Unfortunately, we are not aware of studies in the population of patients described by Potter.

Studies on the role of these 2 types of agents in patients with paralysis will probably require careful definition of outcomes and involvement by multiple groups. The encouraging results in other patient populations suggest that such trials are justified.

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Let older MDs solve military's physician shortage

One reason why the armed forces is short of physicians, which was not explored in Nancy Robb's recent article,[1] is the military's regulation concerning compulsory retirement. At the moment doctors are forced out of service at age 55, at the height of their experience. Compare this with the use of military physicians in the US, where age presents no such obstacle.

It is unjust to blame the attrition rate for Canada's military doctors on their rates of pay. There are former military physicians who would like to

serve their country, notwithstanding reduced financial entitlements, but are prevented from doing so by an outdated policy on compulsory retirement.

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Reference

1. Robb N. Armed forces worried as physicians flee from military life. *CMAJ* 1998;159(3):263.

Corrections

In the recent editorial concerning a research controversy at the Hospital for Sick Children[1] the views expressed are those of the authors, Dr. Robert A. Phillips and Dr. John Hoey, and do not necessarily reflect the opinions of the National Cancer Institute of Canada or the Canadian Medical Association.

Reference

1. Phillips RA, Hoey J. Constraints of interest: lessons at the Hospital for Sick Children. *CMAJ* 1998;159(8):955-7.

In a recent public health article about influenza vaccination[1] the box identifying those at high risk for influenza-related complications was incomplete. The complete list follows.

Groups at high risk for influenza-related complications

Place of residence

- Residents (any age) of nursing homes and other chronic care facilities (institutional environments facilitate the spread of influenza).

Age

- People 65 years of age or older.[1,2]

Medical conditions

- Adults and children with chronic cardiac or pulmonary disorders severe enough to require regular medical follow-up or hospital care (by far the most important risk factors for influenza-related death).[3]
- Adults and children with other chronic conditions, such as diabetes mellitus and other metabolic diseases, cancer, immunodeficiency, immunosuppression (due to underlying disease or therapy), renal disease, hemoglobinopathies or any anemia.
- Children and adolescents (aged 6 months to 18 years) with conditions treated for long periods with ASA, a therapy that increases the risk of Reye's syndrome after influenza.[4]
- People infected with HIV, in whom influenza symptoms may be prolonged and the risk of complications increased. In those with advanced HIV-related illness the antibody response to the vaccine may be low,[5] even after a booster dose given 4 or more weeks after the first. HIV load does not increase with influenza vaccination.

Travel plans

- People at high risk who will be travelling to destinations where influenza is likely to be circulating. The form of travel itself may expose individuals to situations that facilitate the transmission of influenza (e.g., the closed setting of a cruise ship).

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1. National Advisory Committee on Immunization. Preparing for the flu season. *CMAJ* 1998;159(8):981-2