The Royal College of Radiologists in their Summary on Myodil in 1991, cite a

"leading article in the British Medical Journal (1978)([1])"

which apparently stated that aspiration of contrast material after the examination did not necessarily protect against the development of arachnoiditis.

This statement appears to be the justification for long years of the common practice of non-aspiration in the UK and hence the acceptance of this practice for legal purposes via the Bolam Test.

They also cited the 1973 Shaw paper which they said gave a figure of 1% for symptomatic arachnoiditis following Myodil myelography.

I am unable to find this paper, although there was one in 1978 ([2]), which reviewed 80 cases ("during a period when 7600 spinal contrast investigations were undertaken), but described spinal arachnoiditis as "a rare condition".

Arachnoiditis linked with contrast media (in this case, Thorotrast) again featured in the medical literature in the paper by Meyer et al., ([3]) who described a case of arachnoiditis, associated with a meningioma and schwannoma, 33 years after Thorotrast myelography.

Kieffer et al., ([4]) comparing Pantopaque and the new dye, Amipaque, suggested comparable radiographic results and adverse effects, but in particular noted two cases of grand mal seizures after Amipaque, thereby shifting emphasis to the toxicity of Pantopaque's rival product.

Returning to the corporate state of affairs at this time, we see that in 1978 Hecht of **Alcon** conta cted Kunz of Lafayette to express the fact that all safety testing would be via Corporate Toxicology.

Pantopaque was referred to as Lafayette's "*breadwinner"* and Hecht suggested that it was a prime candidate for manufacture in Puerto Rico (as a tax advantage).

There is record of a letter to Lafayette from someone called Renz (a DO) who wrote regarding an article in Medical World News ("Arachnoiditis Risk after Myelography").

He felt that the profound and frequent effects of Pantopaque in causing clinically significant arachnoiditis constituted a risk in terms of future malpractice litigation.

The reply he received from Dr. Newton of Lafayette indicated that Newton had not seen the article, so he requested a copy, which was duly sent.

The article, by Dr. Feffer, suggested that of 400,000 myelograms performed each year, a **quart er would ?probably' develop iophendylate arachnoiditis**
and that if an individual underwent two or more myelographic studies, there was a 50% chance of iatrogenic arachnoiditis.

Feffer blamed imprecise technique, significant dye retention and emulsification for increasing the risk.

He described Pantopaque's "devastating effect" on the meninges and nerve roots.

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[1] ? *Br Med J*. 1978 Aug 19; 2(6136): 518-9. Chronic spinal arachnoiditis.

[2] Shaw MD, Russell JA, Grossart KW. *J Neurol Neurosurg* Psychiatry. 1978 Feb; 41(2): 97-107. The changing pattern of spinal arachnoiditis.

[3] Meyer MW, Powell HC, Wagner M, Niwayama G. *Hum Pathol*. 1978 May; 9(3): 366-70. Thorotrast induced adhesive arachnoiditis associated with meningioma and schwannoma.

[4] Kieffer SA, Binet EF, Esquerra JV, Hantman RP, Gross CE**.** *Radiology* 1978 Dec; 129(3): 695-705 Contrast agents for myelography: clinical and radiological evaluation of Amipaque and Pantopaque.