post of Publications Fellow at *AFP* (1 day a week) with a post at a university department (which included teaching and research 1 to 1.5 days a week). The inaugural fellow, who was based in Melbourne (as is the *AFP* office), had an article published about medical journals[2] (completed as part of the post). Other fellows have been based in Darwin and Canberra (cities more than 3000 km and 650 km from Melbourne, respectively) and, after an initial combination of orientation and regular visits, have completed the fellowship remotely for most of the *AFP* element, while based at a local university's department of general practice for the other elements. The *AFP* fellowship training covers similar areas as those described for the *CFP* editorial fellowship.[1]

At present we have 2 publications fellows at the journal. There are 3 registrars who have completed the fellowship: one is a Medical Editor at *AFP*, the second, having edited another publication, will soon rejoin *AFP* as a Medical Editor, and the third is a Medical Educator. These positions are combined with part-time roles in clinical work.

Overall, we believe the position of Publications Fellow has been highly successful for both the participants and *AFP,* as well as for medical editing in general. Perhaps the position will offer another model for those looking to establish future posts.

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Bone lead measurement

The article "Lead and children" by Abelsohn and Sanborn[1] in the June edition of *Canadian Family Physician* was full of good information for family physicians. As our understanding of the toxicity of lead increases, we have learned of health effects at lower and lower levels of exposure, as Abelsohn and Sanborn make clear. It thus becomes even more important for physicians to not only be able to properly diagnose and treat lead poisoning, but to also be able to recognize potential sources of lead in their patients' lives in order to prevent health effects. As stated in the article, the typical method of determining lead exposure is to measure blood lead levels. This is often thought to be far from ideal owing to the

short half-life of lead in blood, which is certainly true in adults for whom values of half-life are cited at 15 days.[2] However, Manton et al[3] put forward evidence based on lead isotope ratio analysis that the half-life of lead in the blood of young children can range from 20 to 38 months for prolonged exposure and from 8 to 11 months for a brief exposure. With this in mind, for children younger than 2 years of age, it might be that blood lead is as valid as any other indicator of cumulative lead exposure.

For adults, bone lead measured noninvasively by K x-ray fluorescence has been shown to reflect long-term cumulative exposure to lead[4]; this might also be the case for older children, but it has not been explicitly demonstrated. Bone lead measurements have previously been conducted in children between the ages of 6 and 19 years from Hamilton, Ont.[5] Also, as reported at the recent Lead International Strategic Opportunities Program workshop—held in June 2010 at McMaster University in Hamilton—Health Canada, in collaboration with McMaster University and St Joseph's Health Centre in Toronto, Ont, is currently performing a study in which participants as young as 1 year of age are actively being recruited for bone and blood lead measurements. We encourage physicians to find more information about this continuing study on the Health Canada website.[6] Bone measurements have also been conducted in children using the alternative L x-ray fluorescence technique,[7] but this method is particularly sensitive to slight movements and so is thought by some to be difficult to use in practice.

Bone lead measurement by x-ray fluorescence is non-invasive, and thousands of measurements, mostly on adults, have been made worldwide. McMaster University offers this service to Ontario physicians through Hamilton Health Sciences. Thus, we encourage those seeking more diagnostic information on lead-exposed subjects (of any age older than 1 year) to consider bone lead as a practical means of determining the lead body burden. None of the foregoing should be allowed to detract from the value and importance of the practical advice, particularly with the emphasis on prevention, offered by Abelsohn and Sanborn.[1]

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Response

The letter from Payne et al[1] is a very useful addition to our article,[2] in terms of diagnosis and workup of suspected lead exposure.

In our article, as Payne and colleagues correctly suggest, we focus on prevention and the detection of problems in children younger than 2 years of age—the most vulnerable group. Payne and colleagues confirm our assertion that blood lead level is the best widely available measure of lead exposure. We keenly await the results of their current research on noninvasive K x-ray fluorescence, which if found to be useful as a clinical tool to measure bone body burden, especially in children, will be a very useful addition to the clinical tool kit.

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Correction

In the August 2010 Motherisk Update,[1] reference numbers 15 and 16 are in the wrong order. The references should have appeared as follows:

15. Scialli AR. Paroxetine exposure during pregnancy and cardiac malformations. *Birth Defects Res A Clin Mol Teratol* 2010;88(3):175-7.
16. Bérard A. Paroxetine exposure during pregnancy and the risk of cardiac malformations: what is the evidence? *Birth Defects Res A Clin Mol Teratol* 2010;88(3):171-4.

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