

Massive inguinoscrotal hernia

II 79-year-old man presented with an incarcerated right inguinoscrotal hernia of 5 years' duration. His history of weight loss and central abdominal pain suggested mesenteric ischaemia. There was no history suggesting previous small bowel obstruction. Examination agreed with radiographical findings of the entire small bowel viscera residing in the scrotal hernial sac without proximal small bowel dilatation (Figures 1 and 2). He underwent uneventful Lichtenstein mesh repair with preservation of his testicle leading to symptom resolution.

Inguinal hernias are common, accounting for about 7% of surgical outpatient

appointments and a tenth of surgical operating time (Burkitt and Quick, 2002). Indirect hernias are prone to small bowel

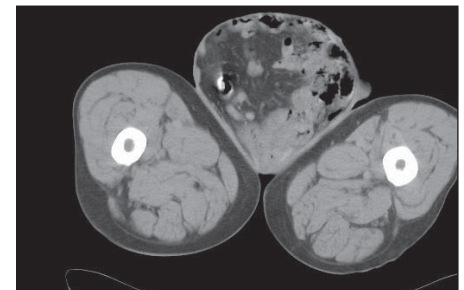
Figure 1. Plain abdominal radiograph showing massive hernia containing small bowel.



obstruction, incarceration and strangulation, requiring emergency surgery with possible bowel resection. This patient was at high risk of strangulation with bowel ischaemia; the subsequent risk of mortality would have been very high indeed. **BJHM**

Burkitt H, Quick C (2002) *Essential Surgery*, 3rd edn. Churchill Livingstone, London

Figure 2. Computed tomography scan at the proximal femoral level demonstrating the hernial sac with small bowel contents. Note the oral contrast seen within the hernial sac contents.



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IN THE PUBLIC'S VIEW

A blow to the herbalists

8 hen Edzard Ernst set up the Department of Complementary Medicine at the University of Exeter in 1993, the complementary and alternative medicine (CAM) therapists were overjoyed. They had official academic recognition, and could look forward to their therapies becoming part of the NHS and accepted by mainstream medicine. It didn't quite work like that. Far from adopting the usual stance that CAM therapies could not be tested by randomized double-blind trials, Ernst set out to do just that.

Ever since then – he is now Professor of Complementary Medicine at the Peninsula Medical School – Ernst and his department have produced a catalogue of primary studies and systematic reviews, most of which show that most complementary therapies do not work. The CAM world has largely disowned him. For some therapies – notably homeopathy – there is no reason to believe they should work in the first place, but for others it is reasonable to suppose a possible real effect. Digoxin, morphine, aspirin and many other drugs are essentially plant extracts, so herbalism may be worth a go.

Not so, said Professor Ernst and his colleague Peter Canter, in a study published in the *Postgraduate Medical Journal* and widely reported in the press. It seems that herbalism is using 'the specific proves the general' argument widely used by CAM supporters; in this case because St John's wort is of benefit in depression, which is true, therefore all herbal remedies work. Not only do Canter and Ernst show this incorrect logic to be incorrect fact, they also point out that self-medication with St John's wort may motivate a depressed person just enough to make them more likely to attempt suicide. There are many possible interactions with mainstream medicine, and the generally non-standard herbal preparations make prediction impossible.

These findings will be ignored by the CAM world. They are immune to scientific evidence, and wedded to anecdote, whose failings they are completely unable to recognize or understand. Jill Davies, chair of the Association of Master Herbalists, dismissed the study by saying 'You can't have a successful practice and pay your mortgage unless patients get bet-

ter. That can't be just the placebo effect. People are not stupid.' (*Independent* 4 October, p 16–17).

People may not be stupid, but they can be gullible, and many don't understand the nature of most medical conditions either. Most of the conditions for which people take CAM are difficult to measure objectively and often get better by themselves, especially with the support of a sympathetic listener. It can be, and is, the placebo effect.

The results of proper scientific study of herbalism won't reach the public – who spend £190 million per year on over-the-counter concoctions. You could argue that what people choose to spend their money on is their own affair, but for many reasons that is unwise. It is about time the Medicines and Healthcare products Regulatory Authority applied the same criteria to herbal 'remedies' as they do to any other drug: no evidence, no sale.

And then on to beauty products... **BJHM**

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