

IN LOVE AND WAR

The secret lives of the Bastion Bakers

Not only did the British Military Hospital in Camp Bastion, Afghanistan, extend the limits of care for severe injury, it has also pioneered amateur bread making in a war zone, report **G Suren Arul** and colleagues

Now that Camp Bastion has closed, chroniclers will pore over the official reports, personal stories, and ocean of information on social media. Stories of heroism, courage, hardship, pain, and suffering will be documented. Millions more, quieter stories will fade into memories and be lost over time.

As in the series *MASH*, the counterpoint to the tales of blood, heroism, and medical miracles was the humour and the humanity that punctuated the bloody routine of daily life; but, instead of a potato distillery brewing alcohol, we made bread. This is the story of the Bastion Bakers.

During 2012-13 a group of doctors found a novel way of supporting morale in the war zone. During the fierce heat of the day, when both the coalition forces and the Taliban felt it was too hot to fight and the Camp Bastion cooks were taking a well earned siesta after lunch, a few committed medical officers would sneak into the kitchens to do a spot of baking. Using ingredients begged, bought, and borrowed, we would mix the dough and leave it to rise. Occasionally a bad day at work would mean the dough was roughly kneaded, or a trauma call would lead to an over-risen loaf (which would then be passed off as “artisan flat-

bread”). But hospital staff were always grateful regardless.

One of the high points of life on tour is the arrival of food parcels—the ingenuity of wives, mothers, husbands, and friends to find a way to get beautiful cakes and other goodies to arrive fresh and intact halfway across the world, and the organisation of the RAF and British Forces Postal service to find the right soldier are remarkable. Please understand, the food served in the kitchens was well cooked, fresh, and tasty—at the height of the surge, the kitchens were serving 10 000 meals a day—but one can’t overestimate the positive effect of anything that interrupts the horrors that constitute the daily routine of life in a trauma unit such as ours.

So imagine the magical effect of the arrival of that first freshly baked loaf, its delicious warm aroma filling the empty emergency department. Like the first bulbs of spring, twitching noses were seen pushing out from seemingly empty rooms, inquisitive faces appeared. As more people arrived, the excitement was palpable. Find-

ing a bread knife initially proved tricky, but, as always, a corporal from stores appeared from nowhere with the words, “I have something you may find useful, sir.” As the crust was cut and butter was spread, there was silence; British, Americans, Danes, and Afghans gathered together in mutual contentment, munching away and remembering home. There was something so evocative, so civilized, so communal about breaking freshly baked bread for afternoon tea—turning that corner of a foreign field into something so very British.

How this all began, like many stories from a war zone, cannot be independently verified. There is a rumour of a visit by the British contingent to the Danish camp, where conversations of life and death turned to conversations about yeast and dough. And that somehow led to a West Country emergency department consultant and a Royal Navy master chef-turned-nurse rolling up their sleeves; borrowing some flour, salt, and yeast; and setting about mixing, kneading, and proving that, in the end, a British loaf will always rise above the rest.

It reached its zenith with the sourdough: the starter was brought out from Devon and allowed to mingle with wild yeasts floating on the Afghan wind

Focaccia Fridays

The early success of the Bastion bread led to demands for more, not just quantity but variety. Questions of what else might be on offer and challenges to make a favourite recipe led to all manner of experimentation—rye bread, foccasse, French sticks. As new ingredients arrived from home, other recipes were attempted—breads with herbs or cheese, rock salt crusts, or raisins and spice. “Focaccia Fridays” became the high point of the week. As one baker would finish his tour of duty, a recruit would be found from the new deployment and exhorted to keep on baking. The bread making reached its zenith with the sourdough: the starter was brought out from Devon and allowed to mingle with wild yeasts floating on the Afghan wind, producing a unique cross cultural mix. Apparently it returned to the West Country, where it continues to start sourdough today.



