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Instructions to authors appeared in the issue of 4 January 1992

Women and children first—for a change

Now that the battle to get people accepted by medical schools on the basis of merit rather than gender has finally been won the struggle moves to ensuring that their skills will be optimally used throughout their medical career. This requires the (quite novel) acceptance that many graduates will want to work less than full time for at least some of this time.

Part time training and working and job sharing schemes are the way ahead, and Vivienne Van Someren and Nicola Toynton summarise the current state of play in hospital medicine and general practice (pp 1377, 1378). More specifically, two articles (pp 1411, 1413) provide details on applying for part time senior registrar training and sharing a consultant post. And, with the blessing of the NHS Management Executive, the journal is starting a new heading in its classified supplements. From this week, all part time hospital appointments will automatically appear under "part time" (consult the index to the supplement for its exact position).

This week, women and children get their fair share of attention in the clinical sections of the journal too. In

their regular review Howard Jacobs and Frank Loeffler bring postmenopausal hormone replacement therapy up to date (p 1403). Despite the theoretical gains from the treatment the authors say that there are "compelling arguments for substantial prospective randomised controlled trials"—which begs the question of why so many women are receiving treatment in advance of such research.

At almost the other end of life L D Voss and colleagues found that height was a useful index for identifying unrecognised organic disease at school entry in Wessex (p 1400). (Eight cases of organic disease were found in 140 cases of short stature; all had been missed at the school entry medical examination.) And a comparison of the prevalence of asthma and allergic disorders in fourth graders in Munich and Leipzig found hardly any difference between them—despite Leipzig's much higher concentrations of atmospheric sulphur dioxide and particulate matter (p 1395). The doubts over whether pollution mainly explains asthma's "increasing" prevalence grow stronger.

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Editor's
Choice