

Eponymous but anonymous: who was Dr Siewert?

Sir—100 years ago, on Feb 8 1904, the *Berliner klinische Wochenschrift* published a description, by Dr A K Siewert, of the patient “A.W” who since birth had the unusual combination of symptoms of bronchiectasis and *situs inversus totalis*.¹ This was the first description of what has since become known as Kartagener’s syndrome,² immotile cilia syndrome, or primary ciliary dyskinesia. Siewert’s 1904 paper has been much cited in recent years, and the disorder is often now referred to as Siewert’s syndrome or Siewert-Kartagener syndrome.

The begetters of eponymous disorders are usually well known, with websites such as <http://www.whonamedit.com> providing detailed biographies. Siewert, however, is an exception, with even minimal biographical information apparently being unavailable. I cannot find his date of birth or death, his nationality, the university where he qualified, or even the meaning of his initials. My own research has found that when Siewert published his 1904 paper,¹ he was working in K E Wagner’s clinic in Kiev, in the Ukraine, and in the same year he also published a paper on cardiovascular physiology from J Laudenbach’s laboratory in Kiev’s St Vladimir University (now National Taras Shevchenko University).³ He was still in Wagner’s clinic in 1912, as a *Privatdozent*, when he published a paper on biochemical changes in urine after meat-eating.⁴ He survived World War I, and in 1922 published a further paper on cardiology from Kiev.⁵ After this time, the trail runs cold. Perhaps this centennial year could provide the impetus for the publication of further biographical details about this eponymous but anonymous physician.

Chris McManus

University College London, Gower Street, London, WC1E 6BT, UK
(e-mail: i.mcmanus@ucl.ac.uk)

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- 2 Kartagener M. Zur Pathogenese der Bronchiectasien. I. Mitteilung: Bronchiectasien bei Situs viscerum inversus. *Beiträge zur Klinik und Erforschung der Tuberkulose und der Lungenkrankheiten*, 1933; **83**: 489–501.
- 3 Siewert A. Ueber ein Verfahren der manometrischen Registrierung der

Zusammenziehungen des isolirten Säugethierherzens. *Archiv für die gesammte Physiologie des Menschen und der Thiere*, 1904; **102**: 36472.

- 4 Siewert A, Zebrowski E. Ueber den komparativen Einfluss des weissen und dunklen Fleisches auf die Ausscheidung von Harnsäure und von anderen stickstoffhaltigen Substanzen im Harn. *Zeitschrift fuer klinische Medizin*, 1912; **75**: 33158.
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A shoddy town named Batley

Sir—Batley, 8 miles south of Leeds in England’s Yorkshire moors, provided me a locum job and the warmth of a hospital in the winter of 1952. It also allowed me to observe one of the last reminders of the industrial revolution as described by Dickens.

I took the appointment not knowing that Batley’s factories wove the cheapest variety of woollen fabrics, termed “shoddy”, using discarded wool. I could hardly imagine that there still existed such a town in the mid-20th century, in stark contrast even to bombed-out London and Birmingham.

In mid-winter, the hospital enjoyed brilliant sunshine on the snow-covered moors on either side of the narrow valley, reminiscent of Wuthering Heights. Nearby were the manor houses of the mill owners, flaunting Rolls-Royces in their porches.

The town in the valley was, however, permanently enveloped in a thick blanket of smog spewed from the factory chimneys. The narrow valley was paved with cobbled stones with workers’ houses interspersed between the factories. A stream flowing through the valley provided water for the manufacture of the shoddy. Excess water due to rainfall or melting snow would enter the dwellings over their thresholds.

The common meeting place of those who lived in the vale and on the hilltop was the hospital. A discernible difference between the well suited elite and the ill-clad, but well nourished, workers denoted the economic disparity of society even after two centuries of democracy. While the affluent sought medical help in nearby Leeds, the Batley General Hospital, recently transferred to the National Health Service, provided adequate medical care to the workers, as well as a few days of respite from their gloom—a benefit provided by the recently elected labour party.

The workers’ plight, despite the wealth derived from the industrial revolution and the colonies over 250 years, was revealed by the gross manifestation of rickets described only in older textbooks of medicine. A doctor trained in the 1940s could never dream of observing this—severe bowed legs, knock knees, massive bossing of the head, “rickety rosary”, and dental caries were seen in almost every second person over the age of 40 years. Its elimination by vitamin-enriched butter was an equally dramatic manifestation of a medical solution to what was essentially a socioeconomic problem.

I hope that as a result of the “trickle down” effect of post-war western affluence and the labour government, the Batley of my days no longer exists.

The medicalisation of sociocultural and economic problems of the need-based countries comprising 80% of the present world’s population has proved counterproductive. This is partly due to a technomanerial and medicalised approach to health care imposed by international agencies like the WHO, UNICEF, and World Bank while ignoring their underlying economic exploitation.

An invariable “trickle up” effect is seen internationally and within these countries where an imitative urban industrial form of growth prevails. “Health for all” can only be based on a new socioeconomic order encompassing cooperation, justice, and equity.

N H Antia

Foundation for Research in Community Health, 3–4 Trimiti-B Apts, 85 Anand Park, Aundh, Pune-411 007, India
(e-mail: nhantia@vsnl.net)

DEPARTMENT OF ERROR

Geddes JR, Carney SM, Davies C, et al. Relapse prevention in antidepressant drug treatment in depressive disorders: a systematic review. *Lancet* 2003; **361**: 653–61.—In this Article (Feb 22), the Conflict of interest statement (p 660) should have noted that Guy Goodwin has acted as a consultant to Eli Lilly, Lundbeck, Pierre Farbre Medicament, and SmithKlein Beecham, and that David Kupfer has acted as a consultant to Novartis and is on advisory boards of Pfizer, Eli Lilly, and Forest Laboratories. Furthermore, the Acknowledgments section should have included that the research was supported in part by the National Institute of Mental Health Grant MH-30915 (Kupfer and Frank).

Vivekananthan DP, Penn MS, Sapp SK, Hsu A, Topol EJ. Use of antioxidant vitamins for the prevention of cardiovascular disease: meta-analysis of randomised trials. *Lancet* 2003; **361**: 2017–23.—In this Article (June 14), in table 1 (p 2018), the number of controls in the PHS trial should be “11 035”.