

appalling number of casualties that their use would produce. Prominent among these was the BMA's report of 1983, which concluded that the casualties arising from a single 1 megaton bomb would overwhelm the entire resources of the NHS.²⁸ This report has been followed by one on the likely environmental consequences of a war fought with nuclear weapons²⁹ and a further report on the selection of casualties for treatment after a nuclear attack.³⁰ Such reports clearly indicate that nuclear weapons are unusable, and they have been termed "instruments of genocide" rather than weapons. As medicine has so little to offer in the aftermath of nuclear war prevention is of paramount importance. At the Helsinki congress of the International Physicians for the Prevention of Nuclear War (IPPNW) in 1984 a medical prescription was put forward, in which a ban on all nuclear explosions was proposed as an essential step in restraining the nuclear arms race. The association, which currently represents 200 000 doctors in 60 countries, is conducting a worldwide campaign for a comprehensive test ban treaty (Cease Fire '88).³¹

The resolution adopted by the World Health Assembly in 1983 included the statement that "nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind." The current activity around the world by doctors and other health professionals drawing attention to the futility of medical planning for nuclear war, the diversion of resources needed for health care to military expenditure, and, above all, the emphasis on the critical importance of a comprehensive test ban, has its roots in the successful campaign waged by doctors and scientists against atmospheric testing. Prospects for a comprehensive test ban treaty currently look more hopeful than for some time; helping to bring it about would be a uniquely important exercise in primary prevention.

The United Kingdom affiliates of the International Physicians for the Prevention of Nuclear War are the Medical Campaign Against Nuclear Weapons, Tress House, 3 Stamford Street, London SE1 9NT, and the Medical Association for the Prevention of War, 16b Prince Arthur Road, London NW3 6AY. The American affiliate is Physicians for Social Responsibility.

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ANY QUESTIONS

What might be the cause of recurrent superficial thrombophlebitis of both legs? What treatment is advised?

Recurrent episodes of phlebitis may be truly "idiopathic" but it is quite likely that a systemic cause will come to light in due course. Occult malignancy of the bronchus or pancreas must remain a possibility. Buerger's disease can present in this way and the patient should be exhorted to stop smoking. There is quite a long list of disorders of coagulation and fibrinolysis that could present with recurrent phlebitis—for example, polycythaemia rubra vera, deficiencies of antithrombin III, protein C or protein S, disorders of fibrinolysis, and Behçet's syndrome. The patient should be thoroughly screened by haematologists experienced in thrombotic problems. Depending on what is found it may be that the patient should be treated with long term oral anticoagulants, especially if there is evidence of deep vein thrombosis, which commonly coexists with superficial phlebitis. If a patient has ankle swelling that would suggest this possibility. Investigations should therefore include a phlebogram, which if positive would be a strong pointer towards prolonged anticoagulant treatment. Knee length graduated compression stockings might reduce the tendency for recurrence and lessen postphlebotic symptoms.—C V RUCKLEY, consultant surgeon, Edinburgh.

Correction

Infection control revisited: dilemma facing today's bronchoscopists

An authors' error occurred in this article by Dr P J V Hanson and others (16 July, p 185). "Prevalence" was substituted for "incidence" in the last sentence, which should read, "The plea that 'HIV is not a problem in our area' is not an argument against change, with an estimated 1:1000 people in the United Kingdom now infected with HIV, an incidence that is doubling every 10 months."