**Mycobacterium avium** complex (MAC), by stating, in a cruel and heartless charge, that some “cough with vigorous abandon.” Is it not clear to the author that this lady and her sisters, who by nature and upbringing are delicate and fastidious creatures, suppress, to their utmost ability, that irksome, vexatious, and offensive display of vulgarity, the cough? Can it be made any clearer that by so-doing, they render the most dependent portions of their lungs (supplied, it will be recollected, by long and narrow bronchi) susceptible to the development of chronic low-grade infection, eventuating in localized bronchiectasis? Had he but taken the time to read Dr. Putnam’s letter (written communication; Charles E. Putnam, July 1992), he would have learned that 92% of those exhibiting chronic peripheral middle lobe and lingular inflammatory infiltrates share with Lady Windermere the same delicate gender. When the Host Defense Unit, Royal Brompton National Heart and Lung Institute, has observed an association between voluntary cough suppression and the development of chronic pulmonary suppuration,2 can any reasonable person doubt its existence? Can there be any doubt that when the process intensifies (by the engraftment of MAC) on to this groundlodge, this locus minoris resistentia, the cough suppression may be overcome? The author owes it to himself, and to his colleagues, to clear this matter up. Will he do it?

It is disheartening to virtuous men to see such shameful means resorted to to explain this syndrome, attacking the dead in their graves and defiling their honored names with slander. Will the author deign to explain to his colleagues why he has not considered that persons with pectus deformities or scoliosis might experience a diminution in the effectiveness of their cough? Can he not admit that such a diminution in volitional cough would be expected to have the same effect as a nonvolitional one—that those who cannot cough effectively might have the same affliction as those who will not do so? His silence on this point is eloquent! I have never been so confounded in my life. I recently had under my care a woman in her 50s who for years could not cough effectively because of a progressive neurologic deficit; she developed MAC in the upper lobes. In many of those creatures who are susceptible to this disorder because of COPD, bronchiectasis, and prior tuberculosis, retention of secretions is a shared feature. I wrote my grandmother about this and her answer came quick and sharp: she agrees. The author owes it to himself, as well as his colleagues, to explain (if he can) why persons with MAC and pectus deformities or scoliosis, as well as Lady Windermere and her sisters might not share this unifying pathogenetic mechanism.

“That’s no lady (Windermere), that’s bad fibrillin.” When I think of the anguish the author’s calumny and falsehoods must cause the innocent relatives and friends of the deceased, particularly those of the feminist persuasion, I am almost driven to incite them to summary and unlawful justice upon the traducer of Lady Windermere’s name and reputation. If, in their blind fury, they should do the traducer bodily injury, it is but too obvious that no jury could convict and no court punish the perpetrators of the deed (with apologies to Mark Twain).³


To the Editor:

Dr. Reich need not apologize to Mark Twain (but, he shouldn’t give up his daytime job, either). I meant no offense to Lady Windermere; perhaps she had such breeding and elegance that she could overcome the extraordinarily powerful compulsion to forcefully expel foreign matter in the airways, which constitutes the cough reflex. But, with no ill-reflection on contemporary womanhood, I submit that as the distaff gender has entered such robust career pathways as cross-country trucking, assembly-line work (witness: Rosie the Riveter), and mud-wrestling, there has been considerably less attention given to cough suppression in finishing schools.

While the group from London cited by Dr. Reich did reference cough suppression in association with lung infection, there is no evidence to link this rare phenomenon with these patients. The proposition that pectus excavatum and/or scoliosis might interfere with the effectiveness of cough has plausibility. But, I would point out that these features are by no means constant elements of this “syndrome.”

I wish not to cross swords with such august authorities as grandmother Reich. Nor do I desire to confront the solicitor for the Windermere estate for my calumny. Least of all do I desire to be pummelled by legions of those who bear two x-chromosomes, roused to fury by Dr. Reich’s invidious arguments. (Incidentally, I think I’ve been insulted by the suggestion that I’m a traducer.) But, I stand by my hypothesis that the unifying pathogenetic component of this complex of findings lies in the realm of connective tissue. There is a remote chance, however, that Dr. Reich is correct; if I can generally suppress my powerful urge to chuckle at the notion of the primary role of volitional impedence of expectoration, maybe some of these patients can suppress their coughs.

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Pathologic Changes of the Trachea After Percutaneous Dilational Tracheostomy

To the Editor:

In their recent article, van Heurn, and colleagues⁴ describe autopsy findings in patients who had undergone percutaneous dilational tracheostomy. The high incidence of tracheal cartilaginous ring fracture was the most striking and disturbing finding. The percutaneous passage of a tracheostomy tube utilizing a kit-supplied dilator represents the step of the procedure most likely to result in tracheal ring fracture. Physicians who perform percutaneous dilational tracheostomy are well aware of the occasional occurrence of significant resistance with the passage of standard, rigid tracheostomy tubes. Many physicians initially converted to the use of lower-profile, flexible, cuffed tracheostomy tubes to minimize placement resistance and to decrease tracheal mucosal and cartilaginous ring trauma. This use of a flexible tracheostomy tube did not completely remedy the occasional placement resistance problem. The flexible tracheostomy tubes available are not beveled and resistance is occasionally met.

References
1 Iseman MD. That’s No Lady [letter]. Chest 1996; 109:1411

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