ask themselves whether this is the healthiest response in themselves to the malignant growth of nuclear weapons and related technology? Shouldn't they take up Helen Caldicott's challenge to do something about this biggest ever public health issue? I have found recently when reading more about the health risks involved in the whole nuclear fuel cycle that I had large areas of ignorance. I am sure the same applies to many other doctors whose knowledge of radioactivity and radiobiology extends to appreciating that Marie Curie died of leukaemia and that luminous watch painters developed bone cancers and so on, but does not include very much about uranium processing, the close links between nuclear power and nuclear weapons, how plutonium and other substances accumulate in food chains, etc. We need to educate ourselves.

Doctors undoubtedly could bring an influential voice to bear on the attitudes of the general public and politicians. Helen Caldicott envisages an international movement of the medical profession which might indeed prove to be powerful. Elsewhere in her column last week, Minerva pointed to international success in eradicating smallpox and the medical influence on changing smoking habits and attitudes. This is surely small fry in relation to the nuclear threat. Dr Caldicott and others stimulate us to open our minds to this issue before it is too late, to find out the facts, and then to channel our natural and healthy anxiety into constructive protest.

Is she right, Minerva? Read her book,² and other sources, and then in your wisdom judge for yourself.

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¹ Thompson EP. *Protest and Survive*. London: Campaign for Nuclear Disarmament; and Nottingham: Bertrand Russell Peace Foundation, 1980.

² Caldicott, H. *Nuclear Madness*. Brookline, Massachusetts: Autumn Press, 1978.

SIR,—In response to the paragraph in "Views" (18 October, p 1078), concerning several statements made by Dr Helen Caldicott during her visit to London last week, it should be noted that the views stated are by no means hers alone. Dr Caldicott represents a body of 2000 doctors, professors in medicine and physics, among them six Nobel laureates, the dean of the Harvard School of Public Health, and the former head of the Explosives Division, Manhattan Project. The facts given are all substantiated in literature researched and presented by Physicians for Social Responsibility. It may be of interest to your readership that as a result of Dr Caldicott's visit to Europe, new groups of doctors concerned over the medical and biological effects of nuclear technology and nuclear war have been formed. For details of British groups contact me at 9 Marion Close, Cambridge CB3 0HN.

CLAIRE RYLE

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SIR,—Minerva (18 October, p 1078) reports the warning of Dr Helen Caldicott, National President of Physicians for Social Responsibility in the US, of the probability of nuclear war in the foreseeable future and the possible magnitude of its medical consequences, and asks if she is right.

What she is right in doing is in attempting to educate the medical profession and the public about the appalling and unpredictable medical and social consequences of nuclear war which could well mean the end of civilisation as we know it. As members of a caring profession, we surely have a social responsibility to impress on our politicians and governments the medical, genetic, and social consequences of nuclear war, and to point out that adequate protection of the population is an impossibility, as is the provision of medical care in such circumstances.

A Physicians for Social Responsibility Group has been set up in Britain, which has the above aims, and one would hope that the medical profession in the country would support it to the full.

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SIR,—Minerva's brief mention (18 October, p 1018) of Dr Helen Caldicott's campaign to encourage doctors to make themselves more aware of the effects of a nuclear war was most welcome. Although it is difficult to make any statement on this subject without being deemed "political," could the *BMJ* at least make a start by publishing more of Dr Caldicott's views and, if possible, stimulating an informal debate on them? After all, the prevention of a nuclear war is the most important public health issue ever.

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* * * We are planning some articles on the effects of nuclear war.—Ed, *BMJ*.

Iodide

SIR,—While I agree totally with the sentiments expressed in your leading article "An appalling Panorama" (18 October, p 1028), I feel obliged to comment in turn on the *BMJ*'s attitude to the reporting of such incidents as the reactor accident at Three Mile Island and its consequences.¹ In fact, the only discernible effect of the Three Mile Island incident on the health of the local community was the undoubted psychological trauma caused by the lurid reporting on television, radio, and in the newspapers.² In terms of actual effect, Three Mile Island was undoubtedly the non-event of the century.

Your report "Iodide" by Mr Wallace K Waterfall (11 October, p 988) provides, yet again, only a superficial American view of one aspect of the problem of emergency planning. We in this country had the foresight over 30 years ago to study the possible effects of accidental releases of radioactive material from reactor accidents, when the first civil nuclear power stations were commissioned. It was concluded that in any release of fresh fission products the iodines would be the most abundant isotopes. Small doses of stable iodide completely block iodine uptake and it was proposed by Adams and Bonnell³ in 1962 that in emergencies involving members of the general public, stable iodide should be administered to reduce thyroid irradiation resulting from inhalation or ingestion of radioactive iodine.

Discussions took place with the Department of Health and Social Security (then the Ministry of Health), the Medical Research Council, the Central Electricity Generating Board, and the United Kingdom Atomic Energy Authority and since this time stocks of stable iodine tablets have been kept in readiness for distribution to those members of the general public who might be affected.

It was noted that the shelf life of potassium iodide was limited and tests were then carried out by Cronquist *et al*⁴ to demonstrate that potassium iodate was equally effective in blocking thyroid uptake of iodine.

The dose of iodine required for total protection of the thyroid is very modest. Tablets of potassium iodate containing 100 mg iodine are held in readiness by the police in the vicinity of UK reactor sites for use in emergencies. These would be issued on a once off basis to all members of the general public who might be affected, while a decision regarding evacuation was taken. It is desirable for the stable iodine to be taken within about two to four hours of the inhalation in order to obtain a significant reduction in dose.

Strangely, potassium iodate is proscribed by the Food and Drug Administration in the USA despite the fact that "iodised salt," readily purchased in the supermarkets, contain iodine in the form of potassium iodate.

Waterfall states that: "A fully operational reactor has hundreds of millions of curies of radio iodine available for release." He then goes on to repeat a popular but false supposition which states that if an event is possible it is bound to happen. If this were true, every city in the world would have been destroyed long ago because seismologists affirm that a large earthquake is possible anywhere.

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¹ Culliton BS, Waterfall WK. *Br Med J* 1979;ii:1545-6.

² President's Commission on the Accident at Three Mile Island. *Report*. Washington: US Government Printing Office, 1979.

³ Adams CA, Bonnell JA. *Health Phys* 1962;7:127-49.

⁴ Cronquist A, Pochin EE, Thompson BD. *Health Phys* 1971; 21: 393-4.

Non-surgical management of peripheral vascular disease

SIR,—In his interesting and informative review of non-surgical management of peripheral vascular disease (20 September, p 794), Mr C A C Clyne states that "percutaneous transluminal dilatation of arteries fills most surgeons with horror." This may be understandable for a variety of reasons, but in fact the results reported are very favourable. In the treatment of lower limb arterial disease a 90% primary success rate in 117 patients is recently described, with a complication rate of 5%. Eighty per cent patency for up to two years in 300 patients is reported by Gruntzig and Kumpe.² Evidence of peripheral embolisation was seen in 5% of patients, none requiring surgery. Another study revealed a 90% patency rate of iliac artery dilatations in a mean follow-up period of 33 months.³

The method is applicable to other vessels, including the coronary and renal arteries. Individual successful cases of renal artery dilatation have been reported in the British literature,^{4,5} and recently two groups in the United States^{6,7} gave rates of 44% and 50%