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Editor's note: The Web site mentioned in this letter is not recognized by the Watchtower Bible and Tract Society. The official position of the Society on the issue of blood transfusion is presented at **www.watchtower.org**.

A classic medical mystery

As a family physician with limited experience in laboratory medicine and infectious disease but a fascination with the breadth of medicine and health, I was drawn to the article "A prion primer" (*CMAJ* 1997;157 [10]:1381-5), by Dr. Neil R. Cashman. Clearly, these disorders constitute a classic medical mystery!

As I read the description of what is known about these disorders, I began to wonder why they are assumed to have an infectious basis. Could there be alternative hypotheses for the cause of such a unique disease process? I realize that prion diseases satisfy Koch's postulates experimentally. However, where the "infectious agent" appears to be an endogenous protein with an altered conformation (I would have called it "denatured"), I would ask if the "infection" might in fact be intoxication. Might a highly conserved toxic molecule be inducing an irreversible conformational change in a susceptible protein and then moving on to the next target protein to wreak its damage? The article even describes some gene products that, because of an amino acid substitution, are resistant to the agent.

We know that there are chemical agents (such as dimethyl mercury) with terrible toxicity, having what appear to be neurophilic and clearly neurotoxic characteristics. That type of toxicity is clearly different from a slowly progressive disorder that is currently called a "slow virus." However, considering toxic effects as a possible explanation would allow for a wider array of testing for a cause, as well as a possible therapeutic approach that would include some form of detoxification.

Gary S. Viner, MD
Assistant Professor
Department of Family Medicine
University of Ottawa
Ottawa, Ont.
Received by email

Is there an anesthetist on the Board?

I was delighted to see the list of members of *CMAJ*'s new Editorial Board. I looked hard to find the name of an anesthetist or intensivist, but without success. Will all disciplines and specialty areas eventually be represented on the Board?

David Bevan, MD
Editor-in-Chief
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Received by email

[The editor-in-chief responds:]

You're right, there is no anesthetist on the Board. This may have been an error in judgement, but it was a pleasant struggle to get as far as we did in terms of representation across disciplines. We did not purposely exclude any field—there are just too many specialties and subspecialties. In choosing the Board, we followed the recommendations of deans of medicine across the country and considered those who had contributed to *CMAJ* over the past 2 years.

The current make-up of the Board does not mean that we will be unwelcoming to authors from areas that are not represented. Indeed, we are encouraging specialists to write for *CMAJ*. We now offer nonsystematic (narrative) reviews and clinical series as ways for specialists to reach general readers and bring them up to date on developments in areas of special interest.

John Hoey, MD
Editor-in-Chief
CMAJ

Content with the contents

Congratulations on your contents pages and on the contents themselves. The pages really are the best display of contents of any medical journal I have seen.

Barry O'Donnell, MB
Dublin, Ireland
Joint President, CMA, British
Medical Association and Irish
Medical Association, 1976–77
Received by email

Holiday Review 1997

In the "Editor's preface" in the Dec. 15, 1997, edition of *CMAJ*, you asked what readers thought of this special issue. In response, I would like to extend my compliments. I usually scan *CMAJ* when it arrives and then — I hope you don't mind — tear out the articles I will keep for reference and throw the rest away. I didn't do that with this issue because I read every article and found them all very informative. I also bookmarked 2 of