

prior to endoscopy reduces the likelihood of finding a bleeding peptic ulcer at first endoscopy thus significantly reducing the need for endoscopic therapy. Patients receiving omeprazole were more likely to have an ulcer with a clean base and more likely to go home earlier. This suggests that omeprazole facilitates clot formation over arteries in bleeding peptic ulcers, enhances clot stability and initiates ulcer healing.

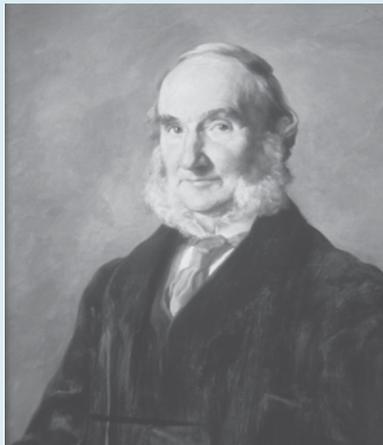
The implications of this study to UK practice are limited by geographical factors, in that the study was performed in Hong Kong. A recent survey of causes of upper GI

bleeding in the UK showed peptic ulcers as the cause in 33%⁵ as opposed to 60% in the Hong Kong series. The other major drawback is that patients on low dose aspirin for cardiovascular protection were excluded from this trial. These patients tend to have more comorbidity and thus are at a higher risk of having adverse events when having an upper GI bleed.

Despite this, the benefits of omeprazole prior to endoscopy demonstrated by this trial provides reasonable evidence to support giving a high dose PPI infusion to patients presenting with an overt UGI bleed.

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PAST PRESIDENTS

Professor Sir Alexander Russell Simpson (1835–1916)

Wherever he went he must have been asked if he was a relative of James Young Simpson, and if so what he thought of the latter's experiments with chloroform. In fact, Alexander

Russell Simpson was a nephew of the famous man, also educated in Bathgate Academy to the west of Edinburgh, and equally fascinated by, and committed to, midwifery, as it was still called.

After qualifying MD at Edinburgh in 1856, he was an assistant to his uncle for seven years before opting to be a GP, with a commitment to midwifery, in Glasgow's Blythwood Square. It is not known why he moved. Was it because his uncle expected too much of him? In addition to his own practice he was expected to assist with the care of James Young Simpson's hospital and private patients as well as teaching. He had to entertain the hundreds of distinguished international visitors eager to meet and pay homage to the great man.

When the old man died in 1870,

Alexander was appointed to succeed him in the Edinburgh Chair of Midwifery and Diseases of Women and Children, (an appointment that met with considerable disapproval in many quarters) serving for 35 years and eventually becoming Dean of the Medical Faculty.

Retiring in 1905, then knighted in 1906, he spent his retirement in evangelism, visiting mission hospitals in India and China of the United Free Church of which he had long been a member, and promoting temperance. Sadly he was killed in a road accident in a wartime blackout in 1916.

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