

**REMOVING FINANCIAL BARRIERS TO MEDICAL TREATMENT OF ALCOHOL DEPENDENCE IN ISRAEL**

**To the Editor:**

I was pleased to read the articles by Jaworowski and colleagues [1] and by Neumark [2] in a recent issue of IMAJ, pertaining to alcohol consumption and alcohol use disorders in Israel. As Neumark states, “Israeli society...is no longer immune to the deleterious outcomes of alcohol misuse” and there is great need for more awareness of the scope of the problem in Israel.

Alcohol consumption, particularly heavy alcohol consumption such as that characteristic of alcohol dependence, is an important risk factor for many health problems and a major contributor to the global burden of disease. It is linked to increased risk of infectious diseases, cancer, diabetes, neuropsychiatric disorders, cardiovascular diseases, liver and pancreas disease, and both intentional and unintentional injuries [3]. Providing treatment is an effective way to decrease the great societal costs incurred by alcohol dependence. Despite available psychosocial treatments, without a pharmacological adjunct, the clinical outcome is poor, with up to 70% relapsing within 1 year [4]. There are currently three FDA-approved medications for treating alcohol dependence (disulfiram, naltrexone, acamprostate). Despite the mounting evidence that medications for treating alcohol dependence are cost-effective [4], these medications are not covered automatically in the drug formulary in Israel. Furthermore, medications currently subsidized for various psychiatric and neurological disorders (such as topiramate and baclofen), which have been shown to be effective in treating alcohol dependence, are not available for this indication in Israel.

Given the scope of the problem and its public health implications, it is imperative to include these medications in the drug formulary, making them available to the general public. Removing the financial barrier to treatment of alcohol depen-

dence can improve access to these medications and lead to better patient outcomes, as well as reduce the burden of disease associated with alcohol dependence. Hand in hand with increasing physicians’ education pertaining to the treatment of alcohol dependence and adopting the treatment of alcohol dependence into the general medical system, It will advance the important notion that alcohol dependence is a medical disorder that should be treated as such.

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**To the Editor:**

We agree with Dr. Lev-Ran that persons in Israel suffering from alcohol dependence should be able to access medications with demonstrated benefit for alcohol dependence and relapse prevention through a Health Ministry subsidy. As noted by Dr. Neumark in his accompanying editorial [1], alcohol dependence in Israel is becoming a public health and medical problem especially among young people. The Ministry of Health in Israel has a responsibility to provide the optimal treatment for those suffering from this condition. Medication together with a cognitive-behavioral intervention has been shown to provide significant benefit [2]. Those afflicted with this illness are currently not able to receive appropriate biological treatments because of financial considerations. The Health Ministry also needs to weigh the cost-effectiveness of withholding effective treatments for

alcohol-related disease, considered by the World Health Organization as the third highest priority in world health morbidity [3]. On a health promotion level, the Ministry should send a clear message to Israeli physicians and their patients suffering from alcohol dependence that there exists a range of effective medications for this illness which are available through a Health Ministry subsidy. By not extending subsidies for medications such as naltrexone, topiramate and acamprostate for these patients, the Israel Ministry of Health is reinforcing the outdated view that this illness is not amenable to pharmacological treatment. Alternatively, the ministry is discriminating against these patients by not providing a standard of treatment that is commonplace abroad. Both views are untenable.

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**THE “MISTRESS OF HEALING EYES” IN 15TH CENTURY SPAIN**

**To the Editor:**

It was not unusual for women to practice medicine in Europe. In the 18th century, a Frenchwoman, Victoria de Félix, worked as an eye surgeon in Spain, which was a melting pot of cultures and peoples at the time [1]. She was not the first and not the only woman in this profession in the course of history.

Almost 300 years earlier, in a city that was to become the most important port in the world, another woman practiced the worthy art of healing eyes. Leal, a Spanish Jewess, lived and practiced in Seville. She

was most likely born in the first half of the 15th century to a prosperous Jewish family. At the end of the 14th century a wave of antisemitism swept across Spain; it was particularly virulent in Seville in 1391 when hundreds of Jews were murdered and the Jewish quarter completely destroyed [2]. This led many Jews to convert, resulting in the decimation of the Jewish population.

