Sexism or Satire?
Response to a Special Communication

To the Editor:

I am writing in regard to the special communication that appeared in the March 1991 issue of Chest. Although fully appreciating the humorous intent of the article, I remain both offended and angered by its content, particularly the details of Dr Rafal's table. As someone interested in academic pursuits, I do not see where this type of writing fits into a supposedly academic journal. More important, there are enough obstacles that women physicians in academics face without having our colleagues place high priority on sexual favors, age, or degree of physical beauty.

Quite frankly, I found Dr Rafal's article sexist and insulting. It is discouraging to me that a high-profile journal would find it appropriate to print that sort of material in the 1990s. I am glad, however, that Dr Rafal is not a member of the faculty at my institution, as I find his attitudes archaic.

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REFERENCE
1 Rafal RB. A standardized method for determination of who should be listed as authors on scholarly papers. Chest 1991; 99:786

To the Editor:

I believe Dr Geist represents a minority opinion. I have received reprint requests from around the world, and many of those seeking for reprints included personal notes telling me how much they enjoyed the article. One person had his own suggestions for additions to Table 1. Another wanted a copy to frame for his office. Still another requested an autographed copy. Most significant was a request for permission to republish the article by the editors of the Journal of Pharmaceutical Medicine. This sample should attest to the overwhelmingly favorable response to my article.

To have such a strong reaction to something that was obviously intended in a humorous vein is strange. No one group was spared in my satire (see especially reference 4). Dr Geist seems to be selectively reading my article. She takes offense at the term “sexual favors” although that could pertain to either sex or any sexual preference. She appears to be lacking a trait that is so sorely needed in medicine today—a sense of humor. How sad.

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Tissue Invasion by Mansonella ozzardi in a Patient with Adenocarcinoma

To the Editor:

No clinically significant tissue invasion by Mansonella ozzardi, microfilaria of Central and South America, has been previously described.1 We now present such a case.

A 65-year-old white man was admitted with cough, dyspnea, breathlessness, cyanosis, and jugular regurgitation. Left pleural effusion was detected. Laboratory results were normal except for an erythrocyte sedimentation rate of 60 mm/h. Pericardial effusion was found by echocardiography. Microfilariae were found in pericardial and pleural fluid. Because a computed tomographic scan of the thorax showed bilateral lung nodules, open lung and pericardial biopsy specimens were obtained. A recent lung effusion was found, with an eosinophilic and mononuclear inflammatory infiltrate in the interalveolar septa. Microfilariae were detected in ocelled pulmonary vessels (Fig 1). Adult worms were detected in the pericardial biopsy specimen. Microfilariae were identified as M ozzardi in thick drops of peripheral blood. No treatment was offered, since ivermectin was unavailable in our country.¹ Six months later, the patient was readmitted with a right pleural effusion. A pleural needle-biopsy specimen showed metastases of an adenocarcinoma.

This case suggests that tissue invasion by M ozzardi could be a new parasitic infection of immunsuppressed hosts.

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REFERENCES

Erratum

In the article “Practice Patterns in the Treatment of Acutely Ill Hospitalized Asthmatic Patients at Three Teaching Hospitals: Variability in Resource Utilization,” which appeared in the July 1991 issue of Chest (Volume 100, No. 1, pp 51-58), an error appeared in Table 2 on page 53. The unit of measurement for mean theophylline level should have been shown as “mg/dl,” rather than “ml/dl.”

Communications to the Editor