

## Correspondence

### Diaphragm pacing

SIR,—In response to the editorial on diaphragm pacing by Drs J Moxham and D Potter (March 1988;43:161-2) we would like to raise one or two additional points. Clinical experience with the device developed by Glenn and coworkers and two other commercially available devices was presented recently at a symposium in Finland.<sup>1</sup> Our first experiences with one of the newer devices in tetraplegic patients has already been published<sup>1</sup> and their use in a patient with sleep apnoea was reported recently.<sup>2</sup> Further results with the newer devices were presented at the Finnish symposium, as were the results in patients undergoing neck implantations.<sup>3</sup>

The editorial helps to publicise a very useful technique of ventilatory support. Although the number of patients who may benefit from this technology is small, the improvement in their quality of life is potentially great and widespread dissemination of this information is therefore important.

We thought it useful to inform your readers of the greater range of devices now available, the growing clinical information on their use, and the improvements in quality of life that can be achieved.

GERHARD A BAER

Department of Anaesthesiology  
University Central Hospital  
Tampere

PASI P TALONEN

Computer Systems Laboratory  
Tampere University of Technology, Tampere  
Finland

FRANCIS C WELLS

Cardiothoracic Surgical Unit  
Papworth Hospital  
Papworth Everard, Cambridge

- 1 Baer GA, Talonen PP. International symposium on implanted phrenic nerve stimulators for respiratory insufficiency [meeting summary]. *Ann Clin Res* 1987;19:399-402.
- 2 Kinnear W, Talonen P, Shneerson JM. Electrophrenic respiration (diaphragm pacing) using quadripolar electrodes [abstract]. *Thorax* 1987;42:229.
- 3 Fodstad H. The Swedish experience in phrenic nerve stimulation. *Pacing and Clinical Electrophysiology (PACE)* 1987;10:246-51.

of occupations, which complements, in many respects, Parkes's *Occupational Lung Disorders*. It is accurately written and clearly illustrated. References are selective rather than comprehensive, although sources for further information are given. The book opens with a chapter on the protection of health at work, including a broad discussion of moral and ethical issues. Then follow chapters covering environmental monitoring, the provision of clean air (including dust suppression and control), and respiratory defence mechanisms. Screening and examination procedures and occupational respiratory surveys are dealt with next, and then abnormal conditions of temperature and barometric pressure. The middle section of the book deals with individual diseases. Well established conditions such as pneumoconiosis and asbestosis are now in decline but receive detailed attention with the object of preserving information already gained and of pointing to lessons for the future. Occupational asthma, extrinsic alveolitis, and occupational lung cancer are covered systematically, and the chapter on the effects of "other dusts, gases and vapours" is particularly useful in bringing together many strands of information on subjects as diverse as paraquat and phosgene poisoning and sick building syndrome, although surprisingly acid fumes and solvents are omitted. The final chapters discuss the roles of smoking, occupation, and air pollution in chronic bronchitis and emphysema and then move on to deal with respiratory disablement and the management of respiratory impairment, including medical treatment and re-employment. For the clinician the main strengths of this book lie in the opening and closing sections, which make it a valuable addition to the library—especially for the clear and practical exposition of environmental aspects and their assessment. The archival details of now vanishing diseases will be widely appreciated. I think the authors have achieved their aim and have produced a text that will be widely used for its clarity and authority.—  
KP

*State of the Art Reviews: Occupational Pulmonary Disease.* Edited by L Rosenstock. (Pp 428; £19.95.) Philadelphia: Hanley and Belfus, 1987. ISBN 0885-114X.

This book comprises a series of review articles, aiming to cover the most important areas of current interest in occupational lung diseases. It is presumably aimed primarily at chest physicians with no specialised knowledge of occupational diseases. While one does not expect complete coverage in a book of this size, there are some curious omissions, with the word byssinosis mentioned only once, coalworker's pneumoconiosis mentioned only in passing in the chapter on lung immunology, and no mention at all of the current debate about the role of exposure to inorganic dusts in the development of chronic obstructive airways disease. There are useful reviews on asbestos and lung cancer, asbestos pleural disease, and hard metal disease. The articles on lung immunology and occupational asthma are disappointing and could have included more discussion about problems such as the immunology of "non-IgE" occupational asthma and the possible effects of exposure on those who do not develop apparent asthma. The article about acute inhalational injury mentions the Bhopal tragedy in the first line but makes no further reference to the effects of MIC,

## Book notices

*Work-related Lung Disorders.* Eds J E Cotes, J Steel, G L Leathart. (Pp 436; £65.) Oxford: Blackwell, 1987. ISBN: 0-632-01511-X.

The authors claim this to be a new theoretical text and practical handbook for those concerned with lung disorders