providing medical support in an aircraft, one with BA. During the BA flight the staff spontaneously provided relevant medical information from a ground hospital within 30 minutes. I had not even considered asking them for this, yet they managed to access data faster than the health records department in my own institution can. In addition, BA was the only airline that ever sent me a thank you note, despite the fact that the other carriers scrupulously took down my details — presumably to have someone to blame in the event of a lawsuit!

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Reference

Correction

To the Editor:
Dr. Jonathan Davidow’s Resident Issues article in the July 2002 issue of CJEM evokes memories of the awards dinner in Hamilton, at which the residents of Canadian EM training programs bestowed on me the CAEP EM Teacher of the Year Award. I am still incredulous at the honour, and the accolades from current and former residents were unforgettable. I would like to again congratulate my younger fellow recipients, who both have a phenomenal future in front of them. I believe that emergency medicine is fortunate to have capable young men and women with the same positive attributes as Drs. Jason Frank and James Thompson.

Dr. Davidow’s article describes many milestones accurately; however there is one necessary correction regarding my role in developing the first EM program at McGill. Although I was one of the early clinical teachers and instituted the first formal EM teaching rounds, I cannot claim any part in the actual development of the Family Medicine – EM residency program. That honour belongs to Drs. Judy Levitan and Victor Einagel, the first program director and academic coordinator. Since then, others, including Brian Connolly, Marc Afilalo, Bernard Unger, Peter Duffy, Stephen Rosenthal and Jerman Chrigwin have worked tirelessly to move the McGill program forward.

Now, that I have rendered unto Caesar what was due to Caesar I can go back and indulge in reading Jonathan Davidow’s kind words over and over again.

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Reference

Letters will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters responding to a previously published CJEM article should reach CJEM head office in Vancouver (see masthead for details) within 6 weeks of the article’s publication. Letters should be limited to 400 words and 5 references. For reasons of space, letters may be edited for brevity and clarity.