

ment," "auditory orienting response," "active interactions," "to adequately conceptualize"—daunting phrases plucked at random from an opaque editorial by Dr. E. Tronick, a psychologist, in the May 1982 issue²—are hard to defend. They are not English: they are gobbledegook. Comprehensible to a fellow psychologist, perhaps, but then, Dr. Tronick is not writing for psychologists.

On the other hand, those who care for the language should not be pedantic. We have no right to demand perfection, if only because it is not given to us all to recognize perfection when we see it. Nor is a medical journal the place for flights of literary fancy; jargon is sometimes inescapable. Provided an editorial is clear and concise—which is all one can ask—the author is free to use English English, American English, or even pidgin English. He is not at liberty to perpetrate *diseased* English.³

In the interests of clarity and readability, if for no

other reason, the Editor owes it to himself and to his journal to protect the language, or at least to prune the worst excesses. There could be no more unenviable or time-consuming task; but if he does not do it, no one will.

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REFERENCES

1. Blogg CE: Editorials should elucidate not obfuscate. *ANESTHESIOLOGY* 56:407, 1982
2. Tronick E: A critique of the neonatal neurologic and adaptive capacity score (NACS). *ANESTHESIOLOGY* 56:338-339, 1982
3. Hudson K: *The Dictionary of Diseased English*. London, Macmillan Press Ltd, 1977

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(Editorial Comments)

Current policy permits *both* the author's opinion and style to dominate the Editorial and Correspondence sections of the Journal (within limits). An ample supply of "proper" (that is, austere and sterile) writing style can

be found in the remaining sections. Gobbledegook, like beauty, is often in the eye of the beholder.

THE EDITOR

Anesthesiology
57:555-556, 1982

Selective Endobronchial Blocking vs. Selective Intubation

To the Editor:—Watson *et al.*¹ have reported an original method for selective intubation in a female infant with right lung sequestration. The procedure appears to be safe and suitable for a most difficult problem in surgical practice: pulmonary resection in children and infants.

Although several difficulties can occur with their use, double-lumen tubes have gained acceptance in adults since Carlens's report.² However, these tubes are not available for small patients, and, in 1969, Vale described³ a procedure for lung exclusion using a Fogarty catheter as an endobronchial blocker. Thus, separate-lung ventilation was replaced by one-lung ventilation. Despite several reports⁴⁻⁶ of its satisfactory use, this procedure has not become routine practice because of technical difficulties inserting the catheter into the appropriate bronchus.

Employment of flexible bronchoscopes is a sure way to accomplish selective positioning of tracheal tubes,

like in the case of Watson. It also allows precise introduction of a balloon-tipped catheter (Swan-Ganz catheter). We have employed this procedure in seven children, including two infants younger than 18 months. After insertion into the trachea under visual control, the tip of the catheter is introduced into the diseased pulmonary lobe. The balloon is inflated with subsequent selective lobar exclusion. An X-ray of the chest can be obtained, but we have not found it necessary.

At this time, a tube is inserted into the trachea and ventilation is carried out as usual. This procedure prevents either gas issuing from ruptured bronchioles or the reflux of blood and pus. It provides the same advantages as does selective intubation, plus one additional benefit: bilateral pulmonary ventilation, which considerably reduces intrapulmonary shunting. Moreover, the excluded pulmonary tissue continuously remains under the anesthesiologist's control: the lumen of the catheter can be used to reexpand the lobe to facilitate surgical