

was good or bad for the average person with hypertension in BC.

Aslam H. Anis

Department of Health Care and Epidemiology
University of British Columbia
Vancouver, BC

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Revisiting 9/11

In his response¹ to *CMAJ's* report on the Peace Through Health conference held at McMaster University,² Jeff Kolbasnik applauds the US response to the Sept. 11, 2001, attacks on its territory and calls the constructive suggestions and conclusions emerging from the conference ludicrous, bizarre and laughable.

But where do we go from here? Osama bin Laden remains unaccounted for and al-Qaeda remains a force outside Afghanistan, so what has really been accomplished so far? That the Afghan people appear to have been taken from the grip of the Taliban appears positive, but at what price? Perhaps the US military actions, which include Afghan civilian deaths in excess of those from the 9/11 catastrophes, have created alienation and fuelled resentment sufficient for the recruitment of more new terrorists than have been put out of action. The US is already warning of more terrorist attacks.

Surely the exploration of alternatives to military strikes, such as negotiations and police actions involving many nations acting through the UN, is appropriate. Is not protection of citizens more likely to be effective in a state that chooses rule by international law over rule by force? We need, as Kolbasnik

concludes, "real understanding and learned discussion of the issues at hand." Wasn't this what the McMaster conference was about?

Doug Alton

Diagnostic Radiologist
Mississauga, Ont.

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Fracture healing using low-intensity pulsed ultrasound

In their recent meta-analysis on the role of low-intensity pulsed ultrasound therapy on fracture healing,¹ Jason Busse and colleagues conclude that treatment with low-intensity pulsed ultrasound could decrease disability associated with nonunion of fractures. However, the 3 studies investigated in depth^{2,3,4} reported principally on accelerated fracture union but did not report details of nonunion rates in the comparison groups.

Based on the evidence presented, it would be fair to conclude there is accelerated fracture healing. The case for reduction in fracture nonunion rates following low-intensity pulsed ultrasound therapy remains unproven.

M. McGavan McAlinden

Consultant in Trauma and Orthopaedic Surgery
The Ulster Hospital, Dundonald
Belfast, UK

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[Three of the authors respond:]

We thank M. McAlinden for his interest in our study. He questions the appropriateness of concluding that low-intensity pulsed ultrasound could decrease disability associated with nonunion of fractures, since the 3 studies we pooled did not specifically address this topic. We agree that firm conclusions about this cannot be made. However, in our results section, we made reference to a report that re-analyzed 2 of the pooled trials and found that tibial delayed union was significantly reduced ($p = 0.02$) in a subgroup of smokers vs. controls.¹ We felt it appropriate to draw attention to this admittedly preliminary finding, given the importance that delayed unions (which may lead to non-unions) have in fracture healing. Of interest is a recent study that has added further support for the idea that therapeutic ultrasound has a potential role in the treatment of nonunited fractures.²

Jason W. Busse

Mohit Bhandari

Abhaya V. Kulkarni

Department of Clinical Epidemiology and Biostatistics
McMaster University
Hamilton, Ont.

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2. Nolte PA, van der Krans A, Patka P, Janssen IM, Ryaby JP, Albers GH. Low-intensity pulsed ultrasound in the treatment of nonunions. *J Trauma*. 2001;51:693-702.

Correction

In a recent News article,¹ it was incorrectly reported that surgical residents in Maritime provinces worked an average of 55 hours per week. They work an average of 81 hours per week.

Reference

1. Sibbald B. Vowing no more cheap labour, US residents file suit. *CMAJ* 2002;166(12):1579.