Correspondence

Reply
Sir,—We thank Dr Guslandi for his comments about an impairment of the gastric mucus – bicarbonate barrier as a pathogenic factor in erosive gastritis. They1 and Nesland and Berstad2 found that acid secretion was within the normal range of healthy controls in patients with erosive gastritis of the antrum. We found that erosive gastritis was associated significantly more frequently with large acid secreting areas. We previously found a significant correlation between the extent of acid secreting areas and MAO. In fact, we found that gastric acid output in patients with erosive gastritis was high, and the same as in duodenal ulcer patients. Moreover, Sata3 also reported acid hypersecretion in patients with erosive gastritis. Although I agree that pirenzipine has acid inhibiting activity and strengthening activity of the mucosal protective factors, it seems to me that acid hypersecretion has a more important role in pathogenesis of this disease.

MASAHARU TATSUTA
Department of Gastrointestinal Oncology, The Center for Adult Diseases, Osaka, Osaka 537, Japan.

References
5 Guslandi M, Masci E, Ballarin E, Imbimbo BP, Daniotti S. Luminal bicarbonate outflow in chronic antral erosions is suppressed by pirenzipene. Hepato-Gastroenterol. (in press).

Future requirements for colonoscopy in Britain
Sir,—This report by the Endoscopy Section Committee of the British Society of Gastroenterology is indeed timely (Gut 1987; 28: 772–5). The diagnostic, therapeutic and surveillance indications for colonoscopy are clearly defined and we would not dispute but that the estimated requirements of about 160 colonoscopies per 100,000 population per year is a conservative one. Irrespective of the indication for colonoscopy, implicit in carrying out this procedure is the need to do biopsy; indeed most colonoscopic