

J 1996;154:1533). The item reports a "significant and substantial" reduction in combined nonfatal myocardial infarction and death from coronary artery disease in the treated group compared with the placebo group.

In the same issue, Dr. Kenneth G. Marshall, in the article "Prevention. How much harm? How much benefit? 1. Influence of reporting methods on perception of benefits" (*Can Med Assoc J* 1996;154:1493-9), examines the same study and observes that the absolute reduction rate of myocardial infarction in the treated group was only 2.4% and the absolute reduction rate of mortality was less than 1.0%.

Therefore, although I do not question the statistical significance of the results of this study, I have certain reservations about their clinical significance.

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ONE OF GOYA'S GREATEST SCENES

Francisco Goya's painting *Self-portrait with Dr. Arrieta* would have been shown much more clearly if it had been reproduced in colour (*Can Med Assoc J* 1996;154:851). The reproduction in black and white tends to reinforce the black nature of Goya's earlier paintings. However, this self-portrait is, in fact, a very bright painting and one of essential optimism. The entire dedication written at the bottom of the painting is worth noting, and I quote it courtesy of Frederik J. Duparc, director of the Mauritshuis in The Hague, The Netherlands. "Goya thanks his friend Dr. Arrieta for the wisdom and abandonment with which he saved his life during the sudden and dangerous disease by the end of year 1819 when he was 73 years old." It is also of interest that this painting was given to Dr. Arrieta as a gift of

thanks. As noted by Dr. Wolf D. Seufert, this image of the very compassionate Dr. Arrieta is in direct contrast with Goya's many negative portrayals of physicians and is one of the few images of physicians in the process of caring for their patients.

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ARIA TO RODOLFO

I always hoped that if I wrote to *CMAJ* it would be about some significant medical issue, but after reading "Seeing medicine through opera glasses" (*Can Med Assoc J* 1996;154:921-3), by Roger Burford Mason, I cannot let Rodolfo, the poet, be maligned.

I grew up with a great love for Puccini's *La Bohème*. Like the heroine, with whom I share a name, I also have a "tiny frozen hand," although my Raynaud disease is quite mild. In the opera, Rodolfo loves Mimi, and there is no evidence that he is afraid of being infected by her "consumption" (tuberculosis). In Act 3 he explains to his best friend, Marcello, that he and Mimi are going to separate because she is such a flirt and he cannot tolerate his own jealousy. But Marcello knows how gentle and quiet Mimi is and concludes, rightly, that Rodolfo is rationalizing. After all, his own beloved Musetta wins the prize for seductive behaviour. Anyway, to return to our story, Marcello presses Rodolfo, and the truth comes out: Rodolfo knows that Mimi is dying and cannot bear to watch her and feel so helpless. Perhaps with a rich lover she would have a heated flat, good meals and a physician. But Rodolfo has nothing to offer but his love. He may be suffering from clinical depression with suicidal tendency when he discloses that he feels to blame for Mimi's illness:

My room is a squalid den. . . . My fire is out. . . . Remorse assails me. Me, the cause of the fatal disease that is killing her. . . . Poverty has blighted her; to call her back to life love's not enough, love's not enough!

No one who has read the libretto could fail to recognize the depth of emotion in this love story. For those who are not already fans, I recommend Franco Zeffirelli's film production with Teresa Stratas and José Carreras, made in 1982. Please spread the word that Rodolfo is a hero.

