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## Editor's Choice

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### In search of the lost tribes

"Some things never change," observes John Gabbay, reviewing a book on medical history (p 1571). "In the 1890s a young hospital doctor wrote to his fiancée that 'every one of the medical staff looks like the devil... dark under the eyes and haggard." This might, a century later, have been the young doctor who when on call over Christmas was given a "bag of sandwiches and an apple" as there was no hot food in the hospital (p 1549). This was one of several dreadful stories heard at last week's conference on the special problems of senior house officers—the young British doctors who are poised between the preregistration year, which is supervised by the universities and the General Medical Council, and the subsequent years of specialist training that are the responsibility of the royal colleges.

The conference was thus entitled "The Lost Tribes," and one speaker told a story that described the aptness of the title. He was researching the problems experienced by senior house officers and asked one responsible (and he emphasised responsible) clinical tutor how many senior house officers he was responsible for. He thought about 15 but checked with his secretary, who thought it was nearer 30; in fact it was 70. These lost tribes suffer from long hours, poor support and training, inadequate appraisal and counselling, and miserable conditions. The conference—organised by the BMJ, the BMA, and Oxford Regional Health Authority—heard a proposal that 1994 should be made "the year of the senior house officer." One high point was when a young doctor in Ipswich said that she felt alone at the conference because she had a great job and great support. Her story illustrated

how, despite the chronicity of the problems, they can be solved.

This week's journal sees important developments in two long running scientific stories. Firstly, Richard Doll and others report on the follow up of people exposed to the British atmospheric nuclear weapon tests (p 1530). A study published in the BMJ in 1988 suggested that those who had been exposed might have an increased risk of leukaemia and multiple myeloma. The latest study found no detectable increase in any cancer. Secondly, the Southampton group interested in how experiences during fetal life may programme adult disease shows that high cholesterol concentrations in adults correlate strongly with small abdominal circumference at birth (p 1524). They speculate that impaired liver growth may be responsible. In a second paper they show for the first time that the strong correlations between birth weight and death from heart disease apply not only to men but also to women (p 1519).

Finally, Jim Drife, a professor of obstetrics of the old school, describes how he has been caught up in the enthusiasm for underwater caesarean section (p 1568). Medical opinion has been slow to accept the treatment because of fears that the surgeon's view may be obscured by blood, bubbles, or turbulence, and trade unions have been worried by discrimination against staff who are non-swimmers. But Jim has observed that one patient who underwent the revolutionary treatment left hospital after only three hours. This means, he calculates, that half a million bed days could be saved nationwide.