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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.

## NovoSol Basal: a new soluble long acting insulin analogue

A main problem in current insulin substitution treatment is the lack of a true basal insulin preparation. Theoretically, any available long acting human insulin when given as a single daily injection can provide a stable and constant insulin concentration in the blood covering the needs between meals and throughout the night. The absorption of all intermediate and long acting insulins, however, may vary from one day to the next in the same patient. This may cause unpredictable fluctuations in the insulin concentration, increasing the risk of hypoglycaemic episodes if the desired end point of treatment is near normoglycaemia. Furthermore, the need to resuspend retarded insulin preparations impedes drawing the correct dose before injection. On p 415 Jørgensen *et al* report the results of a study comparing the day to day variations in absorption of human ultralente (Ultratard HM) and a new insulin analogue, NovoSol Basal. NovoSol Basal represents the first attempt by site specific mutagenesis to design an insulin with improved absorption properties aimed at overcoming the problems in current insulin substitution treatment. The findings show that NovoSol Basal has a greatly prolonged absorption phase ( $t_{50\%}$  35.3 hours) which follows first order kinetics. More important clinically, however, is that NovoSol Basal is absorbed with an extremely small day to day variation. The authors conclude that NovoSol Basal may be an important advance as a soluble insulin preparation for obtaining reproducible 24 hour insulin concentrations after once daily injection.

## Carbohydrate deficient transferrin as a marker for alcohol abuse

A sensitive and specific biochemical marker for alcohol abuse is needed. On p 427 Kapur *et al* describe a fairly simple and inexpensive test for measuring carbohydrate deficient transferrin, which they found was highly sensitive and specific when compared with other markers. The test was positive in 19 out of 22 alcoholic patients, negative in 47 patients with non-alcoholic liver disease, and positive in only one of 38 non-alcoholic hospital patients with a variety of disorders. The authors suggest that the test may be valuable in detecting abuse.

## Passive smoking and cardiorespiratory health

The impact on health of breathing other people's tobacco smoke is a subject that raises strong emotions. The main emphasis to date has been on respiratory symptoms in children and lung cancer in adults. On p 423 Hole *et al* present data on respiratory and cardiovascular symptoms and mortality in adults who were passively exposed in Renfrew and Paisley. Of 15 399 middle aged men and women who attended

screening, 7997 were screened with a cohabitee. Data on passive exposure were obtained by linking records of cohabitees rather than from self reporting. The adjusted forced expiratory volumes in one second were significantly lower in lifelong non-smokers who lived with smokers or ex-smokers, and coronary disease mortality was significantly higher. Other symptoms (infected sputum, persistent sputum, dyspnoea, hypersecretion, angina, and major abnormality found on electrocardiography) and other categories of mortality (all causes, related to smoking, and lung cancer) had relative risks  $>1.0$  for subjects passively exposed to cigarette smoke. Dividing passive smokers into high and low exposure groups produced higher rates for each of the symptoms and categories of mortality for those highly exposed.

## Ear, nose, and throat symptoms can be presenting features of Wegener's granulomatosis

Wegener's granulomatosis presents classically with vasculitis of the respiratory tract and fulminant glomerulonephritis, so it is easy to miss the diagnosis in patients presenting with subacute and chronic forms of the disease. On p 419 D'Cruz *et al* present their findings from a series of 22 patients with subacute Wegener's granulomatosis. Most of the patients presented with joint pains, and all had malaise and ear, nose, and throat symptoms. These symptoms, which included sinusitis, nasal and ear discharges, and facial pain were often minor, and many of the patients needed prompting before the history was obtained. The vague presentation often led to delay in diagnosis—the mean duration of symptoms before diagnosis was 3.6 years. Once the diagnosis had been made the patients responded well to treatment with prednisolone and cyclophosphamide or azathioprine.

## Revised guidelines on cardiopulmonary resuscitation



On p 442 and p 446 Marsden and Chamberlain describe the revised recommendations for basic and advanced life support drawn up by the Resuscitation Council (UK)