



thenolide content and bioactivity of feverfew (*Tanacetum parthenium* (L.) Shultz-Bip.). Estimation of commercial and authenticated feverfew products. *J Pharm Pharmacol* 1992;44(5):391-5.

### [One of the authors responds:]

Dr. Wong suggests that feverfew should be regarded as pharmacologic therapy. However, we included this agent in our discussion of nonpharmacologic management of migraine for 3 reasons.

First, as Wong points out, some preparations of feverfew do not contain any of the active ingredient. Second, for preparations that do contain the active ingredient, the concentration is unknown. Thus, it seems inappropriate to dignify such products by calling them pharmacologic agents. Finally, many of the agents used to treat medical conditions, including vitamins and foodstuffs, as well as the manipulation of diet to avoid certain foods, might be considered to alter a person's ingestion of chemicals, whether they be called pharmaceuticals or not.

For these reasons, and because we prefer to regard pharmacology as the scientific study of compounds used in medicinal treatment, we included feverfew in the paper concerning nonpharmacologic management of migraines.

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Competing interests: Dr. Pryse-Phillips has received consultancy fees and honoraria for work related to the treatment of headache.

### Kitchen-table medicine

Catharine Dewar's thoughtful, well-written and poignant article about Evelyn and her experience with balloon pneumoplasty<sup>1</sup> reminded me of my now-deceased fa-

ther, John McLennan, born in August 1901. The first time that I can remember seeing him naked to the waist was when I was a teenager (he was very Scottish). I noted with much curiosity and a little horror a remarkably invaginated scar in the midaxillary line of his lower left chest wall. I was told that this scar was the result of an operation performed in his home to treat empyema. My father actually used that word to describe the condition and told me that a section of rib had been taken out to accomplish the drainage. He was quite certain that the operation had taken place in his preteen years, as his father had not yet gone off to fight with the Argyll and Sutherland Highlanders in World War I.

My father emigrated from Scotland to Canada with his family in 1906, and the surgery was performed in Hamilton, Ont. Thus, the operation can be dated to between 1907 and 1914. After I became a physician, I began to wonder about the details of his ordeal. For instance, why resect a portion of rib? Would that not have posed a risk of osteomyelitis? Perhaps the offending organism was not a bone invader. Unfortunately, our curiosity often does not develop until the sources of information are unable to help with the answers.

I know that my father made a good recovery, because he used to show me photos of him (in his early 20s) and his team-mates on the ironically named "Tin Ribs" basketball team. I cannot say whether he had to blow up balloons as part of his recovery.

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### Reference

1. Dewar C. Balloon pneumoplasty, 1926. *CMAJ* 1998;159(1):61-2.

I compliment Catharine Dewar on her article about kitchen-table surgery for empyema.<sup>1</sup> As someone who underwent kitchen-table tonsil-

lectomy under ether anesthesia, I can relate to the experience of Dewar's patient, Evelyn.

Perhaps more important is Dewar's recognition of the innovative commitment of Dr. William Hamilton to his patients. The bottom-line, administrator-driven protocols so common today don't seem to leave room for such individual initiative.

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### Reference

1. Dewar C. Balloon pneumoplasty, 1926. *CMAJ* 1998;159(1):61-2.

Catharine Dewar's article<sup>1</sup> is a fascinating and well-written reflection on the contrasts between the medicine of today and that of 80 years ago, as well as a testimony to the impressive diagnostic and treatment skills of the physician in the case, Dr. William Hamilton. Dr. Hamilton was my great-uncle, the youngest brother of my grandfather, Rev. James Hamilton. He was born William Thompson Hamilton in Motherwell, Ont., near Stratford, on July 22, 1875, the youngest of 7 children.

William became a general practitioner surgeon in the east end of Toronto. His office was in his home on Broadview Avenue, and meals were often interrupted by the needs of patients. He was a fellow of the American College of Surgeons, but as far as I know he was not certified by the Royal College. During World War II he had a practice in the Medical Arts Building on Bloor Street and was on staff at the Toronto Western Hospital. When the physicians with academic medical staff appointments returned from war service, he had to move to another office on Bloor Street, where he finished his professional career.

When I was a medical student at U of T in the late 1940s and early 1950s, I often went to the home of Bill and