

ble prerequisite. This includes modelling, figure skating and gymnastics.

Parents are urged to always be on guard against obesity in their preadolescent children. Girls become preoccupied with their weight. Clothes are designed for very skinny figures and are modelled by girls who look almost cachectic.

We do not know all of the antecedents of eating disorders such as anorexia nervosa and bulimia, but societal pressure to remain slender is a powerful force driving our young to desperation.

Our dancers and skaters should be able to compete and to be admired without starving or purging themselves to illness.

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## Physicians of the future

In his Editor's Page of Sept. 15, 1989 (141: 505) Dr. Bruce P. Squires, suffused in his annual "autumnal exuberance", proclaims that a hitherto unsuspected New Deal in Medical Education, proudly proselytized by the crusaders at McMaster University, will sweep away "traditional concepts" and transform medical students and the very essence of clinical practice. I doubt it.

When Squires talks of a great leap forward in medical education, from a "teacher-centred, subject-based" system to "student-centred, problem-based learning", I am genuinely disturbed. In the excellent hospital that provided me with my basic clinical skills (after fundamental "masses of facts" in anatomy, physiology and pathology had been mastered) medical education was primarily acquired at the bedside or in the outpatient department, under the guidance of experienced and compassionate "experts". The philosophy underlying this process and the

clinical practice it was preparation for was a patient-centred, disease-based learning system.

Certainly communication and understanding will remain vital attributes for any good physician, but no more so than the ability to elicit signs and symptoms, a wide knowledge of the biopsychosocial etiology of disease and a mastery of effective therapies.

For some years now there has appeared a hoard of computer-driven soothsayers, cost-efficient bureaucrats and erudite authorities, not to mention a plague of pseudophysicians, who seem quite willing to take control over medical practice when they have neither the aptitude nor the qualifications. I suggest that the greatest challenge facing our medical educators is to help future physicians restore the undignified corpse of a once justly proud and able profession to its rightful, self-confident and respected place in our society. We are experts in medical care, although I am not aware of any doctor who ever claimed the infallibility alleged by Squires.

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## Third World aid

I support the letter of Dr. John V. Fowles and Kathleen M. LePoer Fowles (*Can Med Assoc J* 1989; 141: 767-768) and that of Dr. Timothy Bood (*ibid*: 768) in response to Dr. W. Harding le Riche's article "Third World aid: A road to disaster, paved with good intentions" (*ibid*: 58-60).

Certainly we should be concerned about the world's population and try to limit it, but this will do little good if we continue to destroy Earth. The greatest polluters and users of energy, of course, are the Western countries, and many of them are approaching or are below zero population growth. If these countries do not stop their destruction of the environment, there will be little pur-

pose in trying to limit the population in Third World countries.

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## It is 25 000 operations and counting for Dr. Howard Gimbel [correction]

This article (*Can Med Assoc J* 1989; 141: 710-711), by Terry Moran, stated incorrectly that six members of Dr. Howard Gimbel's family employed at the Gimbel Eye Centre, in Calgary, are encouraged to observe the surgical procedures performed there. Gimbel says that the article should have stated that members of patients' families are encouraged to do this in order to "educate and involve the family in the patient's surgical procedure". He also says that the article may have left the incorrect impression that phacoemulsification is performed only at his clinic and one operated by Dr. Don Johnson, of Vancouver, when in fact it is performed at hospitals across the country. We apologize to Gimbel for the errors. — Ed.

## Correlates of certification in family medicine in the billing patterns of Ontario general practitioners [correction]

In this article (*Can Med Assoc J* 1989; 141: 897-904), by Dr. Christel A. Woodward and colleagues, the headings for the two columns of data in Table I were accidentally switched. We apologize to the authors for the error. — Ed.