A tip for surgeons

Surgical residents' frequent lack of sleep provides additional support for the "felt pen protocol" described by Patrick Sullivan in a recent news article.[1] I suggest that medical staff preparing a patient for surgery write "Cut me" on the affected limb and "Malpractice" on the unaffected one. Writing "Do not cut me" on the unaffected limb could lead to surgical errors if a drape is placed such that it covers the first 2 words. Better to avoid emulating the pencils inscribed "Don't do drugs," which became famous during the Reagan administration — sharpening these pencils disastrously truncated the intended message.

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Reporting HIV infection

That the incidence of HIV infection among Aboriginal intravenous drug users in Vancouver is double that of non-Aboriginals, as reported by Kevin Craib and associates,[1] is an appalling statistic that reflects on the HIV policy-makers in this province. Although the implicit message in this article is the need to search for new strategies to deal with the problem (such as harm reduction and safe injection sites), some of the answers appear glaringly obvious.

In December of last year the BC Centre for Disease Control published 2 schedules of reportable diseases in British Columbia:[2] those reportable by all sources and those reportable by laboratories only. The first schedule listed over 80 conditions, from anthrax to yellow fever, and schedule B listed infections caused by a wide variety of organisms. HIV was not on either list!

Fortunately, the situation has changed recently, and HIV infection is now reportable.[3] But this will not make up for lost opportunities to stem the spread of this infection in British Columbia.

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Antiepileptic drugs in pregnancy

Warren Blume's article on epilepsy[1] discusses the teratogenicity of antiepilepsy medications. The effect of single agents is unknown, and even less well understood is the teratogenic effect of combinations of drugs.

An ongoing study at Massachusetts General Hospital – Harvard Medical School is using telephone interviews of pregnant women, along with follow-up questionnaires sent to neonates' doctors, to assess outcomes when these drugs are used. Entry into the study is free, and the toll-free number to register (888 233-2334) works from Canada.

We can only hope that a prospective study such as this one, which is assessing a variety of drugs at various doses and in various combinations, will yield information that will be helpful for future counselling of pregnant women. I encourage physicians to ask their patients to enrol.

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Competing interests: None declared.

[The author responds:]

Regarding my article,[1] the value of any registry, such as the one identified by Richard Gruneir, can be judged by 2 criteria: first, the degree to which the participants reliably represent the group as a whole (in this case, pregnant women with epilepsy) and second, the accuracy of the information

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supplied to the registry. Registries should use appropriate methods for assessing these criteria.

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Reference

1. Blume WT. Diagnosis and management of epilepsy. *CMAJ* 2003;168(4):441-8.

Competing interests: None declared.

The best protection

The transmission of the virus causing severe acute respiratory syndrome (SARS) appears to be by aerosol droplet and possibly through other routes.[1] Therefore, it is recommended that health care workers and others who may be exposed[1] employ respiratory and other personal protective equipment.[2,3] The type of respirator that has typically been used by health care workers is the N95 half-mask.[2,3] As correctly stated by Richard Schabas,[2] the "N95-rated mask" is 95% filtration efficient,[4] but does this level of efficiency provide the best protection for those at risk of exposure? The effectiveness of the N95 respirator has been supported by a small study on prevention of occupational transmission of infection.[1] However, for work with bacterial bioaerosols and chemical and biological warfare agents, some have suggested that N95 masks are inappropriate[5,6] because these respirators do not provide "absorbent capability" and because of the amount of mask leakage, which can be about 5% through the filter and 10% around the mask,[7] even if properly fitted. For biological diseases like SARS, for which just a few particles may be sufficient for infection, the N95 mask may indeed be inadequate, and some health care workers may therefore become infected even if they use the respirator properly.

A better selection for respiratory protection would be an N100 respirator with an ultra-low penetrating air filter (ULPA), which would cost only slightly more than an N95 respirator. N100 respirators have an efficiency of 99.977%,[8] and ULPA filters are 99.999% efficient for monodispersed particles 0.12 µm in diameter or larger.[9] HEPA (high-efficiency particulate air) filters would not be the best selection for use with a respirator because their efficiency is 99.97% for monodispersed particles 0.3 µm in diameter or larger, and coronaviruses are smaller than this (at about 60 to 200 nm). For effective operation of an N100 respirator with ULPA, the user must be fit-tested. The United States and many other countries have numerous requirements for using a negative-pressure air-purifying respirator, including medical evaluation and training, as well as yearly fit-testing.

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Competing interests: None declared.

Compassionate care

As one of the physicians consulted on Human Resources Development Canada's new compassionate leave program for people caring for gravely ill or dying children, parents or spouses, I was disappointed by the title, tone and emphasis of the *CMAJ* news item on this topic.[1] This is just the type of program that Canadian physicians should support and take pride in. Emphasizing that this benefit entails "more paperwork for physicians" is misguided at best and makes Canadian physicians appear small minded. A more positive headline might have been "New federal program supports compassionate care for ill family members."

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The perils of PDAs

Last June I purchased an anesthesia database derived from a popular textbook and distributed by one of the software houses mentioned in the review by Feisal Adatia and Philippe Bedard.[1] In February, one day after the guarantee on my handheld computer expired, the unit also expired.

After purchasing a new unit, I performed a "hotsync" and successfully transferred all material from the old handheld to the new unit, except the anesthesia database mentioned above. Because the device ID of the new unit was different from that of the old one, it was impossible to unlock and transfer the program.

I telephoned the company long distance but was unable to reach a human being. My request for a return call, left on the company's voice-mail system, produced no response, and I've had no