

Correspondence

Terminology

To the Editor.—The advertisement in May 1971 ANESTHESIOLOGY of a new so-called "Continuous Positive Pressure Breathing Valve" (Ohio Medical Products, p. 15) calls attention once more to the increasing use of the term "continuous positive-pressure breathing (CPPB)" to describe a kind of intermittent-pressure breathing employed with an end-expiratory pressure of 5 to 10 cm H₂O. The inspiratory pressure is not mentioned, but it is conceded to be five to ten times the expiratory pressure.¹

This kind of *alternating pressure* is different from the definition of CPPB as I introduced it for the treatment of obstructive dyspnea and pulmonary edema in the helium hood and as was used later in its application to aviation.²⁻⁴ This technique was consistently defined as the maintenance of the same or nearly the same pressure during inspiration and expiration. The inspiratory pressure was shown to decrease the negative intrapleural pressure when it was elevated by constrictive disease of the respiratory passageway, and the pressure during expiration preserved a more patent bronchial lumen.

When CPPB was employed to increase tolerance to altitude, it was again clearly described: "... continuous P.B. is defined as the procedure in which the positive mask pressure is kept as nearly constant as possible, the variations in pressure with inspiration and expiration are relatively small, and the pressure at expiration is slightly higher than at inspiration."³

I believe the authors who have called their new apparatus and technique CPPB should choose another appellation to describe their intermittent-pressure breathing with end-expiratory pressure devices.

I feel entitled to preserve my definition of CPPB on the basis of innovation as well as priority, both of which have escaped recognition. If there is to be a two-China policy in pressure-breathing therapy, the labels should

be different for the two, and I don't propose to change.

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REFERENCES

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2. Barach AL: Principles and Practices of Inhalational Therapy. Philadelphia, Lippincott, 1944, pp 53-56, 259-263
3. Barach AL: Physiologic Therapy in Respiratory Disease. Philadelphia, Lippincott, 1948, pp 342-346
4. Barach AL, Fenn WO, Ferris EB, et al.: Physiology of pressure breathing. J Aviat Med 18:73, 1947

To the Editor.—Dr. Barach's objection to the present use of the abbreviation "CPPB" (or "CPPV"), i.e., continuous positive-pressure breathing, has led us to propose the following substitutes:

1. MV with PEEP = Mechanical ventilation with *positive* end-expiratory pressure.
2. MV with ZEEP = Mechanical ventilation with *zero* end-expiratory pressure.
3. MV with NEEP = Mechanical ventilation with *negative* end-expiratory pressure.

This will cover most of the clinical situations and add a little ring to an otherwise dull terminology.

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EDITOR'S COMMENT: We thank Dr. Barach for pleasantly reminding us of his pioneering efforts in the development of respiratory assist