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It is well accepted among clinicians that mechanical ventilation can by itself damage the lungs. Experimental work in animals has indicated that airspace over-distention (volutrauma) and elevated distending pressures (barotraumas) cause the injury. Clinicians are often advised to ventilate in a manner that stays away from the two "inflection points" of lung compliance. In part of the lecture we investigate a mathematical model that permits a non-invasive way to access the location of these points. The heterogeneity of the lungs can also play a role and we propose a five compartment model that can be used to distinguish which of the two major forms of mechanical ventilation, pressure-controlled ventilation (PCV) and volume-controlled ventilation (VCV), lead to lower peak compartmental pressures. (Received September 07, 2007)