"ENCEPHALOPATHY"—A NEW THERAPEUTIC AGENT?

Dear Sir:

In a recent issue of Gastroenterology, the title of the lead article, "Treatment of Alcoholic Hepatitis with Encephalopathy," contains a double entendre. The phrase "with encephalopathy," as used, is an ambiguous modifier.

Professor Henry Higgins said of Liza Doolittle, "By rights she should be taken out and hung for the cold-blooded murder of the English tongue." (It should be "hanged," of course.) He also opined, "There even are places where English completely disappears—in America they haven't used it for years." We do not advocate such an ignoble end for editors or authors, and we will not debate whether on this side of the Atlantic we speak and write English or "American." Nevertheless, we do believe that correct grammar not only assures specificity and clarity, but also is essential to the preservation of our language.

Finally, we note with interest that the Journal's "Instructions to Authors" require that only the references "have been carefully proofread for accuracy." Accordingly, we are considering submitting to this Journal a paper of unimaginable scientific merit in which the references have been carefully proofread for accuracy, but the text has not.

JOHN M. EBARD, M.D.
Assistant Clinical Professor of Medicine
Baylor College of Medicine
Houston, Texas

HERBERT L. FEED, M.D.
Director of Medical Education
St. Joseph Hospital
Houston, Texas 77002


AN ENDOSCOPIC APPROACH TO A SNOW LEOPARD

Dear Sir:

Gastroscopic examinations are becoming more commonly used in veterinary medicine. The need for gastroscopy may be particularly acute at zoos harboring valuable exotic species, and gastroenterologists are often called to aid in the evaluation and treatment of unusual animal patients. We, therefore, think that it is appropriate to report on our experience with a snow leopard.

Jeremiah is a 2½-year-old 73-lb male snow leopard (Uncia uncia) who presented with a 2-month history of anorexia and a 20-lb weight loss. A trichobezoar was suspected and endoscopic evaluation was planned. The animal was tranquilized with 200 mg of hexaflumuron and 5 mg promazine given by dart. Anesthesia was maintained with thiamylal sodium, 200 mg given intravenously, over a 2-hr period.

The Olympus EF esophagoscope was passed without difficulty (fig. 1). The gastroesophageal junction was located at 44 cm from the incisors. A large collection of greenish material was noted in the stomach. Attempts at removal or capture of this material were precluded by its amorphous structure. An attempt at mechanical disruption with the biopsy forceps, lubrication with mineral oil, and digestion with a commercial vegetable enzyme product (Aidilene Tenderizer) was attempted. Later that night, Jeremiah vomited a large amount of hair and foul-smelling fluid. His course was somewhat complicated, but he recovered uneventfully over the next several weeks.

This experience demonstrates the feasibility of an endoscopic approach to large, nonhuman animals. Appropriate sedation and course, important. The gastroesophageal junction may be more distant from the incisors than one would predict.

MARTIN S. KLEINMAN, M.D.
Clinical Associate Professor of Medicine
ROBERT H. GARMA, D.V.M.
Assistant Professor of Animal Medicine and Pathology
Strong Memorial Hospital
601 Elmwood Avenue
Rochester, New York 14642

OVERPRODUCTION OF GASTROENTEROLOGISTS

Dear Sir:

It seems to me that the next major problem facing gastroenterology is one of overproduction of gastroenterologists. In 1974, Spain had three gastroenterologists; now it has nine with apparently no more coming this summer. In what was once its referral area, three smallish cities now have gastroenterologists and at least three more are being established. Others have surgeon-internists becoming reasonably skilled with gastrointestinal endoscopes, a distinct threat to the gastroenterologist. American cities have experienced similar proliferation. There have been issues of New England Journal of Medicine and Journal of American Medical Association without a single offering for a gastroenterologist.

I have a feeling that it is the climate and needs within the training institutions and not the needs of society that presently dictate the output of new gastroenterologists. Institutions are pressured by teaching, research, and academic loads do not have the time to handle personally the recent explosion of procedures without an army-in-training to do them. Staff egos and recruitment now require a "dynamic" (expanding) teaching program and research. In many institutions, expansion of clinical slots has more than counterbalanced contractions in residency programs funded by the National Institutes of Health.

In conversations with gastroenterologists from many areas, there is an attraction to large cities. In my own opinion, the large practice is diminishing the gastroenterologist.

1348
Dear Sir:

Doctor Knauer’s experience with outpatient liver biopsy at Santa Clara Valley Medical Center (Gastroenterology 74:101-102, 1978) corresponds closely with our experience at Hartford Hospital. From November 1969, through January 9, 1978, we have performed 219 liver biopsies on outpatients. Only 3 patients (1.4%) have required hospitalization, 1 for hemorrhage requiring laparotomy and 2 for

John S. Fordtran, M.D.
Editor, Gastroenterology