To the Editor:

Indeed we have demonstrated that chest physiotherapy resulted in enhanced sputum production, but in previous studies as well as our own there has never been evidence that this will enhance gas exchange nor improve air flow. As indicated in the introduction of our article, we decided to assess the short-term effects of postural drainage and chest percussion since prior studies over a more prolonged period by Anthonisen et al. and Petersen and colleagues failed to demonstrate beneficial effects with regard to pulmonary function, blood gas levels and clinical course. In addition, since the majority of patients with chronic bronchitis in hospitals and clinics receive chest physiotherapy for only abbreviated periods we felt it would be prudent to assess the effects of such modes of treatment. Indeed, we must consider not only the therapeutic benefits of these treatments, but also the economic aspects of such commonly employed physical adjuncts. The conclusions from our study and the above-quoted papers are simply stated: that in stable chronic bronchitis there appears to be no role for chest percussion and postural drainage except to obtain sputum samples.

We share the concern of Dean and Schweitzer that some means to audit the outcome of chest physiotherapy is warranted. However, in their respiratory therapy form it is quite conceivable that valid conclusions regarding the merits of chest physiotherapy would not be possible since the patients may have received several other therapeutic modalities simultaneously. Thus, in an individual, it does not permit knowledge to be gained as to whether a particular treatment has been of any conceivable benefit. The “objective” data are obviously not controlled and a therapist’s bias may creep into the analysis of data accrued. Their form, however, is a step in the right direction and we laud their approach.

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REFERENCES


Unstrained Chicken Soup

To the Editor:

We followed with great interest the news in Chest about the value of chicken soup in the treatment of acute pneumonia. We would like to report the case of a three-year-old boy with a four-week history of acute pneumonia who did not respond to antibiotic therapy.

On the chest x-ray film, a faint calcified shadow located in the area of the left bronchus was identified (Fig 1). This, coupled with evidence of volume loss in the left lower lobe and signs of air trapping in the left lung, led us to suspect an aspirated foreign body. Upon questioning the mother, she gave a history of a choking episode while the patient was drinking chicken soup.

At bronchoscopy a 3 × 0.8 cm chicken bone was removed from his left main bronchus (Fig 2). Only upon removal of this foreign body was there complete resolution of the pneumonia.

We are unable to argue the therapeutic effect of chicken soup in the treatment of acute pneumonia, as we lack personal experience. On the other hand, it seems to be reasonable to conclude that only bone-free chicken soup would have this effect.

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