

APPOINTMENTS

EAST ANGLIAN REGIONAL HOSPITAL BOARD.—F. Alberts, M.B., B.S., D.A., Consultant Anaesthetist in Wisbech and Doddington Area; C. C. Smith, M.B., B.S., D.M.R.D., Assistant Radiologist in Peterborough and Stamford Area; M. Barry, M.D., M.R.C.P.I., Assistant Chest Physician at Ipswich Area Chest Clinic; D. P. F. Embleton, M.R.C.S., L.R.C.P., Senior Registrar in Chest Medicine at Ipswich Area Chest Clinic; T. J. Sullivan, M.B., B.Chir., Medical Registrar at Peterborough Memorial Hospital; S. K. Chatterjee, M.B., B.S., F.R.C.S., Surgical Registrar, Peterborough Memorial Hospital; K. N. Kamdar, M.B., B.S., D.M.R.D., Registrar in Radiology, East Suffolk and Ipswich Hospital; A. J. Abraham, F.R.C.S., Registrar in Plastic Surgery, West Norwich Hospital; J. V. Fennell, M.B., B.Ch., D.P.M., Consultant Psychiatrist in Ipswich Mental Hospital Group; J. L. Dunscombe, M.B., Ch.B., Assistant Pathologist to Hospitals in West Suffolk Area; L. Capper, M.B., B.S., M.R.C.P., Senior Registrar in Chest Medicine at Cambridge Chest Clinic; M. A. Birnstingl, M.B., B.S., F.R.C.S., Surgical Registrar, J. M. Brownlie, L.R.C.P.&S.Ed., Orthopaedic Registrar, and E. R. S. Hooper, M.B., B.S., D.A., Anaesthetic Registrar, all three at Norfolk and Norwich Hospital; D. D. Guha, M.B., Surgical Registrar at West Norfolk and King's Lynn Hospital.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—E. Fischer, Ph.D., L.R.C.P. & S.I., Senior Hospital Medical Officer, Royal Western Counties Institution, Starcross, Devon; R. C. Allison, M.B., B.Chir., D.A., Assistant Anaesthetist (S.H.M.O.) to West Cornwall Clinical Area; J. A. Smith, M.B., B.Chir., F.F.R., D.A., Consultant Anaesthetist to Plymouth Clinical Area; F. S. W. Brimblecombe, M.D., M.R.C.P., D.C.H., Consultant Paediatrician to Exeter Clinical Area; H. P. Guerrier, M.B., B.S., F.R.C.S., Consultant Surgeon to Exeter Clinical Area (Torquay and Newton Abbot Hospitals); Kathleen J. Harrison, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., Registrar in Pathology, Frenchay Hospital, Bristol; A. G. Toomey, M.R.C.S., L.R.C.P., D.M.R.D., Senior Registrar in Radiology to North Gloucestershire Clinical Area; S. R. Hewitt, M.B., B.S., D.Obst.R.C.O.G., M.R.C.O.G., Senior Registrar in Obstetrics and Gynaecology, Plymouth Clinical Area; P. W. Sergeant, M.B., Ch.B., F.R.C.S., Surgical Registrar to Cossham/Frenchay Group of Hospitals, Bristol; Patricia M. Gilbert, M.B., Ch.B., Registrar to South-west Regional Blood Transfusion Centre, Southmead, Bristol; R. L. Batten, F.R.C.S., Surgical Registrar, Weston-super-Mare Hospital; R. M. Norman, M.D., M.R.C.P., D.P.M., Research Consultant in Neuropathology; A. G. Freeman, M.D., M.R.C.P., Senior Registrar in General Medicine, Exeter Clinical Area; S. Mallick, L.R.C.P. & S.Ed., D.Obst.R.C.O.G., Registrar in Obstetrics and Gynaecology, Gloucestershire Royal Hospital, Gloucester; P. A. Oye Anyegbunam, M.B., B.Ch., D.L.O., Ear, Nose, and Throat Registrar, South Devon and East Cornwall Hospital, Plymouth.

SWANN, W. G., M.D., D.P.H., D.Obst.R.C.O.G., Medical Officer of Health and Port Medical Officer of Belfast.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Eedy.**—On September 16, 1953, to Françoise, wife of Dr. B. N. Eedy, 39, King Edward Avenue, Mansfield, Notts, a brother for Bernardine and Patrick—Michel.
- Graves.**—On October 3, 1953, at Kitts Croft, Writtle, Essex, to Valerie (formerly Scotland), M.B., B.S., wife of Dr. J. C. Graves, a son.
- Macaskill.**—On September 28, 1953, at the Boston General Hospital, to Daphne, wife of Dr. John S. M. Macaskill, 2, Church View, Coningsby, Lincs, a daughter—Elizabeth Mary.
- Mills.**—On October 1, 1953, in Birmingham, to Dr. Margaret J. Mills, wife of Wilfrid Mills, F.R.C.S., a son.
- Ogan.**—On October 4, 1953, at Queen Charlotte's Hospital, Goldhawk Road, London, W., to Ovidia, wife of O. Kesandu Ogan, M.R.C.S., L.R.C.P., D.R.C.O.G., a daughter.
- Roddie.**—On September 24, 1953, at Johnstone House, Royal Maternity Hospital, Belfast, to Alix P. M. Rodie (formerly Hurst), M.B., B.S., wife of T. Wilson Roddie, M.B., B.Ch., M.R.C.O.G., a daughter.
- Shaw.**—On October 5, 1953, to Joyce (formerly Dodds), M.B., B.S., wife of Kenneth V. Shaw, A.R.I.B.A., of Quarry End, Walworth, Darlington, Co. Durham, a son.
- Shepherd.**—On October 1, 1953, at Enfield, Middlesex, to Demetra, wife of Henry Robert Shepherd, D.S.C., M.B., Ch.B., a second son—Michael Charles.
- Slovick.**—On September 28, 1953, at King's College Hospital, London, S.E., to Pamela, wife of David Slovick, M.R.C.S., L.R.C.P., a daughter.

