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filename, but the full text contained in commonly used files (eg, PDFs, Word, Excel, and PowerPoint).³

Use of such software makes it possible to search through an entire database of articles (as well as spreadsheets and presentations) stored on a personal computer on a full-text basis—articles which are widely available for download from the publishers. Programs such as Copernic and Yahoo! also have the facility to simultaneously preview the full text file with search terms highlighted. These search engines work in the background when the computer is idle, and the extent and timing of the searches can be customised.

We believe that a desktop search of full-text downloaded articles from selected journals in combination with conventional electronic database searching makes retrieval more accurate by offering the specificity of an indexing terms-based search together with the sensitivity of a hand-search.

We declare that we have no conflict of interest.

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Obesity: 1000 years ago

I enjoyed Richard Barnett's Historical Keywords piece on obesity (May 28, p 1843).¹ More clarification is needed regarding his statement that "obesity first appears in a medical context in Thomas Venner's *Via Recta* (1620)".

In Europe during those dark ages, the great era of Greco-Roman medicine came to an end and no progress in medical science was made until the Renaissance.² However, during the

same period in the East, coinciding with the spread of Islam, the study of medicine and other branches of science were revived.² Under this influence, Mohamed ibn Zakaria Al-Razi (Rhazes, 841–926) critically assessed, in his book *Al-Hawi Fit-Tibb* (An Encyclopaedia of Medicine), all the available knowledge on obesity at that time.³ In the light of his own experience and practice, he discussed the opinions of scholars who preceded him, such as Hippocrates, Rufus of Ephesus, Galen, Oribasius, and Paul of Aegina, highlighting the points on which he had a different view, particularly in relation to the management of excessive obesity. Galen, for example, believed that prolonged thinking and mental activity would slim the obese, but Al-Razi stated that "prolonged thinking that leads to sadness slims; otherwise prolonged thinking does not slim".³

Al-Razi documented his discussion using clinical case reports of the patients with excessive obesity he successfully treated, describing in detail the treatments he used, including diet, drugs, exercises, massage, hydrotherapy, and lifestyle changes.

Ibn Sina (Avicenna, 980–1037) devoted a section of the 3rd volume of his "Canon in Medicine" to the "drawbacks of excessive obesity". Ibn Hubal Al-Baghdady (1121–1213) also reported on the predisposition of "hugely obese persons" to fall ill quickly.⁴ In their management, by heavy exercises on an empty stomach, he stressed the importance of a gradually increasing schedule because an excessively obese person may put himself at risk if he starts abruptly on heavy activities.⁴

Ibn el Nefis (1207–1288) in his book *Al Mujaz Fit-Tibb* (The Concise Book of Medicine)⁵ reported on the association between excessive obesity and cardiovascular and cerebrovascular accidents, and with respiratory and endocrine disorders: "Excessive obesity is a constraint on the human being limiting his freedom of actions and

constricting his pneuma (vitality) which may vanish and may also become disordered as air may not be able to reach it. They [excessively obese persons] run the risk of a fatal vessel rupture causing sudden death or bleeding into a body cavity. But bleeding into the brain or the heart will lead to sudden death. And frequently they suffer from dyspnoea or palpitation". Furthermore, Ibn el Nefis distinguished a special type of excessive obesity in those who are "obese by birth" (congenitally obese). He recognised that "they are usually cool-tempered, slender-vesselled, subfertile, could not endure hunger or thirst, and medicaments hardly reach their organs except with difficulty and after a long time".⁵

Further references are available from the author. I declare that I have no conflict of interest.

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Murray CJ, Lauer JA, Hutubessy RC, et al. Effectiveness and costs of interventions to lower systolic blood pressure and cholesterol: a global and regional analysis on reduction of cardiovascular-disease risk. *Lancet* 2003; **361**: 717–25—In this Article (March 1), the values in each row of the Cost/DALY (\$) columns in table 2 and webtable 2 should be multiplied by a factor of 10. The conclusions of the paper are not affected.