

**Still the “real thing”:** Coca-Cola is removing its branding from vending machines in Scottish schools to help improve nutrition among school children. The deal, thought to be a world first, was negotiated by Scotland’s Food and Health Coordinator Gillian Kynoch. Instead of the familiar Coca-Cola logo, vending machines will now promote the need to drink enough fluid through images of active children. The machines will also carry fruit juice and water to give children healthier options. The Scottish Executive is struggling to combat the rise in obesity among children in Scotland, which is among the highest in Europe. More than 600 coordinators are being recruited to encourage school children to be more active. The industry group Refreshments Canada promises that only noncarbonated beverages will be for sale in elementary and middle schools beginning in September. — *Colin Meek, Wester Ross, Scotland*

**E. coli vaccine:** A vaccine to combat *Escherichia coli* 0157:H7 in cattle, developed at the universities of British Columbia and Saskatchewan, is expected to be available across North America by summer, pending regulatory approval. Sales to Europe and South America may follow. *E. coli* is the toxic microbe responsible for hamburger disease, re-

calls of contaminated meat and water contamination. Doses are expected to cost about \$5 per animal. Fourteen million Canadian and 100 million American cows could receive the vaccine. About 50% of cattle carry the *E. coli* bacteria at any given time. UBC microbiologist Brett Finlay says a prototype of the vaccine tested on 500 cattle in Nebraska resulted in about a 60% reduction in the amount of *E. coli* carried by the animals. Finlay says that 10% more cattle are carrying the bacteria than 5 years ago and it is now spreading to goats and sheep. — *Heather Kent, Vancouver*

**AdWatch begins operations:** Bombarded by drug ads and other forms of pharmaceutical marketing, physicians now have a tool to help them separate fact from fiction. AdWatch, a new, free, interactive service ([www.healthy-skepticism.org](http://www.healthy-skepticism.org))



AdWatch

was launched by Australian FP Peter Mansfield and an international team of volunteer physicians. Many doctors depend heavily on drug companies for information and can be more vulnerable to being misled than they realize, said Mansfield from his office in Adelaide. “What makes it fascinating is the tension between what the advertisers claim or imply and what the evidence shows.” Mansfield invites Canadian doctors to comment and participate in the site ([peter@healthyskepticism.org](mailto:peter@healthyskepticism.org)). Mansfield’s lobby group, Healthy Skepticism, has been campaigning against inappropriate drug marketing for 20 years. — *Alan Cassels, Victoria, BC*

**Pot regulations change:** Instead of fighting a constitutional challenge, the federal government

has introduced regulations making it easier to access a legal source of marijuana. Now patients can apply for access under a broader provision that requires only 1 doctor’s signature instead of 2, on forms attesting to need. The changes came as the government announced on Dec. 8 that it is not appealing an Ontario Court of Appeal ruling that declared the regulations unconstitutional because they made access too difficult for many patients. Health Canada also changed the regulations to permit compensation for designated growers who receive seeds supplied to patients to grow marijuana on their behalf. “Basically, the idea is that the amendments ensure reasonable access

to a legal source of marijuana,” says department spokeswoman Catherine Saunders. — *Laura Eggertson, Ottawa*

**Cochrane Colloquium:** For the second time ever, this

prestigious international event will be held in Canada. Hosted by the Canadian Cochrane Network and Centre, the colloquium will be held in Ottawa Oct. 2–6 and is expected to attract more than 80 Collaboration groups. Founded in 1993, the Cochrane Collaboration aims to give physicians and researchers vital information about health care by preparing, maintaining and promoting accessibility to systematic reviews of the effects of health care interventions. The colloquium, “Bridging the Gaps,” will focus on some of the gaps between the Cochrane Collaboration and clinical practice, between high and low-income countries and individuals, and between producers and users of healthcare information (see [www.colloquium.info](http://www.colloquium.info)). — Compiled by *Barbara Sibbald, CMAJ*



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