



## Clamping down

Your Holiday Review contained an article by Kishore Visvanathan entitled "The Saskatoon Clamp."<sup>1</sup> The daughter of an elderly gentleman who is incontinent did not find any humour in the article. She felt it degraded seniors who had this problem. She was most upset and registered her complaint with us.

Having read the article, I believe I can understand how a person might feel insulted by it. One has to have a positive, humorous outlook on life to enjoy articles of this nature. I presume the member of the public who phoned me felt that *CMAJ* should not treat medical problems in a humorous fashion.

At times we as physicians may be less sensitive than we should be to our patients' feelings. You may wish to consider this if similar articles are to be published in the future.

### Lowell M. Loewen, MD

Deputy Registrar  
College of Physicians and Surgeons  
Saskatoon, Sask.

### Reference

1. Visvanathan K. The Saskatoon Clamp™: a new anti-incontinence device. *CMAJ* 1998;159(12):1487.

## Please, stop revealing the guild's secrets

It was with horror and outrage that I read the article by Donald Redelmeier and colleagues.<sup>1</sup> My chagrin is best captured by a quotation from that eminent physician and surgeon, Major Frank Burns of the 4077 M\*A\*S\*H: "I resemble that remark!"

To suggest that the "art" of obfuspeak on ward rounds can be reduced to simple guidelines, as these authors suggest, is an insult to all hard-working academic attendings. What would they suggest next? That we develop a scale for measuring waffling? This article exemplifies all that is evil about the practice of evidence-based medicine. (And remember, in Saskatchewan we have a long tradition of disdain for EBM.) I will provide a few examples.

First, the art of obfuspeak is an ancient medical tradition. I endured it as a resident, when I learned it from the best practitioners. All the best residents seem to learn it without guidelines. It is my duty to pass it on.

Second, evasion and distraction are complex, subtle arts. They cannot be broken down into component parts like some car. Surely the good I do by creating an air of superiority inspires confidence in me (and hence in my treatment methods), and this in turn benefits residents and patients. I know it works, so what more proof is needed? My craft has been carefully honed over time. I will not (and in fact cannot) put it into words, and hence measurable units.

Finally, the guidelines do not apply to me. My residents are not like those implied in the article. My methods are subtler and my practices different. Am I now at risk of a college reprimand for deviating from these guidelines on waffling published by *CMAJ*?

Buried in the article, however, is a sage bit of advice. Reading should be avoided. I plan to give it up soon. I also plan to give up teaching if Redelmeier and his colleagues ever give away the secret attending handshake.

### Paul M. Peloso, MD

Department of Medicine  
University of Saskatchewan  
Saskatoon, Sask.

### Reference

1. Redelmeier DA, Shuchman M, Shumak SL. How to read clinical journals: IX. Sounding like you've read the literature when you haven't read a thing. *CMAJ* 1998;159(12):1488-9.

## King Tut's curse, take 2

I was intrigued to read an item about King Tut in the "We're not making this up" section of your Holiday Review.<sup>1</sup> I've often thought that Lord Carnarvon's death, usually attributed to septicemia occurring after infection through a mosquito bite, could well have been due to anthrax acquired by inhaling spores from inside Pharaoh Tutankhamen's tomb. A malignant pustule in the oropharyngeal area could well produce an illness similar to the tragic event that caused Lord Carnarvon's demise.

Because I have previously made comments about anthrax as a possible cause for Thucydides' syndrome,<sup>2</sup> I don't want to be mistaken as a person who sees everything as a nail because his only tool is a hammer. I simply comment that anthrax certainly existed in ancient times and is often assumed to have been responsible for the fifth and sixth plagues of Egypt, which are described in chapter nine of *Exodus*. Anthrax spores could well have been present in the tomb, and there would have been a real risk of exposure once the ancient dust was stirred.

### James McSherry, MB, ChB

Professor of Family Medicine  
University of Western Ontario  
London, Ont.

### References

1. Kezwer G. King Tut's curse due to fatal spores? *CMAJ* 1998;159(12):1451-2.
2. McSherry J. Thucydides' syndrome. *CMAJ* 1998;159(1):21-2.

### Submitting letters

Letters may be submitted by mail, courier, email or fax. They must be signed by all authors and limited to 300 words in length. Letters that refer to articles must be received within 2 months of the publication of the article. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

### Note to email users

Email should be addressed to [pubs@cma.ca](mailto:pubs@cma.ca) and should indicate "Letter to the editor of *CMAJ*" in the subject line. A signed copy must be sent subsequently to *CMAJ* by fax or regular mail. Accepted letters sent by email appear in the Readers' Forum of *CMA Online* ([www.cma.ca](http://www.cma.ca)) promptly, as well as being published in a subsequent issue of the journal.