Letter from London

The effects of the 11 September attacks on the United States of America and the subsequent anthrax alarms (presciently reviewed in Natl Med J India for July/August 2001) have been extensively covered by the international press and television, but their effects on Britain have received less publicity.

The British public has resisted panic, perhaps because of their experiences at the hands of the IRA and its splinter groups. Nevertheless, there have been repercussions. People of Asian appearance have been verbally and sometimes physically abused, a reaction which has further damaged White–Black relations, already tense in many northern towns which have recently experienced race riots.

The Home Secretary, David Blunkett, acted quickly to introduce measures against terrorist groups or individuals suspected of terrorist activities or opinions. Under the new Anti-Terrorism, Crime and Security Act, suspects can be detained in custody without trial; there is, however, a right of appeal. The Act has been opposed by civil rights groups such as 'Liberty'. As a concession to opposition in the House of Lords, a clause making incitement to religious hatred a crime has been withdrawn.

A bizarre reaction to this prevailing concern about security occurred when, acting on a 'tip-off', the MV Nisha was boarded by customs officers and a search team from Scotland Yard's anti-terrorist branch. It was thought that the ship was carrying bomb-making equipment supplied by Osama bin Laden's al-Qa'ida organization. The ship originally left Tampa, Florida, carrying fertilizer for Somalia. It then called at Massawa, in Eritrea, then Djibouti and Mauritius, leaving Mauritius carrying a cargo of cane sugar destined for the Silvertown refinery in the Thames estuary. After days of searching, nothing incriminating was found. It is still unclear whether the 'tip-off' was a hoax, a diversionary tactic or a misinterpretation of information.

An even more extraordinary episode involved a British subject, on a flight from Paris to Miami, who was overpowered by crew and passengers in the act of lighting a fuse attached to explosive material in the heel of his shoe. It was later discovered that he had converted to Islam while in the Feltham Young Offenders Institution in west London. During the year he had travelled extensively in Europe and is thought to have been funded by an Islamic fundamentalist group, though not the al-Qa'ida organization.

The drinking habits of Britons are causing concern. In contrast to most western European countries, deaths in England from cirrhosis of the liver are rising. The rise is most marked in the 35–44 years age group. Since the 1970s, the death rate for men has risen eight-fold and for women seven-fold. Last year 1714 women died of cirrhosis and 680 died from cervical cancer. The pattern of binge drinking in England is thought to be responsible for the rising death rate; in the rest of Europe binge drinking is not a problem.

Women are now drinking more than earlier, due to pressure to keep up with men's drinking and the heavy promotion of bottled cocktails and sweetened alcoholic drinks.

REFERENCES

JOHN BLACK

Letter from Croatia

SURGICAL MANAGEMENT OF CASUALTIES IN A LOW-INTENSITY WAR

Surgical management in any future conventional war of low intensity will be based upon experiences from recent war campaigns, although there is a tendency to equate combat casualty care and civilian trauma management.

One of the main similarities in the management of war and civilian casualties is that a major war campaign will result in the mobilization of many surgical and nursing teams from civil hospitals with no previous experience in battlefield surgery.

Battlefield surgery is the management of trauma incurred during military operations and provided for under war conditions. Civil hospitals near or on the battlefield have to provide such management for an unknown number of serious casualties, in a short period of time, with limited hospital space, capacities and personnel.

At the beginning of the 1991–92 war in Croatia, we had such experiences in the eastern part of the country.

SITUATION

The 1991 conflict involving Croatia prompted the transformation of the Osijek University Hospital into a war hospital for the northeastern part of the country.

By September 1991, all surgical activities had to be moved to the basement rooms and corridors due to constant shelling of the city, including the hospital. During this period, 268 explosive devices (mortar and tank shells, air bombs and missiles) hit the hospital buildings. The hospitals in Vukovar, Vinkovci and other Croatian cities near the battlefield were also attacked.

Before the war, the Osijek University Hospital had 1600 beds and served as a teaching hospital for the Osijek Branch of the Zagreb University Medical School. The Department of Surgery had 230 beds and 35 surgeons working in 7 subspecialties. The staff had no experience or education in war surgery.

SURGICAL MANAGEMENT

From 2 May 1991 to 1 November 1992, 4545 patients with war