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Governments often promulgate policy on the basis of simplistic ideas. A recent example is the Canada Prenatal Nutrition Program (CPNP), which was budgeted to spend \$85 million over 4 years to provide food to pregnant women in need. The simplistic idea in this case is that, because there is a statistical association between low birth weight and poor fetal health, giving pregnant women more food (or more nutritious food) will solve the problem. Michael Kramer, long a careful student of pregnancy outcomes, describes the shortcomings of this policy (page 663). Clinicians have long recognized (whereas the CPNP apparently does not) that the real problems are premature births and small-for-dates babies. Giving women more calories has never been shown to affect prematurity. Likewise, supplementation with various nonprotein nutrients does not seem to affect pregnancy outcomes. It is time to discontinue the CPNP and put the money where it will make a real difference to the health of Canadians.

Maternal serum screening (the triple-marker test) has sensitivities ranging between 60% and 80% for trisomy 18, Down's syndrome and neural tube defects. Unfortunately, the specificity is as low as 92% for at least one of these conditions (Down's syndrome). Thus, for every fetus with Down's syndrome that is detected by the test, about 70 pregnant women will be told incorrectly that their fetus has the condition. Physicians have rightly been concerned about creating unnecessary anxiety by performing this test, particularly for women who are apparently at low risk (pri-

marily young women with no family history of these disorders). Vivek Goel and colleagues studied about 2000 pregnant women, of whom nearly 1200 underwent the test (page 651). They found only a slight increase in anxiety among women who had a false-positive result. They also discovered, surprisingly, that at the time of follow-up for the study (at about 24 weeks' gestation), almost 8% of those who had been tested were unsure of their results.

We have entered the whooping cough season (September through January). In those infected with the causative agent, *Bordetella pertussis*, the epithelial lining of the respiratory tract is destroyed, and normal secretions cannot be cleared. Because it takes about 3 months for the epithelium to regenerate, pertussis is also known as "the 100-day cough." Theresa Tam and Adwoa Bentsi-Enchill remind us that in Canada there has been a dramatic increase in the 1990s in the number of cases reported (page 695). Physicians should be alert to this diagnosis, particularly in its muted but highly contagious form in adolescents and adults, who constitute the most important reservoir of infection.

Antoine Hakim and colleagues review some of the recent advances in the care of patients with stroke, suggesting how Canada could implement these advances (page 671), and urge readers to peruse the supplement on stroke included with this issue.

Finally, we continue our Clinical Basics series on prostate cancer (page 685), examining the important clinical question "Should a man with intermediate-grade prostate cancer undergo radical prostatectomy?"