

Correspondance

Maternity leave for adoptive parents in Ontario

I am writing in response to the recent letter by Kristen Hallett, who expressed concern that the Ontario Medical Association Maternity Leave Benefit Program does not extend to adoptive mothers.¹ The OMA shares the perspective that paternity and adoption benefits should be provided in addition to maternity benefits.

During our most recent negotiations with government, the OMA proposed more broadly based family benefits. However, after significant deliberation, it was determined that the OMA and government would first initiate a maternity benefit to recognize the most pressing need in the face of long-standing and well-documented evidence of the biological issues for new mothers. The OMA intends to further explore the issue of family benefits in our next round of negotiations, with the goal of expanding the benefit program to include paternity and adoption coverage.

Albert Schumacher

President
Ontario Medical Association
Toronto, Ont.

Reference

1. Hallett K. MDs, maternity leave and adopted children [letter]. *CMAJ* 2001;164(1):15-6.

Regarding Pooh

In every joke is a grain of truth. I assume the point of the article by Sarah Shea and colleagues is that people we think are quirky could actually use some psychoactive medication to make them normal.¹ Using the quirky characters of the Hundred Acre Wood is a clever way of making the point.

However, I find it sad that we feel the need to medicate everyone into sameness. The characters in A.A. Milne's stories comprise a community of unique individuals who function

quite well in their society. Who is to say that they need to be changed, if they themselves do not? Methylphenidate for Pooh, paroxetine for Piglet, clonidine for Tigger, fluoxetine for Eeyore? And the behaviour changes suggested consist mostly of separating these individuals from their support systems — getting Roo away from Tigger and Christopher Robin away from his Freudian Pooh.

Our increasing use of mood-controlling drugs, although clearly beneficial for some people, threatens to turn us into a society that doesn't tolerate difference. Overmedicating is a problem that clinical psychologists must heed when contemplating treatment for patients. An article such as this that suggests (however cutely) that we should be looking to medicate individuals who did not seek treatment (and for the most part who did not express any dissatisfaction with their lives) pushes this problem in the wrong direction.

Finally, predicting that Kanga will end up struggling to look after multiple children "conceived in casual relationships with different fathers, stuck at a dead end with inadequate financial resources" is stereotyping, not diagnosing. Attitudes like this contribute to the lack of support and choices for single mothers and can become self-fulfilling prophecies when offered by health care professionals.

Julie Downs

Research scientist
Department of Social and Decision
Sciences
Carnegie Mellon University
Pittsburgh, Pa.

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

I believe that Sarah Shea and colleagues mistook a bat for a belfry and misdiagnosed Pooh completely, but then they're psychiatrists.¹ Pooh is a classic example of a patient with

hypothyroidism. He's pudgy and always craving carbs, and then there's his brain fog, mental confusion, slurring or juxtaposed speech patterns, hesitancy at speaking, spaced-out look and obvious dyslexic problems, along with attention deficit disorder, slow and plodding gait, tummy aches, insulin resistance with upper body weight gain and a need for lots of naps — I'm pretty sure Pooh's hibernation period lasts longer than those of the average bear.

Of course, congenital hypothyroidism would lead to simplistic communication skills and mental and physical retardation if the disease were undiagnosed and untreated. The symptoms of acquired hypothyroidism come on more gradually as the body runs out of thyroid hormones. I wonder if his coat sheds easily and if he's got lots of aches and pains. Poor, poor Pooh.

Tigger, on the other hand, is a perfect example of hyperthyroidism. His excessive energy is translated into rapid speech, jerky movements, high-flying stunts and acting before thinking. His throat has an enlarged profile and his eyes are always bugging out. I imagine he sweats a lot and has diarrhea. Many disorders like panic attacks and compulsive disorders are seen even in subclinical hyperthyroidism. Someone give Tigger a β -blocker.

Leslie Blumenberg

Thyroid disease advocate
Waldoboro, Me.

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

Your authors are free to diagnose the psychosocial problems of Christopher Robin,¹ but diagnosis of the other inhabitants of the Hundred Acre Wood requires a licence to practise veterinary medicine. Diagnosis and treatment of both physical and behavioural problems in animals, including animals used as aids for humans,^{2,3} require appropriate training to under-

stand the interaction of physical, behavioural and environmental factors that might contribute to the apparent abnormal behaviour.

In some cases, the clear physical deformities of the inhabitants of the Hundred Acre Wood account for their behaviour. High-level tail loss in Eeyore may have resulted in damage to the cauda equina, with subsequent chronic pain and a depressive demeanour. By brown bear standards, Pooh is a dwarf with pica. Congenital panhypopituitarism and secondary endocrine dysfunction, including hypothyroidism, explain a lot about Pooh. Meanwhile, Tigger is simply exhibiting catlike behaviour that does not appear to need intervention (unlike attacking, spraying, inappropriate voiding and self-mutilation). Finally, Piglet, Kanga and Roo are also exhibiting species-appropriate behaviour.

