

Correspondance

example, the July 1996 and January 2000 editions of the *Adverse Drug Reaction Newsletter* provided safety information on cisapride.^{1,2}

The only TPP-approved information on drugs in Canada is provided in the product monograph. The TPP is revising the format and content requirements for product monographs; one component of the new monographs will be specific, Canadian patient information that could be provided when a product is prescribed or dispensed. On the basis of public consultations on the product monograph held in September 2000 (www.hc-sc.gc.ca/hpb-dgpps/therapeut/htmleng/consult_monograph.html), we are planning to electronically post product monographs in both official languages.

Health Canada recognizes the importance of communicating risk information concerning therapeutic products to health care professionals and consumers alike. I therefore urge *CMAJ* readers to consult our Web site to familiarize themselves with the progress on our initiative to improve the format and content of product monographs and to make their contents available to the Canadian public.

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References

1. Cisapride: arrhythmia awareness. *Can Adverse Drug Reaction News* 1996;6(3):1-2. [Also in *CMAJ* 1996;155(1):69-70.]
2. Morawiecka I. Cisapride (Prepulsid): interactions with grapefruit and drugs. *Can Adverse Drug Reaction News* 2000;10(1):1-2. [Also in *CMAJ* 2000;162(1):105-8.]

Fifty years at Western

I appreciated the lists of University of Western Ontario medical school students from 1954 and 2004 that you published in your 2000 holiday issue.¹ The changes that have taken place over the 50 years are obvious: we now have a larger number of students, more female

students and a greater ethnic mix within the student body. These differences reflect not only the increasingly multicultural nature of Canadian society but also the changing attitudes toward who should be admitted to medical school.

Women now account for 50% of Canada's medical students, compared with 5% from our class of 1954. It is worth noting that women were not accepted in any Canadian medical school just over 100 years ago.

Similarly, our schools now welcome candidates who reflect the ethnic spectrum of the population, and this range of cultural and ethnic backgrounds enriches everybody and helps ensure that our graduates will understand and respond appropriately to diversity within their patient population.

However, increased recognition of the value of inclusiveness in Canadian medical schools in no way detracts from the class of 1954, whose members have provided committed service and leadership to their profession for so many years.

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Reference

1. Fifty years at the University of Western Ontario. *CMAJ* 2000;163(12):1581.

Clinical examination for carpal tunnel syndrome

Thenar wasting is not mentioned in the *CMAJ* clinical update on carpal tunnel syndrome.¹ However, it may be obvious on one or both sides — particularly in elderly people — and it can even reduce the thenar bulk of the heavy labourer's typically more muscular dominant side so that it matches that of the other side. Thenar wasting is associated with detectable loss of muscle power. These signs are common, reliable and easily elicited at the bedside.

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Reference

1. Myers KA. Utility of the clinical examination for carpal tunnel syndrome. *CMAJ* 2000;163(5):605.

The clinical update on the utility of the clinical examination for carpal tunnel syndrome¹ is a review of a review. The original article highlights the pitfalls of using MEDLINE-based reviews to generate clinical practice guidelines.² The basic assumption of Kathryn Myers' clinical update is that electrodiagnostic studies represent the gold standard for di-

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