Correspondence

Determinants of chronic bronchitis and lung dysfunction in Western Australian gold miners.

In their letter questioning the causal link between cigarette smoking and lung dysfunction in gold miners (1988;45:503) Gantt and Lincoln point out that there are higher proportions of smokers among miners in Australia¹ and Canada and elderly men living in a Welsh coal mining town² than would be expected from national data for each of these countries. They then suggest that mining must increase "... the likelihood that individuals would find satisfaction in cigarette smoking."

One need not resort to such a specious argument to explain increased smoking by miners. As Gantt and Lincoln must surely know, smoking is much more common among blue collar men³ and generally increases with decreasing education.⁴ The tobacco industry, part of which employs Gantt and Lincoln, seems to be aware of these facts as cigarette advertising in "up-scale" magazines is down even as it is increasing in "blue collar" publications.⁵ Even the executive director of the Tobacco Merchants Association has attributed higher smoking by blue collar workers to their relative lack of education.⁶

Thus there is every reason to believe that increased smoking by miners is due to social factors and not to "... lung damaging conditions in mineral operations [that] cause individuals to be exceptionally likely to find satisfaction in smoking..." as Gantt and Lincoln would have us believe. These same authors have suggested that the increased risk for lung cancer⁷ and the putative increased risk for ischaemic heart disease⁸ among spouses married to smokers are due to the stresses of being told that their spouses are doing something that will kill them. Arguments such as these hinder science and serve only to muddy the waters while offering no shred of credible evidence to counter the well supported causal association of cigarette smoking with a whole range of lung problems.^{3,9}

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Book reviews

International directory of databases and data banks in occupational health Geneva: International Commission on Occupational Health, 1987.

In the foreword is the statement that "the directory cannot claim to be complete." With entries on some 170 databases distributed through 29 countries and nine international organisations, however, few would argue that this book is the best guide around to occupational health databases. The editor has tried to fill a rapidly expanding gap by drawing together, in one cover, a list of worldwide occupational health databases. It is a comprehensive book and, in addition to the information on access, content, sources, storage, contact address, not forgetting frequency of database update, databases are indexed for a few selected subjects (cancer and occupation, industrial toxicology, occupational epidemiology, occupational and work related diseases, and poison control).

Undoubtedly, the book will rapidly become dated and require annual revision. Therefore, as the book is not cheap it cannot be recommended as essential for every occupational physician. Notwithstanding this, all occupational physicians should be aware both of the book's existence and its potential, and medical libraries with access to search facilities should be encouraged to acquire a copy. Medical departments of multinational companies and those companies handling a wide variety of hazardous materials may wish to obtain their own copy. The serious researcher will probably be aware of many of the larger databases but it would be possible to commend this book as a useful guide to masters or doctorate students.

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