vinced that their findings will be easily reproduced or will be applicable to the general population of overweight and morbidly obese Canadians.

Dr DW Birch MSc MD and colleagues
CAMIS and Weight Wise Programs, University of Alberta, Edmonton AB

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/eletters/180/10/E39#137793

DOI:10.1503/cmaj.109-2004

The authors respond:

The intention was to exclude only those who were appreciably disabled and unable to participate in the physical activity program. Indeed, we excluded only 37 of the 554 respondents to our advertisements. Thus we believe that our participant group was a reasonably unbiased group. We acknowledge that many earlier studies have been unsuccessful in their attempts to achieve long-term weight maintenance. We believe that we have demonstrated that a simple cost effective program utilizing frequent contact with a nurse can achieve just this. We believe that our findings apply to a fairly large number of overweight individuals, but made no claim for the suitability of our program for the morbidly obese.

Kelly Dale, research fellow, and colleagues
University of Otago, New Zealand

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/eletters/180/10/E39#138253

DOI:10.1503/cmaj.109-2005

A draft at the back door

Re: Efficacy and safety of insulin analogues for the management of diabetes mellitus: a meta-analysis, Research, Feb. 17

Despite the publication of reviews, such as this one by Singh et al, that demonstrate routine use of analogue insulin in type II diabetics is not justified, I receive weekly requests in my family practice to preauthorize patients with type II diabetes for analogue insulin. These requests come from nurses and dieticians practising in diabetes clinics. Why? Have our health care colleagues in diabetes clinics concluded that analogue insulin is superior for these patients by reviewing the best available evidence or, rather, have they been influenced by pharmaceutical representatives toting the latest “information.” With the introduction of regulation into physician-pharma interactions, is this a sign of a new marketing strategy?

Matthew J Schurter MD CCFP
Port Perry ON

Competing interests: None declared.

For the full letter, go to: www.cmaj.ca/cgi/eletters/180/4/385#138001

DOI:10.1503/cmaj.109-2009

Pointing fingers

In the Clinical Images published May 12, “An elderly woman with an age-old disease,” mention is made of the second, third and fifth fingers. However, this may cause misunderstanding. Use of the “index finger”, “middle finger” and “little finger”, etc., for example, seems less ambiguous and therefore safer.

Gwinyai Masukume
Mpilo Central Hospital, Bulawayo, Zimbabwe

Competing interests: None declared.

For the full letter go to: www.cmaj.ca/cgi/eletters/180/10/1035#134432

DOI:10.1503/cmaj.109-2006

Correction

In the Review article ‘The emergence of Lyme disease in Canada,’[1] published June 9, the legend in Figure 3 was incorrect. The white bars should indicate “Cases likely acquired outside Canada” and the grey bars should indicate “Cases associated with I. pacificus.”

REFERENCE

1. Ogden NH, Lindsay LR, Morshed M, et al. The emergence of Lyme disease in Canada. *CMAJ* 2009; 180:1221-4.

For the full correction go to: www.cmaj.ca/cgi/content/full/180/12/1221/DC1

DOI:10.1503/cmaj.109-2010

Letters to the editor

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