of pulmonary tuberculosis and in the early detection of lung tumours. About the same time opaque agents like barium opened a new field in the diagnosis of tumours and ulcers of the alimentary tract. Since those early days the field of radiology has made tremendous strides, and now people with gallstones and kidney stones may be spared the trauma of open surgery.

The challenge in the preamble of the article of 1911 to Canadian medicine to keep in step and show leadership in this field seems to have been met.

Gordon S. Fahrni, MD
102-2191 W 39th Ave.
Vancouver, BC

The founding of Canada's Medical Research Council

Canada's Medical Research Council (MRC) richly deserves congratulations and honours for its many contributions to Canadian medical research (*Can Med Assoc J* 1985; 133: 1205-1206). However, 1985 was the 25th anniversary of its "coming of age", not of its birth.

As an amateur historian — but a serious one — since retirement, I suggest that the CMA and the Royal College of Physicians and Surgeons of Canada insist on the recognition that the MRC's founding date was 1938. These two organizations were its strongest proponents, supporting the proposals of the two founding fathers, Sir Frederick Banting, chairman of the first Associate Committee on Medical Research, and Major General Andrew G.L. McNaughton, president of the National Research Council (NRC).

As the first member of the staff of the new Associate Committee on Medical Research, serving from 1938 to 1940, I learned its history first hand. The founders placed the baby organization under the care of the well developed NRC (founded in 1916). However, they planned for its eventual development into an independent medical research council patterned on the British model. It was not just another associate committee of the NRC.

The two surviving members of the first associate committee, Dr. G. Harold Ettinger, of Kingston, and Dr. Paul H.T. Thorlakson, of Winnipeg, attended the 25th anniversary celebration in Winnipeg. I think that they should be given credit as well as the founders, especially Sir Frederick Banting and Dr. James B. Collip. This would not, and should not, detract one iota from the honours due to the MRC for its rapid progress since 1960.

C.B. Stewart, OC, MD
Dean emeritus
Dalhousie University
Halifax, NS

Free vascularized fibular grafts: in Canada too

I have read *CMAJ*'s "1985: the year in review" with interest and commend the editors for the broad scope of medical items reviewed (134: 162-174).

However, I would like to correct the statement on page 170 that only four surgical teams in the world (two in the United States, one in Paris and one in Shanghai) are using the free vascularized fibular graft technique. In fact, this procedure has been performed on several occasions in the McGill University teaching hospitals over the past several years, and much of the early experimental research on the comparative survival of free bone grafts and those revascularized by microsurgical techniques was completed in our laboratory at the Montreal General Hospital. In addition, such operations are performed at most of the university hospitals associated with medical schools across Canada.

The statement in *CMAJ* leaves the impression that Canadian surgery is somewhat behind the advances in other countries, which is certainly untrue, particularly as it relates to microsurgery. In future, perhaps such a statement could be checked before it is published.

H. Bruce Williams, MD
Director
Division of Plastic and
Reconstructive Surgery
McGill University
Montreal, PQ

Inappropriate use of antibiotics in croup at three types of hospital [correction]

In the second paragraph of the Results section of this article, by Pianosi and colleagues (*Can Med Assoc J* 1986; 134: 357-359), the first sentence should have read as follows, with the correction in italics: "At CHEO four children underwent intubation because of *croup* . . . ". We apologize to the authors for this error.—Ed.

Vaginitis: current microbiologic and clinical concepts [correction]

In this article, by Hill and Embil (*Can Med Assoc J* 1986; 134: 321-331), in the section on treatment of yeast infections the second sentence of the fourth paragraph should have read as follows: "In a double-blind study Van Slyke and colleagues[24] treated patients for 14 days with either boric acid powder, 600 mg daily, or ground tablets of nystatin, 100 000 U daily; the drugs were administered intravaginally in identical gelatin capsules, one capsule per day."—Ed.