

**What do doctors say about... ...the Medical effects of nuclear war? /
Medical Campaign Against Nuclear Weapons.**

Contributors

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What Do Doctors Say About. . .

**. . . The
Medical Effects Of
Nuclear War?**



In 1981 the British Medical Association became concerned that doctors were being asked to participate in medical planning for the aftermath of a nuclear war at a time when they had not studied the possible effects in detail.

It was therefore decided that a working party should review the medical effects of a nuclear war and the value of Civil Defence in order that the BMA should form its own policy.

Members of the Working Party

Sir John Stallworthy. Professor of Obstetrics and Gynaecology, University of Oxford. Past Chairman of BMA Board of Science and Education.

Dr J. Stuart Horner. District Medical Officer, Croydon. Chairman, Central Committee for Community Medicine.

Mr Kenneth McKeown CBE. Consultant Surgeon, Darlington Memorial Hospital. Member, BMA Board of Science and Education.

Professor Peter Quilliam. Professor of Pharmacology, St. Bartholomew's Hospital Medical College, London. Chairman, BMA Board of Science and Education.

Dr John Dawson. Undersecretary, BMA. Head of Professional, Scientific and International Affairs Division.

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What scale of Nuclear attack on Britain might be envisaged?

... both government and independent authorities have suggested that an attack could well be of the order of 200 megatons or greater.

No other country has so many people and so many potential targets concentrated into so small a land mass.

The majority of the opinion given to the Working Party inclined to the view that an attack might amount to 150 to 200 megatons; with a total of three or four times this magnitude if cruise missiles were to be deployed in the United Kingdom.

How many casualties would result?

The explosion of a single nuclear bomb of the size used at Hiroshima over a major city in the UK is likely to produce so many cases of trauma and burns requiring hospital treatment that the remaining medical services in the UK would be completely overwhelmed. An attack with, for example, 200 megatons represents an explosive power some 15,000 times greater than the Hiroshima bomb ...

Do doctors have experience appropriate to this situation?

Many doctors have no recent training in treating patients with trauma ...

... in the UK between 1951 and 1972 there were only ten disasters involving more than 100 casualties in each.

There is no doubt that the experience of conventional warfare is irrelevant to the scene that would confront whatever survivors remained after a major nuclear attack.

Would facilities be available?

A completely new clinical situation would arise because of the devastating effects of nuclear explosions both in regard to blast and heat, and also because of the high levels of radiation liberated.

The notion that rescue services could spring into action immediately after a nuclear attack, in the same way that Civil Defence operated during the bombing of cities in the last war, is dangerously unrealistic. By the time the radiation hazard has fallen to acceptable levels for rescue attempts (and this could take 14–21 days) most of the seriously injured would have perished from haemorrhage, secondary infection or radiation sickness.

Would shelters help?

The shelters advocated by the Government and commercial suppliers may improve the chance of survival for some people in the short term but the overwhelming problems of infection, bacterial contamination of water and scarcity of food and fuel would still remain to be faced when the survivors emerged.

The makeshift home shelters advocated by the Home Office would offer the occupants only slight protection . . .

In a large scale nuclear attack many areas of the country would be subjected to levels of blast damage sufficient to destroy these improvised shelters.

What plans should be made for medical services?

Uncertainty about the targets for a nuclear attack coupled with the massive destruction caused even by small 'tactical' weapons means that any attempt to lay plans for the medical services, food supplies for all possible nuclear emergencies becomes a myth.

What of the long-term consequences?

There is a probability that the atmosphere would be highly perturbed by a nuclear war. The large quantities of highly sunlight-absorbing, dark particulate matter which would be produced and spread in the troposphere by the many fires would strongly restrict the penetration of sunlight to the earth's surface and would change the physical properties of the earth's atmosphere. It is likely that agricultural production in the Northern Hemisphere would be severely disrupted, so that food production for the survivors of the initial effects of the war would be very difficult.

Survival becomes even more difficult if stratospheric ozone depletions also take place. It is difficult to see how much more than a small fraction of the original survivors of a nuclear war in the middle and high latitude regions of the Northern Hemisphere could escape famine and disease during the following years.

And in conclusion?

We believe that such a weight of nuclear attack would cause the medical services in the country to collapse. The provision of individual medical or nursing attention for the victims of a nuclear attack would become remote. At some point it would disappear completely and only the most primitive first aid services might be available from a fellow survivor.

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