diagnosed early but early symptoms of disease induced by a biological agent may be non-specific and difficult to recognise. In the Clinical Review section, Evison and colleagues (p 332) and Beeching and colleagues (p 336) describe chemical and biological agents—how they can be used as weapons, their effects, and the treatment required. They call for health professionals to be better informed and for rehearsal of responses to the possible use of biological and chemical agents.

Cough medicines are unnecessary

A systematic review has found little evidence for or against the effectiveness of over the counter cough medicines. In nine out of 15 trials, active treatment was no better than placebo, and positive results in the other studies were questionable. Schroeder and Fahey (p 329) say that over the counter medicines may be an unnecessary expense and advice to use them should be restricted until more evidence becomes available.

Post-traumatic stress disorder is common after conflict

Re-experiencing trauma, sleep impairment, irritability, and reduced concentration are all features of post-traumatic stress disorder. Gabriel and Neal (p 340) describe four cases in military personnel; all four had to leave their posts as a result. Yet, the authors say, about half the people who experience traumatic events and have a diagnosable psychiatric injury do not seek medical help.

Nuclear terrorism is a real threat

The events of September the 11th have focused attention on the vulnerability of nuclear installations to attack and the possibility of the terrorists using radioactive material for “dirty bombs”—where radioactive material is dispersed by conventional explosives. Helfand and colleagues (p 356) estimate that in a nuclear explosion in New York city 52 000 people would die immediately and fallout from radiation would kill a further 200 000. They call for stricter control of nuclear materials and the abolition of nuclear weapons.

The “Doomsday Clock” first appeared on the cover of the Bulletin of the Atomic Scientists in 1947 as a symbol of nuclear danger. Since then the hands have moved 16 times reflecting varying international tensions and the perceived threat of nuclear war. (www.bullatomsci.org/clock.html) In a commentary to Helfand’s paper Bhutta and Nundy (p 358) draw attention to the horrifying possibility of nuclear war between India and Pakistan. They conclude that this has brought the hands of the clock closer to midnight.

Editor’s choice

Letter to a Venusan

Thank you for your greetings from Venus, and I'm pleased that you are interested in the state of our planet and our profession. You catch us at a difficult time. I'm enclosing this letter a copy of the BMJ that considers the implications of a dramatic attack that happened here last year. You should find much in the journal that will help your understanding, but it will not provide a complete answer.

The attack on America killed over 3000 people, and many believe that the world is now fundamentally altered. The United States is the only superpower, and Americans cannot understand how or why such a dreadful thing would happen. How they react will be crucial. Their central choice is whether to increase their defences and attack any potential aggressors or whether to reach out to the rest of the world, particularly the poor. It's easy to understand why they might want still greater military capacity, but peace may be more likely to result from addressing the world's extreme inequalities. How can you ever stop somebody who is deeply alienated putting a nuclear bomb into a rucksack and setting it off in a major city?

Something that reduces the likelihood of anybody becoming so alienated seems more likely to succeed than something that attempts to make a huge city completely secure.

I may be deluded, but I see parallels with attempts to defeat crime through increasing imprisonment or trying to reduce drug damage by fighting a war on drugs. There never seems to be enough prisons, and there are always desperately poor people willing to smuggle drugs for large rewards.

The Americans responded initially by bombing Afghanistan, which had sheltered the people who organised the attacks on America. Many were disturbed by the richest country on earth bombarding one of the poorest, but the Americans and their allies rapidly displaced Afghanistan’s fanatical rulers. As several articles in the journal make clear, Afghanistan is now, however, in an appalling state with people starving and basic services destroyed (pp 318, 349, 360). The American president has pledged $296m (£208m) to rebuild Afghanistan, but at the same time he has asked Congress for $43bn (£26bn) for the military. Worried about further attacks, his government is threatening to attack other countries that may be harbouring potential aggressors.

War is nothing new on our planet, and several articles describe the extreme suffering caused by conflict in countries other than Afghanistan (pp 320, 342). Perhaps humankind is just much more interested in the glamour and horror of war than in the long, slow business of development.

Against this highly unstable backcloth, medicine too has choices. Will all doctors work to do something to achieve global health, so reducing the chances of conflict? If so, what will we do? Can we come together even if the broader world cannot? It seems to be a crucial time for humanity and our profession. I hope that I can write soon with good news.