nebuliser is used to administer 50 mg pentamidine in a 3 ml solution total pulmonary deposition is only 1·5 mg (SHL Thomas *et al*, Vth International Conference on AIDS, Montreal, 1989), and only 0·18 mg is deposited in the upper third of the right lung (M O'Doherty *et al, ibid*). Upper zone deposition is increased by inhaling the aerosol in the supine position (M O'Doherty *et al*), and this may reduce recurrence of disease in this region. That the dose of pentamidine used in this patient may have been too low is indicated by the results of Leoung *et al* (Vth International Conference on AIDS). In their large study of aerosolised pentamidine prophylaxis the authors found no recurrence of disease in the upper lung with doses of 150 mg every two weeks or 300 mg every month, using the same nebuliser. We suggest that if the Respirgard II nebuliser is to be used these higher doses of pentamidine are required; this is in line with the recommendations of the United States Food and Drugs Administration.

Further benefit may be obtained by supine inhalation of aerosol, or the use of nebulisers which give greater pulmonary drug deposition[2] (see also SHL Thomas *et al*, Vth International Conference on AIDS).

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1 Conte JE, Golden JA. Concentrations of aerosolised pentamidine in bronchoalveolar lavage, systemic absorption, and excretion. *Antimicrob Agents Chemother* 1988;**32**:1490–3.
2 O'Doherty MJ, Thomas S, Page C, *et al.* Differences in relative efficiency of nebulisers for pentamidine administration. *Lancet* 1988;ii:1283–6.

AUTHORS' REPLY We appreciate the comments of Dr O'Doherty and his colleagues and agree that recent work has helped to elucidate potential deficiencies of current nebuliser systems and dosage for pentamidine prophylaxis of *Pneumocystis carinii* pneumonia in HIV infected patients. We would point out, however, that at the time our patient was treated updated guidelines for aerosolised pentamidine prophylaxis were not published[1] and the treatment we gave was that which was accepted at the time. We would also like to reiterate that the main purpose of our report was to document the occurrence of pneumocystis pneumonia limited to the upper lobes (made possible by availability of serendipitous serial gallium scans at a time when the chest radiograph was negative), and to point out another potentially remediable cause of pentamidine prophylaxis failure—namely, interruption of treatment due to intercurrent illness.

Although preliminary reports of the effectiveness of increased doses of pentamidine[1] and supine positioning[2] are encouraging, conclusions regarding their efficacy in clinical practice await results from widespread usage. Clinicians caring for HIV infected patients should continue to be vigilant for atypical presentations of pneumocystis pneumonia. To this end, gallium scanning may be useful, as it was in our case. Moreover, patients should be encouraged to receive pentamidine prophylaxis despite intercurrent illness.

R MARK BRADBURNE
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STEPHEN M OPAL
F DENNIS MCCOOL

1 Anonymous. Guidelines for prophylaxis against *Pneumocystis carinii* pneumonia for persons infected with human immunodeficiency virus. *Mortality and Morbidity Weekly Reports* 1989; **38**(s-5):4–50.
2 O'Doherty MJ, Thomas S, Page C, *et al.* Differences in relative efficiency of nebulizers for pentamidine administration. *Lancet* 1988;ii:1283–6.

Notices

Scadding-Morriston Davies joint fellowship in respiratory medicine 1990

This fellowship is available to support visits to medical centres in the United Kingdom or abroad for the purpose of undertaking studies related to respiratory medicine. Medical graduates practising in the United Kingdom, including consultants and irrespective of the number of years in that grade, may apply. Applicants should submit a curriculum vitae and a detailed account of the duration and nature of the work and the centres to be visited, confirming that these have agreed to provide the facilities required and giving the sum of money needed for travel and subsistence. Up to £12 000 may be awarded to a successful applicant, or the sum may be divided to support two or more applicants. Applications should be sent by 31 January 1990 to the Secretary to the Scadding-Morriston Davies Fellowship, Dr I A Campbell, Llandough Hospital, Penarth, Cardiff CF6 1XX.

Respiratory physiology applied to medicine

A three day course on respiratory physiology applied to medicine, organised by Drs J M B Hughes and N B Pride, will be held at the Postgraduate Medical School on 5–7 March. It will comprise lectures and case discussions on the physiological background, methods, and application of the common and not so common pulmonary function tests, aimed at doctors and technicians who work in pulmonary function laboratories or who engage in physiological research. Application forms and further details from the Wolfson Conference Centre, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0NN (01-740 3117).

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