patients have been examined and after a presumptive diagnosis of a bacterial infection has been made. The bases for such diagnoses are clearly spelled out in medical texts, journals, and medical letters. What is needed now is for physicians to monitor themselves. This action is long overdue.

More emphasis should also be placed on medical audit as a means of identifying areas of knowledge in which physicians are deficient so that remedial educational programs could be planned. Too often in the past, only a punitive approach was taken to physicians failing to "measure up", or their privileges were curtailed in hospital. While safeguarding patients in hospital is necessary, I believe that it is wrong to exclude physicians from hospital practice and therefore leave them free to practise second rate medicine in their offices away from peer evaluations. Medical audit could serve as a means of keeping educational programs relevant to the needs of physicians.

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The enemy

To the Editor:

I read with great interest Dr. E. P. Scarlett's article "The enemy (*Can Med Assoc J* 106: 641, 1972). I believe that most physicians in Canada and around the world have given some thought lately to the facts analyzed by Dr. Scarlett. This has been done, or should have been done, as a consequence of an internal impulse, or at least as a consequence of some external impulses like the loud voices of our innumerable critics.

Our profession, as all others, must be considered within the framework of our society. The progressive decline of the physician's status over the last few decades has closely paralleled certain downward trends of our society as a whole. In a "changing" society (to put it euphemistically) with its increasing violence, crime rate, drug problem, juvenile delinquency and values centred around materialistic goals, the physician cannot be any different from the basic structure of the "human zoo" which surrounds him. I still believe that the average physician in a less densely populated "old-fashioned" area, more closely fits Osler's description of the Friend of Men than the average doctor in a large megalopolis. Each community perhaps gets the doctor it deserves.

If one listens to the medical student of the seventies, it seems that material objectives are not all that important to him. Let us hope that the physicians of tomorrow will successfully fight and eventually beat "The enemy".

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Earnings of Canadian physicians 1959-69

To the Editor:

Concerning the article "Earnings of Canadian physicians 1959-69" (*Can Med Assoc J* 106: 719, 1972), I am interested in knowing the reasons for the listing by the Department of National Health and Welfare Research and Statistics Directorate of "physicians with net earnings of $15,000 and over, for metropolitan areas in Canada with a population of 100,000 and over." It obviously gives the Directorate a new and even higher income figure to use as it sees fit.

Interns and residents were never considered financially as part of the general group; then a few years ago all salaried physicians were removed; and now this!

Gilles Marion, M.D.,
168 Charlotte St.,
Ottawa, Ontario.

(In reply to Dr. Marion's letter, D. A. Geekie, C.M.A. Director of Communications states: This table appeared for the first time in the 1968 version of the report covering the years 1966 and 1967. Officials of the Department inform us that it is published simply to provide additional information on physicians' earnings — in communities with a large enough physician population to make valid year-to-year earning comparisons.

Dr. Marion is quite right, as indicated in the report, the earnings of interns and residents are not included — nor are those of physicians with a net earning of less than $15,000 per year. However, the same criteria are used for engineers, dentists, etc., and the criteria have not been changed so the comparative value has not been destroyed.

It should be pointed out that the figures also include the data on physicians who earned in excess of $15,000 in less than a full year, i.e., graduates entering practice for the first time (in June or July), those re-entering practice after specialty training, immigrants, and physicians who simply worked 6-8 months because of illness or by choice. Ed.)

Proposed study of vitamin E therapy

To the Editor:

In his letter in the March 4, 1972 issue of the Journal, Dr. T. W. Anderson expresses the view that the time is perhaps appropriate to take another look at the value of tocopherol in the treatment of ischemic heart disease. I agree—although 1972 is a little late when one considers that we first reported on this in 1946.

The Shute Institute is now applying to the Ontario Heart Foundation once again for a grant of $50,000 to underwrite the cost of publishing a special issue of its *Summary*. This will contain as many colour photos as possible to illustrate the response of patients with peripheral vascular disease to tocopherol therapy. They will be of the same nature as the colour photographs published in *Surgery, Gynecology and Obstetrics*, (86: 1, 1948) in the *Canadian Medical Association Journal* (76: 730, 1957), and shown at the joint meeting of the British Medical Association and the Canadian Medical Association in 1955 in Toronto. Included will be many of the photographs which I used in my lecture to the University of Minnesota Medical School in mid April and in my lecture last year to the Medical School of the University of Vermont.

When published, the Institute will send copies free to any interested physician on request, a practice which has been followed with previous issues of the *Summary*. We believe this is the fastest way to bring our results on diabetes, burns, ulcers and gangrene to the attention of the medical profession at home and abroad.

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Imipramine and fetal deformities

To the Editor:

Recent reports carried by press, radio and television in Canada have indicated that Dr. McBride of Australia has associated Tofranil therapy of pregnant patients with congenital fetal limb deformities in their offspring. The same physician was previously associated with the un-