

extremely poor. There was cough with nummular mucoid sputum. A saline expectorant with ammon. carb. and pot. iodide was given.

During the next nine days patient ran an irregular fever, gradually falling to normal. Sputum was copious, offensive, and purulent. Blood-count on the third day showed a leucocytosis of 17,500, of which 88 per cent were polymorphs. A radiograph on the second day showed total collapse of the left lung with no heart margin to the right of the spine. On the sixth day air entry had returned to the upper lobe and gradually spread throughout the lung, till by the eleventh day there was air entry at the base. At this time the apex beat had returned to 1 inch outside the nipple line. On the fifteenth day sputum ceased altogether.

At the beginning, physical signs were displacement of the apex beat to the side of the collapse, diminished air entry, and absent vocal fremitus and resonance over the whole lung, except at the base of the scapula where tubular breathing was present, due to conduction of breath sounds through the root of the collapsed lung. Sputum was purulent, nummular, and offensive, and at times amounted to 10 oz. in the twelve hours. There was a leucocytosis of 17,000, later almost 19,000, of which 91 per cent were polymorphs. Although air entry had returned to the base on the eleventh day, and the patient had clinically recovered on the twenty-sixth day, nevertheless X-rays still showed some collapse at the base on that date.

ÆTIOLOGY.

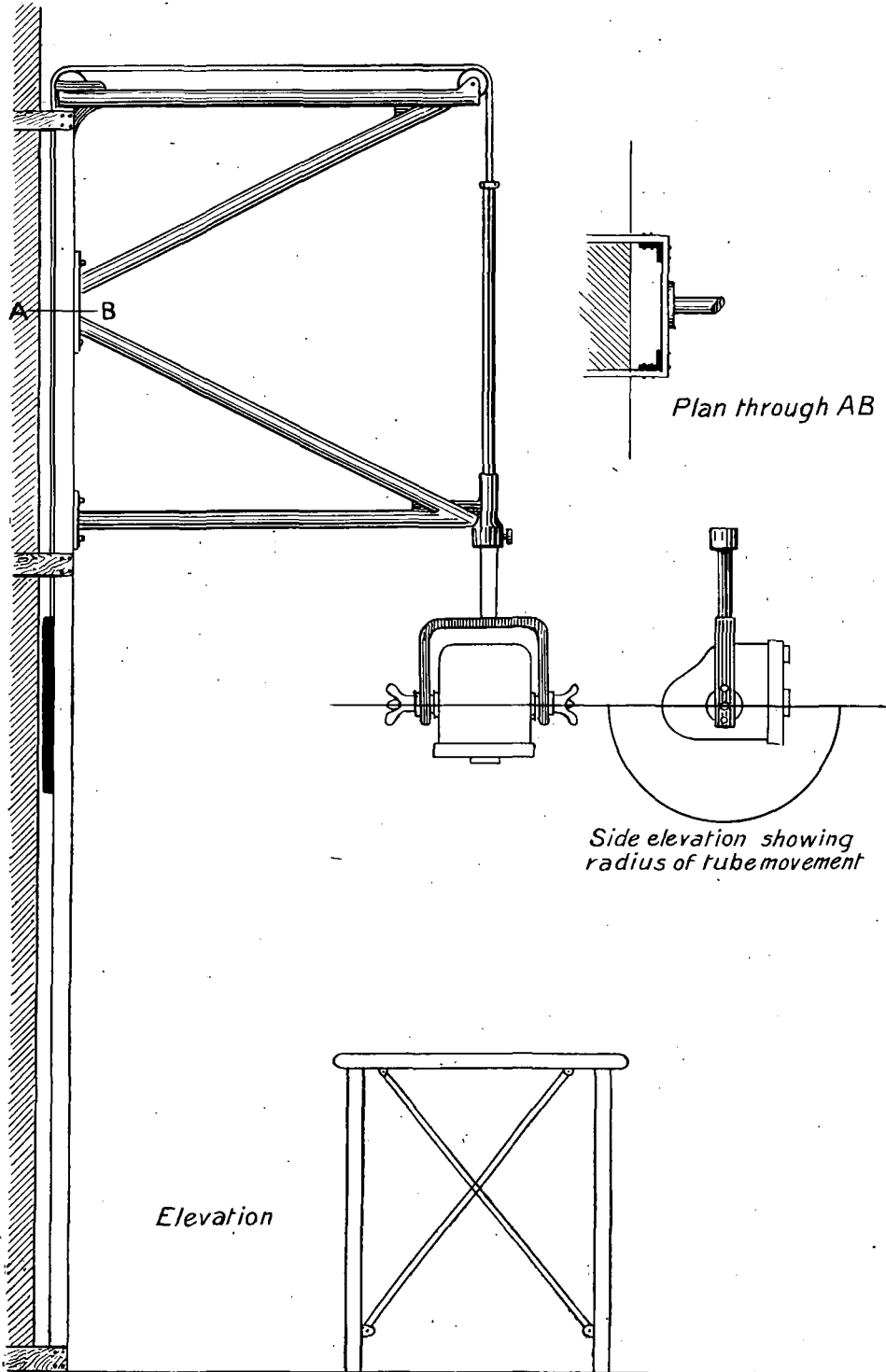
The aetiology appears to be quite clear. It was due to aspiration of vomitus into the trachea whilst under anæsthesia. This accounted for the temporary cyanosis. The vomitus was then aspirated into the left main bronchus with resultant infection and complete collapse on the second day.

