

that treat Medicare patients in the United States. These efforts have been highly effective.

Although the Canadian Council for Donation and Transplantation has made some efforts, there has not been a significant increase in organ donation rates in Canada and our organ donation system is still fragmented. Although there are different provincial health jurisdictions in Canada, we do have universal health services in this country, which provide a platform for collaboration between the provinces and territories. I believe that people's generosity and altruism will eventually overcome the barriers between jurisdictions.

A national centre for donation and transplantation would be able to oversee all aspects of transplantation in Canada, could work to gain the public's trust in allocating organs and could communicate efficiently with authorities in each province and territory. We need a major "transplantation" in Canada if we want to match the success of the US United Network for Organ Sharing.

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[The author responds:]

The points made in the letter from David Hollomby and colleagues are ones made by Ms. Young in the original News article.¹ Dr. Martin takes issue with the notion that Canada lacks a national registry or mechanism for allocating organs, similar to the United Network for Organ Sharing, and argues that the existing informal arrangement for allocating livers, albeit underfunded, operates to tackle ways to optimize liver allocation and transplant outcomes. The News article did not suggest otherwise and it certainly does not state that organ sharing is some-

how an afterthought. On the contrary, it stated that there is limited sharing within programs. It also noted that the liver community may soon adopt a more formal allocation system that gives preference to urgent cases under a status system.

Both of these letter writers argued for a quintessential made-in-Canada system to "reflect our reality," as Dr. Martin so eloquently put it. As the News article made clear, neither should be concerned on that score. Such a unique system is already here.

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Auspitz sign-off

I read with interest the Clinical Vistas Brief by Ahmad Ayaz Sabri and Muhammad Ahad Qayyum.¹ Papillary bleeding upon removal of psoriatic scales has been called the Auspitz sign, but the phenomenon was described by

several authors before Auspitz, namely, Hebra, Turner, Willan and Plenck.² Bernhard showed this sign to lack sensitivity (only 41 of 234 patients with psoriasis exhibited the sign) and specificity for psoriasis (a similar phenomenon could be observed with many non-psoriatic lesions).³ Although the Auspitz sign stubbornly persists in many textbooks, it most likely should not be used as a modern diagnostic tool.

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[The authors respond:]

CMAJ's Clinical Vistas Briefs are presented as short diagnostic quizzes de-