

lack of understanding of why ... . Patients need to be interviewed to find out what motivates them to leave." To fill this gap in the literature, data should be collected systematically, from diverse patient samples and in methodologically sound studies. Some — perhaps many — of the patients in those samples will confirm what Brown has reported. In the meantime, I see no reason to wait to act on the data already provided by high-quality research, which suggest that we should address addictions properly in patients who have them.

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#### References

1. Anis AH, Sun H, Guh DP, Palepu A, Schechter MT, O'Shaughnessy MV. Leaving hospital against medical advice among HIV-positive patients. *CMAJ* 2002;167(6):633-7.
2. Saitz R. Discharges against medical advice: time to address the causes. *CMAJ* 2002;167(6):647-8.

## A practical case

I'd like to thank *CMAJ* for printing Robert Slinger and Theodore Scholten's article about the boy with a botfly infestation.<sup>1</sup> I experienced a similar history for 11 weeks after my vacation. The correct diagnosis had been missed, and I was booked for removal of a sebaceous cyst. Then my husband, who is also a physician, read the case report and, suspecting that a botfly infestation might be the problem, extracted a 2.4-cm larva from my scalp.

If one of the reasons for printing unusual case studies is to help physicians, then this article certainly filled the bill. I just never suspected that I would be the patient!

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#### Reference

1. Slinger R, Scholten T. Facial furuncle on 3-year-old boy camping in Ontario. *CMAJ* 2003;168(9):1159.

## National Network of Libraries for Health

In their article on technology-enabled knowledge translation, Kendall Ho and colleagues<sup>1</sup> emphasize physicians' need to "locate and access evidence to support decision-making." Organizing information, particularly electronic information, is exactly what libraries do, and we commend the initiative that Ho and colleagues describe.

The Canadian Health Libraries Association has proposed a National Network of Libraries for Health, which would build on existing resources and ensure universal access to licensed publications available through the Web. The proposal was recognized in the Romanow report<sup>2</sup> and is supported by Health Canada, the Canada Institute for Scientific and Technical Information, the Association of Canadian Medical Colleges, the US National Library of Medicine and the Canadian Cochrane Network and Centre. However, it has not yet been funded.

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#### References

1. Ho K, Chockalingam A, Best A, Walsh G. Technology-enabled knowledge translation: building a framework for collaboration [editorial]. *CMAJ* 2003;168(6):710-1.
2. Commission on the Future of Health Care in Canada (Romanow RJ, chair). *Building on values: the future of health care in Canada*. Saskatoon: The Commission; 2002. Available: [www.hc-sc.gc.ca/english/pdf/care/romanow\\_e.pdf](http://www.hc-sc.gc.ca/english/pdf/care/romanow_e.pdf) (accessed 2003 Jun 4).

#### [One of the authors responds:]

The notion that libraries are integral to evidence-based decision-making for health care professionals is well worth emphasizing. Librarians have tremendous expertise in searching the literature, devising and refining

search strategies, and pinpointing the evidence, activities that usually involve the use of modern information and communication technologies, such as those we described.<sup>1</sup> Physicians and, for that matter, all health care professionals, can benefit from librarians' expertise and from their coaching as they acquire these important skills themselves.

The Division of Continuing Medical Education within the University of British Columbia Faculty of Medicine has been offering workshops to help physicians in using the Internet for evidence-based medicine, and librarians have been members of the workshop faculty since the inception of these courses. Similar approaches are being used across Canada and internationally.<sup>2</sup> An even more interesting model is the integration of librarians or information specialists into the clinical setting for team-based practice and learning.<sup>3</sup>

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#### References

1. Ho K, Chockalingam A, Best A, Walsh G. Technology-enabled knowledge translation: building a framework for collaboration [editorial]. *CMAJ* 2003;168(6):710-1.
2. Dorsch JL, Jacobson S, Scherrer CS. Teaching EBM teachers: a team approach. *Med Ref Serv Q* 2003;22(2):107-14.
3. Florance V, Giuse NB, Ketchell DS. Information in context: integrating information specialists into practice settings. *J Med Libr Assoc* 2002;90(1):49-58.

## Creating immunity

The argument in a *CMAJ* editorial<sup>1</sup> that "Unless a large proportion (usually over 95%) of the population is vaccinated, herd immunity will not result and outbreaks will recur" had me scratching my head. The same editorial notes that "the near-complete immunization of whole populations in childhood has led, decades later, to whole populations of adults with waning immunity to some childhood diseases," giving as an example pertussis, which