of CPR for the dying patient. For Baylis to imply that we have a hidden agenda based on quality of life or financial considerations is an invalid appreciation of our intentions and unjust to us.

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Hazard of yawning

The letter from Drs. Yoseph Tesfaye and Samarthji Lal (*Can Med Assoc J* 1990; 142: 15) concerning subluxation of the temporomandibular joint during yawning took me back to my childhood in England.

My father was a general practitioner in industrial Manchester and ran his practice from our home, which was opposite a church. One Sunday morning a patient appeared at the front door with her jaw locked wide open, having yawned in church. I had answered the doorbell, so was privileged to learn at first hand what every Boy Scout should know, namely the correct way to reduce a dislocated jaw.

It is surprising that subluxation of the temporomandibular joint associated with yawning is not reported more frequently. Maybe the sermons have become more interesting.

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Our jaws dropped when we read Drs. Tesfaye and Lal's letter on the rarity of reports of subluxation of the jaw after yawning. Not only did we hear about this phenomenon early in our medical training,[1] but we grew up in a home in which subluxation of our father's jaw was our most frequent medical crisis. In his case the first occurrence was shortly after his 50th birthday, following an unrestrained yawn. As teenagers we saw a touch of humour in our father's temporary inability to close his mouth or speak. Although a physician in a nearby hospital emergency department managed to reduce the subluxation, over the next decade or so there were six full-blown recurrences and multiple near recurrences, most precipitated by yawning but one by a bite of corn on the cob. Each time the mandible deviated to the right. He too learned to suppress and fear his yawn.

About 4 years ago an exuberant emergency department physician (likely an orthopod in training) used a bit more force in his reduction and "locked" the jaw into apparently permanent safety. Our father can now yawn and chew with impunity.

Interestingly, throughout the "loose-jaw" years our father received no sympathy or explanation from the medical community, and it was only his dentist who was willing to offer both an explanation and support.

We find the authors' hint of a possible hereditary factor rather frightening. One of us (L.W.), with a face that's a chip off the old block, has often felt his jaws lock for a split second after uninhibited yawns. The shame of being heard snoring during less-than-fascinating rounds would pale beside the misfortune of being discovered with one's mouth locked open.

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The Alzheimer's household: Who cares for the caregivers?

Nancy Gnaedinger's article (*Can Med Assoc J* 1989; 141: 1273-1275) is a graphic description of some of the problems caregivers face.

It is very important that primary care physicians understand what the families of patients with Alzheimer's disease are going through so that they can put the families in touch with the resources that can help. Families need advice on legal matters, how to manage a household around the patient, how to plan for the inevitable institutionalization and just generally how to cope.

Most communities have an Alzheimer support group that is willing and able to provide information to the family; such groups are happy to receive referrals.

Alzheimer's disease is going to be with us for a long time, and community resources can help.

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