

would be able to “produce” to the same extent as the average citizen is at best a stretch of the imagination. In contrast, Mauser³ has documented some 3500 defensive uses of firearms annually that result in human lives saved, which, using the \$5 million lifetime productivity figure, would equate to \$17.5 billion saved.

The editorial, quoting an article by Cukier,⁴ refers to gunshot wounds as the third leading cause of death among Canadians aged 15 to 24. According to Statistics Canada,⁵ this is simply not true. For deaths involving guns in 1997 (the most recent year for which complete figures are available), suicides accounted for 130, homicides for 32 and accidents for 13 of 1812 deaths in this age group (5th, 11th and 15th ranks respectively).

The editorial further claims that Canada ranks “fifth among industrialized nations in the incidence of firearm-related deaths in children under age 14.” If this is true then obviously our current approach isn’t working. Perhaps it is time we started focusing on firearm education, with special attention to educating children in the safe and responsible use of firearms.

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References

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.
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4. Cukier W. Firearms regulation: Canada in the international context. *Chronic Dis Can* 1998;19(1):25-34.
5. *Mortality, summary of causes — shelf tables* [for 1997]. Ottawa: Statistics Canada; 2000. Cat. no. 84F0209XIB. Available: www.statcan.ca/english/freepub/84F0209XIB/free.htm (accessed 2003 Apr 16).

I congratulate *CMAJ* for the recent editorial supporting the federal gun registration program.¹ This editorial was timely, as there has been huge pressure to

cut the costs of the gun registry or even abandon it altogether. We cannot easily measure prevention, but we can certainly measure the effects of ignoring it.

Robert Cushman

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Reference

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.

Contrary to the views expressed in *CMAJ*’s editorial,¹ in my opinion the Canadian gun registry is a thinly disguised tax grab, created under the guise of “doing something” about gun control in response to media and public pressure (mainly from central and eastern Canada). In fact, what is being targeted is responsible gun ownership, not criminal use.

In response to the question that many of those reading this letter will have, no, I do not now nor have I ever owned a gun. I’m just upset that many people are buying into the myth of gun registry without looking deeper. It’s not backed by good science and we, as physicians, should be more discerning.

David Wildeboer

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Reference

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.

The apparent apology for Bill C-68 (the Firearms Act) in a scientific periodical¹ requires comment.

The Canadian auditor general’s report of Dec. 3, 2002,² reported the needless waste of up to a billion dollars of public funds on the gun registry program. These tax dollars could be much better used if they were directed to improving access to and quality of health care, both of which were promised to the Canadian public through the Canada Health Act of 1984.

I agree that citizens in a free society

should attempt to obey the laws of the land. However, one has to go no further than the editorial pages of the *Globe and Mail* to read that “The subject who is truly loyal to the Chief Magistrate will neither advise nor submit to arbitrary measures” (the newspaper’s motto). Many aspects of Bill C-68 are arbitrary. The only solution at this stage is to dismantle it.

J.M. Rosloski

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1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.
2. *2002 reports of the auditor general of Canada: December*. Ottawa: Office of the Auditor General of Canada; 2002 Dec. Available: www.oag-bvg.gc.ca/domino/reports.nsf/html/02menu_e.html (accessed 2003 Apr 15).

The program with the closest similarity to the Canadian gun registry described in *CMAJ*’s editorial¹ seems to be the registration of motor vehicles. This is a money-maker for provincial governments, not a drain on their coffers. Registry of vehicles does make it easy to charge drivers with misdemeanors, but criminals seldom use vehicles registered in their own names for serious crimes, and registration has done little to reduce the awful death toll on our roads. To prevent deaths from motor vehicle crashes we institute driver education courses and public service messages. The same principles apply for gun registration.

There have been no gun battles in the duck marshes or drive-by shootings in the woods. It would appear that the government has done a terrible job of diagnosing the problem. It’s as if someone has come to the bureaucrats complaining of excruciating head pains, and they have prescribed an expensive new hat so that everyone can see what an effective job they are doing.

If, as medical practitioners, you can see no better way of using this billion dollars to save lives, then by all means cross your fingers and support the registry. However, from educated profes-

sionals I would expect a more serious examination of the situation and more enlightened solutions.

Kyle D.S. Berry

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Reference

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.

The *CMAJ* editorial on gun registration¹ seems to be based more on emotion than on solid evidence that registering guns has any measurable impact on their misuse.

