are exposed to subfreezing temperatures.

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Reference

1. Brown FE, Spiegel MD, Boyle WE: Digital deformity: an effect of frostbite in children. *Pediatrics* 1983; 71: 955–959

Delfi symposium of psychoanalysts

Jacqueline Swartz' report "Delfi symposium: Psychoanalysts go back to their roots" (*Can Med Assoc J* 1984; 131: 936–942) is more than a little reminiscent of the advice given to doctors by Henry Miller in "First Impressions of Greece" (Capra Press, Santa Barbara, California, 1973: 18):

Each year there ought to be a congress of physicians meeting at Epidaurus. First the medicos should be cured! And this is the place for the cure. I would give them first a month of complete silence, of total relaxation. I would order them to stop thinking, stop talking. Stop theorizing. I would let the sun, the light, the heat, the stillness work its havoc. I would let them become slightly deranged by the weird solitude. I would order them to listen to the birds, or the tinkle of goat bells, or the rustle of leaves. I would make them sit in the huge theatre and meditate — not on disease and its prevention but on health which is every man's prerogative. I would forbid cigars, the heavy black cigars of the Freudian school, and above all books. I would recommend the cultivation of a state of supreme and blissful ignorance. I would give them each a string of beads, gratis. And grapes warm with sunshine. Then I would have a shepherd come and blow a few wild Anatolian notes on a broken flute. . .

Appropriately, the psychoanalysts went to the seat of a famous oracle rather than to the site of a temple devoted to the healing cult of Asclepius. Swartz also makes clear that they did not entirely follow Miller's advice in other respects. But she leaves us completely in the dark as to what they did about their cigars.

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Unusual manifestation of esophageal foreign body

A 27-year-old woman visited her family physician complaining of vomiting and chest pain that had begun suddenly during dinner the previous evening. The pain was intense and colicky, had a pleuritic component and was localized directly over the midportion of the lower sternum. She also reported a vague sensation of "something caught" in the midretrosternal area and dysphagia.

She had had no recent viral illness and had no history of musculoskeletal, esophageal, biliary or cardiopulmonary disease. A physical examination gave normal results except for marked tenderness directly over the lower sternum, not involving the costochondral or xiphisternal junctions. The initial clinical impression was precordial catch syndrome, and rest, topical heat and indomethacin were prescribed.

The following day the woman returned complaining of persisting dysphagia and vomiting, increasing superficial lower sternal pain, and right upper quadrant abdominal pain. Again, the results of a physical examination were normal except for exquisite tenderness directly over the lower sternum and now involvement of the xiphoid process and right upper quadrant. While in the office she suddenly retched up a 2.5-cm cube of undigested meat, and all the symptoms immediately and completely resolved. At a return visit 5 days later she affirmed that no symptoms had recurred.

Comments

Sensory afferent fibres serving the midportion of the lower chest wall and upper abdominal wall are present in the third through sixth thoracic dermatomes. It is well recognized that the thoracic and abdominal viscera are also served by sensory fibres from the corresponding spinal cord levels. Specifically, innervation of the thoracic and abdominal esophagus is derived from branches of the sympathetic trunks and greater splanchnic nerves that involve these spinal segments and from the vagal trunks.[1]

Typically, irritative lesions in the esophagus and other thoracoabdominal visceral structures produce deep, visceral, poorly localized pain. In this case, however, a foreign body causing esophageal obstruction and subsequent esophageal spasm resulted in somatic, localized tenderness of the midportion of the lower chest wall and the right upper quadrant abdominal wall.

Esophageal obstruction should be considered in the differential diagnosis of chest wall tenderness. This case illustrates the importance of careful, perceptive history-taking in arriving at a correct diagnosis.

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Reference

1. Warwick R, Williams PL (eds): *Gray's Anatomy*, 35th ed, Saunders, Philadelphia, 1973: 1254

Moderate drinking: an alternative treatment goal for early-stage problem drinking [correction]

We apologize to Drs. Marion C. McIntosh and Martha Sanchez-Craig for two errors that appeared in their article (*Can Med Assoc J* 1984; 131: 873–876). On page 874 the first paragraph of the third bulleted section should have read (with the correction in italics) "Never exceed 20 drinks per week. (In a previous study we found that patients who were most successful with nonproblem drinking did not have more than *12* drinks per week for 2 years.[12]) In addition, Dr. Sanchez-Craig's degree is PhD, not MD. —Ed.