

performed successfully and safely, lobectomy or segmental resection are the operations usually recommended (Sabiston and Wolfe, 1976). Bosher *et al* (1959) in their survey of 350 cases showed that 89 out of 110 cases (where suitable data were available) were superficial enough to allow excision without pulmonary resection. In our two cases local resection of the lesions including the feeding vessels without damaging functional lung tissue was easily and safely carried out.

We thank the x-ray department and the photographic department of Guy's hospital for help in producing our illustrations, and Mrs Prior for typing the manuscript.

#### References

- Bosher, L H, Blake, D A, and Byrd, B R (1959). An analysis of the pathologic anatomy of pulmonary arteriovenous aneurysms with a particular reference to the applicability of local excision. *Surgery*, **45**, 91–104.
- Crafoord, C (1950). In discussion of paper by Lindskog *et al*.
- Hepburn, J, and Dauphinee, J A (1942). Successful removal of hemangioma of the lung followed by disappearance of polycythemia. *American Journal of the Medical Sciences*, **204**, 681–685.
- Janes, R M (1944). Multiple cavernous haemangiomas of the lungs successfully treated by local resection of the tumours. *British Journal of Surgery*, **31**, 270–275.
- Lindskog, G E, Liebow, A, Kausel, H, and Janzen, A (1950). Pulmonary arteriovenous aneurysm. *Annals of Surgery*, **132**, 591–610.
- Parker, E F, and Stallworth, J M (1952). Arteriovenous fistula of the lung treated by dissection and excision without pulmonary excision. *Surgery*, **32**, 31–38.
- Sabiston, D C, and Wolfe, W G (1976). Pulmonary embolism. In *Gibbon's Surgery of the Chest*, 3rd edn, edited by D C Sabiston and F C Spencer, p 631. Saunders, Philadelphia.
- Sloan, R D, and Cooley, R N (1953). Congenital pulmonary arteriovenous aneurysm. *American Journal of Roentgenology*, **70**, 183.

Requests for reprints to: A L Prior, FRCS, Department of Thoracic Surgery, Guy's Hospital, St Thomas Street, London SE1.

#### Correction

Liang, A *et al*. Transit-time analysis of the forced expiratory spiogram during clinical remission in juvenile asthma. *Thorax*, 1979, **34**, 194–199.

Line 13 page 195 should read . . . intervals of 100 ms and each corresponding volume . . .