



ents and caregivers. Health Canada also re-issued its safety messages in parenting publications.

Safety tips continue to be offered to parents and caregivers in Health Canada's publication "*Is Your Child Safe?*" and the department plans to release an education bulletin on the safety of curtain and blind cords.

In April of this year Health Canada officials met with members of the Canadian window-covering industry to explore additional ways to eliminate the potential strangulation hazard presented by blind and drapery cords. As a result, an advisory committee that includes consumers, health care professionals and representatives from the industry will be established to develop a Canadian standard.

Yves Fortin, MSc

Senior Project Officer
Product Safety Bureau
Health Canada
Ottawa, Ont.

Folic acid and the pill

It seems that we all agree on the benefits of folic acid fortification for women of child-bearing age as a means of reducing the frequency of neural tube defects, as outlined in the article "Folic acid fortification: What does it mean for patients and physicians?" (*CMAJ* 1998;158[6]:773-4), by Drs. Linda Turner and Catherine McCourt. I'm pleased that Health Canada has initiated a study "to determine whether food fortification is accompanied by a reduction in the detectable incidence of neural tube defects . . . and . . . leads to an improvement in the blood folate status of women of reproductive age who do not take oral supplements."

However, I'm disappointed that no action has been taken on my suggestion¹ of an interim measure to improve dietary folate intake in a group

of women in whom periconceptual folic acid fortification could readily be achieved. If all oral contraceptive regimens were converted to a 28-day cycle for which the 7 inert pills were replaced by tablets containing an appropriate dose of folic acid, at least those women who are practising contraception would be better prepared for the time when conception becomes their intent.

This may seem an odd suggestion from a university professor, but sometimes further study is a poor substitute for getting on with something that is patently justified by good evidence from other jurisdictions!

James McSherry, MB

Professor of Family Medicine
University of Western Ontario
London, Ont.

Reference

1. McSherry JA. Folate to prevent neural tube defects [letter]. *CMAJ* 1995;152(7):1043.

[The authors respond:]

The evidence that taking dietary supplements containing folic acid around the time of conception reduces the risk of neural tube defects is compelling. Over the past several years, interest has focused on 2 ways of increasing women's intake of folic acid during the critically important early weeks of pregnancy — encouraging women to begin taking oral supplements before conception occurs and fortifying foods with folic acid. Dr. McSherry's suggestion demonstrates that there are other creative approaches to increasing the intake of folic acid among women of reproductive age. Product development is the purview of industry, but individuals, organizations of health care professionals, and consumer groups could certainly encourage manufacturers of oral contraceptives to develop the type of product that McSherry advocates. Moreover, an-

other point in McSherry's letter of Apr. 1, 1995,¹ is well taken. He stated that physicians "must get used to discussing future conception as well as current contraception" with patients. Office visits by women to discuss family planning and to obtain contraceptives provide many opportunities for health care professionals to discuss the importance of good health habits during the preconception period; such discussions could easily include information about the benefits to the fetus of taking vitamin supplements containing folic acid around the time of conception.

Linda A. Turner, PhD

Consultant Epidemiologist

Catherine McCourt, MD, MHA

Director

Bureau of Reproductive and Child Health
Laboratory Centre for Disease Control
Health Protection Branch
Health Canada
Ottawa, Ont.

Reference

1. McSherry JA. Folate to prevent neural tube defects [letter]. *CMAJ* 1995;152(7):1043.

Watch your step!

Drs. Paul G.W. Woolfrey and R. Lee Kirby should be congratulated for reporting an easily preventable complication associated with diabetic neuropathy, in their article "Hypodermic needles in the neuropathic foot of a patient with diabetes" (*CMAJ* 1998;158[6]:765-7). Given that the occurrence of foreign bodies in the skin of people with sensory neuropathy of any type could to a large degree be avoided, it is unfortunate that we have been unable to convince people with these conditions of the value of examining their feet. It is well established that simple foot care and prevention of skin lesions due to foreign bodies and to sites of excessive pressure, such as folds in socks, can substantially re-



duce the frequency of amputation of insensate limbs.

In a study of patients who underwent unilateral amputation,¹ we found not only that people with diabetes mellitus were at significant risk for sensory neuropathy but also that a significant proportion of amputees who presented with only peripheral vascular disease also presented with peripheral nerve impairment in the lower extremity, secondary to their vascular disease.

