A TINEA X-RAY COUCH.

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IN x-ray treatment of tinea tonsurans irradiation of the Kienböck-Adamson suboccipital area, and to a less degree the vertical one, often gives some difficulty owing to variation in the shape of heads, and also from the risk of pressure on the nose—and consequent movement of the head—where the prone position on the couch is practised. The alternative position of sitting on a chair with forehead supported on the dorsa of the hands resting upon the couch is oftener than not accompanied by a tendency to slip down somewhat in the chair and so disturb the position of the head. To obviate these contingencies and at the same time retain the prone position, which ensures stability better than any other, I designed a couch which was made by the master of works, County of Dumbarton Education Authority, for the skin clinic, where it has been used since March 17th,

Under surface of tinea couch, showing method of operating hinged flap.

1923. It is constructed as follows. In the top of the couch is introduced a movable flap with circular aperture to accommodate the face, and so hinged as to allow of its being easily raised or lowered, at the free end, in relation to the level of the top of the couch. A screw, technically known as a "Leggott's quadrant," which is operated with a short "endless" cord, is attached at the free end of the flap. The cord passes over two small pulleys attached to the under surface of the head of the couch. The flap remains firmly fixed in the desired position without

having to wind the cord round any part of the couch; it can be altered at any moment by manipulating the cord, and is capable of the nicest adjustment. The accompanying photograph of the under surface of the top of the couch illustrates the mechanism. It will be seen that all pressure on the nose is avoided and variation in cranial shape combated by the hinge adjustment. Experience of working with it has suggested constructional modifications which would to some extent increase its efficiency. One is to change the position of the flap so that its free edge would form part of the end of the couch; another is slightly to alter the shape of the aperture, or, better still, to make it variable; these modifications I am about to introduce.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

PULMONARY EMBOLISM.

IN view of recent discussions on pulmonary embolism and thrombosis, the following case may prove of interest.

Mrs. H., aged 55, was admitted to the Christie Hospital with epithelioma of the vulva. She was treated with radium, and, ten days later, by diathermy. Her general condition, both before and after operation, was good. Her temperature was raised for three days subsequent to the operation, the maximum being 100° F., and she complained of constant pain at the site of the lesion for the first week or ten days. She felt perfectly well, but was unable to sit up, owing to the tenderness of the raw surface left after the diathermic treatment.

Three weeks after operation she was still in bed and the wound was about two-thirds healed. On the morning of the twenty-second day she complained of high epigastric pain and some dyspnoea. She was noticed to be slightly cyanosed, and the pulse and respiration rates were increased. These both rose rapidly, the cyanosis deepened, the pulse became weak and thready, and collapse supervened. Ten minutes after the onset of symptoms she lost consciousness, the breathing became stertorous, the pulse and respiration rates dropped, and death took place about five minutes later.

Post-mortem Report (Dr. Powell White).—The pulmonary artery contained blood clot which was mostly recent and appeared to have been formed immediately before death, but some was of earlier date; it was not adherent. The clot extended to the smallest arterial branches in the upper lobes of both lungs, but not into the lower lobes. The upper lobes were partially collapsed and dry, while the lower ones were normal and moist. The right ventricle and auricle also contained recent blood clot. No distinct embolus could be found. The blood in the left side of the heart, the aorta, the venae cavae, the portal and the iliac veins was quite fluid. The smaller pelvic veins, especially those coming from the uterus and vagina, were distended with blood clot. The external iliac veins on both sides were enlarged and hard.

This case was in all probability one of pulmonary embolism followed by thrombosis in the pulmonary artery; it is probable that the embolus came from one of the pelvic veins in the neighbourhood of the uterus or vagina. An illustration is provided of one certain and another possible etiological factor in pulmonary embolism. The main factor here must have been the patient's enforced recumbency for three weeks; she had lain quite still all day and night, in spite of

being urged to move about as much as possible without causing herself undue pain. The circulation in the veins of the pelvis and lower limbs must have been at an extremely low ebb, especially as the force of her heart beat, though adequate, was never great. The other factor which probably played a part was sepsis. The embolus evidently arose from one of the smaller uterine or vaginal veins, these having been found at the necropsy to be distended with clot. The venous drainage of the site of the necessarily septic lesion, the perineum, is ultimately the same as that of the uterus and vagina—namely, into the internal iliac veins. It is also extremely likely that infection had spread directly from the perineum along the vagina into the parametric tissue, which contains those veins that were found to be affected.

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BILATERAL CYSTIC EMBRYOMA OF OVARY WITH TORSION OF THE PEDICLE OF ONE CYST.

THE following case seems to be of interest on account of the fact that a cystic embryoma existed in each ovary and that there were no definite symptoms until the torsion of the pedicle of one took place.

A married woman, aged 36, sent for me on the evening of November 13th, 1924, complaining of pain in the abdomen and difficulty in passing water. She had been treated for floating kidneys with a Curtis belt. One child, born ten years ago, died at 4 years of age. Her periods were regular and normal.

History of Present Condition.

She was quite well until the morning of November 13th, when she awoke with pain in the lower part of the abdomen and difficulty in passing urine. She stated that she had had similar attacks, but had put them down to her floating kidneys. A period was then just ending.

Condition on Examination.

When I saw her she was sitting up in bed and leaning forward, as this position gave her relief. The temperature and pulse were normal. She was of spare build and had a goitre with some exophthalmos.

The abdomen showed slight bulging above the symphysis pubis, which on palpation gave the impression of a cystic tumour rising from the pelvis in the mid-line halfway to the umbilicus. On