

The natural history of chronic bronchitis and emphysema. An eight-year study of early chronic obstructive lung disease in working men in London.

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The natural history of chronic bronchitis and emphysema. An eight-year study of early chronic obstructive lung disease in working men in London.

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Book : [The natural history of chronic bronchitis and emphysema. An eight-year study of early chronic obstructive lung disease in working men in London.](#) 1976 pp.xix + 272 p

Abstract : This book is an important longitudinal study of 792 working men in London over a period of 8 years. It is an eminently readable book and the p

comprise 7 chapters and 7 appendices. One of these reaches the conclusion *these men* the maximum recorded forced expiratory volume in one second is more variable than the mean value and should therefore be employed. This is a common practice in many other epidemiological surveys where means such as the mean of the three satisfactory blows out of five are recommended (COTES, *Lung function* London: Blackwell Scientific Publications) or the mean of the best two blows (SCHILLING *et al*, *Am. J. Epidemiol.*, 1975, v. 106, 274). However, these authors are interested not in absolute values but in the rate of decline of FEV₁. They give a defence of their practice of "winsorization" of data-discarding those which are far from the mean. At the same time they reject any suggestion that FEV₁ in an individual descends in quantum jumps associated with bouts of illness and plump instead of an inexorable decline.

What however seems slightly less credible is the way in which they adjust the slopes by 15 ml/year "because two other prospective studies in British men observed rates of decline of FEV of a different magnitude". However, the point is taken that "the *differences* between the slopes in different groups of men are not, of course, affected by our choice of anything, to subtract".

In Appendix B there is an interesting discussion of the "horse-racing effect" and the necessary association between FEV₁ level and FEV₁ slope. As they say in the point is very simple. If by middle age a man has a low FEV₁, it is very likely because his rate of decline has been faster. This is like a race whereby, at a given point in time, those which have been running faster will have moved further down the course. Finally, the main conclusion of the study is that chronic obstruction of airway caused by smoking has two components. The first is a hypersecretory disorder and ceases to involve the large central airways. This usually remits on cessation of smoking within a couple of months. The second, more insidious, involves an irreversible reduction due to narrowing or loss of elastic recoil, beginning in the peripheral airway and working upwards to the larger airways.

(See also WRIGHT, *Br. J. Dis. Chest*, 1977, v. 71, 215; BENJAMIN, J. *R. Statist. Soc. B*, 1978, v. 41, 119.) R. B. Douglas.

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George C. Williams. 1992: Natural Selection: Domains, Levels and Challenges. Oxford University Press. £ 14.95. ISBN: 0-19-506933-1, it should be considered that when a regression requirement is presented, dark matter methodologically stretches the oscillatory Gestalt based on the restrictions imposed on the system.