than worsening while the patient continued to take amiodarone.

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[Gibb and Melendez reply:]

Dr. Chapman's objections to our conclusion that amiodarone was the likely cause of our patient's protracted illness, with systemic as well as pulmonary manifestations, are totally unjustified.

For economy of space we did not describe the results of screening tests (such as lung scanning). The radiologic findings worsened after treatment with cefamandole and only cleared when amiodarone therapy was stopped, at a time when there was no concurrent antimicrobial therapy.

As to his "strong radiologic evidence that the patient's pulmonary condition was not due to amiodarone toxicity" Chapman appears to make the unjustified assumption that all pulmonary reactions to amiodarone are "diffuse". Likewise, he seems to attribute an unproven sensitivity and specificity to the gallium scan in diagnosing or excluding toxic effects of amiodarone.

Since the publication of our case report we have become aware of at least two other reports of segmental infiltrates that were most likely related to amiodarone toxicity.[1,2]

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Torulopsis: still legitimate name for medically important yeast

Many clinicians and laboratory personnel responsible for identifying clinically important yeasts have been expressing to us their confusion about the correct taxonomic status of the generic name *Torulopsis* Berlese. This name, coined by Berlese[1] in 1894, subsumes a number of yeast species, including one important and ubiquitous opportunistic pathogen for humans, *Torulopsis glabrata* (Hartmann) Sacc. When Yarrow and Meyer[2] amalgamated *T. glabrata* and all other *Torulopsis* species with the already overlarge genus *Candida* Berkhout, the combination name *Candida glabrata* (Anderson) Mey. and Yarr. arose.

T. glabrata, like all other members of the traditionally defined genus *Torulopsis* but unlike all traditionally defined *Candida* spp., is distinguished by one invaluable diagnostic character: the complete absence of hyphal or pseudohyphal structures under all cultural conditions. We believe that it is the devaluation of this character in the taxonomy propounded by Yarrow and Meyer that has been responsible for much unnecessary confusion.

Recently McGinnis and colleagues[3] have refuted the nomenclatural arguments used by Yarrow and Meyer to justify transferring *Torulopsis* spp. into the genus *Candida*. Yarrow and Meyer believed that the name *Torulopsis* should be regarded as a *nomen dubium*, since type material of the original species of the genus, *Torulopsis rosea* Berl., had not been preserved, the result being an untypified name of uncertain application. McGinnis and colleagues pointed out, however, that the generic name *Torulopsis* was *not* of uncertain application: it has been used consistently since 1894 to designate fungi distinguished, "in part, by the presence of budding yeast cells and the absence of pseudohyphae". Moreover, the International Code of Botanical Nomenclature (ICBN) recognizes the validity of fungal names of unambiguous application coined without reference to "designated nomenclatural type" material before Jan. 1, 1958.[4]

The generic name *Torulopsis* thus remains valid. Since it is an older name than *Candida* it has nomenclatural priority and would have to be applied to all species of the two genera if only one genus were to be retained. Fortunately, this potentially disruptive revision of Yarrow and Meyer's merger has not been proposed. The genus *Torulopsis* as it now stands is typified by *Torulopsis colliculosa* Hartmann, the anamorph (imperfect state) of *Torulaspora delbrueckii* (Lindner) Lindner. *T. colliculosa* was designated the neotype of *Torulopsis* by Lodder and Kreger-van Rij.[5] It is representative of the generic name as it has traditionally been applied; and, in any event, "the author who first designates a lectotype or neotype must be followed".[6] Clinical microbiologists can be assured that the name *Torulopsis glabrata* has been retained and remains legitimate.

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Prevent war: the only sensible peace posture

I was interested to read David Woods' article on the 49th annual meeting of the Conference of Defence Associations (*Can Med Assoc J* 1986; 134: 567). While I agree that a standing army needs excellent medical care, I think it would be more apropos to suggest to *CMAJ* readers that if, as Dr. Anthony Grasset suggests, they don't want their kids to have the experience of another war, they should get involved with the Canadian Physicians for the Prevention of Nuclear War (CPPNW), formerly Physicians for Social Responsibility.

Obviously the first step is to prevent nuclear warfare and then prevent conventional warfare, because if we have a nuclear war there will be no way to keep the troops healthy. The troops will not be able to return to battle because there will be no troops after the initial explosions. And, unfortunately, there will be no physicians in the country to stand by the soldiers when they are injured, since we assume that just about every physician in Canada will be killed by a nuclear holocaust.

The only sensible peace posture is to prevent war. Although a military presence is certainly necessary, any military presence in the face of a nuclear holocaust is redundant.

I suggest that physicians trade in their white coats for a jacket and a membership in the CPPNW.

N.B. Hershfield, MD
President
CPPNW
Calgary, Alta.

[Dr. Grasset replies:]

Who could disagree with Dr. Hershfield's statement that "the only sensible peace posture is to prevent war". If aggression could be entirely ruled out, then nuclear weapons might as well become rusting piles of junk. Certainly let us deplore the very concept of nuclear war, but why stop there? Why not work positively toward peace by helping to maintain the system of deterrence that has prevented another world conflict for the past 40 years?

Since earliest recorded history the world has been a place where the strong take what they want and the weak give what they must. And human nature is not about to change. To avoid war there must be both a demonstrated capability to resist aggression and a clear intention to do so. Historical analyses show that wars occur when this principle has been ignored or gravely miscalculated. Recent examples include the Falkland Islands and the Iraqi-Iranian conflicts. But with a balance of global power through collective defence pacts, peace can be maintained by sheer deterrence. It still costs less to prevent a war than to wage or stop one. While they are at peace, nations can work toward mutually balanced disarmament and the opening up of free communications and thus the clearing of mutual suspicions. Any other approach ignores the lessons of history.

As physicians some of us can actively contribute to peace by aiding the Canadian Armed Forces medical services in its care of Canada's peacekeepers. Perhaps Hershfield might like to invite his students to join the medical reserve unit and the branch of the Defence Medical Association in Calgary. I would be happy to ensure that Hershfield receives a pass to the seminar "Peace through security" of the Conference of Defence Associations being held in Ottawa in January 1987. We obviously have the same objective — namely, peace — so let us all be informed and pull together.

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Size of Quebec health care inquiry commission halved [correction]

The commission has an initial operating budget of $3 million, not a global budget of $30 million as stated in the Newsbrief in the Mar. 15, 1986, issue of *CMAJ* (134: 630). — Ed.

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