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Anti-Semitism and critiquing the actions of Israel

As members of the health-care community, all of us Jewish, we disagree with the comments made by Julio Rosenstock and colleagues¹ about the Correspondence by Paola Manduca and colleagues² representing "a clear manifestation of anti-Semitism".1 This accusation is commonly wielded as a means of foreclosing critical discussion of the behaviour of the state of Israel, conflating such criticism with anti-Semitism, meaning anti-Jewish.

It must be the responsibility of those wielding such accusations to cite the specific text being identified as anti-Semitic. The comments made by Manduca and colleagues² were an accurate description and justified critique of Israel's assault on the Gaza Strip; the Correspondence² contains no text that might be considered anti-Semitic. The petition3 that Rosenstock and colleagues mention is replete with pejoratives about the Correspondence by Manduca and colleagues² (eg, "This letter contains hateful falsehoods, malevolent political opinion, and inaccuracies"; "one sided, unbalanced, egregious anti-Israel invective"; and "inappropriate polemical letter").

Finally, although Rosenstock and colleagues1 accuse The Lancet of anti-Israel bias in their original criticism,3 they do not mention anti-Semitism. If Rosenstock and colleagues wish to make the case that anti-Semitism motivates Manduca and colleagues'2

critique of Operation Protective Edge, then they must cite specific text.

We declare no competing interests.

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Department of Error

Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. Lancet 2020; published online Jan 24. https://dox.doi.org/S0140-6736(20)30185-9-In this Comment, the first sentence of the third paragraph should have read "Of the 41 patients in this cohort, 22 (55%) developed severe dyspnoea and 13 (32%) required admission to an intensive care unit, and six died." And in the table, the title of the third row should have read "Location of first detection". These corrections have been made to the online version as of Jan 29, 2020, and will be made to the printed version.

Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020; published online Jan 24. https://doi.org/10.1016/S0140-6736(20)30183-5-In this Article in Procedures, we have corrected the primer sequences for targeting the envelope gene of coronavirus: in the Summary and Data collection, we have corrected the text to reflect that the modified case record form for severe acute respiratory infection clinical characterisation was developed by WHO and the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC) together; we have updated the margin link to the ISARIC-WHO case record form; we have updated the Acknowledgments; and in the tables, we have updated p values (three in table 2 and one each in tables 1 and 3) so that they are all given to two significant figures. These corrections have been made to the online version as of Jan 30, 2020, and will be made to the printed version.

Cuzick J, Sestak I, Forbes JF, et al. Use of anastrozole for breast cancer prevention (IBIS-II): long-term results of a randomised controlled trial. Lancet 2020; 395: 117-22—The Acknowledgments of this Article have been updated as of Feb 13, 2020.



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