

**William Osler and Dorothy Reed****Tony E Seymour**Pathologist, 100 South Terrace, Adelaide, SA, 5000  
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TO THE EDITOR: Your readers might be interested to examine the full story of Dorothy Reed's initial encounter with William Osler,<sup>1</sup> and to learn that he later apologised for his initial negative reaction to her expressed intention to enter medical school, and gave her great support. She later said of him: "He was my friend and to me William Osler has always stood for the greatest personality and the soundest medical teaching possible at that time." Some of her unpublished memoirs are included in a book edited by Jill Ker Conway.<sup>2</sup>

1. Van Der Weyden MB. The dilemma of difference [From the Editor's desk]. *Med J Aust* 2002; 176: 197.
2. Conway JK. Written by herself. New York: Vintage Books, 1992: 172-199. □

**The Buddha and the search for evidence****Diego Rosselli**Professor of Clinical Epidemiology, Clinical Epidemiology and Biostatistics Unit, Universidad Javeriana Medical School, Bogota, Colombia  
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TO THE EDITOR: Some of the principles underlying evidence-based medicine (EBM)\* might have been around far longer than we tend to believe. Here is a fragment of one of the 8777 brief suttas (discourses) collected in the *Anguttara-nikaya*, or "Collection of the gradual sayings", one of the oldest Buddhist texts. The Buddha preaches to the Kalamas people:

Yes, Kalamas, you may well doubt, you may well waver. In a doubtful matter wavering does arise. Now look you, Kalamas. Be ye not misled by report or tradition or hearsay. Be not misled by proficiency in the collections [citing the authority of religious texts], nor by mere logic or inference, nor after considering the reasons, nor after reflection on and approval of some theory, nor because it fits becoming, nor out of respect for a recluse (who holds it) . . .

But if at any time ye know of yourselves: these things are profitable, they are blameless, they are praised by the intelligent; these things, when performed and undertaken, conduce to profit and happiness — then, Kalamas, do ye, having undertaken them, abide therein.<sup>1</sup>

This sutta shows the importance of mistrusting unquestioned tradition, even before the days of odds ratios, cost-effectiveness ratios or confidence intervals. Perhaps the lesson for innovative modern supporters of EBM<sup>2</sup> would be to concentrate on higher ideals like "profit" (in the

sense of beneficence or prosperity) and "happiness" as the really significant outcomes we should be aiming at.

\*The decision to send this note to the Journal is, of course, evidence-based. The *Medical Journal of Australia (MJA)* is second only to the *BMJ* in publishing the largest number of references indexed under the MeSH term "evidence-based medicine" in English-language journals. On a proportional basis, the *MJA* is at the top of the list: since November 1996 it has published 125 "EBM" articles out of a total of 2553, while the *BMJ* has published 248 "EBM" articles out of 14966 (OR, 3.06; 95% CI, 2.44–3.83). Could it be that *MJA* readers are three times more interested in EBM-related topics than *BMJ* readers?

1. Anguttara-nikaya. Vol. 1, III. Tika-nipata. 7 Maha-vagga, 65 Kalamasutta.
2. Rubin GL, Frommer MS, Vincent NC, et al. Getting new evidence into medicine. *Med J Aust* 2000; 172: 180-183. □

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