



Blind to the danger?

In 1990 I wrote to *CMAJ* regarding my unfortunate experience involving the accidental strangulation of toddlers by window-blind cords.¹

Seven years later I was contacted about the topic by *Market Place*, a CBC television program, because interest had been renewed by a recent article in another journal.² I have been out of general pediatric practice for several years, so it was with dismay that I found that very little has been done at the manufacturing level to eliminate these totally preventable accidents. Recently there was a huge recall of venetian blinds because of the potential toxicity of their component materials, but there has been little or no publicity acknowledging the very real hidden dangers posed by window blind cords.

In 1990 I ended my letter with recommendations that safety warnings be packaged with the blinds. Today I realize that those recommendations did not go far enough. We should be advocating for changes to make the product hazard free, and we should increase awareness of this problem as part of our provision of well-child care in all settings, from homes to day-care centres.

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References

1. Yee WH. Accidental strangulation by window-blind cords [letter]. *CMAJ* 1990; 142:436.
2. Mann NC, Rauchschwalbe R. Pediatric window-cord strangulations in the United States, 1981-1995. *JAMA* 1997;277:1696-8.

[Yves Fortin, of Health Canada, comments:]

I would like to describe here the actions that Health Canada has taken

over the past 7 years to address the potential strangulation hazard associated with window-covering cords.

In 1991 a letter was issued to the window-covering industry recommending voluntary labelling to warn consumers of the potential hazard associated with cords. Consequently, major manufacturers introduced warning labels and suggested ways to tie up cords and place them out of the reach of children. In 1992 an information campaign was launched to publicize the potential hazard posed by blind cords, and in April 1994 department officials participated in a meeting with representatives of the North American window-covering industry to encourage them to de-

velop ways to eliminate the hazard. The US Window Covering Manufacturers Association subsequently developed a standard, ANSI A100.1-1996, which was published in January 1997.

In March 1996 Health Canada sent a letter to the window-covering industry seeking continued commitment to affixing safety warnings to products, and retailers were asked to display an accompanying poster. In addition, a letter was sent to day-care centres, public health units and health care professionals asking them to take further measures to inform consumers of the hazard posed by blind cords by posting an accompanying poster and circulating it to par-

HOLIDAY REVIEW '98 CALL FOR OUTLANDISH PAPERS

Deadline: Oct. 1, 1998

Last December *CMAJ* published its first Holiday Review issue. We hope this will become an annual tradition, but that depends on you. Last year we presented the year in review, with writers from across Canada looking back at the advances within their specialties. This year, and we admit unabashedly that we've stolen the idea from our friends at the *BMJ*, we want to take a lighter approach. Here's what they look for: "The usual cocktail of the deadly serious, the poignant, the speculative, the frivolous, and the downright barmy."

We know Canadian physicians can be as barmy as the best of them, so we are throwing down the gauntlet. Give us your weird studies, your unsubstantiated research, your outrageous anecdotal evidence, tell us why you should have been a vet or an investment banker, document the undocumented.

To wit: one of the *BMJ*'s 1997 reports was entitled "Do overweight people remove their shoes before being weighed by a doctor? Consecutive study of patients in general practice." You get the idea. We are also looking for some poignant, practice-related articles.

We're seeking submissions of up to 1200 words, and outlandish illustrations are encouraged. So are group efforts — we'd love it if an entire clinic or even hospital department participated. If you would like to discuss a submission, please contact Dr. John Hoey, 800 663-7336 x2118, hoeyj@cma.ca, or Patrick Sullivan, x2126, sullip@cma.ca.

We must receive your written submissions or proposals by Oct. 1, 1998. Send them to Dr. John Hoey, Editor-in-Chief, *CMAJ*, 1867 Alta Vista Dr., Ottawa ON K1G 3Y6.



ents and caregivers. Health Canada also re-issued its safety messages in parenting publications.

Safety tips continue to be offered to parents and caregivers in Health Canada's publication "*Is Your Child Safe?*" and the department plans to release an education bulletin on the safety of curtain and blind cords.

In April of this year Health Canada officials met with members of the Canadian window-covering industry to explore additional ways to eliminate the potential strangulation hazard presented by blind and drapery cords. As a result, an advisory committee that includes consumers, health care professionals and representatives from the industry will be established to develop a Canadian standard.

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Folic acid and the pill

It seems that we all agree on the benefits of folic acid fortification for women of child-bearing age as a means of reducing the frequency of neural tube defects, as outlined in the article "Folic acid fortification: What does it mean for patients and physicians?" (*CMAJ* 1998;158[6]:773-4), by Drs. Linda Turner and Catherine McCourt. I'm pleased that Health Canada has initiated a study "to determine whether food fortification is accompanied by a reduction in the detectable incidence of neural tube defects . . . and . . . leads to an improvement in the blood folate status of women of reproductive age who do not take oral supplements."

However, I'm disappointed that no action has been taken on my suggestion¹ of an interim measure to improve dietary folate intake in a group

of women in whom periconceptual folic acid fortification could readily be achieved. If all oral contraceptive regimens were converted to a 28-day cycle for which the 7 inert pills were replaced by tablets containing an appropriate dose of folic acid, at least those women who are practising contraception would be better prepared for the time when conception becomes their intent.

This may seem an odd suggestion from a university professor, but sometimes further study is a poor substitute for getting on with something that is patently justified by good evidence from other jurisdictions!

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Reference

1. McSherry JA. Folate to prevent neural tube defects [letter]. *CMAJ* 1995;152(7):1043.

[The authors respond:]

The evidence that taking dietary supplements containing folic acid around the time of conception reduces the risk of neural tube defects is compelling. Over the past several years, interest has focused on 2 ways of increasing women's intake of folic acid during the critically important early weeks of pregnancy — encouraging women to begin taking oral supplements before conception occurs and fortifying foods with folic acid. Dr. McSherry's suggestion demonstrates that there are other creative approaches to increasing the intake of folic acid among women of reproductive age. Product development is the purview of industry, but individuals, organizations of health care professionals, and consumer groups could certainly encourage manufacturers of oral contraceptives to develop the type of product that McSherry advocates. Moreover, an-

other point in McSherry's letter of Apr. 1, 1995,¹ is well taken. He stated that physicians "must get used to discussing future conception as well as current contraception" with patients. Office visits by women to discuss family planning and to obtain contraceptives provide many opportunities for health care professionals to discuss the importance of good health habits during the preconception period; such discussions could easily include information about the benefits to the fetus of taking vitamin supplements containing folic acid around the time of conception.

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Reference

1. McSherry JA. Folate to prevent neural tube defects [letter]. *CMAJ* 1995;152(7):1043.

Watch your step!

Drs. Paul G.W. Woolfrey and R. Lee Kirby should be congratulated for reporting an easily preventable complication associated with diabetic neuropathy, in their article "Hypodermic needles in the neuropathic foot of a patient with diabetes" (*CMAJ* 1998;158[6]:765-7). Given that the occurrence of foreign bodies in the skin of people with sensory neuropathy of any type could to a large degree be avoided, it is unfortunate that we have been unable to convince people with these conditions of the value of examining their feet. It is well established that simple foot care and prevention of skin lesions due to foreign bodies and to sites of excessive pressure, such as folds in socks, can substantially re-