Table 1—Post-Salbutamol Methacholine PC20

<table>
<thead>
<tr>
<th>Subject</th>
<th>No Pretest</th>
<th>Methacholine Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PC20, mg/mL</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2.1</td>
<td>2.8</td>
</tr>
<tr>
<td>2</td>
<td>4.8</td>
<td>2.9</td>
</tr>
<tr>
<td>3</td>
<td>6.0</td>
<td>5.5</td>
</tr>
<tr>
<td>4</td>
<td>12.3</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>8</td>
<td>2.4</td>
<td>5.7</td>
</tr>
<tr>
<td>9</td>
<td>6.7</td>
<td>22</td>
</tr>
<tr>
<td>10</td>
<td>5.4</td>
<td>7.3</td>
</tr>
<tr>
<td>11</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>12</td>
<td>5.7</td>
<td>10.9</td>
</tr>
<tr>
<td>13</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>14</td>
<td>9.4</td>
<td>7.0</td>
</tr>
<tr>
<td>15</td>
<td>9.5</td>
<td>5.2</td>
</tr>
<tr>
<td>mean log_{10} PC20</td>
<td>0.83</td>
<td>0.86</td>
</tr>
<tr>
<td>SD</td>
<td>0.43</td>
<td>0.41</td>
</tr>
<tr>
<td>SEM</td>
<td>0.11</td>
<td>0.11</td>
</tr>
<tr>
<td>geometric mean</td>
<td>6.8</td>
<td>7.3</td>
</tr>
</tbody>
</table>

The methacholine administration, 2 puffs of salbutamol (200 μg) were administered, and 10 min later (60 min after the previous methacholine), the second methacholine PC20 determination was done. These 2 days were done in random order in the 15 subjects. For the purposes of this investigation, we only analyzed the two post-salbutamol methacholine PC20 values using the Student’s paired t test to compare the log_{10} PC20 values (Table 1). The geometric mean values (6.8 mg/mL vs 7.3 mg/mL) were not significantly different (p=0.58). The mean absolute difference between the two values of log_{10} PC20 was 0.16 or approximately 0.4 doubling dose difference. Thirty of the 15 subjects had the 2 values within 1 doubling concentration. On the double methacholine challenge day, there was neither a trend toward increased responsiveness, which might have been caused by a carryover effect of the methacholine, nor reduced airway responsiveness, which might have been caused by a tolerance to methacholine.

We believe that these data provide a reasonable validation for measuring the functional antagonist effect of a short-acting β2-agonist vs methacholine on the same day in a standardized fashion.

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REFERENCES

The Captain Returns

The hacking cough echoes off damp cave walls.
Birds and bats fly away in terror.
As the moon fades and night deepens
A weary man drifts into heavy slumber.
Pale complexion and fashionably thin,
A young lady sings the melody of love;
suddenly a coughing spell . . . and she faints,
hastily ushered to a sanitorium for fresh air.
Her pain becomes an act on a silver screen.

A streptomycin shot evokes a baby’s whimper
And the doctor soothes, “You’ll be okay, honey!”
Skin tests, phlegm stains, x-rays, and pills,
With a sigh of relief, the sanitorium doors close at last.

But miracles come and go and
The cavern moves under a railroad bridge.

A thin child in a shelter home
Convalesces in the grip of fever and chills.
A gap or two, then a long pause;
is this HIV or something else?

The moon has consumption, the earth struggles to breathe
As the sound of the coughing carries from New York to Nairobi;
Red-streaked foam stains distant shores.
Yet, the birds and bats remain calm.

The moon has consumption, the earth struggles to breathe
As we fumble through our files for a miracle drug.
A wasted old man in black slips into the clinic.
A chill passes through the crowd;
the dark visage is somehow familiar.
Then a terrified shout, “It’s the Captain of Death!”

Ancient plithisis is here, once again.

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Physiologic Dual Chamber Pacing in Radiation-Induced Atrioventricular Block

To the Editor:

I read with great interest the report by Knight and Sutton (CHEST 1995; 108:1748-51) concerning a case of radiation-induced complete heart block associated with severe tricuspid regurgitation.

It may be of interest to provide a personal contribution on the is-