350 Correspondence

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Crohn's disease in married couples

SIR,—We were interested to read of Crohn's disease occurring in two married couples (*Gut* 1985; **26**: 1086) and would like to draw attention to a further example:

Mr DH, born 1931, caucasian, presented in late 1960 with abdominal pain. A laparotomy was done and revealed Crohn's disease of the terminal ileum. In February 1966 a right hemicolectomy was carried out for a stricture of the terminal ileum and an abscess in the right iliac fossa. The gross appearances and histology were typical of Crohn's disease. Since then he has remained well apart from a mild recurrence of symptoms in 1980.

Mrs SH, born 1933, caucasian, married Mr DH in 1954. A laparotomy was done in September 1965 for pain in the right iliac fossa. Just before surgery a mass had developed in this area. The terminal ileum and caecum were involved in Crohn's disease and a right hemicolectomy undertaken, after which she made a straightforward recovery. She had no further recurrence of this condition but subsequently developed a carcinoma of the breast and died in March 1985 of disseminated malignancy.

Crohn's disease in both these patients followed a remarkably benign course and neither had a discharge from a sinus or fistula unlike in the report of Rhodes et al.

This is the fifth example and according to Rhodes and coworkers the p value for five or more couples=0.019—that is, significant. There may well be further examples still to be reported. Whether all this has any bearing on the aetiology of Crohn's disease remains to be determined.

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Endoscopic sclerotherapy using absolute alcohol

SIR,—I read with interest the article by Sarim (Gut 1985; 26: 120) presenting their experience with absolute alcohol as efficacious sclerosing agent. Since January 1984 I have treated 10 children for variceal bleeding with endoscopic sclerotherapy. Instead of sclerosants, I used 20% sodium chloride. The average number of injections per child was 5·3. For individual variceal obliteration the volume of

sodium chloride was 4-6 ml. Variceal sclerotherapy was completed with only two postinjectional ulcers which healed with ranitidine. I suggest sodium chloride 20% as another, widely available, cheap and efficacious sclerosing agent for variceal sclerotherapy in children and adults.

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Dietary treatment of Crohn's disease

sir,—The author of the recent editorial 'Diet in the management of Crohn's disease' (Gut 1985; 26: 985-8) assures the reader that the recent British Textbook of Gastroenterology does not mention dietary treatment of Crohn's disease. There are in fact four references in the index under this heading. Perhaps the author of the editorial was overcome by modesty since at least two refer to his own work!

We would welcome the opportunity of expanding the topic in the second edition of the *Textbook* provided that the results of large well-controlled studies are available from which definitive conclusions can be drawn.

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Effect of cimetidine on enzyme actuation

SIR,—We read with interest the paper of Zentler-Munro et al1 reporting the effect of cimetidine on enzyme inactivation, bile acid precipitation and lipid solubilisation in pancreatic steatorrhoea due to cystic fibrosis (CF). Although evidence is presented that cimetidine prevents pH dependent inactivation of ingested enzymes and reverses pH dependent bile acid precipitation the authors fail to prove that these effects may consequently be responsible for an improvement of fat absorption in the patients. Reading through their article one could be tempted to administer cimetidine to CF patients hoping that steatorrhoea decreases, fat absorption as well as lipid soluble vitamins reabsorption improves and consequently an improvement of the nutritional status is achieved.

We would, however, like to draw attention to the fact, that at least two² ³ well conducted and double blinded and crossed over studies failed to show any improvement in the nutritional management of patients after long term cimetidine application. It is a rather slender referring to the literature of 'cimetidine and cystic fibrosis' and the quoted papers supporting the benefit of cimetidine should