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## Respiratory Intensive Care in France—Some Historical Precisions

*To the Editor:*—We were very interested to read the article by Pontoppidan *et al.*[1] However, we were surprised that these investigators did not acknowledge the contributions of French physicians in the evolution of respiratory intensive care units. Professor P. Mollaret opened an Intensive Care Department for adult patients in Claude Bernard Hospital in Paris in 1954; its functions and purposes were described in a publication in 1956.[2] The intensive care team at Claude Bernard Hospital established the concepts and standards of respiratory intensive care in France. As early as 1959, the main indications for respiratory intensive care were clearly defined. These included respiratory paralysis from neuromuscular disease; tetanus; chronic airway disease with acute pulmonary failure; status asthmaticus; and acute poisonings, especially barbiturate coma. Barbiturate coma was the object of experimental investigations by the respiratory intensive care team, in part because of the proximity of an already very active research laboratory. The research and clinical care observations made by the respiratory ICU team have been recorded in two monographs.[3,4] Ten years later, some of our findings were published in English,[5] which also was not acknowledged by Pontoppidan *et al.* With regard to forerunners, is not it appropriate to concede to French physicians a place that they can legitimately claim?

JACQUES LISSAC
*Professeur à l'Université Paris V*
*Service de Réanimation, Hôpital Boucicaut, 78 rue de la Convention,*
*75015, Paris, France*
*Secrétaire général de la Société de Réanimation de Langue Française*

JEAN-JACQUES POCIDALO
*Directeur de l Unité de Recherches de Réanimation U 13, INSERM,*
*Hôpital Claude Bernard,*
*75019, Paris, France*
*Vice-Président de la Société de Réanimation de Langue Française*

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*In reply:*—We appreciate having it called to our attention that Professor Mollaret established the Henry-Lassen Unit at the Claude Bernard Hospital as early as 1954. It is unfortunate that the French publications cited by Lissac and Pocidalo were not available to us. Concerning other advances in respiratory intensive care listed in the very brief historical review in table 1 of our article,[1] it suffices to say that we deliberately refrained from referencing any of the specific contributions. We were concerned about difficulties in establishing priorities, and we were aware that in many cases several groups were working simultaneously to solve the same problems. Through the literature and from many personal acquaintances with French colleagues, we are well aware of the high level of respiratory intensive care in France, and the many past and recent contributions to critical care medicine.

HENNING PONTOPPIDAN, M.D.
*Professor of Anesthesia*
*Chief, Respiratory Unit and Respiratory Care Department*
*Department of Anesthesia*
*Massachusetts General Hospital*
*Boston, Massachusetts 02114*

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