

have the time, the money or the manpower to mount the definitive study: waterbeds cause reflux. And remember, you heard it first here.

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Parkinson's disease

Drs. Erik C. Wolters and Donald B. Calne's contribution to the series Recent Advances in Pharmacotherapy (*Can Med Assoc J* 1989; 140: 507-513) is a valuable article for those of us that encounter Parkinson's disease in our practices.

Another therapeutic modality found useful for those with this condition is electroconvulsive therapy (ECT). As an adjunctive treatment it lessens both motor and depressive symptoms.^{1,2}

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References

1. Balldin J, Eden S, Granerus AK et al: Electroconvulsive therapy in Parkinson's syndrome with "on-off" phenomenon. *J Neural Transm* 1980; 47: 11-21
2. Fink M: ECT for Parkinson's disease [E]? *Convulsive Ther* 1988; 4: 189-191

Drs. Wolters and Calne have focused on the pharmacologic treatment of Parkinson's disease, although they comment on brain implantation of adrenal medullary tissue as an experimental alternative. Notably absent is any reference to stereotactic surgery or to ECT. Considerable case material illustrates the relief afforded by ECT,¹ and the mechanism for ECT's efficacy in this disease has been suggested.² ECT is a noninvasive treatment modality that may be of benefit to patients refractory to or poorly tolerating pharmacologic treatment.

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References

1. Fink M: ECT for Parkinson's disease [E]? *Convulsive Ther* 1988; 4: 189-191
2. Fochtmann L: A mechanism for the efficacy of ECT in Parkinson's disease. *Ibid*: 321-327

[Dr. Calne responds:]

I entirely agree with the comments of Drs. Milroy and Hyrman about ECT, and I am coauthor of a paper on this topic.¹ The reason that our review did not deal with this form of treatment can be found in its title. We were asked specifically to deal with pharmacotherapy. Because of the high level of public interest in transplantation we did mention it, but we considered that our main responsibility was to discuss the status of the various drugs currently used to treat Parkinson's disease. The same explanation underlies our decision not to discuss stereotactic surgery, which is now very seldom performed in patients with this condition.

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Reference

1. Hurwitz TA, Calne DB, Waterman K: Treatment of dopaminomimetic psychosis in Parkinson's disease with electroconvulsive therapy. *Can J Neurol Sci* 1988; 15: 32-34

Treatment of parasitic infections: Canadian versus US recommendations [correction]

In Table III of this article, from the Committee on Antimicrobial Agents of the Canadian Infectious Disease Society (*Can Med Assoc J* 1988; 139: 849-851), the dose of ivermectin should be 150 µg/kg rather than mg (as in the article) or µg (as in an earlier correction, provided by the committee [*Can Med Assoc J*

1989; 140: 15]). According to Dr. Brian White-Guay, of Merck Sharp & Dohme Research Laboratories, Rahway, New Jersey, ivermectin (Mectizan) is available as scored tablets, each containing 6 mg, and therefore the recommended dose is one-half to two tablets, depending on body weight. This recommendation applies to adults and to children 5 years of age or older; ivermectin's safety in younger children has not been established. The committee apologizes for the confusion. — Ed.

Acute pancreatitis associated with HIV infection [correction]

The last sentence in the fourth paragraph of this case report, by Drs. David Clas, Julian Falutz and Lawrence Rosenberg (*Can Med Assoc J* 1989; 140: 823), should have read as follows: "The cytomegalovirus antibody titre was 1:8 and remained constant for 5 weeks." — Ed.

Licensure: Competence to do what? [correction]

In the response of Dr. Dennis A. Kendel (*Can Med Assoc J* 1989; 140: 891-892) to the letter from Dr. Lorne Bellan (*ibid*: 889-891) a phrase was accidentally omitted from the third sentence of the third paragraph. The sentence should have read as follows, with the missing phrase in italics: "As of July 1, 1990, it [the College of Medicine at the University of Saskatchewan] will provide postgraduate educational opportunities that will enable 60% of its 60 graduates to qualify for licensure through *Royal College residencies* and 40% to qualify for licensure through family medicine residencies." — Ed.