Particularly in rural internal medicine, where I believe the essence of our specialty still survives, being an internist is enough of a label. Rural internists provide consultative services to family practice and surgical peers in all of the traditional subspecialty internal medicine disciplines, do the full array of invasive procedures in the intensive care unit, handle minor and major illness or trauma in the emergency department, offer gynecologic and psychiatric primary care, and provide ongoing traditional health care maintenance. In addition, many of us also recognize the importance of training outside of the traditional academic centers; thus, we frequently serve as mentors to students. Until a "specialist" internist can provide this array of professional service, I refuse to be labeled as a generalist. By publishing this article, I believe the editors perpetuate the myth that "general" internists are not specialists, and this does much to retard the needed rejuvenation of our specialty.

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Reference

1. **Christakis NA, Jacobs JA, Messikomer CM.** Change in self-definition from specialist to generalist in a national sample of physicians. Ann Intern Med. 1994;121:669-75.

In response: We thank Dr. De Long for providing us with the opportunity to state our conviction—in agreement with him—that the difference between "generalists" and "specialists," which is based on the nature of the medical care provided to patients, should not also imply a difference in the status of the physicians. We do *not* make a status distinction between generalists and specialists; rather, we suggest how we might augment the number of generalists who are currently considered, in many quarters, to be preferable to specialists. Indeed, because one of the principal findings of our study was that more physicians abandon generalist roles during their careers than seek them, we recommended several specific ways to improve the attractiveness of generalist practice so that the inflow of specialists into generalist practice increases. We believe that people fall into a semantic trap if they assume that being a "specialist" means being somehow superior, a trap we want to avoid.

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Acute Hepatitis Associated with Jin Bu Huan

To the Editor: I agree with Woolf and colleagues (1) that a national surveillance program and quality control of the manufacture of herbal products are required. We need them because herbal products can cause toxic reactions in the liver, kidneys (2), heart (3), and lungs (4); they can also cause heavy-metal poisoning (5). The authors should have consulted a pharmacognosist, botanist, or herbalist. They should have also stated that Jin Bu Huan did not cause the herbal poisoning; the poisoning was caused by a highly concentrated alkaloid fraction that was probably derived from some unidentified plant material. Their article does not describe "herbal" poisoning. It shows that a fraudulent and unscrupulous manufacturer mislabeled a plant-derived pharmaceutical as an "herbal product" to take advantage of popular beliefs that the words "plant" and "natural" somehow mean harmless. Jin Bu Huan is not an herb; it is a camouflaged drug. Describing Jin Bu Huan as an herbal product is like describing estrogen as a plant product derived from the Mexican *Dioscorea* yam.

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2. **Vanherweghem JL, Depierreux M, Tielemans C, Abramowicz D, Dratwa M, Jodoul M, et al.** Rapidly progressive interstitial renal fibrosis in young women: association with slimming regimen including Chinese herbs. Lancet. 1993;341:388-91.
3. **Tai YT, But PP, Young K, Lau CP.** Cardiotoxicity after accidental herb-induced aconite poisoning. Lancet. 1992;340:1254-6.
4. **Wilson BJ, Garst JE, Linnabary RD, Channell RB.** Perilla ketone: a potent lung toxin from the mint plant, Perilla frutescens Britton. Science. 1977;197:573-4.
5. **Mitchell-Heggs CA, Conway M, Cassar J.** Herbal medicine as a cause of combined lead and arsenic poisoning. Hum Exp Toxicol. 1990;9: 195-6.

In response: We appreciate the comments of Mr. Kaptchuk about our article. We concur that this herbal product contains a single active ingredient, L-tetrahydropalmatine, and therefore can be classified as a drug. We consulted with herbalists and botanists who were aware that this product contained one active ingredient and who informed us that its origin was either the genus *Stephania* or *Corydalis* but was not *Polygala* as stated in the package insert. This mislabeling of the package insert was clearly stated in our article. Further, we commented on the fact that misidentification of the plant genus and an incorrect percentage of the active ingredient suggested improper manufacturing. Despite its ingredients, the Jin Bu Huan sold to our patients remains an "herbal product." As discussed in our article, we agree that the buyer must be aware that the word "natural" does not ensure product safety. Subjecting these herbal products to governmental rules and regulations may result in safer and more effective products.

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