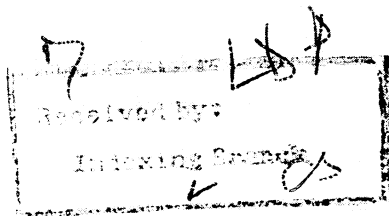


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EDITOR'S CHOICE

BMJ

Any new drug that has a well defined place is always to be welcomed and vigabatrin—described by E H Reynolds as a possible milestone in the treatment of epilepsy (p 277)—sounds an interesting new approach to treating chronic epilepsy. Would that the conundrum of the size of the risk of peptic ulcer from non-steroidal anti-inflammatory drugs could be so easily assessed, not to mention whether an H₂ antagonist should also be given as well to try to prevent ulcers developing (at a cost of some £600m a year in Britain) (p 278). Elsewhere there's criticism of the lack of enforcement of the Medicines

Act, with Andrew Herxheimer and Joe Collier stating that self regulation by the Association of the British Pharmaceutical Industry seems to be a service to itself rather than to the public; what is needed are sanctions that work (p 307). And Stella Lowry makes a strong case for doctors withdrawing from "prioritising" cases for special housing, campaigning instead for improved standards for all (p 321). Finally, however, think of the Third World—in particular, of the school deep in the Brazilian interior where only one child proved not to have the characteristic eggs of *Schistosoma mansoni* (p 311).