by Lipson and Stephenson,[6] where the effusion was confined to the pericardium, all patients with pericardial effusions had simultaneous pleural effusions.

Although pericardial tamponade is rare it should be considered as an explanation of otherwise unexplained deterioration in a patient with acute pancreatitis.

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Correspondence

Mycoplasma pneumonia with fulminant evolution into diffuse interstitial fibrosis

Sir,—We have read with interest the report[1] in which Mycoplasma pneumonia with fulminant evolution into diffuse interstitial fibrosis is considered to be the first well-documented case. In 1977, Mantz and co-workers[2] published two well-documented cases of Mycoplasma pneumonia which developed into diffuse, interstitial pulmonary fibrosis within two to five weeks and, in February 1980, we reported the case of a healthy young woman who developed diffuse interstitial fibrosing pneumonia followed by refractory hypoxaemia.[3] In this case, the diagnosis of Mycoplasma pneumonia was at first suspected from an elevated titre in the standard complement fixation test and then *confirmed* in the immunofluorescence study by the presence of granular deposits (Mycoplasma) in the macrophages of lung tissue. Our report appears to be the first one where the diagnosis has been confirmed with another method differing from the complement fixation test.

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Bone-scanning in hypertrophic osteoarthropathy

SIR,—The recent report by CR Horn[1] of a case of symptomatic hypertrophic osteoarthropathy (HOA) without radiological changes in the long bones is a welcome reminder of this phenomenon.

I was surprised to see no mention of a radionucleotide bone-scan result as this investigation is a more sensitive indication of the presence of HOA than radiography.[2] Occasionally the characteristic changes of HOA are found despite normal radiographic findings,[2 3] These changes might well have been detected in this case. This investigation has also been shown to be of great value in differentiating the symptoms of HOA from those of rheumatoid arthritis (particularly in those cases with joint swelling, morning stiffness, elevated erythrocyte sedimentation rate, and a symptomatic response to anti-inflammatory drugs),[4 5] or osseous metastases (thereby influencing decisions on surgical intervention).[3 4] Involvement of "other" bones such as the mandible, maxillae, scapulae, patellae, ilii, and ribs in this unusual disorder has also been detected by this method.[2]

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