tine. All of these are the usual sort of decongestants, some with or without other equally ill-proven ingredients.

If Dr. Wilson were alone in stating that decongestants, and other forms of symptomatic therapy in the common cold, are without value, it would not be so alarming. However, every authority in this area has come to the same conclusion. Goodman and Gilman and *The Medical Letter* both condemn the use of oral decongestants in upper respiratory infections, as well as so called "expectorants", and antihistamines.

There is much cynicism developing in the general public towards the ethics of the medical profession. I am sure that such ironic juxtapositions, as I have referred to in this letter, do not escape the notice of people less inured to them than doctors, and surely this must add to their cynicism.

R. Warren Bell
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L'examen complet au Province de Quebec

Nous lisons avec attention chaque numéro de votre publication que vous nous faites parvenir.

Nous avons trouvé qu'il y avait une erreur dans l'article du Dr. Rose (Can Fam Physician 25:1383, 1979).

A l'item 1, au niveau de la province de Québec, il est dit: "patients réguliers avec un nouveau problème et un examen régional $16.00 × 7."

Dans notre entente actuellement en vigueur, quoique nous soyons en négociation depuis le 1er novembre, date de l'expiration de l'entente précédente, il est défini qu'un examen complet n'est pas un régional à savoir qu'il comporte à la fois un questionnaire et un examen clinique qui doit comprendre au moins l'examen du cou, du thorax, de l'abdomen et des extrémités.

Pour un examen strictement régional—exemple: consultation pour une otite ou consultation pour une pharyngite, strabisme ou autres—cet examen n'est rémunéré qu'à la définition de l'examen ordinaire et les honoraires pour cet examen sont de $8 alors que pour l'examen complet, ils sont de $16.

Nous espérons que de cette façon, vous pourrez constater que le revenu du médecin québécois n'est pas celui qui est prétendu dans l'article du Dr. Lewis Rose.

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All That's Allergy Is Not Food Dye

I read with interest your article titled "Researchers Call Feingold Diet Ineffective" (CFP Oct 1979, p. 1151).

In it, Dr. Swanson apparently finds an 18% success rate instead of the 50% success rate that Dr. Feingold claims. I think that Dr. Feingold, as well as eliminating the food colors that he talks so much about, did in fact institute a better all round diet for the children he was testing. The simile of the iceberg with the mass of its bulk below water is very valid in this case also. I feel that although food colors may have a small part to play in the cause of hyperactivity, until the other food allergies these children are suffering from are taken into account, the vast majority of them will not be helped.

On a four day rotary diet I am certain that Dr. Swanson would find very, very many more of his children being helped than were helped by merely eliminating food dyes. In my opinion any food that is eaten three times a day seven days a week can be called a junk food.

Ivor L. Glaisher
Calgary, AB.

Anxiety and Diet

Re the letter by Colin Horricks "Decreasing Anxiety" (CFP Oct. 1979, p. 1140). Many of the symptoms he lists such as irritability, fatigue, tension headaches, lightheadedness, dry mouth, subjective dyspnea etc. can often be caused by a condition called reactive hypoglycemia. This functional problem has been given the name "Nutritionally Induced Chronic Endocrinopathy" by Dr. Jeffery Bland, associate professor of biochemistry at the University of Puget Sound, Washington. Patients present with symptoms of nervousness, anxiety, anxiety neuroses, ravenous hunger and headaches or somnolence, confusion, lethargy, irritability before and after meals. There may be underlying food allergies.

This condition is found in those whose diets comprise refined foods such as white flour products—white bread, cakes, pastries, cookies—soft drinks and other hidden sources of sugar intake, and also high coffee and nicotine consumption. A six hour glucose tolerance test usually clinches the diagnosis. Hair mineral analysis often shows a lack of chromium—a necessary part of glucose tolerance factor which allows insulin to work on cell membranes to allow sugar (blood) into cells.

Many times, by taking a detailed nutritional history and putting patients on a 60% complex carbohydrate diet (+20% protein, +20% fat), patients' symptoms dramatically improve; their ability to handle stress and to sleep improves very significantly. I have put many patients on a good nutritional program and invariably there is an improvement.

The moral to the story is that we should not jump to the fact that there is a predominantly psychiatric problem when a patient comes into the office with these symptoms. The majority of Canadians suffer from malnutrition and overindulgence at the same time. This is probably one of the main reasons for the high incidence of maturity onset diabetes and coronary artery disease in our society today.

Paul Jaconello
Toronto, ON.

'CFP Referendum': The Debate Continues

Poor Dr. Dawes! (Pas en français, s'il vous plaît" CFP September 1979, p. 987). The Norman invasion of the 11th century must have scarred his forebears so deeply that the effect has lasted for over 900 years.

No, Madam Editor, please continue to offer us articles in the French language, so that we may be edified not only medically but also linguistically. Those of us who are even somewhat bilingual are aware of the warmth and richness of our francophone compatriots. Let us do everything to nurture our communication.

C. Campbell-Fowler,
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