Correspondance

dagnosis, an assumption the authors of the original article themselves admit is flawed.

Myers extracts the recommendation that “decreased pain sensation in the median nerve distribution is the most helpful finding in making the diagnosis.” This finding will only help to diagnose advanced carpal tunnel syndrome, in which the patient’s sensation at rest is impaired. Use of this finding will indeed increase the specificity of the examiner’s results but will seriously decrease the sensitivity of the clinical examination. If practitioners follow this guideline they will grossly underdiagnose carpal tunnel syndrome and will exclude many patients who would benefit from treatment.

Recent studies point to the carpal compression test as the most reliable and valid physical examination test for the diagnosis of carpal tunnel syndrome. The goal in recommending a clinical examination for carpal tunnel syndrome is flawed.

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References
3. Marx RG, Bombardier C, Wright JG. What do we know about the reliability and validity of physical examination tests used to examine the upper extremity? J Hand Surg 1999;24A:185-93.

You say statistics, I say statistics

I may be an old fussbudget, but the advertisement for the editorial fellowship on page 1148 of the Nov. 28, 2000, issue of CMAJ would have had more impact if “statistics” had been spelled correctly — especially as the 1998 Fellow said in the ad that she had learned about copyediting during her year with the journal. Having recently moved to Australia I enjoy reading CMAJ, but I could not resist a wee note to keep the copyediting division up to speed.

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[Editors’ note:]

Our faces are red with embarrassment...er, embarrassment.

Email use by physicians

Aafter reading the news item by Shelley Martin about the results of the 2000 Physician Resource Questionnaire and reviewing the additional statistics on the CMA Web site I suspect there is bias in the statistics about computer use by Canadian physicians.

In Alberta, 49.5% of physicians have a known email address, according to the College of Physicians and Surgeons of Alberta and the Alberta Medical Association. This is 22.6% lower than the 72.1% figure quoted for email use among Canadian physicians in the "Internet use" section of the Physician Resource Questionnaire statistics. I simply do not believe that Alberta physicians are that far below the national average in their use of computers.

I suspect that, as in past surveys, the denominator in the calculation of the proportion of physicians who use computers and who use email is equal to the total number of physicians who completed the survey. All records, including those in which the physician left the email or the computer question or both blank, were used when calculating the overall percentages.

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Reference

Correction

In Table 3 of a recent CMAJ article by Ruhee Chaudhry and colleagues, the 95% confidence interval for the 5-year survival rate for patients with a median neighbourhood family income less than $45 000 who were initially seen in a teaching hospital should read 85.3–94.6, not 95.3–94.6.

Reference