



supplement; it is available in Canada only by prescription. It has been shown to be safe during pregnancy, and Health Canada has labelled it for use in pregnancy, specifically to treat "morning sickness."¹ Pinaverium is a calcium antagonist specific to the gastrointestinal tract, which is used in the treatment of irritable bowel syndrome. There are no data on its safety during pregnancy.

In each case, it appears that the prescription was written correctly and was not the cause of the dispensing error. However, considering that there are many well-known examples of confusion among drugs with similar names,² the similarity between Dicetel and Dicletin may lead to more of these errors. To decrease the risk of prescribing or dispensing errors, physicians should consider writing the diagnosis and both the generic and trade name of the drug on each prescription when either doxylamine-pyridoxine or pinaverium is given to patients.³

If *CMAJ* readers are aware of any

such errors, we would appreciate their informing us at the telephone number below.

Benoit Bailey, MD, MSc
Adrienne Einarson, RN
Gideon Koren, MD, ABMT
The Motherisk Program
Division of Clinical Pharmacology
Hospital for Sick Children
Toronto, Ont.
Tel 416 813-6780

References

1. Ornstein M, Einarson A, Loren G. Bendectin/Dicletin for morning sickness: a Canadian follow-up of an American tragedy. *Rep Toxicol* 1995;9:1-6.
2. Janda SM. Look-alike or sound-alike medications pairs. *Vet Hum Toxicol* 1994; 36:256.
3. Vitillo JA, Lesar TS. Preventing medication prescribing errors. *Ann Pharmacother* 1991;25:1388-94.

When to scan, when to operate

In the article "Findings of negligence followed communication lapses in BC aneurysm case" (*Can*

Med Assoc J 1997;156:49-51), by Karen Capen, the problem of resource allocation is a recurring theme. The comment by the Supreme Court judge that Jason Law's death was in part due to a reluctance to use computed tomography (CT) scanning "appropriately" could worsen the problem of inadequate resources for emergency surgery, which also appears to have contributed to Law's death.

The judge's emphasis on the family physician's reluctance to use CT scanning is unfortunate for medical reasons as well. Whereas a CT scan is difficult to obtain, a lumbar puncture can be performed safely if there is no clinical evidence of a mass lesion or localizing neurologic signs. The test is immediately available at almost any location and at a fraction of the cost of a CT scan. The presence of xanthochromia confirms the diagnosis. Used in conjunction with spectrophotometry, lumbar puncture is more sensitive than CT scanning in diagnosing a subarachnoid hemor-

The Myre and Winifred Sim Clinical Research Fund

Deadline: Sept. 15, 1997

Support of up to \$1500 is available to CMA members licensed to practise medicine in Canada who wish to pursue scholarly activities in the form of clinical research. A maximum of 5 candidates will be supported in 1997. Applicants must not be in full-time academic medicine or medical research, nor receive a stipend of more than \$5000 per annum from any Canadian school of medicine or research institute.

For complete eligibility requirements and application details, call **800 267-9703**, ext. **2239**, or refer to CMA Online at **www.cma.ca/sga**

THE CANADIAN MEDICAL FOUNDATION

Le Fonds de recherche clinique Myre et Winifred Sim

Date limite : le 15 septembre 1997

Les membres de l'AMC qui sont autorisés à pratiquer la médecine au Canada et veulent poursuivre des activités savantes sous forme de recherche clinique peuvent bénéficier d'une bourse pouvant atteindre 1500 \$. On accordera au maximum cinq bourses en 1997. Les requérants ne doivent pas occuper un poste à plein temps en médecine universitaire ou en recherche médicale, ni toucher des appointements de plus de 5000 \$ par année d'une faculté de médecine ou d'un institut de recherche du Canada.

Pour obtenir tous les détails sur l'admissibilité et la présentation d'une demande, composez le **800 267-9703**, poste **2239**, ou consultez AMC En direct à l'adresse **www.cma.ca/sga/index_f.htm**.

LA FONDATION MÉDICALE CANADIENNE



rhage.¹ The unwelcome presence of the law at the bedside discourages lumbar punctures from being appropriately used, because of the belief that they should not be performed unless preceded by a CT scan to rule out a mass lesion, even if there is no clinical evidence of one.

In Law's case, surgery was arranged for 7 days after the diagnosis was made. Such a delay is unconscionable. Many sentinel bleeds precede a major hemorrhage by days or several weeks.¹ Of course, every day the aneurysm is unclipped there is an increased chance of death or disability, but that was a chance that Law appears to have been required to take. Unless there was some medical reason to delay surgery, it should have been done immediately. Could fiscal restraint have played a role in this delay?

Resources expended in 1 area leave

fewer resources for another. If physicians were not pressured to order tests (such as CT scanning) for legal purposes, there would be more resources available for emergency surgery.

Stephen Workman, MD

Master's student
University of Toronto Joint Centre
for Bioethics
Toronto, Ont.

Reference

- Schvienk WI. Intracranial aneurysms. *N Engl J Med* 1997;336:28-40.

On_the_Net@cma.ca/Sur_le_Net@cma.ca [correction]

The On_the_Net@cma.ca column in the June 1 issue (*Can Med Assoc J* 1997;156:1623-4) contained an incorrect address; **www**

.cma.ca/catalog/index_f.htm is the correct address for the French-language version of the *CMA Publications Catalogue*. — Ed.

La chronique Sur_le_Net@cma.ca du numéro du 1^{er} juin contenait une erreur d'adresse; **www.cma.ca/catalog/index_f.htm** est l'adresse de la version française du *Catalogue des publications de l'AMC*. — La rédaction.

A practical guide for the diagnosis and treatment of acute sinusitis [correction]

In this special supplement (*Can Med Assoc J* 1997;156:S1-13), the name of one of the authors, Huguette Rémy, was misspelled. We apologize for any inconvenience and confusion this error may have caused. — Ed.

Submitting letters

Letters must be submitted by mail, courier or e-mail, not by fax. They must be signed by all authors and limited to 300 words in length. Letters that refer to articles must be received within 2 months of the publication of the article. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

Note to e-mail users

E-mail should be addressed to **pubs@cma.ca** and should indicate "Letter to the editor of *CMAJ*" in the subject line. A signed copy must be sent subsequently to *CMAJ* by fax or regular mail. Accepted letters sent by e-mail appear in the Readers' Forum of *CMA Online* immediately, as well as being published in a subsequent issue of the journal.

Pour écrire à la rédaction

Prière de faire parvenir vos lettres par la poste, par messenger ou par courrier électronique, et non par télécopieur. Chaque lettre doit porter la signature de tous ses auteurs et avoir au maximum 300 mots. Les lettres se rapportant à un article doivent nous parvenir dans les 2 mois de la publication de l'article en question. Le *JAMC* ne correspond qu'avec les auteurs des lettres acceptées pour publication. Les lettres acceptées seront révisées et pourront être raccourcies.

Aux usagers du courrier électronique

Les messages électroniques doivent être envoyés à l'adresse **pubs@cma.ca**. Veuillez écrire «Lettre à la rédaction du *JAMC*» à la ligne «Subject». Il faut envoyer ensuite, par télécopieur ou par la poste, une lettre signée pour confirmer le message électronique. Une fois une lettre reçue par courrier électronique acceptée pour publication, elle paraîtra dans la chronique «Tribune des lecteurs du *JAMC*» d'*AMC En direct* tout de suite, ainsi que dans un numéro prochain du journal.