DEATHS

- Alden.**—On September 14, 1953, John Wenham Alden, M.B., B.Ch., of 186, Woodstock Road, Oxford.
- Barer.**—On September 22, 1953, at 29, The Avenue, Hitchin, Herts, Max Barer, M.B., B.S.
- Bartlett.**—On September 15, 1953, at Kisumu, Kenya, James Henry Bartlett, B.M., B.Ch., aged 44.
- Clark.**—On September 15, 1953, at his home, Langdon Lodge, Churston Ferrers, Devon, John Clark, M.B., C.M., formerly of Radcliffe, Lancs, aged 82.
- Dow.**—On September 20, 1953, in a nursing-home, Edinburgh, Robert Charles Scott Dow, L.R.C.P.&S.Ed., L.R.F.P.S., F.D.S.R.C.S.Ed., of 4, Peel Terrace, Edinburgh.
- Gibson.**—On September 13, 1953, at Cartref, Terrick, Aylesbury, Bucks, Michael Joseph Gibson, M.D., F.R.C.O.G., late of Dublin, aged 77.
- James.**—On September 18, 1953, Robert Blake James, M.R.C.S., L.R.C.P., of Riverside, Hungerford, Berks, aged 84.
- Jaques.**—On September 20, 1953, at Worthing Hospital, Robert Jaques, F.R.C.S., of Worthing, Sussex.
- Kahan.**—On September 16, 1953, Nest Kahan (formerly Thomas), M.B., B.S., D.P.M., D.C.H., formerly of Kingston, Surrey.
- Keats.**—On September 18, 1953, Bertram Abbott Keats, L.M.S.S.A., of 37, The Ridgeway, Finchley, London, N., aged 71.
- Kennedy.**—On September 15, 1953, at Boughton-under-Blean, Faversham, Kent, Arthur Kennedy, M.C., M.B., Ch.B., aged 61.
- Scott.**—On October 2, 1953, at his home, 22, Longton Avenue, Manchester, James Murray Scott, M.B., Ch.B., aged 44.
- Scroggie.**—On September 20, 1953, in a nursing-home, Stirling, William Reith John Scroggie, C.I.E., M.R.C.S., L.R.C.P., Colonel, I.M.S., retired, of Abbotsford Lodge, Callander, Perthshire.
- Wills.**—On September 22, 1953, Ronald Leonard Wills, M.R.C.S., L.R.C.P., of Sheerness, Kent, formerly of The Lizard, Cornwall.
- Wright.**—On August 22, 1953, at his home, Takapuna, New Zealand, John Edward Wright, M.B.E., F.R.C.S.Ed., F.A.C.S., L.D.S.R.C.S.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Protection by A.T.S.

Q.—For how long does the usual prophylactic dose of A.T.S. (say 1,500 I.U.) confer protection against tetanus arising from (a) infected wounds, and (b) further infected wounds received several days later?

A.—(a) A single prophylactic dose of 1,500 I.U. (1950), which is equivalent to 3,000 I.U. (1928), is regarded by many surgeons as adequate insurance against the risk of tetanus. The protection is usually at its maximum two or three days after a subcutaneous or intramuscular injection of antitoxic serum, and then slowly diminishes as the A.T.S. is eliminated; it is probably very low after about three weeks. Occasionally, however, the duration of adequate immunity may be only a few days in some sensitive persons who have had previous injections of horse serum. If it is desired to prolong the period of protection, some surgeons double or treble the usual dose for cases considered to be tetanus-prone—for example, those with dead tissue or foreign bodies in wounds, particularly when there has been delay between wounding and efficient surgical treatment. But the more usual practice in such cases is to give two further doses, each of 1,500 I.U., at weekly intervals. There is no hard-and-fast rule. Children may be given the same doses as adults.

To-day emphasis is being laid increasingly on active immunization with tetanus toxoid. The first dose of toxoid may be injected, if desired, six weeks after the last dose of antitoxic serum.

(b) It is probably unwise to assume that the protection afforded by antitoxin, given more than a day or so previously, will be adequate in all persons. Another dose of serum is indicated.

Folic Acid and Diarrhoea

Q.—It has been my experience that folic acid checks the diarrhoea in both sprue and idiopathic steatorrhoea, often before there is any recognizable improvement in the blood picture. What is the explanation of this? On the contrary, I have failed to observe any improvement in the diarrhoea of coeliac disease in children when this is treated with folic acid. Why is this?

A.—During the war it was discovered that large doses of sulphaguanidine were effective in the diarrhoea of sprue, even though no pathogens were present. The same was true of crude liver extract. It is probable that the common action of these three agents—sulphonamides, liver, and folic acid—is a change of the intestinal flora to one which is less irritant to the mucosa. Cortisone may act in the same way or, more probably, by diminishing the irritability of the mucosa. At any rate, it is clear that, although diarrhoea, anaemia, and the defect in fat absorption are roughly parallel, they may diverge, particularly in the early stages of treatment. Diarrhoea usually improves first, next anaemia, and only after a long interval fat absorption.

It is probable that the pathology of coeliac disease is somewhat different from that of sprue, sensitivity to foods—for example, wheat gluten—being more important than disturbance in the intestinal flora. Moreover, the anaemia of coeliac disease is rarely megaloblastic. Deficiency of folic acid *per se* probably favours diarrhoea, as is suggested by the intestinal upsets of untreated pernicious anaemia. Finally, the consequential effects on the diarrhoea of improvement in the anaemia are not to be despised.