



Taking into consideration the nature and purpose of this publication, I would like to invite specialists in the field of anaerobic bacteria and probiotic bacteria to evaluate my remarks. Should they confirm my comments and conclusions, I would like to suggest that:

1. The SAMJ should officially revoke the findings and conclusions presented in the paper.
2. In view of the far-reaching consequences of the conclusions published in the paper, the SAMJ should offer a public apology to the parties affected, to be disseminated in the media.

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2. Culture Media. In: Oxoid Manual. 7th ed. Compiled by Bridson EY. Basingstoke, Hampshire: Unipath, 1995: 2-78 - 2-80.
3. Tharmaraj N, Shah NP. Selective enumeration of *Lactobacillus delbrueckii* spp. *Bulgarius*, *Streptococcus thermophilus*, *Lactobacillus acidophilus*, bifidobacteria, *Lactobacillus casei*, *Lactobacillus rhamnosus*, and propionibacteria. *J Dairy Sci*; **86**: 2288-2296.
4. Bevilacqua L, Ovidi M, Di Mattia E, Trovatielli LD, Canganella F. Screening of Bifidobacterium strains isolated from human faeces for antagonistic activities against potentially bacterial pathogens. *Microbiol Res* 2003; **158**: 179-185.
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See also editorial (p. 272), the front-page editorial (p. 227) and Editor's Choice (p. 229) The authors of the original article have been offered the opportunity to respond, but were unable to meet the deadline for this issue. — Ed.

Knowing what you can take — the ins and outs of drug-free sport

To the Editor: Last year Elana Meyer was suspended after winning a 10 km road race when the caffeine level in her blood was higher than the acceptable level. Yet in 2004 caffeine has been removed from the list of banned substances! Clearly the field of drugs in sports is changing very rapidly.

For this reason the Discovery Health UCT/MRC Research Unit of Exercise Science and Sports Medicine, in conjunction with the Institute for Drug Free Sport, have put together an informative workshop, which will serve to update everyone on the current list of banned substances and procedures. The workshop will include an overview of drugs in sport, a talk on the latest issues and controversies on drugs in sport, and a presentation on some facts and fallacies related to nutritional aids that supposedly enhance sporting performance.

The speakers include Dr Shuaib Manjra, Director of the South African Institute of Drug Free Sport, who will give an

overview of the different classes of banned substances and procedures and explain the protocol for drug testing. Dr Ryan Kohler will discuss the controversies in drug testing and drugs in sport, and a registered dietician, Amanda Claassen, will discuss an evidence-based approach to nutritional sporting performance enhancers.

The workshop, sponsored by the Institute for Drug Free Sport and supported by the SA Sports Medicine Association (SASMA), will take place on 10 May 18h30 in the auditorium of the Sports Science Institute of South Africa. To reserve your place, please phone Pinky Bobo on (021) 650-4561. There will be a R20 donation to the Ziphelele Mbambo Memorial fund, but SASMA members and students can attend for free on presentation of their registration cards.

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Fee for service

To the Editor: Is it not interesting how the unaffordability-of-medical-care debate in the press is led by big business players and not by the patients or the doctors?

The villains of the piece are always the doctors and fee for service.

Is it not strange that in every other field of human endeavour fee for service works, but not in medicine! Could it be that the real problem lies with the third party payer? When I see a patient and charge R100 he gives the third party R120 to pay me — surely if we settled on R110 we would both be happier? Why do we need the intermediary?

The real beneficiaries in a managed care option are the third parties and their shareholders. For both the patient and the doctor the options become more and more restrictive. Is this not why the medical aid industry runs down fee for service and promotes managed care?.

Necessities such as food, clothing and housing are provided by private for profit markets. Or maybe food should also be regulated by a manager with a list of what you may or may not purchase. Food is certainly even more essential than medical care, and certainly has a much bigger effect on the health of the nation.

State interference in the market can only cause more problems, as I see with the minimum benefits that must be covered, some medical aids are only going to cover the benefit 100% if it is provided by a preferred provider! Hello! Who is the preferred provider? Why, the state hospital. What an easy way out for the medical aid industry!

Surely the best managers of the patients' affairs are the