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In this day and age it is anachronistic to think of medicine's practitioners as "men in white coats." But even at a time when women represent over half of most first-year medical classes across the country, it is not always clear whether medical schools — traditionally conservative institutions — foster attitudes that keep pace with societal changes. In their cohort study Susan Phillips and Karen Ferguson surveyed 70 first-year students at Queen's University medical school and found that they tended to reject sex-role stereotypes and that their attitudes did not differ significantly from those of 166 first-year students at 2 other Ontario medical schools (page 357). Resurvey of 54 of the Queen's students 3 years later showed that, over the course of medical school, they had become somewhat less accepting of sex-role stereotypes and less controlling in their interactions with female patients. In an accompanying editorial, Christel Woodward applauds medical schools and expresses hope for future doctors but argues that, until we eliminate sexism from medicine, there is no room for complacency (page 347).

Although the arguments for the practice are methodologic, it is well known that women are also frequently excluded from clinical trials. Elderly people and patients with comorbid conditions often suffer a similar fate. In their systematic review of the prevalence and treatment of pain in older adults living in institutions, Patricia Fox and colleagues found that despite the fact that many of the patients were in pain, only 3 small studies evaluated a treatment to relieve pain in this setting (page 329). Arguing that the medical community needs to move beyond surveys and begin to design randomized con-

trolled trials to assess the efficacy of treatments for pain in this population, the authors offer recommendations for future research.

The importance of assessing the efficacy of treatments, particularly for patients suffering from pain or other complications of advanced disease, is similarly emphasized in our continuing Clinical Basics series on prostate cancer (page 365). In their review of palliative care for progressive prostate cancer, Neill Iscoe and colleagues provide a guide to palliative radiotherapy, management of symptoms and counselling of patients on the use of complementary therapies for which efficacy remains unproven. Tracy Truant and Michael McKenzie argue that, when it comes to complementary therapies, considering issues of efficacy is not enough (page 351).

In medical news, the research controversy surrounding Dr. Nancy Olivieri that has racked Toronto's Hospital for Sick Children for the past 6 months may finally be drawing to a close, but Miriam Shuchman says it is going to leave scars. She reports the findings from an independent review of this unhappy case and muses on the lessons that might be learned (page 386).

Finally, as snow falls across the country, many children and young adults will venture out, sleds in hand, and take to the slopes. Injuries associated with sledding are common, requiring admission to hospital in 2.5% of cases. In their report of 2 cases of penetrating sledding injuries to the lower torso, Katherine O'Brien and Dan Poenaru suggest that a certain type of sled may be more dangerous than others (page 353). Barbara Sibbald presents data on snow sports injuries from the Canadian Hospitals Injury Reporting and Prevention Program (page 302). ?