responds:]

The headline referred to the importance the "snakeheads" — the people who smuggled these migrants to Canada — placed on health status in choosing which people to bring. They did this because healthy migrants could pay them back faster. Even the chronic carriers of hepatitis B appeared to be in good health.

Patrick Sullivan

Red tape is strangling foreign-trained physicians

I would like to add my voice to that of Alex Porzecanski, whose letter lamented the lack of support for foreign-trained physicians.[1] Not only are there considerable stumbling blocks for these students, but there is considerable disincentive for them to return to Canada after their residency.

After completing my degree in a foreign medical school, I pursued a residency in Canada. I was met with a disheartening wall of bureaucracy and opted for a position in the US. At the end of my training and after completing the American Board of Internal Medicine (ABIM) exams, I inquired about practice in Canada. Even as a Canadian with American qualifications, I found that entry into the system was daunting.

At this point I am a graduate of a medical school recognized by the World Health Organization, have ABIM certification, hold 2 state licences and LMCC certification and practise in New Brunswick. Nevertheless, 3 years after embarking on a journey for the elusive Holy Grail of FRCPC certification, I'm being prevented from writing the Canadian exams. It seems that when every criterion has been met, a new form must be filled out or a new exam must be written. The latest roadblock is the requisition of my entire medical school transcripts in order to reinvent the wheel!

Therefore I have no sympathy for the governing bodies and medical societies that cry about physician shortages. This mess developed because of our own turf protection and short-sighted planning. The result is convoluted departments that justify their existence, and funding, by creating seemingly endless red tape.

I'm luckier than most, in that I can continue to work while wading through this quagmire of paperwork. But why are we surprised to learn that there has been a brain drain south when at home we have actively set out to exclude people from working here?

Ardavan Mahim
Internist
Miramichi, NB

Reference

1. Porzecanski A. Why do we force Canadians to study medicine abroad? [letter]. *CMAJ* 1999; 161(11):1389.

What exactly were you highlighting?

On the first page of the Jan. 11, 2000, issue of *CMAJ* there is a highlight[1] of a study published in that issue on HIV infection in young gay and bisexual men in Vancouver.[2] Accompanying the highlight is a photograph of 4 young children who by all appearances it can be safely assumed are African.

Could someone explain to me the connection between the photograph and the content of the article? What do 4 young African children have to do with HIV infection in Vancouver? It is said that a picture is worth a thousand words; what is this one telling us? Insensitivity can take many forms and this is one example of such.

W.S. Lofters
Department of Oncology
Kingston Regional Cancer Centre
Kingston, Ont.

References

1. Highlights of this issue. *CMAJ* 2000;162(1):1.
2. Strathdee SA, Martindale SL, Cornelisse PGA, Miller ML, Craib KJP, Schechter MT, et al. HIV infection and risk behaviours among young gay and bisexual men in Vancouver. *CMAJ* 2000;162(1):21-5.

On the highlights page[1] in the Jan. 11, 2000, issue of *CMAJ*, what is the relevance of the photograph under the headline "HIV complacency" to the synopsis or the articles described? Are the innocent children complacent about HIV, or were they the young gay and bisexual men in Vancouver?

I hope I am right in assuming that informed consent of the children and their parents was obtained for the photograph to (1) be taken and (2) be published without masking the faces.

Muri B. Abdurrahman
Pediatrician
Toronto, Ont.

Reference

1. Highlights of this issue. *CMAJ* 2000;162(1):1.

[Editor's note:]

The image was chosen to highlight editorialist Brian Willoughby's[1] concern for populations, such as children in sub-Saharan Africa, who face the prospect and the toll of HIV infection and AIDS[2] with little hope of sharing in the pharmacological advances available in Europe and North America. *CMAJ* is committed to the policy of obtaining consent from patients before publication of personal and medical information about them. However, the issues that surround this policy can become complex, and one might reasonably expect to run into grey areas from time to time.[3] In the present case, the image was taken from a stock photo library and was used to draw attention to a population at risk. There was no disclosure of personal or medical information.

References

1. Willoughby BC. HIV: the millennium bug. *CMAJ* 2000;162(1):52-3.
2. Mukwaya J. The AIDS emergency. In: *The progress of nations 1999*. New York: UNICEF; 1999. Available: www.unicef.org (accessed 2000 Feb 22).
3. Hoey J. Patient consent for publication — an apology. *CMAJ* 1998;159(5):503-4.

