

constipation, colic, distension, flatulence, etc. Such patients should be treated with one of the combinations of drugs recommended for mild and moderate dysenteric cases. However, simply finding *E. histolytica* in the stools in patients with vague constitutional symptoms ranging from headache to heartburn, or from impotence to insomnia, is not an indication for anti-amoebic therapy. It is unlikely that the symptoms will improve, and if they persist the patient may be left with 'amoebaphobia' to add to his troubles. In this connection, Wilmot reminds us that the finding of *E. histolytica* in the stools does not exclude the possibility of tuberculosis or carcinoma as the cause of the patient's ill-health.

Finally, there is the problem of post-dysenteric colitis: patients in whom dysentery persists after the infection has

apparently been eradicated. The condition was more common in the days when chiniophon retention enemas were used frequently in treating amoebic dysentery. The endoscopic appearances in patients with post-dysenteric colitis may resemble ulcerative colitis. It is possible that these patients had ulcerative colitis from the beginning and that the presence of *E. histolytica* in the stools was coincidental; or, it is possible that the ulcerative colitis was triggered off by the amoebic infection. In such cases, the course is that of ulcerative colitis and the treatment may be very difficult. Fortunately, the majority of cases of post-dysenteric colitis are 'non-specific' and clear up after a few weeks of simple symptomatic treatment.

1. Hoare, C. A. (1952): *Exp. Parasit.*, 1, 411.

2. Wilmot, A. J. (1962): *Clinical Amoebiasis*. Oxford: Blackwell.

GEDISSEMINEERDE SKLEROSE IN SUID-AFRIKA

Die toestand wat gewoonlik, by gebrek aan 'n beter term, as gedissemineerde, verspreide, of veelvuldige sklerose beskryf word, is vir ons in Suid-Afrika van besondere belang veral oor 'n negatiewe rede—die siekte ontstaan naamlik gewoonlik nie primêr op hierdie bodem nie. In Europa en Noord-Amerika is gedissemineerde sklerose waarskynlik die belangrikste siekte van die sentrale senuweestelsel. By ons in Suid-Afrika kom dit baie selde voor by Blanke Suid-Afrikaners wat in hierdie land gebore is, en tot dusver is daar nog geen outentieke geval geboekstaaf van die voorkoms van die siekte by lede van ons Bantoebevolking nie. By immigrante wat uit Europa na Suid-Afrika toe getrek het, kom die siekte egter veel meer algemeen voor.

'n Ondersoek na die versluisde etiologiese agtergrond van hierdie siekte kan dus vir ons besondere interessante lig werp op die hele toestand. Dit is derhalwe van groot belang dat so 'n groot aantal as moontlik—selfs almal indien dit gedoen kan word—van die Suid-Afrikaanse gevalle van die siekte opgespoor moet word. Geneeshere sowel as lede van die publiek wat bekend is met pasiënte wat aan dié siekte ly, kan in hierdie opsig van groot hulp wees.

Wetenskaplike ondersoekwerk in verband met gedissemineerde sklerose in die Verenigde State van Amerika, in Brittanje, en in ander Europese lande het gelei tot die stigting van die Nasionale Verenigings vir Gedissemineerde Sklerose van Brittanje, Amerika, ens. Hierdie verenigings

vervul in twee groot behoeftes: In die eerste plek moedige hulle navorsing aan na die oorsake van die siekte, wat nog grotendeels onbekend is. En in die tweede plek help hulle op 'n praktiese vlak om hulp te verleen aan persone wat aan hierdie toestand ly.

In Suid-Afrika word ook uitgebreide navorsing op hierdie gebied gedoen en die Suid-Afrikaanse Nasionale Vereniging vir Gedissemineerde Sklerose is onlangs gestig, met drie afdelings in Johannesburg, Kaapstad en Durban. Die Nasionale Sekretaresse van die Vereniging is mev. I. Henderson, Villiersweg 295, Walmer, Port Elizabeth. Die Sekretaresse van die Transvaalse Afdeling is mev. J. Nass, Posbus 10319, Johannesburg; die Sekretaresse van die Kaapse Afdeling is mev. K. M. Bestall, Proteawoonstelle 3, Protealaan, Vishoek; en die Sekretaris van die Natalse Afdeling is mnr. Les van Rooyen, Kensingtonweg 33, Durban-Noord.

Die Vereniging is angstig om met alle persone in hierdie land wat aan hierdie siekte ly in verbinding te tree, en om hierdie rede word 'n oproep dus gedoen op alle dokters wat sulke pasiënte het om met die plaaslike Sekretaris van die Vereniging in verbinding te tree. Wat die algemene publiek betref, sal hierdie informasie as vertroulik beskou word, maar dit sal help om alle gevalle wat nog nie aangemeld is nie onder die aandag te bring van die navorsers wat besig is om 'n opname van die siekte in hierdie land te maak.

IRON ABSORPTION IN PANCREATIC DISEASE*

S. J. SAUNDERS, S. BANK,** E. AIRTH and J. WILLIAMS, Cape Town

Fourteen patients with chronic relapsing pancreatitis were studied. Each patient was given 20 μC ^{59}Fe together with 5 mg. of ferrous sulphate and 50 mg. of ascorbic acid in the fasting state, and remained fasting for a further two and a half hours. Iron absorption was measured in two ways: (1) All stools were collected for the first 5 days after the isotope had been given and counted in a 6-tube Geiger-Müller ring counter. The results were expressed as a percentage of the dose given and subtracted from 100% to give the amount absorbed. (2) The percentage absorbed and used for haemoglobin formation was estimated by counting haemolysed blood samples drawn from the tenth to fourteenth days in a scintillation well counter. Sixteen patients without any evidence of pancreatic or

liver disease or any disturbance of iron metabolism served as controls. Six patients with chronic relapsing pancreatitis were shown to have increased absorption of iron based on both the blood and the stool results, while a further 3 probably had increased iron absorption based on stool results alone. Five patients had normal iron absorption. Further studies showed that this was not the result of a change in intraduodenal pH and that the diseased pancreas could not be shown to produce a factor increasing iron absorption. Pancreatic extract appeared to correct the increased iron absorption in 2 patients. The role of the pancreas in the control of iron absorption in health and other disease states was discussed.

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** Ben May Fellow in Gastroenterology.