A New Lung Disease?

Over the past decade there has been increasing recognition that the inhalation of a variety of biologic dusts may result in immunologic inflammation of the lung and the disease known as hypersensitivity pneumonitis or extrinsic allergic alveolitis. The features of this disease, best exemplified by the occupational illness “farmer’s lung,” have been well documented. They consist of chills, fever, cough, dyspnea and myalgias, occurring four to six hours after exposure, and are accompanied by leukocytosis, x-ray and histologic findings of interstitial pneumonitis, and pulmonary function abnormalities of restriction and decreased gas transfer. Most important, affected individuals demonstrate an immune response to the inhaled antigen in the form of circulating precipitating antibodies, as well as circulating sensitized lymphocytes. Continued exposure may result in permanent pulmonary disability, while avoidance of exposure is often followed by rapid resolution of the clinical abnormalities and complete recovery. Thus, recognition of the clinical presentation of hypersensitivity pneumonitis, as well as the presence of possible offending antigens becomes of major importance if such affected patients are to be given the proper diagnosis and therapy.

The paper by Emanuel, et al (see page 293) however, provides sound evidence that, in the specific case of farmers, inhalation of large amounts of a variety of saprophytic fungi may result in an entity which clinically resembles the immunologic disorder, but yet appears to be toxic rather than allergic in nature. The important differences between what the authors describe as “mycotoxicosis” and the hypersensitivity pneumonitis include the lack of detectable serologic response in the described patients, as well as the easily demonstrable fungi present in their lungs. While the presence of a cellular immune response to the inhaled organisms has not been evaluated as a possible mechanism in “mycotoxicosis,” evidence presented suggests that that disease results from massive inhalation of fungi and is probably not of immunologic origin. This investigation aptly points out the need for continued evaluation of the variety of responses of the lung when that organ is challenged by environmental agents.

Jordan N. Fink, M.D.*
Milwaukee

*Professor of Medicine, Chief, Allergy Section, Wood, VA Medical College of Wisconsin.
Reprint requests: Dr. Fink, 5000 West National Avenue, Milwaukee 53193

REFERENCES

Editorials, Review Articles and Case Reports

The editorial is a personal expression. Therefore, traditionally authors are encouraged to use the personal pronoun in this format of written communication. We submit that there is value in preserving this tradition and indeed a fortunate trend is to use the words “I” and “we” in nearly all medical articles including the standard report of original investigations. It is, however, not just the liberal use of the first person which identifies the editorial as a unique section in medical periodicals. The message itself is presented in a less formal fashion. Customarily, the editorial does not contain tables or figures, a section of methodology, or full citation of data. This documentary evidence is reserved for the report of research which appears elsewhere. The editorial is in essence an essay which permits considerable latitude for the expression of critical, adulatory or conjectural material. This is an informality of spirit and not equivalent to the use of anecdotal style or a narrative exposition. The author need not defend his thesis by honoring the usual requirements for detailed statistically sound data. In this section editors may accept and indeed encourage the highly personalized opinion of authorities who have already published original reports on that subject. The editorial offers an opportunity for interpretation, evaluation of priorities and the critical appraisal of differing schools of thought. Judicious speculation and predictions of future trends may be legitimately included. These are honest albeit limited aims which do not permit the pretense that the editorial will present new information based upon original, previously unpublished data.

The review article, of course, constitutes a markedly different format than the editorial. We believe, however, that they possess one important element in common; we refer to the necessity to rely upon personal choice to an unusual degree. The review provides a current appraisal of “the state of the art” in pathogenesis, diagnosis or ther-
apy. In such an analysis it is often appropriate to identify opposing theories since the reader must be aware of medical philosophies which may be in direct opposition. However, it may be a disservice to the reader if the review simply cites these conflicts without a concluding clinical judgment. The author may indicate a reasonable clinical approach for "today" although recognizing that further study may provide firm answers to some current paradoxes and conflicts. Rather than waiting for penultimate answers, however, he can provide clinical guidance by indicating a personal preference for one method. Therefore, considerable individual judgment may be exercised in the preparation of the text or the inclusion or deletion of references. A review with an extensive "laundry list" of references does not render maximum service to the readership. One may assume that adequate research of current medical literature preceded preparation of a review, but it should not be necessary to prove this by the use of inordinately long bibliographies!

This selectivity in references is as much a requirement for the good case report as it is for the critical review. The report of a single case usually requires extensive literature survey since the investigator wishes to determine if the findings have been observed before, and if so, how frequently. It is, however, one of the most discouraging tasks of editors to be required to review large numbers of manuscripts of case reports, each one identified as "a case report and a review of the literature." Surely both editor and reader understand that the "literature" has been reviewed, but how relevant is this to the message of the particular case described? Why not decrease the size of the bibliography by citing a few references to recent articles which contain a comprehensive review of the literature? It is probable that the format of the case report is the most abused and misunderstood form of medical communication. The case presentation (signs, symptoms and laboratory data) should be brief so that the reader's attention is directed to the discussion and conclusions. In these sections as well, brevity is a major requirement if the uniqueness of a report is to be emphasized. It is indeed a rare case report which need be longer than 500 to 750 words. It is, of course, far more difficult to prepare a terse report than a lengthy manuscript which is profusely illustrated! One or two figures with a maximum of ten references are usually adequate. Naturally, there must be exceptions to these dicta, but unfortunately large numbers of case reports submitted to medical periodicals are in flagrant violation of these guidelines. The single case report is a valuable teaching exercise because each case represents, in a sense, "clinical grand rounds." Because of lack of space, several medical journals have discontinued the publication of these reports. This means that potentially valuable information may not reach the clinician. Authors can be of assistance to medical journals which continue to provide room for case reports by observing the guidelines of brevity noted above.

Alfred Soffer, M.D., F.C.C.P., Chicago and Sylvan L. Weinberg, M.D., F.C.C.P., Dayton

---

New Medical Journal in Gaza

An important new medical publication appeared recently. Physicians in the Gaza Strip have chosen an editor-in-chief and an editorial board for THE GAZA MEDICAL BULLETIN. The first issue of this journal of the Gaza medical staff contained an introduction by Dr. Kheiry Abu Ramaden, Director of Health. He noted that the medical bulletin presents original works of the physicians of the Gaza territory and that the editorial board hopes this will benefit medicine all over the world.

The editor is Dr. Botros Sami Armanios. The first issue of this quarterly journal contained articles on poliomyelitis, trachoma and several other subjects.