



probably contributed to the complex hatred between the Tutsi and Hutu in Rwanda. Is it not time for physicians and others to consider the carrying capacity of all countries, including Rwanda, when they sally forth to save lives?

As biologists Peter Vitousek and colleagues³ have stated, at current levels of population and technology growth, human activities degrade ecosystems. The results include soil erosion, destruction of plants and animals, and pollution of land, air and water.³

Two billion people are currently malnourished — about the same number as the total world population in 1940.⁴ What will the situation be like in 2050, when the population is predicted to reach 9 billion?²

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References

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Helicobacter pylori

In reply to my letter concerning the availability of randomized controlled trials relating to eradication of *Helicobacter pylori* (*CMAJ* 1997;157[9]:1199), Dr. Sander J.O. Veldhuyzen van Zanten and associates refer to 3 trials.¹⁻³

It would appear from the first trial that the length of triple therapy is the decisive factor, and from the third trial it would appear that omeprazole is unnecessary for documented ulcer healing and eradication of *H. pylori*.

These findings lead to the question of why we should be wasting millions of dollars on expensive “proton pump inhibitors” such as omeprazole when an inexpensive regimen of tetracycline, bismuth and metronidazole is effective on its own.

They also raise the dilemma that new manifestations of disease will be researched only by pharmaceutical companies, since they alone have the resources. These companies are under no obligation to compare their treat-

ments with available medications, so their research often results in a new, very expensive pill for every new ill, devastation to health care budgets, and little or no gain for patients.

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Breast self-examination techniques

In the article “Effect of breast self-examination techniques on the risk of death from breast cancer” (*CMAJ* 1997;157[9]:1205-12), Dr.