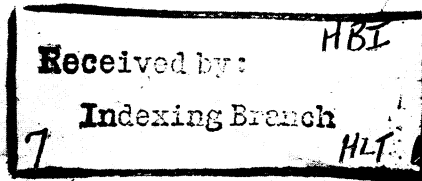


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Instructions to authors appeared in the issue of 2 January 1993, p 55

Provide prophylaxis to all patients without spleens

Patients who have had their spleens removed must be told that they face grave danger from infection, vaccinated against pneumococcal infection, and provided with antibiotic prophylaxis. An editorial summarises what must be done (p 1372), but two papers show that the right action is often not being taken—in Britain at least. A Welsh group reviewed 557 patients who had had splenectomies and found that only 87 had been vaccinated against pneumococcal infection (p 1398). A group from Cornwall has looked at 55 patients who died without a spleen: six died of pneumococcal sepsis—and none had received any form of prophylaxis (p 1408). The group then reviewed the records of 184 patients who had had splenectomies over 12 years and found that 107 had received neither prophylaxis nor advice.

The Cornish group advocates a national publicity campaign aimed at people who have had their spleens removed, advice for all practitioners, action by purchasers to require prophylaxis for all those who have their spleens removed, and a programme to identify those who have had their spleens removed and not been adequately advised. The message is unusually clear, and this is surely an issue that will cause great interest among lawyers if doctors do not improve their performance.

My guess is that the *BMJ* of 10 years ago contained

very much more on alcohol than it does now. A decade ago alcohol consumption in Britain was rising fast, and three royal colleges were inspired to produce reports on the dangers of alcohol. The impetus has gone out of the campaign partly because consumption plateaued and partly because we slowly came to realise that a little alcohol does genuinely lead to reduced mortality. In an editorial John Kemm discusses the policy implications of the protective effect of alcohol (p 1373), while Jonathan Chick comments on the advice from the latest *Effective Health Care* bulletin that brief intervention reduces alcohol consumption by an average of a quarter (p 1374). Meanwhile, a study on p 1388 looks at the riddle of why only about one in 10 of those who misuse alcohol develop cirrhosis of the liver; genetic factors are probably the answer.

Finally, Ian Robertson wonders why our vulnerable brains are stuck on our heads, where they are so exposed, rather than attached to our bottoms, where they would surely be injured less often (p 1429). He argues that "Traumatic brain damage must be the last great lacuna of ignorance in our health preoccupied culture. . . . After you have seen a few lives ruined by a fall from a bike, a stumble on to a stone fireplace, or a meaty fist rammed on to a nose, the sheer breadth of public ignorance about that bowl of squishy grey liquid . . . becomes quite breathtaking."

BMJ
Editor's
Choice

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