

**We welcome original letters of less than 300 words; we may edit them for clarity and length.** Letters may be emailed to [journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca), submitted online at [bcmj.org/submit-letter](http://bcmj.org/submit-letter), or sent through the post and must include your mailing address, telephone number, and email address. All letter writers will be required to disclose any competing interests.

## What is an appropriate title for a letter to the editor?

The title of a paper or a letter to the editor is important. It conveys a specific message from the author. The *BCMJ* follows a specific convention of titling a letter to the editor in response to a published article: “Re: the title of the original article.” That is certainly appropriate if the letter presents additional information for the paper.

Recently a news article in the *BCMJ* reported “Daily ibuprofen may prevent Alzheimer disease” (2018;60:191). It was followed by a letter raising the concern that FDA had strengthened the label warning that (non-aspirin) NSAIDs can increase the risk of heart attack, stroke, and death.<sup>1</sup> The letter suggests that caution should be exercised not to jump into action by taking daily ibuprofen to prevent Alzheimer disease.

The letter followed the standard format, with the title “Re: Daily ibuprofen may prevent Alzheimer disease.” But readers who skimmed the title without reading the letter itself may erroneously have thought it was a reinforcement of the message. Since the letter gives a different message—a message of caution—it may have been more appropriate to title it as “Potential serious adverse reaction of ibuprofen used in prevention of Alzheimer disease.”

In other journals, for example the *CMAJ*, the title of the letter to the editor in response to an article is provided by the author of the letter. It is also important to note the letter may only address a certain part of the paper with the title noting that. An example is a recent article that appeared in the humanities section of the *CMAJ* by a Saudi physician sharing his experience just prior to medical training in Canada (“The Saudi resident and Tillsonburg”).<sup>2</sup> It is a humorous article similar to some of the editorials by our *BCMJ* editor Dr Richardson.

A letter to the editor in response to the article addressed only one specific area of this article, with the author of the letter expressing his own interesting encounter (“A tailor made suit for interview/oral examination”).<sup>3</sup> That letter did not address the whole article, but a parallel situation.

Another article in the *CMAJ* outlined the interwoven history of mercury poisoning in Ontario and Japan.<sup>4</sup> A letter in response to this article pointed out that there is an ongoing problem with mercury poisoning in that specific Indigenous community in Ontario from an unknown source and, therefore, the history is not completed.<sup>5</sup> The title of this letter brings out a specific and important message.

The Editorial Board of the *BCMJ* may want to consider using the title of a letter provided by the author if they are addressing a specific area of an article they are responding to. Of course, the Editorial Board may still reserve the right to have the format of “Re:” followed by the title of the original paper, or to provide a different shortened title.

—H.C. George Wong, MD  
Vancouver

## References

1. Wong HCG. Re: Daily ibuprofen may prevent Alzheimer disease. *BCMJ* 2018;50:19.
2. AlAmeel T. The Saudi resident and Tillsonburg. *CMAJ* 2019;191:E 287-288.
3. Wong, HCG. Re: A tailor made suit for interview/oral examination. *CMAJ* 2019 Mar 11;191. Accessed 4 June 2019. [www.cmaj.ca/content/191/10/E287/tab-e-letters](http://www.cmaj.ca/content/191/10/E287/tab-e-letters).
4. Mosa A, Duffin J. The interwoven history of mercury poisoning in Ontario and Japan. *CMAJ* 2017;189: E213-215.
5. Wong HCG. Mercury poisoning in the Grassy Narrows First Nation: History not completed. *CMAJ* 2017; 189:E784.

*Thank you for your thoughtful letter. The Editorial Board's role in the disposition of letters is to accept, decline, or, on occasion, request revisions*

*(usually for length). Once a letter is accepted, it is handed off to our editorial staff who execute all subsequent aspects of publishing. The naming formula for letters has been handed down through the generations and may date back as far as 1959, to issue 1, volume 1. The naming convention you accurately describe is intended to allow readers to trace back to the source of the conversation, and while we are reluctant to bow to the skimmers, we agree that sometimes the format could be misleading, and, in all honesty, we know everyone is a skimmer sometimes. In future you will see letters titled to better reflect their subject rather than their source. —ED*

## Poisonous mushrooms: Macro features matter!

The *BC Medical Journal* is always informative and appealing, including its January/February issue with the interesting article, “The world’s most poisonous mushroom, *Amanita phalloides*, is growing in BC” (2019;61:20-24).

