Sex ratio for medical residencies

Mark Baerlocher and Allan Detsky report that, between 1995 and 2004, men were more likely than women to be rejected from their top-ranked discipline when applying to Canadian residency programs. They suggest that female residency applicants might have had a competitive edge on their male counterparts or that selection committees might have been consciously or unconsciously exhibiting bias.

Another factor might be sex-related differences in admissions to Canadian medical schools. Of the 10,957 applicants receiving at least one offer of admission from 2000/01 to 2004/05, 4,554 were men and 6,403 were women. Two factors appear to have contributed to this imbalance. First, fewer men (18,277) than women (23,620) applied to Canadian medical schools over that period. Second, male applicants were less likely than female applicants to be granted admission: 24.9% of the male applicants and 27.1% of female applicants received at least one offer of admission. The net result is that female medical students outnumbered male medical students (by a ratio of 7:5) over this 5-year period.

Being outnumbered by the competitively superior and/or preferred sex suggests that men may continue to experience greater difficulty than women in acquiring a residency position in their top-ranked discipline.

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REFERENCES

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Yes to “febrile,” no to “flu-like”

I would like to suggest that all physicians make an effort to stop referring to febrile illnesses as “flu-like.” This habit gives the lay public an incorrect idea of the symptoms of influenza.

I have read numerous articles on gastroenteritis in the lay press that contain phrases such as “many people think they have the flu, since the symptoms are similar” or “it can be tricky to identify a food-borne illness, since symptoms are similar to flu symptoms.”

If the people of Walkerton, Ontario, had known that there is no nausea, vomiting, or diarrhea associated with influenza, maybe they would have sought medical help much sooner and lived.

So, doctors, please make an effort to call an illness with fever and myalgia a “febrile illness.”

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Corrections

In our recent article on hepatitis C, the correct sentence is “For analgesia, small doses of ASA (\(< 2 \text{ g/d})\) are vastly preferable to NSAIDs in patients with liver disease.” The medication is acetaminophen instead of ASA as printed. Also, the correct e-mail address for Dr. Tom Wong is tom_wong@phac-aspc.gc.ca.

REFERENCE

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In the References section on page 484, listings 12-18 are out of order. Citation 12 in the text actually refers to number 16 in the References listing; citation 13, to the listing numbered 12; citation 16, to listing 17; citation 17, to listing 18; and text citation 18, to listing 13.

REFERENCE

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The DOI published in a recent News item was mistakenly listed as 10.1503/cmaj.060222. It should have been read 10.1503/cmaj.060229.

REFERENCE

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