



RICHARD H SMITH

Clockwise from left: Richard Smith, Kamran Abbasi, Fiona Godlee, Stephen Lock

Gang of four: when BMJ editors met

Editors in chief spanning the past 50 years met to reflect on life, medicine, and the 184 year old journal

Seventeen editors in chief have led *The BMJ* since the journal was first published on 3 October 1840.

The inaugural editorship was a joint one between Peter Hennis Green and Robert Streeten. In the first article of what was then known as the *Provincial Medical and Surgical Journal* and would become the *British Medical Journal* in 1857, Green and

Streeten promised “the contemplation of those great questions of medical reform which are now engaging the attention of medical practitioners. In the consideration of these we shall at once take the highest ground—that of public utility.”

The four editors in chief who span the past 50 years were, somewhat pleasingly, alive and well enough to meet earlier this year. We at once

We found it easy, perhaps too easy, to take the highest ground

set about contemplating the great questions of medical reform. We found it easy, perhaps too easy, to take the highest ground.

Our gang of four was Stephen Lock, who introduced the famous “hanging committee” and statistical review, Richard Smith, who launched *bmj.com*, Fiona

Godlee, the first woman to be editor in chief, and me, the first of South Asian origin, each one of us building on the triumphs and failures of our predecessors, striving to live up to the lofty ambitions of 1840, and fully mindful that we would be nothing without our readers, authors, peer reviewers, colleagues, supporters, and enemies.

It was a happy occasion.

Kamran Abbasi, editor in chief, *The BMJ*
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Sudan's struggle for survival: hunger, conflict, and an urgent call for hope

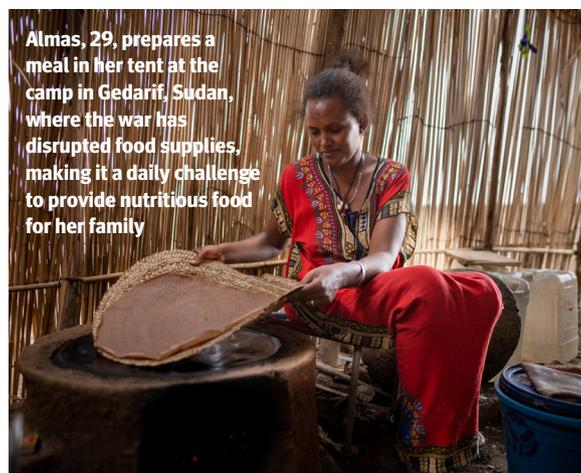
Getting aid to the millions facing “mass starvation” in the north east African country’s brutal and escalating civil war is a top priority for the International Rescue Committee, the beneficiary of this year’s BMJ appeal.

Jane Feinmann reports

Twelve million people are being forced to flee for their lives, many of them many times, and more than 750 000 are facing catastrophic food insecurity

“We are witnessing the world’s largest displacement crisis playing out in Sudan, with 12 million people being forced to flee for their lives, many of them multiple times, and more than 750 000 facing catastrophic food insecurity,” warns Shashwat Saraf, regional emergency director for East Africa at the International Rescue Committee (IRC).

Intense fighting between the Sudanese Armed Forces and the paramilitary Rapid Support Force began in the country’s capital city, Khartoum, 20 months ago, in April 2023, rapidly wiping out the country’s healthcare system along with its financial and political



Almas, 29, prepares a meal in her tent at the camp in Gedarif, Sudan, where the war has disrupted food supplies, making it a daily challenge to provide nutritious food for her family



infrastructure. Since then, both sides have engaged in actions that have disproportionately affected civilian populations along ethnic lines, says Saraf, with the war “set to continue apparently indefinitely and largely ignored by the world’s media.”

“There’s a perfect storm of displacement, low food production, and restricted humanitarian access that is leading to horrific levels of hunger and death,” says Eatizaz Yousif, the IRC’s Sudan director, speaking to the media in June.

Amid the chaos, “malnutrition is being used as a weapon of war by both factions,” Saraf says. More than 750 000 people in Sudan are known to be facing catastrophic food insecurity. In some parts of the country, nearly one in three children (30%) are at risk of dying from acute malnutrition, he tells *The BMJ*.

This serious medical emergency, characterised by muscle atrophy, a weakened immune system, and near constant diarrhoea preventing food absorption, brings an 11-fold increase in the risk of death. Stunted growth and learning difficulties are commonly seen in those who survive. “Right now,” says Saraf, “the desperate need is to maintain humanitarian access, something both warring parties seem reluctant to support.”

Displaced

In May 2023, the IRC established a presence in Gezira state, south of Khartoum, to deliver health and nutrition services to displaced people fleeing the capital. The agency is now operational, through locally based community partners, in seven states, delivering primary healthcare services and safe water to people who have been displaced internally, while constantly working to establish a presence in new locations to fill gaps in humanitarian coverage. Yousif has been displaced and relocated repeatedly since April 2023 and says that almost all IRC staff have been displaced more than once.

