

## COMMENT

RAJARAM, P. C. (C.M.C. Hospital, Chingleput, Tamil Nadu, India): **Further Observations on Open Direct Inguinal Lymphadenography.**

This simple technique, requiring no elaborate equipment, consists of exposure of an inguinal node under local anaesthesia and slow injection of 7 to 10 ml. of lipiodol ultra fluid directly into the node (without preliminary injection of hyalase as was formerly given by us), using a Leuerlock syringe and 26 gauge half an inch needle, the rate of injection being regulated according to its flow. (A larger bore needle such as 24 or 22 can also be used.) At the beginning of injection the patient experiences slight discomfort due to distension of the node but does not complain of pain; and by the time about 3 ml have been injected, even this minimal discomfort disappears. The sensation of node distension felt and expressed by the patient, in fact, serves as a clue to the normal flow of lipiodol. The whole procedure takes about 45 minutes.

A distinction is drawn between lymphangiography by intra lymph vascular injection originally described by Dr. *Kinmonth* and lymph-

adenoma by intra nodal injection we had been following since 1966 at the Barnard Institute of Radiology Government General Hospital, Madras. 3, India. From our experience with about 200 lymphadenographic and 50 lymphangiographic studies, the following conclusions are drawn.

1. Open direct inguinal lymphadenography is simple, painless and requires no elaborate equipment or patent blue violet; it is less time consuming than conventional lymphangiography where the patient is required to be flat for a longer period; and the incision required for node exposure is smaller and is in a concealed area.
2. Being fully aware of the definite place pedal and upper limb lymphangiography hold, we are convinced that open direct inguinal lymphadenography is not only simpler but equally efficacious for the study of the pelvic and para-aortic lymphatic system and above, without the complexities of the colour dye, cannulation of lymph vessels and the cosmetic disability of incision scar on the dorsum of the foot.

## ABSTRACTS

### Basic Science

PUKHALSKY, A. L. (Inst. of Epidem. and Microbiol., Moscow): **Inhibition of the Formation of Erythrocytic Rosettes as a Method of Evaluating the Activity of Antilymphocytic Preparation.** Byull. éksp. Biol. Med. 71, 5 (1971), 82-85

Human tonsillar lymphoid cells just as blood lymphocytes are capable to form spontaneous rosettes with sheep erythrocytes. Antilymphocytic antibodies in the presence of a complement inhibit this process and there is seen a direct correlation between the percentage of rosette formation inhibition and the dose of the antilymphocytic preparation. This made it possible to use this phenomenon for the assessment of the activity of antilymphocytic pre-

parations. Four series of the horse immunoglobulin against human lymphocytes were studied. All the preparations are similar by their activity and significantly exceed the initial antilymphocytic serum. H. AINSON

GUYTON, A. C., H. J. GRANGER, A. E. TAYLOR (Dept. of Physiol. and Biophys. Univ. of Mississippi School of Med., Jackson, Miss.): **Interstitial Fluid Pressure.** Physiol. Rev. 51 (1971), 527-563

The authors present a lengthy review of their data and concepts on interstitial fluid pressure - the three types of tissue pressure and their physiologic significance, interstitial gel and