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Tuberculosis in Nunavut

Nunavut has recorded the largest tuberculosis outbreak in the territory's 10-year history. Poverty, poor nutrition and, most important, a lack of adequate housing are the most notable socioeconomic determinants, say MacDonald and colleagues. We can and must do better to free the people of Nunavut from the "white plague." See **Editorial, page 741**

Avalanche survival patterns

People buried in avalanches in Canada have lower chances of survival at all durations of burial compared with avalanche victims in Switzerland, with a quicker drop in survival in the first 35 minutes and poorer survival associated with prolonged burial. Haegeli and colleagues observed these differences after examining data for 301 avalanche victims in Canada and 946 in Switzerland. They noted, however, that the poorer survival probabilities in Canada were offset by significantly quicker extrication times. Trauma and characteristics of the snow contributed to the observed differences in survival curves. See **Research, page 789**

Psychotropics and older adults

The risks of death and femur fracture associated with conventional antipsychotic medications, antidepressants and benzodiazepines are comparable to or greater than those associated with atypical antipsychotic medications, say Huybrechts and colleagues. See **Research, page E411**

Psychotropic medications or the conditions for which they are prescribed may increase the risk of death in older nursing home residents. Therefore, the risk-benefit ratio of any medication must be carefully evaluated on an individual basis for older patients, comment Pollock and Mulsant. See **Commentary, page 778**

Avoidable hospital readmissions

Although readmission to hospital is commonly used as a quality-of-care indicator, the true proportion of readmissions that are potentially avoidable remains unclear. This is the conclusion of a systematic review of 34 studies by van Walraven

and colleagues. The authors caution that use of diagnostic codes to determine avoidability of readmission does not provide an accurate measurement. See **Research, page E391**

Did Abraham Flexner spark CMAJ?

Historians have argued that *CMAJ* was founded because of the availability of a talented editor and the voluntary termination of two regional medical periodicals. But there's more to it, writes medial historian Dr. Jacalyn Duffin. She argues that the journal began in 1911 as a nationalistic response to the 1910 Abraham Flexner report on the state of medical education in the United States and Canada. Flexner's report criticized four medical schools in Canada. Canadian medical educators protested Flexner's cavalier methods and unfair judgments. The report also made physicians realize that they needed a platform for nationwide dialogue and thus was a key factor in the founding of *CMAJ* in 1911. See **Analysis, page 811**

Sex in pregnancy

Is sex safe in pregnancy? Can it be used to induce labour? When is it reasonable to resume sexual activity after delivery? Jones and colleagues address these common questions in this primer. See **Practice, page 815**

Necrotizing *Pseudomonas* chondritis

A previously healthy 15-year-old girl had the upper portion of her left ear pierced. Within 24 hours, the site became erythematous, painful and swollen. A specimen obtained for culture yielded a pure growth of *Pseudomonas aeruginosa*. See **Practice, page 819**

Ranibizumab and the eye

Most patients given intravitreal injections of ranibizumab to treat the wet form of age-related macular degeneration will retain their baseline visual acuity at two years. Because of the cost of ranibizumab, Noble and Chaudhary point out that some ophthalmologists may choose the off-label use of bevacizumab, a related anticancer agent, instead. See **Practice, page 822**