

Correspondence

Chemotherapy in non-small cell bronchial carcinoma

SIR,—In the first paragraph of your editorial on the chemotherapy of non-small cell bronchial carcinoma (September 1985;40:641–5) it is stated that very few patients with squamous or large cell carcinoma or adenocarcinoma of the lung are cured by surgery. This is indeed true in relation to the total number of cases of lung cancer each year, but on the other hand it should be emphasised that in the relatively small group of patients *who are suitable for surgical treatment* the five year survival rate (operative mortality excluded) is as high as 25% (to be precise 25.5–26.8% in the review by Belcher of 8781 patients with bronchial carcinoma operated on by seven surgeons in England during the years 1949–80¹). It is this figure which encourages the surgeon to provide the only realistic offer of a cure which is at present available.

RAYMOND HURT
Regional Centre for Thoracic Surgery
North Middlesex Hospital
London N18 1QX
and St Bartholomew's Hospital
London EC1

- 1 Belcher JR. Thirty years of surgery for carcinoma of the bronchus. *Thorax* 1983;38:428–32.

Lung function in the elderly

SIR,—The study by Dr ML Burr and others (*Thorax* 1985;40:54–9) supplies useful information for reference values for lung function in the elderly. Unfortunately, the authors do not state whether the values stated are at atmospheric temperature and pressure (ATPS) or are adjusted to body temperature and pressure (BTPS). This information is clearly essential for practical use and comparison with other surveys.

COLIN BORLAND
West Suffolk Hospital
Bury St Edmonds
Suffolk IP33 2QZ

**This letter was sent to Dr Burr, who replies below.

SIR,—In answer to Dr Borland's query, the McDermott spirometer that was used in our survey¹ has an inbuilt correction to BTPS on the assumption that the spirometer temperature is 20°C. The temperature in fact varied very little from this level throughout the survey, so no further corrections were made. Temperature corrections seem to introduce rather than eliminate errors, when used with bellows spirometers of this kind.^{2,3}

MICHAEL L BURR
MRC Epidemiology Unit (South Wales)
Cardiff CF2 3AS

- 1 McDermott M, McDermott TJ, Collins MM. A portable bellows spirometer and timing unit for the measurement of respiratory function. *Medical and Biological Engineering* 1968;6:291–302.
- 2 Perks WH, Sopwith T, Brown D, Jones CH, Green M. Effects of temperature on Vitalograph spirometer readings. *Thorax* 1983;38:592–4.
- 3 Cramer D, Peacock A, Denison D. Temperature corrections in routine spirometry. *Thorax* 1984;39:771–4.

Smoking and blood basophils

SIR,—We read with interest the papers by Dr RG Taylor and colleagues (January 1985;40:9–16 and 17–22) in which they reported an increase in the blood eosinophil count and basophil percentage in smokers.

We have studied the effect of smoking on the blood basophils of young smokers with relatively short smoking histories. In a group of 107 healthy young men (55 smokers and 52 non-smokers matched for age, height, and weight) we found significantly higher absolute blood basophil counts in smokers (47.0 (SD 17.12)/mm³) than in non-smokers (34.2 (15.71)/mm³; $p < 0.001$).¹ In another study of the immediate effects of smoking on blood basophils in a group of 25 young male smokers we found a significant decrease in the counts (mean fall 10%; $p < 0.02$).² That this decrease is most probably due to degranulation of these cells has been shown by our study on 27 young smokers, in whom we demonstrated a significant increase in the percentage of degranulated cells ($p < 0.001$) in the peripheral blood soon after smoking.³

These data show that cigarette smoking has significant effects on blood basophils. Since basophils are important mediators of the allergic response, these findings support the observations of Dr Taylor and his colleagues that cigarette smoking and the development of allergic manifestations may be interrelated in those with a constitutional predisposition.

S WALTER
A WALTER
Departments of Physiology and Pathology
Christian Medical College Hospital
Tamil Nadu, India

- 1 Walter S. Blood basophil counts in smokers and nonsmokers. *Indian J Med Res* 1982;76:317–9.
- 2 Walter S, Nancy NR. Basopenia following cigarette smoking. *Indian J Med Res* 1980;72:422–5.
- 3 Walter S, Walter A. Basophil degranulation induced by cigarette smoking in man. *Thorax* 1982;37:756–9.

Notice

Current concepts in pulmonary pathology

A postgraduate course entitled "Current Concepts in Pulmonary Pathology" will be held at the Massachusetts General Hospital, Boston, Massachusetts, from 20 to 24 October 1986 under the directorship of Dr Eugene J Mark. Details may be obtained from the Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115, USA.