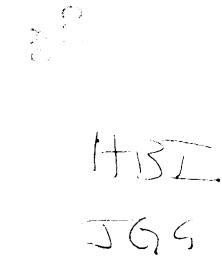


# BMJ



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*Instructions to authors* appeared in the issue of 4 January 1992

### The new biology reaches patients

One result of the revolution in molecular biology is the ability to detect genetic disease before it becomes symptomatic. Eventually it may be possible to look into the genes of anybody and know a great deal about his or her future. But how much will people want to know? Does a 15 year old want to know that he has a high chance of having a heart attack at 40? Today's journal contains evidence relevant to these huge questions. It has been possible since 1983 to test for a genetic marker closely linked to the gene for Huntington's disease, and testing became widely available in 1987. Audrey Tyler and others have looked at all the tests performed in Britain between 1987 and 1990 and found that the demand is less than expected, particularly among men; indeed, no teenage males at all asked for screening (p 1593). Bob Williamson comments on the testing in an editorial (p 1585), and the authors of the paper speculate that this lack of interest among males may be caused by their relative distance from decision making over reproduction and their being less able than females to deal with the emotions that may arise from testing.

The ability of drug misusers to come up with new ways of misusing drugs is astounding, and a team from Glasgow describes 15 cases in which patients suffered

severe complications from intra-arterial injection of an "abuse resistant" form of temazepam (p 1630). The patients removed the soft gelatin shell from the capsules, boiled the "solid" gel centre with water in a spoon, and then injected the warm suspension. All experienced immediate pain, and several needed amputations. In an accompanying letter a London team describes the case of a 41 year old man who developed rhabdomyolysis after injecting temazepam intra-arterially (p 1630). The Advisory Council on the Misuse of Drugs may well need to take action in response to these reports.

In the debates over the miseries experienced by junior doctors the plight of spouses is rarely heard, but Janet Cade sets that to rights in her personal view (p 1639). She says that she feels like a camp follower and wonders in passing whether hospital doctors have fewer children than other professionals. Not everybody will agree with her assertion that the job of the partner must not be too high powered, but she opens up an important subject for debate. Finally, in an attempt to reduce the stresses on junior doctors a group from Lewisham Hospital has produced an induction programme for all new house officers (p 1619). Surely this is something that all hospitals should be doing.

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Editor's  
Choice