Suffice it to say that we stand by all of the statements and conclusions in our article and refer the reader to the article for a more detailed and literature-based consideration of the issues. We have attempted to synthesize a broad range of information into coherent themes with particular attention to proposing potentially fruitful avenues of research. As investigators and clinicians who work in this area, we believe that the most constructive approach to dealing with the limitations of the current literature is to design and perform laboratory experiments and clinical trials to answer the critical unanswered questions. Perhaps the most important conclusion from this debate is that an urgent need exists for innovative original research to more precisely define the role of bacteria in exacerbations of COPD and in the course and pathogenesis of the disease.

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Clinical Guidelines vs Clinical Practice

To the Editor:

I’m not optimistic about practicing physicians enthusiastically endorsing practice guidelines, regardless of the implementation strategies discussed in the August 2000 supplement to the journal.

Max Planck’s aphorism comes to mind, “An important scientific innovation rarely makes its way by gradually winning over and converting its opponents: it rarely happens that Saul becomes Paul. What does happen is that its opponents gradually die out and that the growing generation is familiarized with the idea from the beginning.”

Guidelines may be most effectively promoted by integrating them into the curriculum of our students.

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Some Historical Notes on Behçet’s Disease

To the Editor:

I read with interest the review article (August 2000) on intracardiac thrombus in Behçet’s disease (BD) by Mogulkoc et al. Having recently returned from a visit to Turkey and Greece, I would like to make some comments, especially from the historical point of view.

First, Hulusi Behçet was a Turkish dermatologist from Istanbul (1889–1948). To commemorate his contribution to the syndrome that now bears his name, the University of Istanbul, where I served as a Visiting Professor during my recent visit, named the medical library after him (Fig 1).

Second, having visited the island of Kos, the birthplace of Hippocrates, during my visit to Greece, where I served as a Visiting Professor at the University of Athens, I came to recognize that the first description of the symptomatology of BD was actually reported by Hippocrates. In fifth century BC, Hippocrates wrote in his third book of epidemiology:

There were other forms of fever . . . Many developed aphthae, ulcerations. Many ulcerations about the genital parts . . . Watery ophthalmies of a chronic character, with pains; fungus excretions of the eyelids externally, internally, which destroyed the sight of many persons . . . There were fungous growths on ulcers, and on those localized on the genital organs. Many anthraxes through the summer . . . other great affections; many large herpetes.

Third, although Mogulkoc et al did not mention mitral valve prolapse (MVP) in their article, there is a high incidence of MVP in patients with BD, occurring in 50% of cases. The association

FIGURE 1. In front of the Hulusi Behçet’s Library of the Istanbul Faculty of Medicine, University of Istanbul, the author (right) stands with the smiling Professor Faruk Erzengin, Dean, Istanbul Faculty of Medicine, University of Istanbul, Istanbul, Turkey.