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### Jason Wasiak,\* Brian J Hoare†

\*Lecturer, Australasian Cochrane Centre, Monash Institute of Health Services Research, Monash University, Monash Medical Centre, Locked Bag 29, Clayton, VIC 3168; †Occupational Therapist, Southern Health/Monash Medical Centre, Clayton, VIC. [jason.wasiak@med.monash.edu.au](mailto:jason.wasiak@med.monash.edu.au)

**IN REPLY:** We thank Graham et al for their response to our article.<sup>1</sup>

It is important to understand that the clinician who posed the question regarding botulinum toxin A injection wished to find the “best available medical evidence”. We were not asked to take account of the historical context of previously published articles, nor were we asked to exclude specific types of RCTs. If we were to exclude specific RCTs based on the preference of an author, then the strong methodological principles that surround the evidence-based practice movement would be open to extreme forms of bias.

We also disagree that our conclusions were incorrect. Our reading of the article by Corry et al<sup>2</sup> differed from that of Graham et al. We do not consider that their study showed that botulinum toxin injection significantly improved the function of the hemiplegic upper limb. Together with the results of the study by Fehlings et al,<sup>3</sup> indicating a significant improvement in weight-bearing at four weeks (part of the QUEST assessment), our conclusion — that we could not support or refute the efficacy of botulinum toxin injections for improving upper-limb function in cerebral palsy because of differing opinions — remains unchanged.

- Wasiak J, Hoare BJ, Hender KM. Does intramuscular botulinum toxin A injection improve upper-limb function in children with hemiplegic cerebral palsy? *Med J Aust* 2002; 177: 158.

## Generalists and gerontology

### Leslie E Bolitho

Internal Medicine Physician, 6 Dixon Street, Wangaratta, VIC 3677; and President, Internal Medicine Society of Australia and New Zealand [lbolitho@netc.net.au](mailto:lbolitho@netc.net.au)

**TO THE EDITOR:** I read with interest and alarm your comments on generalists and gerontology in the 16 September 2002 issue of the Journal.<sup>1</sup> I believe the role of the general internal medicine physician in managing patients with complex multisystem disease is still important and will expand in the future. General physicians remain passionate about general medicine.<sup>2</sup>

General medicine has been threatened over the past 20 years by the emergence of the medical subspecialties. However, there is increasing recognition of the need for general medicine specialists, especially in North America and Europe. In Australia, general medical units are being established in the major teaching hospitals in capital cities. Sydney remains a unique exception — all of its general medical units were closed prior to the 2000 Olympics (for reasons that are unclear), and only one has subsequently been re-established (at Royal North Shore Hospital).

The Internal Medicine Society of Australia and New Zealand (IMSANZ) has been active in promoting the role of the general physician. IMSANZ provides support for the professional profile and culture of general physicians throughout Australasia. We would welcome enquiries from trainees and physicians (<<http://www.racp.edu.au/imsanz>>).

The Royal Australasian College of Physicians has recognised the necessity for a strong general physician workforce and will be holding a General Medicine Forum in March 2003 to examine the key issues confronting general medicine in Australia and New Zealand.

By 2010 the majority of “baby boomers” will be in their sixties, or older, and will require the services of well trained general physicians to provide integrated, cost-effective, whole-of-patient specialist health-care.

- Van Der Weyden MB. From the Editor's desk. Generalists and gerontology. *Med J Aust* 2002; 177: 281.
- General medicine Australia and New Zealand: the way forward. Sydney: Royal Australasian College of Physicians, December 2000. □

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