The cities Seville, Valladolid and Barcelona had the largest Jewish communities, which lived in districts known as *juderías*. Leal was presumably particularly interested in ophthalmology, because although her family was comfortably off and her husband, Don Yusef, was a silversmith, she was committed enough to practice it as a profession. Among the most important professions practiced by Jews were those of apothecary and doctor. The knowledge she acquired, perhaps handed down in her family, together with her skill won her private and public recognition, and the title “mistress of healing eyes” was bestowed on her by the public scribes. She was not merely a folk healer, but was sufficiency versed in her art to earn the honorific *maestra*, the feminine form of *maestro*, which means master or teacher. She even appeared as such in public documents that contained contracts related to her profession [3,4]. During the years that she practiced her profession, she won the respect of the people of Seville, who addressed her with the honorary title *doña*, normally reserved for noblewomen, religious figures, the wealthy or the learned.

We have records of some of the cases that she treated which, being particularly complex, required more time and dedication than usual. For these cases, the agreements she made with the patients' families were set out in public documents. *Doña* Leal's knowledge and skill in the area of ophthalmology were such that she could charge a fee for her expertise and care

[3,4]. She estimated the cost of the entire treatment; the patient or his/her guardian agreed to this by signing a private or public document according to which *Doña* Leal accepted the obligation to heal the patient for a pre-established sum of money. If the patient was not healed, she received only the money that had been paid in advance. The records show that the fees range from 300 to 1300 maravedies (in Seville at that time, it was possible to rent a house for a year and a half for 1300 maravedies). On some occasions, some of the drugs used in the treatment were not included in the final cost [3,4]. Leal's fees were related to the type and severity of the disease and to the length of treatment needed. To heal the eye of a patient from a neighboring district, she charged 300 maravedies and received a deposit of 100; to heal both eyes of another patient she charged 1200 maravedies, half of which was to be paid in advance. For complicated cases and patients from outside her own area she required a larger deposit: 800 maravedies for a total payment of 1300 [3,4]. We have the records of three courses of treatment, all for the unmarried daughters of the contracting party: a Muslim master bricklayer, a sailor and a farmer.

Leal's professional activity must have been intense, since in the space of one month she signed two public documents concerning costly courses of ophthalmologic treatment. Surprisingly, *Doña* Leal was a versatile character who also conducted trading activities alongside her ophthalmologic practice, such as selling jewellery.

*Doña* Leal's fame was widespread and people came to her from other cities for treatment. We have no record of the methods she used, but she was probably familiar with the ophthalmologic surgery of the day as leading Muslim ophthalmologists had lived in Seville and in the nearby city of Cordova (Abu Mutarif in Seville and Al-Chafiqi in Cordova). On the other

hand, she probably also used medical remedies, such as certain types of bath, which may refer to bathing the whole body or to eye baths using particular types of water or therapeutic combinations [3,4].

The first time her name appeared in a public document, 1474, was the year the Catholic Queen Isabella came to the throne, and this was also the last year of *Doña* Leal's public role. The Inquisition was established in Seville in 1478 by a Bull from Pope Sixtus IV at the request of Queen Isabella, who had been convinced by a Sevillian Dominican, Alonso de Hojeda, during the years she lived in Seville (1477 and 1478) that the Andalusian converts were adopting Jewish practices. It was in this same year that *Doña* Leal disappeared from the public records.

The phenomenon of a woman like *Doña* Leal in 15th century Spain is indeed interesting. Her extensive knowledge of medicine won her public professional recognition, demonstrating that despite many cultural, ethnic and religious divisions, a multicultural society did exist. Although it recognized the excellence of professional knowledge and skill, this proved short-lived due to the political interests of the day.

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### Too much of a good thing is wonderful

Mae West (1893-1980), American actress, playwright, screenwriter and sex symbol whose entertainment career spanned seven decades