



To the Editor:

I read with interest Dr. Champion's historical note on the stapled-wedge gastroplasty. As we acknowledged in the article, our procedure was derived from the creative genius of Dr. Champion. This technique greatly shortened and simplified the laparoscopic Collis gastroplasty we described several years earlier using the EEA stapler. The intent of our article was not to claim primacy for this idea, but to describe (for the first time in a scientific journal) the technique of the procedure as we used it, and the outcomes with our first 15 patients. We have now utilized this procedure on more than 50 patients and are convinced in its utility for the minority of patients who have acquired esophageal shortening.

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“Clinical methods and team work: 1,000 years ago”

To the Editor:

In the article “On the uniqueness of surgery,” Fischer's proposal that medicine and surgery should work together as much as they can is of great importance to the progress of both specialties worldwide [1]. However, more clarification is needed regarding his statement that, in medieval times, physicians never examined or came in contact with their patients but made their diagnoses from looking only at their flasks of urine. This was the case in Europe during those Dark Ages, in which the great era of the Graeco-Roman medicine came to an end and no progress in medical science was made until the Renaissance [2–4]. However, in the East, coinciding with the spread of Islam, the study of medicine and other branches of science revived and acquired a scientific basis during the same period [3,5,6]. Under this influence, the famous physician Mohamed Ibn Zakaria Al-Razi (Rhazes, 841–926 AD) opposed every form of charlatanism and combated the exaggerated importance that was given to the examination of urine [7]. His book *Al-Hawi* (The Liber Continens) showed his supreme abilities as a clinician [8] by presenting various pathological conditions, usually starting with the complaint and then analyzing its origin and finally describing the signs neces-

sary for diagnosis [9,10]. Thus, he differentiated, for the first time [10], between retention and anuria:

The urine stops either because the kidney lacks it and the sign of this is the stoppage of urine and no heavy pains in the back and not in the loin, ureter and bladder, any discomfort and not at the bladder neck, any cause of obstruction as we will show and together with this, the abdomen is lax and in the body there is swelling and dropsy or profuse sweating. . . And if the urine is stopped because of the urinary passages from the kidney the bladder will be empty . . . [11].

This translation shows that, in addition to careful history taking, complete general and abdominal examination was performed in order to reach an accurate diagnosis. Furthermore, Al-Razi described, for the first time, a clinical physical sign on rectal examination to diagnose the presence of more than one bladder stone: “and you detect that [presence of more than one stone] by your finger, because it will crackle so you then know it” [12].

Scholars who came after Al-Razi continued to follow him in giving prime importance to clinical observations and differential diagnosis [13]. Furthermore, in this Islamic era, physicians did work together with surgeons. Ibn El Quff's (1236–1286 AD), in his book *Al-Omda Fi Sinaat Al-Jarrah* [14] (the mainstay in surgeon's craft), clearly stated that pain relief should be the responsibility of a second medical man other than the surgeon performing the operation. Al-Tabaaei (the physician) was to look after pain relief by giving Al-Murquid to allow Al-Jaraaehi (the surgeon) to perform the operation. This represents the first report, in the literature, on the role of the anesthetist.

According to Sigrid Hunke [15], a third medical man used to be present, putting a finger on the pulse during the operation. Also, the memoirs of Prince Osama Ibn Al-Munquiz [16,17] reported that the Tabaaei and Jaraaehi also worked together as a resuscitation team. Both were called for the resuscitation of a warrior who collapsed immediately after an arrow hit him.

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