injected temazepam tablets. Since temazepam is such a popular drug of misuse, I fear that injection of tablets will become more commonplace as liquid and gel filled capsules become harder to obtain. Injecting tablets is likely to be much more dangerous than injecting the liquid from capsules; injecting gel filled capsules is known to be dangerous.[2] Probably the only way to prevent misuse of temazepam is not to prescribe it in any formulation.

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Unite against violence

EDITOR,—We welcome the fact that a Working Group on Violence Against Doctors has been established.[1] Violence is directed against medical staff in all areas of clinical medicine, and any attempt to raise awareness of the issue and to improve training is to be applauded.

Violence against doctors is, however, only one aspect of a daily burden of verbal abuse and physical assault faced by all health care staff.[2,3] Many other organisations in the public sector experience similar problems, including lack of recognition of the extent of violence, underfunding of training, and little acceptance of the role of management in addressing the problem.[4]

The Multisectoral Interest Group in Violence and Aggression Management Training has functioned in Scotland for the past year. It brings together trainers and researchers from the social services, health care, education, and the prison service and allows them to exchange experience, ideas, and training strategies. While not replacing bodies such as the Working Group on Violence Against Doctors, it allows workers from all disciplines to collaborate.

Many attempts have been made to improve security in the health service. Despite this, many of the problems described by the Confederation of Health Service Employees in 1977—lack of training, inadequate guidelines, understaffing, and lack of liaison between different disciplines—are still evident in the NHS today.[5] Lasting change will require sustained and coordinated efforts from many different organisations in the public sector. Doctors should not be hesitant about working with other disciplines and agencies.

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1 Schneiden V, Maguire J, Bath A. Learning to cope with violence in the workplace. *BMJ* 1993;**307**:65. (3 July.)
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Inappropriate use of photograph

EDITOR,—Clare Dyer's report accurately reflects my present predicament and that of my colleague.[1] I am disappointed, however, to find that it is accompanied by a photograph of only my colleague, with comments made by the parents only about him. This gives the wrong impression that the two of us may be treated differently.

The BMA, which represents both of us, is fully aware that both of us have been equally badly treated by the region and have been affected similarly. The sympathy and the response we have received from the parents and colleagues have also been similar.

The *BMJ* was therefore insensitive to use the photograph of only one of us, with an inappropriate caption beneath it. This was unfair and unbalanced.

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Employment practices in NHS trusts

EDITOR,—John Appleby reports the survey by Industrial Relations Services of the employment practices of 33 first and second wave NHS trusts.[1] Unfortunately, he does not give a reference to the survey: I am sure that the full results will be of wide interest to readers, especially those working in trusts that intend to develop single pay spines for all (medical and non-medical) staff. The results of the survey are contained in the journal *IRS Employment Trends* (No 537), which is available from IRS subscriptions department (tel 071 354 5858).

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1 Appleby J. NHS trusts slow to use freedoms in employment contracts. *BMJ* 1993;**306**:1635. (19 June.)

Fluoridation of drinking water

It's safe and it reduces dental decay

EDITOR,—Although Liz Vaughan calls for a "review of the latest medical papers" on fluoridation, she has concluded in advance that fluoridation of water is "a serious medical problem" with "enough medical evidence to justify the cessation of fluoridation."[1] In so doing, she ignores the opposite conclusions of the numerous authoritative and searching reviews conducted before and since fluoridation was started nearly 50 years ago. For example, the Committee on Carcinogenicity of Chemicals in Food, Consumer Products, and the Environment, which consists of independent experts and which advises the Department of Health, reviewed the data on osteosarcoma in 1990 and concluded that "there was no evidence for carcinogenic risk to humans from exposure to fluoride" (unpublished report). In 1991, a workshop convened by the United States National Institutes of Health considered the studies on hip fractures and advised that "there is no basis for altering current public health policy."[2] Another extensive review[3] incorporated evaluations of fluoridation and bone (including hip fracture), cancer (including osteosarcoma), and the immune system: it recommended in 1991 that "the US Public Health Service should continue to support optimal fluoridation of drinking water."[3] The revised World Health Organisation guidelines for drinking water quality, to be published later this year, will endorse the previous guideline value of 1·5 mg fluoride per litre,[4] a concentration higher than the optimal concentration used in fluoridation of water to reduce dental caries.

The process of research and evaluation continues. Another extensive review, this time by the United States National Academy of Sciences, is nearing completion. Of course it is right that the safety of the fluoride which is in everyone's diet, and the consequences of fluoridation of water supplies, should be kept under open minded scrutiny. At the same time, it is important to recognise the essential message from the experience to date: the one sure health effect of fluoridation of drinking water is a marked reduction in dental decay.

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No evidence of increased risk of cancer

EDITOR,—Recent radio and television programmes about the fluoridation of public water supplies have featured an American, Dr John Yiamouyiannis, who claims that fluoridation increases the risk of cancer generally and that there is new evidence that it specifically causes osteosarcoma in young males.

The article in which Dr Yiamouyiannis sets out his views misrepresents work reported by others.[1] In fact, extensive analyses carried out by the National Cancer Institute in the United States have shown no evidence of any general increase that could be attributed to fluoridation,[2] and detailed analyses relating specifically to osteosarcomas have led to the same conclusion.[3] Data on temporal trends in the risk of bone and joint cancer have shown no increase associated with fluoridation in Canada, Europe, Australia, or New Zealand.[4] Geographical comparisons between fluoridated and unfluoridated areas have shown no difference in the incidence of osteosarcoma or bone cancer in males aged under 30 in New York,[5] a higher rate in males aged 10-19 in the fluoridated areas of New Jersey, and a lower rate in males under 20 in the fluoridated areas in the west midlands of England (G Lawrence, personal communication).

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Health in the developing world

G7 summit fails Africa

EDITOR,—At their summit meeting in Tokyo last month the leaders of the group of seven leading

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