ing that oral morphine, either in solution or as sustained-release tablets, can be highly effective in controlling severe cancer pain and that it does not result in addiction, euphoria or rapid tolerance. However, that fact does not detract from the importance of the information to those who do not use the drug effectively because of misconceptions about its safety or efficacy in those vulnerable patients.

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Drug legislation in the silly season

I disagree with the reasoning of David Woods (*Can Med Assoc J* 1987; 137: 271) and the drug companies in support of Bill C-22 and agree with the Liberal senators in their actions. I have heard the doctors and the pharmaceutical industry, together with senators from the United States, arguing strongly on behalf of the bill. However, nowhere have I seen a full analysis of the number of jobs to be created, amount of money to be spent and potential benefits to the Canadian public in comparison with the current risks.

If history is to be a teacher, we should learn that drugs are usually developed and initially tested in Europe and eastern Asia, not in the United States or Canada. Therefore, I see little rationale to the argument that we will be doing original research by virtue of this bill. We will simply be doing manufacturing. We will remain forever at the mercy of market forces rather than developing a stable, research-based industry.

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Propylthiouracil and breast-feeding

Dr. A.W. Myres, correcting a statement in the guide *Feeding Babies*,[1] says that propylthiouracil should not be used by nursing mothers (*Can Med Assoc J* 1987; 136: 921). However, recent studies have shown that small doses of this drug can be safely used during nursing.[2-6]

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[Dr. Myres replies:]

Dr. Goldman and others have drawn attention to current data indicating that propylthiouracil can be safely used by nursing mothers. Although those data suggest that this drug is not concentrated in human milk to the degree suspected from earlier studies — and these data were known to us at the time of writing — there are several reasons for retaining the current statement in *Feeding Babies*.

First, propylthiouracil is listed as contraindicated for nursing mothers in the 1987 edition of the *Compendium of Pharmaceuticals and Specialties*, published by the Canadian Pharmaceutical Association. The Department of National Health and Welfare has not received any data from the drug manufacturer proving that the drug when transmitted via breast milk would not harm the nursing infant. This may seem an overly bureaucratic response, yet it illustrates an important point of principle; namely, that according to the Food and Drugs Act and Regulations the onus for the provision of proof of safety rests with the drug manufacturer.

Second, *Feeding Babies* is a federal publication intended to provide national guidelines for health professionals. Thus, it should not be regarded as a rigid standard but, rather, as a set of general guidelines to be used with the understanding that specific advice should always be in-

dividualized by the physician. If a mother receiving propylthiouracil therapy is committed to nursing her baby, breast-feeding should be undertaken only if the baby can be closely monitored for clinical and laboratory signs of a problem.

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Searching for parasites in stool: once is usually enough

Searching for parasites in stool in cases of acute diarrhea is expensive, requiring lengthy preparation of the specimen and meticulous microscopic examination. The increased exposure of patients to intestinal parasites because of travel and changes in eating and sexual habits has increased both the workload and the cost for parasitology laboratories. In British Columbia the cost of outpatient laboratory investigations for ova and parasites in stool has reached $2 million annually.

It is common to collect three stool specimens on successive or alternate days and carry out concentration procedures and microscopic examination of stained slides. We reviewed the results in two series of patients to establish the rate of positivity of successive stool specimens. Among 456 patients who had three specimens examined, parasites were identified in the first specimen from 436 (95.6%), in the second specimen from 16 (3.5%) and in only the third specimen from 4 (0.9%). Among 441 patients who had two specimens examined, parasites were identified in the first specimen from 414 (93.9%) and in only the second specimen from 27 (6.1%).

Thus, one stool specimen yielded the correct diagnosis in over 90% of cases. We therefore believe that physicians should order a second or third specimen only when the result with the first specimen(s) is negative, symptoms persist and other causes cannot be found. This would result in considerable cost saving, perhaps as much as 50%, without compromising the standard of care.

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Improving drug labels

The need for improving the legibility of drug labels to enhance product recognition is an issue that crops up with great regularity both in journals and at meetings of health care professionals. *CMAJ* readers might like to know a little more about the activities of the Packaging and Labelling Committee of the Canadian Society of Hospital Pharmacists.

This committee, in existence for over 9 years, is dedicated to bringing about labelling improvements by writing labelling and packaging guidelines for the various dosage forms. The committee consists of both hospital and community pharmacists, as well as representatives from the pharmaceutical industry. It has written a labelling philosophy, has devised methods of improving product recognition while continuing to meet federal labelling regulations, and is creating label prototypes and guidelines. Issues under discussion include labelling of prefilled syringes, use of the International System of Units for large- and small-volume parenteral formulations, and human ergonomics as it pertains to label/product recognition.

The committee's activities are widely recognized and supported among hospital pharmacists and drug manufacturers as being very effective in bringing about labelling improvements. I encourage the members and executives of the Canadian and provincial medical associations to communicate with our committee on labelling issues; we would be pleased to share the experience and expertise we have accumulated.

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Junk mail

I want to be a doctor like my dad. But the one thing that drives him crazy is all the "junk mail" that every MD in Canada gets every day. My dad, Denis, was so crazy that he collected all the unsolicited mail for 6 months. By my second birthday, this week, the pile will be 3 m tall and weigh 135 kg. By the time I get my MD the pile will be 40 m tall and weigh 2 t. And by the time I retire, at age 65, it will be 100 m tall and weigh over 5 t!

Please don't send any more junk mail to my dad or we'll have to move to a bigger house.

Claire E. Harlock
501 Colborne St.
London, Ont.

Claire and her Dad's junk mail.

For prescribing information see page 765 →