statistical expectation for autosomal dominant inheritance, although this high degree of penetrance is rare.^{8,9}

Peters and others emphasised good nutritional habits and complete avoidance of precipitant causes as the greatest priority in treating acute intermittent porphyria.¹⁹ In that context it is unsettling to read in van Gogh's letters the recurring theme that sickness, or something less than full health, is compatible with or even encourages creative work. While contemplating leaving the asylum at St Remy and returning to the north Vincent wrote, "As for eating a lot, I do—but if I were my doctor, I'd forbid it. I don't see any advantage for myself."²⁰ If he suffered from acute intermittent porphyria his own advice was the worst possible.

Details of the references to van Gogh's letters may be obtained from the authors.

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Médecins Sans Frontières: 20 years old

Alexander Dorozynski

They are known as "the French doctors." They treat the wounded in Lebanon and Angola, set up refugee camps in Thailand and Kurdistan, denounce violations of human rights in Iraq and Cambodia, care for street children in Antananarivo (Madagascar) and orphans in Romania. They are for the most part young, and they are seen as daredevils with panache. They are, in fact, working under a highly structured organisation, Médecins Sans Frontières, now collaborating with the World Health Organisation, the United Nation's High Commission for Refugees, the International Red Cross, and other government or non-governmental humanitarian and aid organisations. MSF, "doctors without frontiers," was founded almost exactly 20 years ago, on 21 December 1971, and is now the world's largest and probably best known private humanitarian organisation.

Every year about a thousand MSF doctors, nurses, and logistics experts travel to "hot spots" worldwide, sometimes illegally and often at the risk of their lives, to carry out the mission defined in the charter written in 1971: "Médecins Sans Frontières bring their help to all victims of natural catastrophe, collective accidents, and belligerent situations, without discrimination of race, politics, religion, or philosophy." MSF has provided emergency medical care and relief in more than 80 countries; it has established refugee camps and organised epidemiological training, all the while affirming its independence from any government or pressure group. "We have been close to misery, death, disease, violence, and we have been strengthened, better armed," says Dr Xavier Emmanuelli, one of the founders and a very active honorary president. "We have forged a tool, solid, pragmatic, of a dimension never achieved before... yet we have remained free, rebellious, independent."

MSF was founded by physicians who had cared for the wounded and the sick during the Biafra war, and others who had responded to an appeal by the French medical newspaper *Tonus* to fly to eastern Pakistan

(soon to become Bangladesh) to provide emergency relief during floods that devastated the region. As a fledgling organisation it served as a source of volunteer physicians, who joined missions run by organisations such as the International Red Cross, Save the Children, or the Order of Malta.

MSF established a small office in Paris in 1972, run by a few voluntary physicians and *Tonus* journalists with funds provided chiefly by donations from French physicians, and started organising its own missions: relief to victims of an earthquake in Nicaragua, medical assistance in Honduras, and treatment of the wounded in the Lebanon war—where MSF teams worked on all sides, in cities bombed by Syrians or Israelis, in Christian and Moslem zones, in Palestinian camps.

An important step was taken in 1976 when an advertising agency, Eleuthera, organised—free of charge—a nationwide campaign that brought MSF to the attention of the French people and triggered increased donations. In the same year MSF opened its first refugee camp, in Thailand.

In the years that followed MSF kept growing and set up its central structure, with permanent staff, a logistic cell, and streamlined fundraising activities. While growing in size, MSF organised medical teams adapted to specific situations and opened up sections in Belgium, Switzerland, and Holland and later in Luxembourg and Spain. In 1980 MSF medical teams went to war torn Afghanistan. Increasing international recognition led MSF to emphasise its role not only as a humanitarian organisation but as "a sentry of human rights." The very presence of an MSF team, it is felt, could deter human rights violations. The "right to initiative" was reaffirmed: interventions are determined by medical needs, and if a government refuses entry the teams enter the country clandestinely since "assistance to individuals in danger is above the rules of non-interference into the affairs of a country."

By 1984 there were "French doctors" teams in 20

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Médecins Sans Frontières operates in Somalia...

countries, and MSF initiated a nutrition programme in Ethiopia, where it denounced, the following year, the misuse by authorities of humanitarian aid. MSF was the first and only medical team to reach the Iraqi town of Halabja in 1988, after Saddam Hussein used chemical weapons against his own people. The "French doctors" testified to the use of such weapons and brought back a sample that led to the identification of cyanide gas.

By 1989, MSF had some 2000 physicians and other personnel in the field—half of them French, the other half consisting of individuals of 30 different nationalities. Its annual budget has reached about Fr 500m a year. "The sources of funding leave us completely independent," says François Dumaine, a permanent staff member who handles communications: about 700 000 donors contribute two thirds of MSF resources, while the balance comes from organisations such as the High Commission for Refugees or other humanitarian organisations that increasingly ask MSF to intervene in specific situations. In order to remain independent, the rule is not to accept donations with political links or from governments.

