



tation was not covered. Prevention and early treatment clearly warrant the emphasis they received in the supplement, yet I suspect that by the end of the first week after a stroke, most patients and their families recognize that the “milk has been spilt,” and they move on to the more pressing priorities of achieving a measure of independence and returning to their homes, where many challenges await.

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Reference

1. Stroke: costs, practices and the need for change. *CMAJ* 1998;159(6 Suppl):S1-33.

Signs of physical abuse or evidence of moxibustion, cupping or coining?

Nancy Fowler, in an article about providing primary health care to immigrants and refugees in North Hamilton,¹ refers to the possibility of physical abuse (e.g., domestic violence or torture) in immigrant women.

Some cultural practices of Oriental medicine, including moxibustion, cupping and coining (skin scraping), may mimic physical abuse.^{2,3} The “lesions” are usually transient,^{4,5} although we have seen some people with permanent scars from moxibustion.

The lesions have been misdiagnosed as physical or child abuse by examiners unfamiliar with these practices. Such errors should, to the extent possible, be avoided in assessments of possible domestic violence and during immigration hearings. This cautionary note should be applied in centres with both high and low numbers of Asian immigrants and refugees; indeed, in the latter sit-



uation, misinterpretation would be more likely because of the rarity of seeing patients with these marks.

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References

1. Fowler N. Providing primary health care to immigrants and refugees: the North Hamilton experience. *CMAJ* 1998; 159(4):388-91.
2. Look KM, Look RM. Skin scraping, cupping, and moxibustion that may mimic physical abuse. *J Forensic Sci* 1997;42(1): 103-5.
3. Rothschild SK. Cross-cultural issues in primary care medicine. *Dis Mon* 1998;44 (7):293-319.
4. Crutchfield CE III, Bisig TJ. Images in clinical medicine. Coining. *N Engl J Med* 1995;332:1552.

5. Manber H, Kanzler M. Images in clinical medicine. Consequences of cupping. *N Engl J Med* 1996;335:1281.

Contact tracing for pertussis

We were delighted to see a concise summary of the problem of pertussis in the *CMAJ* Public Health column.¹ However, medical practice in our region differs in one important respect. Authors Theresa Tam and Adwoa Bentsi-Enchill indicate that if a symptomatic patient is clearly linked to a laboratory-confirmed case, no nasopharyngeal swab is needed. This is the opposite of our investigative approach. We are interested in confirming all cases, so that our contact tracing net can be cast as widely as possible. Physicians in our region are encouraged to obtain a swab from all symptomatic contacts when antibiotic prophylaxis is started.

Practitioners on the “front lines” eagerly await 3 major changes that

will reduce patients’ suffering from this condition. First is the administration of a safe, effective vaccine to all members of the population at large. In this regard, is the new acellular pertussis vaccine the answer? We are also looking forward to widespread use of a more rapid, economical and reliable diagnostic test, so that contact tracing can be done earlier. Finally, we are hoping for federal approval of other antibiotics for indications of pertussis that might result in better elimination of the organism through superior compliance (e.g., azithromycin).

