

# This week in BMJ

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## Medical problems of adults sexually abused as children

Awareness of the commonness of childhood sexual abuse has been growing and has led to investigation of its long term effects. The principal adverse effects explored so far have been psychiatric symptoms and sexual and social functioning, but interest in long term vulnerability to physical symptoms has increased. On p 705 Arnold *et al* report on seven patients who were sexually abused in childhood and had high rates of referral for medical and surgical interventions. They found that the rates of normal findings were high and that the referrals occurred across a wide range of specialties and were not confined to gynaecology, from which most published work has emanated. Interestingly, patients who were more socially stable—that is, were married and had children—tended to have larger rates of referral, investigation, and surgery. The authors conclude that doctors need to be more aware of the connection between physical symptoms in adulthood and sexual abuse in childhood so that strategies can be developed to deal with the root of the problem and prevent further unnecessary intervention.

## Accuracy of weighed dietary records in studies of diet and health

Many studies of the links between diet and health depend on accurate assessments of habitual intakes of food and nutrients in free living populations. There is a growing suspicion, however, that shortcomings in the methods of dietary surveys have resulted in the publication of misleading data, which may have contributed to the widespread confusion about the impact of diet on health. Livingstone *et al* (p 708) used a doubly labelled

water technique to measure energy expenditure among randomly selected free living people and compared the results with self recorded seven day weighed dietary records. Although energy intakes that were in the top third of the range correlated closely with energy expenditure, intakes in the middle and lower thirds of the range were significantly lower than expenditure, indicating substantial underreporting. The new method is one of the first available techniques for objective cross validation of dietary records.

## Education and workload of preregistration house officers in the four Thames regions

According to the General Medical Council, the purpose of the house officer year is to provide education, but the needs of hospitals for service interfere with this. Just how severely is shown by a questionnaire survey of the 1064 house officers in the four Thames regions (p 713). Dent and colleagues, themselves house officers when the survey was conducted, found that more than two fifths of house officers worked a one in two rota for some of their job, and almost two thirds spent an excessive amount of time on non-medical tasks of no educational value. There were major gaps in their training, particularly in cardiopulmonary resuscitation, the control of pain, and breaking bad news. A second paper (p 716) shows that posts in teaching hospitals provide a poorer clinical education than in non-teaching hospitals: there were fewer patients per house officer and a greater proportion of house officers who thought that they were not gaining adequate clinical experience. Individual consultants must co-operate more enthusiastically with the University of London, which polices the system, if the GMC's requirements are to be met.

### INSTRUCTIONS TO AUTHORS

*The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below.*

The following are the minimum requirements for manuscripts submitted for publication.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

**Authors** should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

**Three copies** should be submitted. If the manuscript is rejected these will be shredded.

**Typing** should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

**Abbreviations** should not be used in the text.

**SI units** are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

**Statistical procedures** should be described in the methods section or supported by references.

**Tables and illustrations** should be separate from the text of the paper. Tables should be simple and should not duplicate information in the text of the article.

**References** must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

**Letters to the editor** submitted for publication must be signed personally by all authors, who should include one degree or diploma.

**The editor** reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

**Detailed instructions** are given in the *BMJ* dated 6 January 1990, p 38.

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