Correspondence

The distribution of mortality from coronary heart disease in South Wales

Sir,

I am prompted by Dr Julian Hart's interesting report on the distribution of coronary heart disease mortality in South Wales, published in the May 1970 *Journal*, to make a few observations on the established apparent relationship of the disease to 'soft' water areas.

Towards the end of my 19 years of urban practice in Edinburgh, I had a definite impression that substantially more cases of younger CHD occurred in those who had lived or were living in upper flats of the older type of construction. The water supply was 'soft' in that part of the city.

Since I moved to this rural area of Aberdeenshire, I have felt that the CHD rate was higher than would be expected.

I have been able to demonstrate high levels of lead in some farm water supplies. It is also true that many older tenement buildings and very many rural dwellings obtained their water supply up to twenty years ago through long runs of lead pipe. Quite a large number still do. It is not unusual to find rural supplies with 300 yards of lead pipe.

Plumbo-solvency of water is not solely related to the 'softness' of the water since the presence of humic and other acids is involved; however it is usual for 'soft' water to be much more plumbo-solvent than 'hard water'.

My suggestion is that many people have been exposed to the regular ingestion of lead via their water supplies and that no study of the matters relating to CHD in areas where the water is plumbo-solvent should omit the investigation of the past and present lead content of the water supply. It seems to me quite probable, on the evidence so far available, that the accepted relationship of CHD to 'soft' water areas could also be related to the dissolved lead ingested over many years.

It was many years before the dangers of chronic mercury poisoning from the regular use of calomel and certain 'teething powders' was recognized. I submit that an adequate survey of the water supplies in respect of lead content might be of great value in any area where the water is found to be plumbo-solvent. The relationship of this highly toxic heavy metal to morbidity in general and to CHD in particular is poorly documented. The more acute forms of lead poisoning as they can arise in industry are accepted and understood. It would seem to me that the possibility of chronic eald intoxication over a number of years has been given inadequate consideration.

Aberdeenshire. R. C. McLAREN.

Multiple choice question examinations

Sir,

A much more serious aspect of last November's examination for membership is that many of the multiple choice questions had previously been published, together with the answers in another journal. This is surely an undesirable novelty.

A minor point—the examiners in November were obviously under the impression that pneumoconiosis is a notifiable disease. It is not. It is a prescribed disease.

Fleet, Hants. F. J. DARBY.

Present state and future needs of general practice

Sir,

I would like to draw your attention to the rather misleading information contained in table IV and the related figure 8 which appear on pages 7 and 8 of the second edition of "Present state and future needs of general practice" in the section dealing with postgraduate education.

In the footnote to the table it is pointed out that the percentages which are quoted for general practitioners who attended courses during the years in question are an over-estimate, but readers of the Report may not appreciate quite how misleading the figures are. The authors have apparently taken the number of attendances by general practitioners at approved courses, which are published in the annual reports of the Department of Health and Social Security, as percentages of the total number of principals in ence to the true percentage of general practi-general practice. This makes no great diff-tioners attending for the years 1952, 1957 and 1963, but the position is very different for 1967 and 1968.

Details of the numbers of individual general practitioners who attended university-approved in Part VI of the Department's Annual Report courses during the latter 2 years are contained for 1968 (Cmnd. 4100). On page 59 it is stated that during the academic year 1966/67 12,007 attendances were made by 7,715 practitioners and