gestation, 91 (46%) chose conservative management. This apparent increase probably reflects an increased awareness and acceptance of this form of management within the community, among both patients and professional staff, and the improved education of women in the booking clinic with regard to the actual meaning of the term "expected date of delivery."

It was never our intention to suggest that because most women request induction this policy should be applied to all; we aimed purely to examine the uptake of a proposed policy of conservative management of prolonged pregnancy. A sizable minority of women is not happy for labour to be induced (even when faced with no guarantee of total safety), and wherever doctors are divided over what is a reasonable course of action to take, the feelings of the person concerned and not the majority must surely be taken into account.

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Monitoring advanced cardiac life support courses

EDITOR,—A H Swain and Anthony J Handley raise the issue of the standard of advanced life support courses.[1] The Advanced Life Support Group, which represents all specialties concerned with emergency resuscitation in 12 centres throughout the United Kingdom, has similar concerns. In 1990 it developed a comprehensive package for an advanced cardiac life support course, which uses proved educational methods. This package includes a course manual,[2] a 700 page manual for instructors, 380 slides, other teaching aids, and structured advice on organising the course. All courses adhere to the latest European and British guidelines.

The extensive use of questionnaires about the courses to be filled in by students and instructors has ensured that our courses are now consistent, relevant, and popular—as shown by a recent extensive follow up survey of all past candidates. Eighteen courses have been run, training some 500 candidates in the United Kingdom. The group expects to train some 540 doctors, nurses, and paramedics to the same standards this year. Those who successfully complete one of our registered courses are given numbered certificates valid for three years.

We believe that successful candidates have shown a high and consistent standard of resuscitation skills, but, like Swain and Handley, we are concerned that the courses should be carefully monitored. In our opinion this should be done by an independent educational body. Advanced trauma life support courses are controlled by the Royal College of Surgeons, and it seems logical to look to the Royal College of Physicians to set standards for advanced cardiac life support courses.

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Community care in Italy

EDITOR,—Chris Endean's news article, "Italy retreats from community care for the mentally ill," is totally misinformed.[1] Endean misunderstands the situation and sensationalises some limited changes proposed in the law. It is not true to say that the government is "reversing the hotly debated law 180" of 1978 or that compulsory admission to hospital has been prohibited and will now be allowed. *Trattamento sanatorio obbligatorio* has, of course, always been possible, and the new proposals seek only to make compulsory treatment easier. It is a mistake to take seriously the bombastic statements of government officials and to believe that yet another piece of legislation in Italy will really change anything much, let alone change it for the better.

Endean translates Psichiatria Democratica as the Movement of Democratic Psychiatrists. It is in fact a national organisation of citizens (not of psychiatrists, though they are important in it) that has been prominent in medical and political history in Italy for some 25 years. This misrepresentation implies only superficial knowledge about how law 180 and community care came about in Italy and stirred so much interest in the mental health professions in other countries.

The law criminalising drug addicts in Italy was recently rescinded by a national plebiscite—a reminder of how law 180 was legislated in advance of a popular decision by plebiscite. Italians discuss these things, and they do so loudly by habit: Endean has heard the noise and imagined that something enormous has happened. "The Italian government has changed its mind on mental illness"—would that it had a mind on mental illness. Its mind is on far too many other things.

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The war in Bosnia

Doctors persevere with diminishing resources

EDITOR,—John Fairley's review of *A History of Military Medicine* contains an odd statement to the effect that "field medical work in the unhappy land of Bosnia" suffers from the effects of "regression," leading to loss of medical skills.[1] I am curious to know on what data he bases this assertion.

A Medline search has not yielded any reports in the medical literature about field practice in Bosnia Herzegovina, let alone any suggestion that the work that is being done is based on any but the principles that would be regarded as sound in more fortunate Britain. Before the current civil war Yugoslavia enjoyed a sophisticated health service; what has been lost is the infrastructure on which such a service can be based and which can supply the environment and materials that knowledgeable and conscientious practitioners need to make full use of their skills.

Our visits to the hospitals in the towns neighbouring this UN base, and what we know of local doctors continuing to work in communities isolated by fighting and roadblocks, have introduced us to trained people trying to do the best they can with the little they have left.

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1 Fairley J. A history of military medicine. *BMJ* 1993;**306**:1209-10. (1 May.)

Only armed intervention will stop the destruction

EDITOR,—Douglas Holdstock and colleagues, of Medical Action for Global Security, point out that the Gulf war had public health consequences far beyond the "body count" resulting directly from armed combat[1]—which David Rew and Stuart D Scott suggest was no more than 8000 on the Iraqi side.[2] In suggesting that military intervention in Bosnia is undesirable because it may result in civilian casualties, Holdstock and colleagues are unwittingly lending respectability to Western governments that lack a coherent and firm policy aimed at putting a stop to a war that has torn apart a sovereign state and the final toll of which will not be known for some time.[3] Rew and Scott and Medical Action for Global Security seem to acquiesce in the notion that what is happening in Bosnia is not war but a "self imposed horror." The argument that it is a civil war is used by governments unwilling to act to justify their inaction. The truth is far removed from this.[4] Bosnian Serbs are involved not in interethnic strife but in a proxy war, funded, and waged by Serbia with the specific aim of carving out a state of greater Serbia.

As doctors, surely we recognise that, while no action is without pain or cost, what should determine our decisions is the net cost or benefit. What we must balance is the benefit against the cost, or in this case the costs of one option against the costs of another. To argue that Western military action against Serbia might result in civilian and military casualties and therefore is not an option to be considered further is to consider only one side of this equation. What is happening in Bosnia is the wholesale destruction of a people and a country. If it takes military action and a certain body count to halt the pillage of Bosnia then, so long as the net result is a reduction in the violence, upheaval, turmoil, and casualties, such armed intervention will not be against the interests of the public health. At one time a judicious show of force (with consequently lower costs in terms of casualties of all kinds) to show the Serbs that the UN was not to be trifled with would have prevented the horrors that have been perpetrated, but that time has now passed.

Almost on a par with the tragedy of the former Yugoslavia is the tragedy of the poverty of response of Western governments to a problem that was allowed to get out of hand and then labelled a civil war posing no strategic risk to Western interests and thus ignored. For the medical pressure groups, such as Medical Action for Global Security, that claimed credit for nuclear disarmament the tragedy will be that whereas they failed to stop military intervention in the Gulf, with its 8000 military and 47 000 civilian deaths to be set against dubious, if any, benefits, their arguments against warlike intervention in Bosnia will help prevent the implementation of what may be the only solution to the Yugoslavian horror.

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Correction

Oral versus intramuscular vitamin K in newborn infants

An editorial error occurred in this letter by J M Gupta and D Naidoo (8 May, pp 1272-3). In the figure the vitamin K concentration should have been expressed as μg/l, not as mg/l.