

expenditures are held down, quality of care cannot improve—or even be maintained. It is very doubtful if the British electorate in the 1980s actually wants a cheap health service, even if better care means higher taxes. *Health Care and Its Costs* is too complacent in trying to imply that all is for the best in the best of all possible British health care worlds. It should have spelled out more clearly that the National Health Service needs to become even more expensive if it is to try to reclaim its earlier chauvinistic reputation as the best health care system in the world. By international standards, as many other publications have emphasized, the NHS is a very cheap service indeed. The Report suggests that this may be especially true in relation to psychiatry.

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The Medical Effects of Nuclear War. The Report of the British Medical Association's Board of Science and Education, published on behalf of the BMA. Chichester: John Wiley. 1983. Pp 188. £4.50 (BMA members: £3.15).

This book is the report of a Working Party established after the Annual Representatives Meeting of the BMA had instructed its Board of Science and Education to enquire into the medical effects of nuclear war. The Working Party was also invited to examine the feasibility of civil defence, including medical planning against attack with nuclear weapons. It succeeded within the space of 18 months to study evidence from 68 organizations and individuals—a tribute to the drive and sense of urgency with which it approached its task. The value and authority of the report are strengthened by factual information and testimony provided by the Ministry of Defence, the Home Office and representatives of the Department of Health and Social Security regarding plans for Civil Defence in the UK. With a population density of 593 per square mile in the UK and 920 in England, no other country in the world has so many people and likely military targets concentrated within such a small area.

The medical and psychological consequences of an attack on a scale of about 200 megatons, which has figured in Home Office calculations and was the basis of a Home Defence exercise in 1980, are assessed in relation to the proposals that have been made for Civil Defence and the facilities which could be expected to remain intact so as to be available for the treatment of survivors. The conclusion reached by the Working Party is stark and unequivocal. A 200-megaton attack would be 15,000 times greater in

explosive power than the Hiroshima bomb. The NHS would be unable to cope with casualties following the detonation of a single one megaton weapon over the UK. Multiple explosions would cause general chaos and disorganization of the entire service. Repeated blood transfusions and bone marrow transplants administered in an intact modern hospital might save isolated individuals exposed to near-lethal irradiation. But what could be done for such victims by the million and for the multitudes of maimed, helpless, and severely burned? And how would the mental health services cope with victims of Hiroshima multiplied 15,000-fold or more? The report quotes an extract from the diary of the Japanese physician, Hachiya, who was at Hiroshima. It speaks for itself.

Parents, half crazy with grief, search for their children. One poor woman, insane with anxiety, walked aimlessly here and there through the hospital calling her child's name. Those who were able walked silently towards suburbs and distant hills, their spirits broken, their initiative gone. When asked whence they had come, they pointed to the city and said, 'That way', and when asked where they were going they pointed away from the city and said, 'This way'. They were so broken and confused that they moved and behaved like automatons.

And how would communities whose industry, agriculture and organized health services had been destroyed or disrupted cope with the long-term effects in terms of the raised prevalence of carcinoma, premature ageing, genetic damage and the toll in terms of widespread mental suffering and breakdown?

The Working Party concludes that official estimates of expected casualties made by the Home Office had probably been low by a factor of two or more. Coming from a body of experts brought together under the aegis of an organization to which the majority of doctors in this country are affiliated this 'objective and scientific account of the medical consequences that would follow the explosion of a nuclear weapon' is likely to make a deep and lasting impression.

The BMA has not as yet responded with any policy decisions. But they are to be congratulated for their courage and enterprise in sponsoring this lucid, factual, closely argued and balanced statement. It should serve to stimulate other representative organizations such as the Royal Colleges, our own College included, to consider whether they are doing all they can to confront a problem that towers above all others facing humanity in our time. Are we to remain mute and inactive in the face of the apathy, indifference and escape with which the majority of human beings at risk respond to the possible end of human life on earth? Is there nothing relevant or useful to be said or done about the denial, dissociation, emotional anaesthesia and the hostile projection of responsibility onto others from which such attitudes emanate?

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