paramedical workers. This would be fine for a local newspaper but is not fine for a publication by physicians for physicians.

I am interested to know the amount of operating funds *CMAJ* obtains through physician membership in the CMA. Also, would the pharmaceutical companies continue to pay for advertising space if more physicians took Dr. Peter T. Gropper's honourable position ("Exodus of Canadian physicians" [*Can Med Assoc J* 1992; 147: 1747])?

If *CMAJ* does obtain funding from physicians perhaps we should vote with our pocketbooks instead of our requests to be removed from the mailing list. I for one would not support the use of CMA funds for *CMAJ*.

This journal no longer deserves the privilege of representing the physicians of Canada. Perhaps it could be renamed the *Journal of Disgruntled Paramedicals*, to better reflect its audience.

Richard A. Bebb, MD
Vancouver, BC

*[*CMAJ *responds:]*

Dr. Bebb's perceptions of the progressive deterioration of *CMAJ* run contrary to what readership studies tell us. In fact, the journal is read by more physicians in Canada than any other journal and has a healthy reputation internationally.

Bebb may also be surprised to learn that *CMAJ* is essentially self-supporting and contributes considerably more to the CMA's coffers than CMA fees contribute to it.

Perhaps if Bebb took more time to read *CMAJ* and didn't "quickly dispatch it to the recycling heap" he would find that two-thirds of the journal is dedicated — as it has been for many years — to original articles submitted primarily by physicians for physicians. His claim that the journal publishes "more submissions by members of the public and paramedical workers" is simply not true. Nevertheless, the interests of the Canadian medical profession would be poorly served if the journal limited its articles to those written by physicians. How medicine is perceived from the "outside" can be considerably more informative than how physicians see themselves.

Bruce P. Squires, MD, PhD
Editor-in-chief

"Napoleon disease"

The rather sharp aircraft mechanic who services my Cessna 340 offered a progress note on his pheochromocytoma, which was diagnosed last April: he declared that he felt he was progressing very well and that he had no evidence of the "Napoleon disease."

I did a double-take, had to admit my ignorance and asked him what this meant. He patiently explained that there was no evidence that the tumour had spread to his bony parts!

I am constantly exhilarated by people who maintain an ability to live while they are alive, and I thought the new syndrome concept was worth sharing.

David J. Brant, MD
Palm Desert, Calif.

Renal failure after eating "magic" mushrooms

This article, by Drs. Errol Raff, Philip F. Halloran and Carl M. Kjellstrand (*Can Med Assoc J* 1992; 147: 1339-1341), reminded me of a patient I attended to in rural British Columbia in 1988.

The patient presented with a 1-week history of vague symptoms — lethargy, anorexia and insomnia — that had begun several days after a trip in the forest for edible, nontoxic, non-"magic" mushrooms. He seemed experienced in the art of identifying these mushrooms and had apparently eaten similar ones many times.

The patient's serum creatinine level was 390 μmol/L, and I referred him to a tertiary care hospital and a nephrologist. The patient returned 2 weeks later feeling much better after supportive therapy.

Although many of the details of this case escape me I imagine that the case in the article is probably not the first case in North America of acute renal failure after ingestion of *Cortinarius* mushrooms.

James Lindsay, MD
Vancouver, BC

Corticothérapie chez les enfants hospitalisés pour laryngotrachéite aiguë (croup) [correction]

Au dernier paragraphe de cet article (*Can Med Assoc J* 1992; 147: 431-432), par le Comité des maladies infectieuses et d'immunisation, Société canadienne de pédiatrie, la deuxième phrase aurait dû se lire comme suite (la partie corrigée est en italiques) : «En nous basant sur l'évidence disponible, nous recommandons *qu'un traitement aux stéroïdes pourrait être appliqué* pour tout enfant admis à l'hôpital avec un diagnostic de laryngotrachéite aiguë grave.» Nous nous excusons de toute confusion que cette erreur aurait pu causer. — Réd.