

(54 times higher) and female nurses (5.9 times higher) compared with the workforce as a whole.⁵ It appears that despite a variety of preventive strategies, guidelines and legislative measures^{3,6} there remains a worrisome burden of illness from violence in the health care workplace.

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References

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2. Yassi A. Assault and abuse of health care workers in a large teaching hospital. *CMAJ* 1994;151(9):1273-9.
3. Liss GM, McCaskell L. Violence in the workplace [editorial]. *CMAJ* 1994;151(9):1243-6.
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5. Liss GM, McCaskell L. Injuries due to violence: workers' compensation claims among nurses in Ontario. *AAOHN J* 1994;42:384-90.
6. California Department of Industrial Relations. *Guidelines for security and safety of health care workers and community service workers*. San Francisco: The Department; 1993.

[One of the authors responds:]

I thank Gary Liss for his comments regarding our recent article on violence. As he notes, and as confirmed by more recent workers' compensation statistics, violence remains a significant issue in the health care setting. However, failure to acknowledge its impact on staff may be as detrimental as the violence itself. To mobilize sufficient resources to prevent violence, and to help its victims, we must first recognize the extent of this major health care problem. The fact that this issue has not gone away in the 5 years since the Yassi article that Liss cites was published suggests that we have not taken this first step.

In a follow-up study now underway, we are prospectively examining the impact of violence on various professions in the emergency department and ways to reduce this violence. We hope that this research encourages further funding to study the issue and to promote

more innovative approaches to a pervasive and ever-expanding problem.

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Peerless accuracy (or not)

I presume "Old Dr. Jim" McGarry knew better than to prescribe his nuxvomica according to the apothecary measures in Table 1 of the article by Ronald McGarry and Pamela McGarry.¹

Even given the disclaimer that "values are approximate," the equation 1 minim = 65 mL misses the mark by a factor of 975 (approximately). As the name might suggest, a minim was the smallest unit of liquid measure and was commonly considered to be about one drop.

Peer review indeed. Our peers should have peered more diligently!

W. Sara

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Reference

1. McGarry RC, McGarry P. Please pass the strychnine: the art of Victorian pharmacy. *CMAJ* 1999;161(12):1556-8.

[One of the authors responds:]

I absolutely agree with Dr. Sara's assessment of the typographical error in our article, but please don't blame the peer review system. The correct value of the minim was quoted in the reviewed manuscript and altered when the proofs became available. I actually corrected it in correspondence with the editor, but somehow the change was not incorporated in the final version of the article. I am sure that the pharmacist of the era would have picked up such a gross error in the compounding. I might add that the symbols for other units of measure, such as the dram, are not available in modern fonts and were

not included in the final draft of the article.

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High marks for the physical exam

In a medical world that bows down and worships technology, it was a delight to read Kenneth Flegel's balanced editorial on the future of the physical examination.¹ It would appear that students and tutors in many medical schools in the United Kingdom, North America and elsewhere are being taught that knowledge of technological advances is of paramount importance, whereas the role of adequate histories and complete physical examinations is downplayed. There is still a great need to do an adequate physical examination rather than a cursory localized assessment, followed by a plethora of tests and then referral to a specialist who does know the various modern technologies available. Of course, we need modern technology — but surely the most common and the greatest problems facing family physicians lie in the lifestyle and family problems of their patients and the shading between normalcy and abnormality.

Joseph Jacobs

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Reference

1. Flegel KM. Does the physical examination have a future? *CMAJ* 1999;161(9):1117-8.

Kenneth Flegel should be commended for drawing attention to an ominous trend in medical training, the gradual elimination of the physical examination in favour of laboratory investigation and imagery.¹ Far worse are so-called outcome analyses based solely on questionnaires and telephone interviews of patients who have undergone a