Mogahed Ahmed, a 29 year old doctor, joined the IRC in July 2022 to work at a health facility at Tunaydbah refugee camp, one of several in the eastern state of Gedaref on the border with Ethiopia. Initially, the team provided care for Ethiopian refugees crossing to Sudan, but since the civil war began, it has offered refuge to waves of Sudanese people displaced internally—with 25 000 severely traumatised people in the camp in June this year.

You can make a difference

Supporting the IRC, says Saraf, is an opportunity for readers of *The BMJ* to help bring change at both macro and

OPINION Fares Alahdab and Victor M Montori

We cannot ignore pain, wherever it is inflicted

To truly care for all humanity, we must confront the flames of injustice that claimed a life in a Gaza hospital

Here, we have the luxury of noticing each symptom and sign. We have the luxury of spending days on scientific pursuits around molecules, processes, and incremental improvements.

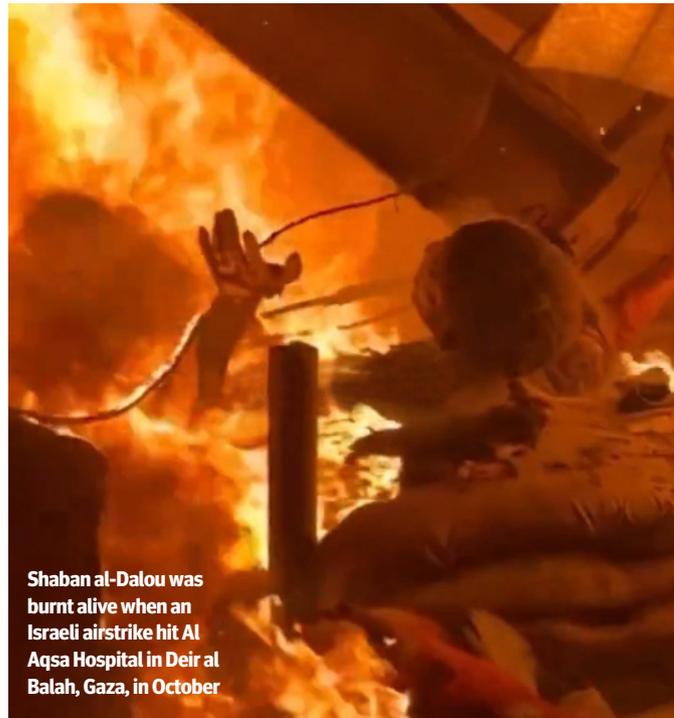
We consider how we can alleviate a patient's suffering and, even marginally, protect their quality of life. Using science and our hearts we painstakingly craft elaborate scientific proposals and detailed care plans with each patient. We care for and about all our patients.

We advocate for this care to be minimally disruptive, to fit each person's needs, and to be appropriate to their circumstances. Respect for each person, their human rights, their freedom, and their sacred life enable us to practise our craft.

There, is a dark, stark, brutal place where lives don't matter, obliterated at an industrial scale. Bombs destroy without regard for the victims or their circumstances. Incessant killing technologies systematically fulfil their purpose and reduce existence to numbers. Countless innocent lives are lost; each person's uniqueness is indiscriminately erased without a second thought.

Too many are children—children of the Levant who have seen nothing of the world. Their soft bodies offer no resistance to cutting edge, scientifically crafted weapons of hate. Children turned into disembodied, dismembered statistics. There, the values we cherish are mocked by the scale, intensity, speed, and cruelty of the violence.

To acknowledge all this is to experience an irreconcilable conflict between living in the



Shaban al-Dalou was burnt alive when an Israeli airstrike hit Al Aqsa Hospital in Deir al Balah, Gaza, in October

SAHEL ALJAFRAWWI

Awareness of the relentless disparity between our living conditions and their dying conditions casts doubt on the meaning of our work

safety and dignity afforded in most places and dying in relentless terror there. When we focus on our concerns, priorities, and mundane annoyances, it feels as if we are turning away from this pain. But, in turning away, we also experience a dissonance: on one hand, we fashion ourselves as universal care givers; on the other, to get on with our lives, we mustn't care.

Awareness of the relentless disparity between our living conditions and their dying conditions is sickening and casts doubt on the meaning of our daily work. How can we justify our academic deliberations, our focus on minute details, and the intensity of our treatments for one

patient when, simultaneously, myriad innocent people face existential threats?