Lieutenant Colonel Suren Arul, paediatric surgeon, presiding over the great Bastion Bake Off



The first loaves: Captain Steve Jezard and Lieutenant Colonel Paul Reavley in the Danish kitchens, Camp Bastion

Other notable beneficiaries were the padre who now had a weekly communion loaf, the Americans who were educated in the correct way to eat scones (jam then cream), and the no longer distressed medical director who now had a bloomer to butter. In 2012-13 Camp Bastion was in the news for many things—the insurgent attack on Camp Bastion, the baby born to a British soldier, and the deployment of Prince Harry as a pilot—but the actions of a small number of doctors to build bridges between nations and strengthen morale by baking bread in all its wonderful guises were overlooked. From now on though, among the kit bags of the committed will not only be boots, body armour, and bandages but also a dough scraper and a packet of yeast.

Yeast breathes life into dough, as military doctors breathe life into their patients, so perhaps it's

no surprise that baking combined with medicine. At the first visit of the Afghan doctors, including the Afghan minister for health, who would be responsible for taking over trauma care at Bastion after the transition, I remember how their mood was lifted by the offering of a plate of flapjacks sent from a wife back home and some freshly baked scones: suddenly the conversation lightened from the monumental task facing them to discussions on how the food arrived so fresh and so tasty. It probably did more for Anglo-Afghan relations than any number of red carpets the government could roll out.

In the end, the legacy of this club of five military consultants—an emergency physician, a US general surgeon, a paediatric surgeon, and two anaesthetists—is embodied in their Bastion tour T shirt: “Make bread not war.”

G Suren Arul lieutenant colonel, consultant paediatric surgeon, Department of Paediatric Surgery, Birmingham Children's Hospital, Birmingham B4 6NH, UK
suren.arul@bch.nhs.uk

Steve Bree surgeon captain, consultant anaesthetist, Department of Anaesthesia, Derriford Hospital, Plymouth, UK

Brian Sonka colonel, consultant general surgeon, Department of Surgery, William Beaumont Army Medical Centre, El Paso, USA

Charlie Edwards surgeon captain, consultant anaesthetist, Department of Anaesthesia, Derriford Hospital, Plymouth, UK

Paul Reavley lieutenant colonel, consultant emergency physician, Department of Emergency Medicine, Bristol Royal Infirmary, Bristol, UK

We thank Captain Steve Jezard, QARANC, who baked the first loaf on tour in Iraq in 2007.

Competing interests and references are in the version on thebmj.com.

Cite this as: *BMJ* 2014;349:g7448

Guerrillas in the mist: how I met a Colombian rebel leader

Jeph Mathias recounts an extraordinary case of tendon repair in the jungle

A hand fell on my shoulder just as I was pulling my hammock's last knot tight. The rest of my Médecins Sans Frontières (MSF) team, laughing over dinner preparations, was less than 10 metres away. I turned. He was just a boy, 16 years old perhaps, from the hair shyly fuzzing his upper lip—but camos, an AK-47 casually held, and a knife ostentatiously dangling from his belt told me he was a dangerous guerrilla. I was being kidnapped.

"Medico," he said, "the boss wants to talk."

"Of course," I replied nonchalantly, over-riding a panicky scream. "Where is he?" He angled his chin into the congealing dusk: "There. Bring your medicines."

By making me walk ahead his, now unseen, gun and knife swamped my consciousness. Three hundred metres felt like 300 light years, warping me into a guerrilla camp where AK-47 wielding boys ambled around, camo clad and laughing.

They brought a kid with a severed extensor tendon, macheted by the indigenous man who'd surprised him in his hut. He'd shot the man and continued raping his wife. Consciously ignoring my feelings and switching ethics off, I repaired the tendon, focusing on anatomy and surgical technique and even giving instructions to my armed assistants. I could manage this alien universe as an automaton-doctor but not as an empathetic human being.

As I applied a last tape around a makeshift splint, the first boy returned.

"The boss is ready."

"So am I," I replied, applying flimsy bravado over pure terror.

Using his gun he herded me, lamblike, into a forest clearing. Stumbling and unaware I simply pictured my pregnant wife. In 1999 kidnap by FARC (the Revolutionary Armed Forces of Colombia) carried a 50% mortality. Suddenly, surprisingly, a gentle voice emanated from a grey shape in front of me.

