From Maureen Swanney come the following offerings:

**Chest / 125 / 2 / February**

Methacholine Challenge Testing  
Comparison of the Two American Thoracic Society-Recommended Methods  
Catherine Wubble, Michael Asmus, Gary Stevens, Sarah Chesrown, Leslie Hendeles  
(Both methods give similar results.)

*Same journal issue as above.*  
Clinical Significance of Elevated Diffusing Capacity  
Ghulam Saydain, Kenneth Beck, Paul Decker, Clayton Cowl, Paul Scanlon

**European Respiratory Journal  Vol 23 No.4 April 2004**  
Respiratory Changes during Defecation in Patients with Chronic Respiratory Failure  
M Delmastro, C Santoro, S Nava  
(No one in the lab is keen to pursue this area of research!!)

**AJRCCM Vol 169 No.7 April 1 2004**  
Is Forced Expiratory Volume in One Second the Best Measure of Severity in Childhood Asthma?  
Joespg Spahn, Reuben Cherniack, Keith Paull, Erwin Gelfand

**AJRCCM Vol 169 No.8 April 15 2004**  
A Century of Gas Exchange  
John B West  
A must read, good history

And from Graham Hall  
Determinants of Maximally Attained Level of Pulmonary Function  
Xiaobin Wang, Tjeert T. Mensinga, Jan P. Schouten, Bert Rijcken, and Scott T. Weiss  
http://www.ajrccm.org/cgi/content/abstract/169/8/941?etoc

Obesity and Asthma: Directions for Research  
Scott T. Weiss and Stephanie Shore  
http://www.ajrccm.org/cgi/content/full/169/8/963?etoc

And from Brenton Eckert  

**The Chocuhaler: sweet deliverance in asthma management.**

**Hayden MJ, Wildhaber JH, Eber E, Devadason SG.**

Department of Respiratory Medicine, Princess Margaret Hospital for Children, Perth, WA 6008, AUS.

OBJECTIVE: To determine the characteristics of a new cocoa-based edible spacer device for the delivery of aerosol bronchodilator. DESIGN: In-vitro comparison of two spacer devices (standard and edible) and determination of bronchodilator response using the edible spacer.
SETTING: A university children's hospital in Western Australia. SUBJECTS: Two volunteers with moderate asthma. RESULTS: Compared with a standard spacer, the edible spacer delivered significantly more bronchodilator in droplets of a size likely to enter the respiratory tract. A significant bronchodilator response occurred in two out of two subjects when salbutamol was inhaled orally via the chocolate spacer. No significant bronchodilator response occurred in either subject when the spacer was eaten at the end of the study. CONCLUSION: The chocolate spacer used in this study is a suitable device to deliver salbutamol by inhalation. However, there may be potential drawbacks of weight gain in some patients and meltdown in hot climates.

TSANZ have advised that their abstracts from the Sydney meeting are now freely available on Blackwell’s Synergy:


This URL contains the DOI for this article and will take you directly to the page where you can download the pdf of the meeting abstracts.

Until next month, happy browsing. Thanks to Maureen, Graham and Brenton for their contributions and I urge the rest of you to not forget contributions to this page are always welcome!

K.