Imitation is the Sincerest Form of Flattery

In the 2 years during which I have been editing this journal, I have been perplexed as to why prospective authors would choose to ignore the instructions to authors published monthly in CHEST. Despite clearly spelling out the rules in “Preparation of Manuscripts,” it is routine to expect in excess of five authors per manuscript, and it is rare for authors to submit names of prospective reviewers or key words. Some of the more egregious violations include addressing the cover letter to the wrong editor or assigning the copyright to the wrong publisher.

In late 1994, the American Journal of Respiratory and Critical Care Medicine instituted a change that should alleviate this type of problem. In addition to very thorough instructions to authors, Dr. Leff, the Editor-in-Chief of that journal, added a checklist for the author to insure that the author has complied with the requirements for submission of manuscripts. Also, he included a published assignment of copyright form in the journal to formalize and standardize the acquisition of copyright.

There is no question that these are good ideas. At CHEST, we have elected to modify our published instructions to authors and to include a copyright release form and a checklist for authors to help them comply with our requirements (in this issue see pages 1456D-1456E). Did we adopt this idea from the American Journal of Respiratory and Critical Care Medicine? Of course we did. Imitation is the sincerest form of flattery.

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Mycotoxins and Interstitial Lung Disease

Mycotoxicosis is a toxic reaction after exposure of plants and animals to a number of fungal metabolites. Many species of fungi produce such compounds naturally while an even greater number can be induced to generate these toxins under experimental conditions. Mycotoxic exposure in humans most frequently follows the oral ingestion of grains and seeds that a fungus has utilized as a substrate for growth. Increases in the incidences of ergotism, hepatitis, and hepatocellular carcinoma in humans have been associated with the ingestion of these foodstuffs contaminated with mycotoxins.

A second potential route of exposure to mycotoxin is through its inhalation. Certain occupations increase the risk of the inhalation of biologic dusts contaminated with fungi producing mycotoxins. Associations between these compounds and both grains and moldy hay have been documented.1 Prominent among vocations that predispose to mycotoxic inhalation are agriculture and textile work, and pulmonary mycotoxicosis (PM) resulting from such exposure has been reported in these groups. PM was described 10 years ago as an onset of fever, chills, dyspnea, and myalgia about 4 to 6 h after an exposure to a contaminated dust.2 Leukocytosis, abnormalities on chest radiograph, and both restriction and decrements in diffusing capacity can be observed. Disease of the lung showed an obliterative bronchiolitis without granulomas. Large numbers of spores were present and cultures from biopsy materials grew fungal organisms. While PM can resemble immunologic lung disorders, similar to other forms of organic dust toxic syndrome, it is a toxic rather than an allergic reaction. There is no requirement for prior sensitization, and distinguishing PM from hypersensitivity pneumonitis is based on a lack of serologic response to common fungal antigens.

In this issue of CHEST, Loughheed and colleagues (see page 1196) report five cases of lung disease among workers in an occupational environment contaminated by the mold Fusarium. This cluster is unusual as biopsies showed interstitial lung disease (ILD) with desquamative interstitial pneumonitis and diffuse alveolar damage. While the presentation of these subjects is dissimilar to that of individuals presenting with PM, evidence does support a possible relationship of ILD with exposure to mycotoxins. This includes clinical resolution in two subjects after leaving the workplace, relapse of disease in two workers with their return to their place of employment, and the absence of further cases after eliminating fungal growth. Unfor-