A nice surprise

What a joy it was for me to open the most recent issue of *Canadian Family Physician* and read your profile of Dr Martin "Marty" McNamara.[1] When I was the greenest of first-year medical students, I ended up as his roommate as he toiled away at the tail end of his residency training.

More than a decade ago, Marty proved to be an enthusiastic teacher, a consummate professional, and the model of a physician dedicated to serving his community while being focused on the needs of the patient before him. It is uplifting that more than a decade later, nothing about Marty has changed (including the van).

To this day, I consider him one of my most valued role models as a family doctor.

—Franklin H. Warsh MD CCFP
London, Ont

Competing interests
None declared

Reference
1. Neilson S. The faces of family medicine: Martin McNamara, MD CCFP(EM). *Can Fam Physician* 2011;57:IHC (Eng), 624-5 (Fr).

An excellent review

The article by Dr Graham Worrall on acute sinusitis[1] is a nice case that leads into a discussion of the evidence. Nothing much works for the uncomplicated (ie, usual) presentation, so why do so many people get antibiotics? I am a fan of nasal steroids, based on my own n-of-1 trials, but I know I might be fooling myself; now I prescribe them only if asked. Saline irrigation also works well in those who can stand the procedure.

—Ian Arnold MD CCFP
Ottawa, Ont

Competing interests
None declared

Reference
1. Worrall G. Acute sinusitis. *Can Fam Physician* 2011;57:565-7.

Prescribing for acute sinusitis

I was impressed by the article by Dr Graham Worrall on acute sinusitis.[1] I was pleased to agree with his opinion that the evidence supports the withholding of antibiotics except when there is a strong suspicion of bacterial superinfection and that first-line antibiotics without specific anaerobic or Gram-negative coverage, such as amoxicillin, offer the best choice if such treatment is required. I also agree that the option of a delayed prescription is a reasonable one for the case cited. I was surprised, however, to read that the agent prescribed in the case study was amoxicillin-clavulanate, which is at least 50% more expensive and has a far greater profile of side effects and complications than amoxicillin!

—Sam G. Campbell MD CCFP(EM)
Halifax, NS

Competing interests
None declared

Reference
1. Worrall G. Acute sinusitis. *Can Fam Physician* 2011;57:565-7.

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2. **Clinical Review:** Complementary and alternative medicine for the treatment of major depressive disorder (June 2011)
3. **Clinical Review:** Primary care of adults with developmental disabilities. *Canadian consensus guidelines* (May 2011)
4. **Research:** Family physicians' perspectives on personal health records. *Qualitative study* (May 2011)
5. **Palliative Care Files:** Managing hiccups (June 2011)

Correction

In the February 2011 Motherisk Update,[1] the answer statement in the abstract section should appear as follows:

Answer Our recent large study shows that diclectin is developmentally safe, and that, in general, children exposed to morning sickness achieve better developmentally.

Canadian Family Physician apologizes for any inconvenience this might have caused.

Reference
1. Nulman I, Koren G. Diclectin for morning sickness. Long-term neurodevelopment. *Can Fam Physician* 2011;57:193-4.

Correction

Dans l'article Motherisk Update de février 2011,[1] la réponse donnée dans le résumé aurait dû se lire comme suit:

Réponse Selon notre vaste étude récente, le diclectin ne pose pas de risque pour le développement et, en général, les enfants exposés aux nausées matinales connaissent un meilleur développement.

Le *Médecin de famille canadien* s'excuse de tout inconvénient que cela aurait pu causer.

Référence
1. Nulman I, Koren G. Diclectin for morning sickness. Long-term neurodevelopment. *Can Fam Physician* 2011;57:193-4.

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