assistance in filling out forms should be offered to all patients.

- If a patient is nervous, has difficulty following instructions or fails to ask questions, first examine the health care provider's use of language and presentation.
- Patient information that is not written in plain language should be returned to the sender. It is the producers of such information who own the problem, not the physician or patient.
- People with limited literacy skills are masters at concealment. Assume that everyone requires written and oral instructions; this can benefit good readers as well as those less skilled.
- Entrusting the most literate member of a family with the interpretation of written instructions is often inappropriate or unworkable. The patient should be allowed to choose a coach.
- Illiteracy does not "run in families." It stops with trust, compassion and a knowledgeable referral to literacy organizations.

The Literacy and Health Project's final report, *Partners in Practice*, will be available shortly from the Ontario Public Health Association.

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## Carbon monoxide poisoning

Dr. Gautam Soparkar and his colleagues, in their article "Toxic effects from nitrogen dioxide in ice-skating arenas" (*Can Med Assoc J* 1993; 148: 1181–1182), are to be commended for bringing the potential hazards of nitrogen dioxide poisoning to the attention of Canadian physicians.

However, I take issue with the authors' comments on carbon monoxide poisoning. Unfortunately, people with such poisoning do not always seek fresh air before the effects become too severe, because carbon monoxide poisoning is the single leading cause of death from poisoning in the United States.[1] The protean symptoms frequently lead to misdiagnosis, the most common being an influenza-like viral illness.[2] Other diagnoses include gastroenteritis, food poisoning[3] and pseudotumour cerebri.[4] Indeed, because of the broad range of diagnoses, carbon monoxide poisoning has been ranked with syphilis and tuberculosis in its ability to mimic a variety of systemic diseases.[5] As a result, patients often return to the toxic environment.

Nitrogen dioxide poisoning should be given wider publicity; however, carbon monoxide poisoning should not be dismissed so lightly.

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*[The authors respond:]*

Dr. Dolan rightly points out that the protean symptoms of carbon monoxide poisoning justify its description as a condition that mimics other diseases. However, the acute onset of symptoms[1] in an ice-skating arena is likely to lead to an immediate suspicion of carbon monoxide poisoning. Nitrogen dioxide poisoning should be considered under such circumstances because the patient's condition may worsen over the next 2 days.

Carbon monoxide poisoning was considered first in the case we described; nitrogen dioxide poisoning was not. This omission resulted in considerable complications, which could have been prevented.

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## Male and female circumcision in Canada

I have no doubt that male circumcision is painful, as Dr. Mary E. Lynch suggests (*Can Med Assoc J* 1993; 149: 16). I imagine that birth through the vaginal canal is also painful. I can't remember either event.

I suppose one is open to the accusation that the development of psychiatric illness was initiated by the shock of a scalpel without anesthesia at the age of 8 days. Giving general anesthesia when the brain is growing by 1 mg an hour admits the possibility of legal proceedings if a child fails to enter Harvard!

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Dr. Shabbir M.H. Alibhai attempts with meretricious arguments to justify male circumcision (*ibid:* 16–17). He cites references suggesting that circumcision prevents urinary tract infections and phimosis and that it improves penile hygiene — a screed of canards.

It has been suggested that ven-