

visits, background discussions and lectures are provided to achieve a more comprehensive, deeper and more profound understanding of the issues. Emphasis is placed on learning from examples with relevance to modern day medicine, thus providing the principles from which participants can grow to become more ethical, principled and sensitive physicians as well as individuals.

The tour includes formal and emotional ceremonies when relevant at extermination sites where physicians were directly involved, as well as focus groups allowing and encouraging emotional expression and catharsis. The critical role of personal growth during the tour is emphasized with both pre-tour and post-tour meetings providing buffering on both ends. Participants and staff, as well as documented feedback over the years, attest to the utility and profound value of these learning and growth-oriented medical missions. ●

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ON THE OCCUPATIONAL HEALTH ASPECTS IN THE REGULATIONS OF JEWISH TRADE UNIONS AND RELIGIOUS ASSOCIATIONS IN EUROPE

Yehuda Lerman, Elad Schlesinger

School of Public Health, Sackler Faculty of Medicine, Tel Aviv University

Trade unions (guilds) became an important socio-economic-religious institution in Jewish communities of Eastern Europe since the beginning of the modern era. These unions mainly regulated economic matters, but also functioned as religious organizations and regulated matters in this field.

A somewhat similar phenomenon was that of religious-voluntary associations, whether founded for the purpose of engagement in specific religious-social-communal affairs such as the treatment of the deceased and sick, and whether for the purpose of engagement in specific religious-pietistic affairs. Like the trade unions, these associations also became common since the early modern era, in Europe and in the Mediterranean Basin, and regulated the membership terms and duties in detail. Despite the comprehensive regulation of various issues and problems, the records and documents of these unions (from the 16th to the 19th century) do not contain real evidence for dealing with questions of occupational medicine and preventive medicine in the areas of employee health. These findings are consistent with the general trends and developments in the awareness and regulation of these areas. Regarding the religious-voluntary associations: regulations dealing with Association members' health can be found in the regulations of the associations for the treatment of the deceased and sick, namely regulations dealing with the question of avoiding treatment of dangerous patients. This reflects awareness of the specific issue of avoiding highly contagious diseases rather than an actual approach to occupational medicine issues. ●

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EDUCATION AND MEDICINE – TWO COMPLIMENTARY PROFESSIONS WHAT CAN BE LEARNED FROM JANUSZ KORCZAK? / WHAT HAVE WE LEARNED FROM JANUSZ KORCZAK? / WHAT SHOULD WE LEARN FROM JANUSZ KORCZAK?

Shoshana Rosemarin

Ariel University

The comparison between education and medicine is based on the philosophy of Janusz Korczak, who was not only a successful pediatrician, but also an extraordinary educator. In the two orphanages that he directed he focused his interest on those two domains.

Both the educator and the physician have two basic roles – to diagnose and to treat/intervene. The process of diagnosis is an ongoing process, based on routine and constant check-ups/evaluations. In both cases that process consists of objective data, as well as intuition.

Both may encounter ambiguous symptoms in their patients/students, which may mislead them to incorrect conclusions (for example cough/ boredom could stem from diverse causes).

Both should be able to detect minute changes, relate them to their sources, and in the case of a setback, decide on the alternative steps of treatment/intervention. In the case of improvement and/or positive development – encouragement is a crucial need in both cases. Yet, in the case of speedy improvement, while a medical intervention may not be needed any longer, continuing extra attention and scholastic interventions are vital in the case of speedy advancement of gifted students.

Regarding the second role of the educator and the physician – treatment/intervention- both professionals need to teach their clients how to avoid complications, blunders, or ill health. In both cases this can be characterized as preventive care.

Furthermore, both should utilize a personalized/individualized form of treatment. Based on the assumption that every person has their own personal metabolism, as well as a unique personality, modern medicine, and proper education, should both search for the best individualized and appropriate intervention for each patient/student.

Finally, both professionals should treat their patients/clients in a holistic manner- engaging the person as a whole, and not focusing on a specific attribute of a component. ●

WHY EVERY HEALTH PROFESSIONAL NEEDS TO CONTEMPLATE MEDICINE DURING THE HOLOCAUST

Shmuel Reis

Center for Medical Education, Faculty of Medicine, Hebrew University/Hadassah, Jerusalem, Israel

A growing interest in the realization, understanding and lessons of medicine and physicians' behavior during the Holocaust, is noted in the last two decades. In this incomprehensible time, the dark and enlightened faces of medicine reached an unprecedented (and hopefully will not ever recur) climax. We learn of the criminal conduct of Nazi medicine and Nazi physicians on the one hand, and the noble, faithful to the Hippocratic oath, behavior of some prisoner physicians and nurses on the other hand. The understanding that learning about medicine during and beyond the Holocaust is a unique platform with exceptional impact on professional identity formation for present and future health professionals, is becoming clearer. In the present paper we will briefly delineate the historical background, its place in the professional discourse, describe a seminal conference that took place in Israel in 2017 that also launched the Galilee Declaration, and thoughts for the future.

