interest and emotional response they seem to be generating. It is our hope that colleagues in the field of sleep research will be motivated by the challenge to generate a larger, more inclusive data base from which the hypothesis on the natural history of this disorder can be securely tested and validated.

R. J. Gonzalez-Rothi, M.D., F.C.C.P., and A. Jay Block, M.D., F.C.C.P.,
Division of Pulmonary Medicine,
University of Florida,
Gainesville, FL

Vigorous Cleaning of Inspirease Reservoir Devices

To the Editor:

The Inspirease Reservoir Device (Figure 1a), developed to maximize benefit from the metered dose inhaler, has become a very popular and useful adjunct for aerosol therapy.1 The design of this reservoir device 1) does not require coordination on the patient's part between firing the metered dose inhaler and inhaling, 2) offers the patient visual assurance that he is inhaling the aerosol as the bag collapses, 3) does not allow aerosol leakage to occur during rebreathing since the system has no opening to the outside, and 4) provides an audio cue when individuals inhale at inspiratory flow rates too fast for maximal deposition of aerosol in the lower respiratory tract. The plastic mouthpiece (Figure 1b) is equipped with two delicate horizontal plastic reeds that provide the audio cue.

We would like to bring to the attention of the readers of Chest potential problems associated with the use of this device. During a one-month period of time, five patients came into our outpatient Pulmonary Clinic complaining that their Inspirease devices no longer provided an audio cue for rapid inhalation. Upon examining these devices, we noted the plastic reeds were either bent and/or broken (Fig 1c). Several of the reeds were completely missing. One of the reeds fell off in clinic after being barely touched with the point of a pencil. The patients who used these devices all related a history of vigorous, aggressive cleaning and drying of their devices with hot, strong running water or paper towels. While none of our patients, to our knowledge, sustained any adverse occurrence from the missing or broken reeds, the breakage of the reeds in the mouthpiece could place other patients at risk for two potential problems. First, the thin piece of plastic that breaks off could be inhaled; second, patients may be unaware that the audio cue is no longer functioning and may be improperly using the device.

Since the Inspirease Reservoir Device is an important adjunct in the treatment of patients requiring inhaled bronchodilator therapy, it is important to impress upon patients the importance of gently cleaning and air drying the device and to remind patients to visually inspect their devices for breakage on a regular basis.

Cynthia L. French, R.N., and Richard S. Ircin, M.D., F.C.C.P.,
Division of Pulmonary and Critical Care Medicine,
University of Massachusetts Medical Center,
Worcester

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Severe Reactive Airways Disease Induced by Propafenone

To the Editor:

Since the advent of propafenone as an antiarrhythmic drug, severe reactive airways disease has been a complication sporadically recognized as a side effect.1 After recent experience in a patient with severe spastic airways reaction in acute intoxication with propafenone, we read with great interest the article of Hill et al2 evaluating the asthmogenicity of propafenone.

The effect of propafenone may be attributed to a structural and functional resemblance to propranolol, a beta-adrenergic receptor antagonist.3 In acute intoxication, bronchodilator agents can be used to prevent airways reactivity. In subjects with mild intermittent asthma or chronic obstruction of airways, this drug should be used with caution at doses always less than to 450 mg/day.

M. Olm, M.D.; P. Munne, M.D., and M. J. Jimenez, M.D.,
Hospital Clínico y Provincial,
Internal Medicine Department and Service de Anaesthesia and Intensive Care Unit,
Barcelona, Spain

Reprint requests: Ms. French, University of Mass. Medical Center, Pulmonary Division, 55 Lake Ace N, Worcester, MA 01655

FIGURE 1. Schematic representation of InspirEase reservoir device: A shows mouthpiece, reservoir bag and medication canister components in the assembled configuration; B shows the head-on view of the plastic mouthpiece valve with two intact horizontal reeds; C shows the mouthpiece valve with one broken and one missing reed.