I am writing about the cover illustration. This eye-catching drawing of the death cap beside the title “The world’s most poisonous mushroom is growing in BC” successfully attracts readers’ attention to the seriousness of this poisoning. However, it may imply that all parts of the death cap are green with dark green dots on its cap, stem, and volva, which is not correct.

As a former medical and, recently, environmental toxicologist who used to work in areas where mushroom poisoning was endemic, and having published on this subject, I have noticed that the clinical findings as well as the appearance of poisonous mushrooms are sometimes misidentified among health and medical experts. Mushroom poisoning is rare in Canada; therefore, professionals are less familiar with the issue.

A picture is worth a thousand words! People may forget the text but are more likely to remember this illustration. What if health professionals or mushroom hunters perceive the “World’s most poisonous mushroom that grows in BC” to be green with dark green dots everywhere? More importantly, can this picture give the impression that mushrooms with other appearances, let’s say white ones or those that have no dots on their stem, are safe to consume? This beautiful illustration on the cover page may

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have unintentional educational consequences for your readers.

The take-home message is that macro features [Figure] of the death cap are important, *may vary*, and can even resemble edible mushrooms with potential to confuse amateur mushroom hunters or health professionals.

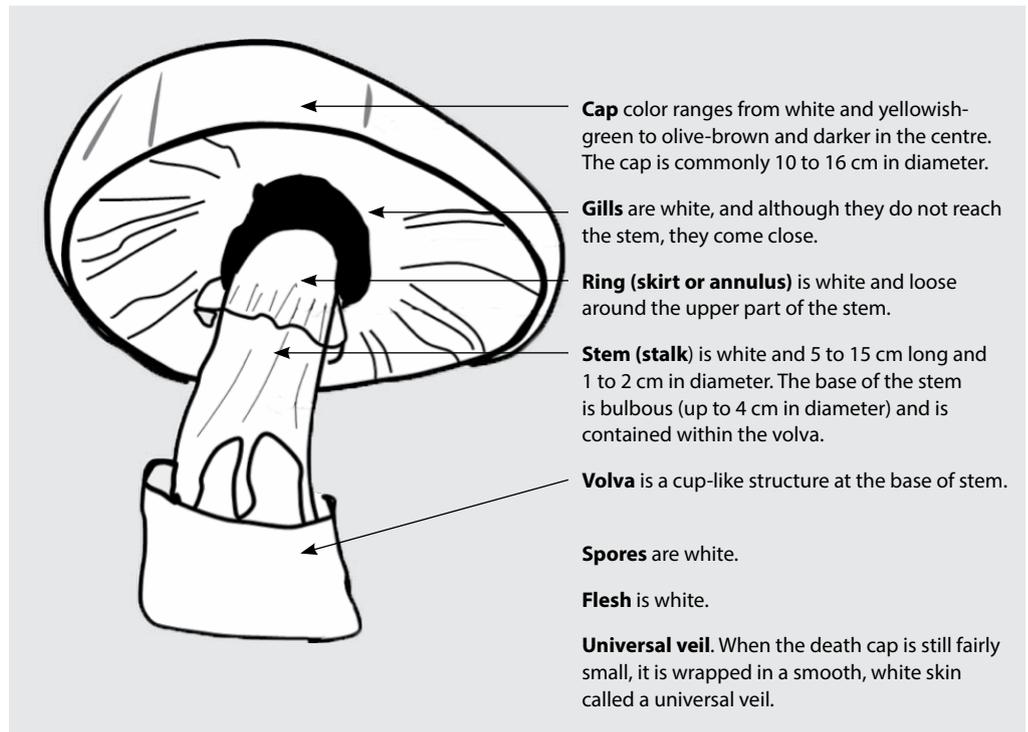
—Reza Afshari, MD, MPH, PhD  
Senior Scientist, Toxicology, BC Centre for Disease Control

Adjunct Professor, School of Population and Public Health, University of British Columbia

Professor of Medical Toxicology, Mashhad University of Medical Sciences, Iran

Editor in Chief, *Asia Pacific Journal of Medical Toxicology*

*Thank you for your helpful letter. We would also direct readers' attention to the photos on pages 21 and 22 of the January/February issue. —ED*



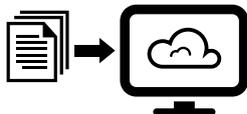
**FIGURE.** Macro features of death cap (*Amanita phalloides*).

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