rates, which are notoriously difficult to calculate accurately in developing countries because of census problems and because families are often reluctant to reveal the cause of death in cases of suicide.

Diabetic patients’ records are missing the C10 Read code

General practices need to use a wide range of codes to identify people with diabetes, as not all diabetic patients have the C10 Read code recorded in their computerised medical records. Gray and colleagues (p 1130) found that in one primary care group in south London only 63% of patients known to have diabetes were identified through the C10 Read code for diabetes.

The rest were identified through prescription records and other diabetes related codes. The authors say that the use of Read codes for diabetes needs to be standardised and coding levels improved if valid diabetes registers are to be constructed and the quality of care monitored effectively.

Editor’s choice

After the cameras are gone

Most of the work of doctors—and particularly public health doctors—is unglamorous. They tend to appear in the world’s hot spots once the soldiers have blasted their way through and the cameras are gone.

We experienced round the clock media coverage of the Iraq war, but now it’s becoming boring and we see and hear little. Yet the health problems in Iraq are severe, says the report from Owen Dyer (p 1107). “The three most urgent problems for health in Iraq today are security, security, and security,” says Ghaith Al Popal, the World Health Organization’s representative in Baghdad. Hospitals are being offered “protection” by armed gangs. Medical staff travel to work in dilapidated cars to avoid drawing attention to themselves. Last week one of Iraq’s very few neurosurgeons was murdered.

Iraq has immediate problems, but it also has a long haul to improve the health of its people. Samer Jabbour, an assistant professor in Beirut, describes how—considering the resources available—health is much poorer than it should be right across the Arab world (p 1111). This is largely for sociopolitical reasons. War, sanctions, and occupation in Iraq, Sudan, and Palestine have led to health regressing rather than progressing. But other problems are high illiteracy, especially among women; lack of job opportunities; slow economic growth because of low productivity and lack of innovation and competitiveness; high military spending; and rapid population growth. Jabbour advocates increasing public involvement in health, increasing inter-Arab cooperation, and developing a public health programme that would shift resources from curative medicine.

Kevin Weaver tells the extraordinary story of trying to find, identify, and bury the remains of some 40 000 people missing in the former Yugoslavia, another part of the world that suffered several months in the world’s spotlight (p 1110). John Hunter, a professor of ancient history and archeology, leads a team that uses radar to identify mass graves—in mines, petrol stations, hotels, and car parks. Then comes the job of identifying body remains, which is done largely by analysing DNA because of the lack of medical and dental records and because body parts are mixed up. To allay people’s fears the team has developed a unique bar coding system. In April the first mass burial of 600 people killed in the Srebrenica massacre took place in a huge ceremony.

Britain doesn’t have anything so dreadful, but Sally Hargreaves tells a chilling story of how asylum seekers—a group who feature prominently in often xenophobic media coverage—are being severely treated in East Kent (p 1108). A new law means that those who apply for asylum after arriving in Britain are now denied benefits and accommodation. Peter Le Feuvre, a GP in Dover, describes how one of his patients who has been tortured in Angola faces sleeping on a park bench. He also tells how he has to decide whether a Somali woman is “mentally fit” to be denied access to emergency accommodation, food, and basic funds. The BMA is rightly very concerned.

Richard Smith editor (*)