



Salter says many communities are becoming more active in recruiting doctors instead of relying on word-of-mouth. Seeley's Bay, a small community near Kingston, is a case in point. There, residents are anxious to recruit a physician so that they can access good health care without travelling.

Salter says the province does not plan to research the latest figures. "We're just going to deal with them," he said. — © *Barbara Sibbald*

Women in majority among medical school grads

Last year marked the first time that more women than men graduated from Canadian medical schools. Of the 1582 medical degrees awarded last year, 50.3% went to women (see Pulse column, page 568).

The proportion of female graduates has been increasing steadily. French-language medical schools

first awarded a majority of their degrees to women in 1987, and they are still taking the lead as far as this trend is concerned. In 1997, 62.5% of their graduates were women. The proportion at English-language schools continues to hover at just over 46%, the mark reached in 1996. The trend will affect medical practice, because women generally work fewer hours than their male colleagues because of family and other commitments.

Smoke got in their eyes

The sight of brown skies and the smell of smoke greeted Dr. Michael Brauer last fall when he arrived in Malaysia, 3 days after the World Health Organization asked him to advise the country's health ministry on dangers posed by air pollution caused by out-of-control fires in Indonesia.

Brauer, an associate professor of respiratory medicine and occupational hygiene at the University of British Columbia, spent 10 days in the Kuala Lumpur area at the height of the smoke crisis in September and October. Forest fires on the large islands of Sumatra and Borneo, which are lit every year to clear land for plantations, blew out of control because of a delayed rainy season. More than 1 million hectares of forest were affected and there are estimates that the fires produced carbon dioxide emissions equal to the levels produced by Western Europe in a year.

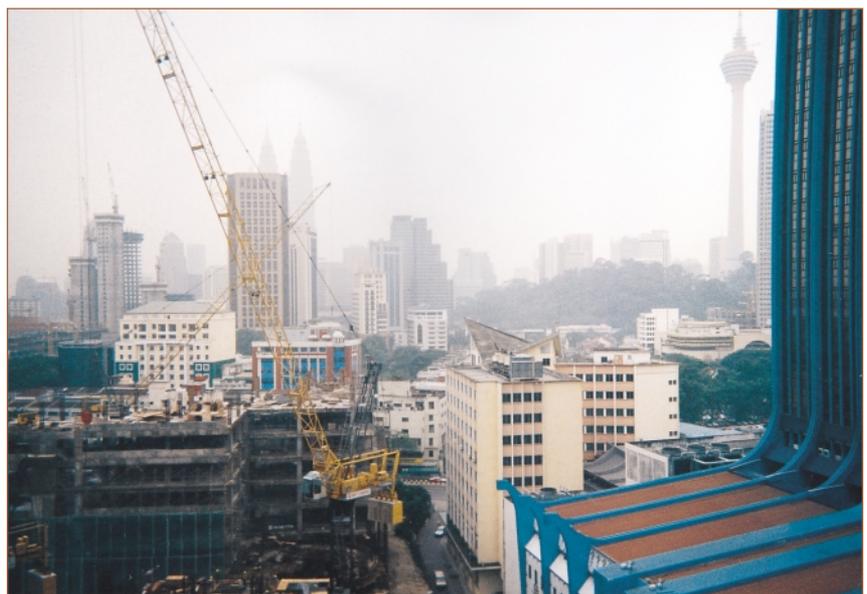
The problem worsened when the Indonesian government delayed fighting the fires until neighbouring countries turned up the heat. Singapore produced the first satellite images of the fires, which proved critical for pinpointing the blazes. Indonesia also lacked air-monitoring systems, while Malaysia possesses state-of-the-art equipment. By the

time serious firefighting began, underground coal seams and peat were also burning out of control.

Kuala Lumpur and Kuching, a city of 500 000 residents in Sarawak, in Malaysian Borneo, felt the full brunt of the smoke. Aid groups futilely distributed hundreds of thousands of masks, and in the process created a world-wide shortage. "Short of putting out the fires," says Brauer, "health-protection measures were ineffective. And there was no escape — no place to run or to drive to." Staying indoors,

as the government advised, offered "no protection."

Brauer says the eventual impact on people's health is difficult to ascertain because of sketchy documentation, but in Kuching, where hospitals are computerized, the number of hospital and clinic visits made because of respiratory conditions and conjunctivitis tripled. The number of deaths related to the fires and smoke is unknown; the rainy season, which started about 2 months later than usual, eventually doused the fires. — © *Heather Kent*



Smoke and haze covered Kuala Lumpur