

tion equipment and education. "Upon their release, rather than being multipliers of viral transmission, former inmates could become effective multipliers of the message about preventing HIV infection and thus help create new social norms in the milieu to which they return."

The operative word here is "could." Survival, not concern for the welfare of society, is the prime consideration of those detained at her Majesty's pleasure. Abrogation of societal responsibility played a major role in the whereabouts of these inmates in the first place. To entrust public safety to such people, as Hankins suggests, is not without some danger.

There is another option. Since wards of the state deserve protection, after conviction all new arrivals to custody should be routinely screened for HIV and appropriately segregated when indicated. Now that routine screening of pregnant women for HIV, for the benefit of the infants, has been endorsed in BC,¹ there is a precedent for the protection of those unable to control their own situation.

James E. Parker, MB, FRCPC
Abbotsford, BC

Reference

1. Patrick DM, Rekart ML: AIDS update: routine screening and zidovudine therapy to prevent HIV transmission. *BC Med J* 1994; 36: 613-617

It is certainly true, as Dr. Rotheron and associates and Dr. Hankins show in their articles, that aspects of prison life pose a public health problem. Overcrowding, which is common in jails, was recently associated with an epidemic of pneumococcal disease in a US prison.¹ Valuable as they are, these articles fail to address the much

larger issues. Prisons socialize people to maladaptive behaviour, and they breed violence, despair, cynicism and crime. Physicians and public health experts should focus their efforts not only on controlling AIDS and other diseases but also on closing prisons and diverting inmates to healthier, community-based programs. If controlling criminals and meting out "just desserts" are issues, community programs can be made as controlling or as punitive as prisons² without having the same detrimental consequences for public health.

Bruce Williams, MD, CCFP, FRCPC
Willowdale, Ont.

References

1. Hoge CW, Reichler MR, Dominguez EA et al: An epidemic of pneumococcal disease in an overcrowded, inadequately ventilated jail. *N Engl J Med* 1994; 331: 643-648
2. Petersilia J, Deschenes EP: Perceptions of punishment: inmates and staff rank the severity of prison versus intermediate sanctions. *Prison J* 1994; 74: 306-328

**BASIC STATISTICS
FOR CLINICIANS:
3. ASSESSING THE EFFECTS
OF TREATMENT:
MEASURES OF ASSOCIATION
[CORRECTION]**

In this article by Dr. Roman Jaeschke and associates (*Can Med Assoc J* 1995; 152: 351-357) a formula was given incorrectly owing to a typographic error. In the section on relative risk reduction, the formula for calculating this measure should have been $\{[C/(C + D)] - [A/(A + B)]\} / [C/(C + D)]$. We regret any confusion this error may have caused. — Ed.



Surgam SR	1.7 hours
Tenoxicam	
Piroxicam	
Naproxen	
Indomethacin	4.5
Flurbiprofen	3.0 - 4.0
Ketoprofen	2.0
Diclofenac	1.8