

## An apple a day . . .

Over the years, I have been observing the relation between the occurrence of myocardial infarction in men of various ages and their consumption of apples.

When I ask 20-year-old male patients whether they eat apples, almost all reply in the affirmative, but when I ask whether they have had a heart attack, almost all reply in the negative. The results are virtually identical when the same questions are asked of men 30 years of age.

Among 40-year-old men, a few have had heart attacks but probably not a statistically significant proportion. At this age, most men are still eating apples.

The proportion of men aged 50 years who have had myocardial infarction is much greater than in the younger age groups, despite the fact that most eat apples, and among those 60 years of age a large proportion have had heart attacks.

The conclusion of course is that around age 55 apples lose their effectiveness as a means of preventing myocardial infarction.

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## Wax and wane?

The English word "sincere" has an interesting etymology, being derived from the Latin *sincerus* and its root *sine cere* — literally, "without wax." It apparently originated from the dishonest practice of hiding flaws in marble statuary with wax in order to fetch a better price from an unwary buyer. Thus, the honest marble merchant would guarantee his product as "without wax" — the sincere article, the real thing.

This historical background leads me quite naturally to consider an under-reported topic in cerumen

studies: the psychological impact of wax on the human organism. The psychic stress associated with the discovery of wax within one's ear can be traumatic: "My God, did that come from my ear?"

Mothers, worried that some unmentionable genetic defect is coming to light within the family history, have been known to exhibit total denial of their children's "dirty ears." Still others will guiltily confess to obsessive rumination on aural themes and the compulsive reaming of their auricular canals with a variety of miniature Roto-Rooters.

Virtually everyone found to have cerumen in the ear expresses shock. Anguished appeals for an explanation are not assuaged by physiologic descriptions of narrowed, tortuous ear canals. The sincere practitioner must provide judicious and copious amounts of reassurance and oil drops (mineral, baby or WD 40). If these conservative measures fail, the physician must then resort to that silver bullet, the ear syringe.

Like a Mayan priest about to trephine the skull and release offending poisons, the consummate ceruminologist advances with syringe held high and probes the unforgiving orifice. And, just like the spelunker emerging from a darkened cavern, the physician eventually finishes his mission — dripping wet but victorious.

The usual outcome — an effusive cry of "I can hear again!" — makes this one of the high points of ceruminological practice and justifies the many years perfecting the procedure.

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## Read it and reap

I have remarked many times that some contributors to medical journals seem incapable of reading the simplest instructions. I base the

comment on a perception that approximately 25% of authors, despite being sent an idiot-proof checklist, fail to return the line-edited copy of their manuscripts to the journal that I edit.

My suspicions have been confirmed by Dr. Roy Pitkin, editor of *Obstetrics and Gynecology*.<sup>1</sup> He included the following sentence in instructions sent to his journal's reviewers: "If you have read this and call or fax our office, we will send you a gift worth \$20."

The instructions were sent to 122 reviewers, but only 21 (17%) claimed the prize. I wonder how such matters are handled at *CMAJ*?

**Patrick J. Taylor, MD**

Editor-in-Chief

*Journal of the Society of Obstetricians and Gynaecologists of Canada*

1. Pitkin RM. The rewards of reading instructions from journal editors [letter]. *N Engl J Med* 1998;339(14):1006.

## [The editor responds:]

Our contributors will have to read *CMAJ*'s instructions to find the treasures buried within!

## Autorotica

Canadians' love affair with the automobile seems as torrid as ever, as indicated by the degree to which everyday activities now take place in our cars. These days, a new model just won't sell if it doesn't have enough cup-holders for everyone, including the baby. The fact that some drivers seem to use these accessories to hold beer cans is reflected in the regrettable statistics implicating alcohol use in car crashes. Less well studied are other, seemingly innocuous activities — some compulsive, some bizarre — that also contribute to motor vehicle crashes.

A small study of these behaviours was conducted recently. Several activities were identified as meeting the

criteria of “in-car behaviours” likely to be associated with a crash. The most frequently recorded activity causing drivers to lose control of their vehicles was consumption of food while driving. Some of these drivers gave new meaning to the concept of “drive-through,” having driven through red lights, the sides of buildings and hedges while sipping their morning java. Officers at the scenes of some accidents recorded virtual smorgasbords inside the vehicles: ketchup (sometimes indistinguishable from the blood), fries, bagels, take-out Chinese food, perogies and pizza, all covered with a fine film of cappuccino.

A close second as a cause of non-alcohol-related collisions was the cell phone. Many of the victims were found with phone aerials jammed into their ears; those who survived were generally more concerned with

missing their calls than with their broken limbs. (Many continued to make calls from the ambulance, pleased they could let their loved ones know which hospital they were heading toward.)

En-route appearance maintenance — the industry term for primping, cutting fingernails, checking for blemishes in the rearview mirror, and other similar activities — accounted for a significant proportion of collisions. Nose picking also caused much driver distraction, although it was vigorously denied by most of those interviewed. Typically, these drivers claimed that they were only scratching their noses. [This phenomenon has since become known as the Seinfeld syndrome. — Ed.]

“Autorotica” is the term we propose to describe persistent, self-absorbed behaviours that are performed in automobiles and pre-

occupy drivers so much that they imperil their own safety and that of others. Most of these activities have traditionally been performed in the privacy of the home — back-seat petting notwithstanding, the car has not been considered an extension of the home until relatively recently. But as in-car phones, CD players, climate control and adjustable seating for the driver become increasingly common, we can only expect that more people will live out their lives in their cars (it is rumoured that the little container on the dash of the new Beetle is actually a toothbrush holder disguised as a flower vase).

The solution to the problem is less apparent, and more research is clearly needed.

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**MISSION STATEMENTS** — *Pious utterances that medical trusts print beneath the expensively commissioned logos on their notepaper. Writing in Medical Interface, Rennick Baxter observed: “Who dreams them up? They are as right-minded and meaningless as an 18th-century epitaph, without any of the elegance.”*

— *From A Sceptic’s Medical Dictionary by Michael O’Donnell, BMJ Publishing Group, London (available through the CMA Member Service Centre, 888 855-2555).*