and siblings had committed suicide together as a way of holding on to what little autonomy they had left in that ghastly totalitarian society.

Suicide is an ethical issue, not a medical issue. In his review of Szasz' book, *Fatal Freedom: the Ethics and Politics of Suicide*, Paul Links confuses the two.[1] This reaction is not new. Institutional psychiatry has felt threatened by Szasz' ideas since he wrote *The Myth of Mental Illness* 40 years ago. Szasz' writings undermine psychiatric totalitarianism and are the tolling bell of the therapeutic state.

Institutional psychiatry may not go gentle into that good night. Nevertheless, into that good night it will eventually go.

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Reference

1. Links PS. An old idea repackaged. *CMAJ* 2000;163(3):313-4.

[The author responds:]

I welcome the opportunity to respond to the letters from Mark Latowsky and Jeffrey Schaler concerning my book review.[1] The debate about suicide and the role of psychiatry needs to be encouraged, and both subjects need to be better understood.

Suicide is a multidetermined act; it is not solely an ethical or medical issue. Although "a person who commits suicide might be sane," as Latowsky argues, let us not lose sight of the fact that 9 out of 10 suicide victims have a diagnosable psychiatric illness. Psychiatry is equally misperceived. With major thrusts into community care, psychiatry has evolved far beyond its institutional beginnings. However, psychiatric practices have created the perception of "totalitarianism." In a 1999 report, the US Surgeon General suggested that improving the effectiveness of treatment strategies and accessibility to care could significantly reduce the coercion of psychiatric practices.[2] Rather than retreating to the dark of night, let's push forward to the light of better understanding.

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1. Links PS. An old idea repackaged. *CMAJ* 2000;163(3):313-4.
2. *Mental health: a report of the Surgeon General*. Rockville (MD): US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; 1999. Available: www.surgeongeneral.gov/library/mentalhealth/home.html (accessed 2001 May 11).

Submitting letters

Letters may be submitted via our Web site or by mail, courier, email (pubs@cma.ca) or fax. They should be no more than 300 words long and must be signed by all authors. A signed copy of letters submitted by email must be sent subsequently to *CMAJ* by fax or regular mail. Letters written in response to an article published in *CMAJ* must be submitted within 2 months of the article's publication date. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

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Inoculation blastomycosis

Robert Lester and colleagues have reported 2 cases of infection with *Blastomyces dermatitidis* acquired in Toronto.[1] They conclude that the infections were due to inoculation blastomycosis. This seems unlikely, especially in the first case.

The first patient developed a skin lesion that was not precipitated by any significant trauma, followed by multiple, multifocal skin lesions at a distant site. The rarity of inoculation blastomycosis, coupled with the clinical presentation, suggests that this woman suffered from an infection that disseminated from a primary pulmonary portal of entry. This may occur in the absence of active pulmonary disease. In addition, skin disease is a marker for multiorgan infection.[2] In this patient, it is interesting to note that no bone scans or radiographs were taken to look for musculoskeletal involvement. The authors suggest that these tests were unwarranted and would have been arduous. After the skin, bone is the second most common focus of extrapulmonary infection and the patient may be asymptomatic. Recent guidelines for the management of patients with blastomycosis recommend that patients with mild to moderate disseminated disease be treated with itraconazole for at least 6 months.[3] The higher response rate in bone infection mandates treatment with itraconazole for at least 1 year.[3] We suggest that this patient was underinvestigated and potentially undertreated because she received itraconazole for only 4 months.

The second patient was scratched by a cat 2 months before the onset of her skin lesion. Although blastomycosis is known to occur in cats, it is much rarer than in dogs. Furthermore, all reported dog-associated cases of inoculation blastomycosis have been due to the bite of a dog that was ill with advanced pul-

monary disease.[4] In this case, the cat was well, it resided in a nonendemic area and there was no history of a bite; all of these factors significantly decrease the possibility that the cat was the source of the infection.

We recommend caution in diagnosing inoculation blastomycosis before a more comprehensive search is done to rule out systemic disease in patients without active pulmonary infection.

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2. Chapman SW. Blastomyces dermatitidis. In: Mandell GL, Bennett JE, Dolin R, editors. *Principles and practices of infectious diseases*. 5th ed. Philadelphia: Churchill Livingstone; 2000. p. 2733-44.
3. Chapman SW, Bradsher RW, Campbell GD, Pappas PG, Kauffman CA. Practice guidelines for the management of patients with blastomycosis. *Clin Infect Dis* 2000;30:679-83.
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The Hajj in modern times

I want to clarify a point relating to ritual sacrifice that readers might misinterpret in Vincent Hanlon's article on the Hajj.[1] In former times animals that were slaughtered were not burned, for religious reasons. Islamic tradition dictated that the pilgrim who sacrificed an animal should keep some of the meat for himself and his family and give the rest to destitute people. However, with hundreds of thousands of animals being sacrificed each year it became practically impossible to transport all of the meat to needy people, hence the practice of burning the carcasses of animals whose meat could not be given away. Muslims are excited about recent moves to establish a formal meat distribution system, as alluded to by Hanlon, to minimize waste and maximize the delivery of meat to those in need.

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Reference

1. Hanlon V. Days of the Hajj. *CMAJ* 2000;163 (12):1598-9.

I thank Vincent Hanlon for his article about the Hajj.[1] Millions of people around the world don't know anything about Islam. They think our faith is just related to terrorism, as that is the way Western media outlets generally portray Islam. We need to communicate more, so that people in the West can get a more balanced picture of Islam and come to understand us.

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Reference

1. Hanlon V. Days of the Hajj. *CMAJ* 2000;163 (12):1598-9.

[The author responds:]

I appreciate Shabbir Alibhai clarifying the circumstances for burning sacrificial animals. Farjan, an expatriate taxi driver from Uttar Pradesh who was preparing to perform Hajj in Saudi Arabia, recently told me how easy it now is to arrange for the ritual slaughter of an animal to fulfill that part of the Hajj ceremonies. The Kingdom of Saudi Arabia Project for Utilization of Sacrificial Animals makes it possible for Muslims living in Saudi Arabia and performing Hajj to deposit 375 Saudi riyals (about $150) at certain banks in the kingdom to purchase a sheep. An animal will then be slaughtered on the day of the Feast of Sacrifice and the meat processed and distributed to poor people in Muslim communities in 27 different countries.

Regarding Mohamed Regal's comments about the portrayal of Islam in the Western media, it was interesting to see a photograph in the *Arab News* during this year's Hajj that was remarkably similar to the disturbing one published last year in the *Globe and Mail*[1] depicting Indonesian Muslims reaching through the fence for a piece of meat outside Jakarta's Istiqial Mosque during the Feast of Sacrifice. The main difference between the photographs was the context. The *Globe and Mail* photograph was published on its own, whereas the *Arab News* photograph appeared alongside a number of articles about the Hajj and several photographs of Muslims during the Eid Al-Adha holiday in different cities around the world.

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Reference

1. Hanlon V. Days of the Hajj. *CMAJ* 2000;163 (12):1598-9.

Correction

A recent article stated incorrectly that the 2001 induction ceremony for the Canadian Medical Hall of Fame will be held Oct. 12.[1] It will be held Oct. 11 in Winnipeg and will be followed Oct. 12 by a youth symposium at the University of Manitoba.

Reference

1. Seven new inductees named to Canadian Medical Hall of Fame. *CMAJ* 2001;164(8):1196.