In Israel, Professor Shaul Shasha's initiative to hold a yearly meeting on medicine and health in the Holocaust in the Medical Center for the Galilee in Naharia, for the last 20 years, is central to this important subject. This paper is dedicated to him with profound gratitude. ●

AGING IN THE SHADOW OF INTERGENERATIONAL TRANSMISSION OF TRAUMA: THE CASE OF OFFSPRING OF HOLOCAUST SURVIVORS

Amit Shrira

The Gerontology Program, The Interdisciplinary Department of Social Sciences, Bar-Ilan University

Can trauma experienced by previous generations shape the aging process of subsequent generations? This fascinating question is relevant to hundreds of thousands of second generation Holocaust survivors, many of whom are middle-aged or older. Therefore, we need to understand in which cases we can find signs of intergenerational transmission, via which mechanisms, under which conditions, and which aspects of functioning and wellbeing are affected. This paper reviews relevant findings from national studies and studies with parent-offspring dyads.

From this review, one can conclude that parental exposure to the Holocaust per se is not associated with less favorable aging among offspring, as most Holocaust survivor families are characterized by an impressive resilience extending

across generations. Nevertheless, in some cases, second generation Holocaust survivors report increased physical morbidity, perceive aging less favorably, and experience increased filial anxiety. Accumulated evidence points to a series of moderating and mediating variables for these effects. Thus, increased morbidity and difficulties vis-à-vis age-related challenges in offspring are associated with increased parental posttraumatic distress and an intrusive Holocaust-related communication pattern.

Several mechanisms link between parental behaviors and offspring aging, amongst them are secondary traumatization symptoms, unhealthy behaviors and avoidance of health-promoting behaviors, and epigenetic modification regulating genes related to the physiological stress response and to other bodily systems.

Future studies are needed in order to better understand intergenerational effects among middle-aged and older adult offspring. Additional work will help guide future, interdisciplinary theoretical models and therapeutic interventions aimed at advancing successful aging among adult offspring of Holocaust survivors. ●

"WITNESS IN WHITE" SEMINAR TOURS ON MEDICINE AND PHYSICIANS IN THE HOLOCAUST

Matthew A. Fox¹, Rael D. Strous²

¹Jakobovits Center for Jewish Medical Ethics, Faculty of Health Sciences, Ben Gurion University of the Negev

²Department of Psychiatry, Maayanei Hayeshua Medical Center, Bnei Brak, Sackler Faculty of Medicine, Tel Aviv University

The Holocaust represents a seminal event in the annals of medicine. For the first time in history, doctors played a prominent role in the extreme abuse of medical rights, violation of medical obligation to patients, infringement of patient autonomy, forced and unnecessary invasive and damaging procedures for political purposes and the ultimate injustice of involuntary euthanasia. Physicians provided the legitimacy, know-how and momentum that allowed these processes to take place in a symbiotic relationship with the political establishment during the Nazi era.

It is critical that modern day physicians be aware of what transpired during this period. For that purpose, we describe a multiyear program bringing Israeli physicians on a learning mission to relevant sites of medical involvement and complicity in Nazi era crimes. These guided educational tours, under the auspices of the Israel Medical Association, originally took place in Poland and more recently, alternately visit Germany and Poland. At all sites, background information on medical practice during the Nazi era is provided, as well as ethical discussions on the merits (positive) or demerits (negative) of physicians who played a role at those particular locations. In addition to site

and more. Research projects or accounts on hunger were rarely made during the war itself. This review describes these attempts with an emphasis on the heroic "Hunger Disease" research that was carried out within the Warsaw ghetto. ●

FAMINE IN JEWISH HISTORY AND THE METABOLIC CONSEQUENCES.

Moshe. Weisz

School of Humanities, University of New England, Armidale and University of Armidale and University of New South Wales, Sydney, NSW, Australia

Famine, with its pathological consequences was, apart from climacteric events, used by various dictatorships as a weapon for genocide. This was the case of Nazi Germany using food confiscation from occupied populations, affecting, in particular, the incarcerated Jews. Although food production in the 20th century was sufficient for the global population, World War II led to a wide range of famine in Europe.

