The first row of the above ANOVA table means that there is a highly significant difference in the obesity index on the average between those with the disease and those who are free of the disease.

The second row in the ANOVA table indicates that there is a highly significant difference in the obesity index on the average between males and females. The interesting finding in this study is that females have significantly higher mean value of Quetelet index than males. In general, males have on the average higher value for Quetelet index than females.

The third row indicates that there is a significant interaction between sex and disease. This supports Dr Osman's contention. If there were no interaction, the p-value in the third row would be greater than 0.05 and the two regression lines described by Dr Osman would be almost parallel to each other.

I am grateful for Dr Osman's comments on our study and I agree with him that we could have used another statistical analysis in our paper in order to find an explanation for the sex differences.

**Females Giving Consent for Medical Procedures to be Carried Out on Themselves**

Sir,

Time and again the question is raised as to whether women alone can give consent for any surgical procedure for themselves in the Kingdom of Saudi Arabia. I remember reading an article on this subject in your journal but I am unable to locate it to convince my colleagues.

Would you be kind enough to publish it once again, both in Arabic and its English translation.

**Tarsal Coalition and Ankle Injuries in Sportsmen**

Sir,

I read with interest the paper by Drs Das and Kaddoura (Saudi Med J 1991; 12(5): 380–383) regarding tarsal coalition. This is a rare deformity and ten cases collected from an ordinary out-patient clinic in 2–3 years raises the question that the condition might have been over-diagnosed. The X-rays presented in the paper support this suggestion.

Figures 1 and 2 do not, and cannot be expected to confirm any tarsal coalition. To illustrate a bridge between talus and calcaneus, a 45 degrees (± 15 degrees) postero-anterior view of the os calcis is necessary. A bar between the calcaneus and navicular is best shown using a 45 degrees oblique lateral view. Sclerosis at the talo-calcaneal joint is not a typical finding in coalition of this joint.

Figure 3, which seems to be a lateral view of the heel, is said to show the improved range of motion after treatment, which needs further explanation. Also the contrast of the X-ray is poor, it seems to me to show an old fracture of the calcaneus with a posterior gap of the tuber and a negative tuber-joint angle. This is a common cause of spastic flatfoot.

It is well known and logical that the X-rays selected for a paper are those which best illustrate what the author wants to show. I therefore think it is justified to ask, whether the X-rays in the remaining eight feet really confirmed the presence of a tarsal coalition. I agree with the authors' statement that exact diagnosis is very important for successful treatment.

**Reply**

The reference which provides the relevant information is: Abu-Aisha H. Women in Saudi Arabia. Do they have the right to give their own consent for medical procedures? Saudi Med J 1985; 6: 74–77. [Editor]