Who delivered Fredericton's babies?

As a Fredericton pediatrician, I join MP Andy Scott in recognizing my longtime colleague, the late Bob Chalmers.[1] However, Dr. Bob was not "for over 10 years … the only gynecologist in the city." Anna Loane, after practising obstetrics and gynecology at Women's College Hospital in Toronto for 3 years, opened her office in Fredericton in November 1951 and practised her specialty until her retirement in 1985. At the time Loane started practising here, Dr. Bob had left his general practice to do postgraduate training, returning in 1952 to open his practice in obstetrics and gynecology.

Barbara Robinson
Pediatrician (retired)
Fredericton, NB

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Medical students not mum on Iraq

Brad Mackay reports in *CMAJ* News on the muted response of Canadian physicians to the humanitarian catastrophe in Iraq.[1] However, "mum" hardly describes the activity that took place on Canadian medical school campuses, starting months before the US-led attack on Iraq began.

Medical students participated in and led rallies, vigils and discussions of the health consequences of the war in Iraq and have been a significant component of the unprecedented public opposition to this military intervention. Medical students across Canada initiated a petition voicing opposition to the detrimental health consequences of war in Iraq. This petition eventually reached every medical school in Canada and garnered over 650 signatories.[2]

Many Canadian physicians understandably feel ill-equipped to address the health consequences of war. That is why we are encouraging medical schools to incorporate education about human rights and the health effects of war into medical undergraduate curricula. That is also why organizations like Physicians for Global Survival are so crucial in helping governments to reframe political, economic and military decisions in terms of projected health outcomes.

We continue to endeavour to use medicine as an avenue for peace, and we invite organizations such as the CMA to assess the health consequences of the war in Iraq and to take the position they deem appropriate, as would be done for any other health crisis.

Liam Brunham
Second-Year Medical Student
University of British Columbia
Vancouver, BC
Patricia Lee
Second-Year Medical Student
University of Western Ontario
London, Ont.
Andrew Pinto
First-Year Medical Student
University of Toronto
Toronto, Ont.

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SARS respiratory protection

Since preparation of my letter on respiratory protection against severe acute respiratory syndrome (SARS) for health care workers,[1] an additional important study has appeared. Ofner and associates[2] have reported on 9 of 11 health care workers in whom SARS developed even though they were following the infection-control precautions recommended in Canada at the time,[3] including use of an N95 respirator. However, the N95 respirator in use was a duckbill mask (PCM2000, Kimberly Clark Health Care, Roswell, Ga.), which is not approved by the US National Institute for Occupational Safety and Health (NIOSH).[2] The use of N95 respirators, a recommendation adopted from tuberculosis (TB) protection guidelines, has been suggested by the US Centers for Disease Control and Prevention (CDC) for protection against SARS, although the CDC recommends that only NIOSH-approved respirators be used.[4] Of note, TB bacteria are much larger than the SARS virus, which indicates that a higher-efficiency respirator would be required for adequate protection against the virus.

Ofner and associates[2] reported that the health care workers in their study were not fit-tested, and at least one of the workers had a beard. In my earlier letter,[1] I suggested N100 respirators with ultra-low penetrating filters for the best protection. The respirator should also be elastomeric to allow a good fit on the face; notably, N100 elastomeric respirators can be cleaned and reused. Before a health-care worker uses a respirator, he or she should receive appropriate training, must be properly fit-tested, and should undergo a medical surveillance examination; these activities should be repeated yearly. In a previous study of asbestos workers,[5] I reported that many do not use their respirators properly, despite training. Thus, providing N100 respirators will be insufficient to prevent infection if health care workers use them improperly or compliance is less than 100%.

John H. Lange
Environmental and Occupational Health Consultant
Envirosafe Training and Consultants, Inc.
Pittsburgh, Pa.

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