

BMJ

SATURDAY 25 NOVEMBER 1989



BRITISH MEDICAL JOURNAL NO 6711 VOLUME 299

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EDITOR'S CHOICE

BMJ

Editors of journals in the developed world are sometimes accused of bias against work done in the Third World. The legitimate denials may sound unconvincing but the fact is that journals want the best (in terms of originality, scientific reliability, and suitability) regardless of its origin. Although, given the shortage of expensive equipment, the Third World may lag behind in some topics, it can nevertheless make considerable contributions unachievable elsewhere. Thus an article from New Delhi shows that routine aspiration of amoebic liver abscess is not required in uncomplicated cases (p 1308), while another from Bihar suggests that gold may give an excellent response in kala-azar (p 1318). And the interaction between the two worlds

is also well shown this week: Professor Philip Marsden discusses the increasing problem of malaria in a country where speculators are going after gold or diamonds or cattle (p 1328), and a team in Ghana debates what advice about prophylaxis to give to long term expatriates (p 1338). An example of a contribution in reverse, by doctors who have made their home in this country, is shown in the appreciation of Pulak Mukherjee, who "could never say no to any of life's challenges whether intellectual or social" (p 1335). Finally, do read the spirited responses to the article by another doctor who died before her time. The debate on Dr Maureen Roberts's comments on breast screening rages fast and furious—but that is how she would have wanted it (p 1336).