In Palestine, fire consumes a hospital and a patient, their body engulfed in flames, raises their hand, revealing an intravenous line. This person, since identified as 19 year old Shaban al-Dalou, is not some other. This person is also our patient. But if we acknowledge that truth, unbearable pain brings us back here. Here, our needs feel obscene, our urgencies meaningless, our statements of ethics and values disembowelled. Famine, despair, trauma, and untimely death by policy, there, mock our innovations to add days to the lives of critically ill or dying patients here.

Our work here as care givers continues, but we cannot simply turn up to do our jobs. Once we acknowledge the pain, we realise that we must respond:

our science must project its beneficence beyond this bench; our care must extend its warm, firm hand beyond this bedside. We must notice and respond.

We must turn towards the people engulfed in the fire, and towards the child who was born into trauma within policy dictated walls. We must let ourselves feel how their future, frequently and daily, dissolves in a moment. And we must speak till our "voice catches the threads of all sorrows" and make it heard.

From the safety and dignity here, we must vocally stand for life, justice, dignity, and freedom everywhere. We must ensure that the importance of every life is recognised everywhere; we must remember every name. We must use our voices to advocate for the end of violence and killing and for humanitarian intervention while facing terror and war.

We must advocate for the prosecution of oppression and obliteration. We must advocate for policies that recognise and ban insults to human life, equality, dignity, and safety.

We must remember our human obligation to care—there as well as here—in a world split between peace and violence, privilege and deprivation. We need to face these truths head on, notice our burdened heart, our conscience guilty of silence, our lack of action, and our failure to take a stand.

To wholeheartedly live our humanity, we must start by turning towards the hand in the fire and heed the call: we must care.

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War and disease are old friends. In the Napoleonic wars and the American Civil War, more soldiers died from disease than in battle. It was no coincidence that the 1918 influenza pandemic erupted during the first world war or that the final frontier for eradicating polio is in the most insecure regions of Afghanistan and Pakistan.

Israel's wars with Hamas and Hezbollah have had devastating consequences for the health of the people of Gaza and Lebanon. More than 43 000 people have been killed in Gaza, more than 10 000 are missing, and more than 102 000 are injured.

Almost all of Gaza faces severe food insecurity, and 60 000 children under 5 are estimated to have acute malnutrition. Every day, hundreds of women give birth in traumatic, unhygienic, and undignified conditions; 1.2 million children need mental health and psychosocial support for depression, anxiety, and suicidal thoughts.

At the very time when Gaza's health system needs to be supported, Israel's ban of the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) will eliminate one of the largest providers of essential health services. This decision will not make the people of Israel safer; it will only deepen the suffering of the people of Gaza.

In September I visited Sudan and saw the effects of its civil war and met people who are paying the price: many are displaced, hungry, and sick, watching their children waste away from malnutrition. Sudan is now the largest displacement crisis globally: 3.2 million have fled to neighbouring countries. Women and girls have been raped and many more live in fear of such violence; some have died by suicide.

I visited Ukraine in 2022, shortly after Russia's invasion. I saw health facilities that had been damaged or destroyed in the conflict. At the World Health Organization's warehouse in Lviv, I held a paediatric crutch, one of masses that would be distributed—a tool that children should need only if they are injured playing sport or climbing trees, not because of bombs.

For me, health and peace are not abstractions, they are my lived

Peace is the best medicine

Conflict and attacks on healthcare must cease, as without peace there can be no health, writes the WHO chief
Tedros Adhanom Ghebreyesus

experience. I was born in what is now Eritrea and grew up amid conflict. When the shelling began, my mother would put me and my siblings under a bed, piling mattresses on top to protect us. More recently, Ethiopia has been engulfed in conflict, the worst in the region of Tigray from 2020 to 2022, and is ongoing conflict in Amhara, with horrific reports of gender based violence.

In each of these conflicts, the direct health effects are compounded by damage—intentional or not—to health infrastructure. Under international humanitarian law, healthcare must be protected and not militarised. Even when health facilities are used for military purposes—which itself constitutes an attack on healthcare—they are protected. The principles of proportionality and distinction between civilians and combatants always apply.

Since 2018, we have verified more than 7400 attacks in 21 countries or territories, with more than 2400 deaths and 5000 injuries, and yet no one has been held to account. We need a global alliance and a UN special rapporteur; transparent investigations of documented attacks; prosecution when warranted; concrete action by those with power to bring those found guilty to account.

Health is a bridge to peace

WHO has long worked to promote health as a bridge to peace—for example, by implementing health programmes that mitigate the risks of inadvertently exacerbating social tensions, contributing to conflict, or undermining social cohesion, and, where appropriate, contributing to

Conflict sensitive health interventions can foster trust, collaboration, and social cohesion

strengthening dialogue, unity, or resilience to violence. By improving equitable access to health services and other common health goals, conflict sensitive health interventions can improve trust and communication between people and governments and foster collaboration and social cohesion.

