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Endoscopy; We have received the results of a controlled trial, and their data do not, in our view, entitle them to draw much in the way of broad conclusions. We are satisfied, from our personal experience and that of others, that in routine clinical practice emergency upper gastrointestinal endoscopy is the correct method of diagnostic investigation. In the overwhelming majority of patients who undergo endoscopy within 24-48 hours an identifiable lesion, with evidence that it was the cause of the haemorrhage, can be found without undue difficulty. We have not conducted a controlled trial of endoscopy versus radiology: we believe that it would now be unethical to do so. However, we agree with Cotton4 that “expert barium radiology may be as useful in inexperienced endoscopy and it is certainly necessary if endoscopy is not available.”

K F R SCHILLER
C P WILLOUGHBY
J N CROSSLEY

St Peter’s Hospital, Chertsey, Surrey

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Monitoring of diseases in animals
Sir,—In The Times of 5 January (p 12) Mr M E Hugh-Jones, of the Central Veterinary Laboratory at Weybridge, is reported as agreeing that there are now no great difficulties in collecting and analysing information about animal diseases. This is certainly good news. However, Mr Hugh-Jones is said to have urged that, although a monitoring system could be launched tomorrow, nobody should move until five deceptively simple questions are answered. What information is needed? Why is it needed? Who needs it? How much time and money is available? And what is going to be done with the information?

If I had not retired from my post as Director of the Public Health Laboratory Service I should have been greatly tempted to have a go at taking up Mr Hugh-Jones’s challenge. But I hope that those still actively concerned in the important matter of preventing animal diseases and restraining their spread to other animals and to man will be able to supply the answers called for; and that we shall soon see a great increase in medical-veterinary collaboration on problems of great importance which seem to be eminently capable of being tackled successfully, and in great need of it.

J W HOWIN
Newtonmore, Inverness-shire

Radiology and endoscopy in acute upper gastrointestinal bleeding
Sir,—We have read with interest the paper by Dr G M Fraser and his colleagues (31 January, p 270). In their communication they challenge some of the claims made for upper gastrointestinal fibre-endoscopy. Salters1 has also raised some doubts about endoscopy; his views have been questioned by Colin-Jones.2 As a gastroenterological physician, a registrar, and a general practitioner clinical assistant, all with a special interest in and some considerable experience of fibre-endoscopy, may we similarly be allowed to comment on this most recent attack on endoscopy, written by radiologists in defence of radiology?

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1 Salter, R H, Lancet, 1975, 2, 863.