

able to achieve the aspiration that we all share: to reduce the unacceptable burden of tuberculosis among aboriginal people in Canada.

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References

1. FitzGerald JM, Wang L, Elwood RK. Tuberculosis: 13. Control of the disease among aboriginal people in Canada. *CMAJ* 2000;162(3):351-5.
2. Grzybowski S, Allen EA. Tuberculosis: 2. History of disease in Canada. *CMAJ* 1999;160(7):1025-8.
3. Young TK, Hershfield ES. A case-control study to evaluate the effectiveness of a mass neonatal BCG vaccination among Canadian Indians. *Am J Public Health* 1981;76:783-6.
4. Mitchell L, Wendon J, Fitt S, Williams R. Anti-tuberculous therapy and acute liver failure. *Lancet* 1995;345:555-6.
5. FitzGerald JM. Anti-tuberculosis therapy and acute liver failure [letter]. *Lancet* 1995;345:1172.

Treating TB in the 1950s

CMAJ's recent review of tuberculosis¹⁻¹³ made me recall the way we used to treat tubercular meningitis, a particularly ugly illness in children. Before 1950, no children survived this dreadful disease — 3 weeks from onset and it was all over.



Courtesy of Nick Steinmetz

Fig. 1: The Alexandra Hospital in Montreal provided treatment for children with tuberculosis in the 1950s.

In 1950, I attended a lecture in Boston given by Dr. Honor Smith of Oxford University. Working with neurosurgeon Sir Hugh Cairns, he had treated children with tubercular meningitis successfully using a combination of purified protein derivative of the tuber-

cle bacillus (PPD) and streptomycin, both intrathecally and intramuscularly.

While a resident in Boston, I had seen a number of children die because of tubercular meningitis. When I returned to Montreal later that year, my proposal to treat children who had tubercular meningitis with PPD for my “investigative year” in preparation for Royal College fellowship was accepted. By the end of 1951, 11 children had been treated, 9 of whom survived. The result was unprecedented, and this was probably the first group of children to have survived the disease in Canada or the United States.

This clinical effort took place at the Alexandra Hospital in Montreal (Fig. 1). Over the next 4 years, 100 children were treated, and 80% survived. During this time, 50 McGill interns provided devoted and enthusiastic care to these children.

The successful treatment had 2 results. First, the federal government made a substantial grant to the operation of the unit. Second, Dr. Jonathan Meakins, Sr., then professor of medicine at McGill, invited Quebec Premier Maurice Duplessis to visit the unit. After a sumptuous lunch in the dining room of the Alexandra Hospital — all lunches at the Alexandra were sumptuous and formal, with Dr. E.M. Worden carving — Meakins presented the premier with a 1-page report on the state of tuberculosis in Quebec; he compared it with the situation in Warsaw after WW II. Duplessis was shocked and deeply moved by the report, and the result was the immediate construction throughout Quebec of many hospitals to treat tuberculosis. Their wonderful impact is now history.

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References

1. Fanning A. Tuberculosis: 1. Introduction. *CMAJ* 1999;160(6):837-9.
2. Grzybowski S, Allen EA. Tuberculosis: 2. History of the disease in Canada. *CMAJ* 1999;160(7):1025-8.
3. Long R, Njoo H, Hershfield E. Tuberculosis: 3. Epidemiology of the disease in Canada. *CMAJ* 1999;160(8):1185-90.

4. Long R, Cowie R. Tuberculosis: 4. Pulmonary disease. *CMAJ* 1999;160(9):1344-5.
5. Nobert E, Chernick V. Tuberculosis: 5. Pediatric disease. *CMAJ* 1999;160(10):1479-82.
6. Fanning A. Tuberculosis: 6. Extrapulmonary disease. *CMAJ* 1999;160(11):1597-603.
7. Laszlo A. Tuberculosis: 7. Laboratory aspects of diagnosis. *CMAJ* 1999;160(12):1725-9.
8. FitzGerald JM, Houston S. Tuberculosis: 8. The disease in association with HIV infection. *CMAJ* 1999;161(1):47-51.
9. Hershfield E. Tuberculosis: 9. Treatment. *CMAJ* 1999;161(4):405-11.
10. Menzies D, Tannenbaum TN, FitzGerald JM. Tuberculosis: 10. Prevention. *CMAJ* 1999;161(6):717-24.
11. Schwartzman K, Menzies D. Tuberculosis: 11. Nosocomial disease. *CMAJ* 1999;161(10):1271-7.
12. Enarson DA. Tuberculosis: 12. Global disease and the role of international collaboration. *CMAJ* 2000;162(1):57-61.
13. FitzGerald JM, Wang L, Elwood RK. Tuberculosis: 13. Control of the disease among aboriginal people in Canada. *CMAJ* 2000;162(3):351-5.

Corrections to the *Compendium of Pharmaceuticals and Specialties*, 35th edition, 2000

This is to inform you of 2 corrections in the product recognition section of the 35th edition of the *Compendium of Pharmaceuticals and Specialties (CPS)*.¹ On page R22, the photographs for Merck Frosst Canada & Co. products Singulair (montelukast sodium) 5 mg and Singulair (montelukast sodium) 10 mg were inverted. For further information, please refer to the product monograph for Singulair (montelukast sodium) on page 1464 of the *CPS*.

On page R10, the photograph of Bayer Inc. Consumer Care Division product Aspirin (ASA) 325 mg tablet was replaced by Aspirin (ASA) 325 mg caplet. For further information, please refer to the product monograph for Aspirin (ASA) on page 144 of the *CPS*.

We apologize for any inconvenience these errors may have caused our users.

Louise Welbanks

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Reference

1. Canadian Pharmacists Association. *Compendium of Pharmaceuticals and Specialties*. 35th ed. Ottawa: The Association; 2000.