

detection rate of unequivocal abnormalities was 33%.

A notable finding was the relatively high percentage of patients with gastric, pyloric or duodenal inflammation (34%) (Table 1). The recognition of these mucosal lesions improved the doctors' insight into the plight of patients whose problems often go undetected by radiology and helped to direct their management. These findings together with apparently negative findings may take on increased importance in the light of recent work suggesting a link between *Campylobacter pyloridis* organisms and gastritis and peptic ulceration.⁵

The results of this study strongly support the principle of open-access gastroscopy. The most notable finding is that 88% of the patients examined remained under general practitioner management and did not require subsequent specialist referral. Although it could be argued that many of the patients could equally well have had a barium meal examination, it is likely that a significant number would have required a subsequent gastroscopy. As many lesions may be missed by radiology the choice of investigation seems clear, especially as the costs of the two types of examination are comparable, excluding overheads,³ which are lower for gastroscopy. Diagnostic gastroscopy, that is where therapeutic procedures such as stricture dilatations are not performed, is safe and well-tolerated.

In conclusion, I believe it is possible to achieve competitive results from an open-access service without using rigid referral criteria, and that one unrealized secondary benefit of this service is the low subsequent referral rate to specialist clinics. High patient expectation and common knowledge of modern ulcer-healing drugs has increased pressure on general practitioners to treat gastric problems quickly and effectively, strengthening the case for open-access gastroscopy.

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Address for correspondence

Dr A.S. Hungin, Eaglescliffe Health Centre, Sunningdale Drive, Eaglescliffe, Stockton on Tees, Co. Cleveland.

Corrigendum

In a paper in the February *Journal* — 'Non-specific (anaerobic) vaginitis: relevance of clinical and laboratory studies in a practice population' — Dr A.M. Bangham was incorrectly described as a general practitioner in Barnet. Dr A.M. Bangham is a Senior Clinic Medical Officer in the Barnet District Health Authority.

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