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Do drugs at birth cause addiction in adulthood?

Imprinting is a well established process in birds and animals, and, although there is little statistical evidence for its existence in humans, amphetamine addiction has been suggested to originate partly from an imprinting process at birth. On p 1067 Jacobson *et al* describe a retrospective study of known opiate addicts and control siblings in Stockholm to test the relation between treatment of the mother with opiates or barbiturates within 10 hours before birth and subsequent opiate addiction of the offspring. A significant proportion of mothers of subjects who subsequently became opiate addicts had received the drugs, and the risk of becoming an addict was confirmed after controlling for confounding variables. Jacobson *et al* conclude that the results are compatible with imprinting and that drugs for relieving obstetric pain should show minimal placental transmission.

Can prepregnancy care reduce congenital malformation in infants of diabetic mothers?

There is a high incidence of congenital abnormalities in infants of diabetic mothers. Mothers whose diabetes is poorly controlled in early pregnancy are more likely to deliver abnormal infants. It is therefore logical to try to achieve tight control over the first few weeks of pregnancy, and this is one important aspect of prepregnancy clinics that are now being run in many specialised centres. In view of recent evidence from experiments in animals associating congenital abnormalities with hypoglycaemia at a critical phase of fetal development some authorities advocate caution in attempting strict glycaemic control. Edinburgh was the first centre in the world to establish a prepregnancy clinic for diabetic women, and on p 1070 Steel *et al* report the first 14 years' experience. Patients attending the clinic were inevitably self selected. They were not, however, well controlled when first seen at the clinic, and they improved their control substantially before conception. Compared with 96 non-attenders, the 143 prepregnancy clinic patients as a group presented earlier for antenatal care, had lower haemoglobin A₁ concentrations in early pregnancy, had more episodes of hypoglycaemia, and delivered significantly fewer babies with severe congenital abnormalities.

Ultrasonography v urography for investigating haematuria

It has been standard urological practice to request urography as the initial radiological investigation of patients with haematuria. With improvements in newer imaging techniques, however, the continued use of urography has been questioned. Ultrasound scanning supplemented by a single abdominal radiograph has already supplanted urography in the investigation of both prostatism and childhood urinary tract infection, and a similar investigation policy has recently been

recommended for adults with urinary tract infection. On p 1074 Spencer *et al* report the results of a prospective comparison between ultrasonography and urography in 155 adults with haematuria referred from general practitioners and hospital outpatient clinics for imaging of the urinary tract. Overall, the two investigations agreed in 144 cases (93%). Ultrasonography missed two ureteric calculi which were visible in abdominal radiographs. Urography failed to detect four small bladder tumours shown by ultrasonography and later proved at cystoscopy. Spencer *et al* found ultrasonography and a single abdominal radiograph to be superior to urography as the primary imaging study for adults with haematuria. They recommended that patients with acute ureteric colic should continue to be investigated by urography. For some patients with normal appearances on ultrasonography, plain films, and cystoscopy, urography would be advisable to exclude urothelial tumours of the upper urinary tract.

Leukaemia complicating treatment for Hodgkin's disease

The chance of developing leukaemia is generally agreed to be greatly increased by treatment regimens for Hodgkin's disease. On p 1077 Devereux *et al* present the results of a study of 2676 patients treated for Hodgkin's disease in the past 20 years. There were 17 cases of secondary leukaemia in this group. The risk of secondary leukaemia was largely related to the overall quantity of treatment, although exposure to lomustine (CCNU) seemed to be an important risk factor. The greatest risk of secondary leukaemia was seen in multiply treated patients who were unlikely to be cured of Hodgkin's disease.

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.

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.

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 6 January 1990, p 38.