Permission has been kindly granted by Lieutenant-Colonel E. P. Allman-Smith, Commanding British Military Hospital, Mhow, to send these notes for publication.

RADIOGRAPHIC TUBESTAND FOR USE WITH A FIELD SERVICE X-RAY OUTFIT.

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THE casualty clearing stations of the British Expeditionary Force were issued with field service X-ray outfits primarily designed for the radiography of fractures and the location of foreign bodies. For this object the design was admirable, but drawbacks were encountered in ordinary radiographic work on account of the below-couch position of the tube, and the



Radiographic tubestand for use with a Field Service X-ray outfit.

short focal distance obtainable. A larger focal film distance was desirable on account of the wide scope of the work undertaken in the absence of active hostilities, and to obtain this a tubestand was made locally at a comparatively small cost.

A gallows was constructed from gas piping carrying a collar, through which a tube ran, locking being provided for by means of a winged nut in the collar. A counter weight was attached to this rod by means of a flexible galvanized wire which ran across two overhead pulleys, the weight being allowed to run free behind the stand. At the lower end of this "tube rod" a double arm was made with two hooks at the lower end of the limbs, and these were an exact copy of the original below-couch arms designed for carrying the "tube head" in that position. The upright stand was constructed of two lengths of angle iron bolted together at suitable points in order to carry the arms of the gallows, and the whole was fixed to the wall by means of iron plugs.

The various movements obtainable from this simple contrivance are obvious from the diagram.

(1) The vertical movement of the tube depends on the length of the rod running through the collar in the lower arm of the gallows, and in this particular unit sufficient length has been allowed to enable stretcher and bed cases to be radiographed without the necessity of being lifted on to the table.

(2) For lateral radiographs the table or bed could be moved towards either side as necessity arose, the tube being pulled down and rotated to the required position; this was found most useful in fractures of the lower limbs where it was impossible to move the patient on to his side.

(3) Rotary and tilting movements were obtained in the same manner by adjusting the angle of the "tube head" and this was found to be quite sufficient for any skull or sinus radiography.

(4) For distance work, such as chest radiography, the stand was fixed to the wall in such a manner, that when the tube was pulled down and rotated it was exactly five feet from a wooden screen on which a cassette could be fixed by means of studs at any required level and thus upright chest radiography could be easily obtained.

(5) When necessary the "tank head" could be detached in a few minutes from the above-couch position, and replaced in its normal below-couch site; this could easily be undertaken by one man.

In this particular case the table and stand were earthed separately; some form of separate or combined earthing is obviously necessary.

I would like to thank Lieutenant-Colonel R. B. Myles, *O.B.E.*, *R.A.M.C.*, for his encouragement in the work of this department and for suggesting that a description of this piece of apparatus should be submitted for publication.