

to be cognitively normal, will collect baseline data to permit prospective testing of etiologic hypotheses at a future follow-up of those involved. Finally, analyses of blood samples will offer the chance to search for biomarkers for dementia.

The study also includes interviews with people caring for the study subjects found to have dementia, whether in the community or in institutions. These will provide information on who cares for these people, what services they use for assistance and how satisfied they are with the services; it will also provide information on the health status of the caregivers in comparison with people who look after elderly people who do not have dementia.

The study is funded as part of the Seniors' Independence Research Programme through the Department of National Health and Welfare. It involves more than 100 investigators. Data collection began in February 1991, after development and pilot studies, and should be complete in December; results will become available in the summer of 1992.

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## Secondhand tobacco smoke: early insights

I believe that the following letter is the first written evidence of the damage caused by the inhalation of secondhand tobacco smoke. I found it among some items in a scrapbook and believe it may have been written in the 1880s.

May I give my recent experience of tobacco smoke? It may be a warning to others. I have one child, — a little

girl not yet two years old, a fair-haired, blue-eyed pet, who was as healthy as the birds when she was born. For more than a year past, ever since she was old enough to be less in the nursery and more with her father and me, — she has ailed mysteriously. I could not say she was ill, yet she was hardly ever well. I was kept in a perpetual state of anxiety about her. The symptoms were absence of appetite, complaints of sickness, stomach and digestion altogether out of order. Last August, I took her to a country town, where we stayed two months.

After the first week, she flourished like a young bay-tree, ate and drank and laughed and played and slept, and kept me forever busy enlarging her garments. I brought her home rosy and robust. In one week, all the old symptoms reappeared, — loss of appetite, dark lines under the eyes, listless ways, restless nights. Some one suggested that the neighborhood did not suit her; and I was cogitating how to take her away again, when she caught a severe cold, and was confined entirely to one room for three weeks. She recovered her general health completely. Appetite, spirits, sleep, all returned. It could not be the neighborhood.

After her cold, she joined us downstairs again, as usual, two or three times a day. In less than a week, sickness, etc., returned. I was in despair. For nearly three months, I racked my brains about drains, wall-papers, milk, water, saucepans, any and every thing in vain, — the child slowly wasted. The weather was too severe to take her away. In an agony of mind, I noticed one day that, so far from outgrowing her clothes as I had expected, they were too large for her. The little thing was not eating enough to keep up her strength, and we could not coax her to eat. Yet she was not really ill: she ran about and played in a quiet way, and looked fairly well to those who had not seen her more robust.

Suddenly, my husband was summoned into the country. A week after he went, the child began to eat with eager relish. In a fortnight, she was her own happy self, full of riotous, childish spirits. "Her father has never seen her like this," I remarked one

evening, when she was particularly merry and mad; and the truth flashed upon me. It was his tobacco that upset her. He has been away now for a month; and the child's limbs daily get firmer and rounder, and she is the merriest, healthiest little mortal possible. He always smoked after breakfast, and after lunch, with her in the room, neither of us dreaming it was injurious to her. But for his providential absence this time, I doubt whether it would ever have occurred to me; and we might have lost our darling, for she was wasting sadly. It was acting like a slow poison upon her. This is a true, unvarnished statement, which my nurse can corroborate. When shall we have a parliament that will dare to tax our slow poisons to the utmost? I enclose my card, and remain your obedient servant.

— E.H. in *Pall Mall Gazette*

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## Serious childhood injuries caused by air guns

I read with interest the correspondence in the Aug. 1, 1991, issue of *CMAJ* resulting from the article by Drs. Amir Shanon and William Feldman (*Can Med Assoc J* 1991; 144: 723-725).

The letter by Dr. Donald R. MacInnis (*Can Med Assoc J* 1991; 145: 200-201) makes an entirely valid point that should be taken to heart by all journal editors. Feldman attempts to respond with such puffery as quoting the definition of "science" from a dictionary.

Simply because the use of air guns as sporting equipment obviously does not appeal to Shanon and Feldman, they recommend banning air guns altogether on the basis of the series of injuries that they documented superbly in their article. However, the implications for personal freedom in their "leg-

isolate, not educate" approach are in my opinion more dangerous to the public than air guns. I sincerely hope that Shanon and Feldman do not direct their attention next to injuries associated with motor vehicles, lawn mowers, kitchen knives, bicycles or boats, since they would by the same logic seek the banning of all those items.

The solution? As MacInnis suggests, stick to research; don't recommend policy. We have a surfeit of regulations already.

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*[Dr. Feldman responds:]*

Dr. Colby and I disagree mainly on the issue of personal freedom and rights. Rights and freedoms are not absolute: they vary from country to country and from time to time. Just as children don't have the right to buy powder guns or to drive cars or to buy alcohol, Dr. Shanon and I (and all the physicians, especially ophthalmologists, who have written or telephoned us) feel that children should not have the right to buy a weapon that has the power to injure themselves or innocent bystanders.

Just as some irresponsible parents are deprived by legislation of the right not to restrain their children in motor vehicles, so should they be deprived of the right to expose their children to dangerous weapons. In the case of motor vehicle legislation our society has decided that the right of individuals not to be disabled or

killed by drunken or speeding drivers outweighs the right of the driver to drink or speed.

We feel that children have the right not to suffer from preventable injuries. The best way to prevent air gun injuries is to legislate against the use of these guns.

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## Nintendo neck

**I** write to report my observation of a relatively new childhood affliction. I call it "Nintendo neck."

Those in general practice must be seeing more cases of pediatric paronychia with the rapid proliferation of video games. The condition results from the repeated pressing of buttons on the control pads of these games. It may be seen in either the thumb or the forefinger of either hand depending on the child's style of play. When it was originally described in the medical literature it was termed "Atari-finger." Atari games were quickly superceded by Nintendo, which controls the lion's share of the video game market at present.

Recently Nintendo has introduced a miniaturized portable game with a liquid crystal display and a wide assortment of very challenging and entertaining games. It is called Game Boy. Last Christmas I bought this for my son, an avid player of video

games — whom, incidentally, I have twice treated for Atari-finger. After playing a particularly absorbing and intense game for at least 30 minutes he complained of pain in his neck. The pain must have been intense, for he actually walked away from the game and chose to play Barbie with his sister, whom he tolerates at best.

Again the next day he complained of neck pain. His discomfort is easily explained by the position that he assumes to play this game — hunched over, chin almost resting on his chest, elbows bent while he holds the small screen close to his face and stares, eyes glazed, at the miniature characters before him, both hands moving faster than the eye can see, vaporizing his enemies and rescuing princesses. If a child were to continue this for hours on end (and I am sure that many do) the result could be severe muscle spasm and discomfort.

Unfortunately, many parents (including me) are guilty of allowing our children to play these games for longer than they should, but gosh it's nice when they're quiet and in one place, not playing Frisbee with compact discs or demonstrating a Ninja deathgrip on their little sister! It is no longer punishment to send the child to his or her room. "Go to your room for half an hour," I shout. "AwRight!" he says, and he is gone for the rest of the day.

Watch for Nintendo neck. It's out there.

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