

growth, delayed sexual development, mental impairment, facial dysmorphism, and thoracic and spinal abnormalities.² Since its initial description, it has been reported in numerous other onchocerciasis-endemic areas with high *Onchocerca volvulus* transmission and a high epilepsy prevalence, including nodding syndrome.³

However, research on its pathophysiology remains scarce. Only one post-mortem exam has been conducted, in 1956, on a man aged 30 years with Nakalanga syndrome who lived in the Mabira Forest, revealing thyroid hypofunction and an absence of germ cells and male sex hormones in the testes. His pituitary gland showed few basophils but a normal number of acidophils.⁴ Endocrinological investigations revealed low levels of insulin-like growth factor (IGF-1), IGF binding protein 3 (IGBP-3), or both in two individuals with nodding syndrome and moderate to severe stunting, further suggesting involvement of the pituitary axis.⁵

Nakalanga syndrome ceases to appear in onchocerciasis-endemic areas once onchocerciasis is eliminated, suggesting that an *O. volvulus* infection plays a direct or indirect pathogenic role.³ However, to understand the pathophysiological mechanism of Nakalanga syndrome, additional hormonal studies including pituitary stimulation tests need to be conducted. This effort will require strengthening the research capacity in remote onchocerciasis-endemic areas.

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Concerns regarding Gaza mortality estimates

We respond to a Correspondence by Rasha Khatib and colleagues.¹

Of course, numbers count. Each and every death matters profoundly. However, the culpability and responsibility for each and every death also matter. That is why projections of fatalities must be seriously and soundly based, scrutinised, and not agenda-driven, and most importantly, should thoughtfully endeavour to assign responsibility and accountability if they are actually meant to minimise and even arrest continuing death, destruction, and despair. Providing model-based projections, devoid of appropriation of Hamas' accountability for Gazan civilians, reveals not scholarship, but an agenda that aligns well with that of Israel's most bitter enemies bent on its destruction. Failure to assign responsibility impedes the cessation of hostilities in Gaza, which is necessary to mitigate further deaths, both direct and indirect, and achieve recovery. There will be no hope for such recovery so long as Hamas continues to hold the hostages it captured in its premeditated, vicious, and murderous attack perpetrated on Israeli civilians on Oct 7, 2023^{2,3} (not mentioned by Khatib and colleagues as the trigger for the unfolding tragedy). There will be no hope for such recovery so long as Hamas is able to resume its strategy of embedding military attack capability within the civilian population and facilities while violently compelling Israel to defend itself against Hamas' attacks.^{4,7}

Khatib and colleagues argue that "Documenting the true scale is crucial for ensuring historical accountability and acknowledging the full cost of the war."¹

Truth is elusive in the midst of war, and documenting is difficult, but necessary. Even if we accept the unverified numbers of direct civilian deaths provided by the Gaza Health Ministry, Khatib and colleagues deliver forecasts of indirect deaths using multipliers based on unsubstantiated assumptions, and then add some more tens of thousands to achieve a thought massacre, undermining credibility. Rather, the emphasis should be on how to minimise this multiplier by preventing indirect deaths. We believe that such mitigation can be achieved when Hamas lays down arms, releases Israeli hostages, stops attacking humanitarian relief, and reverts medical facilities to the provision of medical care rather than to combat command, and that such actions would allow the Israel Defense Forces to cease their combat operations, which are carried out in defence of the people of Israel from relentless Hamas attacks, and would allow relief to actually be provided to those in need, unfettered by Hamas malevolence. This point is entirely missed by Khatib and colleagues' provision of a projected number of deaths that has now been adopted as inevitable.

In now-deleted posts on X, subsequent to publication of the Correspondence, one of its authors seemed to acknowledge that this number is "purely illustrative".⁸ This "purely illustrative" number, weaponised against Israel, serves as a dangerously irresponsible provocation, and is now nefariously held up as prima facie evidence of a deliberate massacre of an incomprehensible number of non-combatants by Israel.^{9,10} Did the authors not realise how such blood libels are incited precisely by an authoritative scholar's "purely illustrative" example that was published as part of a



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non-peer-reviewed Correspondence and falsely accorded the imprimatur of being a published study in the world's leading medical journal? The guise of evidence required for "crucial for post-war recovery, restoring infrastructure, and planning humanitarian aid" will not hide such calumny.¹

Furthermore, the authors facilely quote a modelling exercise, which was also widely disseminated and taken as truth.¹¹ This report, which predicted tens of thousands more direct deaths in a particular military campaign, was thankfully not borne out by fact, nor were projections of famine.¹² However, although perhaps inconsequential to the modellers, unsubstantiated inflation in mortality projections have dire consequences for all people in the region. The substitution of speculation for data in Khatib and colleagues' Correspondence¹ leads us to believe that truth is not actually the goal, but rather that these projections are meant to further demonise and isolate Israel. We believe that these projections will drive even the most peace-seeking Israelis to be wary and untrusting of brokers for peace, will perpetuate and prolong war, and will augment the danger Israelis and Jews experience in the workplace, in academia, and most ominously, on streets worldwide.

