

salmeterol with salbutamol in asthmatic patients who require regular bronchodilator treatment. *BMJ* 1993;306:1034-7.

- 3 Laitinen LA, Laitinen A, Haahela T. A comparative study of the effects of an inhaled corticosteroid, budesonide, and a beta-2-agonist, terbutaline, on airway inflammation in newly diagnosed asthma. *J Allergy Clin Immunol* 1992;90:32-42.
- 4 Sporik R, Holgate S, Platts-Mills T, Cogswell J. Exposure to house dust mite allergen (*Der p 1*) and the development of asthma in childhood. *N Engl J Med* 1990;323:502-7.

## Pulmonary *Mycobacterium malmoeense* and *Aspergillus* infection

I read with great interest the paper by Dr FGE Bollert *et al* (May 1994;49:521-2). I recently described a case of pulmonary *Mycobacterium malmoeense* with superadded *Aspergillus* infection<sup>1</sup> and would like to make several additional comments.

I pointed out that coexisting infection was a problem and was associated with a poorer prognosis. Our patient died a few weeks after the initial evidence of fungal infection. Evidence of active pulmonary mycobacteriosis was assessed on post mortem examination after 20 months of antituberculous chemotherapy and thoracic surgery with residual signs of abscess cavities and pulmonary destruction. *Aspergillus* is likely to colonise these cavities and cause an aspergilloma as described in cases of tuberculosis.

Long term chemotherapy failed to sterilise the sputum and there was no evidence of clinical or radiological improvement of the mycobacterial infection. Surgery was performed, firstly, for mycobacteriosis as other authors have described<sup>2,3</sup> and, secondly, because of the aspergilloma. There was no evidence of fungal invasion but fungal hyphae were present in the cavity.

Aggressive treatment is indicated for the two infections: antituberculous (with ethambutol) and antifungal therapy (itraconazole) plus surgery if possible. *Aspergillus* is a significant opportunistic agent in *M malmoeense* pulmonary infection.

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- 1 Debieuvre D, Dubiez A, Dalphin JC, Jacoulet P, Clement F, Levy-Frebault V, *et al*. Infection pulmonaire à *Mycobacterium malmoeense* compliquée d'un aspergillome. *Med Mal Infect* 1993;23:374-6.
- 2 Barclay J, Stanbridge TN, Doyle L. Pneumonectomy for drug resistant *Mycobacterium malmoeense*. *Thorax* 1983;38:796-7.
- 3 Roberts C, Clague H, Jenkins PA. Pulmonary infection with *Mycobacterium malmoeense*: a report of four cases. *Tubercle* 1985;66:205-9.

## Empyema and mediastinitis with retropharyngeal abscess

I have read with interest the report by Dr M Watanabe and his colleagues (November 1994;49:1179-80) reporting empyema and mediastinitis complicating a retropharyngeal abscess. Only a few months ago a 61 year old woman was referred to me with a short history of severe pharyngitis on an initially normal pharyngoscopy. She rapidly became extremely ill with evidence of mediastinitis, surgical emphysema, and a right sided empyema. The causative organisms in our patient were *Gamella haemolysans* and *Streptococcus milleri* and we treated the patient with urgent right thoracotomy and drainage of the empyema and mediastinum. At the time of thoracotomy inspection of the pharynx revealed a ruptured abscess in the left pyriform fossa.

We can confirm Dr Watanabe's conclusion that this is a rare condition but, with early drainage of the abscess, a favourable outcome should be expected. Our patient has made an uneventful recovery and has been discharged from follow up after review at two months.

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## BOOK NOTICES

**Endotoxin and the Lungs.** Kenneth L Brigham. (Pp 536; \$175.00). New York: Marcel Dekker, 1994. 0 8247 9222 X.

This represents Volume 77 of the first rate clinical and scientific series published by Marcel Dekker entitled "Lung Biology in Health and Disease". These fine (principally) scientific monographs are on subjects of interest to thoracic physicians. In fact, the current volume represents nicely the historical and established overlap between pulmonary and critical care medicine in North America. There is an enormous literature on endotoxin, but the editor hopes that this volume will cast new light on the core of information about endotoxin relevant to clinical medicine by placing the scientific data in a clinical context. This review, I feel, has achieved this aim admirably. Chapters dealing with the chemical structure and biological activity of endotoxin are interspersed with those dealing with receptive and second messenger pathways. There is a first rate chapter on LPS-induced signal transduction in gene transcription and the chapter dealing with the effects of the anatomical and functional effects of endo-

toxin on the endothelium is very good. As lung injury and acute respiratory distress in adults (ARDS) are increasingly regarded by many authorities as only the pulmonary manifestation of a panendothelial insult, I would have liked to see more space devoted to the effects of endotoxin on systemic and peripheral and microvascular control mechanisms, although these are touched upon in a chapter dealing with sepsis. The chapter dealing with immunological therapy in endotoxaemia is disappointing – not in its content, but rather because of the failure of such approaches to produce any significant fall in the high mortality associated with these clinical conditions. Nevertheless, the volume ends on an up-beat note: the chapter on the prospects of gene therapy in this area is not only exciting but contains sufficient preliminary data to give us a glimmer of hope that real therapeutic advances may be in sight at last. – TWE

**Neuropeptides in Respiratory Medicine.** MA Kaliner, PJ Barnes, GHH Kunkel, JN Baraniuk. (Pp 728; \$195.00). New York: Marcel Dekker, 1994. 0 8247 9199 1.

Rather than being a textbook, this is a record of conference proceedings. The chapters are a mixture of topical overview which vary in their degree of incisive comment and presentation of experimental data with attendant risks of subjectivity. Typographical errors are rare although grammatical structure, particularly of the transcribed "discussion" sections which follow most chapters, makes reading difficult.

Despite the general title, this book is selective in its coverage of this interesting topic. The introduction promises a more systematic approach than the book delivers, where some of the basic science is not discussed further in terms of physiological or pathophysiological mechanisms. The major topic of the book, however, concerns neuropeptide modulation of airway function which is dealt with comprehensively from general molecular biology through to potential therapeutic targets. Some other concepts and diseases discussed would have benefited from a similar methodical approach.

Other than in relation to asthma, we are given little insight into the clinical relevance of the neuropeptides. Their role in the selected diseases mentioned is discussed mainly in the context of mechanistic theories rather than potential therapeutic strategies. One obvious omission is any discussion on the role of neuropeptides in the pulmonary circulation or in relation to pulmonary vascular disease where a large body of work does exist.

The book does, however, contain a wealth of up-to-date reference material. As such, it is likely to be of most value to workers already engaged in related fields of research where the investment of \$195 might be worthwhile. For the wider population of researchers and clinicians in respiratory medicine the book, like its subject matter, is mostly of uncertain relevance to current clinical practice. – RIC