

REFERENCE

1. The editorial autonomy of *CMAJ* [editorial]. *CMAJ* 2006;174(1):9.

DOI:10.1503/cmaj.1060041

A lingering mistake

I would like to draw attention to a bizarre reference that occurs in a commentary by Robert Rangno in a 1997 issue of *CMAJ*. The author puts dimenhydrinate on the same plane as astemizole and gives the unassailable R.L. Woosley as a reference. I quote:

Is any antihistamine safe? Even rare fatal events are a high price to pay for the symptomatic relief of hayfever. What about older, less costly drugs, or the newer nonsedating antihistamines? Woosley has classified these alternatives as follows: cardiotoxic drugs, i.e., terfenadine, astemizole, diphenhydramine, dimenhydrinate. These prolong the QT interval and have been fatal.¹

Except that this is false. Woosley does not even mention this compound in his article in the cited article.² I know it is long after the fact. But the Internet search system is such that when one does a search of dimenhydrinate and QT, one immediately comes across Rangno's article, and the misinformation continues to circulate, relying on the Woosley association, which no one seeks to question. In my opinion, a way ought to be found to prevent this from continuing. One wastes a lot of time verifying this type of information. Certainly no one will think to do it, given the authority of Woosley.

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2. Woosley RL. Cardiac actions of antihistamines. *Annu Rev Pharmacol Toxicol* 1996;36:223-32.

DOI:10.1503/cmaj.1050222

Who is that bear?

Dr. Ursus won't last long allowing his practice to run him.¹ There must be an appropriate balance of work and relaxation. A doctor who wants to go the distance must prepare himself or herself in the same way that athletes train for optimal performance; this requires adequate sleep, a healthy diet, exercises and time for the body and mind to recover. Anything less results in a short career. The dilemma faced by Dr. Ursus begs an obvious response: run your practice, don't let your practice run you.

Is Dr. Ursus one person, several people, or a vehicle to face the reader with the dilemmas of practice? I turn to his column first when reading the journal.

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1. Query. *CMAJ* 2005;173(8):1000.

DOI:10.1503/cmaj.1050234

[The senior deputy editor responds:]

Our bearish correspondent from the wilds of small-town family practice is indeed one physician, not several, but his trials are shared by many. His portraits are drawn from life; of necessity, they are not always exact copies. Dr. Ursus wishes to convey his appreciation to readers who have written to express concern and offer advice.

Anne Marie Todkill

CMAJ

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A prejudicial term

We take exception to the use of the word "pariah" in a recent commentary by Richard Smith.¹ No aspect of Indian history has provoked more controversy than the chronicles of caste divisions and untouchability. However, caste-like divisions have been found in the history of most societies. In modern India, practising untouchability is illegal.

The word "pariah" was first recorded in English in 1613. The *Encyclopedia Britannica* definition reads: "formerly known as untouchables but renamed by the Indian social reformer Mahatma Gandhi as 'Harijans' (children of the God Hari/Visnu, or, simply, children of God). The word pariah — originally derived from Tamil language word paraiyar, 'drummer' — once referred to the Paraiyan, a Tamil Nadu caste group" (www.britannica.com).

When the word "pariah" is used in the international news media, it attributes the meaning of an outcast. This word has appeared at least 4 times in this sense in *CMAJ* since 2000. In English, it apparently conveys an undignified meaning that is undermining to an indigenous caste group. Its use should be avoided.

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1. Smith, R. The private sector in the English NHS: from pariah to saviour in under a decade. *CMAJ* 2005;173(3):273-4.

DOI:10.1503/cmaj.1060036