Emergency treatment of asthma

In their recent paper on the emergency treatment of asthma by ambulance personnel Campbell and colleagues (January 1995;50:79-80) state that 5 mg of salbutamol given by an oxygen-driven nebuliser was more effective than either 5 mg terbutaline via Nebulizer or 200 µg salbutamol via pressurised inhaler. The accompanying editorial by Cochrane (January 1995;50:1-2) expresses surprise that the Nebulizer should perform so badly in comparison with the nebuliser. Precise details of the method by which the spacer was used were not given, and knowledge of this may have provided an explanation for the poor results seen with terbutaline administered via the Nebulizer. New spacers were used in the study, and 20 actuations of terbutaline were administered by actuating the metered dose inhaler into the spacer two or more times, then allowing the patient to inhale (IA Campbell, personal communication).

We have shown that inhalation following multiple actuations of a metered dose inhaler into a spacer reduces the amount of drug available (by 60% in the case of five actuations of salbutamol into the Volumatic) compared with the repeated inhalation of a single actuation. Furthermore, new spacers are often highly charged with static electricity reducing drug delivery. If one can extrapolate our in vitro work with sodium cromoglycate, nedocromil sodium, beclomethasone dipropionate, salbutamol, and budesonide to terbutaline, we estimate that the equivalent of 2 mg terbutaline was the dose available for inhalation to the subjects in the study, rather than the 5 mg stated. If five actuations were administered between inhalations, the dose delivered may be as low as 1 mg. This may be the reason for the lack of bronchodilation seen with the spacer and metered dose inhaler. In comparative studies where spacers are used it is vital that the exact method of spacer use is documented. The amount of drug coming out of the spacer is not always the same as the amount put in.

PW BARRY
C O'CALLAGHAN
Department of Child Health,
University of Leicester,
Leicester Royal Infirmary, PO Box 65,
Leicester LE2 7LX, UK

1 Barry PW, O'Callaghan C. Multiple actuations of salbutamol metered dose inhaler into a spacer device reduce the amount of drug recovered in the respirable range. Eur Respir J 1994;7:1707-9.

Toxicity of isoniazid and rifampicin combination

Dr Askgaard, Wilcke and Dessing (February 1995;50:213-4) described hepatotoxicity caused by the combination of isoniazid and rifampicin but not by each drug given alone. In the first short-course chemotherapy trial run by the British Thoracic and Tuberculosis Association, two patients reacted with rash and pyrexia to the combination of these two drugs, but not when challenged by either given singly. In this age of polyparmacy these reports are a timely reminder that drugs can act in combination to produce adverse effects.

I A CAMPBELL
Sally Hospital,
South Glamorgan CF64 5YA, UK
1 British Thoracic and Tuberculosis Association.

BOOK NOTICES


To generate a 1300 page book on mechanical ventilation is a tour de force in itself. To maintain the reader's interest throughout is an even greater achievement, especially as 20 authors were involved in its genesis. The scene is set by a splendid opening chapter on the historical background of ventilation followed by a lucid exposition of the principles underlying its physical basis. In addition to the contents expected of such a book, "off beat" aspects such as ethics, economics, and transport are adroitly covered. In particular, the chapter on psychological aspects is welcome as this is an oft neglected area. As would be expected from the editor's background, the physiology and monitoring sections are comprehensive but the clinical aspects achieve equal prominence. I have a few relatively minor quibbles: in clinical practice ventilation is usually straightforward except when the patient is either very sick or difficult to wean. A "How to ventilate the sick patient" chapter encompassing the different techniques of maintaining adequate gas exchange with minimal iatrogenic trauma would be a useful addition. Similarly, the coverage of weaning the difficult ventilated patient could be expanded further. The chapter on neuromuscular blockade, sedation, and pain control could also benefit from being less pharmacological and more practical in emphasis.

While aimed principally at the intensive care practitioner, there is much to commend this book to both anaesthetist and chest physician. In particular, home ventilation and non-invasive ventilation are well covered. Dr Tobin should be congratulated on producing the definitive textbook on the subject. - AWM

NOTICES

20th International Conference on Lung Sounds

The 20th International Conference on Lung Sounds will be held in Long Beach, California, USA on 11-13 October 1995. For information regarding the meeting please contact Raymond L H Murphy Jr, Faulkner Hospital, 1153 Centre Street, Boston, MA 02130 (Tel 617 522-5800, x1968, Fax 617 524-8663) or Christopher Drazgalski, California State University, Electrical/Biomedical Engineering, Long Beach, CA 90840, (Tel 310 965-8054, Fax 310 985-7561, Email: islac@csulb.edu, Web: http://www.csulb.edu/~islac).

XXVth World Congress of Asthma (Interasma)

The XXVth World Congress of Asthma will take place in Montpellier, France on 24-27 April 1996. The general theme of the congress will be "From gene to quality of life" and will focus on genetics, optimum asthma treatment, and quality of life. For further information please contact Mrs J Siraudin, BP 5067, 34033 Montpellier Cedex 1, France. Telephone +33 67 04 20 20. Fax: +33 67 04 20 00.