tation was not covered. Prevention and early treatment clearly warrant the emphasis they received in the supplement, yet I suspect that by the end of the first week after a stroke, most patients and their families recognize that the "milk has been spilt," and they move on to the more pressing priorities of achieving a measure of independence and returning to their homes, where many challenges await.

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Signs of physical abuse or evidence of moxibustion, cupping or coining?

Nancy Fowler, in an article about providing primary health care to immigrants and refugees in North Hamilton,[1] refers to the possibility of physical abuse (e.g., domestic violence or torture) in immigrant women.

Some cultural practices of Oriental medicine, including moxibustion, cupping and coining (skin scraping), may mimic physical abuse.[2,3] The "lesions" are usually transient,[4,5] although we have seen some people with permanent scars from moxibustion.

The lesions have been misdiagnosed as physical or child abuse by examiners unfamiliar with these practices. Such errors should, to the extent possible, be avoided in assessments of possible domestic violence and during immigration hearings. This cautionary note should be applied in centres with both high and low numbers of Asian immigrants and refugees; indeed, in the latter sit-

uation, misinterpretation would be more likely because of the rarity of seeing patients with these marks.

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Contact tracing for pertussis

We were delighted to see a concise summary of the problem of pertussis in the *CMAJ* Public Health column.[1] However, medical practice in our region differs in one important respect. Authors Theresa Tam and Adwoa Bentsi-Enchill indicate that if a symptomatic patient is clearly linked to a laboratory-confirmed case, no nasopharyngeal swab is needed. This is the opposite of our investigative approach. We are interested in confirming all cases, so that our contact tracing net can be cast as widely as possible. Physicians in our region are encouraged to obtain a swab from all symptomatic contacts when antibiotic prophylaxis is started.

Practitioners on the "front lines" eagerly await 3 major changes that will reduce patients' suffering from this condition. First is the administration of a safe, effective vaccine to all members of the population at large. In this regard, is the new acellular pertussis vaccine the answer? We are also looking forward to widespread use of a more rapid, economical and reliable diagnostic test, so that contact tracting can be done earlier. Finally, we are hoping for federal approval of other antibiotics for indications of pertussis that might result in better elimination of the organism through superior compliance (e.g., azithromycin).

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