General comments

Main conclusion:

This article is not worthy of publication because it is not scientifically based. It attempts to present the author’s covert political-social theory under the guise of scientific research, which, in my opinion, is both ethically wrong and scientifically inaccurate.

I mention here again all the comments I previously sent, which the author did not address at all.

1. Language – the entire paper requires serious, deep editing. There are numerous spelling and grammar mistakes, misuse of words and terms, and formatting problems, including incorrect capitalization, quotation marks, etc. There are long and complex sentences in which the author’s meaning is lost.
2. Throughout the text, references are missing for facts, key claims, and even quotes.
3. The introduction and the conclusion focus on ringworm as the key disease of the paper, yet most of the text addresses other diseases, especially in the analysis section. It is unclear, then, why the author chose to use ringworm, and not the other diseases that appear in the analysis (mainly TB).
4. In the section on “cultural fog,” only one report is reviewed. How can we reach a conclusion regarding the existence of such fog if no additional data are given to contrast or support this claim? The section reads as a summary of the report and nothing more.
5. Regarding the comment above – what are the methods used in the report on cultural fog? How can it be asserted that there is cultural fog if only one source of data was used? In other words, if the only the data given come from a few reports of the Joint-OSE, and no other data are provided to contradict it, how can we assume it was not true?
6. In several cases, there are logical gaps within the text between the data and the claims made by the author (see p. 25, for example, with regard to the use of x-rays).
7. The author rejects existing literature, yet does not provide any references to support or explain these claims.
8. In some cases, the author provides quotes to support claims, yet the quotes chosen are not pertinent to the specific claim being made in the paper. For example, the use of a description of a wedding has nothing to do with the doctors, the medical gaze, or even the diseases being discussed.
9. On p. 15, the author discusses contradictions between reports and the truth, but it is unclear on what basis those contradictions exist (it seems the data used to support this claim are the same the data that the author rejects as inaccurate).
10. When discussing cultural fog, the author does not provide any examples, quotes, or references that highlight this fog.
11. Regarding the “patina” metaphor, I believe the author puts too much emphasis on an incorrect assumption that this word is used as a metaphor. To this reviewer, the word patina, as used in the quote, refers to its actual meaning (as a change in color), and is not used as a metaphor. Consequently, all the subsequent sections seem out of context.
12. From p. 22 onwards, the author demonstrates poor knowledge regarding the diseases discussed, mainly tinea, in terms of diagnosis and treatment. The author also appears to misunderstand the use of x-rays.

Specific comments:

1. Page 1, the paragraph beginning with “In the above quote…” – The author’s use and understanding of medical terms is completely inaccurate and misleading. It would be worthwhile to consult a physician who specializes in fungal skin diseases, or to read medical articles on the PUBMED website or in a systemized medical index on fungal skin diseases to learn about the ringworm fungus family, which includes several common types worldwide, including the one common in North Africa and the Mediterranean. Each ringworm fungus has its own characterization, but they have all been treated with superficial radiation therapy throughout the world since 1910. Had the author undertaken such a review, s/he would have understood that there is no medical basis for this thesis on radiation therapy for ringworm.

The sentence at the top of Page 2 is completely incorrect and indicates that the author has not read the scientific literature on the treatment of ringworm since the beginning of the 20th century, particularly the preferred and accepted treatment in the Western medical system, beginning in France and England. In France, from the 1920s, and in England, after World War II, there were drives that included radiation therapy for ringworm among all public school students. In the United States and Canada, tens of thousands of children were screened for ringworm beginning in the 1920s, and there even were separate schools and classrooms created for children with ringworm (for example, in New York, Chicago, and on the West coast). The Washington Department of Health had a special department for radiation therapy for ringworm in the United States.

There are many articles about this in the medical scientific literature, such as:

The Roentgen Ray treatment of ringworm. (editorial) *Lancet* (1909): 1339–1400.

A follow-up study began in 1962 and was published as:

Albert, Roy E. et al. Follow-up study of patients treated by x-ray for tinea capitis. *A.J.P.H*. *56* (1966): 2114–2220

Albert RE, Omran AR. Follow-up study of patients treated by x-ray epilation for tinea capitis. Population characteristics, posttreatment illnesses, and mortality experience. *Arch Environ Health* (1968) *17*:899–918. doi:10.1080/00039896.1968.10665348

Radiation for ringworm was the preferred means of treatment worldwide between 1910–1960, with no distinction by country or population. Therefore, the author’s argument that attempts to make a connection between ringworm in North Africa and an ethnic-racial theory pertaining to the Jews has no basis in truth and is scientifically unfounded.

Specifically, the French, who ruled Morocco until 1956, operated a system of healthcare services for the entire population. These clinics also treated ringworm, which was common among children in Morocco, using radiation therapy, as was accepted in France, the pioneer of radiation therapy for ringworm since 1910. There was no difference between the diagnosis and treatment among the population of Jews in North Africa and the diagnosis and preferred treatment in every country in the world until 1960, when anti-fungal treatments for ringworm, such as Griseofulvin, were introduced.

See the following articles:

Adamson, HG. On the treatment of ringworm of the scalp by means of s-rays. *Lancet,* **(**1905) i: 1715.

Buckley, AM. The x-ray treatment of ringworm of the scalp. *JAMA* (1913) 56: 1766.

Sabouraud R. Pêle-Mêle. Regards en moi et autour de moi. Plon, Paris (1933): 53–55.

Walker, N. X-rays in the treatment of Tinea.*BMJ* (1904) i: 868.

1. Another point that the author emphasizes, regarding the use of radiation to diagnose ringworm, is completely inaccurate. Ringworm was never diagnosed using radiation, nor was such a protocol ever recommended in the scientific medical literature. As stated above, the author should study the medical literature before constructing theories that have no scientific basis.

A glance at the list of documents provided by the author shows that it includes articles, such as those by Kozma and Davidovich, which discussed similar issues and which have been refuted over the years in the scientific-medical literature that has shown them to lack any scientific basis. For example, the statement: “The need to use x-rays due to difficulties in diagnosing the fungi was a unique observation: it was shared by other Joint-OSE doctors who treated North African Jews, but not by other medical experts around the world” is completely inaccurate.

In conclusion, this article is not a scientifically-based study, it lacks any scientific foundation, and is not at all worthy of publication.