Conservative treatment of gastrointestinal haemorrhage

Reply

SIR,—In reply to Mr D L Morris (*Gut* October 1985 p. 1097); the number of patients with gastric, or duodenal ulcer aged 60 or more, was 41.

Mr Morris is seriously perturbed by the concept of unsalvageable patients, a problem he shares with many surgeons who are unaware that their physician colleagues find that in about 5% of patients with gastro-intestinal haemorrhage the bleeding is the terminal event in a process of dying. The belief that all lesions failing to respond medically can be cured by surgery is unrealistic; of our 12 patients who died without a necropsy, four had an endoscopic diagnosis, leaving eight undiagnosed.

Of the eight who died without a firm diagnosis, five had alcoholic liver disease (severe in four), two had severe congestive cardiac failure from rheumatic heart disease and a recent myocardial infarct and the 72 year old may have been salvageable. Even if all eight had died of bleeding peptic ulcer, which seems unlikely, the resultant mortality rate of 12.8%, for ulcer would have been comparable with the 11.2% of Vellacott *et al.*² The claim that a surgical policy was followed, was based upon a surgical intervention rate of four in 86 patients compared with the Nottingham figure of 27%. If this policy is not conservative then our critics need to be informed. The criteria for surgery in duodenal ulcer were a considered judgement by the consultants concerned that the conservative transfusion regimen was failing to prevent recurrent life threatening bleeding, clearly in our experience an unusual event.³

Finally, the point has been raised that the bleeding was not serious. We can only reply that 21 patients were referred from other hospitals in the region for management and that the prevalence of a haemoglobin concentration of less than 10 g/l was the same as in the Nottingham series.²

J M DUGGAN

York Wing,
The Royal Newcastle Hospital,
Newcastle, NSW 2300,
Australia

References

- 1 Logan RFA, Finlayson NDC. Death in acute upper gastrointestinal bleeding. Can endoscopy reduce mortality? *Lancet* 1976; 1: 1173-4.
- 2 Vellacott KD, Dronfield MW, Atkinson M, Langman MJS. Comparison of surgical and medical management of bleeding peptic ulcers. *Br Med J* 1982; 284: 548-50.

- 3 Duggan JM. Acute gastrointestinal haemorrhage. Prognostic factors on a conservative regime. *Med J Aust* 1972; 2: 187-93.

Books

Atlas of therapeutic proctology By Emilio de los Rios Magrina. (Pp 185; illustrated; £75.) London: Bailliere Tindall/W S Saunders, 1984.

I am privileged to have the opportunity of reviewing Dr Emilio de los Rios' *Atlas of therapeutic proctology* because it seem likely to become one of the rare books in surgery. At £75 for under 200 pages it will clearly price itself out of the market unless anyone considers that it has exceptional merit. I cannot see that it has.

It is certainly very beautifully illustrated, many of the colour photographs are exceptionally clear, although in the reproduction of the photographs of moist tissue the highlights appear as rather strange black and white dots. As so much of the cost of the book must have gone into reproducing the colour photographs, it is a shame that there are so many of them used to illustrate a very simple procedure that could have been illustrated with a simple line drawing. For example six expensive but beautiful photographs are used to illustrate the removal of a simple pedunculated juvenile polyp that prolapses through the anus; one coloured photograph and a line drawing would have sufficed and the book might have cost £30! Nevertheless, I have rarely seen better anal photographs. The repair of a divided anal sphincter is particularly well illustrated. The accompanying line drawings are helpful, a technique that other illustrators should emulate.

The text is didactic and brief. There are few hard data to support any of the opinions and whenever a percentage figure is quoted, it is usually preceded by the preposition 'about', suggesting that the text to accompany the beautiful photographs has been prepared 'off the cuff'. The original Spanish version must have clearly indicated the great experience and common sense of the author. Indeed a lot of the wisdom and broad experience emerges even through the translation into English. Some of the translations even embellish the graphic text; it gives great pleasure to the reader to have the 'keyhole' deformity that follows sphincterotomy through the bed of a fissure described as an 'anus in the eye of a lock'. In general the quality of the translation is good and I found it rewarding to share the vast experience and experience some of the wisdom of Dr de los Rios.

J ALEXANDER-WILLIAMS