For the ileostomy to move approximately 12 times a day is unusual, and this raises a question whether there may be residual disease within the small bowel. Alternatively, it may be that an unusually long segment of the small bowel had to be removed. It would seem wise while to investigate the remaining small bowel radiologically and, if necessary, by biopsy to determine whether there is some abnormality present. If any of this, symptomatic treatment should diminish the number of ileostomy movements. Should the simpler agar or methycellulose preparations fail, an anticholinergic or one of the newer anti-diarrhoeal agents, such as diphenoxylate, might slow down the small bowel transit time sufficiently to allow more satisfactory absorption. If that could be achieved it is likely that a satisfactory intake of potassium could be provided in the diet.

Rich sources of potassium in the diet include meat extracts, broths, chicken, fruit juices, and black treacle. However, certain of these items might slightly aggravate any tendency towards looseness of ileostomy movements, and ileostomy patients tend to avoid them. It is usually found that the loss of potassium in the ileostomy movements diminishes with time and that supplements to dietary intake are, as already stated, seldom required. In recent years small-bowel ulceration and stricture formation have been increasingly reported in patients who have been taking potassium salts in the form of tablets, and if the patient requires supplementary potassium it is advisable that it should be given in solution in the form of fizzy drinks, preferably with added chloride.

**Notes and Comments**

**Blood Levels of Tetracycline.**—Dr. O. Morton (Medical Research Laboratories Limited, Fethal, Middlesex) writes: "The answer given to this question ("Any Questions?" 13 August, p. 409) on the subject of tetracycline can be further expanded. Cronk et al.1 compared the blood levels achieved with tetracycline phosphate complex 250 mg. with those achieved in the same subjects given 500 mg. every 12 hours. With the more frequent dose the average blood level achieved was about 4 μg./ml, and the difference between the highest and lowest concentrations reached during doses was about 1 μg./ml. With 500 mg. every 12 hours the average peak levels were about 5 μg./ml. Twelve hours after the dose the concentration had fallen to between 2 and 3 μg./ml. The authors conclude that this level of antibiotic in the serum is adequate for most infections and therefore either of these two regimens can be used with safety." More recently, in a randomized cross-over study in 19 normal adult subjects, Bunn,2 of the Upstate Medical Center, Syracuse, New York, measured the blood levels of tetracycline during the 24 hours following oral administration of either 500 mg. of tetracycline phosphate complex or two doses of 250 mg. given six hours apart. This study confirmed that both modes of administration of tetracycline phosphate complex result in adequate therapeutic levels. Since May of this year such a recommendation has been made in Britain for tetracycline phosphate complex has been amended to read: "The usual dose is 1.0 g. daily in two or four divided doses." A 12-hourly dosage regimen has also been approved by the Food and Drug Administration in the United States.

**Corrections**

In the article "Cough Seizures in Patients with Cerebral Lesions," by Dr. J. A. Morgan-Hughes (B.M.J., 27 August, p. 494) the fourth sentence of the second paragraph of the paper should have read "In the winter of 1951 . . ." In the paper entitled "Appointment Systems in General Practice," by Dr. J. S. K. Stevenson (11 August, p. 515) the percentage given in Table I of female patients who wanted the appointment system to continue should have been printed as 83.3 not 63.8. We regret that in the letter from Dr. J. Saperia on 27 August (p. 521) his address was incorrectly given. This should have read: "London E10."