REPORTS OF NOTE

The Development of Medications for the Treatment of Opiate and Cocaine Addictions: Issues for the Government and Private Sector 1995

The "War on Drugs" has been a particularly difficult battle for the U.S. government to join, largely because the enemies are internal as well as external. Fighting internal demand for drugs requires treating addiction, and there is a dearth of weapons on that front. In response, Congress commissioned the Committee to Study Medication Development and Research at the National Institute on Drug Abuse, charging it with identifying and removing barriers to anti-addiction medication development. The committee's final report, *The Development of Medications for the Treatment of Opiate and Cocaine Addictions*, is largely a descriptive list of the scientific and socioeconomic hurdles preventing the development of such medications. Though the committee does offer fairly obvious prescriptions (more leadership, more money, more personnel), what is most eye-opening about this report is the sheer number of difficulties facing private and public efforts to develop effective medications for treating addiction to narcotics. And that doesn't include "the two addictive drugs that are most important with respect to morbidity, mortality, and economic costs," alcohol and nicotine.

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Improving the transfer of technology in the medical field 1994

Jean-Michel Dubernard, a member of the French Parliament, has drafted a succinct report based on the information collected at hearings with over 130 academics, scientists, government officials and industrialists. It is a harsh assessment of how biomedical research in France is developed today.

The report makes the standard recommendation that the government make greater, more sustained commitments to the life sciences but also put forward a series of other proposals, such as smoothing the way for research scientists who would like to start their own company and encouraging foreign — especially U.S. — biotechnology companies to set up business ventures in France. It also proposes tax breaks, the creation of start-up companies, and the set-up of a specialized European stock market to encourage the funding of technology transfer and innovation.

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ERRATA

In the January issue of *Nature Medicine*, an error in typography resulted in the incorrect printing of the Greek characters Δ and μ. This error affected several papers. *Nature Medicine* regrets the errors, and all reprints of the articles have been corrected.

Liposome-mediated *CFTR* gene transfer to the nasal epithelium of patients with cystic fibrosis
Natasha J. Caplen, Eric W.F.W. Alton, Peter G. Middleton, Julia R. Dorin, Barbara J. Stevenson, Xiang Gao, Stephen R. Durham, Peter K. Jeffery, Margaret E. Hodson, Charles Coutelle, Leaf Huang, David J. Porteous, Robert Williamson & Duncan M. Geddes
Nature Medicine 1, 39–46 (1995).

Page 40, paragraph 1 should state as follows: The **doses** of DNA administered to the subjects were 10 μg, 100 μm and 300 μg per nostril.
Page 41, top of second column, **the nasal perfusion protocol** should read: amiloride (100 μm) to inhibit Na^+ transport, a low Cl^- solution (6 mM) to induce Cl^- secretion, and finally isoprenaline (10 μM) to increase cAMP-mediated Cl^- secretion.
Page 41, Table 2 units for sodium are mmol/l, an asterisk should follow the word Negative in the third and fourth columns after Rheumatoid factor.
Page 42, Fig 2 caption: DPD is ΔPD. **Fig. 3 caption:** Lines for MD are dash-dot lines, for HD are solid lines.
Page 44, line 9 should read: "samples from **five** of seven CFTR cDNA-treated subjects . . . ."
In the Methodology, first paragraph: "each made up to 200 μl using sterile water. The end of the third sentence should read 200 μl administered to each nostril. last sentence: (mass median aerosol diameter 60 μm). In the second paragraph, line 5 should read using cup and ring forceps and line 12, 6-μm thick sections were cut serially. In the third paragraph, page 46, line 15 the concentrations should be amiloride (100 μM), line 16 amiloride (100 μM), line 17 amiloride (100 μM) and line 18 isoprenaline (10 μM).
Reference 23: Middleton . . .*Eur. Resp. J.* 7, 2050–2056 (1994).

Serial magnetic imaging of experimental atherosclerosis detects lesion fine structure, progression and complications *in vivo*
Michael P. Skinner, Chun Yuan, Lee Mitsumori, Cecil E. Hayes, Elaine W. Raines, James A. Nelson, & Russell Ross
Nature Medicine 1, 69–73 (1995).

The authors names are correctly stated above. E.W.R. and R. R. (the corresponding author) are at the Department of Pathology SM30, University of Washington, Seattle, Washington 98195, USA.
Page 73, line 3 should read: Ten 5-μm thick sections were cut every 200 μm . . . .

Coxsackie virus and diabetes: how strong is the link?
Michele Solimena & Pietro De Camilli
Nature Medicine 1, 25–26 (1995).

The last five references were inadvertently dropped.

15. Gamble, D.R. & Cumming, H. *Lancet* ii, 455–456 (1985).
16. Yoon, J.W. *et al. New Engl. J. Med.* 300, 1173–1179 (1979).
17. Foulis, A.K. *et al., Diabetologia* 33, 290–298 (1990).
18. Atkinson, M.A. & Maclaren, N.K. *New Engl. J. Med.* 331, 1428–1436 (1994).
19. Dirkx, R. Jr. *et al. J. biol. Chem.* (in the press).