

clinical geratology. I am delighted to discover that Professor Stout has access to the *Shorter Oxford English dictionary* whence he has plucked the archaic implications of decadence and impending extinction that he quotes. I could wish that he also had a copy of *Collins dictionary* from which he would learn that nowadays geratology is 'the branch of medicine concerned with the elderly and the phenomena associated with ageing' [1].

Dr Alex Comfort [2] pointed out that while 'geriatrics' is a serviceable term for medical practice among old people, 'gerontology' is a false coining for the science of ageing since it implies restriction to the study of old men (γέρωντες). The more commodious concept of geratology is derived from γήρας (old age) and is a proper interest for an academic department of a liberal university.

The editors of the *Oxford English dictionary* assured me last year that they will modernise the definition of geratology for their next edition citing Dr Comfort in literary provenance. This will be worthy tribute to an author whose various writings have done so much to inform the professional and enliven the private lives of geratologists.

References

- 1 *Collins English dictionary* (2nd edn) London: Collins, 1986.
- 2 Comfort A. *The biology of senescence*. Edinburgh: Churchill Livingstone, 1956.

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Oxygen desaturation during endoscopy

Sir—Like Solomon *et al* (January 1993, pages 16–8) we have been concerned about oxygen desaturation during oesophago-gastro duodenoscopy (OGD). In their study, Solomon *et al* gave both pharyngeal lignocaine spray and IV diazepam as pre-medication. We asked our patients to choose one or other of these pre-medication methods after a verbal explanation from the endoscopist (JM).

Oxygen saturation fell in both groups (1.9% and 6.9% respectively, $p < 0.001$) and was significantly greater in the diazepam group ($p < 0.001$ Student's *t* test).

None of the 48 patients receiving topical anaesthesia required oxygen, but six of 27 subjects receiving diazepam required oxygen due to a fall in oxygen saturation $>10\%$. None of our patients had any cardiac or respiratory problems during or after the procedure as reported in other studies [1].

Elderly patients receiving IV diazepam are at risk of injury due to drowsiness following endoscopy if close supervision is not available; one of our patients fell through a glass door following OGD when IV diazepam had been given. They will also be unable to drive home and alternative arrangements must be made. These additional disadvantages should be considered before IV sedation is used.

Nevertheless, with either pre-medication, it may be prudent to monitor O_2 saturation and administer oxygen via nasal cannulae, particularly in patients with pre-existing cardiac or respiratory disease.

Reference

- 1 Liberman DA, Wuerker DK, Katon RM. Cardiopulmonary risk of oesophagogastroduodenoscopy: role of endoscope diameter and systemic sedation. *Gastroenterology* 1985;88:468–72.

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