"I'm Che. Sit."

Releasing the weapon on his lap he extended a hand. I shook it, sat beside him and, to pre-empt stories of a New Zealand doctor treating guerrillas, blurted, "John, from Australia."

Grey eyes stared right through my lie: "You're not John. You're not Australian."

Dry ice gripped my throat. Time stretched and stopped . . . Then he leant back, laughed to the sky, and said, "And I'm not Che. Let's talk."

"Er . . . mucho gusto," I opened, nervously.

Medical school never taught me how to negotiate for freedom—my life maybe—with guerrilla leaders.

I stumbled through more stock phrases between long pauses. Then he began probing me, asking quietly, listening attentively: What were we doing? How? He let me explain the malaria project and asked if it really would benefit forgotten indigenous people in jungles like this. When conversation was flowing he subtly began probing me rather than MSF. Why was I here? What else had I done? Why? My year, long ago, volunteering at Mother Teresa's, interested him most.

"There was a great lady," he averred, then arrested himself: "But you're my guest." He whistled through his teeth, "Srrrrrrrt!"

The AK-47 boy appeared, Che ordered "dos cervezas." The boy nodded, melted into the night air, and re-materialised with two cans on a tray. Ice cold. We ripped the tabs and raised our cans together: "Salud!"

Though fate had handed me a stethoscope and him a gun, we'd both engaged with the world we saw, were trying what we knew, using what was within our reach

This was surreal. Savouring cold beer in a moon dappled jungle we argued, a guerrilla commander and I, over whether Maradona (me) or Pelé (him) was the greater footballer. He told me tricks for fishing muddy rainforest rivers and recounted a risky climb in the Andes with university friends. "Back then we knew we'd never die."

Alternating lines, we recited a poem by Pablo Neruda. The undercurrent though, the reason he'd summoned me, was to tell his story to a stranger. He told me all: campesino parents, Medellín childhood, history degree, Lena his gorgeous girlfriend. Both of them won scholarships to the United States, but he chose instead la guerrilla for "my country, so beautiful, so unequal." And after an aching pause, "She went." He was whispering.

Then this soliloquy: "So I'm Che. Leading village boys to shoot and screw. Fighting an unwinnable war for FARC, which lost its soul. Should I return, they'll torture then kill me. So I'll kill till I die, lonely and forgotten in this damn jungle. All for nothing."

As resoundingly final as Macbeth's, that "nothing" left me dumb, my heart pounding. Silence. Flitting bats cutting ragged holes in satin air. Wordless thoughts oscillating in my head. Moonlight falling in flakes into forest blackness. Idly swirling my can, circulating dregs of warm beer round and slowly round. Totally connected with him, I was utterly alone in an immense, dense silence.

"Ah, it's late," he said softly, "I'll walk you back before your friends worry."

Silvered by the moon we walked side by side, rustling footsteps whispering between themselves. His gun, slung upright over his shoulder bobbed along like a third companion. In shadow, within earshot of my camp, we stopped.

I whispered, "May it go well for you."

"Meaning die quickly?"

"No! You should live a long life."

"With neither children nor hope?"

"At least wake to a bright clear dawn."

"Or shelling at midnight."

"One day maybe your dreams might come to pass."

"Surely! Dreams of mud and violence."

Giving up I said just, "Adios."

"Amigo," he added, then amended it to "brother."

We embraced. I walked away without looking back.

"Where were you?" asked a distraught Maria.

"Talking to a man about a horse."

She'd heard rumours of guerrillas and knew of the rape and murder. As a Colombiana she understood, nodded, and simply said, "Of course."

I will never forget that beer, ice cold and sharp as life, nor that evening on an unnamed bend of Colombia's Magdalena river. That evening when an MSF doctor and FARC guerrilla met and connected. Though fate had handed me a stethoscope and him a gun, we'd both engaged with the world we saw, were trying what we knew, using what was within our reach.

