

A SIMPLE METHOD OF BRONCHO-RADIOGRAPHY

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FROM August 1935, ever since our attention was drawn to the article by Forestier and Leroux (1935) describing the new pernasal method of administration of lipiodol for visualizing the bronchial tree, we have adopted this method in a modified form in a large number of cases with very satisfactory results. We were successful in all the sixty cases of our series except in one, where the patient, in spite of our best efforts, swallowed the whole quantity of lipiodol not allowing a drop to go into the bronchi. Thrice we tried in the same patient by the same method, but on all three occasions she managed to swallow the oil without any visible or conscious effort at deglutition.

Two months ago we demonstrated this method to one of the doctors from Madras. Since then we are told that the method has been successfully tried in the General Hospital, Madras.

The method consists in 'the oil and previously to it the anæsthetic being injected directly into

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There are two other things that possibly should have been considered to make this inquiry more complete and these are, first, examination of the whole of the stools passed for the presence of worms and, second, egg counts should have been done on the samples collected.

The first of these was not possible for the highly infectious material could not be stored and examined by washing through fine sieves, and the second was not considered worth while, for egg counts at the best of times are only very rough indications of the numbers of worms harboured, and in the present instance the high temperatures of many of the cases coupled with the abnormal condition of the intestinal contents might possibly affect the egg-laying of the worms for the time being, hence egg counts might give an entirely false impression.

The conclusion from this paper is that cholera has very little if any effect in ridding a person of helminth infections.

This work would not have been possible without the help of Capt. Pasricha in arranging for the collection of the stool samples, and of Dr. Flynn for actually collecting them for us, from the Campbell Hospital where, with the permission of the Superintendent, Lieut.-Col. De, bacteriological investigations in cholera are being carried out.

one nostril with an ordinary glass syringe exclusive of any tip or catheter of any sort'.

Technique

The following is the slightly modified technique adopted by one of us (R. V.):—

The patient is made to sit in a chair with the head tilted backwards to an angle of about 45 degrees. The procedure to be adopted is previously explained to him, to gain his confidence. Two strict injunctions are given to the patient, the first being to breathe freely through the nose, and the second not to swallow on



Fig. 1.—Pernasal method—position to inject on the right side.

any account. The patient's tongue is pulled out and held tightly in the left hand with a piece of gauze (figure 1). To assure his breathing through the nose he is told to close his mouth over the protruded tongue. Two c.cm. of 1 per cent cocaine is injected slowly into the nostril. As soon as it enters the larynx the patient becomes temporarily apnoeic as the glottis gets closed by reflex action. When the patient breathes again on being instructed to do so, the rest of the solution enters the trachea, causing a violent fit of coughing. He may be allowed to spit out whatever part of the anæsthetic that comes back into the mouth. After five minutes the same quantity of the anæsthetic is injected again. The third installation is done after the same interval. Most of the patients require only three injections for satisfactory anæsthetization which is indicated by the obliteration

of the cough reflex. If this occurs, he is ready for the injection of the iodized oil.

Before injection, the patient is tilted to the side which is to be visualized. If the upper lobes are to be seen, the patient may be asked to lie on the x-ray couch itself, with the neck and the head raised by means of a pillow, the radiograph being taken immediately after.

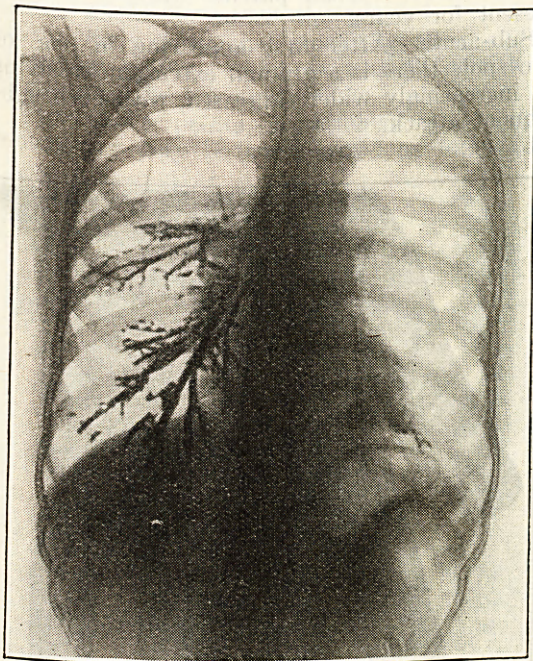


Fig. 2.—Radiograph after lipiodol of the same patient shown in the other picture.

The oil is instilled slowly in the same manner and into the same nostril as the anæsthetic solution was previously injected. The radiograph is taken a minute after the injection is finished.

Advantages

It is quite evident that the method is incredibly simple. We no longer require the paraphernalia concomitant with an operation, as is the case when the crico-thyroid route is chosen for the injection. No special syringes or catheters are required. We need only a 20 c.cm. syringe, a 2 c.cm. syringe both without needles, a piece of gauze, and 1 per cent cocaine solution. There is no danger of injecting the oil into the cellular tissues, nor is there any fear of breaking needles inside the trachea. The method is practically fool-proof. All that might happen is, that the patient may swallow the iodized oil, in which case a stomach wash may be needed.

Recently we have been using neo-hydrol (viscous) (May and Baker) in place of lipiodol as the cost of the former is less and we consider

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A STUDY OF ONE HUNDRED CASES OF DERMATITIS*

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THE syndrome we are about to describe is characterized by erythema, exfoliation and itching, the whole skin surface is not often involved and the condition is rarely fatal. We have decided to call this condition 'pityriasis rubra benigna' as being the most suitable descriptive title and also to distinguish it from pityriasis rubra as generally recognized and which includes the large-scaled type of Wilson and the small-scaled type of Hebra both of which involve the whole skin surface and are said to be often fatal.

This is not a new disease but in the last 30 years or so since the publication of Radcliffe Crocker's book the recognition of this entity seems to have disappeared from the literature and reference to this type of skin disease is only found under various forms of eczema and dermatitis. Crocker in his discussion of pityriasis rubra recognized Wilson's and Hebra's types and emphasized the partial distribution of apparently the same disease in a certain number of people, and he also drew attention to the fact that practically all of these cases recovered, unlike true pityriasis as described by Hebra and Wilson. It is principally to this partial and non-fatal type that the present paper refers for only 23 of our 100 cases showed lesions over practically the whole body and none of them were fatal, a large number were cured and if not completely and permanently relieved at least they were greatly improved. It should be noted, however, that in some respects pityriasis rubra pilaris resembles the condition that is the subject of this study. But the two differ in that hyperkeratosis is an early and characteristic sign of pityriasis rubra pilaris and the individual follicles are specially affected, giving rise to horny plugs which are evident on the skin surface as papules, whereas in pityriasis rubra benigna increased thickness of the epidermis is only found in chronic cases and even in these definite follicular hyperkeratosis is not a prominent feature. Other points of

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that the visualization of the bronchi is equally good with both.

REFERENCE

Forestier, J., and Leroux, L. (1935). A Simplified Method of Bronchography. *Radiology*, Vol. XXIV, p. 743.