

THE TRAGEDY OF THE CONTRA-LATERAL LUNG . . . . . (Continued from page 11)

The more I engage in collapse therapy, the more I am inclined to believe that the best gauge as to the success or failure of this method, placing it ahead of the temperature curve, the weight curve, the physical examination and even the x-ray investigation, is the question of sputum conversion. The conversion from a positive to a negative sputum, and its main-

tenance there, tends to insure success; whereas the failure of conversion or the reappearance of a positive sputum afterwards, portends that tragedy about which we have been writing.

With the tragical occurrence disease in the contra-lateral lung, many things can be tried and much done—but that is another story.

TUBERCULOSIS AND BRONCHIECTASIS . . . . . (Continued from page 12)

and relieves the attacks in asthmatic cases. When the bronchiectasis is due to obstruction of the large bronchi at the hilus some relief is obtained by the introduction of Lipiodol but a recurrence of shortness of breath, wheezing and intermittent sputum may occur.

Artificial pneumothorax has not proven of any permanent value. It is not wise to attempt intra-pulmonary surgery in the bronchiectatic cases.

Primary foci of infection, especially of the upper respiratory tract, must be cleared as much as possible. Autogenous vaccine injections or the use of ordinary stock vaccine injections have proven very beneficial. Where considerable sputum is present, without fever, postural drainage should be encouraged. When a unilateral case of bronchiectasis with tuberculosis occurs, paralysis of the phrenic nerve may permit sufficient rise of the diaphragm to close some of the bronchiectatic pockets.

To summarize: it is wise to remember that tuberculosis and bronchiectasis can occur in the same patient; that patients with severe cough and expectoration, that cannot be accounted for by the amount of tuberculous changes, should be suspected of having bronchiectasis and if they are not of the hemorrhage type they should have Lipiodol injections into the bronchial tree both for diagnosis and treatment; all upper respiratory foci of infection should be eliminated if possible; advanced cases of bronchiectasis should have postural drainage and immunization by vaccine.

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