

Correspondence

Epidemiology of sarcoidosis in the Isle of Man

SIR,—Dr SB de C Baker and his team on the Isle of Man are to be congratulated on an excellent epidemiological analysis of sarcoidosis on the island (June 1987;42:420-30). The inference of their work is that there is a communicable factor as a result of prolonged close contact. This is analogous to tuberculosis, where close and lengthy contact with a source case increases the risk of an individual's developing the disease. However, their work does not rule out a common response to one or more other causative or contributory environmental factors shared by the cases. Indeed, the remarkable lack of cases occurring in married couples would point to a work (or non-domestic) related environmental factor, although what this might be is open to conjecture. One factor which has not apparently been analysed is the possible effect of cigarette smoking. Is there any evidence that sarcoidosis patients were more likely to be cigarette smokers than non-tuberculosis controls? If so, was there any pattern in the linked cases as regards cigarette smoking—that is, did some "linked groups" smoke while others did not? If the latter were true, this would point to different causative agents being responsible in different groups, cigarette smoking being a permissive factor.

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SIR,—Dr Ayres is correct in saying that we cannot completely rule out some other environmental factor common to all the cases of sarcoidosis. However, the work was commenced on the assumption that there might be such a factor and the information sought at interview was designed to cover a wide range of possible factors: industrial, agricultural, domestic, and recreational. No common factor other than person to person contact was found in a heterogeneous group of people with very different life styles.

The smoking habits of the majority of the subjects were recorded and there was no significant difference between the sarcoidosis patients and the general controls, but the tuberculosis group smoked more frequently and more heavily ($p < 0.01$).

The lack of cases in married couples is not incompatible with a communicable disease. What is the incidence of overt tuberculosis in the spouses of tuberculous patients? In our tuberculosis controls tuberculosis was recorded in the spouse of one. We found no definite examples of sarcoidosis in both partners, although there were two pairs who were suspected. As the disease was not proved, the spouses were not included in the study.

If sarcoidosis is a communicable disease then the possibility of the development of immunity has to be considered. The age distribution of patients with the disease is compatible with increasing immunity with age, possibly related to subclinical or unrecognised disease; and this may be relevant in the interpretation of the figures for couples and, as we speculated, could explain the different incidence in those of Manx ancestry.

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Pleurectomy for chylothorax associated with intestinal lymphangiectasia

SIR,—The report of Dr DS Barrett and associates (July 1987;42:557-8) was of great interest to me because of my own interest in pleurodesis in patients with various conditions, including chylothorax.¹⁻³ Of the various methods tried in my department, talcum powder was insufflated intrapleurally in hundreds of patients, mostly with pleural effusion and recurrent pneumothorax, and resulted in complete pleurodesis in over 90% of cases. I had an opportunity to use talcum powder in seven patients with massive chylothorax resistant to other conservative forms of treatment and complete pleurodesis occurred in all.

Although talcum powder has been implicated in the aetiology of pleural mesothelioma, this is known to be caused by asbestos fibres—a common contaminant of talcum powder though not present in pure talcum powder. The talcum powder we use is mined in Italy in accordance with the requirements of the British Pharmacopoeia and is free of asbestos.

I prefer my conservative method to the much more traumatic pleurectomy, and, with all respect to the excellent results achieved by Dr Barrett and his colleagues, would advise them to try talcum powder.

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- 1 Weissberg D. Talc pleurodesis: a controversial issue. *Le Poumon et le Coeur* 1981;37:291-4.
- 2 Weissberg D, Kaufman M. The use of talc for pleurodesis in the treatment of resistant empyema. *Ann Thorax Surg* 1986;41:143-5.
- 3 Weissberg D. The surgical management of recurrent or persistent pneumothorax: pleuroscopy and talc poudrage. In: Kittle CF, ed. *Current controversies in thoracic surgery*. Philadelphia: W B Saunders, 1986:46-50.

Book notices

Bronchial Hyperresponsiveness. JA Nadel, R Pauwels, PD Snashall. (Pp 426; £49.50.) Oxford: Blackwell Scientific Publications, 1987. ISBN 0-632-01056-8.

The most exciting part of this largely European, multiauthor book is the preface by Jay Nadel, which gives a glimpse of a rapidly developing field of scientific interest, and a degree of perspective on a highly complex pathophysiological situation. This is followed by several large, hard worked, comprehensively referenced, but somewhat heavy chapters on normal control of the airways and their nerves, muscle, and secretions. Next comes another comprehensive chapter on bronchial provocation tests. Its main weakness is in its handling of the statistics of reproducibility and the need for high precision, especially in laboratory research. Most of the rest of the book is taken up with possible explanations for the phenomenon of airway hyperresponsiveness. Firstly, there is

a large general review, followed by several smaller chapters by different authors. These, however, are frequently repetitive and tend to concentrate on personal experimental data, some now rather dated. "Inflammation," almost as a catch phrase, is mentioned in various places, and if one has the patience to hunt through the various contributions there is a lot of information on its relevance. This is a highly piecemeal approach, which leads to important omissions—for example, no review of inflammatory cells seems to appear. The book is subtitled "Normal and abnormal control, assessment and therapy." The latter gets remarkably short shrift, with just one brief chapter at the end and only one page on corticosteroids. This is a book I would certainly want in my library, if only for the references, but it could have been better conceived, perhaps with a greater number of shorter chapters and a greater representation of authors currently working in this area.

