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Thrombolysis for acute myocardial infarction works, but numerous studies have shown that there are often delays before treatment begins. In this issue James Brophy and colleagues, of Montreal, describe a cohort of 1357 patients who were admitted to acute care hospitals in Quebec (page 475). Their analysis identifies some of the factors associated with these delays. The median time from hospital arrival to thrombolysis was 59 minutes. This interval is considerably longer than the 30 minutes recommended by recently published guidelines. The inhospital delay was greater for women, for patients over 65 years of age and for those with a history of myocardial infarction. In addition, the authors found that patients hesitated to seek medical attention: the median interval between onset of symptoms and arrival at the emergency department was 98 minutes. This paper advances our understanding of the components of delay to thrombolysis and should guide efforts to improve care.

There has been an astounding increase in rates of cholecystectomy over the past 5 years, primarily because of the ease of doing the procedure by laparoscopy. Nonetheless, critics have claimed that the rates of complication after laparoscopic cholecystectomy are unacceptably high. In this issue Bryce Taylor, of the University of Toronto, shows that the complications recorded by hospital medical records personnel and subsequently transferred to the Canadian Institute for Health Information (CIHI) overstate the clinically relevant complications by a factor of 10 (page 481). In Ontario, according to Taylor's analysis, the rate of clinically relevant complications after laparoscopic cholecystec-

tomy may be as low as 1.2 for every 1000 procedures, comparable to rates elsewhere and much lower than for open cholecystectomy. In an accompanying editorial, John Marshall, of Queen's University, comments on the more general problem of using administrative data sets, such as those of CIHI, to evaluate medical practice (page 489). Marshall asserts that researchers and readers should proceed with caution when using data collected primarily for administrative purposes.

In the past year we have seen huge advances in antiretroviral therapy for HIV infection. In this issue the Canadian HIV Trials Network Antiretroviral Working Group presents guidelines for this type of treatment (page 496). Physicians with a specialty practice of HIV-positive patients are probably aware of this material. Yet for the rest of us the article includes useful information on treatment for asymptomatic people and for patients with symptoms, on preventing transmission between mother and child, and on postexposure prophylaxis (what should physicians do, for example, after a needle-stick injury?).

What is insulin lispro? Anuradha Puttagunta and Ellen Toth, of the University of Alberta, review this new insulin analogue and provide evidence-based recommendations for its correct use (page 506).

The ice storm of '98 has ended, but as we write, many households are still without electricity. The storm wrought chaos over a large geographic area, and the health care system was not exempt. Our correspondents in Montreal and eastern Ontario present the experiences of