In Rwanda, for example, many people still carry psychological trauma from the 1994 genocide. In 1995, Rwanda became the first African country to have a mental health policy. With government investments in universal health coverage and community based health insurance, Rwanda is a rare success story: life expectancy has risen from around 49 years in 2001 to 69.6 years in 2022.

Similarly, to tackle the need for mental health and psychosocial support at community level in Sri Lanka, a community based violence prevention programme called Manohari (positive mind) sought to tackle some of the underlying problems such as domestic abuse and alcoholism. Programmes that promote emotional regulation and help diffuse community tensions are important first steps in the journey to rebuild trust and promote reconciliation.

Cooperation is the only option

WHO was born in 1948, in the ashes of the second world war, as states united to recognise the only alternative to global conflict was global cooperation. The authors of WHO's constitution understood the link between health and peace: "the health of all peoples is fundamental to the attainment of peace and security, and is dependent upon the fullest cooperation of individuals and states."

In the Democratic Republic of the Congo, Gaza, Haiti, Lebanon, Myanmar, Sudan, Ukraine and elsewhere, WHO and our partners are doing what we can to save lives and alleviate suffering. Ultimately, what the people caught up in these conflicts need more than the aid we deliver is a ceasefire, a political solution, and the best medicine of all—peace.

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“Good nights”

Fairy tales offer opportunities for adults to engage with children about healthy and disordered sleep, say **Megan Thomas and colleagues**

Healthy sleep is a public health priority, with at least a third of children and adults reporting insufficient sleep. It is essential for children’s growth and development and optimal physical and mental wellbeing.

Consistent bedtime routines, with a calming activity before bed, such as a bedtime story, can promote healthy sleep.

Some traditional fairy tales and classic children’s fiction that have soothed many a child to sleep may also include information about the benefits of sleep and the characteristics of sleep disorders, providing accessible and engaging ways for parents or carers, healthcare providers, and educators to discuss healthy sleep with children.

In perhaps the best known fairy tale about sleep, its healing and restorative powers are illustrated by Sleeping Beauty’s full recovery from a life threatening prick to her finger after a long and deep slumber.

Peter Pan and Wendy

Peter Pan is a young boy who lives in Neverland, a magical island where children never grow up, with the orphaned Lost Boys.

Throughout J M Barrie’s novel, the reader is introduced to symptoms of parasomnias (unusual and undesirable behaviours during sleep) that are common in childhood, including sleep walking, sleep talking, and night terrors.

During their journey from their bedroom to Neverland, the three Darling children remain conscious though their movements become inhibited, resembling sleep paralysis. Peter Pan experiences frequent “painful” dreams that might reflect nightmares or night terrors. Nightmares are prevalent in approximately 85% of children and peak between 6 and 10 years of age, whereas night terrors are prevalent in 14% of children between aged

The reader is introduced to symptoms of parasomnias that are common in childhood

4-12 years. Night terrors present as episodes of intense distress, vocalisations, and movements while partially asleep that are somewhat or entirely forgotten on awakening.

Contributing factors to parasomnias are stress,

separation anxiety, and sleep deprivation, which aligns with the experiences of Peter Pan and the Lost Boys, who were abandoned by their families and are fleeing Captain Hook and his crew.

Additionally, the story underscores the importance of healthy sleep for memory consolidation and optimal mood. Each night, Mrs Darling tidies up her sleeping children’s memories by storing them in their proper place and leaves the happiest thoughts at the top of her children’s minds for the next day.



Goldilocks and the Three Bears



In Flora Annie Steel’s version of this classic fairy tale, a young girl wanders into a house belonging to a family of bears. After sampling their porridge and their chairs, feeling tired, she goes to find a bed to sleep in. The first two beds she tries are not comfortable for her, but the baby bear’s bed is “just right,” and she falls sound asleep.

A key part of achieving healthy sleep is optimising environmental conditions: a comfortable bed and a room that is not too hot or too cold but “just right” and is dark and quiet is ideal.

Remembering this tale may also prompt the use of the BEARS screener for child sleep problems, standing for bedtime issues, excessive daytime sleepiness, night awakenings, regularity and duration of sleep, and snoring.

The Princess and the Pea

Hans Christian Andersen’s princess is described as having a sleepless night after a pea was hidden underneath the 20 mattresses and 20 feather beds she laid on to ascertain whether she was a real princess. In the morning, she forthrightly describes the discomfort she has endured but nevertheless is welcomed into the family as clearly being a princess.

The princess possibly had an autism spectrum disorder, and if so elements of the story affirm neurodiversity. Autism spectrum disorder is characterised by social communication differences and restricted or repetitive behaviours. Sensory sensitivities are common, as are sleep difficulties, with insomnia (the inability to fall or stay asleep) being the most commonly reported problem. Co-occurring conditions, medications, and possible differences in melatonin secretion further contribute to sleep problems.

