

Metallic foreign bodies

John Chippendale, retired general practitioner

A recent news report in the *Lancaster Guardian* telling of a patient who had embedded metallic pellets started me thinking about the patients I had seen with metallic foreign bodies during my time in medicine.

Shrapnel

When I was training in the 1950s it was almost commonplace to see X-rays with shrapnel in the soft tissues. At that time we were seeing many patients who had served in the 1914-18 war. When shrapnel shells exploded, the case disintegrated and jagged spicules of metal flew off. The Germans intentionally manufactured the shells with thin cases. (Sir Henry Shrapnel, 1761-1842, a British Army officer, invented shrapnel but his shells were packed with bullets which flew off over a wide area when the shell exploded. Shrapnel shells were first used in 1804.)

Airgun pellets

My first memory of airgun pellets is a most unhappy one and occurred before I began my medical studies. Two boys in my home village were messing about with a loaded air pistol. By a million to one chance the pistol was fired through a key hole just as one of the boys made to look through it. The result was a penetrating injury to an eye and loss of the sight of that eye. It was not unusual for boys to have air pistols at that time.

My other memory of an airgun pellet was when my partner asked me to look at a boy with conjunctivitis affecting just one eye. Knowing my partner, I realised I might find something unusual and had a good look but found only a 'red' eye. But, I had not pulled down the lower lid quite far enough and there was an airgun pellet lodged in the lower conjunctival sac. The boy had been messing about (just like the boys above!) with an air pistol and a ricochet from a carpet had lodged in the sac. The pellet was removed quite easily. The boy was fortunate not to have suffered a penetrating eye injury.

A needle

This case was my own. A teenage boy came with pain in the scapular region. I cannot remember why I arranged an X-ray; it might have been because the Mass Miniature X-ray Unit was in Dalton Square, Lancaster; that day. However, the X-ray showed a good-sized darned needle in the posterior chest wall. The boy's mother remembered he had been rolling around on the carpet at a time when she lost a darned needle. I referred the patient to Mr Ian Kitchin, the orthopaedic surgeon, and he decided on an exploratory operation. His report, after failing to locate the needle, included the phrase 'it was like looking for a needle in a haystack!' 'Masterly inactivity' was the next plan and about three months later the boy returned with localised pain and redness in the upper arm. The needle had moved across the tissue planes and was presenting at that point. I was able to extract it quite easily.

A coin

Another case of my own. A pre-school girl was thought to have swallowed a coin. I think there was an X-ray which confirmed a coin in there; or, was I very cool and simply suggested a stool watch? The thing I do remember was the father ringing me to say, 'Mary has come up with the winning counter!'

Metallic particles in the cornea

Recently, my neighbour was sharing a medical memory with me. Many years ago, he had noticed a tiny circular brown stain in his cornea. This was some time after he had used a grinding machine at work. He went to the Eye Department and what he had seen was the tell-tale rust ring around a minute metallic fragment lodged in the cornea. I saw several similar cases during my days in general practice.

LORENZO PROGRESS

PRESS RELEASE: FEBRUARY 2010

Steve Fairclough, Head of Health Informatics, University Hospitals of Morecambe Bay NHS Trust, said:

We are committed to becoming the first acute Trust in England to deploy Lorenzo 1.9, a full electronic patient administration system, across all our hospitals.

Once rolled out, Lorenzo will replace iPM and be used in most areas of our hospitals to support all of our patient administration processes for Outpatients and Inpatients.

We are near completion and very pleased with our progress. Our focus now is on the testing and making sure the system works effectively and efficiently for us. We expect to carry out a mass deployment of Lorenzo 1.9 across all of our hospitals by mid 2010.

The introduction of Lorenzo will be more than just an upgrade from iPM. Work is well underway to ensure that Lorenzo assists in the delivery of the Productive Ward and other initiatives to 'work smarter' and deliver excellent patient care. There will be changes in the way that some staff work, but only to realise benefits for patients, staff and the Trust. Once iPM has been replaced, work will begin in earnest to build the electronic patient record capability across the Trust.

Issued by Tara Vallente, Head of Communications – 01539 716685 / 07500 993 494 / tara.vallente@mbht.nhs.uk or Louise Fleming, Communications Officer – 01539 716675 / 07500 993 491 / louise.fleming@mbht.nhs.uk