Last year MSF was present on war fronts worldwide, including wars little known to the public because they took place in countries away from the interest of major powers. Who worries that Somalia has been at war with Ethiopia since 1977? Two million refugees have fled from the combat zones, several coups have failed, a civil war in 1988 took 50 000 victims, rebels have taken Mogadishu, the capital of Somalia. Last year, after all foreign embassies had closed their doors, while street fights raged in the city, the MSF medical team was at work in a city hospital. Other "French doctors" are in Arab territories occupied by Israel, in Ethiopia, in Salvador, Malawi, Liberia, Honduras, Yemen, Uganda, Peru, Mozambique. . . . A plane chartered by MSF was shot down over Sudan, costing the lives of four people.

By the start of the Gulf war MSF had set up camps in the deserted no man's land between Iraq and Jordan, providing refugees with water, food, and drugs and setting up facilities to vaccinate children against measles. Another camp was established in Syria, on a site selected by the Syrian government and the High Commission for Refugees, to house up to 50 000 people. A logistic base to serve these camps was established in Cyprus.

MSF intervened in strength to help the Kurdish refugees after the Gulf war. Dozens of chartered jumbo jets left European airports to carry medical and logistic MSF personnel; temporary shelters for more than 50 000 refugees; food, blankets, and drugs; and surgical and medical modules, designed by MSF, to seven refugee camps along the borders between Iraq, Iran, and Turkey. From Cukurka, one of the camps, Dr Emmanuelli appealed for help for these people, shipwrecked, sinking in mud and excrements: "MSF is

alone with the refugees, alone in this valley to ensure, in the most abominable conditions one can imagine, the survival of 70 000 people. . . . Mortality of children under 5 has reached 25 per 10 000 per day. If such a rate prevailed throughout the planet, there would not be a single person left on earth in little over a year."

MSF has made a quantum leap from its original role of medical aid in a situation of crisis. The Gulf war led it to use material and financial means on an unprecedented scale: more than 60 chartered planes, 14 million ecus in expenses, requests for support from institutional donors who carry nearly 100% of the financial burden. It has decentralised, establishing an office in New York, to protect the name of "doctors without borders," and to collect donations. Long term missions have been opened in 11 countries, mostly in Africa but also in Romania and Vietnam, but MSF has withdrawn from Afghanistan, where personnel had become a target and one physician was killed while working in a hospital. It has increased recruitment and developed volunteer training. Qualified volunteer health personnel usually join MSF for six months to a year, receiving a monthly compensation of Fr 3000 to 4000 (£300-400). From June 1990 to May 1991, 1092 people went on missions to 55 countries: 350 physicians, 303 nurses, 65 paramedics, and 374 logistic and administrative personnel. About 100 people are employed full time at the Paris headquarters and a logistics training base in southwestern France.

But the "French doctors" do not only work abroad. Seeing that about 800 000 people in France (including an estimated 400 000 clandestine immigrants) had no access to medical services, MSF four years ago initiated "Mission Solidarity France," installing medico-social centres in four major cities and providing about 10 000 free medical consultations annually.

MSF has also created Epicentre, a school for applied training and research in epidemiology and public health and a clearing house for international consultants, which is located in its Parisian headquarters. The small Epicentre staff of eight, assisted by international consultants, organises seminars and meetings and takes part in university teaching, mostly of North American methods of epidemiological research. "We do not want to duplicate university teaching, but insist on the practical, 'how to' approaches to epidemiology," says Alain Moren, Epicentre's director. One week courses are given in Paris, others in affected countries, whenever the need appears—triggered by war, natural catastrophe, or epidemic. Epicentre sometimes works under contract with the World Health Organisation, the European Community, Unicef, the Centers for Disease Control in Atlanta, Oxfam, and other non-governmental organisations to serve a "working tool to evaluate public health; to test, not new molecules, but new strategies." Moren, a doctor who trained in public health at Johns Hopkins University and worked with the Centers for Disease Control in Atlanta, feels that European epidemiology, which tends to be academic, can benefit from the more practical, field oriented, Anglosaxon approach with more informal, American style teaching combining critique and discussions. Its computer division has developed user friendly programs for field epidemiology and a nutrition oriented program, Epinut.

Now that it is 20 years old, MSF is further consolidating its public image and intensifying fundraising. Several films will be shown in Europe, including Great Britain. "Is there a risk that we will become bureaucrats and technocrats?" wonders one staff member. "The enthusiasm and commitment I see around me lead me to think these perils are still remote."

... and in the refugee camps of Kurdish Turkey