In considering methods to improve foot care and education for people with diabetes mellitus and known neuropathy, we should extend such efforts to anyone who exhibits significant compromise of the peripheral vasculature.

Patrick J. Potter, MD
Department of Physical Medicine
and Rehabilitation
University of Western Ontario
London, Ont.

Reference

1. Potter PJ, Maryniak O, Yaworski R, Jones IC. Incidence of peripheral neuropathy in the contralateral limb of unilateral amputees. *J Rehab Res Devel*. In press.

Surgery in stereo

Dr. Michael Schwartz's article "Stereotactic radiosurgery: comparing different technologies" (*CMAJ* 1998;158[5]:625-8) should help to clarify for the medical community at large the nature and relative merits of the different technologies available for this type of treatment.

In addition to the Canadian centres to which Schwartz refers, there has been since June 1997 a stereotactic radiosurgery program at the University of British Columbia, a collaborative effort of the BC Cancer Agency and the Division of Neurosurgery of the Vancouver Hospital and Health Sciences Centre.

Further to Schwartz's comments

on fractionation, it should be specified that, at present, fractionated radiotherapy cannot be administered with the Gamma Knife (Elekta Instruments Inc., Atlanta). Fractionation holds particular promise in the treatment of larger neoplastic lesions, especially those adjacent to important normal structures and those in children's brains, tissues that may be particularly susceptible to the adverse effects of irradiation.

Although stereotactic radiotherapy is used most often to treat intracranial disease, its use in the treatment of lesions just below the skull base has been reported.¹ Current technologies do not allow this treatment for le-

sions located more inferiorly in the head and neck region. Stereotactic localization systems for the head and neck are under development for linear accelerators.

Stereotactic radiotherapy necessitates cooperative efforts involving not just neurosurgery and radiation oncologists, but also neuroradiologists, medical physicists, radiation therapists and professionals in other disciplines. The quality of stereotactic radiotherapy at a given centre has more to do with the expertise of the team as a whole than with the particular technology employed.

I believe that here in Canada collaboration between centres is essen-

NUMÉRO DES FÊTES 1998

APPEL DE COMMUNICATIONS FARFELUES

Date limite : le 1^{er} octobre 1998

En décembre dernier, le *JAMC* a publié son premier numéro des Fêtes. Nous espérons en faire une tradition annuelle, mais tout dépend de vous. L'année dernière, nous avons présenté une rétrospective de l'année où des auteurs de toutes les régions du Canada ont décrit les progrès réalisés dans leur spécialité. Cette année — et nous admettons sans gêne avoir emprunté l'idée de nos amis du *BMJ* — nous visons des résultats plus légers. Voici ce qu'ils recherchent : «Le cocktail habituel de textes d'un sérieux mortel, prenants, hypothétiques, légers ou tout bonnement loufoques.»

Nous savons que les médecins du Canada peuvent être aussi loufoques que n'importe qui et c'est pourquoi nous lançons le défi. Faites nous parvenir vos études bizarres, vos recherches sans preuves, vos preuves anecdotiques outrées. Dites-nous pourquoi vous auriez dû être vétérinaire ou banquier d'affaires. Documentez ce qui ne l'est pas. Exemple :

un des comptes rendus publiés dans le *BMJ* en 1997 s'intitulait «Les personnes de poids trop élevé enlèvent-elles leurs chaussures avant de se faire peser par un médecin? Étude consécutive sur des patients en pratique générale.» Vous voyez l'idée. Nous cherchons des articles prenants qui ont trait à la pratique.

Nous demandons des textes de moins de 1200 mots et nous encourageons les illustrations les plus farfelues. Les efforts collectifs aussi — nous aimerions recevoir des textes d'une clinique ou même d'un département d'hôpital au complet. Pour discuter d'un document que vous voulez présenter, veuillez appeler le D^r John Hoey, au 800 663-7336 x2118, hoeyj@cma.ca, ou Patrick Sullivan, x2126, sullip@cma.ca.

Nous devons recevoir votre texte ou votre proposition au plus tard le 1^{er} octobre 1998. Veuillez les faire parvenir au D^r John Hoey, rédacteur en chef, *JAMC*, 1867, prom. Alta Vista, Ottawa ON K1G 3Y6.