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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Reference

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 to seriously damaged parents and survivor guilt. Although I know many children of survivors, the...
Karen R.

Toronto, Ont.

Julie Righter, MD

If this is a coincidence.

Physician psychotherapist. I wonder if this is a coincidence.

The extent of our denial.

Fact that we never discuss these topics

Reveals the extent of our denial.

We never discuss these topics

In medical practice have

Brings me knowledge of fresh, unbelievable atrocities. Like him, many days

Like Krell, I too despair about the horrors done to Jewish families by

World’s strongest army, aided by ordinary citizens and, sadly, many physicians. Like him, many days

Physicians. Like him, many days

In years in medical practice have

Bring me knowledge of fresh, unbelievable atrocities. Like him, many days

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 place the young voices silenced forever.

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

In 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]

Funding 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.

Letters