

# 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.

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- 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

nor is there much discussion about isocyanates elsewhere in the book. The final article, on agricultural exposures to organic dusts, is the only one that considers a complex situation in which similar exposures may lead to several different effects, addressing the sort of problems that are common challenges in occupational lung diseases. There are points in the book where transatlantic differences are very obvious; this is especially true with regard to compensation law in the chapters on impairment and disability and exercise testing. Another irritation for the British reader is the general lack of references to European work, which reduces the usefulness of the extensive lists of references. In summary, there are some useful articles in this collection but overall it fails to cover some of the important issues in occupational lung diseases. Non-specialists may find it a useful introduction.—AC

*Practical Bronchoscopy.* Eds J Collins, P Dhillon, P Goldstraw. (Pp 110; £18.50.) Oxford: Blackwell, 1987.

This is a short but informative book describing bronchoscopy using both flexible and rigid instruments. The authors, two physicians and a thoracic surgeon, recognise at the outset that no written work can replace practical supervised experience and have produced a remarkably comprehensive, well presented guide describing their approach to bronchoscopy. There is useful coverage of basic anatomy and physiology as well as very detailed discussion of practical techniques in both adults and children. In addition to the diagnostic applications of the instrument, which will be of interest to most readers, there is also a description of the use of the bronchoscope in both treatment and research. There is a section on complications of the technique and a final chapter describing measures to prevent transmission of the human immunodeficiency virus. Most of the chapters are well referenced with suggestions for further reading. The book is illustrated mainly with good, clear line drawings; a small number of radiographs are included but there is no attempt to provide an atlas of disease appearances. In working through the book the experienced bronchoscopist would find many of the techniques he applies, perhaps almost automatically, described very nicely for those new to the

procedure. The book would be very useful reading for junior doctor fresh to the world of bronchoscopy and an experienced operator might also dip into parts of the text with some benefit.—CPM

*Fundamental Techniques in Pulmonary and Oesophageal Surgery.* Eds M Paneth, P Goldstraw, B Hyams. (Pp 166; £49.50.) London: Springer, 1987. ISBN: 0-387-16200-3.

The task of selecting material for inclusion in a volume entitled *Fundamental Techniques in Pulmonary and Oesophageal Surgery* is considerable and the final product must inevitably reflect the personal views and particular experiences of the authors. This is apparent in this book for neither the operations nor the techniques illustrated would be universally considered fundamental. The first 95 pages are allocated to pulmonary surgery. The drawings in this part are excellent in quality and generally accurate. There are, however, one or two that are unfortunately displaced (for example, illustrations of right and left thoracotomies are reversed). Given that the authors display their personal techniques, some of the methods advocated appear highly individual by comparison with simpler techniques in common use (for example, closure of the chest using drill holes for the ribs). The various sections dealing with pulmonary resection are generally both good and clear, but intercostal tube drainage of the chest and rib resection for empyema drainage are important omissions. The second part of the volume is devoted to oesophageal surgery. In this section also the individuality of the authors' technique emerges strongly without achieving the intended simplification of standard operations. Total fundoplication (Nissen) and Collis gastroplasty are not clearly illustrated for the purpose of the training surgeon and leave the student guessing about how the fundus of the stomach is delivered into the chest in the presence of crural stitches that are already in place. The Ivor Lewis (laparotomy and right thoracotomy) operation for mid-thoracic oesophageal cancer, which is frequently practised by thoracic surgeons, receives only a brief mention. The book is rather expensive for what it offers and the individual prospective buyer should inspect the book before ordering for his personal library. It will be, however, a useful addition to medical libraries.

## Notices

### Indo-British Course in chest and occupational medicine

An Indo-British course is to be held at the KEM Hospital, Bombay, on 9–21 January 1989, when seven British and 10 Indian respiratory specialists will discuss the latest advances in chest and occupational medicine. There are places for 75 delegates. For further details please contact Professor SR Kamat, CVTC Building, KEM Hospital, BOMBAY 12, PAREL, India.

### Principles of epidemiology and medical statistics

There will be a course entitled "Principles of Epidemiology and Medical Statistics" from 17–21 October 1988 at the Cardiothoracic Institute, London SW3 6LY. No previous training in epidemiology or statistics is necessary. Inquiries to the postgraduate course administrator (01 351 8172) or to Dr KM Venables (01 352 8121 ext 4995).