

Fluoridation of Water Supplies

Sir,

In College News (February *Journal*, p. 111) you report Council's decision to endorse the policy of fluoridation of water supplies.

I wonder if Council Members are aware of the following features of fluoridation:

Sodium fluoride, sodium fluosilicate and hydrofluosilicic acid used in fluoridation are highly soluble and highly toxic compounds of fluorine (Harris, 1976). They are derived from the by-products of certain industries which are mostly poured into the sea as waste (Royal College of Physicians, 1976). Their primary uses, apart from fluoridation, are as weedkillers or as rat poison (Harris, 1976).

In the first study in this country on the caries-preventing action of naturally occurring fluoride, Weaver (1948) concluded that fluoride did not prevent caries in children but merely postponed its onset for about three years. He found no great difference in the overall caries incidence in two similar populations, one with naturally occurring fluoride.

More recent studies have done nothing to alter the finding that fluoride delays but does not prevent dental decay (HMSO, 1969).

The Royal College of Physicians' committee producing their report "Fluoride, Teeth and Health" included no scientists known to oppose fluoridation, but some of its members were enthusiasts for this measure. The highly selective use of references and the omission of important evidence makes the report read much more like a sophisticated advertisement than a scientific document.

An ominous question mark hangs over the safety of fluoridation. Recently Emsley and his co-workers (1981) discovered that the fluoride ion competes successfully for the N-H bond in amide systems. They suggest that undue exposure to high concentrations of the fluoride ion could disrupt biological systems including DNA. They also suggest that this action of the fluoride ion would explain profound biological effects which some scientists have linked with fluoride such as genetic damage, birth defects, allergy responses and cancer (Waldbott, 1978).

Sodium fluoride and its related compounds have never been tested nor passed by the Committee on Safety in Medicines.

Thus practitioners eager to exercise *Scientia* could only reject fluoridation

out of hand, and what kind of *Caritas* would lead any family doctor forcibly to medicate his entire practice, irrespective of age, sex or infirmity with a toxic substance in doses which are erratic and unpredictable?

I implore members of Council to reconsider their decision.

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References

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Intermittent Digital Ischaemia

Sir,

Which patients with intermittent digital ischaemia (February *Journal*, p.85) should be investigated for auto-immune disease? A lifelong sufferer myself, I know that most people with this condition develop it as I did, during the teenage years, and that it persists without change or detriment to general health. Development of the ischaemia for the first time in middle age or later, and progression of its severity, would seem reasonable indications for investigation.

I devised portable electrically heated gloves for the management of severe ischaemia in 1969, and they have recently been redescribed by Kempson for the same indications. My original patient developed the condition at the age of 62 years and was found to have cryoglobulins. All forms of therapy failed to help him, but with gloves he survived until 1980, coping quite well with severe ischaemia.

Though managing electrically heated gloves calls for a fair degree of intelligence and common sense on the part of the sufferer (and his doctor!), they not only provide great symptomatic relief but may also reduce the

risk of digital necrosis in the severest cases.

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References

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Vocational Training Allowance

The Vocational Training Allowance (VTA) was conceived initially as an inducement to persuade future general practitioners to undertake an approved training course before becoming principals. With the introduction of mandatory training it would appear obvious that financial reward ceases to be needed and therefore the allowance may now be abolished. The money that this would free could then be used to create a new allowance; one in recognition of the passing of the postgraduate examination most relevant to general practice—the MRCCP.

This new allowance would be analogous to the old VTA. It would encourage trainees and established principals to pass the membership examination while in no way making it a precondition of entrance onto the list of a family practitioner committee or health board.

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Editing and Accuracy

Sir,

Was it pure chance or editorial serendipity that led to Dr W. M. Macfarlane's letter (November *Journal*, p. 711) appearing in the same issue as Professor Catlin's London University Lecture "Doing better, feeling worse: family medicine in an academic setting" (November *Journal*, p. 695)? The former dealt with the careless use of the words 'Britain', 'United Kingdom' and 'English' in two previous publications while the latter provided a third example of this carelessness.

Professor Catlin says he "lived through a part of what might be termed the renaissance of general practice in Great Britain". If by that he meant the