Che must be long dead—malaria, leishmaniasis, a bullet, a knife—but with me still are those eyes as grey as cold ash, a velvet voice, and his implied farewell: "I failed. Hermano [brother], do it if you can. Yes, heal diseases and injuries, but Medico, also heal people."

Jeph Mathias is climate change adviser, Emmanuel Hospital Association (EHA) India, c/o Landour Community Hospital, Landour, Mussoorie 248179, Uttarakhand, India
jephmathias@gmail.com

Cite this as: *BMJ* 2014;349:g4816

Righteous Among the Nations: doctors and medical students

Bruno Halioua and colleagues salute the actions of a group they believe show medicine at its best

The Yad Vashem memorial in Jerusalem defines someone who is a “righteous among the nations” as any gentile who saved the life of a Jew during the Holocaust or aided a Jew who was helpless and facing death or deportation without exacting monetary compensation or other rewards. Such people are honoured with a medal bearing the inscription: “Whoever saves a life, it is considered as if he saved an entire world” (Jerusalem Talmud, Tractate Sanhedrin).¹

Studies of medicine from the Holocaust era have mostly focused on Nazi experiments in concentration camps and processes for exterminating Jews. None has been carried out on those doctors and medical students who risked their lives to aid and assist Jews during the second world war and were granted the status of righteous among the nations.

From the *Encyclopaedia of the Righteous Among the Nations*² and the Yad Vashem website (<http://db.yadvashem.org/righteous/search.html?language=en>), we identified doctors and medical students who had been granted the status of righteous among the nations. We evaluated their files to determine the circumstances of the rescue; the place, date, names, and numbers of Jews rescued; and the fate of the medic by the end of the second world war.

As of 1 January 2013, 24 811 people from 44 countries have been granted the title of righteous among the nations. Among these were 245 doctors and 31 medical students, representing 1% of all people given righteous among the nations status. Overall, the doctors and medical students rescued 1182 Jews (see supplementary file for details). They saved Jews linked to the medical profession, hid Jews in the medical institution where they worked, falsified identity papers or medical certificates, devised medical or surgical strategies to help rescue Jews, and provided underground medical care.

Exploiting their status

Other acts of rescue by the doctors and medical students were similar to those carried out by righteous among the nations generally, such as sheltering persecuted Jews, finding suitable

hiding places, arranging passage across borders, and assisting rescue networks or demonstrating solidarity. These types of actions were more than likely facilitated by the doctors' elevated social standing, their capacity to ignore curfews to visit sick patients, the importance of relationships between patients and medics, and the Nazi authorities' respect for doctors.

Out of the 276 doctors and medical students, 13 were deported, 2 were killed for helping to rescue Jews, 26 were imprisoned, and 12 were executed for committing acts of resistance. The two doctors killed for helping to rescue Jews were Franciszek Raszeja for providing medical care to a Jew in the Warsaw ghetto and Jan Kollataj-Szednicki for refusing to provide a list of Polish Jews he had helped to rescue in Budapest. Two doctors (Erwin Leder and Kurt Lingens) were sent to the Russian front as Wehrmacht soldiers as a punishment.

Did being a doctor make a difference?

Did being a doctor affect the decision to rescue Jews? That question is difficult to answer. Overall, almost half of the rescues were specifically linked to the medical profession: passing Jews off as patients or members of staff (see supplementary file), capitalising on the Nazis' fear of contagious diseases, and issuing false certificates to prevent deportation. Arie de Froe, an instructor in anthropology at the University of

Amsterdam, saved numerous Dutch Jews by falsifying identity certificates. He also wrote a 100 page document entitled “Untersuchung

portugiesische Juden in den Niederlande” (anthropological research on so-called Portuguese Jews) “proving” that 4000 Dutch Jews of Portuguese descent were not racially Jewish, thus preventing them from being deported until 1944.³ Joseph Chaillet managed the transfer of one of his patients interned at Pithiviers camp in France, by sending him a false medical certificate for tuberculosis along with a vial of spittle from an actual patient with tuberculosis.

