

Hippocrates

Dr Friedrich's rule

Some quite ancient practices in medicine still persist from one age into another without it being clear whether they were right in the first place; not uncommonly they were established to serve situations which no longer exist. Paul Leopold Friedrich was a nineteenth century German physician who had worked with such memorable figures as Robert Koch (of the postulates) and Trendelenburg (of the position). In 1898 he published an experimental study of the time which bacteria need to infect a traumatic wound; essentially he concluded that after some six hours the bacteria which have entered the wound with the injury begin to multiply rapidly. From this he evolved his rule that a traumatic wound should be closed within eight hours.

No-one seems to have studied the validity of his rule with modern methods, but it does seem that it lives on in some circles and creates some anxiety. If a patient is injured in a remote environment, are heroic efforts justified to get him to a treatment centre within Friedrich's six hour period? Probably not; shaking up a badly injured patient in a helicopter to save a few hours of waiting may readily do more harm than good. And if systemic antibiotics are to hand, they may delay the multiplication of bacteria long enough to enable one to take the time which is needed to arrange for proper surgical repair. After just a hundred years, Dr Friedrich need not be forgotten, but one can be a little more relaxed about his rule.

Reference

- [1] P.L. Friedrich, Report on the 27th Congress of Surgery. Langenbeck's Archif, part 57, 1898.

Surgery for stomach ulcer: properly dead as the dodo?

Is it time finally to say farewell to the surgical treatment of gastric ulcer everywhere in the world? It has always been a seriously disabling operation, and with the coming of cimetidine in the mid-seventies it first looked as if its days might be numbered. Quite apart from that, the H-2 blocker was a great step ahead of the antacids, liquorice, and all the other valiantly developed medicinal treatments for ulcerated stomachs. But within months the British Medical Journal was warning of the prospect that cimetidine might need to be taken for ever and ever if the ulcer was not to return. Neither the other H-2 blockers which followed cimetidine, nor the arrival of omeprazole altered that sombre truth. The real turnabout came with the remarkable finding in the nineties of the causal role of *Helicobacter pylori*, and the realization that the organism could be eliminated easily and cheaply with a drug as simple as metronidazole. In 1997 a long-term study by van der Hulst and his colleagues seems to have demonstrated convincingly

that this is the way to prevent recurrence. End of the surgical opera? End of cimetidine for ever? Not at all. Hippocrates found himself the other day in a relatively advanced country which has only recent years been opened up fully to western pharmaceutical commerce; a major exhibition was peppered by emphatic sale promotions for omeprazole and the H-2 blockers, and there is nothing wrong in that, except that none of the sales literature even made cursory mention of the fact that these were intended as temporary treatments, to be followed by low-cost elimination of the causative organism. And to judge from the hospital statistics in that particular country, the gastric surgeons are still doing a thriving business removing ulcer-festooned stomachs. Nowhere was there even a mention of metronidazole. The problem, of course, is that the best treatment is far too cheap to provide a good business. Inevitably you are reminded of the long-term ban on oral contraceptives in Japan because abortion was such a profitable game. Mammon does sometimes get in the way of progress.

Reference

- [1] R.W.M. van der Hulst, E.A.J. Rauws et al., Prevention of ulcer recurrence after eradication of *Helicobacter pylori*, *Gastroenterology* **113** (1997), 1082–1086.

Malpractice, insurance, and patient care

The Canadian Medical Protective Association has for many years – like the Medical Defence Union in Britain and similar bodies elsewhere – provided a mutual insurance system for physicians against malpractice claims, backing this up with a great deal of valuable advice and mediation. Following a 1997 report by Ontario's Chief Justice, however, there will unavoidably be changes. As in the USA the costs of litigation, and thereby of malpractice insurance, are skyrocketing; in Canada an obstetrician now pays an annual premium of no less than \$29,000. As the CPMA itself has concluded, physicians are becoming unwilling to provide high-risk services. The answer, surely, is to move to some form of non-contentious compensation procedure for medical injury, as adopted in Scandinavia. Happily, Canada has now become one of the first countries outside the Nordic area to pick up the message, with a collaborative effort between CPMA and the Canadian Medical Association to study the reform of tort law. May other countries follow fast.

Reference

- [1] S. Wharry, Malpractice concerns lead to unprecedented cooperation as CMPA, CMA seek answers, *Can. Med. Ass. J.* **158** (1998), 927–928.