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Snow White

Snow White runs away from a wicked queen and lives with seven little men named by Walt Disney as Doc, Grumpy, Happy, Sleepy, Bashful, Sneezzy, and Dopey.

There are many causes of short stature, one of the more well known being achondroplasia. People with achondroplasia commonly experience obstructive sleep apnoea, which is associated with snoring and respiratory obstruction, resulting in disrupted and poor quality sleep. It is an autosomal dominant condition, and some of the men in the story are likely to be related. Obstructive sleep apnoea is also a common cause of sleep disruption for co-sleepers, and Grumpy seems unable to sleep because of his snoring companions.

Daytime consequences of poor sleep include irritability (Grumpy), tiredness (Sleepy), and weaker social skills (Bashful). Problems with attention and word fluency are also recognised consequences of sleep deprivation and might explain Doc's speech difficulties. Sneezzy might have allergies contributing to his respiratory obstruction, or perhaps the lack of sleep has lowered his immunity, making him more susceptible to respiratory disorders. Although Happy also snores, it is a gentle consistent snore in contrast to the effortful snoring of the others and therefore unlikely to be harmful.

Snow White is noted to fall into a "death-like slumber" from biting a poisoned apple. Medications are commonly used to induce sleep in children and adolescents, despite most sleep problems in these age groups being amenable to behavioural interventions. Arguably not poisons, these medications nevertheless usually induce sedation instead of healthy restorative sleep and have many substantial adverse effects. They are also associated with death when administered deliberately or accidentally in toxic doses.

Living happily ever after? The hidden health risks facing Disney princesses

While much research on animated heroines focuses on the harmful impact of unrealistic ideals on young viewers, there is a need to shift attention to the risks faced by the characters themselves, argue **Sanne H B van Dijk and colleagues**

Fairytales princesses continue to be widely celebrated. The Walt Disney Company has undoubtedly contributed to their popularity by producing movies based on these stories.

While these films captivate young viewers, they also raise concerns about stereotyping. Unrealistic portrayals of relationships, as well as impossible beauty standards such as unnatural waist-to-hip ratios, can negatively impact girls' self-esteem. To date, research has focused on the films' effects on viewers' health, neglecting to explore the health risks faced by the princesses. Future research must consider threats to their health.

Disney's heroines face serious real world health hazards. Surprisingly, however, despite these risks they seem to live happily ever after. Disney must consider interventions to overcome these health challenges. Strategies to improve princesses' wellbeing could include mindfulness and psychotherapy, training on cohabitation with animals, and personal protection measures against infectious agents and toxic particles. Only then can the princesses start living healthily ever after.

Jasmine, *Aladdin*

Jasmine grows up within the walls of her palace in Agrabah—with the royal staff, guards, and princes who ask for her hand in marriage providing her only social interaction. This exposes her to the risks of social isolation, similar to Snow White (see overleaf).

Additionally, while the Genie might sing "You ain't never had a friend like me," the truth is that

Jasmine has no friends at all. Research shows that loneliness is associated with dementia, mental health problems (such as depression and anxiety), and dysregulation of the immune system.

Furthermore, Jasmine's pet tiger Rajah poses a risk of zoonotic infection, as well as craniofacial and cervical spinal injuries. Although Rajah seems like a sweet tiger, its natural instincts could lead to a dangerous and potentially fatal situation—a true Arabian nightmare.

Cinderella

Cinderella had a happy childhood, until her father died and left her with a cold hearted stepmother and two spoilt stepsisters.

From that point on, Cinderella is forced to run the household, with continuous exposure to dust putting her at risk of developing occupational lung disease (OLD). Researchers recommend several preventive measures to reduce dust exposure, such as using long broom handles, sprinkling water on dusty floors, and personal protective equipment, none of which are adopted in Cinderella's case. Chimney sweeping also poses a risk of OLD and lung cancer, potentially leading to an early death.

When things could not get worse—biddi-bobbidi-boo!—Cinderella's fairy godmother puts the icing on the cake by spreading massive quantities of magical glitter—otherwise known as aluminium coated microplastics. These microplastics' ability to penetrate human lung tissue



contributes further to OLD development. Rather than a prince, Cinderella needs ongoing respiratory therapy to live happily ever after.

Aurora, *Sleeping Beauty*

After being bewitched as a newborn, Aurora is raised by her three fairy godmothers in a cosy cabin in the woods. After 16 years, she returns to the castle, where she pricks her finger on an enchanted spinning wheel's spindle, putting her into an infinite sleep—she can only be woken by true love's kiss.

