

# Correspondence

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### SPINAL SURGERY IN CANADA

McIntosh and his colleagues (“The incidence of spinal surgery in Canada” [*Can J Surg* 1998; 41(1):59-66]) have taken on the gargantuan task of measuring the incidence of spinal surgery in 5 provinces in Canada. As their laudable aim, implied in the introduction of their paper, is to explain the soaring costs of treating back pain, their results must be interpreted in the correct context.

The rate of spinal surgery that they have reported (80 per 100 000 population) includes surgery for categories of disease other than back and neck pain caused by degenerative diseases (e.g., disc disease, spinal stenosis, spondylolisthesis) such as deformities, tumours, fractures, infections, congenital and developmental conditions of the spine. It is possible that the prevalences of one or more of these conditions are different in the 5 provinces.

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### RADIOGRAPHIC IMAGES

I was dismayed, again, to see in the *Canadian Journal of Surgery* misrepresentation of radiographic studies. I refer to Fig. 2 of the article by Baslaim and deVarenes on localized idiopathic fibrosing mediastinitis as a cause of superior vena cava (SVC) syndrome (*Can J Surg* 1998;41[1]:68-71). The legend for this figure reads: Computed tomography scan (top) and magnetic resonance image (bot-

tom) . . . .” In fact, both images are from a magnetic resonance scan.

A further concern relates to the interpretation of the images. The arrow in the top image (a transverse slice,  $T_1$  weighted) seems not be pointing to the pathologic feature, which appears to be the doughnut-shaped structure immediately anterior to the tip of the arrow, with the residual superior vena cava lumen being the hole in the doughnut.

Both images are apparently  $T_1$  weighted; however, comparison of the 2 reveals apparent differences in tissue densities. This may be due to contrast injection for the lower image.

Yet a further concern relates to Fig. 1 from the same article. The radiographic quality of this image is questionable (or maybe it is the reproduction that is at fault). Certainly the image in the printed journal does not show the features that would indicate occlusion of the SVC by an apparent tumour. (It seems to me to show partial SVC obstruction by a filling defect — most likely a thrombus.)

These concerns lead me to ask: Does the journal have a regular review by a qualified person of the radiographic images it prints? Is there any requirement for authors using radiographic images to have asked for the guidance of the imager responsible for the images before submitting manuscripts?

Unfortunately this is not the first time I have noticed problems with the radiographic images in the *Canadian Journal of Surgery*. This is, however, the first time I have been moved to comment, and it is with some hesitancy that I do so, as I realize that the few images reproduced are not the primary thrust of the journal.

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[The Editor responds]

Dr. Rankin is correct regarding the image in question being from a magnetic resonance scan and not a computed tomography scan. The *Canadian Journal of Surgery* does not have a radiologist review the published images nor do we request of the authors a certified interpretation. As observed, the images are not our major thrust, although the editors and reviewers do their best to ensure quality.

**Jonathan L. Meakins, MD**

### TRAUMA OUTCOMES

We have read with interest the paper by Allen, Hicks and Bota on trauma outcomes (*Can J Surg* 1998;41[1]:53-8). The collection and publication of their data are a tribute to the process of regional designation of trauma centres in Ontario. Their work is evidence of enhanced education of trauma providers over the past decade, since publication of the Major Trauma Outcome Study.<sup>1</sup>

Two of the authors’ conclusions, however, bear scrutiny: (1) that foregoing the availability of “stringent” requirements in the Trauma Association of Canada (TAC) guidelines will facilitate treatment; and (2) the implication that meeting TAC guidelines is not required for optimal trauma system delivery.

With respect to physician recruitment, the TAC accreditation is a voluntary process, offered to tertiary, district and rural trauma centres. To date, only one district facility has been