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MAJOR LOWER-EXTREMITY AMPUTATIONS IN DIABETES: A RESPONSE TO “A CANADIAN POPULATION-BASED DESCRIPTION OF THE INDICATIONS FOR LOWER-EXTREMITY AMPUTATIONS AND OUTCOMES”

After reading the report by Kayssi and colleagues¹ that describes the nontraumatic lower-limb amputations in Canada during the 2006–2009 period, I would like to stress the importance of population-based studies focused in disease outcomes.

Despite the lack of clinically detailed information being the main limitation in the use of administrative databases, the research in this field is quite necessary because it brings a large panorama of quality of health care delivery, allowing regional and international comparisons as well.

Two findings of the aforementioned study are worth noting: diabetes was the leading cause of nontraumatic amputation in Canada (about 80% of the cases), and 1 of 3 cases corresponded to above-knee amputation (i.e., major lower-extremity amputations).

Major lower-extremity amputation is considered a devastating outcome in diabetes that reflects longstanding inadequate glycemic control and constitutes a strong indicator of the need to carry out medical interventions.

The characterization and even the control of amputations in patients with diabetes has been reached in some high-income countries, but the lack of epidemiological studies in most middle- and low-income nations makes the management of the disease difficult.

In Mexico, major lower-extremity amputation in patients with diabetes

is considered a growing public health problem that poses important challenges in terms of prevention, epidemiological characterization, medical treatment, and physical, social and emotional rehabilitation.

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Competing interests: None declared.

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AUTHOR RESPONSE

We thank Dr. Ascencio-Montiel for his interest in our study and agree with his comments regarding both the strengths and weakness of administrative databases. We agree that major amputation in diabetic patients is a global public health crisis, and we, and others, are actively pursuing multidisciplinary limb-preservation strategies. We applaud Dr. Ascencio-Montiel’s efforts to do the same in Mexico.

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MY LATIN TEACHER: RESPONSE TO THE EDITORIAL “DATUM ISN’T, DATA ARE”

As I read the editorial “Datum isn’t; data are,”¹ I thought about why I already knew this: 4 years of Latin in high school. Although Latin was considered more a logic subject like mathematics than a foreign language course, as a

teenager I was fully in agreement with the popular adage:

Latin is a language as dead as dead can be. It killed the ancient Romans and now it’s killing me.

I had a teacher, Ms. Caughey, who taught *carpe diem* and *collige, virgo, rosa* (gather, girl, the roses) with a little extra emotion and put it on an exam, as I thought she would. I got a good mark on that test. It was only in medical school that I began to appreciate the value of her teaching, as I struggled to learn medicine and memorize the overload of data in seemingly endless didactic lectures. The medical vocabulary based on Latin was the only easy thing. Albino (*L. albus*), supinate (*L. supino*), pronate (*L. promo*), ulcer (*L. ulcus*) were just common sense and did not require study.

I did not thank her personally, and she is one of many teachers I should have thanked. She was a classic subject for this quote of Henry Adams’:

A teacher affects eternity. He/she can never tell where his/her influence stops.

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Competing Interests: None declared.

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A USEFUL SET OF GUIDELINES: A RESPONSE TO “TOWARD LATE CAREER TRANSITIONING: A PROPOSAL FOR ACADEMIC SURGEONS”

In this issue of *C7S*, Richards and colleagues¹ propose a series of guidelines regarding late career transitioning for academic surgeons as they approach the end of their academic surgical