were false negative. Retests were undertaken for 105 of the 176 breast cancer patients who received hormone negative results since 1997. Some 36 were found to be false negative.

A breast cancer patient's hormone receptor status helps an oncologist determine treatment options. If a patient is hormone positive she may be offered an anti-hormonal treatment such as Tamoxifen or an Aromatase Inhibitor. The drugs have risks but have been shown to increase survival rates for breast cancer patients.

Details of the debacle began emerging when Eastern Health filed documents in response to the proposed class-action suit. They indicated that the health authority hadn't publicly revealed the extent of the problem. Last December, it reported that treatment for 117 patients changed after it received all the results of the retests by Mount Sinai, but it didn't reveal that more than 300 tests were false negatives, or that at least 36 patients who received false-negative results have since died.

Opposition members in the provincial legislature pounced and after days of raucous debate, Health Minister Ross Wiseman relented and announced the judicial inquiry.

"Government recognizes it is of the utmost importance for those directly involved and the general public to understand what happened to ensure that this situation does not reoccur," said Wiseman. "Through an independent review, we will endeavour to get those answers. It is critical that patients and their families are assured that government takes this matter very seriously and that any questions they have are addressed in an open and transparent manner."

In the wake of the controversy, Premier Danny Williams also appointed a task force to examine government management of adverse events in the health system. Dates have not been set to start the judicial inquiry or the class-action suit. The commissioner's report for the judicial inquiry is expected to include recommendations about how to improve accuracy at Eastern Health's laboratory. — Mark Quinn, St. John's

Secret locker room game causing concussions

There's a dangerous new game being played out in the locker rooms of hockey rinks and arenas across North America. Although most coaches, parents and certainly most doctors have never heard of "Helmets and Gloves" (also called locker boxing and buckets), they are quickly becoming more familiar with the cuts, bruises and concussions that are ensuing from the game.

Art Explosion

Locker room goonery takes toll on youngsters.

Dalhousie University Associate Professor of Pediatrics Dr. Kevin Gordon learned of the game and consequences while treating injured athletes at the IWK (Izaak Walton Killam) Health Centre in Halifax.

A bit of Internet investigation soon led Gordon to videos of matches posted on *YouTube* and other sites popular with young people. The game, seen as a test of "manhood," has few rules and even less equipment. Participants, wearing only gloves and helmets, knock one another about the head until someone falls to the ground or a helmet flies off. While shoulder dislocation, cuts from skate blades, and even toe amputation are among reported injuries, the primary concern is concussion.

In particular, "it's the concussion upon the concussion that is the big worry," Gordon notes. "If you play while concussed, you are more likely to get concussed again. You get a cumulative effect."

In regulated sports, a team member would not be able to play for a specified period of time after suffering a concus-

sion. "[But] these are concussions that aren't even going on anyone's radar," says Gordon, who now includes questions about Helmets and Gloves on every concussion history he takes.

In many cases, kids do not even consider the blackout they suffer or the head injury they receive as a result of the locker room game to be an actual concussion because it was never diagnosed as such, Gordon says. — Donalee Moulton, Halifax

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News @ a glance

User fee minuet: Claude Castonguay, former provincial Liberal cabinet minister, so-called father of Quebec medicare and recent advocate of user fees, has been appointed by Quebec's minority government to head a 3 person task force to examine the "sustainability" of the province's health-care system. Quebec Finance Minister Monique Jérôme-Forget mandated the task force to examine all manner of options, including the expansion of private clinics and the introduction of federally-prohibited user fees as a potential new source of revenue for the health system. Imposing user fees would require amendments to the Canada Health Act, but Jérôme-Forget argued that the provinces may need such flexibility if they are to absorb spiraling health care costs. The task force is also mandated to "define the role the private sector can play to improve access and reduce wait times."

Training flap: British Medical Association Chair James Johnson resigned last month after 4 years at the helm when tempers flared over a letter he wrote to a newspaper defending the controversial Medical Training Application Service, which is used to match junior doctors to specialist posts. Trainee doctors argue the appointment system, under which over 34 000 graduates are chasing 18 500 training posts, is flawed and unfair because of poorly designed forms, technical failures with online applications and the shortage of avail-