The condition resulting from starvation led, in the survivors, to a multi-system Shoah syndrome, with propensity to generational inheritance. ●

DISABILITIES IN CHILDREN BORN TO VICTIMS OF MEDICAL EXPERIMENTS

Ruth Jolanda Weinberger

Conference on Jewish Material Claims Against Germany

Between 2001 and 2005 the Claims Conference administered the Fund for Victims of Medical Experiments on behalf of the German Foundation "Remembrance, Responsibility and Future." A small percentage of claimants to the Fund, all of whom were victims of fertility experiments performed predominantly in Auschwitz-Birkenau and Ravensbrück, noted on their applications that their children were born with physical or mental disabilities. All claimants attributed the disabilities to the sterilization, hormone and pharmaceutical experiments that were performed on them.

To date there has been no comprehensive research into the extent to which these experiments might have led to physical or mental disabilities in the children of survivors. In order to close this gap, the Claims Conference analyzed 1,363 applications to the Fund for Victims of Medical Experiments, 559 of which were clearly categorized as fertility experiments.

Of the 559 claims, approximately 8% noted on the application form that their children were born with disabilities, ranging from congenital problems to fertility issues. This figure is significantly higher than the average 2-3% rate of newborns with disabilities. And the actual percentage of claimants bearing children with disabilities is

presumed to be substantially higher, given that the majority of sterilization experiment victims were rendered infertile as a result of the experiments. Most second-generation victims are children of claimants that were subjected to the well-researched sterilization experiments, in particular Dr. Carl Clauberg's intrauterine sterilization experiments and Dr. Horst Schumann's x-ray castration experiments. Another group of female applicants claimed pharmacological experiments causing amenorrhea and subsequently, long-term effects. ●

THE FATE OF THE JEWISH STAFF OF THE MEDICAL INSTITUTE IN THE CITY OF STAVROPOL DURING THE HOLOCAUST

Julia Schwartzmann¹, Miriam Offer²

¹Western Galilee College; ²Western Galilee College, The Sackler Faculty of Medicine, Tel Aviv University

In the first two decades of the 21st century, research on the history of Jewish medicine during the Holocaust expanded. Studies were written on the medical activity in German-occupied areas, particularly the large and medium-sized ghettos in Poland, Lithuania, and Czechoslovakia, in addition to Holland, Hungary, and Germany, and Jewish physicians' activity in the camps. Conspicuously absent is the study of Soviet Jewish medicine and physicians in areas occupied by the Germans in World War II with the German offensive against the Soviet Union, which began on 22 June 1941.

This article sheds light on the fate of 36 Jewish physicians and scientists from Stavropol Medical Institute in the North Caucasus during the Holocaust—renowned professors, lecturers in all branches of medicine, of which one third were women of outstanding medical achievements.

The description draws on writings by researchers from the Commonwealth, including Stavropol, witness testimonies collected by the Soviet Extraordinary State Commission to investigate Nazi atrocities (1943–1945), and the memoirs of Ludmila Schwartzman, daughter-in-law of Prof. Jacob Schwartzman, renowned cardiologist before the war and senior Medical Institute physician murdered with the rest.

The article describes the history of Caucasian Jews and thousands of Jewish refugees who sought shelter in the area, focusing on Stavropol's Jews, including numerous Medical Institute teachers, researchers and their families, either shot to death in forests outside the city or killed in gas vans.

Research of the history of Stavropol Medical Institute's Jewish staff both memorializes the Jewish physicians and scientists and opens a window into Jewish physicians' activity in Nazi-occupied Soviet regions. This is a research area in its infancy warranting deeper investigation. ●

careful neurological monitoring. Exceptions to this rule may be based on clinical judgment and local resources. ●

A SUCCESSFUL TREATMENT OF BAROGENIC ESOPHAGEAL FISTULA WITH VACUUM-ASSISTED CLOSURE SYSTEM

Dan Levy Faber¹, Ronen Galili¹, Erez Sharoni¹, Ori Segol²

¹Department of Cardiothoracic Surgery, ²Gastroenterology Institute, Lady Davis Carmel Medical Center, Haifa, Israel; Ruth and Bruch Rappaport Faculty of Medicine, Technion – Israel Institute of Technology, Haifa, Israel

