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## **An agent transmitting Crohn's disease**

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# CORRESPONDENCE

such an individual if they could avoid it.

I am aware of some of the research mentioned by Dr. Hemming. The design of a special harness by United Airlines to minimize the danger of an aircraft being thrown out of control by the sudden collapse of a pilot along with the introduction of a double Master "2-step" exercise test in selected cases by both Air Canada and CP Air demonstrates that the medical and safety officers of these companies are actively concerned with protecting the travelling public from sudden physiological failure in aircrew. I do not think that Dr. Hemming means to suggest that because Canada is a member of I.C.A.O. we necessarily need to adhere to their minimum standards. I am also well aware of the F.A.A. proposal to institute stress ECGs for Class I pilots. In fact the response of the Airline Pilots' Association to this as reported in the news media was one of the reasons for my first communication to the Journal (*Canad Med Ass J* 101: 438, 1969).

I do not know how Canada can achieve the results produced by Norway's Aviation Cardiology Unit. This unit has, however, set an example of the kind of thing we should be trying to do. Perhaps Dr. Hemming is right; perhaps we should take the problem to the Canadian Cardiovascular Society to discover whether "the key to validation and acceptance of stress electrocardiography" can in fact be found.

If maximum stress ECGs were included in the physical assessment of certain pilots, I would be the first to argue against such tests, taken in isolation, being used to ground the subject. I say this because I happen to hold another (controversial) opinion, namely that to some extent and in some subjects, a change in life style and fitness levels can reverse abnormal ECG response to exercise.

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## Methadone

To the Editor:

I wish to correct an erroneous impression which may have been created by a recent statement in the Journal (*Canad Med Ass J* 103: 1320, 1970) that "The Federal Register of June

11, 1970, had indicated conditions for the investigational use of methadone and maintenance protocol to be followed." This refers to the *United States Federal Register* which sets forth new regulations governing the distribution and use of methadone in that country, where this drug is considered to be "investigational" when used in the treatment of narcotic addiction. Under these regulations, a physician is required by law to obtain prior approval from both the U.S. Food and Drug Administration and the Bureau of Narcotics and Dangerous Drugs before embarking on a methadone maintenance program for an addict under his care.

Although we are indeed concerned over the increasing use of methadone in Canada and its diversion to non-medical use, we are anxious to avoid this type of restrictive legislation. It was for this reason that a joint F.D.D./C.M.A. committee was established to prepare and publish guiding principles for physicians prescribing methadone in the management of heroin addiction.

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## An agent transmitting Crohn's disease

To the Editor:

I was disappointed to see the statement "Nobody has yet isolated a mycobacterium in either sarcoidosis or Crohn's disease" in the section of *London Letter* entitled "An agent transmitting Crohn's disease" (*Canad Med Ass J* 103: 901, 1970).

One afternoon in a medical library was sufficient to turn up:

(a) Four reports of atypical mycobacteria in sarcoidosis.<sup>1-4</sup>

(b) The work of Dr. Edith Mankiewicz of Montreal who, between 1961 and 1964, fulfilled Koch's postulates relative to lysogenic mycobacteria and sarcoidosis by using phage neutralizing antibody in her culture media.<sup>5-8</sup>

Part of Dr. Mankiewicz's work was published in the Journal.<sup>7</sup>

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## References

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To the Editor:

The sentence to which Dr. Spence rightly takes objection was incorrectly phrased. It is quite true that people have isolated mycobacteria in cases of sarcoidosis, as they have in a variety of other diseases. A more important question is what these organisms are doing there. I should have written: "Nobody has yet isolated a mycobacterium accepted as a cause of either sarcoidosis or Crohn's disease".

I also spend a lot of time in medical libraries, and on my latest trip I noted that the *Postgraduate Medical Journal* for August 1970 carried a useful account of a conference held at the Sarcoidosis Unit, Central Middlesex Hospital, London on September 29, 1969. In that issue, Mitchell and Rees repeat statements they made in the *Lancet* in 1969, as follows (page 512): "Although there have been several well-conducted attempts to isolate in culture a specific infectious agent from patients with sarcoidosis (Löfgren and Lunckbäck, 1950, 1952; Mankiewicz, 1967; Sodja and Votava, 1967; Hiomi Homma, Mikami and Okano, 1967) none has yielded one."

Mitchell and Rees conclude that "the cause of sarcoidosis is still unknown".

My apologies for not saying exactly what I meant and thus misleading Dr. Spence and other seekers after truth.

S. S. B. Gilder,  
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[Editor's Note: A further article on this subject, "Diagnostic Procedures in Sarcoidosis" by Mankiewicz et al., will be published in the Journal at an early date.]

## CPS'71

To the Editor:

Among the multitude of complimentary letters and cards received from users of CPS'71 was the comment "An

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