Correspondence

Advantages and disadvantages of highly selective vagotomy

Sir.—We read with great interest Professor D Johnston's informative paper on highly selective vagotomy (HSV) (6 December, p 545). In common with most other papers so far published about this operation the conclusions are favourable to an extent that prompts a word of caution.

A randomised comparison of HSV and truncal vagotomy with pyloroplasty (TVP) was started in York in April 1973. A strict protocol has been followed which selects for consideration only those patients with proved duodenal ulceration and rejects patients in whom there is other disease. At operation, after inspecting the pylorus, the surgeon decides whether either operation is feasible. At this point the patient is either rejected from the study or the choice of operation is decided by opening an envelope containing a randomised card.

During the first 29 months (16 April 1973 to 29 September 1975) 142 patients were considered, 50 patients rejected, and 92 patients entered into the study. The reasons for rejecting patients were as follows.

Pyloric stenosis
Technical difficulty experienced or expected from HSV
Billary disease
Gastraic ulcer
Other reasons

The Visick grades in 78 patients who have been followed up for at least one year are presented in the table. One patient died after HSV because of lesser curve necrosis and one other patient developed this grave complication and survived.

<table>
<thead>
<tr>
<th>Visick grade</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>15</td>
</tr>
<tr>
<td>II</td>
<td>9</td>
</tr>
<tr>
<td>III</td>
<td>16</td>
</tr>
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<td>IV</td>
<td>8</td>
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</table>

We consider that it is important to emphasise that HSV can be very difficult in obese patients. If it is necessary to add a gastric drainage procedure to HSV, then this eliminates one of the main advantages claimed for the operation. We do not think that properly randomised studies have been conducted for long enough on sufficient numbers of patients to assess the operation fully. Surgeons who contemplate changing their practice to include HSV should consider that the operation has not yet been proved to be the best.

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Long-stay mental hospital population

Sir.—I write concerning the two papers published with the outlook for long-stay mental hospital patients by Dr Thomas Bewley and others (20 December, p 671) and Dr Eamonn Fottrell and others (p 675). The former authors challenge the Department of Health's view that "when all the new general hospital departments to serve the area are in operation and only a comparatively small number of patients remain in the mental hospital, it should become possible to close the mental hospital by transferring these remaining patients to other appropriate hospitals." They refer to "the premise that most mental illness can be treated suitably in a general hospital" and suggest that this premise is probably incorrect.

Great play is frequently made of the fact that, as yet, not a single mental hospital has been closed. There is, however, another side to the story which, in spite of frequent publications, is persistently overlooked. This is the fact that in many parts of the north-western region large areas are already being served by psychiatric services centred ex-