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Dear Dr. Birk,

I welcome your letter of the 16th, which came this morning. Aside from not being able to afford a phone call, I have other purposes in writing.

I am concerned about our medical care, not my own alone. Therefore, prior to meeting with you and Dr. Patterson, I would appreciate a review of my wife's records with regard to her headaches, as I shall explain.

This meeting can be almost any time at your convenience. I would prefer that it be as early in the morning as your schedules permit so I can use the rest of the day in Washington for other purposes. As of now the only exceptions are Wednesday mornings, when we meet locally with Dr. Ballantine, and an as-yet unset date about the time of the Jewish holidays. These begin September 9 and we will have to be out of the area for a tombstone unveiling.

As I recall then, my wife's headaches are of two different periods and types. Long ago they were diagnosed as migraines. Outside of CHA she received the attention that ended them. Thereafter, at a date I cannot pinpoint, apparently different kinds of headaches began troubling her. Neither of us can recall any real effort to isolate any physical causes and we are both aware they can have other causes. I'd be surprised if they do not, but I do believe this does not eliminate the need to exclude physical causation.

It was in about 1959 that Dr. Crowell, then on the CHA staff, told my wife to stop working regularly. I am fairly confident that her records should show the beginning of the persisting heaches prior to that and perhaps in his records. If in no other way, perhaps prescriptions will show this.

My wife cannot be of much help in this for several reasons. I have reported one, but nobody has expressed or shown any interest in it. She has only selective recollection, which has been true for some time. What she regards, rightly or wrongly, as medical indifference, is among the factors that has undermined her faith in doctors. And one of the consequences of this is that she is depressed and without faith, hence doesn't really communicate with them. She has not always been able to, as I have reported, and my efforts to fill the void have been quite clearly unwelcome.

Having the records examined in this way can have other and immediate values if I correctly understand what has come up in therapy. I believe a dependable isolation of this alone can also be of value to our lawyer and I think it could be helpful to the therapist. The same is true of prescriptions for hormones, which should be easily tabulated if and when you have the records examined on the headaches. She used them to two forms, as an ointment and orally. They were prescribed a little earlier. If you are prepared to consider a layman's opinion, I think the reflection of the absence of use might be of some interest and significance in therapy. I believe my lawyer should have this for whatever use may eventuate.

My wife has developed an attitude I hope you will bear in mind whether or not you believe me that can be deceptive in any such search. I am confident that when she saw a doctor and was asked how she felt, she said something like she felt the same as usual or o.k. I know of cases when she did approximately this when it obviously couldn't have been true. I believe that without probing the doctors may well have assumed she felt and was well when she really wasn't and didn't feel well. If I am correct, comparison of such reports with prescriptions may, I believe, be informative.

Prior to receiving your letter my wife asked me to make an appointment for her to see Dr. Fetting. It would be convenient for us and would result in a saving if such an appointment can coincide fairly closely with our meeting. It might save us a trip to Washington.

I am aware of the distinction you make in using the word "somatic". This has for some time been one of my concerns about which I most recently sought and have not yet received help, beginning about April. I am well aware that some of these things may not be somatic, hence wonder how the unprepared patient can distinguish between the two, one of the consequences of which could be ignoring somatic symptoms should they develop.

In this same area and contributing to perhaps needless apprehension is failure to communicate diagnoses to us, limiting this to the somatic, for CHA never told either of us that any degree of anxiety or anything else of a psychiatric nature had ever been diagnosed. In referring to the review of my records you do not address this point, which I am sure I raised in at least one connection, a medical realization of coming af not detected prostate trouble. When Mr. Siegel phoned me he referred <sup>to</sup> hypertension, which no doctor has ever mentioned to me in any degree. I believe knowing that there is no somatic condition of which I have not been informed would be helpful to me.

When I am informed of the time of our meeting I would appreciate knowing whether the time of my annual physical is near, as I think it may be. I have had recent recurrences of previously-reported dizziness. I am aware that this may not be somatic in origin. However, it lingers, and I do not want to burden Dr. Turner or any other doctor with an unnecessary visit.

Sincerely,

Harold Weisberg