The Chicken Soup Controversy

Can a nice girl from the Presbyterian Hospital of Pittsburgh (or any Presbyterian hospital) ever know as much about the therapeutic efficacy of chicken soup as an Associate Professor from the Mount Sinai School of Medicine? Can a merger of talents in the medical and engineering disciplines produce a better aircraft fuel using derivatives of chicken soup? Can chicken fat (Schmaltz) really cure impotence and prevent premature ejaculation? Little did Caroline and Schwartz realize the storms of controversy which their provocative article would evoke (Chest 67:215-216, 1975). The editors believe that this dialogue is constructive, albeit heated, and they consider it a pleasure to provide our readership with the opportunity to see some of the communications we received in response to the original study by Caroline and Schwartz.

EDITOR

To the Editor:

I really can’t resist sharing this anecdote, since it occurred on Feb 8, the Saturday just before I received the February issue of Chest.

I am on the Tufts Medical Admissions Committee and interview applicants on Saturday mornings. Across from the office I use is a small kitchenette containing hot water, tea bags, coffee powder, and powdered soups. On Feb 8, for some reason I switched from instant coffee to powdered chicken soup to sip during the interviews. The first applicant to enter the office sniffed, looked around, spotted the cup of chicken soup in these august medical premises, and blurted out, “My God, it’s true!”

Keep the faith!

David H. Spodick, M.D., F.C.C.P.
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Tufts University School of Medicine
and Chief, Cardiology Division
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To the Editor:

The report of Caroline and Schwartz (Chest 67: 215-216, 1975) is timely and alarming, for it suggests that chicken soup-resistant pneumococci may be emerging in nonhospitalized populations and that this time-honored therapeutic modality may have to be abandoned in favor of less relishable treatments.

However, the authors failed to obtain in vitro sensitivities of the organism against chicken soup, so the presence of chicken soup-resistant pneumococci and/or the question of emerging resistance remains unanswered.

Spurred by the report by Caroline and Schwartz, our laboratories tested 100 recently isolated strains of pneumococci against chicken soup1 serially diluted in brain-heart infusion broth (BHI). The minimal inhibitory dilution (MID) was defined as that dilution of chicken soup which visibly inhibited growth after incubation for 24 hours at 37°C. Using inocula from a 10⁴ dilution of an overnight broth culture, 99 percent of the strains were observed to be inhibited at a dilution ≤ 1:64 (well within the range of levels achievable in the serum). However, one isolate was not inhibited at this dilution or, for that matter, even by undiluted chicken soup. Further examination of this putatively chicken soup-resistant Pneumococcus revealed it to contain a plasmid (labeled CS) which coded for chicken soup resistance. Not surprisingly, this CS plasmid was found to be linked directly to a plasmid coding for resistance to tea leaves (Camellia sinensis) and one coding for resistance to whole-wheat bread mold (Penicillium chrysogenum?). Regrettably, though, this multiresistant plasmid, CSTLBM, was spontaneously lost at such a high frequency that we could not preserve it for confirmatory studies; however, we urge others working in this field to maintain a constant vigil for the emergence of such chicken soup-resistant strains.

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REFERENCE

1 Bellin MG: Jewish Cookbook. New York, Garden City Books, 1958, pp 19-20

To the Editor:

The Infectious Disease Letter (week of March 15, 1975) of the University of Rochester's Departments of Pediatrics and Medicine printed most of the discussion of the now famed paper of Caroline and

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Schwartz (Chest 67:215-216, 1975), but unfortunately without including the preceding commentary by Dr. Soffer.

However, in possible haste, the writers omitted the reference to Moses R: Exodus 12:23, which in contemporary medical terms might well be entitled "On differential survival rates during the tenth plague due to local application of sheep red blood cells to doorposts." Nevertheless, the authors have stimulated consideration (and humbly so) of the following paper: Jacobson SJ, Yablin AM: On the preparation and therapeutic efficacy of chicken soup based on a large series of nine grandchildren (Maven Publishers).

Many thanks for enjoyable reading.

Bud Yablin, M.D. 
Rochester, NY

To the Editor:


Us chicken-soupers have long been aware of the therapeutic efficacy of chicken soup. Our data, however, have consistently been ignored by the bulk of organized medical opinion whose practitioners, as you know, are predominately affluent steak eaters.

We would like to undertake a research program to bring chicken soup into its rightful place in medical therapy. Adjunctive to this study might be the investigation of how the use of happy or unhappy chickens affects the beneficial efforts of chicken soup. In this respect, we have communicated with a contact in the chicken industry, in the hopes that he might want to finance this study with a lifelong supply of chicken legs for the researcher. Unfortunately, research within our contact’s company devoted to improving the breed precludes their participation in our program. We hope that improvement of the breed includes attitudinal programs designed to produce happy chickens. With the evidence presently available concerning the results of talking to flowers and plants, it is certainly reasonable to expect some degree of extra therapeutic effect from chicken soup derived from happy chickens. We must expect that even a chicken brain will respond better than a weed! In any event, if chickens and plants ever take over the world, isn’t it good sense to build some advance good will for ourselves?

On behalf of the Chicken Soup Institute, we thank Chest for its interest in chicken soup and humanity.

Ralph Packman
Chicken Soup Institute, Philadelphia

To the Editor:


You might be interested to know that we have successfully treated male impotence with another chicken-derived compound, sodium cytarabine hexa-methyl-acetyl lututria tetra-zolamine.

This compound, when applied in ointment form to the penis, not only cures impotence but also increases libido and prevents premature ejaculation. In respect to the latter, preliminary studies indicate that its effects are dose related inasmuch as intercourse continues for five minutes when 5 percent ointment is applied, 15 minutes when 15 percent ointment is applied, and so forth. We had hoped that it might also cure Peyronie’s disease, but thus far our results have been disappointing.

We have received a grant in the sum of $650,000 from the National Scientific Foundation to carry out a prospective, randomized, controlled double-blind study. Unfortunately, we are unable to obtain a suitable number of subjects inasmuch as each volunteer refuses to participate unless we assure him that he will be a subject rather than a control.

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To the Editor:

Dr. Greene referred his communication regarding the Caroline and Schwartz study to me for evaluation, since I am somewhat of an authority on sodium cytarabine hexa-methyl-acetyl lututria tetrazolamine. I found it interesting, but I was surprised that he made no reference to one of its uses that has been so thoroughly documented over the last 3,200 years as to require no further scientific validation, ie, the marked atraumatic facilitation of relief of frustration and anxiety in young males, 12 to 20 years of age, who are secretly involved in the creative evaluation of their immediate surroundings or are suffering from a painful, bluish discoloration of the testicles.

So potent is the ointment’s effect in this regard that Moses was forced to write, indirectly, an injunction on its use—something about spilling seeds on the ground, as I remember.

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*Schmaltz (Upjohn).