of the carbohydrate side chains. Thus, we feel that data obtained using different methods should be compared very cautiously. In all as far as the persistence of changes in lectin binding pattern after gluten free diet, Barresi et al provide very interesting and exciting results. We agree that further studies on this matter are still needed, as the patients studied by Barresi after 12 months of gluten free diet still showed partial villous atrophy. The persistence of changes observed by Barresi et al in these patients might in fact reflect the incompleteness of recovery rather than the expression of a primary defect.

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Gastroenterologists and nutritional support

SIR,—At the inaugural committee meeting of the Small Bowel/Nutrition Section of the British Society of Gastroenterology in September 1988 it was agreed that a survey should be undertaken to assess the degree of influence and participation of BSG members in the practice of clinical nutrition support in the United Kingdom. A brief questionnaire was circulated to 1500 BSG members in December 1988. All replies until June 1989 were collected and 912 completed questionnaires were returned — a response rate of 11-2%. The breakdown of occupation of respondents is listed in the Table.

Ninety per cent of respondents were responsible for decision making for enteral nutrition of their own patients, but only 45% were responsible for decision making concerning total parental nutrition for their own patients. Eighty nine per cent of respondents were responsible for enteral nutrition support of other clinicians’ patients, dropping to only 29% for total parenteral nutrition. Some form of nutrition team or advisory group was available to 39% of respondents, and 7% were in charge of those patients. Six per cent of respondents had access to a team which solely specialised on total parenteral nutrition. Three respondents said that nutrition teams were in the process of being ‘set-up’. If a nutrition support team was not available (61%), over half respondents stated that ‘non-specialists’ were responsible for providing nutritional support or that there was ‘variable’ responsibility. Thirty per cent stated that nutrition support advice was given by the patients’ own clinical team, 6-5% had advice provided by dietitians, 5% by consultant anaesthetists, and 3% by pharmacists.

In summary, most of the respondents admitted to some involvement with nutritional support—predominantly enteral. A minority of BSG members were involved with decision making for total parental nutrition, even with their own patients. Less than half of the BSG membership had access to nutrition teams. The poor response rate for the questionnaire of 11-2% can be compared with a response rate of 73-4% for a much more detailed and complex questionnaire sent to district dietitians.

The results of this small survey suggest that members of the BSG play a very minor role in decision making for nutritional support. This is perhaps surprising considering the frequency with which gastroenterological patients (both medical and surgical) require nutritional support. It is hoped that the formation of the Small Bowel/Nutrition Section of the BSG will stimulate greater interest and participation of gastroenterologists in the practice of nutritional support as so many gastrointestinal diseases are associated with nutritional problems.

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Randomised, double blind comparison of omeprazole and cimetidine in the treatment of symptomatic gastric ulcer

SIR,—We have read with interest the recent article by M. McMahon et al in this journal (1990; 34: 1323-8) but we wish to comment on the presentation of the results. Indeed in several Figures of this article (Figs 3, 4, and 5) the per cent of patients is given without the absolute values being stated in either the tables or the figures. We feel that by so doing valuable information might be ‘lost’, such as, how many patients on cimetidine took no antacids, etc.

It is also stated that more patients on cimetidine than on omeprazole took antacids and it might be interesting to know in what amount and at what time antacids were taken, as this could interfere with biodeposibility of cimetidine.

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