

Clues to mercury intoxication in this article¹ include the onset of symptoms after insertion of dental mercury amalgam into the child's tooth followed by improvement after the removal of the dental mercury amalgam. Significant improvement may take months or longer, depending on the total mercury load to which the patient has been subjected. This is a function of the number of fillings, the total surface area of the fillings, the length of time they were in place, and the presence of two or more metals in the presence of mouth acids, producing a "battery" effect.

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Dr. Katsunuma was invited to comment but has not responded.

ANAPHYLAXIS TO PINON NUTS

To the Editor:

The life-threatening case of anaphylaxis to pinon nuts studied by Koepke et al¹ like the one I reported over 6 years ago^{2,3} and other com-

parable episodes raises important questions concerning both management and possible prevention of such an "ever present danger of anaphylaxis."⁴

The effort to explore potential predictive signals naturally will have to include investigation of possible immunologic cross-reactivity between a specific food item such as pinon nuts and related botanical antigens. The question of prior sensitization to pine pollen, or resin and to those of other conifers, was considered in our brief report about anaphylaxis to pine nuts (seeds), but no positive correlation was detectable. In their detailed immunologic studies, Dr. Koepke and his Denver team (interestingly two of the three publications on pinon nut anaphylaxis this past decade were from our city) might have searched for such conceivable cross-reactivity but no mention of it is made in their article. Perhaps some relevant information could be obtained in response to this letter.

Since the first published report of "pignolia nut" allergy,⁵ which was brought to my attention after the publication of my article, the average North American diet has expanded and now commonly includes dishes that belong to the Mediterranean, Mexican, Far Eastern, and other cuisines and include pinon nuts. Only a thorough investigation of the risk of serious allergy to these could help prevent adverse reactions that can change a pleasurable experience of an interesting meal to a pesto-sauce (a pinon nut product)-induced pestolence!

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Drs Koepke, Williams, Osa, Dolen, and Selner were asked if they wished to respond. The following is their response.

To the Editor:

We did not study whether the piñon nut allergens found in our patient¹ might be shared by or are cross-reactive with pine pollen or resin antigens. This was not found in Dr. Falliers' clinical observations,² but coexisting inhalant pine pollen and ingested piñon nut clinical sensitivity was noted in one of three patients recently reported by Armentia et al.³ The other two pine pollen-sensitive individuals, one of whom was skin test positive to piñon nut, were able to consume piñon nuts without symptoms. It thus seems unlikely that an event as rare as piñon nut anaphylaxis could be identified prospectively.

We should note that Figure 2 in our article is upside down.

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EUCALYPTUS VAPOR CAUSING ASPERGILLUS IN SPUTUM SMEARS

To the Editor:

A 26-year-old man was admitted to our hospital because of chest pain, peripheral eosinophilia (66% of