

BRITISH MEDICAL JOURNAL

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

The consequences of nuclear war

SIR,—Since doctors have an interest in preventing suffering and, within reasonable limits, preserving life, the recent visit of Dr Helen Caldicott to this country deserves much wider medical attention than the one paragraph in the *BMJ* which Minerva (to her credit) allotted it in her column (18 October, p 1078). Minerva quotes some of Dr Caldicott's views and predictions about nuclear war and wonders if she is right. No doubt there is room for argument over her percentages. But having been fortunate enough to hear this courageous, caring, and informed woman at a public lecture in Edinburgh, I was left in no doubt of the rightness of her central message to the medical profession, a message which is very simple. It is that the threat posed by nuclear technology as a whole is a preventive

medicine issue. It seems poignantly clear why this message is being publicised by a mother of three children and a paediatrician who until recently cared for children suffering from cystic fibrosis and leukaemia.

Dr Caldicott is by no means alone in believing that nuclear war is becoming an ever increasing possibility and that it is unrealistic to think that such a war would ever be fought on a "limited" or "theatre" basis. The arguments behind this point of view have been very cogently expressed by E P Thompson in his pamphlet *Protest and Survive*¹ and elsewhere. The medical consequences of nuclear war for any survivors, arguably the unlucky ones, would be beyond the power of my words to express, with massive surface burns and other injuries, contamina-

tion of food and water, acute radiation sickness, epidemics of diseases previously controlled (and reduced resistance to infection), later and slower deaths from leukaemia and solid cancers, and permanently altered genetic inheritance for their descendants with an increase in congenital malformations and diseases. Perhaps it would not be so hard for people to imagine some of these consequences had the recent incident at Three Mile Island not stopped just short of meltdown. Hiroshima and Nagasaki seem too far away in time and place (and race?) to keep many people aware of such horror.

Doctors when dealing with patients harbouring life-threatening diseases are accustomed to meeting reactions of fearful denial or hopeless resignation. Shouldn't they