vilified in their community. Emotions indeed ran deep. (I have even been told that to this day, some families in Saskatchewan do not speak to each other as a result of bitter feelings engendered during that time.)

One of my intentions in choosing this important period in Canadian history as the backdrop to my novel was to encourage discourse and, I hope, understanding of the contradictory nature of this struggle. One bright young woman, who is studying for her master's degree, told me that she had never learned "anything" about medicare's history in school and only found out through reading the novel that "we didn't always have it."

If my novel has made even one person more aware of Canada's rich history, I am grateful. As a Canadian, I have never felt that our own history, including our medical history, is dull. That's one reason why I chose to set my first novel amidst a significant era in Canadian medical history that has, as far as I know, never before been dealt with in fictional form. My hope was that other Canadians would share my curiosity about the passionate social climate that existed at the birth of Canada's medicare system.

Gail Helgason

Writer Edmonton, Alta.

Reference

 Helgason G. Swimming into darkness. Regina (SK): Coteau Books; 2001.

Risks: Absolute or relative?

I think you have done your readers and their patients a disservice by publishing the results of the Women's Health Initiative study in terms of relative rather than absolute risk. Not including the denominator makes it difficult for anyone to assess the meaning of these results. Instead of discussing a 41% increase in strokes, a 26% increase in breast cancer, a 37% reduc-

tion in colorectal cancer and a 33% reduction in hip fractures, as was done in the *CMAJ* piece,¹ why not present the results in terms of absolute excess risk or absolute risk reduction? The abstract of the *JAMA* article summarizing the results of the original study² does just that, stating that there is an absolute risk of 8 more strokes, 8 more invasive breast cancers, 6 fewer colorectal cancers and 5 fewer hip fractures per 10 000 person-years.

Christine Rivet

Associate Professor Department of Family Medicine University of Ottawa Ottawa, Ont.

References

- Sibbald B. US estrogen plus progestin HRT trial stopped due to increased risk of breast cancer, stroke and heart attack. CMAJ 2002;167(3):294.
- Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. JAMA 2002;288:321-33.

Putting West Nile virus into perspective

As the relatively benign West Nile virus stalks Canada like a mangy cat, we have a good opportunity to think about immunization and its impact on the developing world. We should continue to expand immunization, which is one of the most cost effective of all life savers. We in Canada have a cold winter season to stop the spread of West Nile. The developing world, faced with far tougher cats, does not.

Randy Rudolph

Calgary, Alta.

Reference

 Sibbald B. West Nile virus heads west. CMAJ 2002;167(6):680.

Correction

In a recent *CMAJ* article, an error occurred in Table 6 on page 665. In the row beginning "Renal disease," the "Notes and cautions" column should read "Use caution in administering ACE inhibitors if bilateral rental artery stenosis is suspected or confirmed." The entry incorrectly reads, "Give ACE inhibitors if there is bilateral renal artery stenosis."

Reference

 Campbell NRC, Drouin D, Feldman RD, for the Canadian Hypertension Recommendations Working Group. The 2001 Canadian hypertension recommendations: take-home messages. CMAJ 2002;167(6):661-8.

Submitting letters

Letters may be submitted via our Web site or by mail, courier, email (pubs@cma.ca) or fax. They should be no more than 250 words long and must be signed by all authors. Letters written in response to an article published in *CMAJ* must be submitted within 2 months of the article's publication date. Letters are subject to editing and abridgement.

eLetters

We encourage readers to submit letters to the editor via the eLetters service on our Web site (www.cmaj.ca). Our aim is to post by the next business day correspondence that contributes significantly to the topic under discussion. eLetters will be appended to the article in question in *eCMAJ* and will also be considered for print publication in *CMAJ*. To send an eLetter, click on the "Submit a response to this article" at the top right-hand side of any *eCMAJ* article.