As for "historical accountability",¹ there is no doubt that the Israeli Government and Israel Defense Forces will have to be accountable for tragically inadequate preparedness before the deliberate and vicious massacre of Israeli non-combatants proudly perpetrated and documented by Hamas on Oct 7, 2023. Israeli authorities will also have to be accountable for all decisions, tactics, judicial oversight, and outcomes in the conduct of this war. However, Dirks defined historical accountability as "how records help to hold yesterday's organizations and institutions accountable for their actions today, both in moral and (sometimes) legal terms".¹³ Isn't Hamas, the elected Government of Gaza, morally

accountable for protecting its citizens? Does it not have accountability for building underground tunnels as bases for attack, escape, and abduction rather than to shelter its civilians? Is it not responsible for deliberately putting women, children and older persons in harm's way?⁴⁻⁷ In legal terms, Israel has and will continue to make its case in international courts regarding the proportionality of its acts and complementarity of its judicial proceedings. However, "ensuring accountability" would require at the very least acknowledging Hamas' overwhelming responsibility for non-combatant death rates, a responsibility that is even acknowledged by Gazans¹⁴ but sadly ignored by Khatib and colleagues.¹

Acknowledging the full cost of the war is indeed crucial. The full cost is massive and, as Khatib and colleagues note, includes loss of life, destruction of housing and civil structures, and disruption of the health-care infrastructure of Gaza. However, the total cost of the war includes displacement of tens of thousands of citizens and destruction in Israel as well, loss of life and livelihoods, collective and personal trauma and long-term health issues, hostages still held captive, and indirect deaths on all sides. These are also essential data, but they are left unaddressed by Khatib and colleagues, an omission that speaks volumes about the not-so-subliminal intention of their Correspondence.

Israelis and Palestinians share a small area of land and an inevitable future. Providing a framework for cooperation rather than unfounded, exaggerated, and misappropriated accusations is the task of health professionals, academics, and scientific journals, and is a prerequisite for cessation of hostilities that will be effective in preventing deaths and enabling recovery.

We declare no competing interests.

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We are writing regarding the Correspondence by Rasha Khatib and colleagues.¹

We are deeply concerned about the loss of life and injuries caused by military conflict. As physicians, we are committed to caring for the wounded and ill. We are also obligated to be impartial and sensitive to all. It is our responsibility to report information grounded in factual evidence. Khatib and colleagues report numbers that are not substantiated but rather are extrapolated. Certainly, the death toll is substantial, and we recognise the horrors of war for the Palestinian people as well as for Israelis. We also know that Palestinian civilians are subjugated by Hamas; that death and injuries have been incurred largely because of Hamas' use of residential areas, schools, hospitals, and mosques as sites for military operations, putting at risk the wellbeing of Palestinians.²

We must depoliticise our dialogue in academic medicine and come together as rational experts evaluating and presenting data that are substantiated in the most objective manner possible. *The Lancet* should insist on the highest standards of certainty when authors make claims that lead to biased interpretation of existing data. We believe that publishing a clear statement that corrects the inaccurate information in the Correspondence by Khatib and colleagues would be a great service to the medical community and the readers of *The Lancet*. Ample data are available for review.^{3,4}

We declare no competing interests.

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We are outraged that a prestigious journal such as *The Lancet* has published a non-peer-reviewed Correspondence¹ by Rasha Khatib and colleagues that makes entirely unsubstantiated claims regarding the death toll in Gaza.

This Correspondence was widely misconstrued, leading to multiple reports that *The Lancet* itself has stated this number as fact. In a matter of days, we saw the claims of the death toll in Gaza quadruple, based entirely on a Correspondence. We note that Peter A Singer, former Special Adviser to the Director-General of WHO, has said of this Correspondence that "there is no new data here. Its methods: take one unreliable number and multiply by another unreliable number to get a bigger unreliable number".²

The tragic situation in Gaza is undeniable. Hamas precipitated this with its Oct 7, 2023 terror attacks, in which 1200 people were murdered and more than 200 hostages taken, many of whom are still unaccounted for.^{3,4} Hamas has since used the civilian population of Gaza, the territory it has controlled for almost 17 years, to hide behind while it wages war against Israel. Although we would

certainly not take the number reported by the Hamas-controlled Gaza Health Ministry at face value and would further note that they make no distinction between civilian and combatant deaths, there have clearly been many civilian casualties. How could there not be, when Hamas' entire modus operandi depends on it? To inflate the numbers in such a fashion, however, is reminiscent of the tactics used by the regime of Saddam Hussein in the 1990s, which claimed that sanctions on Iraq during that period had led to 500 000 child deaths.⁵ A 2017 paper published in *BMJ Global Health* found that to be a "remarkable fiction" and a "global fraud".^{5,6}

The Lancet owes it to all its readers to make it unambiguously clear that the Correspondence it published did not represent the views of the journal, was not peer-reviewed, and is little more than conjecture. We believe that anything less will raise serious questions about its professional standards and seriously damage *The Lancet's* global reputation as an authoritative publication on which both practitioners and scientists can rely.

I am the Vice President for the Board of Deputies of British Jews—a role I have held since June, 2024.

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