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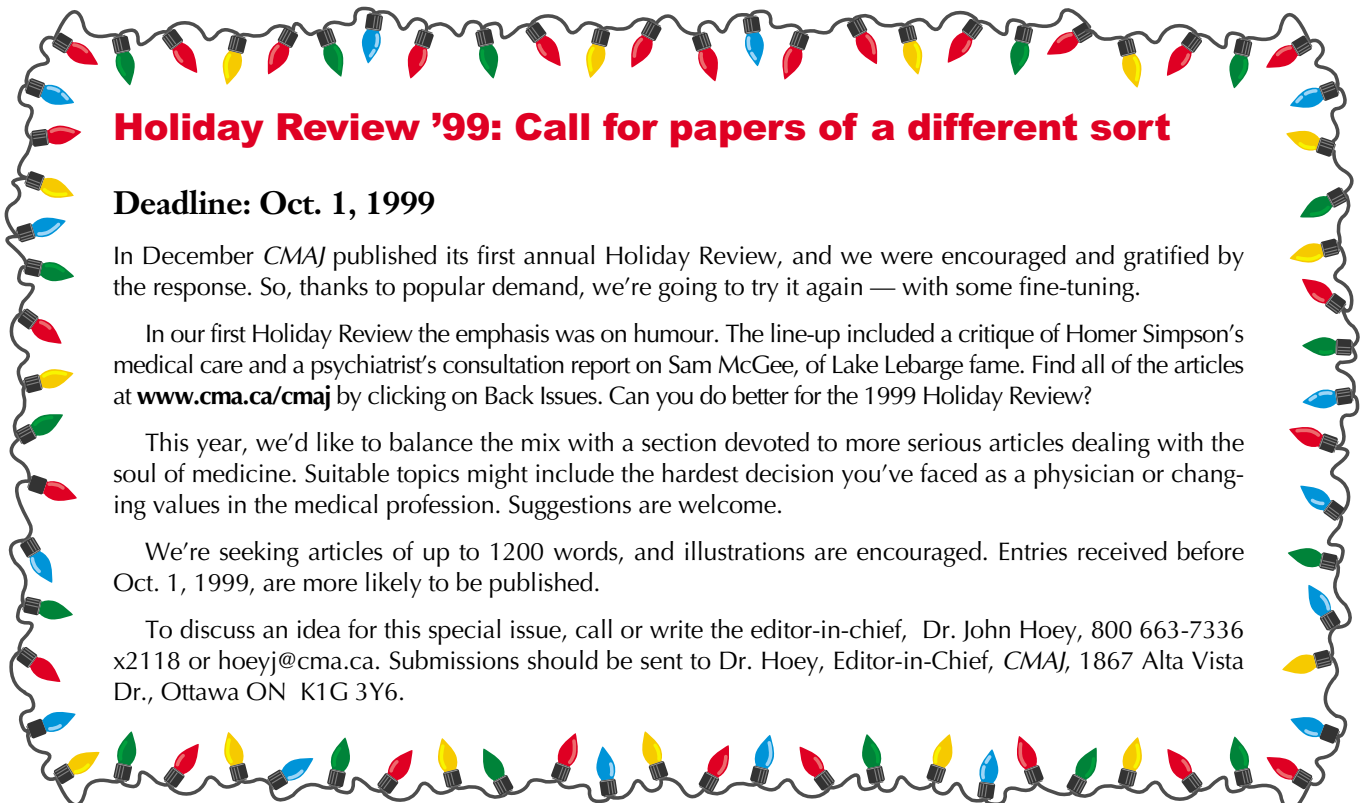
Ministry of Health
Southeastern New Brunswick

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Reference

1. TamTWS, Bentsi-Enchill A. The return of the 100-day cough: resurgence of pertussis in the 1990s. *CMAJ* 1998;159(6):695-6



Holiday Review '99: Call for papers of a different sort

Deadline: Oct. 1, 1999

In December *CMAJ* published its first annual Holiday Review, and we were encouraged and gratified by the response. So, thanks to popular demand, we’re going to try it again — with some fine-tuning.

In our first Holiday Review the emphasis was on humour. The line-up included a critique of Homer Simpson’s medical care and a psychiatrist’s consultation report on Sam McGee, of Lake LeBarge fame. Find all of the articles at www.cma.ca/cmaj by clicking on Back Issues. Can you do better for the 1999 Holiday Review?

This year, we’d like to balance the mix with a section devoted to more serious articles dealing with the soul of medicine. Suitable topics might include the hardest decision you’ve faced as a physician or changing values in the medical profession. Suggestions are welcome.

We’re seeking articles of up to 1200 words, and illustrations are encouraged. Entries received before Oct. 1, 1999, are more likely to be published.

To discuss an idea for this special issue, call or write the editor-in-chief, Dr. John Hoey, 800 663-7336 x2118 or hoeyj@cma.ca. Submissions should be sent to Dr. Hoey, Editor-in-Chief, *CMAJ*, 1867 Alta Vista Dr., Ottawa ON K1G 3Y6.