A HOME-MADE ORTHOPEDIC TABLE

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There is often need of an orthopedic table where the small volume of work does not justify the purchase of elaborate

Fig. 1.—Sacral and shoulder supports removed with table set for roentgenography or operation.

and expensive apparatus; the home-made table here illustrated will supply this need.

I made a small model in a few hours, and the table itself was constructed by the janitor of the Highland Park Hospital, chiefly from pieces of scrap piping. The illustrations demonstrate clearly the construction and application.

The patient being placed in position, the small steel cables are attached to the ankles, and traction is applied. The four padded leg supports are then dropped out of the way by simply pulling out the four pins with which they are transfixed.

The post supporting the sacral rest is made of slightly smaller piping, slides easily through the "four-way" fitting, and rests in the T socket below. In this way the post and saddle are

Fig. 2.—Shoulder, sacral and leg supports in place to receive patient.

simply lifted out when the apparatus is to be used as an ordinary table. The chest and shoulder support is made of wrought iron strips with ordinary ball bearing roller skate wheels, obtainable in any good hardware store. The ratchet

wheels are part of a Ford motor car, and cost one dollar apiece at the dealer's. They require some turning down in a lathe, as in the original they are too thick to go through the slots in the piping.

The cross bar for arm extension rests on the table frame, and bolts are dropped through perforations in the two pipes. It is lifted off when not in use.

SEROUS MENINGITIS FOLLOWING INJECTION OF ANTITETANIC SERUM

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A boy, aged 3½ years, who had been in the best of health, stepped on a nail two weeks before I saw him, Sept. 26, 1919. The wound was indifferently treated by one physician so that Dr. George Sikes of Pleasant Ridge was consulted two days later. The wound was then opened, cleansed and properly cauterized. The little boy was given 2,000 units of antitetanic serum; the wound healed perfectly. A week after the serum was given, a typical serum rash developed but soon subsided. Four days later the child was playing in the yard as usual, when he began to drag the injured leg. That afternoon he was taken sick rather suddenly, and fever developed, but there was no nausea or vomiting. The mother noticed that the child could not move the injured (right) leg or the left arm. He seemed to hold his head toward the right side. Dr.

Fig. 3.—Patient suspended, with leg supports dropped out of the way.

George Sikes was called and decided not to use antitetanic serum, giving the child a dose of castor oil instead. The next morning the child was no better so it was brought to a hospital in this city where I saw him just two weeks after the original injury.

The child was crying. The skin was covered with a profuse reddish macular eruption, confined mostly to the lower extremities. He apparently did not move the left arm. The pupils were equal; there was no involvement of the cranial nerves. The heart and lungs were apparently normal; the examination of the abdomen was negative. The child held himself rigid. There was Kernig's sign, but no opisthotonos. The temperature was about 102; the pulse was rapid. I told the family that in my opinion the symptoms could not be due to tetanus, and expressed the opinion that it possibly was due to the injection of horse serum, although the typical serum rash had disappeared four days previously. In the afternoon the temperature rose to 104; the pulse was 128, and the respiration 36. While sleeping, the child would twitch its face. I had Dr. Robert Ingram see the child with me.

In addition to the symptoms and signs that I have mentioned, he found an ankle clonus of both legs, mostly right, and an edema of the right upper lid. He diagnosed the condition as cerebrospinal meningitis according to the syndrome,