

Conclusion

The consultations enabled the mental and physical health concerns of adolescents to be identified and addressed, were well received, and helped the teenagers to develop healthier lifestyles. A larger study with more substantial intervention is needed.

We thank all the teenagers and nurses for their essential contribution to this project.

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Corrections and clarifications

Psychological stress and cardiovascular disease: empirical demonstration of bias in a prospective observational study of Scottish men

The authors of this article, John Macleod and colleagues (25 May, pp 1247-51), have alerted us to an error in one of the headings in table 2 in the version on bmj.com. (The table did not appear in the shorter version of the paper in the print journal.) The heading "Hazard ratio (95% confidence interval)" should read "Rate ratio (95% confidence interval)."

Birth weight of offspring and insulin resistance in late adulthood: cross sectional survey

The authors of this paper, Debbie A Lawlor and colleagues (17 August, pp 359-62), have alerted us to an error in the results section. The first sentence of the fourth paragraph should read: "The odds of maternal insulin resistance (top quarter of HOMA score [not "birth weight"] compared with lowest three quarters [not "all other participants"], adjusted by age) decreased with increasing birth weight of offspring (odds ratio 0.85; 95% confidence interval 0.71 to 1.00)." The HOMA score is the homeostasis model assessment score.

Book review

In Harold Ellis's review of the book *Civil War Medicine: Challenges and Triumphs* by Alfred Jay Bollet (20 July, p 170), an error in the original submission persisted to publication. One of the films referred to in the second paragraph is *Dances With Wolves* [not *Run With the Wolves*].

A memorable teacher

You learn better from a teacher who sets an example and leads from the front rather than one who merely spouts theory. I learnt many lessons, in the space of half an hour, from Dr Farokh Udwardia, professor of medicine at Grant Medical College and the Sir JJ Group of Hospitals in Bombay, when I was an undergraduate in the mid-1980s.

At a clinical meeting in early 1986, after the first case had been presented, Dr Udwardia walked out of the seminar room and returned a few moments later, leading a patient by her hand. The patient was a young woman, probably in her mid-20s. While the audience was wondering what this was leading to—why was the professor bringing her in when he had hordes of residents to do it?—I realised what disease the patient had and why Dr Udwardia was making a point of holding her hand to lead her in. This was the first patient with AIDS that we had in JJ Hospital and among the first few cases in India. The point that Dr Udwardia made was clear: although AIDS was, then, just appearing on the horizon and we were all interested in seeing such patients—learning the symptoms, signs, and the pathology—it was imperative not to treat

the patients like exhibits. They were human beings and deserved, and needed, to be treated as such.

Was I the only person who learnt this lesson? Last year, during a talk on patients' rights at a seminar on medical ethics, I referred to this incident as one that had left a strong impression on my mind. To my pleasant surprise, a doctor from the audience stood up and said that he, too, was present that day and remembered the event distinctly.

That was not the only thing I learnt on that day. Earlier, while my friend and I were waiting for the lift on the ground floor, we saw the professor dash past us and charge up the stairs to the seminar hall on the sixth floor. As we sheepishly followed him, he taught me two other lessons—never be late for a meeting and, as I read in the *Journal of Clinical Pathology* (1995;48:1075-7) years later as a pathology resident, "lifts are for wimps."

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