

complications that may result from the prenatal screening of a "normal" expectant mother.

The practice of selective feticide involves the destruction (one could more accurately say murder) of the fetus to assuage the distressed and anguished response of the mother and father (and society) to the birth of a handicapped child. If this is not a eugenic procedure, then the word has lost all meaning.

It was a pleasure to receive Dr. McCreary's thoughtful reply to my article. There is indeed bright, new promise that we will be able to provide effective treatment for those with Down's syndrome. However, the anticipated birth of such a child does present the mother and her physician with awesome decisions.

I remain unable to find any distinction between selective abortion carried out now — in terms of intent or practice — and the procedures used by German physicians in the 1920s and 1930s.

If Dr. Tuttle cannot differentiate between the thousands of abortions resulting from the emotionally charged situation of unplanned and unwanted pregnancy in this country and the deliberate searching out of handicapped unborn individuals with the intent of carrying out their abortion, then I am unable to carry on a logical argument with him.

I agree with Tuttle that the dilemma so clearly enunciated by Malthus nearly a century ago is relevant to this discussion. To express it in terms of "people pollution" seems to depart from the high view of the dignity of man individually and as a group that has formed the very foundation of our Western civilization. I fully agree with the sentiments expressed by Dr. Thomas Settle. However, Tuttle's use of Settle's definition begs the question under discussion in my paper.

To suggest that our identity

as human beings is established only when "the imprinting of language has been achieved" seems fatuous. We would be best served by accepting that what is conceived by man and woman is human. Surely, the potential for all the attributes of life and existence are resident in the fetus within the receptive maternal womb from the time of conception and implantation.

Dr. de Bellefeuille, like Dr. Welch, has drawn the assumption from my paper that I sanction and condone abortion for noneugenic reasons. Nothing could be further from my own sentiments or from the intended objective of the misleading paragraph. I sincerely apologize to anyone who may have been similarly confused by my inept phraseology.

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Women in medicine: practice patterns and attitudes

As members of the planning committee for the 100th anniversary of the enrolment of the first woman at Dalhousie University Faculty of Medicine we read with interest the article by Dr. A. Paul Williams and colleagues (*Can Med Assoc J* 1990; 143: 194-201) and would like to echo the last sentence: "Therefore, the extent and effects of the progressive increase in the number of women in Canadian medicine should be documented and assessed on an ongoing basis."

We were somewhat surprised that the authors (four men and one woman) didn't realize that women entering practice today have very few role models to assist them in establishing medical practice while fulfilling their bio-

logic role as childbearers. Once these roles have been integrated additional changes may occur in medical practice. There may also be changes if women, with their longer life expectancy than men, choose to remain in practice longer, even if they maintain their current patterns of practice.

Another reason for alterations in medical practice may be that men are now refusing to continue the patterns established in previous generations. We were surprised to read in the article that the sample of men surveyed worked on average only 45 hours per week, which is well below the traditional estimate of 60 to 70 hours.

We sincerely hope that the authors will continue this work and provide regular updates on their data. We suspect that medicine is changing because of many factors, not only the gender ratio described in this article.

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Tennis elbow and computers

We have recently encountered two cases of a syndrome closely resembling tennis elbow that were clearly related to computer keyboarding. One occurred in our chief of service and one in a data entry person. The latter case was quite severe, with pain, swelling and disability necessitating a week off work. Both cases seemed to be related to the use of standard keyboards at nonstandard heights. Both people are relatively light users and experienced this syndrome during occasional heavy use.

A search of the literature yielded one entry in the *Fuku-*