of all its donors. To counsel an individual who might carry an increased risk for a viral infection (such as HIV) to donate blood is totally unacceptable. Conceivably such an approach might spare an individual some embarrassment, but it puts the potential recipients of blood products at risk of receiving an infected unit and developing a lethal illness.

For Dr Rutter to glibly state that in most cases a "mountain is being made out of a molehill" is either very naïve or blind to the tragedy befalling the recipients of blood products infected by the HIV virus.

—John G. Kelton, MD
The Canadian Red Cross Blood Transfusion Service
Hamilton, Ont

Can proper condom use be evaluated?

I congratulate Dr Brian Morris on his excellently researched article, "How Safe are Safes."[1] His analysis of the published literature appears to be both thorough and insightful. The summary, however, does not represent his conclusion accurately.

Morris reports that "...risk will be reduced by a factor of three or four...." (a figure that appears in the conclusion without any explanation of how it was derived). However, the summary states that little solid evidence supports the belief that "a properly used condom will ensure that you are safe from STDs."

Condom use is difficult to measure; proper condom use is impossible to measure. Researchers' relying on self-reported use has resulted in discrepancies between reported use among male and female teenagers in the same population.[2]

The National Survey of Adolescent Males of 1988 reported a condom use frequency of 56% among respondents while condoms were used only 34% during sexual intercourse.[3]

Furthermore, none of the studies reviewed appeared to make any effort to measure adequate technique in applying condoms, the timing of application, or the use of latex condoms rather than natural condoms. The measures of condom use are imprecise at best. These methodological problems result in underestimating the effectiveness of condoms in the real world.

Teenagers are a high-risk group for STDs. Many teenagers practise serial monogamy. It is unrealistic for physicians to approach the problem of teenage STDs by suggesting that they limit their number of partners as suggested by Morris.

Any attempt to deny the everlasting, undying love that teenagers experience repeatedly with numerous peers will probably alienate that teenager, resulting in even higher risk.

Teenagers who practise serial monogamy need to be counseled on safe sex and on how to apply a condom properly by physicians who firmly believe that this is an effective method of preventing STDs.

—Alan Katz, MB, CHB
Winnipeg

References

1. Morris BAP. How safe are safes? Efficacy and effectiveness of condoms in preventing STDs. *Can Fam Physician* 1993;39:819-27.
2. Anderson JE, Kann L, Holtzman D, Arday S, Truman B, Kolke L. HIV/AIDS knowledge and sexual behaviour among high school students. *Fam Plann Perspect* 1990;22(6):252-5.
3. Ku L, Sonenstein FL, Pleck JH. Patterns of HIV risk and preventive behaviour among teenage men. *Public Health Rep* 1992; 107(2):131-8.

Response

One problem I encountered in comparing these studies was that each study used different measures of effect and different statistics. The "factor of three or four" in the statement on risk reduction is an approximation based on the studies in the table, which showed odds ratios in that order of magnitude.

I wanted to make a clear point that condoms, in real life, are not absolutely effective. There is good evidence that condoms reduce the risk of contracting STDs, but there is no evidence that condoms eliminate the risk.

I agree with the other points that Dr Katz makes. Technique and timing of condom use are important, and condoms are used much less often than they should be.

—B.A. Morris, MD, FCFP
Barrie, Ont

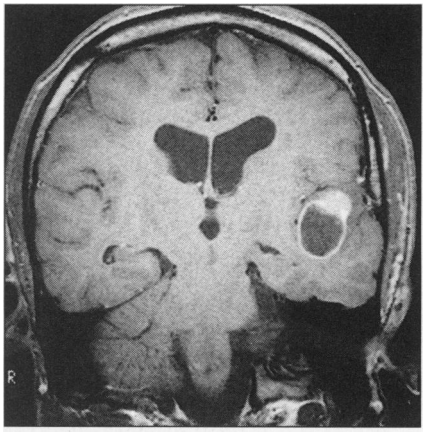
Corrections

The article "Mutagens and carcinogens in foods" (*Can Fam Physician* 1993;39:1169-80) contained an error in *Table 1*. Under the heading "Naturally occurring substances in edible plants and spices," the final entry "Fern" should be deleted. Under the heading "Origin," the final entry should read "Cycad tree, bracken fern."

Canadian Family Physician apologizes to the author, Dr Thomas Gregory Hislop, for this error.

The article "Seizure Prophylaxis for Brain Tumour Patients" (*Can Fam Physician* 1993;39:1153-64) carried an incorrect illustration for *Figure 4*. The correct image is shown below.

Figure 4. **T1-weighted, coronal slice magnetic resonance image from case 3:** *Left temporal lesion has cystic and solid components. Stereotactic cyst aspiration and tumour biopsy revealed glioblastoma multiforme.*



Canadian Family Physician apologizes for any embarrassment or inconvenience the error might have caused the authors, Drs Agbi and Bernstein.

•••