radar "jamming" procedures. In case of capture, he had with him a pill that would rapidly end his life. To ensure that it did, he was accompanied by 10 sharpshooters from the South Saskatchewan Regiment, who had orders to kill him should the Germans catch him alive. He succeeded in getting information that satisfied Air Commodore V. Tait that he was on the right path in creating a radar offensive against the German "Freya" system. This resulted in the D-Day armada arriving undetected by the enemy.

Jack Nissen, when last heard of, was living in Thornhill, Ont. On a previous raid at the Bruneval radar site, another RAF sergeant who brought back technical material about the Wurzburg radar system was awarded the Military Medal. I am told that Nissen was named for a medal but that the recognition was not considered expedient for security reasons.

This story can be added to the lessons learned.

Jim Treloar, MD, FRCPC
Vancouver, BC

Reference

1. Nissen J, Cockerill AW. *Winning the radar war.* Toronto: MacMillan of Canada, 1987.

Dr. Donald E. Smith says it is "obviously a fabrication" to state that the Normandy invasion (as well as almost every major allied landing in North Africa, Europe and the Pacific) owed its overwhelming initial success to lessons learned from the costly débâcle at Dieppe, but he provides no evidence to support his view.

I was a Recce Troop tank officer in a British Armoured Regiment in the invasion of Normandy. The invasion could have been a complete and catastrophic failure, thus prolonging the war and causing even more casualties. That it was done the right way was largely due to Dieppe — "where brave men died without hope for the sake of proving that there is a wrong way to invade," as a contemporary *New York Times* article stated. Out of 4963 Canadians, 907 (18%) died. The truth of Dieppe lies in what followed: the development of new techniques. The idea of capturing a port on the first day of an invasion was abandoned in favour of beach landings, specialized assault craft for destroying obstacles, "swimming tanks," artificial harbours and overwhelming support from naval and aerial bombardment.

Other wartime assaults also resulted in heavy casualties. In the German airborne invasion of Crete in May 1941, 18% of the men were killed; in the British Commando raid on St. Nazaire, France, in March 1942 almost 25% were killed; in the US Marine landing in Tarawa, Pacific Atoll, in November 1943 almost 20% were killed. At Tarawa poor beach reconnaissance was a vital factor and the lessons from the Dieppe raid, which occurred some 15 months earlier, although well known, were not applied.

Canada lost 42 000 soldiers, sailors and airmen in World War II. Smith wants an annual holiday to recognize the Dieppe veterans. It seems most appropriate to remember them on Remembrance Day, together with all of those other heroes who never came back, many of them lying in unmarked graves.

A.M. Warrington, MB, BS
Tsawwassen, BC

[Dr. Smith responds:]

Dr. Warrington claims that I provide no evidence to support the view that the Dieppe raid was an example of gross military incompetence on the part of the High Command. He ignores my quotations from Field-Marshal B.L. Montgomery,[1] Anthony Cave Brown[2] and C.P. Stacey.[3]

I ask Warrington to read the definitive study of the Dieppe raid, *Unauthorized Action — Mountbatten and the Dieppe Raid*, by the distinguished historian Brian Villa.[4] The new edition, published in 1994 with an epilogue, is even more disturbing than the original work.

Perhaps Warrington will accept the opinion of the leading British military historian, John Keegan.[5]

> Dieppe, in retrospect, looks so recklessly hare-brained an enterprise that it is difficult to reconstruct the official state of mind which gave it birth and drove it forward. . . . It is as illuminating to say of Dieppe — as it was and is often said — that it taught important lessons about amphibious operations as to say . . . of the Titanic disaster that it taught important lessons about passenger design. In the [Titanic] case no improvements could compensate the victims, in the [Dieppe] case none could rectify an experiment which was fundamentally misconceived. Even if Canada could not do so, it was better that the planners should forget about Dieppe. And so, in a sense, they did.

As the 19th of August passes by yet again, I am saddened to realize that the true story of this cruel tragedy is not yet generally known and not properly recognized by this country.

Donald E. Smith, MD, FRCPC
Oshawa, Ont.