Health hazards associated with oversleeping include cardiovascular disease, stroke, obesity, and diabetes. Furthermore, systematic reviews have shown that prolonged bed rest is associated with increased risk of pressure ulcers and time dependent muscle atrophy. Luckily, Prince Philip almost immediately breaks the sleeping spell by kissing Aurora, though he also breaks with current social norms by neglecting to obtain consent.

Since Aurora awakes after a short nap, perhaps the movie's title should be Beauty Sleep rather than Sleeping Beauty.

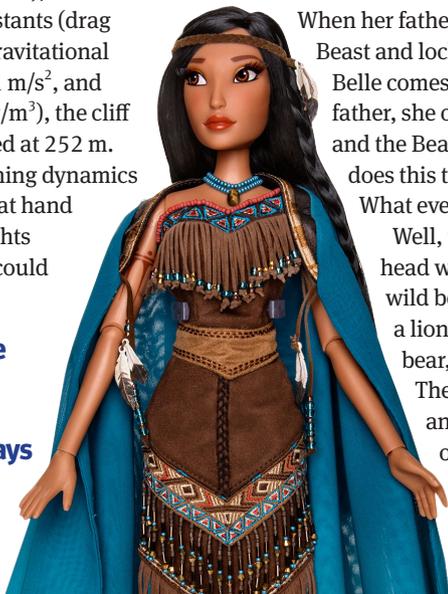
Pocahontas

Pocahontas' drive to bring peace between Native Americans and English settlers takes her to dizzying heights—literally.

Her cliff dive has an impressive falling time of nine seconds. Based on the falling time, we estimated the height of the cliff through simulations using coupled differential equations for height and velocity with quadratic drag. Assuming average female anthropomorphic measurements (62 kg, 1.62 m height, 0.36 m shoulder width), and standard environmental constants (drag coefficient of 1.0, gravitational acceleration of 9.81 m/s^2 , and air density of 1.2 kg/m^3), the cliff height was estimated at 252 m.

Studies on slamming dynamics of diving suggest that hand first dives from heights above merely 12m could already be critical

Pocahontas's dive from a 252m cliff would lead to multicoloured x rays



The dwarfs rescue Snow White from the dangers of solitude

for clavicular compressions. Hence, a repeat leap would show Pocahontas the monochromatic hues of her radiographs instead of all the colours of the wind, with a symphony of fractures rather than being harmonious with nature.

Mulan

Mulan is celebrated as a warrior who saves the empire of China, but a story of familial and societal pressure lies beneath.

She repeatedly experiences honour based violence through pressure from her family to uphold their honour with an arranged marriage, a public serenade summoning her to bring honour to all, and public defamation by the Matchmaker and the Emperor's counsel.

Women facing honour based violence may experience increased levels of mental ill health—such as in the form of anxiety from being forced into living a life they did not choose. Luckily, Mulan can rely on her guardian dragon Mushu for words of encouragement. His attempts at consoling her are arguably lacking therapeutic efficacy, however. “Who knew you'd end up shamin' him [Mulan's father] and disgracing your ancestors and losin' all your friends?” he asks. In our opinion, A Girl Worth Fighting For deserves better.

Belle, *Beauty and the Beast*

When her father is taken prisoner by the Beast and locked in a castle dungeon, Belle comes to the rescue. To free her father, she offers herself as a captive, and the Beast accepts. How severely does this threaten Belle's health?

What even is a beast?

Well, this Beast has a buffalo head with gorilla eyebrows, a wild boar's tusks, the mane of a lion, the arms and body of a bear, and a wolf's legs and tail. The Beast is thus a chimera, an entity composed of cells of different organisms.

Close contact with the



Beast exposes Belle to many potentially life threatening infectious diseases, such as brucellosis or rabies. However, had Belle chosen the Beast's rival in love, Gaston—a narcissist with an ego so inflated it is practically a third character—it would probably have had a worse impact on her mental health. Despite obvious risks the advice is: better the Beast you know.

Snow White

Snow White is the first and fairest princess of all (according to the mirror on the wall), charming audiences with her timeless appeal. As a scullery maid for her wicked stepmother, opportunities for social interaction are extremely limited. An overview of systematic reviews finds a strong positive association between lack of social interaction and cardiovascular disease, depression, anxiety, and all-cause mortality. Fortunately, Snow White meets the seven dwarfs, who protect her from the dangers of solitude.

Subsequently, however, Snow White eats a poisoned apple which puts her in a “sleeping death.” This outcome highlights that, for her, the saying “an apple a day keeps the doctor away” fails spectacularly.

Rapunzel, *Tangled*

Rapunzel is widely known for her long, blonde, braided hair. She is taken captive as a baby by Mother Gothel, who uses her hair as a magical anti-ageing serum.

Against all the laws of fashion, Rapunzel never visits a hairdresser as cutting her hair destroys its magic. Having a braid over 21 m long, however, is worse than a simple fashion faux pas.

