

the treatment of ecthyma gangrenosum is relatively small and the death rate extremely high. In the case we described, we did not consider hyperbaric oxygen (HBO) therapy, although perhaps one could find some argument in the literature to support such use. For example, in a recent animal model study,¹ it was shown that HBO may be of benefit in the treatment of *Pseudomonas aeruginosa* infections. Similarly, in an in vitro study,² HBO seemed to increase the effects of antibiotic administration on *P. aeruginosa* growth. Nonetheless, there are no well-executed clinical studies showing the benefits of HBO in human *P. aeruginosa* infection. If HBO in the treatment of this severe illness has now become the standard of care in your institution, I hope that you will review your results and that we all may look forward to a more clear answer to the question as to whether HBO may be of benefit in cases of ecthyma gangrenosum.

Bing Siang Gan, MD, PhD

The Hand and Upper Limb Centre
Lawson Health Research Institute
St. Joseph's Health Care
London, Ont.

References

1. Luongo C, Imperatore F, Matera MG, Mangoni G, Marmo M, Baroni A, et al. Effect of hyperbaric oxygen therapy in experimental subcutaneous and pulmonary infections due to *Pseudomonas aeruginosa*. *Undersea Hyperb Med* 1999;26(1):21-5.
2. Park MK, Muhvich KH, Myers RA, Marzella L. Hyperoxia prolongs the aminoglycoside-induced postantibiotic effect in *Pseudomonas aeruginosa*. *Antimicrob Agents Chemother* 1991;35(4):691-5.

© 2002 Canadian Medical Association

Surgical residency programs

We read with interest the Editor's View of April 2001 (*Can J Surg* 2001;44[2]:84) on the length of residency programs and agree with most remarks concerning the consequences of the introduction of new technology and techniques and the potential need to expand the clinical curriculum in general surgery. However, we feel that a number of comments concerning cardiac surgery are warranted.

We disagree with the implication that since the cardiovascular and thoracic surgery (CVT) program has been split into 3 distinct residency programs (6 yr for the cardiac surgery program), the joint program was insufficient to cover the required curriculum. Candidates for the CVT residency program entered having completed only the general surgery program, which gave them judgement, depth, solid psychomotor ability and a strong foundation of surgical principles: all the skills of an independent surgical consultant (i.e., a fully fledged specialist). The residents then had 2 to 3 years to acquire the specifics of each CVT branch, which was usually enough, considering the high level of competence attained before entering the CVT program.

The new 6-year training program in cardiac surgery adequately covers the curriculum required by the Royal College of Physicians and Surgeons of Canada and is sufficient for most residents to acquire adequate clinical skills to be a consultant in the specialty. We believe, however, that a number of them would probably benefit from the broad-based skills taught in the general surgery residency program.

The development of academic surgeons most likely requires training above and beyond specialty certification, such as the 2 to 3 years of clinical or research fellowship (MSc or PhD), which is a recruitment requirement in the Department of Surgery at the Université de Montréal.

Louis P. Perrault, MD, PhD

Pierre L. Pagé, MD
Michel Carrier, MD, MSc
Cardiac Surgery Program
Department of Surgery
Université de Montréal
Montreal, Que.

© 2002 Canadian Medical Association

The pendulum

Since 1970 when I developed instruments and published methods for suturing and tying in operative laparoscopy,¹ the pendulum may not have swung much further. Clips, lasers and disposable instruments have aborted the forward swing. While applying this new technique to every nook and cranny of the human body so as to claim to be the first to do so, the basic techniques have not improved significantly, even when aided by the video screen. Clip-gun surgery without suturing and tying?

H. Courtenay Clarke, MD

Windsor, Ont.

Reference

1. Clarke HC. Laparoscopy — new instruments for suturing and ligation. *Fertil Steril* 1972;23(4):274-7.

© 2002 Canadian Medical Association