

**References**

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The many faces of pheochromocytoma

I am now an ophthalmologist active in medical research and teaching, but the article "Pheochromocytoma manifesting with shock presents a clinical paradox: a case report" (*Can Med Assoc J* 1997;157[7]:923-5), by Jason Ford and associates, reminded me of a similar case, the first I ever researched in detail and wrote up for publication.¹ I credit a good part of my success as an investigator to learning from that experience that physicians, when treating relatively common problems, must always be aware of the existence and characteristics of rare disorders that may mimic common problems. A perusal of my now reasonably lengthy CV indicates a disproportionate interest in "esoteric" disorders, perhaps as a consequence of once saving a man who surely would have died if not for

unusual curiosity on the part of his doctors (as far as I know, he's still alive and well).

As a direct consequence of my own experience, I have serious concerns about reformed medical curricula, which teach medical students about common problems, and tell them to look up the others. We never know who is going to walk into our offices next, and it is the responsibility of all physicians to be curious and knowledgeable about rare as well as common problems. I thank Ford, Rosenberg and Chan for reminding a new generation of Canadian physicians not to relax until *all* parts of the puzzle fit, and for pointing out that rare things are a lot more common when you look for them.

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Why?

Dr. Robert Krell's article, "Confronting despair: the Holocaust survivor's struggle with ordinary life

and ordinary death" (*Can Med Assoc J* 1997;157[6]:741-4), is outstandingly important, both to professionals and fellow children of Holocaust survivors. I am both, and I carry a similar legacy.

I used to joke that as other kids grew up on fairy tales, I was told stories from the camps. Now, as I struggle in mid-life with the lingering impact of such psychological trauma, I know that it is no joke. It is not only that I was exposed to death at too young an age but also that stories of extreme horror were told and retold, always in a rote, unemotional style. The result is profound confusion: I swing like a pendulum between excessive compassion and almost cold, grim determination.

After I grew up, I left home and closed the door, happy not to have to listen to the grim stories any more. Now, "unfinished business" that was buried for 20 years has come to the forefront.

Our trauma seems minor, sometimes even to professionals. We are our own worst enemies: we become overachievers to overcompensate, discounting the serious difficulties resulting from our early insecure attachment¹ to seriously damaged parents and survivor guilt. Although I know many children of survivors, the

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