

**References**

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2. Power MG. Ensuring access to abortion in an era of cutbacks. *Can Med Assoc J* 1997;156(11):1545-7.
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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.<sup>1</sup> 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 attachment<sup>1</sup> to seriously damaged parents and survivor guilt. Although I know many children of survivors, the

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fact that we never discuss these topics reveals the extent of our denial.

Dr. Krell is a psychiatrist. I am a physician psychotherapist. I wonder if this is a coincidence.

**Julie Righter, MD**  
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#### Reference

1. Karen R. *Becoming attached*. New York: Warner Books; 1994.

**D**r. Krell has written an important article. My perspective is coloured because my family practice is in north Toronto's Bathurst Manor, in an area that became home to many Holocaust survivors when it was developed in the 1950s. Its quiet streets and modest homes still give no clues to the torments hidden under many of those roofs, yet most of these people married and raised healthy families.

These tinkers and tailors and cigar-store owners and entrepreneurs are heroes to me because they manage to lead "normal" lives. They seldom if ever express hatred for their persecutors or any desire for revenge, but they still feel deeply the loss of murdered siblings and family members. One old woman captured these feelings by telling me she is "lonely, like a stone." Even the happy sounds of her many grandchildren cannot replace the young voices silenced forever.

My patients seldom speak of their Holocaust experiences — many have yet to tell me a word about them — and they certainly do not speak until I have known them for years. Still, I come to the office each day knowing full well that some of my patients may strap me into a time machine and send me back to that horrible time. Much worse, if I raise the subject and open old wounds, how can I expect my patient and myself to deal with those wounds in the confines of a brief office visit that leaves us both shattered?

Like Krell, I too despair about the horrors done to Jewish families by the world's strongest army, aided by ordinary citizens and, sadly, many physicians. Like him, many days bring me knowledge of fresh, unbelievable atrocities. Like him, long years in medical practice have brought me no answer to an essential question of our age.

Why?

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#### **Taking the Pulse, the CMA physician resource survey [correction]**

**I**n this supplement, which was distributed with the Oct. 15, 1997, issue of *CMAJ*, the following correction should be made to the article "What we found" (pages 13 to 18).

On page 18, the legend for the distribution graph of married male physicians was incorrectly labelled. The correct figures are as follows: 11.9% have a physician spouse; 87.2% have a nonphysician spouse. — Ed.

#### **Taking the Pulse (sondage de l'AMC sur les effectifs médicaux) [corrections]**

**P**rière d'apporter les corrections suivantes à l'article «Ce que nous avons constaté», pages 19 à 24 de supplément distribué avec le numéro du 15 octobre 1997 du *JAMC*.

À la page 23, la phrase «En comparant des communautés rurales et urbaines, nous constatons que la moitié des médecins ruraux (50 %) signalent une insuffisance tandis que 20 % seulement des médecins urbains sont d'avis qu'il faut augmenter l'accès aux services de spécialistes» devrait se lire «... tandis que 28 % seulement des médecins urbains...».

À la page 24, la légende du graphique de l'état civil des femmes médecins mariées était erronée. Il aurait fallu lire que 36,1 % d'entre elles ont un partenaire médecin et 63,4 %, un partenaire non médecin. — La rédaction

#### **Is routine follow-up after endometrial cancer justified? [correction]**

**O**n the first page of this article (*Can Med Assoc J* 1997;157 [7]:899-900), the author information for Dr. Marsha M. Cohen stated incorrectly that she is an affiliated scientist with the Institute for Clinical Evaluative Sciences in Ontario. — Ed.

#### **Confronting despair: the Holocaust survivor's struggle with ordinary life and ordinary death [correction]**

**I**n this article, by Dr. Robert Krell (*Can Med Assoc J* 1997;157 [6]:741-4), the date of Dr. Gisella Perl's arrival in Auschwitz should have been given as 1943, not 1948. Dr. Perl published the first edition of her book *I was a Doctor in Auschwitz* in 1948, and the book was republished in 1984. — Ed.

#### **Attitudes toward the use of gender-inclusive language among residency trainees [correction]**

**F**unding for this study, by Dr. Gordon H. Guyatt and associates (*Can Med Assoc J* 1997;156 [9]:1289-93), was received from the Professional Association of Interns and Residents of Ontario (PAIRO) Trust Fund, not PAIRO, as was stated in the acknowledgements. — Ed.