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Français à la page suivante



“I’m very brave generally . . . only today I happen to have a headache.”

L. Carroll, *Through the Looking Glass*

If it’s a migraine that Tweedledum has, this is no feeble excuse: the recurrent ordeal that is migraine demands considerable fortitude to bear. Aretaeus, a Greek physician of the second century, described it as “an illness by no means mild” whose “unseemly and dreadful symptoms” were sufficient to make the patient “weary of life.”¹

Many of us were taught that migraine is caused by intracranial vasoconstriction followed by vasodilation. Recent evidence refutes this notion and implicates the trigeminal ganglia² and serotonin. This has led to a better understanding of how the ergot alkaloids work³ and to the development of new drugs, including the serotonin agonist sumatriptan.⁴ What is the role of these new drugs? Should physicians prescribe them? In this issue (page 1273) William Pryse-Phillips and colleagues present clinical practice guidelines on the diagnosis, treatment and prophylaxis of migraine.

On page 1289 Gordon Guyatt and colleagues report on the attitudes of medical residents toward the use of sexist language in professional contexts. The most important predictor of these attitudes was not the respondent’s sex but his or her specialty area. Residents in obstetrics and gynecology objected the most to “gender exclusive” language, residents in surgery the least. Moreover, women in surgical residencies were almost as tolerant of sexist language as men in the same programs. Other surveys have indicated that the culture of surgical training is hostile to women.⁵ Can we surmise that some women in unwelcoming specialties adopt, as a survival tactic, an “If you can’t

beat it, join it” attitude toward sexism?

The negative attitudes that many women in medicine encounter during training is only one aspect of the sexism and other forms of stereotyping that still pervade so much of medical education and practice. Barbara Zelek and colleagues (page 1297) argue that an awareness of the negative impact of sex-role stereotyping and other social biases must be cultivated throughout medical school and offer practical suggestions for curriculum reform.

One of the many roles of a medical journal is to encourage young physicians and physicians-in-training to write about their profession. Our Logie Medical Ethics Essay Contest, open to medical school undergraduates, attracted a record number of entries last year. The June 3 deadline for this year’s contest is fast approaching; details appear on page 1287.

We hear a lot from physicians who complain about politicians. Harold Swanson (page 1313) is a radiologist who did more than complain: he faced off against Premier Ralph Klein in Alberta’s March election. He didn’t win, but he helped put health care issues front and centre in the campaign. With a federal election in the offing, Swanson has a message for physicians across the country: get involved. — JH

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