In the United States, there has been a steady drop in homicide rates following the introduction of laws (in some 34 states) allowing citizens with no criminal record to carry concealed firearms.² An epidemiologic comparison of firearms homicide rates in Canada and US states adjacent to the Canadian border showed no differences in homicide rates outside of large cities, despite a 10-fold greater number of pistols in the US states.³

My understanding of medicine is that any intervention should be based on the results of appropriate controlled experiments and that physicians should be prepared to change their patterns of practice according to the results. The editorial¹ cited no controlled studies, just poor correlational studies, and — as every first-year medical student should know — correlation doesn't equal causation.

Boris Gimbarzewsky

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References

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.
2. Lott J Jr. *More guns, less crime. Understanding crime and gun control laws*. Chicago: University of Chicago Press; 2000.
3. Centerwall B. Homicide and the prevalence of handguns: Canada and the United States, 1976 to 1980. *Am J Epidemiol* 1991;134(11):1245-65.

If physicians are to establish any credibility on "gun issues," as it appears *CMAJ*'s editors would like to do,¹ we'd better bring some facts and objectivity to the table. Otherwise we're toying with

patients' lives just to flatter our own egos and to further political agendas that may be dangerously counterproductive.

Terrorism has replaced childhood accidents and criminal homicide as the newest justification for gun control laws, yet even combining these causes of death with suicide, the tally is dwarfed by the number of innocent lives lost to genocide, the murder of individuals by their own police and military forces.

Genocide kills 5 to 10 times more innocents than the criminal use of firearms,² and genocides have always been preceded by the seemingly innocuous step of gun registration.³ Against all the carnage caused by genocide, no offsetting beneficial effect of gun control laws has been documented. In fact, Lott⁴ has pointed out some compelling evidence that gun control laws may actually increase domestic crime rates, and others support that conclusion.⁵

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1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.
2. Rummel RJ. Freedom, democracy, peace, power, democide, and war [personal Web site]. Available: www.hawaii.edu/powerkills/welcome.html (accessed 2003 Apr 15).
3. Simkin J, Zelman AS, Rice AM. *Letbal laws: "gun control" is the key to genocide*. Hartford (WI): Jews for the Preservation of Firearms Ownership; 1994.
4. Lott J Jr. *More guns, less crime. Understanding crime and gun control laws*. Chicago: University of Chicago Press; 2000.
5. Kopel DB. Peril or protection? The risks and benefits of handgun prohibition. *Saint Louis Univ Public Law Rev* 1993;12:285. Available: www.constitution.org/2ll/2ndschol/63perilo.htm (accessed 2003 Apr 15).

Congratulations on your cogent and reasonable defence of public health as it pertains to the issue of gun control in Canada.¹ Surely reasonable people will agree that to argue otherwise or — worse — to act otherwise would endanger the life of every citizen across this land.

As an emergency physician who did his specialty training in the United States (Los Angeles) and who, over the course of 15 years in that country, was chief of emergency medical services for 2 major cities (Los Angeles and Pittsburgh),

I can readily attest to the devastating effects of unfettered gun ownership.

Surely our country, with its contrasting values and social forces, will not go the way of the society south of the border, where the individual's right to life and health is jeopardized by unrestricted gun ownership.

Ronald D. Stewart

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Reference

1. Reasonable control: gun registration in Canada [editorial]. *CMAJ* 2003;168(4):389.

Corrections

The National Association of Pharmacy Regulatory Authorities is a Canadian organization. Because of an editing error, incorrect information appeared in a recent article.¹

Reference

1. Whittham B. Dispute over Canada's online pharmacies heating up. *CMAJ* 2003;168(6):759.

In Table 3 of the Apr. 1, 2003, article on diabetic ketoacidosis (DKA) and the hyperglycemic hyperosmolar state (HHS),¹ the line for growth hormone should have specified normal ranges for men (< 5 mg/L) and women (< 10 mg/L). (Separate values for men and women of the mean growth hormone levels in DKA and HHS are not included in the table because this information was not available in the original study that reported them.²)

Also, the last line of Table 3 should have shown values for norepinephrine, as follows: normal range 0.65–4.14 nmol/L, mean value in DKA 6.96 (standard deviation [SD] 2.36) nmol/L and mean value in HHS 1.66 (SD 0.53) nmol/L.

References

1. Chiasson JL, Aris-Jilwan N, Bélanger R, Bertrand S, Beauregard H, Ékoé JM, et al. Diagnosis and treatment of diabetic ketoacidosis and the hyperglycemic hyperosmolar state. *CMAJ* 2003;168(7):859-66.
2. Ennis ED, Stahl E, Kreisberg RA. The hyperosmolar hyperglycemic syndrome. *Diabetes Rev* 1994;2:115-26.