

Correspondance

choice of “l’oreille” over “l’oreillette,” proposed by our francophone translators, was a deliberate attempt to be playful with connotations. In English, “The Left Atrium” has resonances with anatomy (we examine the heart — the metaphorical one — and its place in medicine), politics (dare we be left of centre?) and architecture (we offer an open, welcoming space).³ All of this, whatever it means, is difficult to convey at one fell swoop in translation, but we would love to receive suggestions for an interesting alternative.

Anne Marie Todkill

References

1. Gervais L. Jeu de maux [letter]. *CMAJ* 1999; 160(10):1432.
2. Saumure M. Jeu de maux [letter] *CMAJ* 1999; 160(10):1432-3.
3. Todkill AM, Hoey J. Entering “The Left Atrium.” *CMAJ* 1999;160(1):67-8.

The Latimer case

Despite the publicity that the Latimer case has received it is still difficult to understand the medical circumstances that drove the father of this unfortunate child to mercy killing. Why could she not have had stronger analgesics? Why was she subjected to many surgical procedures that failed to give her relief and even might have made her suffering worse? I think it appropriate for the medical community to be frank about what we might have done wrong.

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The future of medicine

I was disappointed that the work done by the Ontario Medical Association's Committee on Medical Care and Practice in the late 1980s was not acknowledged in the recently published Cana-

dian Medical Association policy statement entitled “The future of medicine.”¹ During my time at the OMA, the association made significant contributions to building innovative foundations² from which the CMA could take flight, but these contributions were rarely recognized.

John Krauser

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References

1. Canadian Medical Association. The future of medical [policy statement]. *CMAJ* 2000;163(6): 757-8.
2. Krauser J. Health-care reform, the future of medicine, and the return of power to the community. *Hum Health Care Int* 1997;13(4):131-5.

Holiday levity

What a joy to read the holiday issue of *CMAJ* (Dec. 12, 2000), from cover to cover, I might add. An edition such as this leavens the dull bread of everyday life.

James Baker

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Corrections

A recent article from the Canadian Task Force on Preventive Health Care contained 2 errors.¹ In Table 2, the number of women in the control group of the NBSS-1 trial was 25 216, not 24 216. In Table 3, the compliance with the first exam in the NBSS-1 trial was 99% (86–90% was the compliance with the second round of screening).

Reference

1. Ringash J, with the Canadian Task Force on Preventive Health Care. Preventive health care, 2001 update: screening mammography among women aged 40–49 years at average risk of breast cancer. *CMAJ* 2001;164 (4):469-76.

The competing interests statement in a recent article by Joseph LaDou and colleagues was incomplete.¹ One of the authors, Vito Foa, has given advice to and legal testimony on behalf of an Italian railcar construction company from which people have sought compensation for alleged asbestos-related illnesses.

Reference

1. LaDou J, Landrigan P, Bailar JC III, Foa V, Frank A, on behalf of the Collegium Ramazzini. *CMAJ* 2001;164(4):489-90.

Submitting letters

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