who received prophylaxis from birth had one or more isolates of *Staphylococcus aureus* over a 3 year period. There was also evidence at 2 years that less time was spent in hospital in the prophylaxis group. The number of children receiving prophylaxis who had one or more isolates of *P aeruginosa* over a 3 year period was half that of the control group who had intermittent antibiotic treatment only. This was not, however, statistically significant (Peto odds ratio 0.54, 95% confidence interval 0.23 to 1.26).

The steering group of the North American cephalexin trial have indicated that its results will be published soon (Eliezer Nussbaum, personal communication). However, until there is published evidence from at least one properly designed randomised controlled trial, the proposal that prophylaxis encourages pulmonary infection with *P aeruginosa* remains entirely speculative.

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1 Robinson P. Paediatric origins of adult lung disease. 7: Cystic fibrosis. *Thorax* 2001;**56**:237–41.
2 Harrison CJ, Marks MI, Welch DF, *et al*. A multicentric comparison of related pharmacologic features of cephalexin and dicloxacillin given for two months to young children with cystic fibrosis. *Pediatr Pharmacol* 1985;**5**:7–16.
3 Stutman HR, Marks MI. Cephalexin prophylaxis in newly diagnosed infants with cystic fibrosis. *6th North American Cystic Fibrosis Conference* 1992: 147–8 (abstract).
4 Smyth A, Walters S. Prophylactic antibiotics for cystic fibrosis (Cochrane Review). In: *The Cochrane Library*, Issue 3. Oxford: Update Software, 2001.

AUTHOR'S REPLY I thank Drs Smyth and Walters for their comments concerning the issue of whether antistaphylococcal prophylaxis leads to a higher risk of colonisation with *Pseudomonas aeruginosa* in patients with cystic fibrosis. I share their concern as to the lack of definitive data supporting this notion and, indeed, tried to illustrate this in my article by stating "There is some evidence that it may be associated . . .".[1] I would suggest, however, that the authors' evidence of a lack of association is equally thin—to quote a multicentre trial whose methodology was presented as an abstract some 9 years ago but whose results do not appear to have ever been published in a peer reviewed journal is certainly not basing one's evidence on hard evidence based facts. I did not mention the review by Smyth and Walters[2] in my own paper as I submitted my review some 18 months before theirs had been published; however, the authors did not include in their own letter discussion of the recent paper by Ratjen *et al*[3] using data from the German CF database which included 639 patients, all under 18 years of age and *P aeruginosa* negative prior to entry in the study. 48.2% of the patients received continuous antistaphylococcal treatment, 40.4% received intermittent antibiotic treatment, and 11.4% received no antibiotic treatment. While the rate at which patients acquired positive respiratory cultures for *Staphylococcus aureus* was significantly lower in the group receiving continuous antistaphyloccocal antibiotic treatment than in those receiving no such treatment, patients receiving continuous antistaphyloccocal antibiotic treatment had a significantly higher rate of *P aeruginosa* acquisition than patients receiving only intermittent or no antibiotic treatment. This difference was especially apparent for children under the age of 6 years. The authors concluded that "continuous therapy with antistaphyloccocal antibiotics directed against *Staph aureus* increases the risk of colonisation with *P aeruginosa*".

This interesting study I believe again supports my original statement that "there is some evidence that it (continuous antistaphyloccocal antibiotic therapy) may be associated with earlier acquisition of *P aeruginosa*".

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1 Robinson P. Pediatric origins of adult lung disease. 7: Cystic fibrosis. *Thorax* 2001; **56**: 237–41.
2 Smyth A, Walters S. Prophylactic antibiotics for cystic fibrosis (Cochrane Review). In: *The Cochrane Library*, Issue 2. Oxford: Update Software, 2001.
3 Ratjen F, Comes G, Paul K, *et al*. Continuous antistaphylococcal therapy on the rate of *P aeruginosa* acquisition in patients with cystic fibrosis. *Pediatr Pulmonol* 2001;**31**:13–6.

# NOTICES

### The Dr H M (Bill) Foreman Memorial Fund

The Trustees of the above fund invite applications for grants relating to study in respiratory disease and allied fields. Limited funds are available for registered medical practitioners to assist in travelling to countries other than their own to study respiratory disease, and also for support for clinical research abroad.

The HMF Fund has been able to fund two medical student projects in the last 18 months, one on TB in Malaysia and one on TB in Ghana, and has awarded three travel grants to study the following aspects of respiratory disease: Dr Veronica White (London) to study TB in Bangladesh; Dr R T Jagoe (Newcastle upon Tyne) to study the ATP-ubiquitin-proteasome proteolytic system in Boston, USA; Dr J S Parmar (Cambridge) to study cell motility in Toronto; and a grant to Dr Anne Chang (Brisbane) to study the relationship between cough and asthma.

Intending applicants should write for further details to Dr Brian H Davies, Llandough Hospital, Penarth, Vale of Glamorgan CF64 2AA, UK.

### Pharmacology of Asthma

A course on the "Pharmacology of Asthma" organised by Professor Peter Barnes will be held at the Imperial College School of Medicine at the National Heart & Lung Institute in collaboration with the Royal Brompton Hospital, Dovehouse Street, London SW3 6LY, UK on 26–29 November 2001. The course is suitable for physicians or scientists with an interest in the pharmacology and therapeutics of asthma. For further information please contact the Postgraduate Education Centre, Imperial College School of Medicine at the National Heart & Lung Institute, Dovehouse Street, London SW3 6LY. Telephone: 020 7351 8172. Fax: 020 7351 8246. Email: shortcourses.nhli@ic.ac.uk

### Respiratory Medicine

A conference on Respiratory Medicine will be held at the Royal College of Physicians of Edinburgh on 26 October 2001. For further information contact Ms Eileen Strawn, Symposium Coordinator. Telephone 0131 225 7324. Fax 0131 220 4393. Email: e.strawn@rcpe.ac.uk. Website: www.rcpe.ac.uk.

# CORRECTION

In the "Statement on Malignant Mesothelioma in the United Kingdom" by the British Thoracic Society Standards of Care Committee which appeared in the April issue of *Thorax* (2001;**56**:250–65), the telephone number given for the National Mesothelioma Helpline on page 264 is incorrect. The correct number is 0113 206 6466. The email address is mavisro@ulth.northy.nhs.uk