Esophageal perforation is a serious disease which entails significant morbidity and mortality. Barogenic perforation (Boerhaave's type perforation) is considered as having a relatively poor prognosis. We present a case of barogenic perforation treated initially with surgery for primary repair leading to the formation of a control fistula. The esophageal fistula was treated successfully with endoscopic vacuum-assisted closure (VAC) system therapy. This case presents a complex condition of esophageal perforation initially treated with surgery for primary repair. After surgery the patient developed a control fistula from the esophagus to the operative drain in the pleural space. We treated the fistula with a VAC (Vacuum Assisted Closure) system that was endoscopically placed in the esophagus at the level of the fistula. ●

HEREDITARY ALPHA TRYPTASEMIA – NEW DIAGNOSIS, FAMILIAR SYMPTOMS

Anat Cohen Engler¹, Ronit Confino Cohen^{1,2}, Yosef Mekori^{1,2}

¹Allergy and Clinical Immunology Unit, Meir General Hospital, Kfar-Saba, Israel
²Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel

Mast cells are mostly known for their role in allergic reactions, as well as their involvement in diseases such as mast cell activation syndrome and systemic mastocytosis. One of the secreted enzymes during the allergic reaction and mast cell degranulation is tryptase. Recently, a new syndrome, namely – hereditary alpha tryptasemia, has been defined, originating from multiple copies of *TPSAB1*, the alpha-tryptase encoding gene. This syndrome has characteristic symptoms as well as biochemical and genetic markers. In this article we describe the first case of alpha tryptasemia diagnosed in Israel with emphasis on the typical symptoms and the biochemical and genetic workup needed to establish the diagnosis, as well as appropriate treatment. ●

TWENTY YEARS OF NAHARIYA CONFERENCES ON MEDICINE AND THE HOLOCAUST

Shaul M. Shasha

Galilee Medical Center

Since the beginning of the current century, the Galilee Medical Center (formerly Nahariya Hospital) has held "Nahariya conferences on medicine and the Holocaust". It is a unique and ongoing enterprise that tells the wonderful story of Holocaust medicine on the one hand, and the terrible consequences of survivors' health and their offspring on the other. Discussions were held that contributed to intensive research and publications on these issues, as well as to the authorities' recognition of the later stages of. ●

HOLOCAUST DOCTORS SURVIVORS AND HOLOCAUST'S MEMORY

Rachel Herzog

Clalit Health Services, Doctor's Organization

Introductions and Goals: The Eichmann Trial constituted a turning point in the collective consciousness of Israeli society and its treatment of the Holocaust and of Holocaust survivors. From an anonymous, unfathomable and incomprehensible on a personal level topic, it was personalized into the testimonies and personal stories of survivors who only then been understood and penetrated consciousness. In the design of the memory of medicine during the Holocaust, as part of the design of the Holocaust's memory in general, are unique ethical, medical and social aspects. The purpose of this study was to examine the role of Holocaust surviving doctors in shaping the memory of medicine during the Holocaust.

Consequences and discussion: Holocaust surviving doctors delivered their memories in writing and orally, first in medical journals and in front of a physician audience. Gradually their circle of communication channels expanded, especially after the Eichmann trial. The memory of medicine during the Holocaust has always been on the public agenda, even if only several actions were taken. In October 1955, the Holocaust Surviving Doctors' Association was established, but the number of its members was limited and it was active for only seven years. From the 1990s onwards, we have witnessed an increase in organized activity to shape the memory of the Holocaust.

Summary: The surviving doctors were not silent. They have worked extensively in shaping the memory of medicine during the Holocaust, and they have a crucial role in shaping memory of medicine during the Holocaust in Israeli society. ●

RESEARCH ON STARVATION UNDER THE SWASTIKA: THE GENERAL AND JEWISH ASPECTS

Avi Ohry

Sackler Faculty of Medicine, Tel Aviv University and the Reuth Medical and Rehabilitation Center, Tel Aviv

War is usually accompanied by devastating consequences such as famine, diseases, social and economic destruction

COVID-19, THE KIDNEY AND HYPERTENSION

Avital Angel-Korman¹, Tal Brosh², Karina Glick³, Adi Leiba^{1,4}

¹Nephrology and Hypertension Institute, Samson Assuta University Hospital, Ashdod, Israel

²Infectious Disease Unit, Samson Assuta University Hospital, Ashdod, Israel

³Intensive Care Unit, Samson Assuta University Hospital, Ashdod, Israel

⁴Department of Internal Medicine and Medical Education, Mount Auburn Hospital, Harvard School of Medicine, Cambridge, MA, USA

COVID-19, is a new corona virus of the Beta Coronavirus genus which originated in bats. The virus first emerged in China in December 2019 and has rapidly spread since to other areas worldwide. The World Health Organization (WHO) has therefore recently declared it as the source of a pandemic.

