CORRESPONDENCE

Toxicity of mercury compounds as a possible risk factor for cardiovascular diseases

Sir,—This letter was prompted by the paper of Barregård *et al* (1990;47:99-104). These authors investigated the mortality and incidence of cancer in men ($n = 1190$) exposed to inorganic mercury at eight Swedish chloralkali plants. The subjects had been monitored for at least one year between 1946 and 1984. One of the results of the study is an interesting observation that cardiovascular mortality was slightly but statistically significantly increased—"for no known reason"—as the authors put it. In discussion the authors conclude that "if exposure to mercury does indeed increase cardiovascular mortality hypertension could be a possible mechanism."

In our own investigations we have been dealing with the effect of mercury compounds, especially methylmercuric chloride, on blood platelet function and blood clotting. We found that at low concentrations, mercury compounds ($0.01-10 \mu\text{M/l}$ of blood) may act synergistically with physiological activators of platelets and may also cause changes in blood coagulation in experimental animals.¹⁻⁵ The number of papers appearing recently concerning cardiovascular toxicity⁵⁻⁸ and changes in haemostasis^{5,9} caused by mercurials is now so great that the problem requires an overall study. In the World Health Organisation reports¹⁰⁻¹² no mention has been made of the effect of mercury and its compounds on the coagulation fibrinolysis system and platelet function. We hope that this new aspect of the toxic effect of mercury will be taken into consideration when planning studies on people exposed to mercury.

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NOTICES

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Continuing education programme

Hazardous waste annual refresher, 9 January 1992

Latest information on protective clothing and respirators, air monitoring techniques, safe use of specialised equipment, and legal and regulatory issues related to worker protection at hazardous waste sites. Meets federal and state requirements for eight additional hours of refresher training. For those responsible for worker safety and health at hazardous waste sites who have taken the basic 40 hour course. Priority given to government employees. Fee: \$75.

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How to legally protect workers in roofing, leading edge work, steel erection and other high work station trades. Fall protection practices mandated by new WISHA regulations. Demonstrations and sample equipment available. For safety and health professionals, construction managers, prime contractors, subcontractors, worker representatives, attorneys. Fee: \$135.

Occupational Health nursing update, 13 February 1992

Current issues related to the practice of occupational health nursing explored by experts in the field. For occupational and public health nurses, and other professionals interested in expanding their knowledge of this area of practice. Fee: \$135

Workers compensation, 27 February 1992

What's new in workers compensation in Washington. Implications of new legislation and regulations. Updates on developing issues. Report on SHARP, the new research arm of Labour & Industries, and its use of workers compensation data to identify and control hazards in industry. For occupational health and safety professionals, managers, administrators, worker representatives, attorneys. Fee: \$135

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Training in worker protection at hazardous waste operations. Includes planning for health and safety, practical aspects of site supervision, and regulatory update. Meets federal and state requirements for eight additional hours of specialised supervisor training. For on-site supervisors and managers who have taken the basic 40 hour course. Priority given to government employees. Fee: \$75

Spirometry training for worker screening, 25-27 March 1992

NIOSH-approved course designed to teach techniques of performing spirometry, calculating pulmonary function values, and interpreting results. For nurses, occupational health physicians, physician assistants, industrial hygienists. Fee: \$325