



research and the lack of empirical evidence for Freudian concepts of repression, let us first condemn memory-retrieval techniques such as guided imagery, bibliotherapy (the reading of highly suggestive books), trance writing, dream work, body work, hypnotherapy, visualization, interviews conducted under the influence of amobarbital and other quackery. These have no basis in science.

Adriaan J.W. Mak
London, Ont.

[Dr. Penfold responds:]

In summarizing the arguments and evidence for both sides of the repressed-memory debate I hoped to raise awareness and promote understanding of the dilemmas that a practising physician may face. Although I am very concerned about parents who are falsely accused and victims who are erroneously disbelieved, the present state of knowledge about memory does not permit a black-and-white approach.

Although I agree with Dr. Tyroler that repression is an outmoded and unclear concept, we cannot throw out the baby with the bath water. As I emphasized in my article, there is evidence supporting the existence of both genuine recovered memories and fabricated memories. For instance, memory researcher Elizabeth Loftus, a member of the advisory board of the False Memory Syndrome Foundation, is the principal author of an article describing a study of women involved in outpatient treatment of substance abuse.¹ Of the women reporting childhood sexual abuse, 19% reported that they had forgotten the abuse for a period of time. The memory returned later.

Is this failure to remember childhood trauma due to "repression," "amnesia," "dissociation" or "forgetting"? The terms are not clearly de-

lined and are sometimes used interchangeably. The fact remains that some kind of traumatic forgetting happens, under some circumstances, to some victims. I do not believe that we are looking at 2 "irreconcilable views," but that shades of grey will exist in this area for some time, until much more research has clarified the many unknown aspects of memory.

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Reference

1. Loftus EF, Polonsky S, Fullilove MT. Memories of childhood sexual abuse: remembering and repressing. *Psychol Women Q* 1994;18:67-84.

In praise of commonplace conferences

I hope I speak for many physicians in this country when I say that I would like a list of meetings that could be practical at the bedside. In *CMAJ* I am offered a conference list that includes Pathways to Community Performance — Bringing Leaders from All Sectors Together to Build Community-wide Collaboration and Partnerships. As young people today would say, Hello? An alternative meeting that I could go to during the same week is Supporting Women, Supporting Ourselves — A Conference on Reproductive Psychiatry. Excuse me? How about Feminist Approaches to Bioethics? I do not think so.

Many of us are tired of being upbraided, put down, trivialized and treated arrogantly. In contrast, we are anxious to bring to our patients, whom we like and respect, medical wisdom that is up to date, affordable (unlike Transgenic Technologies — Producing Next Generation Therapeutics Conference) and what you would call pedestrian or common-

place (unlike 3rd Annual Novel Amplification Technologies Conference).

Could you please provide us with a few such meetings each month?

Donald P. Warren, MD
North Vancouver, BC

[The editor-in-chief responds:]

We have received several letters and calls about conferences, none as lively as Dr. Warren's, but all with a similar message. Our policy has been to publish at least once, and more often as space permits, all notices of conferences in the medical field that we receive. However, in light of the feedback from readers, we plan to re-examine this policy. We encourage readers to let us know what you think of our listings of conferences and continuing medical education courses to help us in this process.

John Hoey, MD
Editor-in-chief
Rédacteur en chef

The tobacco tragedy in Northern Canada

Thank you for calling attention to Dr. Richard Barga's frustrated efforts to reduce smoking and smoking-related disease in the eastern Northwest Territories (*Can Med Assoc J* 1996;155:1383). When the Baffin, Kitikmeot and Keewatin regions become the Nunavut Territory in 1999, the issue of cigarette smoking, which Barga brought very much to the fore, will remain a fundamental issue. Unfortunately, the smoking issue will not and cannot be resolved by the lone voices and hard work of medical officers struggling in isolation.

I recall well my first year as a federal medical officer working in a northern region. Chest diseases made