

Correspondence

Eosinophil/mast cells in airway disease

To the Editor:

We have previously described a condition¹ with clinical features similar to features described by Dr. P. M. Kentor.² Patients, who are nonsmokers, present with a chronic productive cough. Sputum studies indicate an eosinophilic bronchitis. The functional characteristics of variable airway obstruction and airway hyperresponsiveness, by which asthma has been defined, are absent. However, the cough and sputum production are reversed by treatment with inhaled corticosteroid.

We agree with Dr. Kentor who wrote that the condition cannot be called asthma, if asthma is defined by physiologic abnormalities of airway function. However, the findings raise questions concerning the role of eosinophil/mast cell-associated inflammation in airway disease and how asthma is best defined.

In airway disease, is it more useful to identify eosinophil/mast cell-associated inflammation than to identify variable airway obstruction? Could asthma be defined better based on the characteristic airway inflammation?^{3,4} Recent studies support this view.^{1,5,6} Furthermore, this approach would be clinically useful in so far as the treatment of this type of airway inflammation successfully reverses the manifestations of disease.⁷

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Merger discussions between the AAAI and ACAI

To the Editor:

This letter is to clarify some apparent confusion concerning the recent discussions between the American Academy of Allergy and Immunology and the American College of Allergy and Immunology relative to possible consolidation of the two societies into a single organization. We were the cochairmen of that effort from its inception until the termination of the negotiations.

The effort began with a letter on November 21, 1990, from Phil Lieberman, MD (then President of the AAAI), to Don Aaronson, MD (then President of the ACAI), inviting the College to join with the Academy in discussions that could lead to a merger of the two organizations. This was presented to the Board of Regents of the College in February 1989, at which time they accepted the invitation to begin talks.

Six-person committees were appointed, later expanded to seven persons, and we agreed to keep the committees intact without change in membership until the conclusion of the talks to ensure proper continuity. It was decided at that time that an outside facilitator be retained for two reasons: (1) efficiency, (2) to ensure that, if the discussions failed, a "facilitator should help us to walk away with relatively the same relationships" as we had at the start of the talks. It was jointly agreed that Eoin Trevelyan, PhD, Harvard University, be retained for that position, and Dr. Trevelyan served throughout the entire period of the discussions.

The first discussions were held in May 1989, and the last formal discussions were held in January 1990. In the intervening period, there were a number of meetings of the entire committee as well as appropriate subcommittees. The following is a summary of all of those meetings.

The initial meeting was devoted to assessing the following areas:

1. Key issues facing the specialty
2. Contrasting and comparing the two societies
3. Exploring the possible advantages of a single society
4. Exploring the possible advantages of retaining two societies
5. Exploring the problems in establishing a single society

It was agreed at the outset that we were to enter the talks as equals with an obligation to establish a climate of trust between the two groups. It was agreed to limit reporting to the membership at first to ensure that the committee not be subject to pressures, pro or con, until there had been adequate time to explore and attempt to resolve all relevant issues. Finally, we agreed that each society should decide 1 year after the start of the discussion whether they should be continued.

We established several subcommittees charged with developing the following tasks:

1. Creation of a structure of governance that would ensure that the interests of both the academician and the clinician were properly protected in a new society as well as creation of a more democratic society than currently existed
2. Development of a joint common approach toward recertification
3. Development of a single major public education effort

We agreed to continue all other current areas of cooperation between the two societies. We recognized that other areas needed to be considered at a somewhat later date, such as annual meetings (one or two), journals (one or two), economics of the societies, and, of great importance, how to deal fairly and equitably with each of our devoted staffs.

During the course of the discussions, we again reexamined, in some detail, the key issues facing the specialty. We agreed that they were (not necessarily in order of priority)

1. Economic, including reimbursement and the costs of allergy practice
2. Research, including funding and scope
3. Governmental regulation
4. Allergy-practice limitations
5. Competition
6. Marketing
7. Allergy education
8. Maintenance of the quality of the specialty
9. Expansion of the specialty
10. Quality control in the office laboratory

We examined the finances of the two societies. We discussed and had agreed to recommend to the governing

bodies that, in the event of merger, we should, for the indefinite future, retain two annual meetings and two journals. A draft governance structure was developed but was not complete or finalized at the time the discussions were discontinued. We believe the proposed structure fulfilled the twin goals of ensuring that both the interests of clinicians and academicians were comfortably protected in the new society and that the new society would be a more open and democratic society than either of the individual societies had been historically. We had reached no other recommendations.

At the last committee meeting in January 1990, the College committee, noting that certain differences of opinion had emerged within it, requested that further discussions be deferred until the College governing body could give its committee further instructions. A full and lengthy report covering in detail all the above areas was presented to the Board of Regents of the College in May 1990. At that time, as you are aware, the College elected to discontinue the discussions without further exploration of the above areas. Dr. Aaronson can make available, on request, a copy of his report. Finally, it is our joint conclusion that the best interests of allergy would be served by the immediate reactivation of these discussions. We urge our leaderships to bring this about.

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Immediate past President

American Academy of Allergy and Immunology

Donald W. Aaronson, MD

Past President

American College of Allergy and Immunology