None of the medications mentioned is licensed for use in the species under discussion. The Health Protection Branch would probably frown upon the off-label usage recommended by the authors.

In the future I would encourage Sara Shea and colleagues to consult with a qualified veterinarian to avoid misdiagnosis.

I look forward to future analyses from these authors. How about Alice in Wonderland (schizophrenic?) and

Dorothy in The Wizard of Oz (post-traumatic stress disorder?).

JoAnn Schuh

Veterinary pathology consultant
Bainbridge Island, Wash.

References

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.
2. Blackmore DK, Owen DG, Young CM. Some observations on the diseases of *Brumus edwardii* (species nova). *Vet Rec* 1972;90:382-5.
3. Butterfield RM, Hunt DN, Rosedale PD. Prolonged recumbency in a small horse (*Equus caballus* var *rocciantus*) with unusual sequelae. *Vet Rec* 1989;124:348-9.

Sarah Shea and colleagues have provided an imaginative analysis of the Dark Underside of the Hundred Acre Wood.¹ However, they fail to acknowledge the work of Karl Anschaaung,² who many years ago courageously deduced that all was not well among the superficially happy creatures of the Hundred Acre Wood. Anschaaung insightfully pointed out that Pooh's creator, A.A. Milne, suffered from a honey-balloon-pit-gun-tail-bathtub complex. He concluded, "His case is a relatively simple one of advanced animal phobia and obsessional defence, somewhat complicated it is true by anal-sadistic and oral-helpful phantasies, skoptophilia and secondary exhibitionism, latently homosexual trends

in identification with the mother, severe castration anxiety and compensatory assertiveness, and persistence of infantile misconstructions of birth, intercourse, and excretion."²

At the least, Shea and colleagues might have reviewed this seminal work before proceeding to their own analysis.

Stephen Black

Department of Psychology
Bishop's University
Lennoxville, Que.

References

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.
2. Anschaaung K. A.A. Milne's honey-balloon-pit-gun-tail-bathtub complex. In: Crews FC, editor. *The Pooh perplex*. New York: E.P. Dutton; 1963.

When I am next faced with the task of choosing a new physician (or mental health professional) I will ask candidates to read and comment on the article by Sarah Shea and colleagues.¹ Those who don't get the point will be disqualified immediately.

Joan Hoffman

Health care executive
Dallas, Tex.

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

We have quite a lot of students from Hong Kong who need to have their English language skills brought to a more sophisticated level, and we are trying to help them understand some of the subtleties of our speech. The other day the phrase "tongue-in-cheek" came up, and I am now using your Winnie-the-Pooh article¹ to illustrate this style of writing.

We think it quite brilliant.

Dennis Coles

Coles and Coles Languages with Style
Toronto, Ont.

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre

Submitting letters

Letters may be submitted via our Web site or by mail, courier, email (pubs@cma.ca) or fax. They should be no more than 300 words long and must be signed by all authors. A signed copy of letters submitted by email must be sent subsequently to *CMAJ* by fax or regular mail. Letters written in response to an article published in *CMAJ* must be submitted within 2 months of the article's publication date. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

eLetters

We encourage readers to submit letters to the editor via the eLetters service on our Web site (www.cma.ca/cmaj). Our aim is to post by the next business day correspondence that contributes significantly to the topic under discussion. eLetters will be appended to the article in question in *eCMAJ* and will also be considered for print publication in *CMAJ*. Beginning with the Aug. 22, 2000, issue, eLetters can be submitted by clicking on the mailbox icon at the end of the HTML text of any *eCMAJ* article.

Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

[The authors respond:]

We thank the letter writers for their interest in our article¹ and for taking the time to write. We appreciate that Julie Downs looked for a deeper meaning in our piece. She assumes that we think people who are quirky actually could use some psychoactive medication to make them normal, but this was not the point we intended to make. Rather, we were attempting to poke fun at ourselves as modern neurodevelopmentalists who are at risk of seeing pathology everywhere and who feel driven to apply our particular vision of the world to everyone, real or fictional, human or animal. We, too, value a society that tolerates difference. We also acknowledge Downs' concern about our comments regarding Kanga's future. We would point out that we did also indicate that Kanga might end up with an MBA and turn the Hundred Acre Wood into a gated community. Nonetheless, it was not our intention to offend and we apologize to any fictional single kangaroo mothers who have felt stereotyped.

