field of the lenses.

Happily I am still able to focus clearly without glasses if necessary, and no doubt do benefit from the inconspicuous frame and high-set ear-pieces, but it strikes me the poorer one's vision without glasses the less use it would be trying to peer round the edges of them whether or not the view were obstructed by the frames. I suggest motorists should be advised to choose glasses designed to give a maximum field of corrected vision for driving. I would be most interested to know whether it is possible to construct a "wrap round" lens, giving a full field of corrected vision.—I am, etc.,

Mitcham, Surrey.

W. J. FERRABY.

"Epidemic Collapse"

SIR,—I was interested to read the fascinating account of the mysterious outbreak of "Epidemic Collapse" in Three Coventry Schools" (26 December, p. 1625). I wonder if the authors considered the possibility that these attacks they have described might have represented the "voluntary" syncope that can follow the performance of modified Valsalva manœuvres.

This, I submit, is not so unlikely as it sounds. Many children, particularly in the age-group 12–14 which was principally affected in the discussed outbreak, acquire the knowledge and technique of "making themselves faint," and I have heard of this practice assuming epidemic proportions in some schools in the past. I myself remember practising it when I was a schoolboy (not so long ago). With a group of friends, one by one, we used to stand erect in a clear space, overbreathe for about twenty respiratory cycles, then attempt forced expiration against a closed glottis until loss of consciousness occurred or until we were interrupted by one of our teachers, whose great alarm at the spectacle used to cause us great amusement. However, I also vividly remember how ill these manœuvres made us feel, and any of the symptoms described in the paper could have been applicable to our "post-syncope state." I must add, though, that our symptoms rarely lasted more than a few hours, but then we were not exposed to the vigilant interest of the public health authorities.

In support of my suggestion I would like to point out that practically all the cases reported appear to have had their onset on