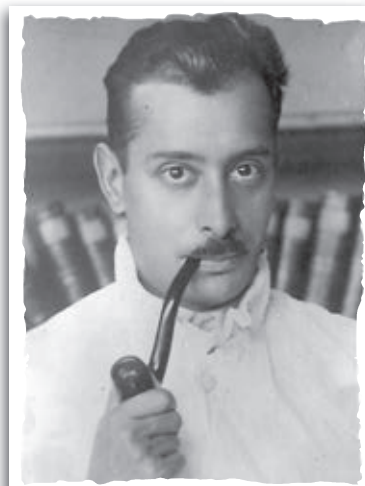
Several surgeons (László Konrády, Feliks Kanabus, Andrzej Trojanowski, Stanisław Bialecki, Janina Radlinska, Tadeusz Charemza, and Wojciech Wiechno) performed plastic surgery to restore foreskins and hide signs of

circumcision. Other surgical “acts” of rescue involved rhinoplasty (performed by Andrzej Trojanowski) to make Jews look more “Slavic” and appendectomies (Jozo Jagodic and Léon Flamand) to justify admissions to hospital. When Nazis arrived at urologist Joseph Jaksy's hospital to arrest a Jewish patient he immediately had the patient taken to surgery and performed an abdominal incision, reasoning that the Nazis would not take a patient with an open wound. Georges Lauret, director of the gynaecology department at Rouen hospital in France, prevented the deportation of Lynda Ganon by providing her with a false diagnosis of septicaemia caused by a rare disease that required “experimental” treatments. Infectious disease specialist Ante Vuletić, director of the Health Institute in Zagreb, saved 68 Jewish doctors by convincing the Croatian head of state, Ante Pavelic, not to have them deported but rather to send them to Bosnia where there was a shortage of doctors to help prevent the spread of diseases, especially syphilis.

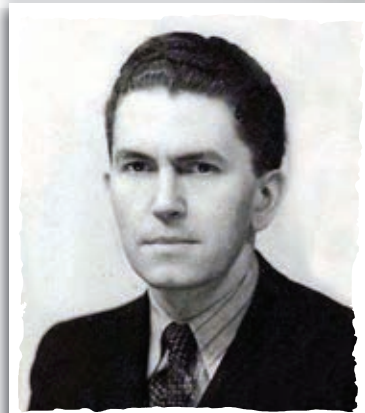
Some doctors passed off Jews as sick patients on the pretext that they needed to be evacuated for health reasons. Louis Malécot helped a family flee the La Baule region of France in an ambulance by bandaging the father's head to fake a head injury and putting one of the children's arms in a plaster cast. Stanisław Swital, director of the Boernerow hospital in Warsaw, organised an evacuation of clandestine Jewish fighters from the Warsaw ghetto by passing them off as patients with typhus. He was aided by a team of doctors and nurses wearing Red Cross armbands.

Banality of good

Honouring the memory of these “righteous” doctors and medical students helps to highlight a little known part of medical history during the Holocaust, serves as a tribute to those medics who came from varied backgrounds, political affiliations, and social strata, and celebrates the humanitarianism and feeling of fellowship that inspired their acts. Some of the medics carried out extremely dangerous rescues and some performed rescues on a regular basis. Most of these men and women will never be recognised. Others, known for their contributions to medicine, have never sought recognition for their work as a righteous among the nations:



Clockwise from top left: Professor Georges Lauret, Professor Willem Johan Kolff, Dr Joseph Chaillet, Dr Pierre Bouty



We have an obligation to remember these doctors, so that future generations can identify with anonymous saviours who put their own lives at risk simply because they could not imagine doing otherwise



Willem Johan Kolff, the inventor of haemodialysis and considered the “father of artificial organs” was posthumously named a righteous among the nations in 2012, who, along with his wife, took in a six year old Jewish boy, pretending he was a nephew.