The disease caused by the virus manifests in most cases as a lower respiratory tract infection leading to fever, cough and dyspnea, while more severe cases can lead to respiratory failure and/or multi organ failure.

COVID-19 enters the human cell using the ACE2, an enzyme abundant in renal tubular epithelial cells. Theoretically, this may be significant in several ways: acute kidney injury (AKI) as well as proteinuria and/or microhematuria could be associated with the penetration of COVID-19 into the cells. Moreover, medications based on RAAS inhibition, such as ACE inhibitors and ARBs, upregulate the enzyme ACE2 and could therefore hypothetically explain the high prevalence of hypertension and diabetes reported as previous diagnoses in severe cases. In the setting of chronic kidney disease, the risk of infection with COVID-19 is not clear at this time. However, hemodialysis patients represent a unique group of patients, mostly elderly and immunocompromised, for whom dialysis is a life saving treatment which can not be stopped. Hence, the COVID-19 pandemic has presented a complex medical and logistic challenge for the medical staff in hospital and community based dialysis units. ●

SINGLE UTERINE PUNCTURE THROUGH THE INTERTWIN MEMBRANE IN TWIN PREGNANCY AMNIOCENTESIS: A DESCRIPTIVE STUDY OF OUR 9 YEARS' EXPERIENCE AT "SHAMIR" ("ASSAF HAROFEH") MEDICAL CENTER

Hila Segall, Shirin Shirazian-Bracha, Yaakov Melcer, Nadav Kugler, Ron Maymon

Obstetrics Gynecology Department, "Shamir" ("Assaf Harofeh") Medical Center, Tzrifin

There are 2 methods to perform amniocentesis in twin pregnancy. The widespread method is the two-punctures technique (1 for each sac). The other is a single uterine puncture through the intertwin membrane. No method is known to be superior. The main procedure-related complications are increased risk for fetal loss, amniotic fluid leakage and infection. The information regarding complications

in twin pregnancy is limited and the method is not described.

Objective: To demonstrate whether a single uterine puncture is an acceptable alternative to the double uterine puncture method.

Methods: A retrospective cohort study of 112 twin pregnancies which underwent amniocentesis by a single operator at "Shamir" ("Assaf Harofeh") Medical Center between the years 2010-2018. We compared a single uterine puncture (intervention group) to a double uterine puncture (control group).

Results: Eighty-six patients (76.7%) underwent a single uterine puncture and 26 (23.3%) underwent a double uterine puncture. Most pregnancies were uncomplicated in both groups (80.2% vs. 76.9% respectively); no statistical difference was seen in any complication. The most common complication was seeking medical help due to bleeding or contraction (12.8% in single puncture group vs 19.2% in double puncture group). PPRM, infection and loss of pregnancy were rare.

Discussion and Conclusion: Only a few studies have related to the method of amniocentesis and compared the results of these 2 methods. A single uterine puncture does not bear an increased risk of complications compared to the double puncture. ●

IS ROUTINE CT SCAN NECESSARY AFTER THE REMOVAL OF BENIGN BRAIN TUMORS?

Giorgio Rubin, Yosef Laviv, Tal Arad, Dennis Pushkov, Sapir Lev, Sagi Harnof
Department of Neurosurgery, Rabin Medical Center – Beilinson Hospital, Petach Tikva; affiliated to Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

Background: Researchers have recently questioned the common practice of referring all patients after cranial surgery for CT scans to rule out silent complications.

Purpose: Determine if early CT evaluation is justified in patients operated on for benign brain tumors.

Methods: The cohort included 257 consecutive patients who underwent surgical removal of a benign brain tumor in the years 2011-2016. The neuroradiology scans performed before and after surgery were reviewed. The postoperative findings considered significant were hemorrhage in ≥ 50% of the tumor bed, ischemic changes, worsening brain edema, and mass effect. The relationship of the CT findings with the neurological outcome and their effect on the clinical management were evaluated.

Results: No significant complications were found by CT in 247 patients (96%). In the remaining 10 patients (4%), CT showed increased brain edema in 5 and hemorrhage in 5. The clinical management was influenced by the CT findings in 6/10 patients. One had a temporary neurological deficit. None died or required a second operation.

Conclusions: Elective patients operated on uneventfully for benign brain tumors rarely benefit from routine CT after surgery. In most cases, CT follow-up can be replaced by