as a springboard for further research rather than a definitive product.

The IVmL system is one way of prioritising plant species for future research. Plants that are used to treat malaria in several different areas are more likely to be effective. There are some drawbacks though. Plants may be prepared in many ways; so it might be more useful to discuss the IVmL of a particular remedy rather than of a plant species. The IVmL is also limited by the geographical distribution of plants and by the extent of ethnomedical studies. In many areas no ethnobotanical study has been undertaken, and research in these areas is a priority. Traditional medicines are being forgotten with the death of healers who have no successors to their knowledge.

Clinical observations on traditional remedies are feasible and useful. Some herbal remedies may be safe and effective for the treatment of malaria, as shown by the studies reviewed here. Nevertheless, better evidence from randomised clinical trials is needed before herbal remedies can be recommended on a large scale. As such trials are expensive and time consuming, it is important to prioritise remedies for clinical investigation according to existing data from sociological, ethnomedical, pharmacological, and preliminary clinical observational studies. In remote settings with poor resources where modern antimalarials are not readily available, research can provide an evidence base for traditional medicine, to inform local treatment choices.

Preventing children's deaths is the key objective of any malaria control programme. Once a remedy has been shown to be safe and effective for uncomplicated malaria in adults, studies on mortality in children would be the necessary next step. It has already been shown that mortality can be reduced in the under 5s by training mothers to recognise malaria and to give early treatment.

The evidence summarised in this article, together with the guidelines proposed, should not only assist researchers already working in this specialty but also inspire other researchers and funding bodies to give serious consideration to the potential of traditional remedies for malaria.

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Additional educational resources

The Research Initiative on Traditional Antimalarial Methods (www.who.int/tdr/publications/publications/ritam.html)—features a report of the inaugural meeting of RITAM

Corrections and clarifications

UK legislation on analgesic packs: before and after study of long term effect on poisonings
A word was inadvertently deleted from table 1 during the authors' final revision of this Primary Care paper by Keith Hawton and colleagues, and this deletion may have confused readers (6 November, pp 1076-9). The first two column headings suggested that the numbers cited were totals for each of the four year groups, whereas in fact they were annual rates. The headings should therefore read: “Annual mortality before legislation” and “Annual mortality after legislation.”

Early contact with patients is beneficial
The title and content of this summary for This Week in the BMJ, reporting on the Learning in Practice article by Tim Dornan and Chris Bundy (“What can experience add to early medical education? Consensus survey”) in the same issue (9 October, pp 834-7) may have misled readers about the message of the article. A better title would have been “Students favour early clinical contact with patients.” The summary should have made clear that the medical students interviewed in the study had not had early experience with patients and that the staff were being interviewed about how they felt early experience might affect the course. There was no evidence that early contact could generate, for example, motivation and confidence as it was a speculative qualitative study.