
To the Editor:

I was surprised that the correlation between right ventricular ejection fraction obtained from radionuclidic data and this measurement made from cineangiographic data was as good as observed \( r = 0.80 \). Since count rate is a function of chamber volume, regardless of chamber geometry, the radionuclidic method might be more accurate than contrast angiographic studies for an irregularly shaped chamber like the right ventricle. Radionuclidic time-activity data must be corrected for the contribution of activity from tissues surrounding the chamber of interest, a complex and empirically solved problem.

Superior vena caval injection of contrast medium was selected to prevent the occurrence of ventricular premature beats, which, in our hands, commonly occur with right ventricular injection. In our studies, there has been no difference in right ventricular volume calculated from contrast studies following injection into the superior vena cava, right atrium, or right ventricle.

I do not think that the critical point of reduction in luminal diameter with respect to the occurrence of myocardial ischemia is, as yet, an established fact. Gould and Lipscomb\(^1\) began to observe a reduction in hyperemic response to contrast injection at a 40-percent narrowing in arterial diameter in dogs.

I can appreciate why Dr. Ferlinz thinks that we have misinterpreted his data,\(^2\) but I am not sure that this is the case. We found impaired right ventricular ejection occasion on patients with isolated obstruction of the left anterior descending coronary artery, whereas the study of Ferlinz et al\(^2\) did not \( 0.60, 0.59, \) and 0.58 in their three patients; normal \( \pm 1 \) SD, 0.68 \( \pm 0.06 \). The single patient with isolated right coronary obstruction in the study of Ferlinz et al\(^2\) had a normal right ventricular ejection fraction \( 0.63 \), and all of ours had a normal ejection. Perhaps our phrase, "their data are not in agreement with ours . . .," was too strong, in that there appear to be some areas of agreement.

I look forward to reading the forthcoming publication of Ferlinz and associates.\(^8\)

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References

3 Ferlinz J, DelVicario M, Gorlin R: Incidence of right ventricular asynergy in patients with coronary artery disease. Am J Cardiol, to be published

Thoracoscopv and Intrathoracic Extrapleural Lipoma

To the Editor:

Concerning the "Roentgenogram of the Month" entitled "Tapering Shadow in Anterior Right Thorax" by Villegas and de Goldemberg in the July 1976 issue (Chest 70:103-104, 1976), a suspected intrathoracic extrapleural lipoma can usually be confirmed by a simpler technique than open incision via thoracotomy or even via mediastinotomy. Thoracoscopic from a somewhat distant region of the thoracic wall can allow an intrapleural view of the lesion. Assuming that there are no pleural adhesions that would prevent the lung from collapsing away from the chest wall, the tip of the instrument can be placed in close approximation to the lesion, so that the yellow color becomes clearly discernible with the excellent visualization provided by the optics of the presently available equipment. Probing can determine the typical soft consistency. Finally, actual biopsy for tissue confirmation is easily accomplished.

I have had personal experience with two cases similar to the one described by Villegas and de Goldemberg; each patient was an elderly woman for whom any type of thoracotomy was relatively contraindicated because of diminished cardiopulmonary reserve. Three-year and four-year follow-up examinations with serial films in each case have confirmed the benignity of the lesion.

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Chicken Soup

You can't tell the players without a scorecard!

Editor

To the Editor:

Second thoughts on these latest publications on chicken soup (Chest 69:572, 1976) suggest that for those not of Litvak or similar origin, a glossary has become pertinent:

Bobby, The classic form of bubee or babbe, an "affectionate term of endearment . . . between a husband and wife, parent and child . . ." with the diminutives of bubeleh or bobeleh, meaning "little grandma."\(^1\)
Schmaltz “As a noun: cooking fat; melted or rendered fat, usually chicken fat...”

Grebena From grebenes, the chicken fat equivalent of cracklings2 (“crackling... the browned, crisp rind of roast pork... [pl.] the crisp part remaining after the lard has been removed from hog fat by frying”).

Litvak “A Jew from Lithuania or neighboring regions.”

Vilna Capital of Lithuania, now Vil’nyus; capital of Lithuanian S.S.R.; a center of Jewish orthodoxy, particularly in the 18th and 19th centuries.8

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REFERENCES
3 Guralnik GB (ed); Webster’s New World Dictionary of the American Language (2nd college ed). New York, World Publishing Co, 1958

To the Editor:

I have been anxiously awaiting this moment to request that you re-revisit the great Chicken Soup Controversy.

I wish to point out several pertinent facts:
1. There are estimated to be a minimum of 1,978,842 personal and individual “patents” involving the manufacture of chicken soup.2
2. Without a standardized manufacturing technique (for which, incidentally, we may be thankfull), there can be no means of comparing the efficacy of this drug in different ailments and under variegated circumstances.
3. To the best of my knowledge, it is the only medication that patients (especially children) unequivocally enjoy taking! In fact, I have it on excellent authority8 that this is how the phrase, “try it, you’ll like it,” originated.
4. Matzoh balls of the “cannonball” variety undoubtly add immeasurably to the therapeutic regimen of esophageal stricture,4 but it has recently been demonstrated that the tertiary pan(d)-ammonium compound, wasilos comonow efitol (Luksun)®, actually a strand of the dextro form of DNA, has widened the broad spectrum of activity of chicken soup to just about encompass a remedy for every illness imaginable! This substance augmenting the potency of chicken soup has had extensive therapeutic trial in Canada—with consequent wide acceptance—while awaiting FDA approval in this country. An authoritative assertion to the fact may be noted in Figure 1.

5. Lastly, to set the record straight, Bobamycin was first developed at the Chelm Institute for Biologic Chemistry by Dr. Svindler in 1966.6 At that time, Dr. Svindler had absent-mindedly brought some chicken soup for lunch into his laboratory. The aroma wafting therefrom immediately permeated the entire building and proceeded to fumigate and sterilize all of the culture plates involved in important research projects (including those containing the Machupo, O’Nyong-Nyong, Lassa, and Omsk Hemorrhagic Fever viruses). For this, Dr. Svindler was ignominiously dismissed from the Institute and banished from further scientific endeavors. Only belatedly, one decade later, has this monumental act of serendipity been hailed as the greatest scientific discovery of all time! Consequently, I have it on reliable authority7 that Dr. Svindler has been nominated for the Nobel Prize this year.

I hope that this letter will finally lay to rest the controversy regarding this ubiquitous and unique therapeutic panacea.

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REFERENCES
1 United States Census: Number of Jewish Grandmothers and Mothers in America, 1970
3 CooperSmith, Mrs. Judith (my mother-in-law): Personal communication, every Friday night
4 Caroline NL: Chicken soup (Letter to the Editor). Chest 69:572, 1976

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