the steering committee. However, 10 had to be chosen, and neither of these made the final list. Both are included among the topics that the steering committee has proposed for the (hoped-for) successor to these guidelines.

Like breast reconstruction and lymphedema, hormone replacement therapy could not be included in the first set of guidelines but is high on the list of topics for the next set. The policy statement of the SOGC will be valuable at that time, and I thank Dr. Reid for drawing it to our attention.

Probably neither Dr. Rieckenberg nor Dr. Ramsay disagrees with the general thrust of the paragraph in question, which can be summarized as follows: (1) The histopathological diagnosis of DCIS is often difficult — even the pathologists of a major clinical trial had difficulty. (2) Experience, in the form of a substantial DCIS caseload, presumably helps interpretation. (3) If there are any pathologists who lack such experience, they should not hesitate to refer specimens to a centre with special expertise. Naturally, it is the pathologist who must determine when expert consultation is needed.

I thank the co-participants of the Maritime Hereditary Cancer Programme for their excellent summary on genetic risk, but ask for their patience with us guidelines writers. We did not include hereditary risk factors among the first 10 topics, although we probably should have. I have little doubt that this topic will be tackled in the second round.

I am grateful for all of these helpful comments and those that were published in an earlier Letters section of *CMAJ*. I consider this correspondence a continuation of the Canada-wide consultation that was an intrinsic part of the development of the first 10 guidelines. All of these comments will be considered by the steering committee as it starts round 2, and they will all help to further mould a Canadian consensus.

Maurice McGregor, MB, BCh, MD
Chair, Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer
Professor of Medicine
McGill University
Montreal, Que.

This list works. Use it

Dr. Brian F. Rudrick, in his letter "Familial abuse: a multifaceted problem" (*CMAJ* 1998;158[7]:866-7), presents good arguments but misses the point. Yes, women also abuse, and many items on "The eight types of abuse" list (*CMAJ* 1997; 157[11]:1557-8) can be applied to women who abuse. However, the list and the accompanying article, "More than meets the eye: recognizing and responding to spousal abuse" (*CMAJ* 1997;157[11]:1555-6), by Fern Martin and Dr. Catherine Younger-Lewis, address the abuse of women.

Why does this invariably happen? An article about the care of women is published, and someone objects that it appears to exclude men. If a medical journal published an article on a condition affecting children, say gastrointestinal disorders, would letters arrive asking "Why ignore adults? Don't we also suffer from GI disorders?"

The purpose of the article by Martin and Younger-Lewis and the exceptional list was to provide a tool for all physicians to help their patients discuss, and perhaps even address, abusive relationships. Remember the introductory paragraph: "This list is based on one made by *men* [italics mine] who were describing how they controlled or harmed their wives or girlfriends."

I speak as a woman who escaped 15 years ago from a long-term abusive relationship. The Lanark County Interval House list is the best thing I have ever read on abuse. As Martin and Younger-Lewis so eloquently state: "Many of the actions listed may be considered innocent when weighed in isolation. In combination and over a period of time, however, they may constitute a pattern of behaviour designed to break another person's spirit." The list validates the experience of a woman subjected to assaults on her spirit. If this list had been offered to me by my GP or my children's GP, it could have changed my life and given me the courage to leave years earlier.

Pay attention, physicians. This list works. Use it.

Jennifer Raiche
Gloucester, Ont.
Received by email

Getting prepared for rural practice

Dr. Allon Reddoch's article "A warm place to practice: meeting the challenges of medicine in the North" (*CMAJ* 1998;158[3]:337-8) voices the concerns of many future medical students. Our medical schools must recognize that the shortage of rural practitioners is partly associated with the lack of technical training for rural practice.

I hope to practise as a family physician in a rural or remote setting. I am familiar with the limitations of these practices because I was raised in Faro, YT. My concern is that medical school will not provide me with the technical skills and the knowledge needed to practise in resource-poor regions like the Yukon.

As Reddoch noted, some schools are providing rural rotations, but more universities must recognize the special technical needs of rural physicians. Acknowledging resource limitations and then training physicians

for these limitations will better prepare us to practise in rural or remote settings.

Alison Long
Nepean, Ont.
Received by email

[The author responds:]

It was disconcerting to learn that medical students feel that their training is insufficient to allow them to practise where the need is often the greatest. Ms. Long echoes my own concern that current medical training is not always providing sufficient technical training to allow young physicians to practise in rural and remote areas.

In 1992 the CMA released its *Report of the Advisory Panel on the Provision of Medical Services in Underserviced Regions*. This year the CMA Board of Directors has again identified rural and remote practice issues as a priority project for the association. The Society of Rural Physicians of Canada has offered rural critical care workshops on chest tubes, central lines, ventilators and emergency transport. Because Canada has so many remote regions, it is unfortunate that this type of rural medical training is not offered as part of the core curriculum.

I encourage medical schools to develop and expand rural practice programs and encourage trainees to take advantage of the ones that are currently available. I also congratulate Long for recognizing the needs of rural physicians. I hope she will lobby to ensure that the training programs meet her needs.

Allon Reddoch, MD
President-Elect, CMA
Whitehorse, YT

A match made in heaven?

The courtship has been hideous, a roller-coaster ride.
Yet here I am on Match Day with you, CaRMS, my loving bride.
I'm quite surprised to see you, for I didn't think we'd meet.
Your jilted suitors would attest you tend to get cold feet.
How was it that I did become so haplessly seduced
That fateful day a summer past when we were introduced?
You were so full of harsh demands, of deadlines and decrees.
You asked for letters of intent, CVs and referees.
And even though you warned me that your love came with a price
You stunned me when you whispered "cash or cheque will both suffice."
I overlooked your every flaw, although none could be missed —
Your screaming need for order and for making endless lists.
My patience was near infinite — I never raised my voice.
And now you tell me that I've got my seventeenth-ranked choice?
It's not to say lab medicine in Moosonee ain't swell.
But surely there was something at more southern parallels?
I fear I'm having second thoughts, perhaps we could elope?
I don't need a marriage licence, please keep this envelope.
What's that you say? It's far too late? Your program owns my soul?
I've got no rights to speak of and you'll never let me go?
Forgive me if I say so, but this deal sticks in my craw.
And don't remind me that possession's nine-tenths of the law.
How can you dare deny me? All I ask for in due course
Is an open-marriage concept, or else a quick divorce.
Why yes, I do respect you, and thy love I wouldn't spurn.
But is it truly better still to marry than to burn?
Please let there be one present who protests our wedding vows.
Speak up I say! Don't hold your peace! Forever begins now!
We're standing side by side, my dear, in body — not in heart.
United by a contract lasting till death do us part.

Aaron Cass

Aaron Cass, a 4th-year medical student at the University of Ottawa, published the poem "A farewell to CaRMS" in the Mar. 10 issue (*CMAJ* 1998;158[5]:631-2). On Mar. 11, he was matched with his first choice, and he will be starting a residency in internal medicine at the University of Toronto in July.

Hospital bean-counting

Dr. W. John S. Marshall's article "Administrative databases: Fact or fiction?" (*CMAJ* 1998;158[4]:489-90) struck a chord with me. Each year my local hospital grants each physician admitting privileges, along with a print-out of past performance re-