We have an obligation and a duty to remember these doctors, who were spurred on in the second world war by the “banality of good,” so that future generations can identify with

anonymous saviours who demonstrated such generosity, humanity, and courage and who put their own lives at risk simply because they could not imagine doing otherwise.

Why did some doctors choose to perpetrate evil and others to follow the path of goodness? It is an important question that continues to be asked, despite the 70 years since the end of the second world war.

Bruno Halioua medical doctor, Université Paris Sud-Department of Research in Ethics, Saint-Louis Hospital, Paris 75010, France

Alexandre Ichou medical doctor, Department of General Medicine, Hôpital Avicenne, Bobigny, France

Bethsabée Halioua student, Prepa Commerciale, Paris, France

Robert Haiat medical doctor, Association des Médecins Israélites de France, Saint Germain en Laye, France

Richard Prasquier medical doctor, Keren Hayessod, Paris, France

Accepted: 10 November 2014

Don't look away now

What should be the guiding principles in deciding the journal's coverage of "difficult" topics, wonders **Tony Delamothe**

Between qualifying as a teacher and getting her first job, my aunt, Margaret Milner, edited her local newspaper, *The Weekly News Broome*. "Newspaper" may be a slight exaggeration for a set of duplicated pages stapled together. Nevertheless, it read like a regular newspaper, with national and international news stories jostling for attention with items of more local interest—horse races, murders, tide times. My guess is that my aunt "sourced" her news stories from newspapers begged and borrowed from passengers on the ships that stopped at Broome, an isolated port on the northwest coast of Western Australia.

Leafing through the papers in Broome's Historical Society and Museum a few years ago I was struck by this story that appeared in the newspaper during my aunt's editorship:

Nazi's control increasing

The Governments of Saxony, Bavaria, and Baden, the three states in the south and south west of Germany, have resigned and the Nazis have gained control of these states.

The Nazis are still bitter in their offensive against Jews and Communists, many of whom show traces of beatings and are hastening out of Germany. The Communist members of the Reichstag will not be permitted to take their seats but will be confined in concentration camps.¹

It was dated 15 March 1933, six weeks after Hitler's seizure of power.

My discovery among the manila folders in the museum wasn't long after the publication of Daniel Goldhagen's controversial book, *Hitler's Willing Executioners*, which explored the complicity of "ordinary"

Germans in what was being done in their name.² How had my clear eyed aunt registered what was happening 8500 miles from her home town? And what, I wondered, had my own publication said about Germany between Hitler's rise to power and the outbreak of the second world war? After all, Germany is only 275 miles from Tavistock Square as the crow flies.

The digitisation of *The BMJ*'s complete archive made answering this question easy. But the yield turned out to be surprisingly poor—one small series of articles on the plight of emigrant Jewish doctors and another from which you could glean other evidence of the rise of Nazi ideology.

The BMJ's coverage began in April 1933, with the mostly sympathetic response of the BMA's Medical Secretary to inquiries about the prospects of Jewish doctors from Germany practising in Britain.³ More than three years passed before the next, oblique mention of this subject—a two sentence news story reporting the absolute and relative decline in the number of Jewish doctors in Berlin.⁴ Then in July 1938 the journal reported a flurry of parliamentary activity, beginning with the ministerial reply that just 185 refugee doctors and oculists from Germany had been admitted to the medical register since 1933.⁵ Home Secretary Samuel Hoare said that he had conducted "discussions with representatives of the principal medical organisations, who agreed with him that discrimination [against refugee doctors] must be exercised."⁶

A fortnight later *The BMJ* published a bald translation of the *Reichsgazette* of 3 August, with its "decree depriving all Jewish doctors in Germany of their permit to practise medicine in that country and Austria with effect from September 30 next . . . Henceforth no Jewish practitioner deprived of his means of livelihood will be allowed to re-enter the profession."⁷ No commentary was provided other than to mention that Vienna, where 50% of practising doctors had been Jewish, would be hardest hit.

