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SUPPLEMENT

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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

College of Anaesthetists

SIR,—Under the sponsorship of the Association of Anaesthetists of Great Britain and Ireland the secretaries of an Anaesthetists' Academic Foundation Appeal have written to anaesthetists soliciting funds for a suggested College of Anaesthetists. To members of the association it was sent together with the journal *Anaesthesia*, in which there was an editorial on the same subject. We find them to be misleading in that they give the impresion that the proposal to found a separate college is generally accepted by anaesthetists.

The letter appears to have been prepared and printed before receipt of the recent communication circulated to fellows of the Royal College of Surgeons of England and its faculties over the signatures of the president and deans. In this it was clearly stated that the new charter of the royal college assured the faculties complete independence in respect of their academic work and their examinations; it further provided for three fellows to be elected as full members of Council from each of the faculties, where they have the same franchise and powers and the same access to the highest offices in the college as have the surgical fellows. Indeed, an anaesthetist is at present a vice-president of the college.

In the editorial in *Anaesthesia* it is stated that "the overwhelming majority of the Council of the Association of Anaesthetists of Great Britain and Ireland believe that the decision must be unequivocally in favour of the foundation of an independent College of Anaesthetists." This must be interpreted against the background that at the 1976 annual general meeting it was clear that there was very far from being an "overwhelming majority" of the members attending in favour of this proposition. It was only on the assurance from the then president, Dr Philip Helliwell, that any proposal to put moneys collected towards the foundation of a college would be brought to a special meeting of the members that it was agreed to launch the appeal.

The editorial went further by suggesting that those favouring the proposal "will wish to ensure that those whom they elect to the Board of Faculty . . . will also reflect their views and facilitate a smooth transition to independence." It would seem that this is encouragement to elect to the Board of the Faculty of Anaesthetists those willing to disregard their declaration of loyalty to that body which, in fact, they clearly plan to disrupt. It will not, indeed, be very agreeable to those who have supported the election to the Board of Faculty of fellows whom they believed would act in accord with their declaration when they proceed to act in a way designed to divert funds from their college and faculty.

We would like it to be known widely among all whom the Association of Anaesthetists may approach for support for this fund both in the profession and in industry that there is a strong body of anaesthetists adamantly opposed to the proposal to take any steps under present circumstances towards the foundation of a separate college. It is certainly our hope that the president and council of the association will respond in a statesmanlike manner to the overtures of the president of the Royal College of Surgeons and the deans of its faculties suggesting a "moratorium" for 10 years on all moves towards this objective.

DONALD CAMPBELL JACKSON REES
T CECIL GRAY J D ROBERTSON
J ALFRED LEE J G G ROBSON
E B LEWIS BRIAN SELLICK
ROBERT MACINTOSH JOHN UTTING

The water story

SIR,—The argument advanced by your two correspondents Dr A Michell and Dr G H B Martin (18 February, p 441) could be sustained only if the effect of the water factor was a long-term one operating by influencing the incidence of severity of atheroma. This is not the case. Although there is ample evidence that mortality is related to the softness of water, there is no evidence of any effect on the incidence of ischaemic heart disease. Indeed, Crawford and Crawford[1] found more scars from old infarcts in myocardia from London, where the water is hard, than in those from Glasgow, where it is soft. This suggests that the difference in mortality is due to an effect on case fatality rates, recovery from a myocardial infarct being substantially less frequent in residents in soft-water areas. Anderson's observation[2] that in Canada the difference was confined to sudden deaths reported to the coroner is consistent with this hypothesis.

Before the introduction of artificial softening in 1958 and 1959 the Borough of Scunthorpe experienced the low mortality rates usual in hard-water towns.[3] As can be seen from the