

THERE are two popular views of the likely outcome in Scotland of an exchange of nuclear weapons.

One, depicted in the Government's booklet, "Protect and Survive", is of a nuisance that can be dealt with by putting sandbags against the doors and survival kits in the basement. The other, a generalisation perpetrated by certain pacifist groups — is that "nobody will survive."

The truth lies between these polarities. It is much more complex and infinitely more horrifying. I am one of a group of doctors, nurses and health workers in Glasgow who view with a sense of outrage and disgust the proliferation of nuclear weapons.

Those feelings are based on a detailed knowledge of both the frailty of the human body and the manifest inadequacy of medical resources, in the face of nuclear attack.

For a country of its size, Scotland has a gigantic nuclear arsenal. It is surely obvious that

Choice that would face A-blast doctors

this makes Scotland a prime target in a major war.

So what sort of attack should we expect? We do not need to speculate about this. In 1980 the Ministry of Defence exercise codenamed "Square Leg", envisaged an attack by air or ground-exploded nuclear bombs, mostly one megaton, on military targets, such as Holy Loch, Faslane, Coulpont, Machrihanish, and the Clyde estuary and on civilian targets including Glasgow, Edinburgh, Aberdeen, and Dundee.

What would be the result of such an attack in medical terms? Out of a population of 3,500,000 in these target areas, about 1,000,000 would die instantly and a further 1,500,000 would be injured.

Many people would be suffering from severe burns which cause extensive fluid loss. Currently available intensive care facilities are capable of providing a few patients with

LAST WEEK the British Medical Association reported that a nuclear attack on the United Kingdom could produce 33,000,000 casualties, more than 12,000,000 above the official Home Office estimate. A leaflet distributed to every

household in Strathclyde estimates that 2,000,000 of the region's population will die from blast, burns or fallout in the event of a limited nuclear war. **HERE, DR/SANDY REID, a pathologist at Glasgow Royal**

Infirmary, looks at the medical consequences of a hold just in Scotland and concludes that the survivors would envy the dead. Dr Reid is a member of the Glasgow branch of the Medical Campaign Against Nuclear Weapons.

many litres of plasma and this means that many had burns victims survive. Edinburgh, for example, has enough facilities to treat 30 such patients simultaneously. A one-megaton bomb falling on the city could produce 45,000 serious burns victims. In the entire UK there are neither hospital beds, nor bottles of plasma to deal with such a disaster.

Blast victims, injured by flying and falling masonry, would require major surgical and medical facilities. Because nearly all major hospitals are in the target areas, they would be destroyed and most doctors and nurses killed. After Hiroshima,

only 10% of doctors and 7% of nurses were fit to work. Initially comparatively few would die of radiation but this would produce a second wave of fatalities in the following weeks, which medical science is helpless to prevent. Radiation damages the gut (producing diarrhoea and vomiting) and the blood-forming cells of the bone marrow (causing bleeding and infections). A fall in the number of white cells in the blood lowers resistance to infection, so even a minor cut can prove fatal.

We estimate that around 10% of the population of the Central belt would survive and they

would be faced with a number of further hazards. Large numbers of unburied corpses would attract rats. Water supplies would be contaminated and sewage disposal disrupted, allowing the spread of dysentery, hepatitis and infections we stamped out here years ago, like typhus and cholera. Lack of food and shelter would compound these problems, especially in a hard winter or hot summer.

We must add to this the profound psychological effects of major disasters — fear, panic and a numbing emptiness. There is guilt at having survived, followed by deep

apathy, which would limit their capacity to help themselves. The long-term effects of nuclear attack persist for decades and include the birth of hideously malformed children and premature death. The Glasgow branch of the Medical Campaign Against Nuclear Weapons was formed last November and now has more than 80 members. Many of them joined as a reaction to the Government's decision to buy the Trident missile system and locate it on the Clyde.

It is difficult for members of the medical profession to ignore the increasing likelihood that as nuclear weapons proliferate they will one day be used. If a nuclear exchange takes place, as a colleague told a recent conference in Cambridge, "the living would envy the dead."

The results of such an assault would be so catastrophic that civil defence planning is futile. Most of the so-called nuclear

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