Through the use of her braid as an elevator cable, Rapunzel's hair follicles are likely to have been damaged from repetitive excessive pulling, a condition known as traction alopecia (TA). In the long run TA can lead to permanent hair loss. A more common symptom, already present in early stage TA, is scalp pain. This can lead to headaches, and subsequently to a mood not even a fairytale princess can brush off. Her long hair might keep Gothel young but, thanks to constant headaches, Rapunzel is the one who needs a magical remedy.

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Cli-fi before cli-fi

Long before the recent genre of climate fiction, literature was sounding ecological alarms and imagining our planetary futures. These works, says **Lakshmi Krishnan**, can help us grasp the scale of our crisis and envision paths beyond catastrophe

LAST MAN

Mary Shelley (1826)

Lionel Verney is the sole survivor of a global plague in a 21st century Europe torn asunder by political upheaval, societal collapse, and environmental catastrophe. Shelley is better known for *Frankenstein* (1818); *Last Man* pushes those Gothic scientific horrors further, to humanity's extinction. Written after Mount Tambora erupted in today's Indonesia, causing a volcanic winter that lasted over two years, and reflecting Shelley's personal tragedy, this prophecy about human spirit in the face of disaster influenced a flock of apocalyptic subgenres: the trope of a lonely human roaming the planet after a "die-off" endures. Read it for the clarity of Shelley's vision and her evocative prose: memorably, in Verney's encounter with a sheepdog still guarding its dead shepherd's flock—crystallising nature's persistence against our impermanence and suggesting the possibility of different bonds between species in a world beyond human dominance.



THE TIME MACHINE

H G Wells (1895)

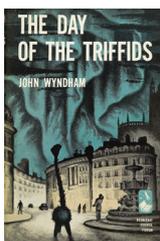
If you think things are bad, they are about to get worse. H G Wells transports us at warp speed into Earth's twilight, the terminus of social and environmental decay. A time traveller encounters a world divided between the childlike, surface dwelling Eloi and the subterranean, menacing Morlocks—a grim example of class division resulting in divergent evolution. True horror awaits as he hurtles further forward in time, with "prodigious velocity," to a dying Earth. Here he finds "abominable desolation," where monstrous crabs scuttle across a degraded landscape, finally pressing on to an unrecognisable dark planet stripped of all animal life. Wells's writing frightens. As the traveller's curiosity transforms into disgust and unease, we vibrate in sympathy. As he returns to tell the tale to friends, only to disappear again, we too dread what is to come—a potent brew of planetary horror and nervous speculation about humanity's future.



DAY OF THE TRIFFIDS

John Wyndham (1951)

Imagine our world over-run by ambulatory carnivorous plants. When a meteor shower blinds most of humanity, the bioengineered triffids, cultivated for oil, escape and assert their dominance. Wyndham's tale explores technological hubris through the eyes of a sighted survivor watching it all unravel. Exposing the consequences of unchecked scientific experimentation on the natural world and resource greed, the book also reveals a dark vision of society's attempts to reorganise after environmental catastrophe. Written as Britain's post-war welfare

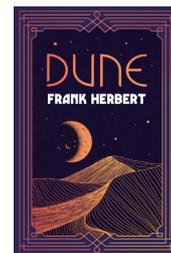


state emerged, it probes the dichotomy between individualism versus community in times of crisis—questions resonant in climate emergency.

DUNE

Frank Herbert (1965)

"I must not fear. Fear is the mind-killer." So goes one of the many sayings dotting Herbert's grand vision of ecology, power, and religion. Resource scarcity is the organising principle. Only the desert planet Arrakis (*Dune*) produces a spice, *mélange*, that drives the interstellar economy—a metaphor for our petroleum dependent world. Arrakis has a delicate ecology with a hostile climate. Indigenous Fremen, who have learnt its ways, refuse to submit to intergalactic overlords. Enter Paul Atreides, a sci-fi Hamlet bent on revenge. Through Atreides's journey from privileged heir to eugenically engineered messiah, Herbert crafts a masterwork about environmental adaptation, indigenous rights, and resource colonialism. *Dune's* immersive universe, with its theological-ecological lexicon and sweeping cosmology, is a triumph of worldbuilding.



THE NEW ATLANTIS

Ursula K Le Guin (1975)

Manhattan is under 3 metres of water, and America is drowning. As extreme weather makes tracts of the US uninhabitable, now-coastal Portland is under authoritarian control. The government maintains power through a bureaucratic apparatus of terrifying banality: marriage is illegal, hospitals are tools of coercion, and people are beholden to the state for electrical power. But threaded through this is a reverie about a submerged continent rising from the ocean depths, as a small group of mathematicians devises a way to harness solar power and free themselves from the state. In this citizen science movement lie seeds of resistance, as old continents sink to make way for the new.



