little practical experience in either laparoscopic or open surgery. In future, laparoscopic methods may be taught as the primary technique, but until then juniors must obtain some practical experience both to maintain their interest and to improve their surgical skills. Senior staff must address this problem now.

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Jewish law permits treatment on the sabbath

EDITOR,—In the first paragraph of her report on the first international meeting on Jewish medical ethics in Jerusalem Judy Siegel-Itzkovich misquoted the Halacha (Jewish law).[1] She states that Jewish law allows medical treatment to be given on the sabbath only if a person's life is at risk. The authoritative Slulchan Aruch Harav (code of Jewish law)—chapter 328, paragraph 19—clearly permits treatment for people who are not dangerously ill.

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1 Siegel-Itzkovich J. Rabbis and doctors sort out medical ethics in Jerusalem. *BMJ* 1993;307:404. (14 August.)

Different kinds of meeting

EDITOR,—Bernard Dixon is right to extol the virtues of the special form of scientific meeting adopted for several years by the organisers of the Dahlem Konferenzen.[1] It is a considerable advance on the design of the usual symposiums, in which much time is wasted with presentations followed by a brief period of off the cuff questions from the audience, resulting perhaps in education for some of the audience but little scientific advance.

Another format is used by the Ciba symposiums. In these, presentations are still made but in private, before a small, highly selected group of participants, who have the opportunity for free and open discussion. This is then edited and published with the original papers as a book.

Having attended both of these meetings, I was led to devise yet another form, which I believe is superior to either for some purposes, principally to make scientific advances. There have been 15 such meetings, and they have become known as the Dobbing workshops. Briefly, each of about a dozen participants writes a paper about three months before the workshop, and this is sent to each of the 11 others. Each person then writes a considered, referenced commentary on each paper to a deadline of six weeks before the workshop, and this in turn is also circulated to all the others. We all then meet for three days, during which no presentations are made, no projectors used, and no recordings made. At the rate of about two papers per half day, the proceedings consist entirely of discussion.

The chairperson calls on the author to spend about 10 minutes responding to the written commentaries on his or her paper, and this gives rise to discussion long before he or she has finished. The authors, as well as the writers of commentaries, can modify their work in the light of the discussion, and often new issues are raised which give rise to additional paragraphs written by appointed participants on the spot. The main stipulation is that by the end of the three days all has to be ready for publication. The chairperson-editor spends the next fortnight arranging both the papers and the surviving commentaries into a book, which is usually published within six months.

Apart from giving the maximum opportunity for in depth discussion, the book will have been peer reviewed by the workshop process like no other—and much more extensively than any published original paper. It displays all the points of view of the experts chosen to take part since no attempt is made to arrive at a consensus. Consensus may be desired by the readers or by politicians and policymakers, but far more useful in the long run is that everyone should be made to think for himself or herself in the light of what he or she has read of the conflicting views.

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1 Dixon B. A different kind of meeting. *BMJ* 1993;307:629. (4 September.)

War in Bosnia

Disabled children in the pink zone

EDITOR,—Sir Donald Acheson condemns the systematic targeting of hospitals in the war in former Yugoslavia,[1] but the suffering of vulnerable groups has become the hallmark of this conflict. Even children with learning and physical disabilities are victims.

On 25 August 1991, during a Serbian attack on the town of Vrlika, residents of the town's only home for disabled children were forced to evacuate. The children made for Split, 76 km away. Nineteen of the 303 children died as a result of the journey.[2,3] As many as possiible were transferred to other facilities, but 262 remain in Split. They come from Croatia, Bosnia-Herzegovina, and Montenegro; 181 are Croatian, 44 Serbian, and 37 of unknown nationality.

Facilities for disabled children are hopelessly inadequate. For nearly two years some have lived in two welfare institutions, while 60 others live in a gymnasium. These children cannot return to their home in Vrlika because it is in the so called pink zone—an area of Croatian territory outside the zone protected by the United Nations but still under occupation.

This war is distinguished by its cruelty and insensitivity. These children, brutalised and homeless, now have little chance of experiencing the brighter side of life.

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1 Acheson D. Health, humanitarian relief, and survival in former Yugoslavia. *BMJ* 1993;307:44-8. (3 July.)
2 Donadini M, Čikeš L. The wartime trauma of the inmates in the Vrlika Institute. *Arh Zašt Majke and Djeteta* 1992;36:119-22.
3 Pintarić I, Sapunar D, Gudelj I, Andelinović S, Kuzmić I. Remember they are humans. *Croatian Medical Journal* 1992; 33(war suppl 2):34-5.

Lessons from Vietnam

EDITOR,—Eric Freedlander's remarks on return from Tuzla about the inappropriateness of the airlifting of a small number of patients to Britain nicknamed "Operation Irma"[1] make me wonder why Britain does not use some taxpayers' money to provide medical teams for trouble spots such as Bosnia. In the middle and late 1960s medical teams from many countries, ostensibly funded by their governments (though probably subsidised by the Americans), treated large numbers of sick and wounded civilians in South Vietnam without the hype in the media about the techniques, drama, and petty quarrels within officialdom that has accompanied recent evacuations to Britain of highly selected patients.

These teams helped a civilian population tormented by war. Eric Freedlander is right. Putting a team in place is far more effective than evacuating people with complex problems, which may have resulted from an inability to provide primary treatment. The very presence of a team has great meaning for the community, even if the team stays for only a short time. Teams experienced in surgery, acute medicine, and paediatrics are needed: people are less concerned with chronic illness and hygiene when they risk death from a mortar round daily.

Perhaps the government thinks it is politically incorrect to go into a foreign country except under the auspices of the United Nations, whose role seems not to include providing the type of medical care that the teams provided in Vietnam. Is it too dangerous? War without front lines surrounded the teams in Vietnam but they suffered no physical casualties in six years despite some narrow escapes. Leaving it to the marketplace of emotion and media hype and taking credit for achievements is probably the simplest solution, but it fails to exploit experience gained the hard way in Indo-China and looks pretty sorry from the medical angle.

What the public does not understand is the agony out there. There is an enormous load of surgical and other disease and disorder that we can scarcely imagine. Organisations such as Médecins sans Frontières tackle this on the ground and by sacrificing the personal freedom of their members. We need the government's commitment to underpinning surgical care at the point of injury and identifying disease in places such as Sarajevo. I was a surgical specialist to the Australian teams in Vietnam. We benefited from good logistic and social support because our care was seen to be impartial. In Bosnia this neutrality has been obscured by political considerations. We in Britain could be more prepared—given material support—to take an active role. Surgical teams will never change the course of history but they will, as my Vietnamese interpreter said to me, "be remembered in the marketplace."

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1 Butcher T. Doctors dismiss Operation Irma as "theatre." *Daily Telegraph* 1993 Aug 18:8.

Whistleblowers

To keep quiet would be worse

EDITOR,—K Jean Lennane's article on "whistleblowing" describes the psychological traumas suffered by those who expose malpractice in their organisations.[1] It does not, however, raise a reciprocal of this issue: how potential whistleblowers might have felt had they failed to act in accordance with their conscience. Some of those who blew the whistle will have done so because they judged that the emotional effects of keeping secret (and so colluding with) an unjust practice would be more unbearable than those caused by exposing it.

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1 Lennane KJ. "Whistleblowing": a health issue. *BMJ* 1993;307: 667-70. (11 September.)