# Letters

### Medic Alert in Emporiatrics

*To the Editor.*—I would like to add an item to Dr Jonathan Mann's helpful review of procedures and practices to protect the health of the international traveler (1983;249:24). This is to remind physicians of an important service for the international traveler, namely, the Medic Alert Emergency Medical Identification System. Patients planning a trip abroad should know of this means of protection and help in an emergency. The distinctive Medic Alert metal disk, worn on the wrist or about the neck, the wallet card, and the around-the-clock telephone answering service to give access to the member's medical file provide three levels of emergency service. With more than two million members and 16 worldwide affiliates, Medic Alert has more than 25 years of experience assisting travelers in medical emergencies. Physicians who suggest Medic Alert membership to patients planning international travel are offering them a valuable means of health protection.

At $15 for a lifetime membership, almost any patient can afford this service. Some employers offer membership as an employee benefit. The Medic Alert Foundation will provide a free membership, if the physician will state on the patient's application that the person cannot pay the membership fee. A supply of membership applications for office display can be obtained by writing the Medic Alert Foundation, Turlock, CA 95380.

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### Cut Down Proliferation of Medical Specialty Certifications

*To the Editor.*—The American Board of Medical Specialties, at its annual meeting on March 17, 1983, voted to authorize certification of special qualification in diagnostic laboratory immunology. In addition, the American Board of Medical Specialists authorized the issuance of certificates of special qualification in immunopathology to be issued by the American Board of Pathology.

It seems that, suddenly, the laboratories of immunology have become a hot issue since so many boards (Internal Medicine, Pediatrics, Allergy and Immunology, and Pathology) are interested in issuing certifications for "special qualifications" in laboratory immunology. It must be added that for the last few years, the American Board of Laboratory Immunology of the American Academy of Microbiology has been issuing certificates of "special competence" to both MDs and PhDs. One must obviously ask the following questions: What is the rationale for so many boards and certifications in one of the laboratory medicine fields? Do those who practice laboratory immunology need certifications (from the many to choose from) to keep their jobs? It is regretful that the American Board of Medical Specialists keeps on proliferating certificates, since the mushrooming of certification serves no clear purpose besides the financial rewards for the boards themselves. It is surprising that now, when the recertification and relicensure are passé, new certifications must be invented. Perhaps we should soon expect certification for special qualifications in computed tomographic scanning, bronchoscopy, coronary angiography, or even nuclear magnetic resonance. It is high time that "boardophilia" and malignant proliferation of certifications be dealt with. Or perhaps laboratorians should start getting certified in various clinical disciplines.

Since the American Radio Relay Association gives certificates for 50 or 100 countries contacted by radio, the American Board of Medical Specialties should give special certificates for holders of 5, 10, or 20 medical specialty certificates. Could a physician collect 50 certificates? Although there are not yet 50 certifications available, we might reach this number. What next?

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### Leanness and Smoking

*To the Editor.*—The article by Garrison et al (1983;249:2199) showed that among participants in the Framingham Heart Study, men under desirable weight (lean men) were more likely to be cigarette smokers than men at or above desirable weight. The authors concluded that previously observed excess mortality in lean men may be caused, at least in part, by the confounding effect of cigarette smoking. Leanness was expressed as "Metropolitan relative weight" based on tables from the Metropolitan Life Insurance Company that list desirable weights by height. The possible separate influences of height and weight were not analyzed. Such influences may be of interest because of Lee and Kolonel's[1] recent observation of an excess relative risk of lung cancer in tall men, even though smoking was controlled by category restriction.

We recently analyzed current smoking habits of 3,393 male oil refinery employees and found a consistent trend for increasing cigarette smoking with increasing leanness. Leanness was determined by Quetelet Index (weight divided by height squared). We also analyzed the prevalence of cigarette smoking by each component of the Quetelet Index, namely, height and weight. The smoking trend was related only to weight, not to height, as shown by the following quartiles:

| Quartile, % | Percent of Current Smokers by Quetelet Index | by Weight | by Height |
|---|---|---|---|
| 0-25 (lowest) | 45.3 | 45.6 | 37.1 |
| 26-50 | 39.9 | 37.7 | 39.0 |
| 51-75 | 35.7 | 35.8 | 37.1 |
| 76-100 (highest) | 28.7 | 30.1 | 35.8 |

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1. Lee J, Kolonel LN: Body height and lung cancer risk. *Lancet* 1983;1:977.

### Reversible Gynecomastia Associated With Sulindac Therapy

*To the Editor.*—Sulindac is a nonsteroidal anti-inflammatory agent used commonly in the treatment of rheumatoid arthritis. The side effects, estimated to be about 25%,[1] usually involve the gastrointestinal system and CNS. We describe a patient who experienced gynecomastia after sulindac therapy, a previously unreported complication of this drug.

*Report of a Case.*—A 63-year-old man

## Guidelines for Letters

*Letters will be published as space permits and at the discretion of the editor. They should be typewritten double-spaced, with five or fewer references, should not exceed 500 words in length, should be submitted in duplicate, and will be subject to editing. Letters not meeting these guidelines are generally not acknowledged. An assignment of copyright is essential for publication (see "Instructions for Authors").*

Edited by John D. Archer, MD, Senior Editor.