Letter to the Editor

Peptic ulcer is an infectious disease

Dear Editor:

As a general surgeon enamoured with minimal access surgery, I have championed laparoscopic proximal vagotomy as a reasonable alternative to lifetime medical H₂ blockade for peptic ulcer disease. I have done these procedures on an out-patient basis, with the patient returning to full work within a week, and have been disappointed in my gastroenterological colleagues for not sharing my enthusiasm and referring patients for this treatment with the frequency I should have liked.

The article by ABR Thomson, 'Medical treatment of peptic ulcer disease: Should the emphasis be altered in view of laparoscopic surgery?' (*Can J Gastroenterol* 1994;8:199-204) was, in my opinion, long overdue. However, it is ironic that at this time it is a case of too little, too late. What was predicted in the past sentence has happened: the United States National Institute of Health Consensus Conference has declared peptic ulcer an infectious disease, with the agreement and concurrence of the American gastroenterological community, on the basis of volumes of incontrovertible and sound scientific evidence (to be published shortly in *JAMA*).

When major changes in medical thinking occur suddenly, the lag time between writing an article and having it printed may make its content outdated. Possibly editors should conduct last minute reviews of articles scheduled to appear, lest they embarrass both the journal and author by a false impression of being out of date.

I thank you for considering the surgeon as a reasonable alternative and regret that this support came just a touch too late! Even I, with my enthusiasm for laparoscopic surgery, can no longer in full conscience support surgery for a role in the treatment of this infectious disease.

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