carpal tunnel syndrome is mentioned briefly, but it is not defined and its symptoms and treatments are not described.

The presentation of prevalence is indicative of the more pervasive problems with the authors' use of research throughout the book. It is unfortunate that they sensationalize prevalence rather than provide musicians with information based on a careful review of the research literature.

I would argue that a book intended for musicians rather than scientists should still provide references so that musicians do not remain "easy prey." What a disservice to musicians it is to expect them to follow health advice without question. The authors themselves advise the reader to "be an informed customer" and to "ask for outcome statistics"; this is all I am asking of them.

I would not recommend referencing every statement, but references should at least follow sentences beginning "Study after study shows … ." Admittedly, including references would not remedy the more serious problems that arise when the authors misinterpret or draw erroneous conclusions from the literature. Considering these concerns and the authors' emphasis on back-extension stretches — advice that is given without appropriate cautions — I am unable to recommend this book to physicians or musicians.

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Debating thrombolysis in stroke

The gist of the article by Corinne Hodgson and Kathleen Whelan[1] is that thrombolysis for stroke is a good thing, enthusiastically endorsed by university-based neurologists. The implication is that physicians who practise emergency medicine in the community are providing suboptimal treatment because of the exigencies of practice away from wonderful academic centres.

The research is not as conclusive as Hodgson and Whelan imply. I am aware of 5 trials of thrombolysis in stroke, only 1 of which showed even modest benefit,[2] and 4 of which showed harm.[3–6] Furthermore, neurologists and radiologists have demonstrated[7] that CT scans have only 80% sensitivity in detecting central nervous system bleeding, which is not good enough. Thrombolysis for stroke is a dangerous therapy. It may help a very few selected patients, but it by no means offers the same benefit for stroke as it does for acute myocardial infarction.

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[One of the authors responds:]

The question posed in this study was not "should thrombolysis be used?" (an issue best studied in quantitative, clinical research) but rather, "if thrombolysis were to be approved, would physicians in different settings be willing, or have the resources, to use it?" The relevance of this qualitative research is underscored by Health Canada's approval in February 1999 of the use of tissue plasminogen activator for ischemic stroke. Many of the themes explored in theoretical terms in this study (e.g., time to hospital presentation and access to CT scanning) are now real and pressing issues for community-based physicians who may want to take advantage of this new therapy.

As noted in the article, thrombolysis should be viewed as only a part (probably a relatively small part) of good stroke management.

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Correction

Part of a sentence was inadvertently dropped from a recent article.[1] The sentence should have read: "When Dr. Parsons tried giving the babies irradiated ergosterol instead of cod liver oil there was a dramatic improvement, and the ward sister met us at the door and said, 'You've got it.'" We apologize for this error.

Reference

1. Brooks J. Alberta physician made a career of roughing it in the bush. *CMAJ* 1999;160:701-2.

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