Rise of Nazi ideology

Similarly free of comment was a note about Germany's impending Law for the Prevention of Hereditarily Diseased Offspring, which came into force in January 1934.⁸ The law allowed for the enforced sterilisation of those with a high

probability of having children with severe hereditary physical or mental illness. In March 1934 the journal published a summary of a fairly measured response to the act by a German psychiatrist, which had originally

appeared in the journal's German counterpart, the *Klinische Wochenschrift*.⁹

In July 1937 the journal covered a report on physical education in Germany based on a visit by a delegation of English and Scottish education officials.¹⁰ Hitler Youth and the Napoli Schools are mentioned. The schools are described as being "drawn up in accordance with the Führer's own ideas," where the "last—and avowedly the least important—aim is to give the pupils profi-

ciency in book knowledge and a grounding in academic subjects generally." The author of the journal's summary approves of the "pertinent question" raised at the end of the 80 page report: "Is not the present German preoccupation with the subject of physical training likely to go too far, and is there not already a tendency in that country to seek to develop the body at the expense of the mind and to regard it as a mere machine to be kept constantly tuned up to the highest possible pitch of efficiency?"

Two months later came a three page report by the dean of the British Postgraduate Medical School, Hammersmith, on the Third International Congress on Postgraduate Medical Education in Berlin.¹¹ The German hosts used it as a shop window for the changes that had been introduced into German medicine over the preceding years. Reich medical leader, Gerhard Wagner, presented a paper to the conference on the position of the doctor in the new Germany. He said that the doctor's chief duty was to combat those conditions "which history shows have caused nations to perish—namely: (1) the decline of births; (2) the swamping of the best and most capable parts of a nation by those elements which had no right to existence; (3) the mingling with the blood of a different race."

The oddest mention of Nazi Germany was a book review published in October 1937, looking at mortality among Berlin Jews in the two triennia, 1924-6 and 1932-4.¹² "In the period 1932-4 suicide had increased among the Jews much faster (almost 50 per cent.) than among the non-Jews." From this finding "others may be inclined to draw an inference," wrote the reviewer. But the reviewer drew none and approved the book's authors for doing the same. What was the reviewer thinking? By 1937 a series of highly discriminatory laws had been passed, fuelling outbreaks of anti-Jewish violence each time.¹³

And that was that, as far as dispatches from prewar Nazi Germany went (apart from a few reports on maternal mortality and infectious diseases). They reveal scrupulous attention to "the facts," with judgment mostly withheld. I could find no editorials or commentaries decrying what had been so soberly reported. Perhaps the fault lies with Gerald Horner, who was editor of *The BMJ* at the time and has been described by the journal's historian as being "temperamentally incapable of providing leadership, distrustful of innovation, and reluctant to assume responsibility."¹⁴

What, I wondered, had my own publication said about Germany between Hitler's rise to power and the outbreak of the second world war



Installation view of Anselm Kiefer's *Language of the Birds*, 2013, at the Royal Academy of Arts

financial crisis of the government had already left the system on the brink of collapse. The chronic situation of the health sector therefore is a major underlying cause for the impact of the conflict on the health system in Gaza today and unless addressed systematically a recovery of the health sector to a stronger and more resilient health system is highly unlikely. The direct impact of the conflict led to the loss of life, disabilities, decompensation of chronic illnesses, and severe negative effect on the mental wellbeing of the population.

As the readers' editor of the *Guardian* recently commented, criticisms about "disproportionate" coverage of the Israel-Palestine conflict, and Gaza in particular, come with the territory.²⁰

As critics of our coverage remind us, many war zones have much higher body counts than Gaza, but body counts alone don't seem like a good enough metric for deciding coverage. Their use wouldn't have led to any more coverage of the Third Reich in *The BMJ* in the lead-up to war. Although many Germans died violently at the hands of the Nazi regime in the 1930s, the body count wouldn't have registered against the body counts of contemporaneous wars—the Chaco war between Bolivia and Paraguay, the Chinese civil war, the Spanish civil war, and the second Italo-Ethiopian war. However, I don't think the relatively modest body count in prewar Germany gets my predecessors on the journal off the hook for their lack of curiosity and humanity.

