

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 lead 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 general practice. This makes no great difference to the true percentage of general practitioners 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

that in 1967/68 these figures rose to 18,747 attendances by 9,377 practitioners. Despite this very heartening increase in the involvement of general practitioners in continuing education, I am afraid that the figures of 60 per cent and 91 per cent quoted for the years 1967 and 1968 in the Report of the College should read 38 per cent and 46 per cent respectively.

We know, however, that the upward trend is

continuing and we expect to see an even more impressive increase in the numbers who attended courses during 1968/69 when the figures are published later this year.

Otherwise a first-class report!

T. E. A. CARR.

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London.

Book reviews

Lectures in chest medicine. JOHN EDGE, M.D., M.R.C.P. London. Staples Press. 1970. Pp. 260. Price £3 15s. (£3.75)

This book sets out to clarify the problems of chest medicine for the benefit of junior doctors and undergraduates. An introductory chapter on radiography of the chest is followed by chapters on carcinoma of the bronchus, pulmonary tuberculosis, diseases of immunity, vascular disorders of the lung, emphysema, chronic airways obstruction, sarcoidosis, and pneumoconiosis. All the eight contributors can claim to be expert in their field. The book is good value and should be studied by anyone who wants a deeper insight into the treatment of chest diseases.

Man against cancer. Research and progress. BERNARD GLEMSER. London, Sydney, Toronto. The Bodley Head. 1969. Pp. xii+349. Price £2 5s. Od. (£2.25p).

The author, whose profession he admits is writing, claims that he knew very little about physiology, about biology, about organic chemistry or about medicine in general before he started to write this book, but despite this, he has produced a fascinating and most readable review of the broad aspects of cancer research in all parts of the world. To compile it, he started off at the Sloan Kettering Institute for Cancer Research, the American Cancer Society and the National Cancer Institute, Bethesda. From there his travels took him to London, Paris, Stockholm, Bonn, Breslau, Geneva, Milan, Rome, Bombay, Tokyo, during the Ninth International Congress of the International Union against Cancer, Hawaii, Michigan and Boston.

Out of all this travel and a vast number of interviews, has come a fascinating collection of examples of the research which goes on everywhere into the problems of cancer. I found his chapter on 'The implications of Mr Burkitt' absolutely fascinating. He has obviously benefited from discussions with Professor Peter Alexander, Mr Ronald W. Raven, Professor Sir Alexander

Haddow and Professor Sir Peter Medawar, although there is a charming note that "I deeply regret that, on two occasions, snowstorms caused the cancellation of interviews with Dr Richard Doll".

It is difficult to know for whom this book is written. It is too superficial for the expert and probably too technical for the casual lay reader. But I feel that, if anybody interested in the whole perspective of the cancer problem were to take the time off and refresh himself in Mr Glemser's whole-hearted and uncritical enthusiasm, he would return to his work stimulated and encouraged.

In the beginning. Studies of maternity services. Edited by GORDON MCLACHLAN and RICHARD SHEGOG. Oxford University Press. London, New York and Toronto. 1970. For Nuffield Provincial Hospitals Trust. Pp. vi+186. £1 15s. (£1.75).

This selection of nine essays relating to maternity services is written by 19 authors; seven consultant obstetricians (concerned with only two essays), four statisticians, three members of a paediatric research group, two sociologists, one professor of social medicine, one medical officer of health and one midwife; no general practitioners. Among the subjects reviewed are regional differences in perinatal mortality, selection for home and hospital delivery (by a sociologist), late bookers for antenatal care, perinatal mortality and birth weight, a general-practitioner and district-midwife delivery suite, and family response to early discharge.

As in any collection of essays by various authors differences of opinion are revealed. For instance the sociologist assumes that all primigravidae and high-parity patients need to be delivered in hospital, but the statisticians show that, within wide limits, the proportion of home and hospital deliveries makes no difference to perinatal mortality rates except in cases of low birth weight. A low mortality can be obtained either with a high hospital delivery rate as in Sweden or London,