



ADMINISTRATION: THE PROTEAN MANIFESTATIONS; AN ABRIDGED SUMMARY

I've exercised resolve and resisted the temptation to check the OED for synonyms, similes, metaphors and euphemisms for the (seemingly ubiquitous) word administer. Even without application, (another in the multipurpose category), let alone perspiration the following bob effortlessly to the cortical surface: give a treatment; care for; manage; exercise authority; preside over; apply; organise... do indulge me for a second or two. This month's choices are an eclectic, thought provoking set of papers all which touch on forms of administration... I hardly need say they are, sumptuous too.

MENINGOCOCCAL B VACCINATION: ADMINISTRATION TO...

The compound infectious disease susceptibility phenotype related to prematurity doesn't disappear when the neonatal age threshold is crossed and there are precedents for modifications/additions to routine vaccination in this group. Anna Calvert (St George's University Hospital, London) report the findings from a multicentre UK based randomised controlled trial testing a 2+1 (4, 16 weeks and a 12 month booster) with a

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3+1 (an additional dose at 12 weeks) of the 4CMenB (four component outer membrane) vaccination. In terms of immunogenicity measured by geometric mean titres, the groups were comparable, and protective. A higher proportion of the 3+1 format babies reached the serum bactericidal threshold for a subgroup antigen NZ98/254 at 12 weeks, though, the clinical implications are unclear, particularly given that, by the post booster stage, there were no differences. In short, reassuringly and importantly the current 2+1 schedule is (with the proviso of continued surveillance) as effective. Add the lower rate of post vaccination fever to the bonus box in the '2+1' babies the case is even stronger. *See page 898*

OPIOID INTOXICATION: SELF-ADMINISTRATION

The US opioid epidemic and related mortality is only too well known and makes for difficult reading. Unfortunately, the news from the opposite side of the Atlantic although of lower profile, is equally disheartening, more than 50% (yes 50%) of deaths now related to one of the prescribable morphine-variants 'family'. Hannah Yard and interrogate the most robust resources available in the UK: the National Poisons Information Service (NPIS), the Toxbase database of enquiries and the Office for National Statistics for admissions and deaths and measured trends over the 10 years between 2012 and 2021. The number of phone calls to NPIS declined slightly, but this was more than compensated in the sharp rise in visits to Toxbase for opioid-related

queries. In short, numbers increased the change in route of information gathering likely reflecting the swing to online-based information over the 2010s when this route became, for many, the first port of call. *See page 894*

ADDITIVES: INCORPORATION

'But it said so on the tin...' It's hard to escape the feeling that some dietary components have managed to sneak under the radar and remain relatively inconspicuous on the basis of more subtle exposure/outcome associations, harder to quantify with an acute reaction, a RAST, a lipid profile. The latent category would certainly fit the bill for food additives. Until now, E numbered additives have occasionally surfaced on social media, rarely staying there for long.

John Warner brings the uninitiated (most of us, let's be honest) up to date with a summary of the under-scrutiny chemicals, their biology and secrets. *See page 882*

MILESTONES: ADMINISTERING A PROFESSION

It's hard to imagine now, but the period between the origin of the Hippocratic principles (some centuries BC) to the 1858 Medical Act of Parliament at which point the General Medical Council was born and regulation/administration began lasted two millennia. Let Terence Stephenson take you on a guided tour from the guilds to the apothecaries of our forebearers... to mandate. *See page 950*

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