

of those affected are elderly.³ Limitation of daily activities and inability to perform economically productive activities cause decreases in family income and deterioration in living standards. Reduced income, poor housing, and lack of safe drinking water and sanitation result in increases in infectious and nutritional deficiency diseases. Thus begins a vicious cycle: disability leading to poverty leading to disease leading to more disability.

There is an urgent need to establish an international centre to coordinate efforts to rehabilitate affected patients and limit their disability.

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References

1. Radhakrishna M, Satkunam L. Rehabilitation medicine: introduction to the series [editorial]. *CMAJ* 2003;169(9):928.
2. Roy R. Vision of disability limitation. In: Rehabindia.com: the modern answer for pain, analysis and disability [Web site]. Calcutta: TRA General Hospital; 2002–2004. Available: www.rehabindia.com/vision-of-disability-rehabilitation.htm (accessed 2003 Nov 7).
3. Park K. *Textbook of preventive and social medicine*. 17th ed. Jabalpur, India: Banarasidas Bhanot Publishers; 2003. p. 134.

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[The authors respond:]

In North America, rehabilitation is often viewed as a process that is required after a distinct health-related event. Examples of such events, including musculoskeletal injury, stroke and spinal cord injury, are listed in our commentary.¹ Maulik Baxi presents the perspective of the developing world, where poverty, sociopolitical unrest and poor infrastructure combine to cause impairment and hence disability.

Where health care and rehabilitation services are lacking, impairments lead to greater disabilities and hence have a greater impact on an individ-

ual's level of function. This problem occurs not only in the developing world but also in certain isolated regions in developed countries. A person living with spinal cord injury will have a better chance of achieving the highest degree of function possible if he or she lives where there is adequate access to health care and employment opportunities, as well as wheelchair-accessible roads and buildings, than would be the case in a region without such infrastructure.

We concur with Baxi that rehabilitation is an integral aspect of health care and that the setting where the patient lives has a central effect on his or her level of function.

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Reference

1. Radhakrishna M, Satkunam L. Rehabilitation medicine: introduction to the series [editorial]. *CMAJ* 2003;169(9):928.

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Correction

In a recent review article on hyponatremia,¹ the corresponding author's contact information (page 369) should have read as follows: Dr. Karen E. Yeates, Etherington Hall, Queen's University, 94 Stuart St., Kingston ON K7L 2V6; fax 613 548-2524; yeatesk@post.queensu.ca.

Reference

1. Yeates KE, Singer M, Morton AR. Salt and water: a simple approach to hyponatremia. *CMAJ* 2004;170(3):365-9.

DOI:10.1053/cmaj.1040280

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