

When facing risks there is some cold comfort in knowing that you are not alone.

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**Correction**

*Re:* “Asthma symptoms associated with depression and lower quality of life: a population survey?”, the Research article by Robert D Goldney, Richard Ruffin, Laura J Fisher and David H Wilson in the 5 May issue of the Journal (*Med J Aust* 2003; 178: 437-441), in which variables in Box 1 were incorrectly labelled. “Male sex” should have been “Female sex”, and “Overseas born” should have been “Australian born”. The corrected table is shown.

**1: Predictors of asthma determined by logistic regression**

Variable	Odds ratio (95% CI)	P
Female sex	1.55 (1.22–1.99)	0.003
Depression	1.40 (1.04–1.88)	0.026
Australian born	1.60 (1.18–2.18)	0.003

**time capsule**

**The doctor’s name plate**

The Federal Committee of the British Medical Association in Australia has recently dealt with the question of the abuse of the name plate which medical practitioners usually display outside their professional chambers or residences. The proposal was made that the Committee should express the opinion that it was undesirable for a medical practitioner to display a name plate on which the specialty practised was announced. The Committee, after careful review of the history of name plates in Australian cities and of the practice that has grown up during the course of many years, came to the conclusion that there was no objection to the announcement on the plate of a specialty, provided that the practitioner confined his activities exclusively to that specialty...

Medical practitioners find it convenient to indicate the place where they may be consulted by affixing a name plate outside their premises. The object is not to attract practice, not to invite a chance patient to enter, but to guide the patient wishing to consult a particular practitioner to the proper address. In an emergency a doctor’s name plate is used by the messenger for the purpose of obtaining medical aid as speedily as possible. Under ordinary circumstances the indication should not have the object of arresting the attention of a wandering patient seeking medical aid. On the other hand, there would be no real objection to the reception by a medical practi-

tioner of a patient who elected to consult a stranger merely because the name plate was encountered. Many valuable practices have been built up by young practitioners putting up a plate and waiting. Someone is sure to come sooner or later, although the early callers not infrequently are those who avoid the doctors of longer standing because of unpaid accounts. The plate, however, should be of modest dimensions and it is usually held that there is no need for any indication other than the practitioner’s name... In some towns and cities in Great Britain even the affix “Dr.” is by common consent replaced by a plain “Mr.,” even when the practitioner is a graduate in medicine and practises as a physician. More often practitioners either affix “Dr.” to their names, or employ other words to indicate that they are medical practitioners. A few years ago the Royal Colleges of Physicians and Surgeons in England granted their diplomates the right to use the courtesy title “Doctor,” provided that they did not convey the impression that they possessed a degree of any university...

... The majority of medical practitioners will, no doubt, adopt a dignified attitude in regard to their name plates and avoid the display of anything which might be regarded as unusual.

*Med J Aust* 1922; 1: 302-303 [editorial]