



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

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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

Deputy University Librarian
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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
Kelowna, BC

Reference

1. 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 ...

Alan J. Lupin, MB BS

Honorary Professor
University of British Columbia
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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



travel as a risk factor, only a third had obtained pretravel medical advice and fewer than 10% had taken a full course of antimalarial medication. Insect repellent had been used by 16%, and 64% had stayed where there were screens on doors and windows.

While the number of Canadians travelling overseas continues to increase, the incidence of malaria and other imported infectious diseases can also be expected to rise. As dos Santos and colleagues point out, the need to examine and overcome the barriers to seeking and following appropriate pretravel advice is of critical importance.

Robert Strang MD, MHSc
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1. Dos Santos CC, Anvar A, Keystone JS, Kain KC. Survey of use of malaria prevention measures by Canadians visiting India. *CMAJ* 1999;160(2):195-200.
2. Strang RA, King A, Hutcheon M, Tariq Y. A review of malaria cases: Boundary Health Unit, 1995. *BC Med J* 1996;39(4):173-228.

Rethinking the numbers on adverse drug reactions

Namrata Bains and Duncan Hunter calculate the possible number of deaths due to adverse drug reactions (ADRs) by looking at the number of hospital admissions in which an ADR was reported and in-hospital deaths due to ADRs. They arrive at a figure of about 1824 deaths annually in Canada attributable to ADRs.¹

Another way to calculate this figure is to extrapolate from data in published Canadian studies on in-hospital ADRs. About 15% of patients admitted to hospital experience an ADR.² Judging from data from the Ontario Medical Association³ and a 5-year study of clinicopathological examinations of surgical specimens,⁴ around 1.5% of ADRs lead to death. According to Bains and Hunter, there are 1.3 million discharges from Ontario hospitals each year. Using the figures given above — that 15.0% of these patients will have an ADR and 1.5% of those will die — 2925 such

deaths occur every year in Ontario alone.

This estimate is likely skewed to the high side, since most ADR studies have focused on patients on medical wards, who tend to be sicker than those in other areas of the hospital. At the same time, it is also substantially higher than the one proposed by Bains and Hunter. The difference is probably largely due to underreporting. Bains and Hunter acknowledge that ADRs are underreported but do not comment on the magnitude of the problem. One estimate comes from a study by Borda and colleagues.⁵ Although they found 535 ADRs among 936 monitored patients during a 3-year period, only 350 ADRs were reported for the other 75 373 nonmonitored patients admitted to the rest of the hospital over the same time. Bains and Hunter call for further research into hospital deaths due to ADRs based on careful analyses of routinely collected hospital separation data, but as long as ADRs go both unrecognized and unreported, their approach will consistently underestimate the true extent of the problem.

Joel Lexchin, MD
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Competing interests: none declared.

References

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2. Lexchin J. Adverse drug reactions: review of the Canadian literature. *Can Fam Physician* 1991;37:109-18.
3. Brennan M, Gowdey CW. Adverse drug reactions: a review of fatalities reported in Ontario. *Ont Med Rev* 1989;56(Aug):23-6.
4. Mikhael NZ. Adverse reactions to drugs in the hospital milieu. *Ann R Coll Physician Surg Can* 1985;18:477-83.

5. Borda IT, Napke E, Stapleton C. Drug surveillance data in a Canadian hospital. *CMAJ* 1976;114:517-22.

Jeu de maux

Please allow me to make a correction to your French translation of “The Left Atrium.” The French for “left atrium” is *l'oreillette gauche* and not *l'oreille gauche*, which is “the left ear”!

Nevertheless, the column is interesting.

Laurent Gervais, MD
Montreal, Que.

Le D^r Gervais a parfaitement raison, *L atrium*, en médecine, se traduit par «oreillette». Il serait d'ailleurs assez tragique que nous ne le sachions pas. Cependant, nous n'étions pas convaincus que la traduction plus littérale «De l'oreillette gauche» serait porteuse d'une quelconque signification pour le lecteur francophone — en tout cas pas de celle que le titre anglais cherchait à communiquer.

Vous le savez sans doute, le mot latin «atrium» désignait dans l'antiquité la cour intérieure des maisons romaines. Au sens figuré, l'atrium est donc un lieu de rencontre. Pour ce qui est de la gauche, on dit volontiers, en parlant du côté gauche du corps, que c'est le côté du cœur. Ainsi, le titre anglais cherchait à réunir les notions de cœur et de rencontre. (Je ne vous cache pas qu'il a fallu extraire *a posteriori* du rédacteur en chef cette interprétation!)

En français, on dit aussi de la main gauche qu'elle est la main du cœur. De

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