2. Wood Jones F: *The Principles of Anatomy as Seen in the Hand*, 2nd ed, Baillière Tindall, London, 1941
3. Idem: *Life and Living*, Paul (Kegan), Trench, Trubner, London, 1939

"Compendium of Pharmaceuticals and Specialties"

We have become aware of a computer programming error that caused a number of eye care products to be listed as discontinued in the 1983 edition of the "Compendium of Pharmaceuticals and Specialties". A list of the products that are in fact still available appears below.

Carmen Krogh
Director of publications
Canadian Pharmaceutical Association
Ottawa, Ont.

Barnes-Hind Canada
- Cleaning and soaking solution
- Comfort Drops preparations
- Ful-Glo
- Neo-Tears
- One Solution
- Soft Lens buffered salt tablets
- Soft Lens cleaning solution
- Soft Lens storage and rinsing solution
- Soft Lens weekly cleaning solution
- Soquette
- Titan
- Wetting solution

Ingram & Bell Ltd.
- Detergadyne
- Germicide
- Ibaderm
- Muko
- Solvo-Plast
- Surg-I-Kleen
- Zinchloris

Loma Linda
- Soyalac

Person & Covey
- Solbar

Reiter's syndrome?

I share Dr. J. Graham Gillan's perplexity at finding that Reiter's syndrome is now classified as a sexually transmitted disease (*Can Med Assoc J* 1983; 129: 221,224).

Although the malady is eponymously known as Reiter's syndrome, there is no good reason for this. Reiter's original observation was made on a German soldier who had recently contracted dysentery.[1] Similar observations made on French soldiers were published in Paris[2] 6 days before Reiter's paper was published in Germany.

Since Isaac Senter[3] noted postdysenteric polyarthropathy in 1776 and Sir Benjamin Brodie[4] reported postvenereal arthropathy in 1818, there seems to be excellent justification for clearing up the confusing nomenclature by calling the syndrome "Reiter's disease" (in view of its long association with Reiter) but calling the subgroups "Senter's arthritis" (if the disease is postdysenteric) and "Brodie's arthritis" (if the disease is postvenereal).

James McSherry, MB, CH B
Director, student health service
Queen's University
Kingston, Ont.

References

1. Reiter HCJ: Ueber eine bisher unerkannte Spirochäteninfektion (Spirochaetosis arthritica). *Dtsch Med Wochenschr* 1916; 42: 1535–1536
2. Fiessinger N, Leroy E: Contribution à l'étude d'une épidémie de dysenterie dans la Somme (juillet–octobre 1916). *Bull Soc Med Hop Paris* 1916; 40: 2030–2069
3. Senter I: Quoted in McSherry JA: Reiter's syndrome and the American revolutionary war. *Practitioner* 1982; 226: 794–795
4. Brodie BC: *Pathologic and Surgical Observations on Diseases and Joints*, Longman, London, 1818: 54

Evidence of torture in Chile

I am writing to draw attention to a recently published Amnesty International report entitled "Chile: Evidence of Torture". This report documents the findings of an Amnesty International delegation that visited Chile in 1982 to examine people who claimed to have been tortured while being detained by the Chilean security forces between March 1980 and April 1982. There are detailed accounts of tortures including beatings, administration of electric shocks, near asphyxiation and sexual humiliation, including rape.

This report is of particular interest to the medical profession because of the role played by doctors and paramedical staff. There is strong evidence that doctors actively participated in or assisted during the torture and that they administered nontherapeutic medicine in an attempt to make prisoners lose control and cooperate with their interrogators. Three of the prisoners said that attempts had been made to hypnotize them.

That torture continues to be practised routinely in Chile may not be a surprise to anyone. However, I am sure that members of the medical profession cannot fail to be deeply concerned about the role of their colleagues in this practice. Torture is proscribed under a number of United Nations codes, and the involvement of doctors in torture is in direct contravention of the World Medical Association's Declaration of Tokyo and the United Nations' recently adopted principles of medical ethics. Should any member of the medical profession in Canada wish to voice his or her concern about these violations of medical ethics they could do so in a brief letter to the president of Chile, General Augusto Pinochet, Moneda Palace, Santiago, Chile. Further information can be obtained from me at the address below.

Elaine Kennedy, MD
95 W 23rd Ave.
Vancouver, BC
V5Y 2G8

Carpal tunnel syndrome in pregnancy

In his letter on carpal tunnel syndrome (*Can Med Assoc J* 1983; 128: 1348–1349) Dr. A.R. Hudson specifies that there is a very simple outpatient procedure for the reduction of carpal tunnel stenosis (i.e., surgical release under local anesthesia). However, he does point out that the procedure is not free from morbidity.

I have had considerable success in reducing the symptoms of carpal tunnel stenosis by injecting 40 mg of prednisone into the carpal tunnel with a 21-gauge needle. Relief has lasted well over the final trimester, which is the most common time for the complaint. I have also had considerable success using the same technique to treat carpal tunnel stenosis not associated with pregnancy.

C.M. Godfrey, MD, FRCP[C]
Ste. 109, 484 Church St.
Toronto, Ont.