

even-handed approach in an editorial of a scientific journal is regrettable.

Emile Berger
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References

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.
2. Lee PS. An open letter from Concerned Medical Students on Iraq [letter]. *CMAJ* 2003;168(9):1115.

For much of the spring, the media bombarded us with opinions on the war in Iraq. For weeks, it was almost impossible to pick up a newsmagazine or newspaper or to watch television without being verbally assaulted by commentators, editorialists and others of the usual suspects preaching their various points of view.

Today, I picked up *CMAJ* and found the same type of thing on the editorial page.¹

If *CMAJ*'s editors feel determined to make their own political statement about the merits or lack thereof of the Iraqi war cum police action, they should send their rants to the CBC or the *Toronto Star* or some other suitable media outlet. I would think that there is a sufficient number of difficult and controversial problems in the Canadian medical system to keep the journal's editors busy. We already have more than enough amateur political commentators.

John M. Rapin
Physician
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Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

My first response to the editorial in the April 29 issue¹ was laughter. I have no problem with *CMAJ*'s editors commenting against the war. But the timing was hysterical. When the editorial appeared, the war was essentially over, and the predicted humanitarian crises had been largely prevented. I hate to make a perhaps unfair comparison,

but your position was like that of the federal government "bravely" declaring its opposition to the war when it just didn't matter anymore.

As for the position stated in the last sentence, that "the most effective preemptive strikes against global insecurity will take aim at disparities in access to natural resources, economic opportunity, education and health," I couldn't agree more. Now that a brutal tyrant is gone and his oppressive regime is overthrown, Iraqis may finally have the opportunities that have been withheld from them for so long.

Brad B. Bryan
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Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

[The editors respond:]

We do not agree that war is a subject unconnected with medicine. Clearly, the implications of military action — and inaction — for human health are profound. The question of whether the war in Iraq was "just" has given rise to a good deal of agonized debate, and people of conscience have argued strenuously on both sides. In the weeks leading up to the war, risk calculations of various kinds, including the competing "body counts" suggested by Jason Ford, weighed heavily on many people's minds. Our editorial¹ focused on some of the risks posed by unilateral military action, particularly the potential damage to the moral authority of the United Nations and to the capacity of international agencies to continue to work effectively. Some of our readers work with such organizations in Canada and abroad.

With respect to John Rapin's charge that we are amateur commentators, we are pleased to agree. It is a characteristic of healthy democracies that the ethical scrutiny of political and military decisions is not confined to designated

experts. That being said, the medical profession can claim expertise with respect to health. It would be remiss, therefore, for medical commentators not to encourage consideration of the health implications of war.

Our concern about the impact of unilateral military action on the structures of international cooperation is a matter of principle that has not been altered by the outcome of the war, even assuming this outcome to be as uncomplicated as Brad Bryan's letter implies. In any event, we would take no satisfaction in seeing any worst-case scenarios come true.

John Hoey
Anne Marie Todkill
CMAJ

Reference

1. The opportunity costs of war in Iraq [editorial]. *CMAJ* 2003;168(9):1101.

What's in a name?

Much could be said about the reasons for the disastrous outcomes of the SARS outbreak, particularly for Toronto and the rest of Canada. Retrospective analyses may come to dissimilar conclusions, depending on the analysts' points of view. I join those who believe that the stigma cast on Toronto was largely a result of the excessive style of the news media — written, spoken and illustrated.¹ It is to my regret (and surprise) that the medical profession, perhaps unwittingly, assisted the media in this dubious achievement. I refer here to the name of the syndrome: severe acute respiratory syndrome. The nomenclature of diseases does not usually include qualifying adjectives. I can think of but one exception, the form of anemia that a century ago was called "pernicious"; now it is known as megaloblastic anemia.

It serves no useful purpose to give a disease a frightening name, and medical science has, until now, wisely refrained from doing so. I hope that the naming of SARS does not herald a new trend toward names such as "terrible acute