References

1. Montgomery BL. *The memoirs.* Cleveland and New York: World, 1958.
2. Brown AC. *Bodyguard of lies.* Toronto and Montreal: Fitzhenry and Whiteside, 1975.
3. Stacey CP. *Official history of the Canadian army in the Second World War.* Ottawa: Department of National Defence, 1955.
4. Villa B. *Unauthorized action: Mountbatten and the Dieppe Raid.* Rev ed. New York: Oxford University Press, 1994.
5. Keegan J. *Six armies in Normandy: from D-Day to the liberation of Paris.* New York: Penguin Books, 1994:120,124.

An ethics must-read

It is with great interest that I have read the articles on medical ethics that have appeared in *CMAJ*. However, while in "Prevention. How much harm? How much benefit? 4. The ethics of informed consent for preventive screening programs" (*Can Med Assoc J* 1996;155:377-83)

Dr. Kenneth G. Marshall quotes R.M. Veatch, neither Marshall nor Dr. Edward Etchells and colleagues ("Bioethics for clinicians: 2. Disclosure," *Can Med Assoc J* 1996;155: 387-91), writing in the same issue, refer to the seminal article by Veatch (and subsequent letters).[1] Veatch questions whether physicians can obtain fully informed consent. Can physicians know what their patients want? Can patients understand medical procedures without becoming physicians overnight? I think the views expressed by Veatch should be given to all students, residents and physicians as mandatory reading.

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Reference

1. Veatch RM. Abandoning informed consent [see comment]. *Hastings Cent Rep* 1995;Mar–Apr: 5-12. Comment in: *Hastings Cent Rep* 1996; Jan–Feb:2-4.

Picking up the tab for rehabilitation care

Dr. Murray Waldman makes an important point about the increase in outpatient rehabilitation costs in his article "Conflict of interest, physicians and physiotherapy" (*Can Med Assoc J* 1996;154:1737-9).

To make a valid comparison between outpatient costs of rehabilitation, as covered by insurance companies, and inpatient length of stay and costs, it would be helpful to know further details.

In my experience, reducing inpatient stays for patients with fractured hips and for those undergoing total joint replacements has resulted in a direct increase in outpatient costs, as patient care is transferred from one setting to another. Hence, the quality of care does not change, but the nature of the care provided does. This obviously results in cost savings to the system.

People I know but have not treated who have undergone a total hip replacement in Toronto, not necessarily at Waldman's facility, have told me that their convalescent care was provided in nursing homes, to decrease their length of stay in hospital. I would be interested in knowing whether, in Waldman's experience, the use of nursing homes for these patients was an isolated case or a common practice.

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Those DARN acronyms

I empathize completely with Dr. Roy M. Humble ("MD boggled by acronyms in *CMAJ*," *Can Med Assoc J* 1996;155:274). In addition to his new acronym, TPOGM, which stands for the practice of good medicine, may I propose a further acronym: DAMN for don't abbreviate more than necessary? Or, better yet, its euphemism DARN for don't abbreviate unless really necessary?

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Harm-reduction strategies weapon of choice in BC's battle with drug addiction [correction]

Because of an editing error, this article by Heather Kent (*Can Med Assoc J* 1996;155:571-3) stated incorrectly that drug addiction costs British Columbia taxpayers $1.5 billion a year in social-service costs. The correct estimate is $500 million. We apologize for this error. — Ed.

Continuing the tradition [correction]

In this editor's page (*Can Med Assoc J* 1996;155:855) the e-mail address given for John Hoey was incorrect. Readers wishing to send comments and suggestions to him by e-mail can address them to hoeyj@cma.ca. We apologize for this error. — Ed.

Maintenir la tradition [correction]

Nous avons donné dans cette page du rédacteur en chef (*Can Med Assoc J* 1996;155:855) la mauvaise adresse électronique. Les lecteurs et lectrices qui souhaitent faire parvenir électroniquement leurs commentaires et suggestions à John Hoey voudront bien noter l'adresse suivante : hoeyj@cma.ca. Nous sommes désolés de cette erreur. — Réd.