

there is no indication of who has been using this therapy and where its effects were reported. Second, the article reports an anecdotal experience, with all of the inherent drawbacks of such a report. Third, it states that carpal tunnel syndrome (CTS) is a repetitive-strain injury. Although repetitive hand use may be a contributing factor, it is by no means the only one. Fourth, it states that CTS "is becoming increasingly prevalent in the high-stress fast-paced computer age." Is this stress physical or psychologic? The effects of both on CTS are contestable. Keyboard users often have pain in their hands and forearms, but CTS probably plays a small role in these symptoms. Most patients probably have one of several muscle and tendon disorders. Finally, the symptoms listed are not those widely recognized as characteristic of CTS. CTS is compression of the median nerve within the fibro-osseous carpal tunnel of the wrist. The cardinal symptom is paresthesia in the median-innervated fingers of the hand; this symptom is most marked at night. Clumsiness of the hand is a late feature of CTS, and "severe swelling of the hands, cold hands, impaired grip strength" are highly atypical.

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The short news item on a treatment of CTS sets a dangerous precedent for *CMAJ*. Scientific material submitted to the journal should always be rigorously reviewed. The treatment described has not been properly tested and should not be published in a scientific journal. Including pseudoscientific information in a section of short news items is ill advised.

Of most concern is the description of CTS: "A repetitive-strain injury . . . increasingly prevalent in the

high-stress, fast-paced computer age." CTS, in the eyes of most neurophysiologists, does not belong to the diagnostic category of repetitive-strain injuries, nor has it been proven to be linked to the use of computer keyboards. Most articles stating a link are from unreliable sources. The article most commonly quoted to support such a theory does not even mention a possible link with typing.<sup>1</sup> Another frequently quoted source is a letter in a scientific journal,<sup>2</sup> the author of which referred to statistics quoted in *PC Magazine*! Of course, those subsequent citations do not specify that the original reference is not a study. I certainly hope that I will not read more so-called evidence of "computer-induced CTS" that quotes our own *CMAJ*.

The truth is, we do not yet really know what the link is between keyboard use and CTS. I am sure that the editorial staff meant well, but, given the stature of the journal, I recommend that *CMAJ* not publish this type of report in the future.

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#### References

1. Feldman RG, Goldman R, Keyserling WM: Classical syndromes in occupational medicine: peripheral nerve entrapment syndromes and ergonomic factors. *Am J Ind Med* 1983; 4: 661-681
2. Schmaus DC: The risk of carpal tunnel syndrome with computer use. *AORN J* 1990; 52: 383-384

#### [The news and features editor replies:]

Material that appears in *At a Glance* is abbreviated, and during that process important facts are sometimes inadvertently omit-

ted. The item on CTS was drawn from a news release from the University of Toronto, and our report should have included the following information. Work on the new treatment for CTS was conducted by a team led by Professor Norman Salansky of the University of Toronto's Institute for Aerospace Studies, who helped develop the treatment method. Other members of the study team were Drs. Brian Kleinberg, Judy Snider and Natalia Filonenko of International Medical Instruments. Their work was partially funded by the Department of National Defence. Their findings were presented at the International Conference on Lasers in Surgery and Medicine, held in Toronto last year. Information is available from Professor Salansky, tel 416 667-7716. We apologize for omitting this information from the original report. We publish this type of information as a service to physicians who are interested in developments in different fields. Given the comments of Drs. Stewart and Tardif, we are rethinking this policy.

Patrick Sullivan  
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News and Features

### FAMILY-MEDICINE CENTRES CAUGHT IN FUNDING CRUNCH

Most people would agree that public policy and government initiatives are at best blunt instruments and at worst oxymorons. The current haste to downsize hospitals (characterized as big, bad and expensive) and to move health care into the community (leaner, better and more cost-effective) has had unanticipated outcomes that demonstrate how difficult it is for governments to avoid shooting themselves in the foot and others in more vital places.