patients would surely note that this treatment would relieve their bronchospasm if indeed the phenomenon that Dr. Odend’hal postulates actually occurs. There appears to be no literature on this, and my own experience, as well as that of several authorities whom I have consulted, does not support such a clinical correlation.

I therefore conclude that there is insufficient evidence to suggest that diuretics can influence the usual types of asthma that we see. However, if a subset of asthmatic patients does appear to manifest a beneficial response to diuretic administration, it would be important to identify these individuals who could then be evaluated so as to determine if there is a cause-and-effect relationship.

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Home Care for Ventilator-dependent Individuals

To the Editor:

We basically agree with the views expressed in the recent editorial concerning the need for improvements in home care delivery systems for ventilator-dependent individuals. The case histories presented by Hughes dramatically emphasize that ventilator-dependent persons cannot be discharged home by institutions and health care professionals with little experience in this area.

At the present time, the problems illustrated by Dr. Hughes’ patients can only be avoided by hospitals and home care systems which can marshall the resources to develop programs focused primarily upon the care of these individuals. The approach used by the University Hospital at Boston University Medical Center has been successful in large part because of the organization of a coordinated outpatient and inpatient multidisciplinary team under the daily co-direction of a pulmonary physician and a respiratory nurse-specialist; the major responsibility of each team member is for the care of ventilator-dependent patients. As implied by Goldberg, a regional approach toward home care for ventilator-dependent patients may be an effective method of assuring optimal home care with the limited resources imposed by hospital cost restraints.

As with any new medical innovation, further information conveyed through published reports documenting both benefits and problems, monographs outlining specific approaches, and seminars to train health professionals, should allow expansion of home care to additional institutions in the future. Because of the divergent approaches and relative lack of published data concerning the home care of ventilator-dependent persons, the American Thoracic Society is considering a workshop to make specific recommendations concerning such issues as the appropriateness of home care, criteria for hospital discharge, patient and family teaching, equipment and personnel necessary in the home, psychosocial issues of patients and families, and the costs of home care. Until additional information is available concerning the efficacy of home care, discharge of ventilator-dependent patients should be considered only by institutions with comprehensive, carefully designed programs.

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References

1. Hughes RL. Home is the patient: A word of caution. Chest 1984; 86:344

Osler and Sarcoïdosis

To the Editor:

In a recent delightful historical report (Chest 1984; 86:263), Sharma and James discussed the case of Hannah W., who was seen by William Osler in 1894. This 11-year-old child presented bilateral gland enlargement, generalized lymphadenopathy, and an enlarged spleen. These signs gradually improved, and when Hannah died three years later of cavitary tuberculosis, there was no trace of the previous findings at autopsy. Osler considered her a case of chronic parotitis. Now, 90 years later, Sharma and James have re-examined the case and concluded that Hannah's illness was actually a case of sarcoidosis. They bemoan the fact that Osler described a "noble disorder" but was robbed by Nature of the opportunity to describe a new disease.

I agree with the authors that it was truly a case of sarcoidosis, but I must remind them that Osler was not "robbed." It was Sir Jonathan Hutchinson (1829-1913), a surgeon, who first described the disease in 1869, fully 25 years earlier, and again published his findings in 1875. He published two more cases in 1898 and, as a tribute to the female patient whose name was Mortimer, entitled the paper "Cases of Mortimer's Malady." The 1981 edition of Dorland's Medical Dictionary calls our noble disease "Hutchinson-Boeck sarcoidosis."

It may be of interest to know that this underestimates surgeon, clinician, and pathologist made many other findings, and his name is associated with Hutchinson’s facies, mask, patch, unequal pupils in cerebral hemorrhage, teeth, triad, and varicella gangrenosa. In addition, he wrote a ten-volume Archives of Surgery and with Hastings Gilford described progeria.

Also prior to Osler's case, Bessier in 1889 and Tennison in 1892 described other facets of the disease. Boeck described his first such case in 1899, and in 1916 described additional cases; he called the disease "multiple benign sarcoid of the skin." The history is well described by Longcope and Freiman in their monograph on sarcoidosis.

As a matter of fact, although Osler's textbook of medicine ran through eight editions prior to his death in 1919, not one of them mentioned the syndrome of sarcoidosis. Even the tenth edition, published with McCrae in 1925, failed to record it.

I am grateful to Drs. Ronald J. Knudson, Benjamin Burrows, and Charles Mittman for helping me distinguish between Sir Jonathan Hutchinson and John Hutchinson who developed a spirometer in 1844.

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References