

**Reply**

SIR,—We thank Drs Kochlar, Rajwanshi, and Mehta for their interest in our paper, and we look forward to reading their results when published. They correctly point out that since our paper was accepted Lange *et al* have published the results of a similar technique, although with a poor yield of readable samples. We believe our method of gentle movement of the needle tip in the specimen is helpful in increasing the amount of sample obtained, and may account for the difference in results.

We are also grateful to the writers for drawing our attention to abstracts of other work in this field which do not appear in *Index Medicus* as no full paper has apparently been published. Clearly several workers have found endoscopic needle aspiration cytology of the stomach to be practicable. We hope our evidence of its value in the diagnosis of gastric malignancy will encourage others to adopt the technique.

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**Staffing and administration of endoscopy**

SIR,—Your occasional report, 'Results of a questionnaire concerning the staffing and administration of endoscopy in England and Wales' highlights many inadequacies in the provision of endoscopy services in England and Wales. In particular I was concerned to read of the ongoing deficiencies in training for those working in endoscopy units and the apparent unwillingness of anyone in the NHS to pick up this responsibility and run with it.

My company as the major suppliers of endoscopes to the NHS has not neglected its responsibility in this area and is running training courses regularly which have now accommodated an aggregate of over 3000 nurses and technicians over 14 years. In addition, it has supported, with financial and practical aid, the only regular advanced endoscopy course for nurses. The importance to the NHS of these courses has been two-fold: better understanding of the instrumentation has both cut the cost of repairs (very considerably) and thereby helped in providing uninterrupted services for patients.

Your readers will be interested to compare the reported attendance at the ENB course with the current booking position for our primary course 'Care and maintenance' which is 85% fully booked

three weeks after announcement, and has a waiting list for a suitable place of over 1500 potential delegates.

The procurement Directorate of the DHSS is encouraging more aggressive purchasing on value for money grounds, but in practice this rarely seems to take into account such 'invisibles' as user training. If the NHS wants such services then it must either be prepared to pay for them or to make the necessary very substantial investment in providing the courses that, as our waiting lists suggest, are in demand.

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*Addendum to letter on p. 553 entitled 'Small intestinal adenocarcinoma. . .'* The authors wish to add the following: Jones and Marshall's paper prompted a further report by Kingston (Letter, *Gut* 1988; 29: 134) of a periampullary tumour in a patient with neurofibromatosis. We have kindly been allowed to study this tumour which again proves to be a somatostatin-rich glandular carcinoid.

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**Books**

**Inflammatory bowel disease: a personal view** by Henry D. Janowitz, M.D. (Pp. 179; illustrated; \$42.95.) Chicago, USA, Field, Rich, 1985.

This is not a textbook but a sharing of unrivalled experience. Dr Janowitz began work at the Mount Sinai Hospital, New York, in 1939 and has devoted much of his professional life to inflammatory bowel disease ever since. He has worked with Crohn, Ginzberg, and Oppenheimer and many other distinguished colleagues, he has lead a distinguished research team himself, and he has experience of countless patients. The recurring problems of the patients with inflammatory bowel disease are dealt with practically and sympathetically. The rare occurrences in a long busy career, such as massive haematuria caused by bladder involvement in Crohn's disease, add particular interest. A well produced set of small intestinal radiographs sharpen our knowledge of differential diagnosis, and remind us that Crohn's disease has many mimics.

Medical practice in a sophisticated tertiary referral