
**Re: The historical role of Avery**

“The first practical application of diaphragm pacing was made by the renowned cardiothoracic surgeon, William W. L. Glenn, MD, at Yale University in the 1960s. The first commercial distribution of the device that resulted from that research was made by Avery Laboratories in the early 1970s. William Dobelle, PhD, purchased Avery Labs from Roger Avery in the 1980s and continued the development of the technology until his passing in 2004.”

**Re: The definition of surgery**

“My primary problem with the article is in the sentence, ‘The Avery system requires surgical, rather laparoscopic implantation of the electrodes directly on the phrenic nerve and utilizes an antenna.’ There is an obvious flaw in the logic of this sentence as any laparoscopic procedure is fundamentally a surgical procedure. The implication ... is an attempt to convince prospective patients that phrenic nerve pacing is fundamentally risky. The fact is that phrenic nerve pacing can be accomplished by a number of surgical techniques, including thoracoscopic and cervical approaches that have comparably low morbidity to the DPS experiment.”

Aron points out that “the investigational device exemption for the Atrotech phrenic nerve stimulator was withdrawn by the FDA in November 2005.”

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**DPS System Article Clarified**

**Letter to the Editor**

**Calendar**


**JUNE 22-24, 2007. Noninvasive and Home Mechanical Ventilation: ICU and Beyond 2007.** Montreal, Quebec, Canada. This is a major conference (alternating every two years between Lyon, France, and the USA) devoted to all aspects of mechanical ventilation. The emphasis is on the use of noninvasive mechanical ventilation in many settings (ICU or home), long-term or short-term use. Conference planners include Nick Hill, MD; Barry Make, MD; and Josh Benditt, MD. Contact American College of Chest Physicians, 800-343-2227, www.chestnet.org.