5 Developed by the Farfel Laboratories for the Institute for the Cure of Hebeephrenia and supported by grant No. 1.0 from the United Prune Workers of America.
7 Royal Swedish Tureen Society: Personal communication.

To the Editor:

The comments of Drs. Jay Block and Nancy Caroline about my chicken soup expertise (Chest 69:572, 1976) were so kind that I hasten to rewar the subject to issue a caveat, lest we get carried away by subacute disseminated mavenism. In reviewing the extended discussion, no one has referred to what must be extensive FDA files on this unique subject (which bridges the “F” and the “D”) to insist on packaging inserts which emphasize “accept no substitutes.” The Germans tried this in desperation during the war, but, as usual, they made their one mistake: they backed the wrong Semites. The sad saga of that contretemps can be found in the following reference:


I am still trying to organize a randomized, double-blind controlled trial.

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To the Editor:

The continuing interest in our report on chicken soup¹ is indeed gratifying to Dr. Schwartz and myself.

Dr. Spodick’s important caveat, to accept no substitutes, cannot be overemphasized. Bioavailability varies widely among different chicken soup preparations. The most potent forms appear to be those prepared by various noncommercial producers (especially grandmothers). Those practitioners lacking access to such preparations are advised to prescribe only those chicken soup products manufactured by well-established houses (e.g., Rokeach, Manisheiwitz, and others); some of the Israeli manufacturers (Telma, Osem) market an especially efficacious preparation, which has recently been approved for sale in this country. Regrettably, the recent flurry of interest in chicken soup has hatched a number of fly-by-night chicken soup manufacturers, whose products are wholly worthless and are probably the source of the few reported therapeutic failures.² For this reason, chicken soup may be one of the exceptional cases in which generic prescribing should be avoided.

We are indebted to Dr. Mason for pointing out the important contributions of Dr. Svindler to chicken soup research. As has often been the case in science, the significance of Dr. Svindler’s discovery was insufficiently appreciated by his contemporaries, and the report that this vastly underrated researcher is being considered for a Nobel Prize is heartening news indeed; however, I feel compelled to note that one of the present authors (N.C.), while engaged in virology research in Cleveland, made a similar observation in 1967. At that time, chicken soup was being tested as an alternative to Eagle’s medium for propagation of tissue culture lines. Addition of chicken soup to various cell lines resulted in the complete inhibition of subsequent infection by adenovirus 2, chikungunya virus, Newcastle disease virus (the latter notably a virus infecting chickens!), and even the feared monomer virus. Unfortunately, the implications of this finding could not be further explored due to the sudden and rather puzzling cutoff of federal grant funds.

Dr. Escher’s glossary will certainly be useful to the uninitiated among your readers.

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REFERENCES
2 Mary Hartman, Mary Hartman. March 5, 1976

Thoracic Kidney Presenting as a Mass in the Base of the Lung

To the Editor:

We wish to report an ectopic thoracic kidney in an asymptomatic nine-year-old girl. Although this anomaly is very rare, its recognition is important, since a correct diagnosis by an excretory urogram can save the patient extensive examinations and possibly unnecessary surgery. When a chest x-ray film shows a well-demarcated mass with a subphrenic component at the base of a lung posteriorly, particularly on the left side, this possibility should be considered.

CASE REPORT

A nine-year-old girl was referred for the evaluation of a mass at the base of the left lung. This was incidentally found on a chest x-ray film taken because of a positive tuberculin skin test. The patient was completely asymptomatic. Results of urinalysis, a complete blood cell count, and the blood urea nitrogen level were within normal limits. Chest x-ray films showed a sharply demarcated homogeneous circular mass with some subphrenic component at the left base posteriorly. This mass was shown to be an ectopic left kidney on

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Thoracic kidney is a very rare developmental anomaly and is the least frequent of all ectopic kidneys. Campbell found only one thoracic kidney among 22 cases of ectopic kidneys seen in 15,919 autopsies of children. Less than 20 cases have been reported in living patients, with the majority found at surgical exploration.2,3

In this condition the organogenesis itself is considered to be normal, but probably the process of the renal migration proceeds too far, and the kidney remains in a suprarenal position when the development of the diaphragm is completed.4 There is theoretically either a diaphragmatic hernia or eventration associated with this anomaly. The renal functions are not impaired. According to Burke et al,4 of 17 cases with the sex of the patients known, 15 were male patients. The left side was more frequently involved than the right side.5,6 Only one bilateral case was reported.7

The case reported herein is a left-sided partly thoracic kidney in an asymptomatic girl. After having found a mass in the left base posteriorly, an excretory urogram was diagnostic. The left ureter was unusually long, but there was no malformation of the kidney. Establishing differential diagnosis between diaphragmatic hernia and eventration by means of diagnostic pneumothorax is not considered to be indicated, since no surgery is necessary in this rare developmental anomaly.

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Figure 1. Excretory urogram showed mass to be due to high-positioned left kidney (arrows).