Pulsed dose oxygen delivery system

Dr Garrod and colleagues have described a pulsed flow oxygen delivery system for use during exercise by patients with chronic obstructive pulmonary disease (COPD).1 They found the device to be four times as economical as nasal cannulae for the same increase in walking distance and with greater ease of use. They concluded that the equipment was carried by the patient was increased from 2.9 kg to 3.7 kg, and at a cost of £410. Old fashioned remedies are often looked down on, but in this instance they could have been achieved, without the disadvantages, by using a mask of the type designed by Haldane in 1917.2

By comparison with nasal cannulae, this device similarly resulted in fourfold economy when maintaining a raised alveolar oxygen tension in normal subjects.3 Its use led to a significantly greater improvement in walking distance in patients with COPD compared with the other devices that were tested.4,5

The Haldane type mask fell out of use because, with a limited demand and low price, the manufacturer had little incentive to maintain a stock. Now, with greater awareness of the likely benefit, there might be a case for trying again.

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Simian virus 40 and human pleural mesothelioma

Mulatero et al report failure to detect Simian virus 40 (SV40) DNA in 12 British mesotheliomas. They propose that their negative results indicate that the previous positive findings are probably a consequence of PCR contamination; we listed laboratory contamination of samples as one of several possible explanations for differing results.6

AUTHORS’ REPLY Dr Jasani misquotes us when he says we suggested that negative positive findings are probably a consequence of PCR contamination; we listed laboratory contamination of samples as one of several possible explanations for differing results.

Dr Jasani suggests that our failure to identify SV40 may be due to inadequate sensitivity and he states that the sensitivity of our assay, which we reported at one copy of SV40 per cell, is below the threshold for detecting SV40 in human mesothelioma, partly because of the low proportion of tumour cells included in mesothelioma biopsy specimens and partly because of the low copy number (<10 copies per cell).6,7 We have re-tested using a more sensitive methodology to establish whether their negative findings are related to technical or demographic differences.

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The letters to the editor section of the Thorax journal contains a variety of articles and responses to previous publications. It discusses topics such as cardiovascular disease, diabetes, and vaccine safety. One article mentions the potential of simian virus 40 (SV40) in human disease, with a focus on its role in mesothelioma. Another discusses the oral glucose tolerance test (OGTT) in the diagnosis of cystic fibrosis-related diabetes (CFRD). The editorials and letters provide insights into the current state of medical research and practice.
rhDNase in cystic fibrosis

Cystic fibrosis is a disease that is relatively rare but expensive for patients, families, and carers. The introduction of rhDNase has been associated with controversy as to its benefits and costs. Milla describes the experience in a centre that prescribed this drug to patients, 60% of whom had an FEV₁ of more than 80% predicted at the time of prescription. Overall, the group had an accelerated decline in lung function following its introduction. This study illustrates the importance of patient selection and follow up in the prescription of rhDNase.

Paediatricians and chest physicians from the South & West Region of the UK have audited their use of DNase as part of their contribution to the South & West Cystic Fibrosis database. In 1995 78 (12%) of the 664 patients receiving care within the region had been prescribed DNase. This had risen to 143 (22%) in 1996. We subsequently defined criteria for its use: patients over five years of age, FEV₁ <70% predicted, and more than one course of intravenous antibiotics during the previous year. In 1995 12 (17%) of patients receiving DNase did not appear to meet these clinical criteria. A further 36 patients who were eligible under these criteria were not receiving the drug.

Innes rightly emphasises the responsibility of carers to target this treatment effectively—it is also important that treatment is seen to be equitable and not dependent on postcode. Our experience illustrates that a regional cystic fibrosis database can be a clinically relevant and cost effective device for targeting appropriate treatment. The annual cost of DNase for two patients would be sufficient to fund a regional audit to monitor and influence this and other expensive treatments in patients with cystic fibrosis.

BOOK REVIEW

Up to Date in Pulmonary and Critical Care, Steven E Weinberger. USA: American Thoracic Society.

Up To Date in Pulmonary and Critical Care, a product from the stable of the American Thoracic Society, is one of a rising tide of PC based medical texts. The programme is based on the concept of providing quick and authoritative answers to common specific questions that arise during specialist clinical practice but not as a resource to use when faced with a rare disease.

Presented on CD-ROM for Windows or Macintosh and supported by clear installation instructions, it ran efficiently on a 266 MHz based laptop from the hard disc or CD-ROM drive. The search functions were easy to use with helpful cross referencing links and section content outlines. The initial cost is approximately £300 for the first year with the CD-ROM being regularly updated throughout the year.

Have they succeeded in their aim? Overall, the answer is yes.

Useful practical advice is given on simple but irritatingly difficult questions to answer—for example, provision of oxygen during air travel, the choice of agent for chemical pleurodesis, the role of inhaled steroids in chronic obstructive pulmonary disease, etc. However, the programme is slanted toward the American market, as highlighted in the section on long term oxygen therapy (LTOT) which gives, in detail, the billing mechanism. Similarly, nasal calcitonin suggested for the treatment of steroid induced osteoporotic bone pain is not licensed in the UK.

Its functionality makes it a valuable tool in the outpatient setting, being described by one trainee as “really helpful”. This programme would be best suited to hospitals and practices with adequate provision for computing facilities in the clinical area, ideally over a local area network and not locked away in the library. The added bonus for the chest physician with a commitment to general medicine is that the disc also has sections on cardiology, gastroenterology, and other main disciplines of similar quality. This programme sets a formidable standard for the UK government’s proposed NICE (National Institute for Clinical Excellence) clinical information system.—SPH

NOTICE

MICRO 2000

Following the success of MICRO 98, the Royal Microscopical Society has announced that a MICRO 2000 international microscopy exhibition and conference will be held on 11–13 April 2000 in London. Further information will be available shortly from the Exhibition Organiser, Royal Microscopical Society, 37/38 St Clements, Oxford OX4 1AJ, UK. e-mail: exhibitions@rms.org.uk