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British Medical Journal.

US second class postage paid at  
Rahway, NJ. Postmaster: send  
address changes to: *BMJ*, c/o  
Mercury Airfreight International  
Ltd Inc, 2323 Randolph Avenue,  
Avenel, NJ 07001, USA.  
US (direct) subscription \$164.

Published by the proprietors,  
the British Medical Association,  
Tavistock Square, London WC1H  
9JR, Telephone 01 387 4499, and  
printed by Pulman Web Offset Ltd.  
Typesetting by Bedford Typesetters  
Ltd, Bedford. Registered as a  
newspaper.

## Angiotensin converting enzyme inhibitors and the cough reflex

Cough is a well recognised side effect of treatment with angiotensin converting enzyme inhibitors. On p 13 McEwan *et al* report the effects of two angiotensin converting enzyme inhibitors, enalapril and ramipril, on the cough reflex in a prospective study of patients with hypertension. Three of their 20 patients developed a cough during treatment with the two drugs. Although their cough reflexes were normal after treatment with placebo, all three were appreciably more sensitive to inhaled capsaicin during treatment with the drugs. The other 17 patients had normal cough reflexes before and during treatment. The results indicate that although cough may be quite common during treatment with angiotensin converting enzyme inhibitors, not all patients receiving such treatment have an increased sensitivity of the cough reflex.

## Genetic analysis of DNA from single human oocytes

Almost 2000 human genes have now been isolated and cloned, including many that cause severe inherited disease. Using the polymerase chain reaction, a method of DNA amplification, the genetic make up of a single cell can be determined. On p 22 Coutelle *et al* report successfully applying this technique to single human oocytes using gene probes linked to cystic fibrosis and Duchenne muscular dystrophy, which provides a model for diagnosing inherited or sporadic genetic disease before implantation of the blastocyst. Using this technique it should be possible to biopsy a single cell from an early embryo and amplify the gene of interest several millionfold to a level at which the products can be analysed rapidly and accurately.

## Drinking among medical students

Drinking among medical students is part of medical folklore, and excess is assumed but largely unmeasured. Now that harm has been proved at levels of drinking commonly found in the general population the personal behaviour of those soon to carry part of the moderate drinking message has become important. On p 19 Collier and Beales present the results of a survey of 260 medical students. Both sexes exceeded recommended safe limits of drinking to the same extent, and one fifth drank at a level likely to damage their health. Drinking among male students compared closely with that among men matched for age from studies in the general population. Female medical students, however, drank more than women matched for age. The conventional image of a medical student drinker as a beerswilling rugby player should now be revised.

## Accuracy in clinically evaluating pigmented lesions

Many studies of naevi have assumed that they can be distinguished confidently from other pigmented lesions on clinical grounds alone. But is this so? Curley *et al* (p 16) put themselves to the test and found that they were right only half of the time. Although the lesions were included in the study only if thought to be benign by at least one of the three doctors, three were histologically melanomas. Of the 39 dysplastic naevi, only 19 were diagnosed correctly by all observers, and a further 24 banal lesions were falsely interpreted as dysplastic. The authors had particular difficulty with small (<5 mm) lesions. This study suggests that distinguishing a mole from a freckle (or a lentigo) is not as easy as it sounds, and that studies should not rely too much on appearances to the naked eye.

## INSTRUCTIONS TO AUTHORS

*The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below.*

The following are the minimum requirements for manuscripts submitted for publication.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

**Authors** should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

**Three copies** should be submitted. If the manuscript is rejected these will be shredded.

**Typing** should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

**Abbreviations** should not be used in the text.

**SI units** are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

**Statistical procedures** should be described in the methods section or supported by references.

**Tables and illustrations** should be separate from the text of the paper. Tables should be simple and should not duplicate information in the text of the article.

**References** must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

**Letters to the editor** submitted for publication must be signed personally by all authors, who should include one degree or diploma.

**The editor** reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

**Detailed instructions** are given in the *BMJ* dated 7 January 1989, p 40.