

therapy whatever the size of the vein.

Third, my 13 years of extensive phlebologic practice, including all the different methods described in the literature,⁷ has taught my colleagues and I the following rules:

- Emphasize an accurate and early diagnosis of saphenous incompetence^{8,9} to avoid recurrent and useless sclerotherapy treatments.

- Treat proximal saphenous vein insufficiency with nonextensive surgery.

- Treat all the other varicose veins with sclerotherapy.

This produces excellent and long-lasting results in terms of symptoms, time, cost and appearance.

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[We showed Dr. Lanctôt's letter to Dr. Douglas, whose reply follows.—Ed.]

I appreciate Dr. Lanctôt's interest in my article.

The 1974 article by Hobbs, which Dr. Lanctôt describes, was cited in my article. In 1975 I visited Hobbs at St. Mary's Hospital in London, England and studied his patients and techniques. He was not using the precise compression technique described by Fegan.¹ Fegan showed by histologic sections that 6 weeks' adequate and continuous compression of injected sites is essential to obtain fibrotic closure. It appears that other modified techniques have had less than satisfactory results. I was therefore not unduly surprised at the results obtained by Hobbs,

and I do not believe that his is the last word. We have shown that the results are much better if Fegan's method is used with meticulous care; it is hard work and time-consuming for doctor and patient, but if it is not done that way the results are no better than with the old injection methods, which have repeatedly fallen into disrepute over the past 100 years.

The results that Hobbs presented in 1977 are in agreement with those in my article, except that the percentage of patients amenable to sclerotherapy differs, apparently because of differences in injection technique.

Dr. Lanctôt's experience is virtually the same as that of my associates and I.

Therefore, there seems to be little difference in opinion here except for the precise details of injection and compression technique. Fegan went to a lot of trouble to emphasize his technique, and I think it accounts for his remarkable success. I have noticed many modifications in the various clinics that I have visited. They are designed to save time and work, but with them the results can never be as satisfactory.

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Administration and physicians

It is evident from articles in *CMAJ* on the underfunding of Canadian hospitals and on the health care system in Quebec that there are increasing numbers of nonphysician administrators in hospitals and government agencies whose decisions are influential. This, in addition to escalating government control and regulation, makes it necessary that physicians acquire more understanding of health care administration. This can be accomplished through seminars and administrative experience in residency programs and through continuing medical education courses.

Physicians with administrative responsibilities could benefit from the development of a certification examination sponsored by a medical organization. For some years the American Psychiatric Association has offered certification in administrative psychiatry. The examination, organized as a peer review process, has proved to be a useful experience for psychiatrists in this subspecialty. Canadian physicians could benefit from similar programs.

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The vanishing clinician—scientist [correction]

The legend for Fig. 1 in the editorial "The vanishing clinician—scientist" (*Can Med Assoc J* 1982; 127: 675-676) was incorrect. The legend should have read: "Numbers of general practitioners (black circles) and specialists (white circles) graduating from University of Montreal between 1960 and 1980."—Ed.

Legionella longbeachae pneumonia diagnosed by bronchial brushing [correction]

Under the title of this article (*Can Med Assoc J* 1982; 127: 223-224) the name of the last author listed should have been E.C. Jones, not E.A. Jones.—Ed.

"Manual of Antibiotics and Infectious Diseases" [correction]

In the book review of "Manual of Antibiotics and Infectious Diseases" by Dr. M. Ian Bowmer (*Can Med Assoc J* 1982; 127: 784) the bibliographic information was incorrectly listed. It should have read: "Manual of Antibiotics and Infectious Diseases. 4th ed. John E. Conte Jr and Steven L. Barriere. 233 pp. Illust. Lea & Febiger, Philadelphia, 1981. \$21, spiralbound. ISBN 0-8121-0768-3".—Ed.