

Briefly

Marketing: Pharmaceutical manufacturers in the United States will be allowed to resume the practice (outlawed in 2006) of distributing medical journal articles to physicians as part of marketing efforts to promote so-called “off-label” use of their drugs (www.fda.gov/oc/op/goodreprint.html). In a bid to reduce ghostwriting, the guidelines also require firms to disclose all financial relationships with authors, as well as list author affiliations.

Olympic-FX: Wonder of winter wonders, there is now an Official Cold and Flu Remedy of the Vancouver 2010 Olympic and Paralympic Winter Games. It's COLD-FX(R), an extract

of North American ginseng (*CMAJ* 2005;173[9]:1043-8). Edmonton-based manufacturer CV Technologies will supply the cold remedy to volunteers and staff at the Games. Athletes, though, will have to pay over-the-counter for the product. As a Tier 3 sponsor of the Games, CV Technologies paid “between \$3 million and \$15 million” for the right to market its product as an official Olympic remedy.

Stimulus: The National Institutes of Health was a winner in both congressional economic stimulus packages unveiled in the United States in January. The Senate and House of Representatives each allocated the agency a US\$3.9-billion increase, which will yield an overall budget of US\$33.4 bil-

lion in fiscal year 2009/10. The agency hike is part of a stimulus package that provides between US\$11.9 billion (Senate) and US\$13.2 billion (House) in new monies for science.

Hypertension: The Heart and Stroke Foundation has issued new guidelines urging that a combination of ACE inhibitors and angiotensin II receptor blockers not be simultaneously prescribed to people with high blood pressure because the combination increases the risk of kidney disease (<http://hypertension.ca/chep/recommendations-2009/>). An estimated 175 000 Canadians are now being treated with the combination. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.090183

DISPATCH FROM THE MEDICAL FRONT

Universal truths

As a general practitioner working in the poor suburbs of Yemen, the “bread and butter” of my work is treating infectious diseases.

You can never predict, however, what the next patient on the list will bring into consultation. One particular example stands out in my memory.

A young man arrived at my clinic. He was very reserved and seemed a very quiet person.

His complaints were nonspecific: pains and aches in his lower abdomen, chest, axilla. He said he got a headache — whenever he scratched his head.

In my long years of practice, I have gotten used to these sorts of funny and odd complaints, that often can't be pinpointed or sorted out.

He seemed completely normal, if somewhat detached and uncooperative.

I finished my brief examination and started to reassure him that there was nothing wrong. But I offered to do some tests just to make absolutely certain that all was right.

There was a brief moment of silence and then he said: “Doctor, I know that there is nothing wrong with me, except for one thing.”



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In every country, there will also be men who think that size matters.

I listened carefully.

He continued: “I am 20 years old now and my penis is like that of a 3-year-old child!”

So that was that.

His other symptoms were a fiction designed to help him overcome his fear of relating his real problem.

When I examined his genitalia,

everything seemed perfectly normal — except, of course, for his really small-sized organ.

I confess that, at that moment, I thought of the dozens of spam emails that I had received about penis enlargement. And I genuinely wished that I could offer him a pharmaceutical solution. But I had no clue where such therapies are sold in Yemen.

So, I concluded the consultation by providing my sincere assurance that, as long as “it is working fine, there is nothing to worry about.”

He left the clinic. I could see that he was not satisfied. And I thought later, even in the poorest settings, where thousands of people die annually as a result of infectious diseases, some concerns are universal. —Dr. Yasir Hameed, Taiz, Yemen.

DOI:10.1503/cmaj.090125

CMAJ invites contributions to “Dispatches from the medical front,” in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cmaj.ca