

ation of these microtraumas might be the cause of a radiologically visible zone of decalcification.

The presence of these lesions is a sensitive indicator of exposure to light tool vibrations. The lesions appear before clinical symptoms become manifest. This is of great importance for the implementation of preventive measures. The question whether the lesions disappear after withdrawal from the risk cannot yet be answered. We need therefore a longitudinal study that is not yet finished.

There is some evidence that protection of the hand with gloves, covered with special absorbing materials of different thicknesses, provokes a clear diminution of the vibrations: from $4 \cdot 10^{-1} \text{ m/sec}^2$ to $10 \cdot 1 \text{ m/sec}^2$ by 125 Hz (a damping factor 0.18 to 0.72). Further research on this means of protection is necessary.

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Notice

Course in occupational neurotoxicology 17-21 September 1984

A course in occupational neurotoxicology will be held at the Institute of Neurology, Queen Square. Topics to be covered will include clinical and neuropathological aspects of peripheral neuropathy, the epidemiology of occupational neuropathy and psychopathy, clinical and psychological aspects of toxic organic psychoses, neurological examination, psychological testing in the field, and neurophysiological methods. In addition, a whole day will be spent at the MRC Toxicology Unit at Carshalton. The fee for the course will be £150 including registration. Participants will be responsible for their own travel and accommodation. Further details of the course may be obtained from Dr H A Waldron, TUC Centenary Institute of Occupational Health, London School of Hygiene and Tropical Medicine, Keppel Street (Gower Street), London WC1E 7HT.

Correction

Reversibility of skeletal fluorosis (November 1983)

We regret that figure 3 (p. 458) was printed upside down. This was due to incorrect positioning by the printers.