

Administration of thiamine usually leads to improvement of ocular signs within hours to a few days. Confusion and ataxia may take days or weeks to improve. Some damage may be permanent. Patients may be left with nystagmus, ataxia and Korsakoff's psychosis (Victor et al, 1989).

Delayed treatment of Wernicke's encephalopathy may lead to unnecessary permanent damage. It is better to treat needlessly than miss a case. All alcoholic seeking medical help should be given oral thiamine (intravenous if vomiting). There are no side effects of giving oral thiamine and it is cheap.

Addition of thiamine to food or beverages is more contentious. There is an Australian study which suggests putting it in bread may lower the incidence of Wernicke's encephalopathy in a general population (Harper et al, 1998). There is no evidence as yet that putting thiamine in alcoholic drinks would lessen the incidence of

Wernicke's encephalopathy in abusers and more studies are required. **HM**

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KEY POINTS

- Wernicke's encephalopathy is caused by deficiency of thiamine.
- The most common cause relates to alcohol misuse.
- The classic triad of confusion, ataxia and ophthalmoplegia is not always present.
- It is underdiagnosed and, if untreated, can cause death or permanent damage.
- If suspicious give thiamine.

OBITUARY

Gerry Bennett

Gerry Bennett first worked at the London Hospital as an Senior House Officer in Geriatric Medicine in 1979. Following completion of his training at St. George's Tooting, he returned as a Consultant Physician in the Department of Health Care of the Elderly in 1984. Over nearly 20 years Gerry contributed actively to the clinical service, management, teaching and research of the department.

Upon appointment Gerry made a number of innovations in the clinical service: A consultant-led service where the consultants accept calls for admissions out of hours, a memory clinic, a pressure sore prevention group which subsequently led to the development of a complex wound care clinic, now the East London Wound Healing Centre based at Mile End. Gerry was an active clinician throughout his time in Tower Hamlets. His academic interests lead to Gerry being appointed Senior Lecturer in Health Care of the Elderly in 1992 and then Reader in 1995.

In July 2000 he was awarded a Personal Chair in recognition for his services to teaching and research. He was always an enthusiastic teacher taking an active and prominent role in developing the undergraduate curriculum at Queen Mary and Westfield College and before his death was

involved in developing a multidisciplinary training environment at Mile End Hospital. In addition to teaching locally he lectured nationally and internationally on issues related to ageing, wound care and his specialist area of elder abuse.

He was an examiner locally for the University of London and also nationally for the Royal College of Physicians where he was a senior examination setter and external examination examiner for the Diploma in Geriatric Medicine. In 1995 he was invited to be a visiting Professor in Geriatric Medicine at Belfast University and this honour was again offered in 2001 by the Karolinska Institute of Medicine and Nursing in Stockholm, Sweden. Through his research and legal work in the area of elder abuse Gerry was established as the UK's foremost authority on the subject. In 1992 he founded the charity 'Action on Elder Abuse', the only charity dealing with the abuse of elderly people. At the time of his death he was President of the charity. In 1999 Gerry was asked to sit on both the United Nation's working party and the World Health Organization's working group on violence, as the European representative. He continued to work with the World Health Organization on research projects concerning elder abuse in developing countries.

In addition to his clinical, teaching and research commitments Gerry was also involved in management, firstly as Lead Clinician for the Department of Health Care of the Elderly and subsequently as Medical Director of Tower Hamlets Community Trust between 1994 and 1998.

Gerry Bennett had been a member of the editorial board of *Hospital Medicine* since January 1998.

It is difficult in a short article to encompass all the interests and work of an individual. Although his areas of work and expertise expanded over the years, Gerry remained loyal to the elderly population of Tower Hamlets. He was particularly proud of the links between the department and local general practitioners, the training offered in the department and the quality of care offered to frail elderly people. Always committed and enthusiastic, full of ideas, an advocate for older people and champion of services for elderly people, he will be missed by colleagues, patients and students alike.

Professor Gerald Bennett died in hospital on April 13 2003.

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