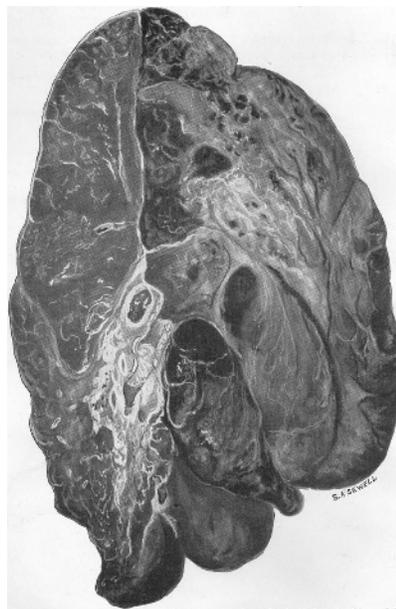


COPD status stratified by age and smoking status. CS, current smokers; ES, ex-smokers; NS, never smokers.

UNDERDIAGNOSIS OF COPD IN THE UK

Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality, yet little is known about its true prevalence. In this issue of *Thorax* we publish a paper by Shahab and colleagues with a commentary by Mannino that describes the first large scale estimate of spirometrically defined COPD in England using data on adults over age 35 from the Health Survey for England (HSE). The major features are that spirometry defined COPD was present in 13.3% of participants and over 80% reported no respiratory problems. Of concern is the finding that in those with severe or very severe COPD, only 46.8% reported any respiratory diagnosis. Smoking prevalence also increased with disease severity and smokers with COPD were more cigarette dependent. The authors conclude that as the Lung Health Study showed smoking cessation to improve lung function decline and mortality from COPD, the imperative to stop cigarette smoking in middle-aged smokers with COPD is so great that these patients may be considered a special case for intensive intervention.

See pages 1032 and 1043



CHLAMYDIA PNEUMONIAE AND ASTHMA IN CHILDREN

There has been much interest in the relationship between *Chlamydia pneumoniae* (Cpn) and asthma and in this issue, Normann and colleagues describe an association between earlier Cpn infection determined from serological samples and a history of wheezing in a cohort of 1581 children aged 4 years. This association was restricted to girls without atopic sensitisation, but there was no effect seen in boys. As the authors point out, these results suggest that sex influences asthma development and it is possible that increased susceptibility to airway infection may cause a higher prevalence of asthma in teenage girls than boys.

See page 1054

HEAVY INDUSTRY AND LUNG CANCER IN WOMEN

There is a high incidence of lung cancer in women in the highly industrialised area of Teesside in north-east England. Edwards and colleagues describe a case-control study of women with lung cancer from Teesside, using life course exposure assessment and showed that the risk, as measured with the odds ratio for living close to heavy industry for 26 years, was modestly raised. A wide range of confounders was studied and cigarette smoking had the greatest effect on the odds ratio. The authors conclude that the effect of air pollution on lung cancer deserves further study.

See page 1076

From first paper published in *Thorax*.



Chest CT scan showing extensive mediastinal lymphadenopathy (up to 3 cm), a 5.5 cm mass in the right upper lobe, and a smaller 2.3 cm mass in the left upper lobe.

THORAX AT 60

I do hope you have enjoyed this special edition of *Thorax* to mark our 60th year. I would like to take the opportunity to thank everyone who has contributed articles, and to the *Thorax* team at BMJ Publishing who have helped us plan and design this issue. Just a reminder again that the special *Thorax* anniversary symposium will be held at the British Thoracic Society (BTS) Meeting in the Abbey Room at the Westminster Conference Centre, Westminster, London, on Friday 8 December 2006 at 11am. This symposium will be chaired by Peter Calverley, President of the BTS, with contributions from Fiona Godlee (Editor, *BMJ*), Anthony Seaton (Past *Thorax* Editor) and myself.

IMAGES: SARCOIDOSIS AND LUNG CANCER

Our "Images in *Thorax*" series has been very successful and this month we publish an interesting case, showing the difficulty in staging lung cancer in the presence of pulmonary sarcoidosis.

See page 1100