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EDITORIAL

Dora Black

When I was in the sixth form at school studying sciences, our textbooks and teachers presented what was known so dogmatically and confidently, that I, an aspiring research scientist, was sure that nothing was left to be discovered and felt very despondent. Even when I started to study medicine, facts were presented by our lecturers in the same way.

Then, fortunately, a great man, our professor of anatomy Solly Zuckerman, gave us three lectures and they inspired me to question the dogmatists and led the way eventually to my doing some modest research. He taught us that all good research starts with someone asking a question which cannot be answered by what has gone before. And he helped us understand what we still **didn't** know, rather than what we **did** know as the others had done. And there was, and is, plenty of ignorance still!

A great man, Solly Zuckerman, inspired me to question the dogmatists. He taught us that all good research starts with someone asking a question which cannot be answered by what has gone before. And he helped us understand what we still didn't know, rather than what we did know.

Of course we first have to find out what has gone before. Fortunately it is much easier than it was to do this, but it does require patience and persistence. In this issue Parkes gives us sound guidance on how to begin.

When someone has found out something new, our first thought as practitioners is how to apply it to our clients. Turner's stimulating paper looks at the way we might integrate what we know in order to help bereaved children. She particularly focuses on what we know about the way that the brain processes traumatic material and harnesses that knowledge by the use of fairy tales and poetry to allay primitive fears and anxieties stirred up by the death of a loved one.

Papadatou's paper, which looks at the different ways in which professionals who work with dying patients deal with their grief responses, reminds me of a young general practitioner I once met. She told me that she was finding herself spending more and more of her time comforting and supporting her senior partner. He had been looking after families in the practice for 40 years, and every time one of them sustained a loss, and in an aging practice there were more and more, it was his loss too and he felt he too had suffered a bereavement and went into mourning. I felt that the senior GP was very fortunate to have such an understanding and supportive partner and that both of them had been practising what we preached!