Whatever turns out to be the right metric for deciding coverage, I think future generations will judge the journal harshly if we avert our gaze from the medical consequences of what is happening to the occupants of the Palestinian territories and to the Israelis next door.

I wonder what my clear eyed aunt would think.

Tony Delamothe deputy editor, *The BMJ*
tdelamothe@bmj.com

References and competing interests are in the version on thebmj.com.

Cite this as: *BMJ* 2014;349:g7622

Perhaps no one at the time believed there was much ground for criticism. Antisemitism was rife in 1930s Britain (see Peter Arnold's account below¹⁵), and Britain had been in thrall to eugenics in the early 20th century, which provided the rationale for sterilising the unfit.¹⁶ Germany wasn't breaking new ground with its sterilisation law; before the Nazis came to power 28 US states had compulsorily sterilised 15 000 people, and Sweden, Denmark, and Norway all had sterilisation laws on the statute books by 1934.¹³ If there had been any disapproval perhaps it would have been only of the German tendency to take good ideas too far (as in the example of physical fitness above). The journal seems to have concluded that these were internal matters for Germany to decide and none of its business.

Had *The BMJ* spent the 1930s thundering against Germany's persecution of Jewish doctors and its increasing obsession with racial hygiene would it have stopped the holocaust? Certainly not. But shouldn't *The BMJ* have been more vocal in its criticisms of matters that fell clearly within the remit of a general medical journal? Bearing witness is the journal's sometimes painful responsibility.

That was then, this is now

The days have long gone when the journal carefully picked its way through the events of the day trying to avoid any unpleasantness. We've long given up any pretence that untangling medicine from politics is possible, and it's reassuring to know that less than a quarter of our readers want less politics.¹⁷

But questions of the appropriate amount of coverage of difficult topics haven't gone away. On some topics—such as Syria—we're painfully aware of our underperformance. And there must be other blind spots we're not even aware of. Others lament our overcoverage of some topics, particularly our "bizarre preoccupation with Israel and all it does."¹⁸

But it's hard to turn a blind eye to reports such as one on the effects of this summer's Operation Protective Edge.¹⁹ Coordinated by the World Health Organization, the report begins:

The recent conflict in Gaza severely impacted on the health and wellbeing of the entire population. Large-scale population displacement, shortages of water and electricity, environmental health hazards, loss of income and many more factors increased drastically the vulnerability of the majority of the population at a time when the siege on Gaza and the

Another time: England, 1936

Young doctor applying for a post: "My name is Morris Amoils. I am interested in this position."

Interviewer: "What sort of name is AMOILS?"

Young doctor: "Jewish."

Interviewer: "We will be in touch."

Young doctor applying for a second post: "My name is Morris Amoils. I am interested in this position."

Interviewer: "What sort of name is AMOILS?"

Young doctor: "Jewish."

Interviewer: "We will be in touch."

Young doctor applying for a third post: "My name is Morris Amoils. I am interested in this position."

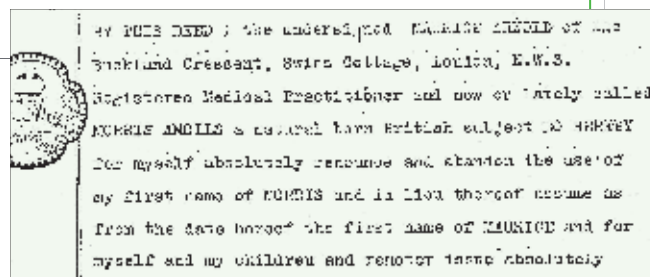
Interviewer: "What sort of name is AMOILS?"

Young doctor: "Jewish."

Interviewer: "We will be in touch."

Young doctor goes to registry office.

Young doctor applying for a fourth post: "My name is Maurice Arnold. I am interested in this position."



Interviewer: "How soon can you start?"

Peter Arnold, Edgecliff, Sydney, New South Wales 2027,
Australia parnold@ozemail.com.au

Cite this as: *BMJ* 2014;349:g7520