In a Nuclear Aftermath 500 Mand Times 28.10.87 Life and Death — A Matter

Of Priority

By ALISTER BROWNE

Sewage disposal and clean water will be the keys to health during life in the nuclear aftermath.

History shows that both did more for cleaning up infectious diseases in the past 100 or so years than any other single measure, John Campbell-Macdonald says. The rate of tuberculosis, for example, steadily fell from the 1880s onward-long before antibiotics on the market.

hough New Zealand has no ufacturing capability for hu-vaccines, animal vaccines are made here," Campbell-Macdonald

says.
"The expertise now available could be used in the manufacture of human vaccines, which should be given the very highest priority. For some vaccines, this is not a particularly complicated process.

Both Tb and polio could be taken care of without too much problem, but tetanus and typhoid would be more prevalent, and the manufac-

ture of vaccines against them should be given high priority.
The importance of safeguarding against measles would increase, but there would be problems in making vaccines to fight such conditions as diphtheria, hepatitis and meningitis.

Sorely Missed

Of all the imported drugs, antibiotics would be the most sorely ed. Some would never become available again. Others require a manufacturing plant half the size of the Marsden Point oil refinery. It is likely, though, that simple penicillins could be made. "Inevitably initial supplies of penicillins would be crude and only partially effective against the prevalent bacteria which would

prevalent bacteria which would have wide ranges of resistance to many classes of antibiotics." Dr Campbell-Macdonald says

Diseases spread from animals bovine Tb, brucellosis and hydawould need to be guarded against.

Once the supply of imported drugs dried up, older treatments could be used against ulcers and hypertension. These include ant-acids and extracts of liquorice for ulcers, and reduction in salt intake for people suffering from hypertension. Even surgery could again be used for ulcers.

Available

The anaesthetic gases required are available, the surgical equip-ment needed is not sophisticated, and disposables such as suture material could be readily manufac-tured locally "Dr Campbelltured locally Macdonald said.

Catgut, for instance, can be made using the same equipment that is used to convert sheep and

Rationing life — that's the grim prospect which will confront doctors in a New Zealand struggling to survive after a nuclear war as the drugs start to run out. Palmerston North doctor John Campbell Macdonald, a member of International Physicians for the Prevention of Nuclear War, discusses the issues in the wake of publication of the Planning Council study, "New Zealand After Nuclear War.

might be a child with meningitis?

on an Aids victim - someone who

is going to die anyway?

ran out.

Should precious drugs be used

Campbell-Macdonald recalls an

outpatients clinic he used to run in

Zambia. In it there was a black-

board which listed the drugs which

"You would look at a person and

might have to give then something

else. There was a reasonable supply of alternatives."

In post-holocaust New Zealand such a blackboard list would be

continually added to as supplies

were currently out of stock.

beef intestines to squash and ten-

nis racket strings.
"While the incidence of stressrelated ulcers would certainly increase, those related to tobacco would decline as most New Zealand tobacco products are im-

Dr Campbell-Macdonald notes many people would become fitter whether they liked it or not because of less availability of transport fuels, and this, coupled with less alcohol, would impact on rates of hypertension.

'If the Government is wise, the main thrust of the brewing industry will be towards the manufacture of antibiotics rather than alcoholic drinks," he said.

Benefit

"A very obvious secondary benefit from both of these circumstances will be a dramatic decline in road accidents, particularly involving young men, and consequent decreased usage of accident and orthopaedic resources," Dr Campbell-Macdonald said.

In light of the Planning Council report, the Government should start seriously looking at providing a "residual pharmaceutical capacity" in New Zealand, he said.

Such an industry could make baseline drugs like penicillin and its derivatives, insulin and antiasthma drugs.

He says the Government should also take steps to have provided to it from the drug companies the crucial steps they employ in their manufacturing processes.

Such information could then be passed on to our chemists in the event of a disaster.

"We'll go back say 40 years — but not necessarily to the dark ages," Campbell-Macdonald said.

Crunch

The crunch would come when doctors were forced to decide who lived and who died because of lack of drugs

Should a dying cancer victim's life be extended by dipping into the dwindling supply of antibiotics, for example, when the next patient

What was available would need to be under lock and key in a central "secure" area while doctors pondered who got what.

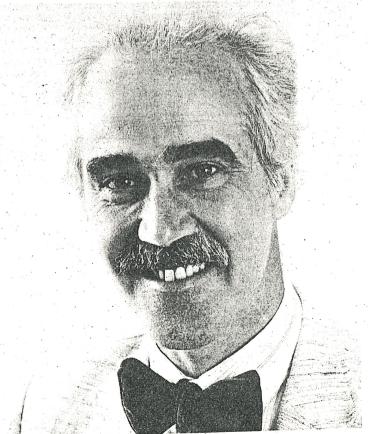
Dr Campbell-Macdonald says a system of consensus would probably have to be worked out so no one doctor was forced into the "horrible" position of rationing

Meantime, the drive would be on to find alternatives. Plants and herbs would be examined, poppies grown in greenhouses for the all important provision of morphine, and so on.

Priorities would have to be set and adhered to.

Dr Campbell-Macdonald remembers an earlier incident of priority setting: "At the end of World War II the paediatrician at the Radcliffe Infirmary in Oxford had to plead with the medical officer of a local United States air force base for penicillin to treat a child with meningitis. The air force doctor wanted to conserve his supply for the treatment of his airmens' gonorrhoea.

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Doctor John Campbell-MacDonald: "Priorities would have to be set and adhered to".