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## EDITOR'S CHOICE

Despite enthusiasm from anaesthetists for epidural analgesia in obstetrics many patients are terrified by alarmist reports in the lay press. Felicity Reynolds sets out the pros and cons (p 751) but warns that the main handicap—cost—could soon make an epidural service an unaffordable luxury. It would be even more unaffordable if doctors were subjected to the strict controls that limit pilots' hours of work. On p 779 we learn that with those restrictions it would take 26 doctors to cover a year's workload of six junior anaesthetists.

Even when fresh, junior doctors often use complex technical procedures with little understanding of the scientific rationale behind them. They may also find themselves at a loss to know what techniques are available to help them overcome problems with their research. A new series (p 783) should provide necessary background information about some of the scientific tools now used in medical research.

And combining compassion with technology Dr Ian Balfour-Jones gives a moving account of the frustration he felt on trying, unsuccessfully, to resuscitate his father after a cardiac arrest (p 800). Ironically his plea for more well equipped ambulances comes as we are again reminded about the problems of maintaining our ambulance service (p 755). Whether the overtime ban will mean more cancelled operations is arguable, but on p 778 Mr Simon Morrissey and colleagues tell us why operations get cancelled, and no, absentee consultants are not a problem.

Finally, Professor P D Marsden reports from Brasilia (p 781) that medical services "are valued for their real worth," with isolated doctorless communities desperate to attract doctors, while in the United States a physician told Dr George Dunea (p 801) that he was proud to have "talked several young people out of going into medicine."

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