tween pediatrician and nurse could be questioned too.

The cure rates of 93% and 82% after 10 days of treatment with trimethoprim-sulfamethoxazole and amoxicillin-clavulanate respectively are rather surprising, for others have shown that in 50% of children the middle ear fluid has not cleared 1 month after treatment.[1]

The high incidence of diarrhea (78%) with amoxicillin-clavulanate is rather surprising too. This figure is much higher than that reported by the pharmaceutical company producing this antibiotic (C.D. Bluestone: personal communication).

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[Dr. Feldman replies:]

About 12 years ago, when we began a series of randomized controlled trials of antibiotic therapy for otitis media we decided not to obtain culture specimens, for three reasons.

First, obtaining such specimens requires sticking a needle into the middle ear — a painful, frightening procedure that we could not support on ethical grounds.

Second, most primary care physicians do not do tympanocentesis in diagnosing and treating childhood otitis media. In fact, I would question the validity of studies that do involve this procedure, since the parents who would give informed consent must be a small minority; thus, the results could hardly be related to the average child seen in a primary care practice.

Third, it is not important to know what the bacteria are at the outset and after treatment. What it is important to know is whether clinical improvement is apparent subjectively and objectively.

There is no reason why our nurse clinician should have compared the reflectometry results with tympanocentesis results. As we pointed out in the article, others, using tympanocentesis as the gold standard,[1] have already shown reflectometry to be a highly sensitive and specific instrument.

Dr. Schloss errs in saying that we found cure rates of 93% and 82% after 10 days of treatment with trimethoprim-sulfamethoxazole and amoxicillin-clavulanate respectively. What we said was that those rates were for "cure or improvement", improvement being diagnosed mainly in children who felt better and whose tympanic membranes looked better but in whom reflectometry still showed fluid. It is well known that for most children residual fluid spontaneously resolves.

As to the high incidence of diarrhea with amoxicillin-clavulanate, we were merely reporting the facts.

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Placebos: some ethical considerations

Dr. Eike-Henner Kluge's editorial (*Can Med Assoc J* 1990; 142: 293-295) prompts me to pose a few questions.

In the first paragraph Kluge defines a placebo as "any substance, agent or procedure that is causally ineffective for the diagnosed condition but that nevertheless is used in such a way as to allow a patient to believe that it is specific for the condition". My questions: Is the defined condition the total explanation of what the patient is suffering from? Should the patient be made to believe that the doctor and medical science have the entire explanation of that condition? Is an illness not associated with some unknowns? If the doctor communicates this to the patient, does he not maintain his integrity and that of the profession better than if such doubts and questions are dismissed as nonexistent? Placebos may provide scientific and patient knowledge, but their use is an experiment and a violation of the bond of integrity that is supposed to be part of ethical medical practice.

In the final paragraph Kluge states that "there is no final word in ethics or in medical practice; at best, there is an ever-closer approximation to an ideal". My question: Is there an ideal outlook for the patient based purely on the knowledge available through medical science or behavioural science? I doubt it.

In our society there are immense pressures, collective ones, that appear to be pushing for the presence of a medical Napoleon to conquer and rectify everything in a revolutionary sweep. Some of this pressure may arise from the absence of basic integrity in communication on medical matters at all levels of our society, a failing that could be undermining the confidence of the patient in the doctor or of the public in the medical profession.

The patient facing an illness needs the physician's integrity as a support; this he can feel. Although enormous moral and ethical questions facing our profession have

yet to be resolved, surely there must be available to the patient enough integrity of choice in the management of the affairs connected to an illness that doubts and suspicions — for instance, of being manipulated — do not arise.

Human nature is not logical, rational or noble, and scientific knowledge is relative, as much coming from insights as from experiments. However, the integrity of the physician's word to the patient — the foundation of medical ethics — should be ideal, not relative.

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Scrapie and human neurodegenerative diseases

Scrapie is a neurodegenerative disease of sheep caused by a very unusual infective agent that seems to contain no nucleic acid. The agent has been designated as a "prion" by Prusiner[1] and a "protovirin" by me.[2]

This agent is also responsible for the bovine form of spongiform encephalopathy (BSE)[3] and possibly spongiform and other neurodegenerative diseases, such as Creutzfeldt-Jakob disease, in humans.[4,5] Recently an epidemic of BSE related to the contamination of bovine feeds with offal containing scrapie-infected brains was reported from Britain.[3,6]

Although a working party in Britain has stated that it is "most unlikely that BSE will have any implications for human health",[7,8] there is increasing indirect evidence that the infectious agents of scrapie, BSE and Creutzfeldt-Jakob disease are extremely similar, if not identical.[4-6] It will therefore be most important to monitor for at least 5 years the human populations of the areas affected by the BSE epidemic in Britain to determine if the incidence of neurodegenerative diseases increases. If it does, then the scrapie and BSE agent(s) would be the most suspect.

In the last decade there has been substantial progress in scrapie research by US and British teams but no comparable Canadian effort, mainly because of lack of funds. It is important that basic research into scrapie and allied diseases be encouraged in order that we may understand the cause and mechanisms of certain neurodegenerative diseases and possibly psychiatric syndromes that may be related to these infections.

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Physician's view of the GST

It is pleasing to see *CMAJ* come out against the goods and services tax (GST), but the approach is a very narrow one. I would like to broaden the approach to this invidious tax, aptly referred to as the "gouge and screw tax".

Sales taxes have always been in the provincial area in Canada and at the individual state level in the United States. Sales taxes are always regressive, in that those of low income pay the same amount of tax on a specific item as the wealthy, but this amount is a higher percentage of the former's income. The sales tax in Saskatchewan avoids this discrepancy: as a "health and education tax" it is specifically applied to hospitals and schools, thus reducing the costs of health care and education for those who can afford them least. Hence, the poor get their own money back in services. This will not necessarily be the same with the federal tax, which may go for defence or overseas aid.

Income tax was introduced as a temporary measure in the First World War and not only has continued but has escalated enormously. In Britain the value-added tax (VAT) was introduced at 8%; it is now 15%. In New Zealand it was 10%; now it is 12.5%. I predict that both will increase steadily. So will the GST. Gifts brought into Britain by tourists returning home now attract VAT on top of Customs duties. Eventually we will get the same treatment. The *Economist* reported Oct. 14, 1989 (page 19) that the consumption tax in Japan initially led to inflation and price gouging.

Finance Minister Michael Wilson tells us that the GST will be fairer than the old manufacturers' sales tax that it will replace. Maybe. I remember when under a Liberal government the 12.5% sales tax on children's clothes was abolished. A spokesman for the Children's Clothing Manufacturers' Association interviewed on television was asked how long it would take for us to see cheaper