



Sending *CMAJ* abroad

I was impressed and encouraged by your decision to send *CMAJ* and the *Canadian Journal of Surgery* to some libraries in developing countries.¹ I was a health care professional, graduate student and academic in Nigeria between 1989 and 1998 and found the available libraries to be inadequate. Most Nigerian libraries cannot afford to purchase periodicals regularly, and researchers spend a considerable amount of time and money seeking literature from abroad. Supplementary services provided by agencies such as the British Council and the US Information Agency are commendable, but they cannot help readers in many different parts of the country.

Most states in Nigeria do not have digital phone systems; this means that access to the Internet is either impossible or extremely expensive, even when online journals are available without cost. I encourage physicians who discard periodicals after reading them to consider donating them to needy libraries.

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Reference

- Haddad H, MacLeod S. Access to medical and health information in the developing world: an essential tool for change in medical education. *CMAJ* 1999;160(1):63-4.

We very much appreciate our nomination for the gift subscription program.¹ Our journal list has suffered badly from the ongoing collapse of the Zimbabwe dollar, and our 3-year subscriptions to *CMAJ* and the *Canadian Journal of Surgery* will be very welcome indeed.

Helga Patrikios

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Blue in the face

I enjoyed Alan J. Lupin's article, "As blue as Lake Louise."¹ His narrative is well written, humorous and makes some interesting points. It's amazing how far many of us go to prove ourselves right and someone else wrong. Professor Murphy and Dr. Lupin were both engaged in this power struggle.

Dr. Lupin's experimental design was to examine the tonsils for blue discoloration 20 minutes after Prussian blue had been instilled in the nasopharynx. I assume that at discharge the children in question were not yet blue, or he would have noted this in his article. But 1 week later they were "as blue as Lake Louise." To give the experiment full scientific merit he should have repeated it with a modification: removing one tonsil at the initial surgery and the other a week later, when the whole child had turned blue. Only then could he prove that the tonsils were exempt from the coloration he describes.

William W. Arkininstall, MD
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Reference

- Lupin AJ. As blue as Lake Louise. *CMAJ* 1998; 159(11):1392-3.

[Dr. Lupin responds:]

Of course Dr. Arkininstall is right. There is no question that it was a power struggle between Professor Murphy and myself, probably one similar to

that between an elephant and a mouse. I must also agree that the experiment lacked scientific merit. Perhaps Dr. Arkininstall would like to repeat it. I would be happy to advise ...

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An incidental tourist

Claudia C. dos Santos and colleagues¹ highlight how few travellers departing from Toronto to India used appropriate malaria chemoprophylaxis or other recommended preventive measures. Although their study was conducted in 1995, there is no reason to think that the situation has improved to any significant degree. The continuing rise in the rate of imported malaria supports this view.

There is also no reason to think that travellers from other parts of Canada are any more likely to use preventive measures. In 1995 all of the 103 malaria cases reported to the South Fraser Health Region, an urban health region in BC's lower mainland, were reviewed in detail.² Of these, 37 were local residents who had recently travelled overseas (92% to India), 58 had recently immigrated to Canada, 5 had both these risk factors, and 4 had no documented risk factors. Among those with recent