EDITORIAL NOTE

Cardiac surgery in *Thorax*

For some time *Thorax* has continued to accept papers concerned with cardiac surgery, though not cardiology, the reason being that there were few other outlets for the surgical papers. The number of journals available for papers on cardiac surgery has increased recently, so it was decided at the last editorial board meeting that *Thorax* should no longer accept papers concerned primarily with cardiac surgery. *Thorax* is very keen, however, to continue to publish papers on thoracic surgery and papers concerned with the effects of any form of surgery, including cardiac surgery, on the lungs.

LETTER TO THE EDITOR

Suction drainage: a new approach to the treatment of empyema

I agree with the technique described in the excellent paper by Dr AR Cummin and others (April 1991;46:259–60), and its obvious good results of treating empyemas. The basic principle is to aspirate to dryness. I have in the past years used the same technique with a Martins chest aspiration set, connecting the outlet tube to a suitable suction of about 30 mm Hg or so. The amount of suction is variable and I have aimed for a slow and steady rate of evacuation of the fluid. The end point of aspiration is reached when no more pus can be aspirated or the patient starts to complain of chest pain. The latter happens when the lung fails to expand and fill the space because a heavy coating of fibrin causes a pull of the mediastinum. The judicious use of suction in routine chest aspiration of an effusion makes the procedure much quicker and more complete and eases local instillation of drugs if the situation demands. This method is very useful when one is confronted with patients with large effusions who need frequent aspiration.

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BOOK NOTICES

Models of Lung Disease: Microscopy and Structural Methods (Lung Biology in Health and Disease Series, No 47). Edited by Joan Gil. (Pp 1032; $165 US and Canada, $198.00 all other countries.) New York: Dekker, 1990. ISBN 0-8247-8096-5.

This is a useful reference on the subject of lung morphology, pathology, and physiology, of particular relevance to the experimentalist rather than clinician. It contains detailed presentations, by nearly 30 authors, of the most commonly used techniques in morphology and experimental pathology and is divided into three major sections. The first section, on general techniques, includes methods of fixation for the lung; applications of transmission and scanning electron microscopy, freeze fracture and etching, immunocytochemistry and histochemistry; morphometric principles; and applications and methods for casting the airways.

The second section summarises techniques aimed at the correlation of structure and function and begins by demonstrating eloquently the way in which airway casts can be measured to provide data concerning airway design and function. This is followed by chapters on assessment of airway submucosal gland size and secretion, the use of vital tracer molecules to examine intracellular function, a comprehensive account of preparative methods and the quantification of aspects of developing lung, culture techniques as applied to the isolation and study of alveolar type II cell and endothelial cell function, and a well presented account of methods for studying bronchiolar epithelial cells. In my opinion the very valuable section that follows should have been produced as a separate volume. The section begins with a useful account of microsurgical techniques and continues with selected examples of experimental studies of lung diseases of importance in which morphological and morphometric techniques are applied to lung lesions induced by ozone, nitrogen dioxide, 100% oxygen, asbestos, mineral dusts and agents (and the role of neutrophils) which cause diffuse alveolar damage (very comprehensively covered), bleomycin, paraquat, butylated hydroxytoluene, and irradiation. There is full discussion of the anatomy, histology, and experimental detail in the study of pulmonary and bronchial vasculature and lymphatics in conditions of oedema, inflammation, endotoxin injury, hypoxia, and hyperoxia and two useful final chapters on experimental carcinogenesis explored by intratracheal or intravenous routes. In its present rather weighty form it is an extremely useful but, as one volume, rather expensive reference work, which is recommended to the experimental pathologist and morphologist.—PJ

The Respiratory Muscles (Problems in Respiratory Care series). Martin J Tobin (guest editor). (Pp 546; $27.) Philadelphia: Lippincott, 1990. ISBN 0897-9677.

This multi-author monograph in the quarterly series "Problems in Respiratory Care" offers 16 clinically orientated reviews of the pathophysiology, assessment, manifestations and management of dysfunction of the respiratory muscles. The reviews are generally scholarly, up to date, and well referenced. One welcome and less conventional inclusion is an account of the role of the upper airway muscles, which, thanks to the advent of sleep studies, are belatedly regarded as important primary muscles of breathing. Other particularly useful sections cover respiratory muscle fatigue, the relation of respiratory muscle function to dyspnoea, the contribution of nutritional factors to respiratory muscle weakness, and the principles and practice of diaphragmatic pacing. The disease orientated sections cover tetraplegia, airway disease, and skeletal and systemic diseases. Primary conditions of muscle itself, such as the dystrophies, receive surprisingly brief attention, and perhaps neuromuscular diseases merited a chapter to themselves. Each review stands alone with considerable overlap and repetition between chapters—for example, those on fatigue and rest and on rehabilitation and training. Previous titles in this series suggest as the prime audience anaesthetists and specialists in intensive care. The earlier inclusion of a volume devoted to domiciliary ventilation may explain the disappointingly brief reference to nasal intermittent positive pressure ventilation, which certainly merits detailed review in the light of the rapidly increasing publications. The respiratory physician will find much here of relevance to his clinical practice; changes in emphasis and balance could have produced an unreserved recommendation.—GJG

NOTICE

Practical study design and analysis

A one week intensive course aimed at people working in respiratory research, including those just starting, will be held from 28 October to 1 November 1991 at the National Heart and Lung Institute. Participants will be introduced to the principles of study design and statistical analysis but the emphasis will be on practical aspects of research. Teaching will be mainly in small groups. Places are limited to 25. The cost will be £195. Further details and application forms are available from the Postgraduate Education Centre, National Heart and Lung Institute, London SW3 6LY (071 351 8172).