It may be quite some time before we arrive at a scientific understanding of this illness. Meanwhile, the minimum we can do clinically is to deal with these patients openly and honestly and to show sensitivity in delivering their physical and psychological care, be it ever so minimal.

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Sialic acid and cardiovascular mortality

SIR,—Dr M D Flynn and colleagues, in their letter[1] about our paper,[2] suggested that the relation between serum sialic acid concentration and cardiovascular mortality may be due to confounding by impaired glucose tolerance. So far, we have not been able to test this hypothesis as the Värmland study lacks valid information about the condition. However, as the relation between serum sialic acid concentration and cardiovascular mortality was virtually unaffected by body mass index,[2] a measure strongly related to glucose tolerance,[3] we consider it unlikely that this source of confounding would more than marginally explain our results.

Again, our primary hypothesis is not that serum sialic acid concentration is causally linked to the risk of cardiovascular disease. We agree with Dr Flynn and colleagues that "the observation of the relation of serum sialic acid and mortality is of undoubted interest but warrants further detailed investigation."

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Booked admissions systems for non-emergency surgery

SIR,—South Western Regional Health Authority has proposed that a booked admissions system should be used for non-emergency surgery.[1] The system's description as revolutionary presumably implies another spin of that old fashioned invention—the wheel. I cannot be the only consultant who has used such a system before. Mine ran successfully from 1970 onwards at Northwick Park Hospital.[2] It was much appreciated by the patients and was adopted by my colleagues. With only occasional hiccups due to such crises as red alerts it lasted uninterruptedly until the upheaval of 1987-8, when the cash crisis led to closures of beds which totally destroyed any planning of admissions and ruined my system.

The hardware used was a series of hard backed exercise books, and the software could be described as ICCS+SK—standing for intracranial common sense plus surgical knowledge. I estimate that the total cost for the whole package over 20 years was about £12.50 in real terms.

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1 Beecham L. Waiting lists out, booking system in. *BMJ* 1991; **302**:929. (20 April.)
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Overseas doctors as senior registrars in popular specialties

SIR,—Dr Ralph Johnson's efforts in compiling his paper on British universities' requirements for higher medical degrees are commendable and should be of great value to foreign medical graduates.[1] We are all aware that to be successful in obtaining a position as a senior registrar in the NHS a higher degree is more or less essential, particularly in surgery and its specialties. Dr Johnson's conclusion that the wide differences in opportunity among the medical schools may put some foreign graduates at a disadvantage compared with other graduates, however, implies tacitly that everything else is fair in the NHS. Unfortunately, my experience has been very different.

Although I qualified in India, all my surgical training has been in the United Kingdom. I have been attempting to obtain a senior registrar post in paediatric surgery for the past two and a half years; I have a higher degree and more than 20 publications. I have attended a considerable number of interviews for such posts in various parts of the country. At most of them I was the only person with a higher degree, and on each occasion a person without a higher degree was appointed. I have had this experience after a broad general surgical training and more than three years of specialist training in paediatric surgery. I am not a particularly sloppy or nervous person and am capable of performing well in interviews.

I do not think that my experience is unique; on the contrary, it is common. Therefore, my suggestion to any foreign medical graduate is that it is one thing to do research and obtain a higher degree but that it is another to make a career in the NHS. Many other variables play a part in the appointment of a senior registrar or consultant. Foreign medical graduates, irrespective of their abilities, should be extremely careful in choosing their specialty if they are planning to pursue a career in the NHS.

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1 Johnson R. Requirements of British universities for higher medical degrees. *BMJ* 1991;**302**:397-9. (16 February.)

Health effects of the Gulf war

SIR,—As a doctor in the Gulf region and president of the Bahrain Cancer Society, I am concerned about the effects of the Gulf war on health. Dr T J Jones mentioned the environmental problems caused by the war,[1] and these may have short term and long term effects on health.

The disruption of the ozone layer by the smoke of hundreds of burning oil wells and by the high flying, supersonic military aircraft (which have made over 100 000 sorties) will increase the amount of ultraviolet radiation penetrating to the earth, which in turn may increase the incidence of skin cancer and cataracts.

The smoke from the burning oil wells will also lead to an increase in the ozone in the lower atmosphere, which may result in irritation of the upper respiratory tract, allergies, and asthma. If it continues to be produced for a long period, the smoke will eventually lead to an increase in the incidence of lung cancer.

Oil spills and consequent contamination of seafood may lead to poisoning with lead, sulphur, and other trace elements as well as with some carcinogenic materials. If contaminated seafood is consumed in the first trimester congenital abnormalities may occur.

Contamination of the water supply with oil may result in poisoning by the accumulation of trace elements, and consumption of the polluted water in the first trimester may lead to congenital abnormalities. Consumption of polluted water may also lead to leukaemia, especially in children.

The vegetation in this region is fragile, and an increasing amount of ultraviolet radiation may have a harmful effect. In addition, vegetation may be affected by the acid rain and become polluted by carcinogens in the smoke; if consumed this may have harmful effects on humans or animals. Black rain has already been reported in Iran and Turkey.

It would be extremely helpful if professional organisations in the region and in the West in cooperation with the World Health Organisation formed a team or study group to evaluate the short term and long term effects of the Gulf war on humans in the region.

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1 Jones TJ. War and medicine. *BMJ* 1991;**302**:1024. (27 April.)

Doctors and torture

SIR,—It is timely to draw attention to the escalating use of torture and reassuring to hear of the good work of the Medical Foundation for the Care of Victims of Torture.[1] We found the accompanying picture of electrical torture distressing as it conveyed the barbaric nature of the practice. To suggest that this was electroconvulsive therapy, however, was regrettable.

A naked man strapped down to a bench conveys the horror of torture, but to link this with a contemporary form of psychiatric treatment requires an apology both to the patients who receive this treatment and the doctors who use it. Electroconvulsive therapy given for the correct reasons—endogenous depression being the commonest—is an effective and acceptable treatment. Nevertheless, there is considerable antagonism towards it, stemming partly from feeling against psychiatry. As a result we have constantly to educate our colleagues and the public about how effective it can be. The caption to the photograph only reinforces old prejudices.

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1 Godlee F. Doctors and torture. *BMJ* 1991;**302**:925. (20 April.)

**We apologise for any offence caused. It was not intended.—ED, *BMJ*.

Correction

Should religious circumcisions be available on the NHS?

An error occurred in this letter by Drs John Cohen and Nigel Zoltie (30 March, p 788). The complication rate was 0·1% for circumcisions requiring another operation and 0·2% for bleeding needing suturing, not 0·001% and 0·002% as published.