



lack of consistency. Certain drugs are available only by prescription because it has been decided that a professional is needed to make appropriate recommendations about them. In direct-to-consumer advertising, however, patients are persuaded to override the professional's opinion. If it is truly in the public interest to promote a specific drug directly to consumers, then that drug is perhaps safe enough to be available without prescription.

The final issue concerns access to drugs. If Canadians were told that a patient with apparent appendicitis may have access to the surgeon's opinion but must pay for the surgery, there would be a revolution; in psychiatry the patient is entitled to be diagnosed "for free" but often cannot afford the treatment. And with the emergence of admittedly superior antidepressant and antipsychotic drugs, this problem is making a mockery of medicare. Yet pharmaceutical firms can appropriate from their profits the amount of money it would cost to set this right and spend it on advertising, much of which is suspect. The point of all this: How can one of the "partners in health

care" abrogate responsibility for delivering the health care whereas the others would be jailed if they acted in the same way?

I close by praising all 3 authors. Desjardins' brief explication was pointed and balanced and Lexchin's careful accumulation of evidence was up to his usual standards. However, Shapiro was correct to suggest that Lexchin's suggestions for reform are not sufficiently radical. That was not my opinion 5 years ago, but that is progress.

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Osler was good, but . . .

I enjoyed the brief article "Finding pleasure and history in the *Index Medicus*," (*Can Med Assoc J* 1996; 155:1327-8), by Dr. A. Mark Clarfield. However, I wonder whether perhaps Clarfield has not given Osler a little too much credit. I do not believe that he wrote articles in Italian or German, for example. In those days of casual copyright rules it was extremely common for

journals to reprint articles from other journals, and to translate them if the other journal was published in a different language. The articles he cites certainly were published over Osler's name, but that is not quite the same thing.

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[The author responds:]

As I read this letter, I realized immediately that I did not have an answer to your correspondent's comments. I also knew where I could find the answer: I could write immediately to Dr. Charles Roland.

In all seriousness, I thank him for his comments and agree that in my hero worship of "The Chief" I may have been a bit gullible about the extent of Osler's linguistic abilities.

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