

academic faculty of medicine and create a supportive environment for medical students. Also, the people acting as mentors and promoting this philosophy are often students' most vocal advocates.

With regard to the authors' notion that female academics often take a different career route than "their male counterparts," perhaps we should broaden our definition of academic and professional success to encompass a variety of alternative pathways and thus to ensure that no academic physician is prevented from building his or her career in a nontraditional way. Facilitating such a paradigm shift will allow physicians to attend to family responsibilities, professional projects and personal growth, the common endpoints being the development of diverse skill sets and truly satisfied academic physicians.

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Reference

1. Palepu A, Herbert CP. Medical women in academia: the silences we keep [editorial]. *CMAJ* 2002;167(8):877-9.

[The authors respond:]

We thank Rose Hatala, Shirley Epstein and Sachin Pendharkar for their letters, as well as our colleagues who were prompted by our commentary¹ to share with us their experiences of being a woman in medicine. We agree with Hatala and Pendharkar that the academic structure needs to evolve and that multiple pathways ought to be available to allow both women and men to be successful as medical school faculty. We also agree that the definition of success needs to be broadened. Curricula that address issues of gender, culture and socioeconomics in health and medicine may help future physicians to better deal with the complex relationships that they will certainly encounter in their training and practice, whether in the community or in academia. We echo Hatala's call for understanding and for

rooting out the cultural biases that lead to discrimination. In many cases discrimination has become increasingly subtle, although a number of women physicians shared appalling experiences of outright harassment. We admire their courage, persistence and difficult choices. Finally, Epstein's reflections on her career resonated with us. Of course, there will always be things that could have been done differently, but when faced with difficult choices, we should try to be fair to ourselves.

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Reference

1. Palepu A, Herbert CP. Medical women in academia: the silences we keep [editorial]. *CMAJ* 2002;167(8):877-9.

Viral genomes

Alison Sinclair's article on the polymerase chain reaction¹ was an excellent, concise review of the topic, but it contained an important error.

Reverse transcriptase polymerase chain reaction is a valuable tool in research, diagnosis and patient management in certain diseases, particularly HIV infection. The article mentions Herpes simplex virus as an example of the RNA viruses that can be detected by this method. However, members of the virus family *Herpesviridae*, which contains Herpes simplex virus 1 and 2 as well as varicella zoster virus and Epstein-Barr virus, all have DNA as their genomic material.²

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References

1. Sinclair A. Genetics 101: polymerase chain reaction. *CMAJ* 2002;167(9):1032-3.
2. Roizman B, Pellett PE. The family *Herpesviridae*: a brief introduction. In: Knipe DM, Howley PM, editors. *Fields virology*. 4th ed. Philadelphia: Lippincott, Williams and Wilkins; 2001. p. 2381-97.

Corrections

A recent *CMAJ* article on the polymerase chain reaction¹ correctly stated that the method is used to detect RNA viruses, but presented an incorrect example. Herpes simplex virus was mentioned as an example of an RNA virus, but it is a DNA virus.

In addition, the article incorrectly stated that the thermostable DNA polymerase was originally derived from bacteria in deep-ocean thermal vents. In fact, the original polymerase came from thermal springs; a subsequent generation of polymerases was of thermal vent origin.

Reference

1. Sinclair A. Genetics 101: polymerase chain reaction. *CMAJ* 2002;167(9):1032-3.

An additional correction to the *CMAJ* supplement containing the 2002 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada¹ should be noted. In the right column of page S1, the list of endorsing organizations includes the Canadian Rheumatology Association. Other corrections appear in *CMAJ* 2003;168(3):400.

Reference

1. Brown JP, Josse RG, for the Scientific Advisory Council of the Osteoporosis Society of Canada. 2002 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada. *CMAJ* 2002;167(10 Suppl):S1-S34.

In the Feb. 4 article on Parkinson's disease, the photo credit is missing from Fig. 1. The credit line should read "Lianne Friessen/Nicholas Woolridge."

Reference

1. Guttman M, Kish SJ, Furukawa Y. Current concepts in the diagnosis and management of Parkinson's disease. *CMAJ* 2003;168(3):293-301.