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Editor's Choice

Journals disagree on heparin but agree on postcoital contraception

There was a time when the editors of the *BMJ* never mentioned the *Lancet*. It was like the American government having a huge hole in its maps where China should be. But all that's gone: we now play the *Lancet* at softball, and the Americans are busy doing business in China. The importance of keeping up with more than one journal is well illustrated this week because two papers we are publishing make most sense if considered alongside recent papers published in the *Lancet* and the *New England Journal of Medicine*.

Firstly, an overview we publish today suggests that low molecular weight heparins are better than conventional heparin in preventing perioperative thrombosis (p 913). But a recent overview in the *Lancet* (18 July, p 152) did not find such superiority for low molecular weight heparins in general surgical practice, although it did find an effect in orthopaedic practice—where thromboembolic complications are much more common. An editorial considers both overviews and concludes that low molecular weight heparins should be used by orthopaedic surgeons but that general surgeons should await more evidence (p 906).

In the second example the *BMJ* (p 927) and the *New England Journal of Medicine* (8 October, p 1041) agree that mifepristone is effective as postcoital contraception. Both report large randomised studies, both of which, interestingly, come from Britain: the Mancunians decided to publish in a British journal but the people from Edinburgh opted for an American journal.

A new ABC begins today—on drug monitoring (p 947). This is a subject that matters to all doctors who use drugs because monitoring is important for assessing therapeutic response, toxicity, and compliance. Another subject important to most doctors is the attempt to achieve reasonable working conditions for junior doctors. Britain introduced the "new deal" to try to get this right in 1991, and Fiona Godlee has been comparing and contrasting the progress being made with implementation in two regions (p 937). Her general conclusion is that reducing hours to a maximum of 83 by next April is achievable with simple rationalisations but reaching the target of 72 hours by 1996 will demand radical restructuring.

Finally, an anonymous doctor describes being sexually assaulted at the Royal Society of Medicine (p 962), while a BMA industrial relations officer explains how all employers—including hospitals and surgeries—need to take sexual harassment seriously (p 944). Behaviour that might have been tolerated a few years ago is often no longer acceptable.