

patient care package. This might well put them into direct competition with physiotherapists, and align them with specialists such as chiropractors, who are already demonstrating their superiority over conventional physiotherapists in some areas of practice.² If physiotherapy is the scientifically based profession it claims to be, it may have to produce proof of its efficacy, not just of its undoubted popularity, very soon, or be supplanted by manipulators and nurses who massage.

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- 1 Lewith G T, Aldridge D, eds. *Clinical research methodology for complementary therapists*. London. Hodder and Stoughton, 1993.
- 2 Meade T W, Dyer S, Browne W, Townend J, Frank A O. Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment. *BMJ* 1990; **300**: 1431-7.



The golden age of Arab medicine produced great doctors, one of whom was Rhazes (born al-Razi) (AD 850–932). He was the author of about 237 books or treatises, of which 36 remain, dealing with science and medicine. He did not become a doctor until the age of 30. He was interested in music, physics, philosophy, and alchemy. His capacity for observation and bold treatment earned him the title of ‘the experimenter’, though he followed the principles of Galen and Hippocrates. He became head of the great hospital at Baghdad and a physician of the Caliphs. As a proponent of a small therapeutic arsenal instead of the plethoric pharmacological fare of Arabian chemistry, he was quoted for over 500 years. His *Liber Continens* was an encyclopaedic collection of medical practice and treatment. The *Liber Medicinalis ad Almansorem* combined the corpus of the Greek, Syrian, and Arabian learning. He differentiated rheumatism from ‘gout’. He also described spina-bifida. He noted that pain in the back would occur in smallpox but not in measles.

He is honoured on stamps of the Syrian Arabic republic and Iran.

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