

## Correspondance

## A tip for surgeons

Surgical residents' frequent lack of sleep provides additional support for the "felt pen protocol" described by Patrick Sullivan in a recent news article.<sup>1</sup> I suggest that medical staff preparing a patient for surgery write "Cut me" on the affected limb and "Malpractice" on the unaffected one. Writing "Do not cut me" on the unaffected limb could lead to surgical errors if a drape is placed such that it covers the first 2 words. Better to avoid emulating the pencils inscribed "Don't do drugs," which became famous during the Reagan administration — sharpening these pencils disastrously truncated the intended message.

## Allen Jones

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## Reference

1. Sullivan P. Warning for surgeons: measure twice, cut once. *CMAJ* 2003;168(8):1029.

## Reporting HIV infection

That the incidence of HIV infection among Aboriginal intravenous drug users in Vancouver is double that of non-Aboriginals, as reported by Kevin Craib and associates,<sup>1</sup> is an appalling statistic that reflects on the HIV policy-makers in this province. Although the implicit message in this article is the need to search for new strategies to deal with the problem (such as harm reduction and safe injection sites), some of the answers appear glaringly obvious.

In December of last year the BC Centre for Disease Control published 2 schedules of reportable diseases in British Columbia:<sup>2</sup> those reportable by all sources and those reportable by laboratories only. The first schedule listed over 80 conditions, from anthrax to yellow fever, and schedule B listed

infections caused by a wide variety of organisms. HIV was not on either list!

Fortunately, the situation has changed recently, and HIV infection is now reportable.<sup>3</sup> But this will not make up for lost opportunities to stem the spread of this infection in British Columbia.

## James E. Parker

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## References

1. Craib KJP, Spittal PM, Wood E, Laliberte N, Hogg RS, Li K, et al. Risk factors for elevated HIV incidence among Aboriginal injection drug users in Vancouver. *CMAJ* 2003;168(1):19-24.
2. Naus M. BC Centre for Disease Control: reportable diseases in British Columbia. *Br Columbia Med J* 2002;44:551.
3. Kendall P. HIV now reportable [editorial]. *Br Columbia Med J* 2003;45:120.

## Antiepileptic drugs in pregnancy

Warren Blume's article on epilepsy<sup>1</sup> discusses the teratogenicity of antiepilepsy medications. The effect of single agents is unknown, and even less well understood is the teratogenic effect of combinations of drugs.

An ongoing study at Massachusetts General Hospital – Harvard Medical

School is using telephone interviews of pregnant women, along with follow-up questionnaires sent to neonates' doctors, to assess outcomes when these drugs are used. Entry into the study is free, and the toll-free number to register (888 233-2334) works from Canada.

We can only hope that a prospective study such as this one, which is assessing a variety of drugs at various doses and in various combinations, will yield information that will be helpful for future counselling of pregnant women. I encourage physicians to ask their patients to enrol.

## Richard Gruneir

Obstetrician/Gynecologist  
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## Reference

1. Blume WT. Diagnosis and management of epilepsy. *CMAJ* 2003;168(4):441-8.

Competing interests: None declared.

## [The author responds:]

Regarding my article,<sup>1</sup> the value of any registry, such as the one identified by Richard Gruneir, can be judged by 2 criteria: first, the degree to which the participants reliably represent the group as a whole (in this case, pregnant women with epilepsy) and second, the accuracy of the information

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