

Andrew Herxheimer

I don't remember exactly where or when I first met Andrew Herxheimer, but it was almost certainly in the late 1970s at a meeting of the British Pharmacological Society, of which we were both members, and of which Andrew was deservedly made an Honorary Fellow in 2015. I was later a co-examiner with him at the London Hospital in the mid-1980s, and in the 1990s I took part in the [Cochrane Adverse Effects Methods Group](#), of which he was a main organizer with Yoon Loke and Deirdre Price.

Andrew Herxheimer was born in Berlin on 4 November 1925 and came to the UK in 1938. His father, Herbert Herxheimer, known as Hx, a pioneer in sports medicine, had been invited to London by A C Hill on behalf of the Council for Assisting Refugee Academics, in those days known as the Society for the Protection of Science and Learning. Karl Herxheimer (1861–1964), Andrew's great-uncle, was a German dermatologist. A cytokine response to microbial breakdown, the Herxheimer or [Jarisch–Herxheimer reaction](#), typically during treatment of syphilis, was first described in 1895 by the German dermatologist Adolf Jarisch (1850–1902), and Karl Herxheimer described it more fully in 1902. Herxheimer disease, [acrodermatitis chronica atrophicans](#), was first described by Alfred Buchwald in 1883; but then according to the law of [NOMEN](#) (Non-Original Malappropriate Eponymous Nomenclature), no entity is named after its discoverer.

Herbert Herxheimer was doctor to Highgate School, London, which Andrew attended. He entered St Thomas' Hospital Medical School in 1944 and graduated MBBS in 1949. He became Senior Lecturer in Pharmacology at the London Hospital in 1960, and from 1976 to 1991 was Senior Lecturer in Clinical Pharmacology and Therapeutics at the Charing Cross and Westminster Medical School in London and a consultant at the Charing Cross Hospital.

He founded the *Drug and Therapeutics Bulletin* in 1962, modelling it on the *American Medical Letter on Drugs and Therapeutics*, and edited it for 30 years; he oversaw the production of 778 issues, about 2 million words, and the readership increased to 90,000 while he was editor.

Other important features of his resumé include:

- Fellow of the Royal College of Physicians, 1977;
- Consultant, UK Cochrane Centre, NHS R & D Programme, Oxford, 1992-95; Emeritus Fellow 1996–2016;
- Member, British National Formulary Committee 1966–73;
- Chairman, Health Working Group, Consumers International, 1980–96;
- Chairman, International Society of Drug Bulletins, 1986–96;
- Membre du Conseil Permanent, La Revue Prescrire, Paris, 1992–2016;
- Member, International Medicines Labelling Group, 1998–2016;
- Participant, Health Action International (HAI) 1981–2016;
- Co-editor, with Leopold Meyler, of *Meyler's Side Effects of Drugs*, 1967–72;
- Extraordinary Professor of Clinical Pharmacology, University of Groningen, 1968–77;
- Consultant/Temporary Adviser on various occasions to the World Health Organization on pharmaceuticals, human reproduction, and drug dependence.

So much for the bare bones of Andrew's career. Here are examples of his many attributes:

First, his understanding of language. Andrew spoke German, Dutch, and French, and was perhaps more fluent in English than most native speakers. This fluency was evident in his love of puns ("clarity begins at home"), which might make you groan rather than laugh, as puns often do. But more important was the great care that he took to use the language appropriately, paying close attention to the precise meanings of words. When Luis Gabriel Cuervo and I edited a special issue of the BMJ in 2004, which we called ["Balancing the benefits and harms of health care"](#), I struggled with the term "benefit:risk ratio", which seemed to me illogical. Insight came from a paper that Andrew had

published in 2001 in [Australian Prescriber](#). [A few years later, he published his observations in a more readily accessible journal, [PLoS Medicine](#).] Andrew's point was that “[a] benefit is a material or experiential good ‘thing’, while a risk is a ‘probability’, the chance that something bad will happen. The asymmetry is clear. We should therefore be weighing benefit against harm, and the probability of benefit [of the treatment] against the probability of harm [of the treatment].” To this one can add that one should also weigh up the [probability of harm if the treatment is not used](#). The term “benefit to harm balance” has since grown in popularity, although it has not yet completely ousted the less preferable term “benefit-risk ratio”, which matches two incommensurates and cannot be expressed as a ratio.

Andrew also understood nuances of difference between sets of circumstances that might superficially seem the same. When I was deputy chairman of the Wellcome Trust's History of Medicine Grants and Units Panel in the late 1990s one of the questions that the panel asked itself was whether it was worth funding a particular training course in oral history. The only evidence that we had of its value came from testimonials from students who had attended the one-week residential course. I was asked to take the course, to find out. There I met Andrew. Why was he there? After all, he was an experienced clinician, who knew perfectly well how to take a case history from a patient. Andrew told me about the plans for [DIPEX](#) (the Database of Individual Patients' Experiences) that he and Ann McPherson has devised, and explained that in his view recording the personal experiences of illness (“talking about a person”) would be different from the way in which doctors take histories from patients “people at the end of a bed talking about a person who is there and isn't there”). DIPEX went on to become a great success and is now called [“HealthTalkOnline”](#). It has in turn spawned HEXI, the Health Experiences Institute, at Green-Templeton College in Oxford. I note that Herxheimer can be rearranged as “Herr HEXI—me”; not a great anagram, but one that Andrew, I think, would have relished.

Finally, no reminiscence about Andrew would be complete without mentioning the overriding concern that fuelled all of his activities—a concern for the welfare of the patient. Herxheimer's [Golden Rules of Drug Therapy](#) reflect this.

Andrew's publication list ran to well over 200 items, on subjects as diverse as jet lag and depression, malaria and HIV, tamoxifen and dipyrrone, prescribing and polypharmacy, and of course adverse drug reactions and pharmacovigilance, and he continued to publish until near the end of his life. His last paper appeared, in his 90th year, in [Lancet Psychiatry](#) in June 2015 and he was reportedly working on leaflets for HealthTalkOnline shortly before he died.

Andrew was married first in 1961 to [Susan Collier](#), by whom he had two daughters, Charlotte and Sophie, and then to Christine Bernecker, who survives him. Other obituaries have appeared in *The Pharmaceutical Journal* ([15 March 2016](#)), *The Guardian* ([25 March](#)), *The Times* ([7 April 2016](#)), the *BMJ* ([9 April, 2016](#)), and *The Lancet* ([16 April, 2016](#)). Reflecting his wide range of interests and influences, tributes and notices have also been written by an extraordinary range of people and institutions, including [the Nuffield Department of Primary Care Health Sciences](#), [healthtalk.org](#), [Cochrane UK](#), [the International Society of Pharmacovigilance \(ISoP\)](#), [Rethinking AIDS](#), [Sceptics Amalgamated](#), [Immunity Resource Foundation](#), [Thyroid Cancer Alliance](#), and [Edzard Ernst](#).

Andrew died on 21 February 2016 soon after a stroke.



Andrew Herxheimer at a 90th birthday party in Oxford, November 2015

Dr Jeff Aronson HonFBPhS