We enjoyed very much the letter from Leslie Blumenberg, although we have to point out that none of us are psychiatrists. We are also not psychologists, which some other readers seemed to assume. We had not considered thyroid dysfunction as a possibility and agree that this could be a factor. However, we shudder collectively at the image of Tigger with diarrhea.

The letter from JoAnn Schuh also offers a valuable additional perspective on possible medical disorders contributing to the dysfunction of the inhabitants of the Hundred Acre Wood. She chides us for practising veterinary medicine without a licence. We wish to assure our readers that we felt justified in our activities because we were using a poetic licence.

We had not heard of the work of Karl Anschaaung so kindly brought to our attention by Stephen Black. We did

not scurry out to get a copy of *The Pooh Perplex*, although we did scurry to the dictionary to discover that skoptophilia is the derivation of sexual pleasure from looking at another's genital organs. As we could not recall any of the creatures in the Hundred Acre Wood having these, we were left feeling confused and more than a little weirded out.

We can only say thank you to Joan Hoffman for her kind letter. Shared humour can certainly enrich the patient-physician relationship. Finally, we are delighted to learn that our piece has been added to the learning tools for Dennis Coles' class and, naturally, think he and his students are also quite brilliant.

Sarah Shea

Division of Developmental Pediatrics
Department of Pediatrics
Dalhousie University
Halifax, NS

Kevin Gordon

Division of Neurology
Department of Pediatrics

Dalhousie University
Halifax, NS

Ann Hawkins

Division of Developmental Pediatrics
Department of Pediatrics
Dalhousie University
Halifax, NS

Janet Kawchuk

Division of Developmental Pediatrics
Department of Pediatrics
Dalhousie University
Halifax, NS

Donna Smith

Division of Developmental Pediatrics
Department of Pediatrics
Dalhousie University
Halifax, NS

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

[Editors' note:]

The Winnie-the-Pooh article by Sarah Shea and colleagues¹ in our 2000 Holiday Review generated con-

siderable discussion on *eCMAJ*. We received more than 60 eLetters on the subject; they're posted at www.cma.ca/cmaj/elettersinfo.htm#pooh.

Reference

1. Shea SE, Gordon K, Hawkins A, Kawchuk J, Smith D. Pathology in the Hundred Acre Wood: a neurodevelopmental perspective on A.A. Milne. *CMAJ* 2000;163(12):1557-9.

Diabetes in Canada's First Nations

The comprehensive article on diabetes in Canada's First Nations by Kue Young and colleagues describes a modern epidemic.¹ However, it seems that little has been said about the situation from a historical perspective other than by Chase,² to whose reflections Young and colleagues refer. Writing in 1937, Chase noted that "Indians are not subject to diabetes ... not because they are all thin ... some older Indian women are very fat."² If, as many main-

tain, genetic factors play a role, it is curious that the epidemic was not noted earlier.

In addition, the 2 most devastating complications of diabetes, retinopathy and nephropathy, appear to have been infrequent early in the 20th century. In a classic textbook of the pathology of diabetes published in 1938 it is difficult to locate any reference to these.³ In a long chapter on diseases of the kidney in his 1945 edition of *Pathology of Internal Diseases*, Boyd devoted only a single paragraph to Kimmelsteil-Wilson nephrosclerosis.⁴

If the triad of elevated blood sugar, overeating and lack of exercise contributes to diabetes and its microvascular complications then why was such a cause-and-effect relationship not apparent prior to World War II? Perhaps the blame should not be on eating and exercise habits, but on the quality of "white man's food." Could there be nutritional deficiencies or toxic additives in modern food that are at least partly responsible for the increased fre-

quency of the disease and its complications?

William D. Panton

Physician (retired)
Burnaby, BC

References

1. Young TK, Reading J, Elias B, O'Neil JD. Type 2 diabetes mellitus in Canada's First Nations: status of an epidemic in progress. *CMAJ* 2000;163(5):561-6.
2. Chase LA. The trend of diabetes in Saskatchewan, 1905-1934. *CMAJ* 1937;36:366-9.
3. Warren S. *The pathology of diabetes mellitus*. Philadelphia: Lea & Febiger; 1938.
4. Boyd W. *The pathology of internal diseases*. Philadelphia: Lea & Febiger; 1945.

Major tobacco companies have long recognized that tobacco use may cause hyperglycemia.^{1,2} Current or lifetime smoking or use of smokeless tobacco is very likely to cause diabetes as well as many of the severe complications experienced by tobacco users who have diabetes.³⁻⁵

Approximately one-quarter of diabetes cases among Canada's First Nations could be attributed to smoking,