

## Correspondance

we employed both sample and longitudinal weights for the analyses in this cycle. However, only cross-sectional and longitudinal weights are calculated in the NLSCY file; bootstrap methodology is not used. In a forthcoming follow-up study of hunger in NLSCY families we compared adjusted prevalence rates of hunger in 1994 and 1996. The population estimates of child hunger in Canada using weights were 1.4% (53 995 children) and 1.6% (75 615 children) for 1994 and 1996 respectively.

Bruce Leistikow's argument is based on the presumption that the associations observed are causal; of course, such a relationship cannot be inferred from cross-sectional data. We offer another analysis: smoking in the primary caregiver is associated with hunger in the primary caregiver. Smoking is a coping mechanism for the physical and psychological stress of hunger.<sup>2</sup> That being said, high tobacco taxes can be viewed as regressive taxes that target the tobacco-addicted poor,<sup>3</sup> reducing family resources for food and other essentials. We can all agree on one thing: sensitive supports for tobacco cessation must be offered to low-income caregivers who smoke. Cessation will improve health and reduce the financial stress on households.

**Lynn McIntyre**

Faculty of Health Professions  
Dalhousie University  
Halifax, NS

**James Warren**

Department of Physiology and Biophysics  
Dalhousie University  
Halifax, NS

**Sarah K. Connor**

Applied Research Branch  
Human Resources Development Canada  
Hull, Que.

### References

1. McIntyre L, Connor SK, Warren J. Child hunger in Canada: results of the 1994 National Longitudinal Survey of Children and Youth. *CMAJ* 2000;163(8):961-5.
2. Stewart MJ, Brosky G, Gillis A, Jackson S, Johnston G, Kirkland S, et al. Disadvantaged women and smoking. *Can J Public Health* 1996; 87:257-60.
3. Mummery WK, Hagen LC. Tobacco pricing, taxation, consumption and revenue: Alberta 1985-1995. *Can J Public Health* 1996;87:314-6.

## The environmental impact of war

Although the principles mentioned in the *CMAJ* editorial commemorating Remembrance Day are certainly commendable,<sup>1</sup> the article in the same issue by Jennifer Leaning reads like an apology for the real instigators of the misery inflicted on the world since 1939.<sup>2</sup>

Leaning writes about the death toll resulting from the bombing of Tokyo and various German cities without a word about the slaughter of the civilian populations in London, Coventry, Portsmouth and other areas by the Nazis, who started this abominable escalation, and the list of references leans heavily toward pro-Soviet apologists.

**LCol Emile Berger (retired)**

Canadian Forces Medical Services  
Montreal, Que.

### References

1. Remembrance of things present [editorial]. *CMAJ* 2000;163(9):1121.
2. Leaning J. Environment and health: 5. Impact of war. *CMAJ* 2000;163(9):1157-61.

### [The author responds:]

By nature of its focus, a review of the most serious recent impacts of war on environment and health will deal with a very particular set of concerns. Many of the worst atrocities of recent wars have not been associated with specific environmental effects or specific environmental causes. Hence the topics I covered in my article did not include gross human rights abuses or violations of international law (such as torture, rape and mass killing of civilians, or even genocide) where environmental destruction was not also at issue.<sup>1</sup>

A review of the impacts of war on environment and health must cross all political boundaries to follow environmental consequences rather than seek ideological motivation. During World War II, the death toll and physical damage resulting from aerial bombardment in urban areas were on a scale of magnitude greater for bombardments

launched by the Allied forces than for those launched by other forces. In my article I sought to search for greatest impact, not to assign blame.

Finally a review of the recent impacts of war on environment and health must work with the evidence that has been compiled. Countries that have more open political systems and more competent record keeping and that offer greater latitude to diligent investigators will have more information available about the environmental effects of their military production and testing enterprise. In my article I pointed out that the effects I cited are about the United States because we know more about the US system than the Soviet one.

I wrote my review for a medical and public health audience, for whom issues are traditionally raised in terms of available data on health impacts rather than analyzed in terms of political alignments or lingering nation-state enmities. I could certainly have written the article with greater attention to these sensitivities but I thought that not only unnecessary but significantly off the point. In my view, the readers of *CMAJ*, and health professionals everywhere, must face the fact that even the countries they love and would fight for have contributed mightily to the environmental calamities we all must now address.

**Jennifer Leaning**

Professor of International Health  
Harvard School of Public Health  
Boston, Mass.

### Reference

1. Leaning J. Environment and health: 5. Impact of war. *CMAJ* 2000;163(9):1157-61.

## Cisapride and patient information leaflets

To measure the quality and usefulness of patient information leaflets distributed in Canadian pharmacies, we compared the information contained in 3 leaflets distributed in Canada for cisapride monohydrate (Prepulsid in Canada, Propulsid in the United States)