

LETTERS TO THE EDITOR

Accuracy of the typical computed tomographic appearances of fibrosing alveolitis

We read with interest the paper by K T Tung and colleagues (April 1993;48:334-8) investigating the accuracy of computed tomography (CT)—albeit the combined views of two highly experienced chest CT radiologists—versus conventional chest radiography in discriminating between fibrosing alveolitis and other diffuse lung diseases.

Although we believe that CT scanning has advantages over conventional chest radiography and may reduce the need for formal open lung biopsy in a diagnosis of fibrosing alveolitis, their paper surely overestimates its usefulness.

Of their study group of 41 patients with cryptogenic fibrosing alveolitis a commendable 32 were confirmed histologically. However, the inclusion of a further nine patients with clinical and radiological evidence of disease without histological confirmation results in an overestimate of the diagnostic usefulness of CT scanning. It would be interesting to see the sensitivity, specificity, and accuracy data limited to just the 32 patients with open lung biopsy evidence supporting the clinicoradiological diagnosis of cryptogenic fibrosing alveolitis.

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Respiratory symptoms questionnaire for asthma epidemiology: validity and reproducibility

We are grateful to Dr AM Donoghue (August 1993;48:871) for the suggestion that our asthma questionnaire¹ would be useful for epidemiological studies of occupational asthma when combined with questions designed to elicit a temporal relation with work. We have recently completed a study of laboratory animal workers and

flour workers in which we used the asthma questionnaire in conjunction with the following:

1. Has your chest ever felt tight or your breathing become difficult? Yes/No
2. Has your chest ever sounded wheezing or whistling? Yes/No
- If Yes to 1 or 2 then:
 3. What happens or happened to this at weekends? Better/same/worse
 4. What happens or happened to this on holidays of a week or more? Better/same/worse
 5. Do or did you get chest tightness, difficulty in breathing, chest wheezing or whistling on contact with rat or mouse, or their tissue, faeces or urine (or on contact with flour or grain)? Yes/No

Work related respiratory symptoms (WRS) were said to be present if there was a positive reply to either questions 1 or 2 and any of 3, 4, or 5. In those reporting three or more symptoms in the asthma questionnaire there was a significantly higher prevalence of both WRS and non-work related symptoms (NWRS) as shown in the table.

The questionnaire¹ was designed to detect symptoms of current bronchial hyperresponsiveness and we have no information on its use in detecting episodes of past symptoms. We are currently examining the relation between responses to the asthma questionnaire and diurnal variability in peak expiratory flow in these two occupational groups.

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- 1 Venables KM, Farrer N, Sharp L, Graneek BJ, Newman Taylor AJ. Respiratory symptoms questionnaire for asthma epidemiology: validity and reproducibility. *Thorax* 1993;48:214-9.

Diagnostic rigid and flexible oesophagoscopy in carcinoma of the oesophagus: a comparison

In their comparative study of rigid and flexible oesophagoscopy AJ Ritchie and colleagues (February 1993;48:115-8) concluded that the chance of diagnosing carcinoma was significantly greater with the rigid oesophagoscope. They also stated that, wherever direct visualisation of the lesion was achieved with either the flexible or rigid

instrument, biopsy was usually successful. It seems odd, however, that the authors, instead of providing an explanation, opted to remain silent over the 100% failure rate for diagnosing carcinoma in the upper third of oesophagus as shown in table 3 of their paper.

While demonstrating the advantage of the rigid over the flexible oesophagoscope in terms of high diagnostic yield at no extra risk of perforation of the oesophagus, the authors have overlooked the inherent risks of general anaesthesia compared with local anaesthesia. They ignored this aspect even in their suggestion for a randomised clinical trial to estimate the potential influence of the skill of the operator compared with the limitations of the instruments in obtaining a diagnosis. Here, I may add that taking deep and adequate biopsies under general anaesthesia is probably much easier than under local anaesthesia.

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NOTICES

Highlights in Pneumology 1994: Lower Respiratory Tract Infections

The 3rd international meeting of Highlights in Pneumology on lower respiratory tract infections will be held in Naples on 25-26 March 1994. For further information contact Francesco de Blasio, Scientific Secretariat, Via Tripergola 4, 80072 Arco Felice (Naples), Italy. Tel/Fax (+39) 081 7062649.

Scadding-Morrison Davies joint fellowship in respiratory medicine 1994

This fellowship is available to support visits to medical centres in the UK or abroad for the purpose of undertaking studies related to respiratory medicine. Medical graduates practising in the UK, including consultants and irrespective of the number of years in that grade, may apply. Applicants should submit a curriculum vitae, together with a detailed account of the duration and nature of the work and the centres to be visited, confirming that these have agreed to provide the facilities required, and giving the sum of money needed for travel and subsistence. A sum of up to £12,000 can be awarded to a successful applicant, or the sum may be divided to support two or more applications. Applications should be sent by 31 January 1994 to Dr I A Campbell, Secretary to the Scadding-Morrison Davies Fellowship, Llandough Hospital, Penarth, South Glamorgan CF64 1XX.

| No. of symptoms | Laboratory animal workers | | | Flour workers | | |
|----------------------------|---------------------------|------------|------------|---------------|-----------|------------|
| | n | WRS(%) | NWRS (%) | n | WRS(%) | NWRS (%) |
| 0 | 99 | 3 | 8 | 43 | 4 | 0 |
| 1-2 | 162 | 9 | 22 | 98 | 14 | 16 |
| 3-9 | 35 | 34 | 66 | 16 | 37 | 63 |
| χ^2 for heterogeneity | | 28.0 | 77.7 | | 10.5 | 22.4 |
| | | p < 0.001 | p < 0.0001 | | p < 0.01 | p < 0.0001 |
| χ^2 for trend | | 21.9 | 57.4 | | 9.2 | 20.4 |
| | | p < 0.0001 | p < 0.0001 | | p < 0.005 | p < 0.0001 |

WRS—work related symptoms; NWRS—non-work related symptoms.