



Ruiz I, Roberts EA, et al. A method for estimating the probability of adverse drug reactions. *Clin Pharmacol Ther* 1981;30:239-45.

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[The authors respond:]

We are gratified by the attention paid to our discussion of adverse drug reactions in Canada.¹ Both the letter by David Rosenbloom and Christine Wynne and an earlier letter by Joel Lexchin² support our view that deaths associated with adverse drug reaction are probably underreported. We still believe, however, that the original estimate by Lazarou and colleagues³ was flawed for methodological reasons related to their meta-analysis. Their estimate is likely compromised by publication bias, by biases in the original studies, by reporting bias and because the application of US data to Canada was inappropriate. We used an alternative method, namely analysis of routinely collected hospitalization data, to argue that the true estimate of mortality associated with adverse drug reactions was likely to be lower than that reported from the meta-analysis.

We believe that the discrepant estimates of mortality associated with adverse drug reactions highlight the importance of this issue. In Ontario, the prevalence of adverse drug reactions is increasing.⁴ The inescapable conclusion is that a substantial number of Canadians suffer from adverse drug reactions, with a consequent risk of related mortality. The fundamental question remains: Who has the responsibility for monitoring these events? It is clear that current reporting methods are inadequate and that better methods are needed to accurately measure mortality associated with adverse drug reactions.

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References

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2. Lexchin J. Rethinking the numbers on adverse drug reactions [letter]. *CMAJ* 1999;160(10):1432.
3. Lazarou J, Pomeranz BH, Corey PN. Incidence of adverse drug reactions in hospitalized patients: a meta-analysis of prospective studies. *JAMA* 1998;279:1200-5.
4. Hunter D, Bains N. Rates of adverse events among hospital admissions and day surgeries in Ontario from 1992 to 1997. *CMAJ* 1999; 160(11):1585-6.

Name that doctor

I read with interest Dr. Elizabeth Oliver's letter regarding Dr. Harold Griffith's correct name.¹ However, she in turn gave an incorrect name for Dr. Enid Johnson (not Walker), who was the resident involved in the pioneering use of curare as a muscle relaxant in anesthesia.

Dr. Enid Johnson became Dr. Enid MacLeod after marrying lawyer Innis MacLeod. She practised anesthesia in Nova Scotia and later she taught medical students as an associate professor in the Department of Physiology at Dalhousie Medical School until she retired. For her dedication to her work with medical students she has been given many awards and honours.

At the age of 79 years she wrote a book about the women doctors of Nova Scotia.² She will be 90 this year — a great lady.

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1. Oliver E. Heroes in anesthesia [letter]. *CMAJ* 1999;160(10):1433.
2. MacLeod EJ. *Petticoat doctors*. East Lawrence-town (NS): Pottersfield Press; 1990.

Clarification

The government agency that hired Dr. Joan Mason for her work in Trenton with the Kosovar refugees¹ was in fact Customs and Immigration Canada, Immigration Health Services.

Reference

1. Sibbald, B. Flight 7 from Macedonia: trauma of a different sort lies ahead for Kosovar refugees. *CMAJ* 1999;160(13):1860-2.