



même, par extension, on pourrait dire de l'oreille gauche qu'elle est celle du cœur, mieux disposée à l'écoute attentive et facilitant ainsi la rencontre. Ce qui a donné, pour le meilleur ou pour le pire, «De l'oreille gauche». Peut-être aurait-il mieux valu nous éloigner davantage du jeu de mot sur «oreillette» pour éviter la confusion, mais voilà hélas les vicissitudes de la vie des traducteurs qui prennent leur travail... à cœur.

Marie Saumure, trad. a. (ATIO)
Coordonnatrice du service de traduction
Association médicale canadienne

Coming in from the cold

The article by Caralee E. Caplan on diseases exacerbated by exposure to cold¹ was interesting, but it could have mentioned the cold urticaria syndromes, which can include cold-induced anaphylaxis.

For a more detailed discussion on these cold-induced syndromes, I would suggest an article by Alan A. Wanderer published in the *Journal of Allergy and Clinical Immunology*.²

S.J. Tkachyk, MD
Associate Clinical Professor
Department of Pediatrics
University of Alberta
Edmonton, Alta.

References

1. Caplan CE. The big chill: diseases exacerbated by exposure to cold. *CMAJ* 1999;160(1):88.
2. Wanderer AA. Cold urticaria syndromes: historical background, diagnostic classification, clinical and laboratory characteristics, pathogenesis, and management [review]. *J Allergy Clin Immunology* 1990;85(6):965-81.

Norwood reconstruction

We read with interest the comments by Robert J. Adderley concerning the Norwood reconstruction for infants born with hypoplastic left heart syndrome.¹ We completely agree that it is the preferred procedure and that, for most of these infants, transplantation is not an option.

The author neglects to say that, in addition to being available in Toronto, Edmonton, Vancouver and Montreal, for a number of years it has been performed in Halifax at the IWK Grace Health Centre. Although the risk remains high, all 3 patients who underwent the procedure at our centre in 1998 survived and are doing well. Our oldest survivor is now 7 years old.

David B. Ross, MD
Cardiovascular Surgery
IWK Grace Health Centre
Halifax, NS

Reference

1. Adderley RJ. Norwood reconstruction [letter]. *CMAJ* 1999;160(3):313.

Heroes in anesthesia

Although I appreciated Venita Jay's "story of a medical lifetime, told in a stamp,"¹ I beg to correct the name of another Canadian hero in anesthesia mentioned in that article. Dr. Harold (not Howard) Griffith pioneered the use of curare muscle relaxant to help his resident, Dr. Enid Walker, control a patient's muscle spasm and breathing, thus enabling the surgeon to operate successfully on Jan. 23, 1942, at the (now) Queen Elizabeth Hospital, Montreal.

Elizabeth Oliver (Malone), MD
St. Catharines, Ont.

Reference

1. Jay V. The story of a medical lifetime, told in a stamp. *CMAJ* 1998;159(8):911.

Hitting a sour note

As a musician and coauthor of *The Athletic Musician: a Guide to Playing Without Pain*,¹ reading Dr. Christine Zaza's critique of our book reminded me of music reviews that leave performers wondering whether the critic actually attended the concert. I was baffled to read that we focus primarily on shoulder impingement syndrome (20 of 175 pages) and string players (our apologies to bassoonists, bagpipers and sitar players, who

indeed were left out of this edition).

The Athletic Musician is not intended to be a "comprehensive literature review" of injury prevalence statistics. However, we do support our introductory statement that "statistics ... vary widely, ranging from high to very high," and we provided 5 references to published studies involving more than 4000 musicians. The injury prevalence rates reported in these studies varied from 10% to 87%, and not, as Zaza states, 57% to 87%.

Because our book was written for musicians rather than scientists, references for the general concepts it teaches appear in the bibliography. Footnoting each statement would have left us with a book that looked like a Mahler score — lots of black ink, and none too easy to read.

Musicians, whose education typically does not include the study of anatomy, are easy prey for any book that offers help. What a disservice to physicians to steer them clear of one of the few books on this subject that they could safely recommend for their musician patients.

Christine Harrison
Violinist Consultant
Stouffville Musicians' Clinic
Stouffville, Ont.

Reference

1. Zaza C. The athletic musician: a guide to playing without pain [book review]. *CMAJ* 1998; 159(11):1405-6.

[The author responds:]

I not only "attended the concert," I attended several performances, and I listened as an epidemiologist and as a musician. Each time, I found several inaccurate statements, generalizations, contradictions and many opinions stated as fact. I note that Ms. Harrison did not object to these more serious criticisms within my review, which form the basis for my overall rating of "poor."

The book's focus on shoulder impingement syndrome is evident not by the number of pages devoted to this condition but by the emphasis given it, compared with the brief mention or omission of several common playing-related musculoskeletal disorders. For example,