Health care in Iraq

Sir—Many people probably do not know the horrible health situation in Iraq under the United Nations sanctions. The health service has come to a halt. During operations, many surgeons find that items are missing, especially the appropriate sutures and instruments. On many occasions, I have sutured the abdominal wall with catgut or silk instead of nylon.

Would anyone believe that sometimes we reuse the nasogastric tubes and surgical blades. Actually we no longer use a scrubbing brush before surgery and use only cheap soap and water.

On the wards the situation is worse where no painkillers are available most of the time. The choice of vital medications and antibiotics is so limited that sometimes only porcine penicillin is available for intramuscular injection and nothing is available for patients who are allergic to penicillin. Unfortunately, the situation has not changed much after the Memorandum of Understanding and doctors and patients continue to suffer. The world should realise the depth of this disaster and do something to rescue the patients of Iraq.

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Health-care camps for the poor provide mass sterilisation quota

Sir—The World-Bank-financed India Population Project VIII referred by Sanjay Kumar in his April 10 news item (p 1251)[1] operates in the urban slums of four cities in India (Delhi, Calcutta, Bangalore, and Hyderabad) to provide a full range of reproductive and child health services to the urban poor. The project has been exemplary in its partnerships with non-governmental organizations, particularly in Hyberabad. The Bank is concerned about the allegations of forced sterilisations and the use of incentives. We have received assurance from the state government that it has not reinstated the practice of targets and incentives for sterilisation and that it would take appropriate action if, indeed, the allegations have substance. When sterilisation is the method of choice, the World Bank reiterates its commitment to ensure such procedures are safe and done on a voluntary basis.

As Kumar rightly states, the World Bank is committed to the target-free approach to family planning. The bank has endorsed and is a strong advocate of the International Conference on Population and Development (ICPD) Programme of Action. By linking population to poverty reduction the social development and by integrating family planning, maternal health, and the prevention of sexually-transmitted infections. The ICPD has shifted the focus from demographic targets and controls to a people-centred, rights-based approach.

India was one of the first countries to adopt the target-free reproductive health approach advocated at the ICPD. The World Bank has supported the national and state governments' shift from a system of numerical, method-specific targets and monetary incentives for providers, to a broader system of performance goals and measures that focus on a range of reproductive child health services. We are also aware that the Government of Andhra Pradesh's stated population policy and Vision 2020 aims to reduce population growth from 1·6% to 0·8% by 2020 through strategies of increasing the women's literacy and a total commitment to reproductive and child health approach, which emphasises client-based services that allow the community to decide its needs.

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1 Kumar S. Health-care camps for the poor provide mass sterilisation quota. *Lancet* 1999; **353:** 1251.

Use of laboratory animals

Sir—J Hagelin and colleagues (April 3, p 1191)[1] report a decrease in the number of laboratory animals used per published paper since 1989. They claim that this is the result of "increased efficacy", but fail to define this term rigorously. Unfortunately, decreasing sample size inevitably increases the confidence interval for any given result. What Hagelin and colleagues in fact show is that researchers are willing to accept less certainty in their results, presumably due to the increased direct and indirect cost of animals. This situation is hardly a desirable outcome.

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1 Hagelin J, Carlsson H-E, Hau J. Increased efficiency in use of laboratory animals. *Lancet* 1999; **353:** 1191–92.

Episiotomy: a form of genital mutilation

Sir—In his 'Sketches from *The Lancet*' (April 24, p 1453)[1] Peter Kandela describes how over 130 years ago *The Lancet* played a part in turning support away from one form of female genital mutilation in the UK—clitoridectomy. Hopefully, you can play a part in turning support away from another form of female genital mutilation which is widespread in the UK today—episiotomy.

After their review of scientific evidence, Thacker and Banta[2] concluded that an episiotomy rate over 20% cannot be justified. On the basis of this and other evidence, WHO published the recommendation: "The systematic use of episiotomy is not justified. The protection of the perineum through alternative methods should be evaluated and adopted".[3] More recent research presents further evidence against frequent use of episiotomy.[4]

All this evidence shows that, compared with a natural tear, episiotomy results in more bleeding, more pain, more permanent vaginal deformity, more temporary, and long-lasting difficulty with sexual intercourse. Further, the main benefits claimed by proponents of episiotomy—prevention of third-degree tears, prevention of long-term damage to the pelvic floor, and protection of the baby from the adverse consequences of an extended second stage of labour—are not supported by the evidence.

Despite the evidence, widespread use of episiotomy continues. In US hospitals "rates for primiparous women in excess of 80% are commonplace".[4] Episiotomy rates for all births in Eastern Europe are essentially 100%.[5] On the other hand, the national episiotomy rate for the Netherlands is 8%, and the rate for planned out-of-hospital births (home or birth centre) managed by midwives in the USA is between 4% and 20%.[5]

Closing the gap between the evidence for and against episiotomy and the practice of episiotomy is as difficult and painful as closing the episiotomy wound. Can *The Lancet* once more help turn support away from female genital mutilation, in this case its modern form—episiotomy?

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1 Kandela P. Sketches from *The Lancet*: clitoridectomy. *Lancet* 1999; **353:** 1453.
2 Thacker S, Banta D. Benefits and risks of episiotomy: an interpretive review of the