

References

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2. Science Advisory Board Committee on the Drug Review Process. Appendix F: Notes on Canadian law and the drug review process. In: *Report to Health Canada*. Ottawa: The Committee; 2000.
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Training pediatricians

A recent item in the CMA Bulletin¹ discussed a proposal from the Royal College of Physicians and Surgeons of Canada (RCPSC) to reduce the number of PGY-1 training programs from approximately 30 to just a few “generalist competency” training streams. This proposal has been presented as an alternative to the “common PGY-1 year,” previously discussed as a model to improve medical students’ flexibility in deciding on a career path.

The Residents Section of the Canadian Paediatric Society (CPS), representing over 500 pediatric residents in Canada, has a mandate to examine and ensure the quality of pediatric training in Canada. In a recent survey, members of the Residents Section expressed interest in the common PGY-1 year and emphasized the importance of retaining 4 years of pediatric training to allow proper development of the skills of Canada’s pediatricians.² Allowing for additional flexibility in residency training while encouraging residents’ interests in a given specialty during their first year of training might also accomplish the goal of preventing early and later-regretted career decisions. We are therefore pleased that pediatric training will be represented in the new RCPSC model and we look forward to examining the proposal in detail. The goals already identified² remain the same: increased flexibility for residents and medical students while maintaining the depth and quantity of pediatric residency training. We continue to oppose any move to shorten training in pediatric specialty rotations. We believe that the medical treatment of children presents unique challenges, disease

processes and training goals and that few of these goals would be met during rotation through adult specialties. As such, maintaining a PGY-1 year with focused pediatric rotations and improved flexibility for those residents who wish to transfer to or from a program may represent the ideal solution.

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References

1. Major changes in residency training on horizon. *CMAJ* 2005;172(4):595.
2. Benchimol EI. The common postgraduate year 1: a paediatric perspective [editorial]. *Paediatr Child Health* 2004;9(9):625-6.

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Tintin in CMAJ

The article by Antoine Cyr and associates¹ is a fascinating perspective into the enigmatic delayed development of Tintin. The researchers must be commended for such insightful extrapolation from the limited source material. One wonders about Asterix and Obelix and the possible glandular or other systemic deficiencies that might be contributing to their sizes, body masses and apparent halted development. Perhaps the toxicity of cartoon ink should be independently evaluated.

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Reference

1. Cyr A, Cyr LO, Cyr C. Acquired growth hormone deficiency and hypogonadotropic hypogonadism in a subject with repeated head trauma, or Tintin goes to the neurologist. *CMAJ* 2004;171(12):1433-4.

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Enfin une étude transcendante qui permet de soulager mes angoisses existentielles! Enfin j’aurai compris pourquoi je vois douloureusement les ans s’égrener alors que Tintin est gratifié de cette éternelle jeunesse ... Mes parents ne me tapaient pas sur la tête, et leurs stratégies pédagogiques, orientées

du bas vers le haut sur mon postérieur, ont-elles eu l’effet de me faire pousser plus rapidement (j’ai commencé à me raser à 13 ans).

Je souhaite ardemment que les augustes chercheurs de cette étude s’attaquent à une autre source d’inconfort planétaire : le secret de la Caramilk!

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Référence

1. Cyr A, Cyr LO, Cyr C. Acquired growth hormone deficiency and hypogonadotropic hypogonadism in a subject with repeated head trauma, or Tintin goes to the neurologist. *JAMC* 2004;171(12):1433-4.

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I read the article by Antoine Cyr and associates¹ with a growing sense of perplexion. For such an eminently qualified research group to miss the nub of the mystery is astounding. The obvious causes of our hero’s “Peter Pan-ism” needed no such study, but the greater mystery did: How could Tintin’s dog Milou live for 50 years (350 years in canine terms), especially after being shot at least 10 times?

I await the results of further investigation.

Craig D. Baker

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Reference

1. Cyr A, Cyr LO, Cyr C. Acquired growth hormone deficiency and hypogonadotropic hypogonadism in a subject with repeated head trauma, or Tintin goes to the neurologist. *CMAJ* 2004; 171(12):1433-4.

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With Hergé’s approval, Frederic Tuten wrote *Tintin in the New World*,¹ wherein Tintin meets the seductive Clavdia in Peru. One night, “sighs float to the ceiling ... a blue glow emanates from the bed center ... two animals collide and adhere.” Tintin is cured!

Young coauthors Antoine Cyr and Louis-Olivier Cyr might wait a few years before trying this book, but I bet their more senior coauthor Claude Cyr