tific arguments presented by the Nutrition Committee suggest that there is no compelling evidence to alter current public health approaches or to deviate from the infant feeding guidelines being promoted by public health professionals.

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2. *Nutrition Recommendations: the Report of the Scientific Review Committee*, Dept of National Health and Welfare, Ottawa, 1990: 141-148

[The principal author responds:]

The recommendations were made to ensure adequate iron intake in all infants. Because the consequences of iron deficiency anemia are more serious than anticipated a few years ago and some may be irreversible[1] we strongly believe that the prevention of such anemia in all infants is imperative. Our recommendations are in line with those of other groups, such as the European Society for Pediatric Gastroenterology and Nutrition and the American Academy of Pediatrics.[2]

The committee suggests several approaches to increasing iron intake, including the promotion of breast-feeding and increased intake of iron-fortified cereals and other iron-rich foods. In infants who are not breast-fed, formula remains the main source of energy during the first 9 months and thus offers the best chance of providing the needed iron. To ensure compliance and prevent confusion at the time of change these formulas should be fed from birth.

It is true that the current incidence and prevalence of iron deficiency and iron deficiency anemia are unknown among Canadian infants. Studies are under way to collect the appropriate information with the help of provincial ministries of health, including that of Nova Scotia.

The recommendations are consistent with a public health approach to problems of nutrient deficiency. Even if only one section of a population suffers from a deficiency it is an internationally accepted practice to deliver the nutrient to all members of the population by means of an appropriately fortified food. Routinely distributed iron supplements in high-risk groups have failed to have an impact on the incidence of iron deficiency anemia.[3] The same was true of vitamin D supplements in the 1960s.

It is unfortunate and probably true that our recommendations will do little to solve the problem of iron deficiency anemia in the groups of infants at highest risk unless current practices change. However, to therefore avoid making recommendations that are in the best interests of all infants is, in our opinion, discriminating against those high-risk groups. Our recommendations should be regarded as strong suggestions from concerned pediatricians and other health care professionals that the appropriate government agencies take on the challenge of ensuring that the iron needs of all Canadian infants and children are met.

Micheline Ste-Marie, MD
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Canadian Paediatric Society

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Jehovah's Witnesses and the transfusion debate: "We are not asking for the right to die"

The letters of Dr. Paul C.S. Hoaken (*Can Med Assoc J* 1991; 144: 1380) and Dr. Douglas Harvie (*ibid:* 1380, 1382) do little to honour the medical profession and its traditions. The writers present a religious attack, not a medical argument.

Hoaken charges that Georgette Malette did not make a free and autonomous decision when she signed a card prohibiting blood transfusions. Was he there? By his reasoning, adherents of all religions do not make free, autonomous decisions of conscience because of what their church teaches.

The personal slur — that "Georgette Malette now enjoys the best possible outcome" — is insensitive and ignorant of the facts. It is totally out of character for respectful physicians. Further, to charge that a court was guilty of criminal neglect after a learned judge had weighed the evidence from medical experts and a 12-year-old patient is also disrespectful, if not in contempt of court.

Harvie's call for the CMA to instruct physicians to refuse under any circumstances to see patients who are Jehovah's Witnesses is coercive in the extreme. It violates the physician's ethical responsibility to render medical service to any person regardless of religion. It puts the physician in an adversarial relationship with the patient. Contrary to Harvie's apparent belief that such instruction would prevent court battles it would ensure many more to come.

As Bill Trent notes in his article (*ibid*: 770-776) responsible physicians across the country care for the medical needs of people who are not of their own religious

persuasion. One trusts that intolerant physicians who cannot abide anyone whose opinion differs from their own are rare and becoming rarer in the medical profession.

To rephrase Harvie's concluding thought: "When religious principles come up against medical fanaticism the honest patient has no choice but to seek out physicians who respect the conscience of others."

Physicians who respect the conscience of their patients honour their profession.

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Hazard of yawning

Our report of a case of jaw subluxation with yawning (*Can Med Assoc J* 1990; 142: 15) generated reminiscences and some wit from Drs. Richard S. Lurie and Ellen and Leonard Warner (ibid: 533). Data on this phenomenon remain anecdotal, and prevalence studies are lacking. Accordingly, we undertook a survey at Douglas Hospital, Verdun, Que.

Questionnaires were mailed to the 86 active members of the Council of Physicians, Dentists and Pharmacists of the hospital. The ages of the members ranged from 29 to 81 years, and the mean age was 51.2 years. Seventy-two replies (an 84% response rate), 54 from men and 18 from women, were received. In the calculation of percentages nonresponders were considered to be free of mandibular difficulties (i.e., n = 86).

Jaw subluxation was reported by five men and one woman during a total of 19 episodes. For one man a bicycle accident at the age of 21 had resulted in the only incident of jaw subluxation experienced. Another man also had a single episode, the unwelcome result of a passionate kiss at the age of 26. An anterior subluxation of the right temporomandibular joint, presumed to be the local manifestation of ankylosing spondylitis (temporomandibulitis), had occurred more than a year earlier in a 41-year-old man.

The remaining three cases of jaw subluxation were of particular interest as they occurred predominantly or selectively in association with yawning. A 65-year-old man who had suffered at least 10 such events over the previous 12 years attributed most subluxations to yawning and a few to dental procedures. Three episodes of jaw subluxation solely associated with yawns and occurring between the ages of 42 and 53 were reported by a 56-year-old man. The woman had experienced three episodes of jaw subluxation during yawning between the ages of 15 and 45.

The high prevalence of jaw subluxation (7%) was surprising. The prevalence of subluxation associated with yawning was 3.5%, which suggests that naturally occurring jaw subluxation may represent a more common phenomenon than heretofore suspected.

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Spot the deliberate mistake

As an old pediatrician and a new farmer I was amazed by the photograph on the cover of the Oct. 1, 1991, issue of *CMAJ*. At first glance it appears to be an idyllic portrayal of country life, as father and son head off to the fields together on a tractor.

To the left of the photo we are informed that one topic in this issue of the journal is "Health and safety risks in agriculture."

Everyone at *CMAJ* must have been asleep, from François Proulx, who provided the photo (however artistic it may be), to the editor-in-chief. No one seems to have appreciated that riding on the fender of a tractor, particularly one that is pulling an implement (as the photo suggests), is probably one of the most common practices leading to mishap.

The photo is a beautiful illustration of an accident waiting to happen.

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[Exactly! — Ed.]

Through a glass darkly

We should not conclude, as does Dr. William C. Gibson in his editorial (*Can Med Assoc J* 1991; 145: 625-627), that the examination board of the London College of Physicians was particularly hard on William Harvey or that the candidate was so incompetent that he had to take the examination three times.

All foreign graduates had to present themselves three times to be questioned on the "rudiments of physic" (i.e., physiology and anatomy) in the first examination, on the "pathologic part of physic" (i.e., the causes and symptoms of disease) in the second and on the treatment of disease in the third. Harvey had already received "tacit permission to practise" from the board after his first examination, on May 4, 1603, and he passed the second and third on Apr. 2 and May 11, 1604. On Oct. 5, 1604, he took the oath as *licentiatus*, which gave him official