Communications for this section will be published as space and priorities permit. The comments should not exceed 350 words in length, with a maximum of five references; one figure or table can be printed. Exceptions may occur under particular circumstances. Contributions may include comments on articles published in this periodical, or they may be reports of unique educational character. Please include a cover letter with a complete list of authors (including full first and last names and highest degree), corresponding author’s address, phone number, fax number, and email address (if applicable). An electronic version of the communication should be included on a 3.5-inch diskette. Specific permission to publish should be cited in the cover letter or appended as a postscript. CHEST reserves the right to edit letters for length and clarity.

Supranormal Expiratory Flow Rates in Patients With Interstitial Lung Disease

To the Editor:

I wondered, in assessing the likelihood of interstitial lung disease in their patient, whether Wagers et al (February 2000)1 might comment on the following: (1) What is the usefulness of the high expiratory flow rates—FEV1/FVC ratio of 0.89, 119% of predicted—as a noninvasive index of increased retractile forces in the lung, a point not commonly adverted to in standard references. Gold2 stated, “Thus, in early interstitial lung disease, even before lung volumes are decreased, the flow-volume curve usually shows supranormal expiratory airflow.” (2) Please comment also on the utility of correcting the carbon monoxide diffusing capacity of the lung for alveolar volume in distinguishing between interstitial lung disease and other causes of reduction in the alveolar volume. It is my recollection that this has not been found to be as discriminating as hoped. (3) What is the meaning of the term height-to-rate ratio? Was “height-to-weight ratio” intended?

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REFERENCES

Cardiac Tamponade Following Acupuncture

To the Editor:

I read with interest the recent case report of cardiac tamponade following acupuncture by Kirchgatterer et al (May 2000). According to these authors, only three other similar case reports were found in the literature. I wish to call their attention to another three case reports that preceded the three they cited. The first case report of cardiac tamponade following acupuncture was by Schiff5 from Miami, FL, and was published in 1965. The subject, an 82-year-old Hungarian emigré, was found dead in her home by a relative. According to her next-of-kin, she was known to have practiced acupuncture for chronic angina. At autopsy, the acupuncture needle point was found to have penetrated the anterior surface of the heart for a distance of 1/8 inch, producing a wide laceration of the distal branches of the left anterior descending coronary artery close to the apex. The pericardial cavity was filled with 250 mL of partially clotted blood. The anterior pericardial surface showed petechial hemor-