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Contributors: MFH, as principal investigator, had primary responsibility for the study design, administration, quality assurance, planning of statistical analyses, and writing of the manuscript. JMZ, as project coordinator, was responsible for overseeing data collection, intervention delivery, and data preparation and also conducted statistical analyses and contributed to writing the manuscript. GEM collaborated on design of measures, statistical analyses, and editing the manuscript. CRH conducted statistical analyses and assisted with study design and editing the manuscript. JTB conducted urine cotinine analyses and assisted with interpretation of results and editing the manuscript. JP assisted with the study design and editing the manuscript. MFH and JMZ are the guarantors of the paper.

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My Cuban experience

After passing the first part of the MRCP examination, I thought that I would treat myself to an exotic holiday. One of my friends, who is now a consultant psychiatrist, thought that Cuba would be a good place to go. Cuba is a great place to live provided that you have money and that you are not Cuban. For tourists there was always fresh meat and vegetables available. There was no food rationing and we did not have to wait in queues for things like bread. Petrol was expensive and rationed, but we were allowed an unlimited petrol allowance as we had dollars.

Towards the end of our holiday we found ourselves in the capital, Havana. The problem now was trying to get back to our initial resort so that we could catch our flight back home. We weren't really keen on buses or trains as they took so long and so we decided to catch a taxi. Finally one driver agreed to take us. To manage the round trip he had to borrow a friend's petrol ration. As it turned out his English was rather good and so we began chatting. It soon came round to him asking what we did for a living. We both proudly told him that we were doctors in Britain. Without batting an eyelid he pulled out a chest radiograph from behind his seat and asked us to look at it.

"This shows a right pleural effusion with a chest drain," I said. "Correct," he replied.

"I know," I said. "We told you before we are both doctors."

"Yes," he casually replied, "so am I."

We were most surprised to find out that he wasn't really a taxi driver but a cardiothoracic surgeon and that he was testing our skills. As surgery did not pay well he drove taxis to earn extra cash. We made sure we gave him a nice tip for his trouble when he finally dropped us off.

What have I learnt from this experience? Firstly, never assume anything by a person's profession, and, secondly, do not choose cardiothoracic surgery as a career in Cuba.

A A Palejwala *specialist registrar in gastroenterology, Liverpool*

We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.