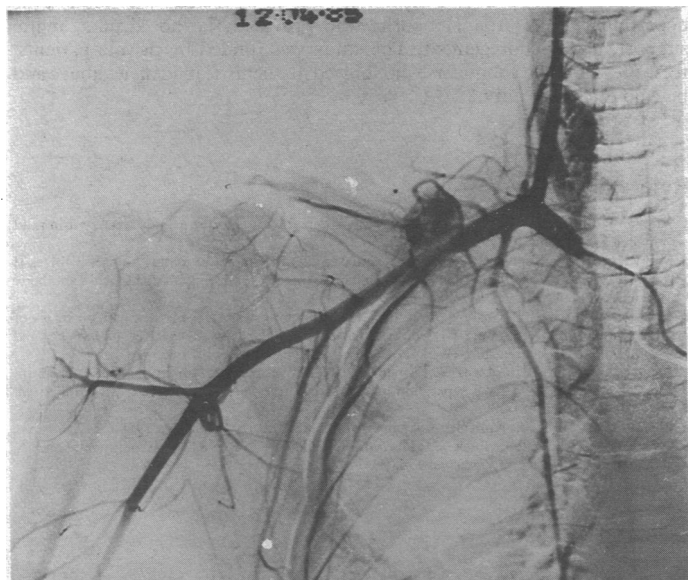


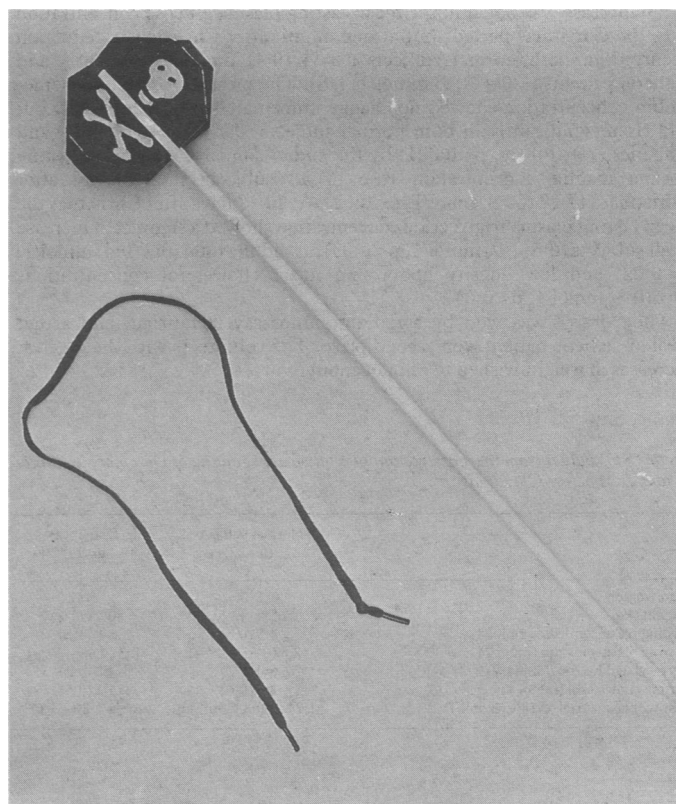
Picture Reports and Short Reports



Robin Hood's legacy

A throwing arrow is a 15 inch sharpened plastic rod with a groove cut in the shaft where a knotted shoe lace can be used as a sling to hurl the arrow. A 16 year old boy was speared in the right supraclavicular fossa by a throwing arrow in Old Sherwood Forest. He removed the arrow himself, which resulted in profuse bleeding. On arrival in the casualty department the bleeding had stopped, and the small puncture wound was sutured under local anaesthesia.

Three months later he noticed tingling and coldness in the fingers of his right hand. On examination there was a pulsatile, walnut sized swelling in his right supraclavicular fossa. Selective angiography showed a false aneurysm of the right subclavian artery at the site of the puncture from the arrow. This was subsequently repaired under general anaesthesia with a vein patch, and his recovery was uneventful.



Above left: Subclavian angiogram showing false aneurysm. Above: Throwing arrow.

A false aneurysm is a not uncommon complication of open trauma, but we have been unable to find any other reports of a throwing arrow causing this injury. Arrows remain a danger in Robin Hood country.—J J EARNshaw, P W WENHAM, B R HOPKINSON, Queen's Medical Centre, University Hospital, Nottingham NG7 2UH.

Bird fancier's lung: hazard of the fishing industry

A 52 year old housewife presented with a two year history of chronic cough, mild effort dyspnoea, and weight loss. She had no medical history and physical examination gave normal results. The chest radiograph, however, showed bilateral, upper lobe contraction. Diagnoses of tuberculosis and sarcoidosis were considered, but the results of investigations proved negative. Thus the sedimentation rate was normal, sputum cultures were repeatedly negative, and Kveim biopsy was negative. Further inquiry showed that the patient worked from home tying artificial flies for the fishing industry, a process entailing close contact with dust and bloom from South American feathers. She had no other contact with birds.

The clinical diagnosis of extrinsic, allergic alveolitis was confirmed by positive precipitins to budgerigar, typical abnormalities of pulmonary function comprising restriction, with a reduced transfer factor, and appropriate histological features in a transbronchial biopsy specimen. After the antigen was removed the cough subsided, but pulmonary function remained unchanged, suggesting



established fibrosis. Bird fancier's lung occurring by this route has not been described before.—A R LUKSZA, P BENNETT, J E EARIS, Fazakerley Hospital, Liverpool L9 7AL.