Pulmonary Emphysema and Proteolysis 1986. JC Taylor, C Mittman. (Pp 550; \$55 or £41.) New York: Academic Press, 1987. ISBN 0-12-684570-0.

After the observation of an association between α_1 antitrypsin deficiency and emphysema in 1963 investigation of the pathogenesis of the disease advanced with gathering momentum. In 1971 a symposium on emphysema and proteolysis was held in Duarte. The current book is a collection of papers and reviews reflecting the current state of research some 15 years later. The book itself is comprehensive with contributions from most major research workers in this area. The initial section covers the natural history of the disease in patients with α_1 antitrypsin deficiency and the logistics of replacement therapy. The second section is largely biochemically based, with chapters on the characteristics of natural and synthetic elastase inhibitors. Section 3 contains recent work on the basic molecular defect of the α_1 antitrypsin gene as well as properties of genetically engineered inhibitors. This section finishes with an excellent review article on current theories of the pathogenesis of emphysema, although this would have been better placed at the start or the end of the book. Section 4 contains several contributions under the broad umbrella of proteases. This largely concentrates on neutrophil elastase but includes some information on elastin and its metabolism. Section 5 concerns naturally occurring antiproteases, their origins, and their properties, and section 6 contributions that mainly address the role of superoxide radicals as mediators of connective tissue damage. Again the section has a major biochemical basis. The final section describes several animal models of emphysema but it also includes a good comprehensive review of the meeting by Burrows. This places much of the meeting in context and gives an outline of the way forward. Overall the book includes much of interest and is a must for people studying the cellular and biochemical pathogenesis of many lung diseases besides emphysema. It suffers from the 18 month delay from the meeting to publication, although little has happened since. One major omission from the book is an account of the clinical biochemical studies that support the proteinase-antiproteinase theory of emphysema. At the end we are left with the feeling "It's all very interesting, but is it relevant?"

Notices

International pulmonary physician refresher course

The Webb-Waring Lung Institute, the National Jewish Center for Immunology and Respiratory Medicine, and the University of Amsterdam are cosponsoring refresher courses in Denver and Amsterdam. The fifth annual course will be held in Denver, Colorado, on 16–20 May 1988 immediately after the American Thoracic Society Meeting. The first annual course will be in Amsterdam on 29 August–2 September 1988 immediately before the SEP meeting in Europe. The courses are directed at academic pulmonary physicians who speak English as an alternative language. They are limited to 20 participants. Both courses are offered in English. Details from Dr Thomas L Petty, Webb-Waring Lung Institute, University of Colorado, 4200 East 9th Avenue, Denver, Colorado 80262, USA, or Professor Henk Jansen, University of Amsterdam, Academisch Medisch Centrum, Room F4-206, Meibergdreef 9, 1105, Amsterdam, The Netherlands.

VIIth International Pneumoconioses Conference

The VIIth International Pneumoconioses Conference will be held on 23–26 August 1988 in Pittsburgh, Pennsylvania, under the aegis of the National Institute for Occupational Safety and Health and the International Labour Office. Further information from Robert E Glenn, conference chairman, National Institute for Occupational Safety and Health, 944 Chestnut Ridge Road, Morgantown, West Virginia, USA 26505-2888.

Chest imaging course

A course on chest imaging will be held by the San Diego School of Medicine's Department of Radiology on 18–19 January 1988 at the Hotel del Coronado, Coronado, California (programme director Dr David S Feigin). This course is intended for physicians who want to update their knowledge of modern imaging of the lungs and mediastinum. Emphasis will be placed on the use of the many imaging modalities available in the most efficient and effective manner. The registration fee is \$400 for physicians and \$275 for physicians in training and technologists. Further information from Dawne Ryals, Ryals and Associates, PO Box 920113, Norcross, Georgia 30092-0113, USA.

Thoracic imaging course

A course on thoracic imaging will be held by the American Society of Thoracic Radiology on 27–31 March 1988 at the Willard Inter-Continental, Washington, DC. The course contains scientific sessions (devoted to the development of new knowledge and hypotheses) and a postgraduate course designed to expand and refine the diagnostic abilities of participants. The registration fee for the course is \$425 for physicians and \$275 for residents, fellows, and technologists. Further information from Dawne Ryals, Ryals and Associates, PO Box 920113, Norcross, Georgia 30092-0113, USA.