Children aged under 15 years (n = 140, 16%) had a better survival rate at 6 months than did patients aged 15 years and more (n = 724, 84%) (survival 73% vs 56%, difference 17%). The difference was maintained at 2 years, when the actuarial survival was 69% for those aged under 15 years and 37% for those aged over 15 years (difference 32%).

The results for the three most frequent indications (primary biliary cirrhosis, post-hepatic cirrhosis, and hepatocellular carcinoma) are represented in fig 6. The perioperative mortality was the same for primary biliary cirrhosis and post-hepatic cirrhosis but the 6-month survival rate was better for primary biliary cirrhosis (difference 5%); the difference widened with time, to reach 18% at 2 years. The number of cases at 1 year was too small to allow further interpretation of these results. The surgical mortality for hepatocellular carcinoma (76-4%) was one of the lowest for any of the indications for transplantation, but the survival curve progressively decreased, so that at 2 years the survival rate of 30% for hepatocellular carcinoma was lower than that for any indication.

For biliary atresia (n = 76, 4 aged over 15 years) the survival rates at 30 days, 6 months, 1 year, and 2 years were 87%, 77%, 74%, and 68%, respectively. Acute hepatic failure was the indication for emergency transplantation in 75 patients; the surgical mortality was not different from that for the total group, and there were no deaths after the first 6 months (but the numbers were small).

Correspondence should be addressed to the Committee for the European Liver Transplant Registry, c/o Dr. H. Bismuth or Dr. D. Canning, Hepato-Biliary Surgical Unit, 94000 Villejuif, France.

Reactions of Dowsing Instruments to a Magnet

Ritter (see ref 4) showed that a pendulum suspended from between his thumb and index finger rotated clockwise over the north pole of a magnet and anticlockwise over the south pole, and he could thus distinguish between them. I can confirm this observation, though in my case the direction of rotation is the reverse of what he described. Bent rods of metal or wood diverge when carried towards the north pole of a magnet but converge when the south pole is approached.

To be able to distinguish between the poles of a magnet in this way is good evidence for the existence of a human magnetic sense.

The Position of the Sensors

Since one magnet can be used to detect another, it would appear that the body contained small magnets, and I therefore made a search with a pendulum for north and south pole reactions. They were found over the face, upper abdomen, and limb joints. A clockwise pendulum rotation occurred over the right side of the face, corresponding to a south pole reaction, and an anticlockwise reaction on the left, while a clockwise rotation occurred over the left side of the upper abdomen and an anticlockwise one on the right. These reactions occurred irrespective of the position of the body in relation to the magnetic meridian. This contrasts with the behaviour of the limb joints, in which the north side of the joint always gave an anticlockwise rotation and the south side a clockwise one, in accordance with which side of the joint happened to be to the north or south at the time.

Aluminium foil, laid over a presumed Roman road, did suppress all dowsing reactions. I therefore used this foil...
Food Intolerance

Joint UK Databank Established

SPT 15 saw the launching of the first Food Intolerance Databank, drawing on the resources and experience of the Royal College of Physicians, the British Nutrition Foundation, the British Diabetic Association, and the food industry, together with leading agricultural and food research institutes. The databank will provide dietitians and hospital physicians with access to centrally collected data for the treatment of food intolerance and it aims at providing a service which is not unequalled in any other country.

The databank has been compiled with the full support of major food companies in the UK, who have provided data on the composition of over 4000 food products. It was established on the recommendation of the 1984 joint Royal College of Physicians/British Nutrition Foundation report on food intolerance and food aversion and required three years of close cooperation between the food industry, research establishments, physicians, and dietitians before it could be launched. The founders of the databank include the Royal College of Physicians, British Nutrition Foundation, British Diabetic Association, Food and Drink Federation, Leatherhead Food Research Association, and Agriculture and Food Research Corporation Institute of Food Research (Norwich).

Located at Leatherhead Food Research Association, the databank will be based, initially, on the "top ten" list of substances, which reflect the practical experience of the British Diabetic Association. These ten include milk and milk derivatives, egg and egg derivatives, wheat and wheat derivatives, soya and soya derivatives, cocoa, butylated hydroxyanisole and butylated hydroxytoluene (BHA and BHT), sulphur dioxides, benzoxate, glutamate, and azo colours. It will thus be of value in the management of conditions ranging from coeliac disease and cow's milk protein intolerance to egg allergy and intolerance to food additives.

The databank is only concerned with the treatment of food intolerance. Increased public awareness of the possibility of food intolerance has been followed by the appearance of cases in which self-diagnosis and self-treatment has led to dangerously inadequate and unsupervised diets. Access to the databank will therefore be limited in the first instance.

A recent study by Dr Elspeth Young (High Wycombe) shows that reactions to food additives, in particular, are much less frequent than recent publicity has suggested. In a study to be published in the Journal of the Royal College of Physicians, it was found that 15-6% of the 18,000 respondents to a questionnaire believed they had symptoms provoked by foods and 7-4% thought they had reactions caused by food additives. In only 3 cases, however, could a reaction to a food additive be positively identified.

The information on the Food Intolerance Databank is available only to state-registered dietitians and hospital physicians. The service is provided free of charge.

Further information may be had from Alison Eckett, Food and Drink Federation (tel: 01-836 2460) and Vivien Marcy, Kingsway Public Relations (tel: 01-831 6131).