



with this meta-analysis was widely known and recognized, but apparently it is not. The most spectacular results ever achieved in a randomized placebo-controlled trial of homeopathy were reported in 1991 by Brigo and Serpelloni.² Their results showed a prophylactic effect that was arguably superior to any conventional therapy. A repetition of this study was carried out by Whitmarsh and colleagues³ at the Charing Cross Hospital. Their results showed no benefit whatever; in fact, there was a trend in favour of the placebo. The Italian study was included in the meta-analysis (and given prominence in the table of results), but the British study was not.

This selectively merits particular attention. The Brigo and Serpelloni study reported the largest effect of homeopathy in the world literature.

Surely if an effect of this magnitude is not reproducible in a well-designed and well-executed randomized trial, something is seriously amiss. Even more important, the omission of this “failure of replication” in a meta-analysis can only be construed as bias and must put the validity of the entire meta-analysis in question.

Perhaps the motto for all meta-analyses should be “irreproducible results in, unreliable conclusions out.” To paraphrase Skrabanek,⁴ if there are 2 extreme positions represented by $2 + 2 = 6$ and $2 + 2 = 4$, this doesn't mean that $2 + 2 = 5$.

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References

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2. Brigo B, Serpelloni G. Homoeopathic treatment of migraines: a randomized double-blind study of sixty cases (homoeopathic remedy versus placebo). *Berl J Res Homoeopath* 1991;1:98-106.
3. Whitmarsh TE, Coleston-Shields DM, Steiner TJ. Double-blind randomized placebo-controlled study of homoeopathic prophylaxis of migraine. *Cephalgia* 1997;17:600-4.
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A witch hunt against alternative practitioners?

Charlotte Gray writes that the College of Physicians and Surgeons of Ontario insists it does not target doctors who offer alternative therapies and that very few of them have been re-



ferred to its Discipline Committee.¹ I can think of about 8 such physicians who have been referred for discipline and censured over the last 10 years. Considering our small numbers — probably 150 at most in Ontario — this constitutes quite a large proportion.

The case involving Dr. Jozef Krop, which is mentioned in the article, is a particularly shameful example of how the college, in its fervour to suppress alternative medicine, has dug itself into a deep legal morass. I am ashamed to support a college that ignores completely favourable evidence from the defence and still purports to “protect the public and guide the profession.”

In the article, Registrar John Bonn is quoted as saying, “If one of our licensed doctors chooses to practise alternative medicine that’s fine so long as he sticks to the ethical standards and practises as we expect of our physicians.” If that is the case, then the college’s action against Krop should have been dropped. I no longer want to continue funding witch-hunt activity like this at the whim of some overzealous bureaucrat.

The college’s problems run much deeper than it would like to believe or is willing to admit. I’ll have to see some significant changes in protocol and behaviour before it will get my vote of confidence.

Edward Leyton, MD
Kingston, Ont.

Reference

1. Gray C. Ontario’s kinder, gentler college tries to leave old-boys’ image behind. *CMAJ* 1998; 159(7):834-6.

It was with mounting amazement that I read Charlotte Gray’s article on a “kinder, gentler” College of Physicians and Surgeons of Ontario.¹ I fail to understand where this alleged change of heart has been demonstrated.

Gray leaves the impression that Dr. Jozef Krop, whom she did not interview, is being investigated for some professional transgression, whereas the truth could have been verified easily through the public record. In the absence of patient complaints, the college disciplinary division cogitated for 10 years about whether Krop was measuring up to a

standard of medicine to which only the inner circle of the college administration is privy. The case’s absurdity is highlighted by the fact that one of the charges against Krop is that he recommended patients with contaminated water supplies drink bottled water; members of the Disciplinary Committee sipped bottled water throughout the entire hearing.

As for MPP Monte Kwinter’s private member’s bill, it did not pass third reading last year simply because government bills take priority and time ran out. It went through 2 readings with the unanimous support of all 3 parties, as it did again during first reading of this parliamentary session. Why does Gray leave the impression that it represents some misguided and failed attempt to dilute the standard of medicine in Ontario?

If college leaders were serious about changing things, they would initiate an independent investigation of their practices and policies and cease the spin-doctoring monologues members are subjected to monthly in *Member’s Dialogue*.

R.K. Ferrie, MD
Alton, Ont.

Reference

1. Gray C. Ontario’s kinder, gentler college tries to leave old-boys’ image behind. *CMAJ* 1998; 159(7):834-6.

[The author responds:]

Had I been writing a story about Dr. Jozef Krop and the whole issue of therapies that do not lend themselves to scientific scrutiny, I would of course have interviewed him, other

practitioners of complementary medicine and their critics.

However, my article focused on the activities of the College of Physicians and Surgeons of Ontario.¹ My objective was to explain to Ontario physicians, and to colleges everywhere, what is happening in Ontario and the challenges facing an institution that is being heavily criticized. I did not take sides in the article, and it is regrettable that Krop’s supporters appear to see bias in what more objective readers will accept as a straight description of process.

Charlotte Gray
Contributing Editor, *CMAJ*

Reference

1. Gray C. Ontario’s kinder, gentler college tries to leave old-boys’ image behind. *CMAJ* 1998; 159(7):834-6.

[The registrar of the Ontario college responds:]

We respect the views on complementary medicine expressed by Drs. Leyton and Ferrie, but we wish to take issue with the accuracy of some of their statements. An ad hoc committee of the college conducted an extensive evaluation of complementary medicine in Ontario and presented its findings in a report unanimously adopted by the college council in September 1997. The committee noted the erroneous perception that the college was unfairly targeting physicians who offered alternative therapies. The committee found that only 8 (1.7%) of the previous 462 consecutive referrals to the Discipline Committee over many years involved

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physicians who practised complementary medicine. More important, the fact that these physicians practised complementary medicine was not the reason for the referrals. (Although 4 of these physicians were found guilty of professional misconduct, none was found guilty because he or she offered complementary therapies.) In short, there is no evidence that this group has been singled out.

Both Leyton and Ferrie mention the case of Dr. Jozef Krop. In finding him guilty of professional misconduct for failing to meet the required standard of the profession, the Discipline Committee emphasized that the focus of the hearing had been on the clinical practice of Krop as it related to his management of 6 specific patients. It specifically declared that environmental medicine was not the issue being deliberated. The evidence, as presented by Krop's legal representative and by the college, led the committee to declare that Krop's methods differed significantly from those of the majority of practitioners tendered by the defence as knowledgeable in environmental medicine. It should be pointed out that the panel hearing the case against Krop comprised 2 members of the public and 2 physicians.

The college has conscientiously studied the issues surrounding complementary medicine. It has determined that its members may offer such services to their patients but only after providing the clinical, diagnostic and therapeutic measures that meet the standard for the profession. In doing so, this college has met its required mandate of protecting the public while guiding the profession.

John M. Bonn, MD, LLB

Registrar
College of Physicians and
Surgeons of Canada

Correction

A recent News and Analysis article (*CMAJ* 1999;160[6]:770) contained an incorrect date of death. Dr. Andrew Sherrington died Feb. 2, 1999. We apologize for this error.