I strongly disagree with Dr Smith, the deputy director of Metro Rescue in the Western Cape, when he says that training paramedics in regional anaesthesia may be compared to training them to administer morphine and midazolam and 'wouldn't be too much of a step up'. That is an ill-informed and dangerous belief. Even medical rescue generalist doctors, I believe, are unsuitable persons to train to attempt occasional major nerve blocks on the mountainside.

Dr Decker's suggestion of rather training anaesthesiologists who already have regional anaesthesia skills to be part of the rescue team is the logical approach. Unfortunately medical schools will also need to expand on the regional anaesthesia teaching programme for anaesthesiologists. Skill in performance of major nerve blocks is not a requirement to graduate as an anaesthesiologist, and few graduate anaesthesiologists are skilled in various limb nerve blocks, if any at all.

I wish this initiative every success, and must repeat that performing major nerve blocks is definitely not for paramedics.

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Overproduction of food as the ultimate cause of obesity in the developed world

To the Editor: The timely editorial by Du Toit and Van der Merwe[1] on the epidemic of childhood obesity raises some interesting questions. Is it true, for example, that 'approximately half of the world's adult population [is] affected by either overweight or obesity'? How is this statistic derived? For this seems at variance with the concept that poverty and malnutrition affect a majority of the earth's population. I suspect that many of the readers of this journal might be under the impression that obesity, at least in the developed world, is associated with increasing affluence, impelled perhaps by the emotional stress of not quite making it in those societies that promote material wealth as the defining value.[2] The authors correctly stress the important aetiological role of dramatically decreasing levels of habitual physical activity and physical fitness levels of succeeding generations of young South Africans.

The authors also address the issue of marketing which, if recent experience with the commercialisation of sports drinks is correct,[3] may be the greater problem. But perhaps the ultimate cause of obesity is not marketing but rather the overproduction of food in developed nations. Marketing is perhaps just the symptom rather than the cause of the overproduction-driven, marketing-hyped overconsumption. The economic reality is that if there is not an overproduction of food by the food companies, and if that food is not sold and eaten, there cannot be progressively rising profit as required by modern economic realities (as in my fiscal ignorance I understand them). Hence the need to drive humans chronically to eat beyond satiety in those countries where there is an overproduction of food.

Indeed the growing enslavement of the US population to overeating[4] is somewhat analogous to their commercially driven enslavement to over-drinking, especially during exercise,[3] based on the unproven and highly improbable dogma that thirst is an inadequate guide to what the real fluid requirements are during exercise. Hence athletes must be encouraged to drink 'as much as is tolerable' during exercise. As a consequence, there have been a number of self-induced deaths from over-drinking during exercise in US military pesonnel and female marathon runners/walkers. The effects of the over-marketing of the food surpluses generated in the developed world are of course far more widespread and dire, but the underlying economic principles appear to be the same.

The introduction of attempts to regulate the tobacco industry makes one wonder whether similar restrictive controls will ever be introduced to limit the overproduction of food in order to arrest the growing epidemic of obesity and diabetes in developed countries. Political and economic realities suggest that this is highly unlikely, at least in the USA.[4,5] Indeed my understanding, hopefully incorrect, is that the effects of the antitobacco legislation in the USA have, paradoxically or perhaps by political design, had relatively little effect on tobacco production and hence on the tobacco farmers in that country.

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On being politically correct

To the Editor: Political correctness seems to have become a new overarching value in our society, and one that limits honest dialogue even in medicine. Every health worker will acknowledge that being politically correct is a foolish position to hold when political correctness flies in the face of the