

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

- Emsley, J., Jones, D. J., Miller, J. M. *et al* (1981). An unexpectedly strong hydrogen bond: *Ab initio* calculations and spectroscopic studies of amide-fluoride systems. *Journal of the American Chemical Society*, **103**, 24-28.
- Harris, M. (1976). Fluoridation: Aspects of toxicity. *Probe*, **18**, 85-91.
- HMSO (1969). Fluoridation studies in the UK and results achieved after eleven years. *Report no. 122*. London: HMSO.
- Royal College of Physicians (1976). Fluoride, Teeth and Health. *Report of the Royal College of Physicians*. London: Pitman Medical.
- Waldbott, G. (1978). Fluoridation: the Great Dilemma. Coronado Press.
- Weaver, R. (1948). The inhibition of dental caries by fluorine. *Proceedings of the Royal Society, Medicine*, **41**, 284.

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

- Kempson, G. E., Coggan, D. & Acheson, E. D. (1983). Electrically heated gloves for intermittent digital ischaemia. *British Medical Journal*, **1**, 268.
- Stuart, D. R. M. (1969). Portable electrically heated gloves. *British Medical Journal*, **1**, 634-635.

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

part that was happening in England, then he may be excused for saying that he "was able to applaud the formation of the first department of general practice in Manchester". But since, in the same context, he was talking about the formation of the College, then surely he *did* mean Great Britain—unless of course he thinks that the College was formed solely by Englishmen.

In case he is in any doubt, let me remind him of two points. The first department of general practice, not only in Great Britain but also in the world, was established in Edinburgh in 1963 when Professor Richard Scott (who was a member of the Steering Committee which, in 1952, led to the formation of the College) was appointed to the first ever Chair of General Practice. And secondly, by the time England had its first professor of

general practice, Scotland already had three and Northern Ireland had one.

But it is not chauvinism alone that has prompted this letter. Professor Catlin's lecture is a timely reminder to us all of the needless difficulties that we can bring upon ourselves when we choose either to ignore or to be ignorant of the wise writings of those pioneers who have already explored new territories for us. Had he taken heed of Richard Scott's 1967 Albert Wander Lecture on "Academic departments of general practice" or Professor Ian Richardson's paper on "The value of a university department of general practice"—published the year before Professor Catlin emigrated to the United States—then he might have been more prepared for the academic culture-shock and subsequent identity crisis that awaited him.

If only he had taken with him Scott's and Richardson's reasoned arguments in favour of general practice as an academic discipline and built on these, then surely by now he would have become more certain about general practice's right to be heard in all universities and medical schools.

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References

- Richardson, I. M. (1975). The value of a university department of general practice. *British Medical Journal*, **4**, 740-742.
Scott, R. (1967). Academic departments of general practice. *Proceedings of the Royal Society of Medicine*, **60**, 1311-1319.

DATES FOR YOUR DIARY

Joint Royal Colleges Soirée

On Thursday evening 9 June 1983 a soirée will take place at the Royal Academy, Burlington House, Piccadilly, during which members of the medical Royal Colleges and their guests will be able to view the Summer Exhibition and enjoy a buffet supper with wine.

The soirée will be held between 18.45 and 20.45 and dress will be informal.

The ticket price is £13 for a single ticket to include access to the Summer Exhibition, food and wine. Tickets must be obtained not later than Thursday 26 May from the Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

The President and Council hope that many fellows and members of the College will welcome this opportunity to meet colleagues from other branches of medicine at the Royal Academy.

Society for Reproductive and Infant Psychology

The Society's second Annual Conference will be held at the University of York from 21 to 23 September, 1983. Offers of papers on psychological aspects of any matters relating to reproduction, from fertility and infertility to postnatal psychological disturbance and early parent-child relations should be sent to the Conference Organizer, Dr Beth Alder, MRC Reproductive Biology Unit, 37 Chalmers Street, Edin-

burgh EH3 9EW. Details of the conference can be obtained from the Secretary, SRIP, Department of Psychology, Orchard House, South Rauceby, Sleaford, Lincolnshire.

Association of Professions for the Mentally Handicapped

The APMH is launching an extended programme under the title "People First: Living and Learning Together" to coincide with its 10th anniversary. This will draw the attention of professional and administrative staff, as well as voluntary organizations, families and mentally handicapped people to the major problems relating to providing services for mentally handicapped people. The programme is highlighted by the APMH's special 10th Anniversary Congress which will be held at Digby Stuart College, London SW15 from 12 to 15 July 1983. A series of seminars will be held at the King's Fund Centre and regional conferences have been organized in different parts of the country.

Further information about the work of the APMH and the 10th Annual Congress can be obtained from APMH, 126 Albert Street, London NW1 7NF.

Alcohol Problems in Pregnancy and Childhood

A seminar to explore current knowledge on alcohol problems in preg-

nancy and childhood, and to recommend methods of educating those at risk and to reduce the incidence of alcohol-related physical and mental damage in the children of maternal drinkers, will be held at the Royal Liverpool Hospital College, Prescott Street, Liverpool 7, on Friday 20 May 1983. The seminar will be organized by the Liverpool University Departments of Child Health and of Obstetrics and Gynaecology, in conjunction with Merseyside, Lancashire and Cheshire Council on Alcoholism.

Details of the seminar can be obtained from the Merseyside, Lancashire and Cheshire Council on Alcoholism, First Floor, The Fruit Exchange, Victoria Street, Liverpool L2 6QU. (Tel: 051 236-0300; 051 236-1372).

AMEE Annual Conference

This year's Annual Conference of the Association for Medical Education in Europe (AMEE) will be held in Prague, Czechoslovakia, from 14 to 16 September 1983. The components of basic medical education will be considered together with the ways in which individual departments in medical schools can best contribute to preparing medical students for future practice.

Enquiries about the conference should be made to the Administrator, AMEE, Department of Psychiatry, University of Edinburgh, Royal Edinburgh Hospital, Morningside Park, Edinburgh EH10 5HF.