

4. Cooper JD, Trulock EP, Patterson GA, et al. Bilateral pneumonectomy (volume reduction) for chronic obstructive pulmonary disease. *J Thorac Cardiovasc Surg* 1995;109:10619.
5. Laros CD, Gelissen HJ, Bergstein PG, et al. Bullectomy for giant bullae in emphysema. *J Thorac Cardiovasc Surg* 1986;91:63-70.
6. Morgan MD, Denison DM, Strickland B. Value of computed tomography for selecting patients with bullous lung disease for surgery. *Thorax* 1986;41:855-62.
7. Brenner M, Kayaleh RA, Milne EN, et al. Thoracoscopic laser ablation of pulmonary bullae: radiographic selection and treatment response. *J Thorac Cardiovasc Surg* 1994;107:883-90.
8. Landreneau RJ, Keenan RJ. Thoracoscopic laser surgery for emphysema: University of Pittsburgh experience. *J Endosc Lap Surg Asia* 1995;1:28-9.
9. O'Brien CJ, Hughes CF, Gianoutos P. Surgical treatment of bullous emphysema. *Aust NZ J Surg* 1986;56:241-5.

PICTORIAL MEDICINE

Appearance of the nails secondary to chemotherapy



Figure A shows the appearance of the finger nails of a female patient who had undergone three cycles of chemotherapy for metastatic carcinoma of the breast. Horizontal grooves (Beau's lines) may appear in all of the nails following severe illness, physical, or psychological stress. In this case, several Beau's lines occur equidistant from each other in each nail; each line represents the time at which chemotherapy was given and by measuring the intervals between the lines (see close-up photo, Figure B), one can estimate that the time interval between each cycle of chemotherapy was around three weeks.—
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