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[Drs. Michael and Linda Hutcheon respond:]

We are delighted that Dr. Divinsky has come to the defense of Rodolfo, as have many before her, even those who were not graced with her wonderfully appropriate first name. In the fully developed argument (which appears in our book, *Opera: Desire, Disease, Death*), Rodolfo does not really need defending. There is no denying his claim of jealousy as his excuse for leaving Mimi, nor, however, is there any reason to believe him, as Marcello does not. We offer another way of interpreting his bizarre behaviour and his very strange words, words that Divinsky does not cite. As he explains to Marcello, he has left the sick Mimi after she has had a particularly bad night of coughing. He repeats, "Ma ho paura, ma ho paura." (But I am afraid, but I am afraid.) What is he afraid of? By the time *La Bohème* was produced on stage, Koch's discovery of the tubercle bacillus was well known, in lay as well as medical circles. Tuberculosis was known, in other words, to be contagious (and not, as Alexandre Dumas' Marguerite Gautier, who was the model for Vio-

letta in *La Traviata*, believed, something you could inherit from your mother). By the end of the 19th century, when Puccini was writing, the relation between the disease and poverty and crowded urban living conditions was accepted. Rodolfo reflects this new knowledge in his fears about Mimi's disease and in his fear for himself. But surely operatic heroes are allowed to be afraid and still remain heroes.

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NONCONFORMISTS MAY MAKE MANY DISCOVERIES

I read with interest the article "The nonconformists among us" (*Can Med Assoc J* 1996;154:1405), by Dr. Douglas Waugh. My only minor quibble is that the examples suggest that each nonconformist comes up with one discovery at most, whereas many nonconformists have made many discoveries. For example, Heinrich Schliemann discovered not only Troy in Turkey but also Mycenae near Athens, along with the Tholos tombs, which contained the gold mask reputed to be that of Agamemnon. A colourful character, Schliemann then cabled around the world that "I have gazed on the face of Agamemnon" and invited kings to dine in the Tholos tombs at his expense. Somewhat surprisingly, his invitation was accepted.

Schliemann did not stop there. On the island of Crete he considered buying an olive grove near Heraklion,

which he believed to be the site of Knossos, the capital of the ancient Minoan civilization that preceded Mycenae and Troy. Unfortunately, he decided that he had been misinformed about the number of olive trees in the grove and therefore decided not to go through with the purchase of the land. A few years later, Evans discovered Knossos on the site.

Although Schliemann was castigated in archeology circles for his techniques during a dig, without his nonconformity, none of these major sites would have been discovered.

To apply the lessons of such nonconformists to today's world, I am concerned that curiosity-based research is now frowned upon in medical circles and that decreasing resources are devoted to very focused topics. Although I understand some of the reasons for this policy, I feel that it is short-sighted. Many gems may be missed as a result.

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PHYSICIAN SOUGHT TO HOST MEDICAL- SCIENCE SERIES

Barna-Alper Productions Inc. is conducting an Ontario-wide search for a physician to host its series of medical-science documentaries, called "The body: inside stories."

Hosting the series would involve appearing in on-camera introductions of 3 to 5 minutes in length for each of this season's 26 documentaries. The production company is looking for a personable Canadian host, preferably with some on-camera experience or at least a his-

tory of public speaking. He or she should be an experienced physician with some understanding of and insight into the latest medical technologies, drugs and practices. Being comfortable in the public eye is a necessity. Anyone interested in learning more about "The body" and this opportunity can contact the producers at 416 979-0676 for information and a sample episode.

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HEART-RENDING CASE IN BRITAIN ENDS IN GIRL'S DEATH

In Caroline Richmond's article "Fighting the odds in the UK" (*Can Med Assoc J* 1996;154:1547-8) there was a brief report on Jaymee Bowen, the 10-year-old girl whose bone-marrow transplant failed and who was subsequently refused a second transplant by the British National Health Service because the consultants involved felt that the chances of a response were too low to justify the enormous cost. The issue raised considerable controversy in England over the rationing and denial of services that may be life-saving, although the success rate is very low.

After Bowen's request for a second transplant was turned down, a well-respected private consultant offered to perform the transplant and a private donor provided the funding. However, it was subsequently felt that a bone-marrow transplant was not appropriate. After receiving an alternative therapy, Jaymee Bowen died on May 21, 1996.

The controversy and emotional issues arising from this case and others like it will continue. However, as commentators here in London have pointed out, the health authorities