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A short review of the articles in this issue of VOLUME, fond memories (I hope) for our older members:

Instructions for the Preparation of Abstracts (David P. Johns and Judith A. Roget)

Provided instructions (layout and hints) for preparing an abstract for a forthcoming annual ASRT Symposium (13th and 14th August, 1983). These were the days of the typewriter and included the following instruction: "*For typing use a carbon ribbon, otherwise a good quality black ribbon. Neatly drawn diagrams and graphs in black ink are acceptable as part of the abstract provided they fit within the rectangle.*" Other instruction still remain relevant today: "*...and then abstract the relevant points: what, why, how, results (including data) and conclusions.....the text should include a brief description of the purpose of the study, method used, results and conclusion. The results must be given in sufficient detail to justify conclusions.*"

Volume-Pressure Relationships of Oesophageal Balloons (Andrew Wallace)

This well written paper by Andrew Wallace describes a practical technique (based on Prof Macklem's criteria) for testing the suitability of oesophageal balloons for estimating pleural pressure that are used for studying the mechanical properties of the lung and chest wall. The Macklem criteria require that when an oesophageal balloon contains 0.5 ml of air, the pressure within the balloon must be less than 0.5 cmH₂O. Only when this criteria is satisfied is the balloon suitable for estimating pleural pressure. (I wonder how many current ANZSRS members have used an oesophageal balloon to measure compliance or *respiratory* resistance? Back then we used to make our own oesophageal balloons and this is still done.)

Radiographic Method for Lung Volume Measurement (R. J. Pierce)

This is a *must read* paper by a leading respiratory academic (Professor Rob Pierce). It describes the measurement of TLC using PA and lateral chest x-rays (CXR) and includes data he obtained from normal subjects comparing the CXR estimates of TLC with single breath helium dilution and plethysmography. Not surprisingly CXR estimates of TLC were larger than those obtained using the plethysmograph and the smallest values were obtained by the single breath method. These differences have to do with what is actually being measured by these methods: the radiographic method measures the lungs displacement volume, the plethysmograph the lungs (and abdomen) compressible volume, and the helium dilution method estimates the lungs accessible volume. This paper also describes how the comparison of TLC between these techniques provide information about lung tissue + lung blood volume and trapped gas volumes.

Mouthpiece

This section became a regular feature in VOLUME. In this issue a new segment called "*References of Interest*" was introduced as recommended reading for members.

Listed in this issue are five excellent articles from the series “**Does The Lung Work?**” published in the British Journal of Diseases of the Chest by Professor David Denison. I **urge** anyone who has not seen the articles in this series to do so as they are a great read and written by not only one of the worlds leaders in respiratory physiology but also a gifted writer and educator. To tempt you one of the articles in the series is titled: *The Respiratory Behaviour of a Bathroom Sponge*.

Please contact me if you are interested in a copy of this or any other issue of VOLUME.

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