

correspondence

Three Mile Island not "a major disaster"

SIR. — I am writing to comment on the article in your issue of (8 November, page 120) on the Three Mile Island report. In the heading you refer to the accident as "a major disaster". In the text you write "the worst accident in the history of the US nuclear programme". The reader might think there must have been a large number of people killed and injured. In fact there were no deaths and no injuries except psychological. Estimates of the long-term consequences have suggested that a few (less than 10) additional cancers may ultimately develop in the population exposed, an effect likely to be far outweighed by the cancers caused by an extra packet of cigarettes smoked by the same population, or the additional traffic accidents due to the upheaval. How about deaths from bronchitis due to pollution of the air from coal-fired power stations and factories?

A journal of the standing of *Nature* should not be a vehicle of sensational reporting. Many of the recent comments in your columns have shown a total lack of sense of proportion in that the dangers of radiation are never put in the context of the risks we all accept in daily life, nor of the risks attached to not using nuclear power. An irrational fear of radiation has been built up by the popular press and other media; serious journals such as *Nature* should take a more rational and responsible attitude.

Yours faithfully,

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Scurrilous comments belie Egyptian-Israeli cooperation

SIR. — It was difficult to understand the relevance of Dr Galal's comments (11 October, page 424) on the article by Z Sarder (2 August, page 350). The hostile views expressed by the author were in complete defiance of the brave and new approach of Egypt's President Sadat. In spite of Dr Galal's comments I hope that not all the scientific community in Egypt share his views.

It seems that during the twenty years he has been science editor of *Al Ahrām*, Dr Galal has adopted the political approaches, but has failed to overcome the psychological gap to which President Sadat has referred many times. What is the relevance of Dr Galal's remarks on "Israeli arrogance in science and technology" to the potential benefit to scientific cooperation? Where did he get his impression of the "superiority complex" of Israeli scientists; or where did he get the idea that Israeli scientists regard their Egyptian colleagues as incompetents who need teaching by us?

I would like to remind Dr Galal that Israeli science has suffered no less than Egyptian science from the continuous wars, and his scurrilous statement on the "colossal funds and privileges that Israel is getting from rich Jewish communities" is far from being "objective, realistic and frank". The money that was given to Israel has been spent to absorb hundreds of thousands of refugees from all over the world, mainly from Arab

countries. Was the money from rich oil-producing Arab countries used to improve the condition of the Palestinian refugees? They were kept for more than twenty years in the most miserable conditions and used as a political football. Is that not depriving the Palestinians of their right to live as human beings? The Palestinian problem will be solved only when the Palestinian policy makers stop aiming at the destruction of Israel and recognise the right of the Israelis to live in their homeland. I hope that the Egyptian people, including the scientific community, now agree with their President and recognise the State of Israel, in spite of the problems that still remain to be solved.

Were this to be so, I feel sure that true cooperation between scientists from Israel, Egypt and the world can be achieved, to the benefit of all the peoples of the area.

Yours faithfully,

Z. BEN-ISHAI

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Antijewishism

SIR. — The style of the letter from Mr Salah Galal (11 October, page 424) is perhaps appropriate for *Al Ahrām*, but for *Nature* it seems to be unusual. Though some of the Israeli scientists may have superiority complexes or may be arrogant, the supposition of a national superiority complex and arrogance of Israeli scientists in general is nothing else than antijewishism. Thus, disregarding their demagogic content, the arguments and statements of Mr Galal have a diminished value because of their motivation by his obviously inherent antijewish emotions.

Yours faithfully,

LAJOS ERNST.

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Distorted interviews in East Germany

SIR. — When I attended the meeting of the Federation of European Biochemical Societies (FEBS) in July 1978 in Dresden, I was invited to give an interview to the Press. This was conducted in German and recorded.

Now, in November 1979 I am surprised to receive "with thanks for my collaboration" a book with contributions to mark the thirtieth anniversary of the GDR (*Of the Birth and Growth of the GDR, Zeit im Bild, Dresden*) in which my question-and-answer interview has been included in the form of a 500-word statement in English. The translation has resulted in an eulogy of the GDR and of GDR scientists, which in its exaggeration is ludicrous. The poetic licence of the translation has caused subtle, and some not so subtle, changes; but when — to give but one example — I am quoted as referring to "a secure existence free from worries of unemployment", I am absolutely certain that I said that I was not competent to answer questions on full employment in the GDR.

I do not blame the colleagues who organised the FEBS meeting in Dresden, of which I still retain a happy memory, but would counsel visitors to the GDR to learn from my experience.

Yours faithfully,

H LEHMANN

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Health care in India

SIR. — Anil Agarwal's article on 'barefoot doctors' in India (30 August, page 716) creates the impression that a new health policy was launched in April 1977 after the Janata Government took over. In fact, the community health worker (CHW) made his appearance in the planning of the Ministry of Health of the government of India much earlier. In 1972, he was called the Rural Medical Practitioner (RMP). The previous government had hoped to deliver a modicum of health care to the entire country, using RMPs, by 1976. It is apparent that the goal was never reached.

The problem in India at present is not that of an inadequate supply of doctors; it is that of maldistribution. The reason for this geographical lopsidedness in the distribution of health care personnel is that recommendations of the Bhore and Mudlair committees were never fully implemented. Professional isolation, lack of adequate facilities in the practice of scientific medicine and often a lack of personal security are a result of this apathy on the part of successive governments in India in implementing the recommendations of its own specialised committees.

To answer the question with which the article ends: yes, there are alternatives to the CHW scheme. Building physical facilities for health care in the rural areas (as was recommended more than two decades ago) may take another two decades to accomplish. In the meantime, doctors could function efficiently if organised along the lines of the Indian Administrative Service or the Indian Police Service.

The junior-most officers of these cadres very often live in towns, where all the facilities they are used to are easily available, and commute to their places of work in the different villages. Doctors in an Indian Medical Service could do the same.

The children of these doctors could then attend schools which their parents think are reasonable, thereby eliminating one major reason for their reluctance to work in rural areas. Professional isolation would be done away with at the same time, as they could consult with each other on returning to the town after the day's work. Coverage at night could be provided on a rotational basis, akin to the duty hours spent as house-officers in urban hospitals. All this of course implies government expenditure.

Another alternative is completely outside the government. Such a scheme would draw on the private sector — the mini-international companies which Anil Agarwal has described in another of his articles (23 August, page 625).

It has been shown to work on an experimental basis, as the Social Work and Research Centre, at the village of Tilonia in Rajasthan. Why not use it as a model for the other parts of the country as well? Contrary to Agarwal's conclusion, one would hope that CHW scheme or the RMP scheme, call it what you will, does die a speedy death. If not, such half baked medical care will bring untold misery to a vast and gullible public in rural India.

Yours faithfully,

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