It's uncanny

In choosing to illustrate your article[1] with — horror of horrors — a photo of canned commercial chicken soup, you have made a monumental error. The authors are Israeli, which should have been a clue. As any of your Canadian Jewish colleagues could have told you, only mother's authentic homemade chicken soup qualifies as a panacea for all of mankind's ills.

William E. Goodman
Otolaryngologist (retired)
Freelance author, public speaker
Toronto, Ont.

Reference

1. Ohry A, Tsafrir J. Is chicken soup an essential drug? *CMAJ* 1999;161(12):1532-3.

I read with great interest the suggestion by Abraham Ohry and Jenni Tsafrir that chicken soup be considered an essential drug.[1] I endorse this recommendation on the basis of my interpretation of the medical writings of the renowned 12th century physician Moses Maimonides.

Ohry and Tsafrir quoted Maimonides' recommendations that chicken soup be used to treat leprosy, migraine, constipation and the "black humours" (an excess of which was thought to cause melancholy). In his *Medical Aphorisms*[2] Maimonides also made several other recommendations. He stated that the consumption of fowl is beneficial for feebleness, hemiplegia, facial paresis and the pain of edema and that it increases sexual potential. He advised that turtledoves increase memory, improve intellect and sharpen the senses and that house pigeons that graze in the streets increase natural body heat. Soup made from the bird called kanaber loosens cramps of colic. Chicken testicles provide excellent nourishment for a weakened or convalescent individual. Pigeon eggs are good aphrodisiacs, especially when cooked with onion or turnip. Soup made from an old chicken is of benefit against chronic fevers that develop from white bile, and it also aids the cough that is called asthma.

In his *Treatise on Asthma*,[3] Maimonides advised asthma sufferers to consume the soup of chickens or fat hens. He strongly endorsed the use of an enema with sap of linseed, fenugreek or both, with oil and chicken fat and an admixture of beet juice, to treat asthma.

It thus seems evident that Maimonides, in the 12th century, gave scientific respectability to what the proverbial Jewish mother has always known — that chicken soup can help cure a variety of ailments.[4]

Fred Rosner
Mount Sinai Services
at Queens Hospital Center
Jamaica, NY

References

1. Ohry A, Tsafrir J. Is chicken soup an essential drug? *CMAJ* 1999;161(12):1532-3.
2. Rosner F. *The medical aphorisms of Moses Maimonides*. Haifa: Maimonides Research Institute; 1989. p. 293-312.
3. Rosner F. *Moses Maimonides' treatise on asthma*. Haifa: Maimonides Research Institute; 1994. p. 176.
4. Rosner R. Therapeutic efficacy of chicken soup. *Chest* 1980;78:672-4.

[The authors respond:]

We couldn't agree more with William Goodman. The fact that chicken soup has been around for at least 2000 years implies that only the genuine article has true medicinal qualities, and not the precooked, synthetic or dehydrated upstart.

We thank Fred Rosner for his illuminating remarks. We had decided, for the sake of brevity, to refer only to his 1980 article in *Chest*, which contained the references to Maimonides' writings, but are grateful that he has now expanded the information to include fuller details of the therapeutic properties of chicken soup and of other fowl-associated remedies.

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Medical Library
Chaim Sheba Medical Center
Tel Hashomer and Tel Aviv University
Israel

Corrections

An error was introduced into a recent letter from Emile Berger[1] during copyediting. The date of publication of the third reference was 1999, not 1990.

Reference

1. Berger E. High marks for the physical exam [letter]. *CMAJ* 2000;162(4):492-3.

Owing to a copyediting error, the affiliation information for one of the authors of a recent *CMAJ* article was published incorrectly.[1] Susan Foster is with the London School of Hygiene and Tropical Medicine, which is affiliated with the University of London in Britain.

Reference

1. Clark WF, Churchill DN, Forwell L, Macdonald G, Foster S. To pay or not to pay? A decision and cost–utility analysis of angiotensin-converting-enzyme inhibitor therapy for diabetic nephropathy. *CMAJ* 2000;162(2):195-8.

In the article by Jaime Caro and colleagues on anticoagulation for patients with atrial fibrillation,[1] it was stated in the introduction that "warfarin is being prescribed for only about two-thirds of patients with atrial fibrillation." In fact, the 5 articles that the authors cited to support that estimate report rates that vary between 32% and 40%. The authors regret this inadvertent misrepresentation of the reported rates.

Reference

1. Caro JJ, Flegel KM, Orejuela ME, Kelley HE, Speckman JL, Migliaccio-Walle K. Anticoagulant prophylaxis against stroke in atrial fibrillation: effectiveness in actual practice. *CMAJ* 1999;161(5):493-7.