The AAMI Standard Subcommittee for Implantable Pacers, co-chaired by Dr. Seymour Furman and Mr. Walter Keller, has presented a protocol to the Full Standards Committee of AAMI with a recommendation for its acceptance. Although this protocol has not yet been formally adopted, the Medical Division of American Optical Corporation decided to conform to it on a voluntary basis in advance of its formal approval. Accordingly, in May, 1971 American Optical Corporation made the bifocal (AV sequential demand) pacer available on a limited distribution basis, as defined by the protocol. This means, among other things, that sales are limited to clinicians who will supply us with data from the implant and subsequent follow-up visits.

Under this program, a total of 18 bifocal pacers have been sold. There has been no pacer failure in this group to date. Two have been removed due to patient deaths; one of these was returned for analysis and found to be still functioning properly; the other was unfortunately not recovered, but was believed to be functioning at the time of patient death. A third was removed due to lead placement problems. Lead placement was reported as a difficulty in three instances; in one of these, the atrial lead was later removed so that this particular pacer is functioning in the conventional ventricular demand mode.

In view of the generally good results to date and the desire of certain clinicians to implant bifocal pacers, American Optical plans to continue with limited distribution of the bifocal pacer until such time as the results justify making it available for general distribution.

American Optical Corporation,
E. J. Meyer,
General Manager

Clinical Conference in Pulmonary Disease

To the Editor:
The Clinical Conference in Pulmonary Disease in your November 1971 issue (page 479) concerned "The Dilemma of the Asymptomatic Pulmonary Nodule in the Young and Not-So-Young Adult.”

As thoracic surgeons, we felt that the article was terribly slanted toward an old-fashioned, conservative, medical viewpoint of the ramifications of thoracic surgery. To comment in detail upon the precise speculative nature of the patient’s lesion that was discussed would not serve any purpose. The conclusion of the course of medical management to be followed is debatable, but one that could not be settled without closer patient contact than the written word. However, in the overall discussion and especially noteworthy on page 481 are some comments regarding the problems associated with diagnostic thoracotomy. This article is so written as to suggest that diagnostic thoracotomy is associated with a mortality of 6 to 7 percent. This certainly seems to be out of line with our own experience and we dare say the experience of the majority of thoracic surgeons over the country when diagnostic thoracotomy is concerned. Perhaps if this were more clearly stated to include all pulmonary resective surgery, it may be a more acceptable figure.

The question of the occasional chest wall pain is raised and should be considered in the light of the experience of those physicians dealing with pulmonary disease who have a close association with thoracic surgical procedures. It is further stated that "a mass this small is often difficult to locate at thoracotomy.” We find this hard to believe considering the size of the lesion as shown by the excellent reproductions of the x-ray films included with the article.

Finally, when it is suggested that the patient had trouble getting both life insurance and a job and will continue to have trouble for another two years (I suppose this is some magic time interval that internists respect relative to making a clear diagnosis retrospectively), it would seem that the weight of sensible and practical judgment would have dictated the recommendation of a simple, precise thoracotomy with immediate, final histologic diagnosis, thus avoiding all doubt as to the proper medical course to follow and allowing the physicians to advise with confidence and wisdom what the patient’s insurable and occupational status would be in the future.

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Denver