PETALS OF BLOOD

Ngũgĩ wa Thiong'o (1977)

This novel screams, as Ngũgĩ traces a long historical chain of unchecked development across the global south. Through the stories of four characters involved in a murder investigation in post-independence Kenya, we witness how the village of Ilmorog transforms into a modern town, charting the devastating effects of land dispossession and environmental degradation. Promises of liberation prove false, as people are betrayed by a new African elite who merely replace the colonial regime. The novel meditates on how colonial scientific discourses and extractive capitalism transformed people's relationship with their environment—replacing traditional ecological knowledge with systems that view nature solely as something to be studied, controlled, and exploited, and perpetuating patterns that still shape global climate inequality. *Petals of Blood* is named for the flowers that bloom during drought and the sacrifices of those who suffer under colonial and postcolonial systems. Yet Ngũgĩ's indictment is not without hope: even when the system abandons them, people will keep fighting.



• [bmj.com](https://www.bmj.com) Mary Barton: *A Tale of Manchester Life*, *House Made of Dawn*, *The Monkey Wrench Gang*, and *Parable of the Sower* are discussed in the version online

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Rock 'n' roll doctor's love song to the NHS

Hank Wangford, the doyen of UK country music, implores us to fight for the NHS. It's our heart and soul, he tells **Richard Hurley**

A longtime pioneer of British country music, Hank Wangford, aka retired GP Sam Hutt, has released a new song. "NHS Our Precious Thing (Lub Dup)" declares the health service "the heart and soul of our country." It's under threat, and Wangford tells *The BMJ* that the public and the NHS staff (its "queens and kings") have to fight for it.

"It's not just an institution," he says. "It's an extraordinarily important part of all our psyches." Indeed, the heartbeat onomatopoeia in the song, "lub dup," sounds like "loved up."

He wrote the song in postoperative "medicated craziness" after ablation for atrial fibrillation and tachycardia in June. Three weeks later he sang it at Glastonbury with another British musical icon, Billy Bragg.



"NHS Our Precious Thing (Lub Dup)" and Wangford's albums *Holey Holey* and *Promises Promises* are available on

all good streaming services, such as Spotify and Apple Music.

Wangford says, "I woke up in intensive care, my head full of anger, thinking, 'You fucking bastards. You tell us the NHS is broken, so we might as well privatise it and then charge money.' Corporations would love to get their hands on it."

He's sick of claims from politicians and the media that the NHS is beyond repair, when he blames underfunding and understaffing for the service's woes.

Country music epiphany

Hutt's early musical influences included rhythm and blues, soul, and reggae. After qualifying as a doctor he recorded the now celebrated psychedelic rock track "Jabberwock"—under another pseudonym, Boeing Duveen.

"I didn't love country at all. I thought it was shit," he says. Then he met the one time Byrds member Gram Parsons, who helped establish the genres of country rock and alternative country. And when Hutt heard "You're Still on My Mind" by George Jones, "The penny dropped. I thought, 'Jesus: there is soul in that music.' I became a convert. I wanted to convert lots of other people too."

In a 1968 interview as a new NHS doctor, he complained about conditions and "a steadily increasing overdraft." He was just as much an advocate for the NHS model then, however: "It's not disillusionment with the idea. A [national] health service is the only possible idea. Medicine should be free."

Of his new song, Wangford says, "In music we cover every aspect of life. The NHS is a major part of our lives. Why aren't there more songs about it?"

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CONTRACEPTION FOR WOMEN

Wangford is an alter ego of Sam Hutt, who was a GP specialist in women's contraception for nearly 50 years at London's Margaret Pyke Centre. He calls it "the jewel in the crown of sexual and reproductive healthcare in the NHS. It had such expertise—and such love."

Hutt championed the use of local anaesthesia in fitting intrauterine devices. "If it were men having bits of plastic inserted in the penis, we'd have a fucking week in hospital and a general anaesthetic," he says.

One of his first jobs was at a "hippie clinic, trying to get people off heroin. I was a rock 'n' roll doctor." He mixed with members of Pink Floyd, the Who, the Rolling Stones, and the Grateful Dead.

Newly qualified and "a huge marijuana fan," Hutt was one of 64 signatories to an advertisement placed by the Beatles in the *Times* on 24 July 1967, calling to scrap new prohibition laws. After he was raided by "dodgy" police, charges were dropped but the

clinic closed down.

In subsequent private practice, he recounts, "I knew a lot of musicians. I wouldn't prescribe them uppers or downers—I'd refer them to the three piece suited, straight doctors in Wimpole Street, who would give them amphetamines and sleeping pills, whatever they wanted."

He did, however, prescribe government licensed cannabis, "as a political act," until cannabis prescribing was outlawed in 1973.