CORRESPONDENCE

Monitoring of diseases in animals Sir James Howie, FRCPATH.....393	Laparoscopy explosion hazards with nitrous oxide I M Corall, FFARCS, and others.....397	Steroids and common skin diseases S Selwyn, MD, and P W M Copeman, FRCP...399
Radiology and endoscopy in acute upper gastrointestinal bleeding K F R Schiller, MRCP, and others; F P McGinn, FRCS, and others.....393	"Whites only" at the University of Natal South African Doctor397	Value of clinical pharmacology A J Smith, FRCP.....399
Cancer statistics E D Acheson, FRCP.....394	Steatorrhoea complicating therapy with mefenamic acid R G Chadwick, MRCP, and others.....397	Hospital night staffing A J Carr, SRN.....400
Hospitals for the developing world J G Avery, MFCM.....394	Laboratory proficiency R A Goodbody, FRCPATH, and others.....397	Contract for community medicine T Trace, MFCM.....400
Long-term postinfarction treatment with practolol D A Chamberlain, FRCP, and others.....394	Hazards of cephalosporins in penicillin-allergic patients with meningitis M Phillips, MRCP, and others.....397	Family planning in hospitals P J Huntingford, FRCOG, and others.....400
A place to be born Pamela M Zinkin, MRCP, and Colleen A Cox, MD; A E B Matthews, FRCOG, and J S Fox, MRCOG; M M Reid, MRCPGLAS; R Dingwall, PHD.....395	Polyuria in paroxysms of tachycardia D Kohn, MD.....398	Incentive and reward A S Jackson, FFARCS.....400
Immisation against whooping cough N W Preston, FRCPATH; T M Pollock, MRCPGLAS.....396	Segregated smokers K P Ball, FRCP; J P F Lloyd, FRCS.....398	Consultants' ballot D V I Fairweather, FRCOG.....401
It's a baby! M P Weller, MRCPsych.....396	Propanidid in dysrhythmias S Homsek, MD.....398	The overtime problem N Strang, MB.....401
	Lesser curve necrosis after proximal vagotomy S J Heffernan, FRCSI.....398	Points from letters Royal College of Physicians and fluoridation (W W Yellowlees); Medical manpower (D R Cargill; D H Patey); Tuberculous meningitis (Sister M Gabriel O'Mahony, and others); Long-stay mental hospital population (G Milner); Laboratory diagnosis of malaria (A P Hall); Incurable Patients Bill (G Scott; S L H Smith); The third man (D Hillebrandt; J Haworth).....401
	Management of uraemic pericarditis R J Winney, MRCP.....399	
	The problem of rosacea C P A Dupont, LRCP&SI.....399	

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.

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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. Salter¹ 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?

In a study³ completed before endoscopy had made much impact it was shown that the incidence of acute upper gastrointestinal bleeding in a population of 300 000 was approximately 140 per year. Dr Fraser and his colleagues describe 112 patients seen in four years. Have all patients with this condition admitted to their hospital with acute upper gastrointestinal bleeding during 1971-4 who had either radiological or endoscopic investigations been included in their study? Secondly, we are given no information on why radiology or endoscopy was chosen; what were the criteria on which this choice was based? Thirdly, did either the radiologist or the

endoscopist know of any previous findings by the alternative method? Fourthly, what was the timing of either investigation in relation to the acute haemorrhage and in relation to each other? It seems possible that endoscopy at least was performed quite late; the authors state that active bleeding or a blood clot in or near to a lesion was seen in only eight of 72 patients who underwent endoscopy. We could extend our list of questions and comments, but we feel that perhaps our point may already have been made.

Dr Fraser and his colleagues have not presented 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 as inexperienced endoscopy and it is certainly necessary if endoscopy is not available."

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

² Colin-Jones, D, *Lancet*, 1975, 2, 1047.

³ Schiller, K F R, Truelove, S C, and Gwyn Williams, D, *British Medical Journal*, 1970, 2, 7.

⁴ Cotton, P B, in *Topics in Gastroenterology* 3, ed S C Truelove and M J Goodman. Oxford, Blackwell Scientific, 1975.