sion was used to distinguish men without and with material quantities of lung dust. The groups were equally represented among the men from the several sources except for the epidemiological unit's random sample which, as might be expected, consisted predominantly of categories 0 and 1. The men who were referred from the Pneumoconiosis Medical Panel had found their way there as a result of a National Coal Board periodic *x*-ray examination; they met the same selection criteria as the other subjects. Thus while the sampling procedure was not ideal it was not obviously biased in favour of the more disabled men being those with the higher categories of pneumoconiosis. In this our sample may have been better than that cited by Cochrane and Moore; their usable data came mainly from the Staveley survey of which one of the conclusions was that men moved to those coal mines had above average respiratory health. A more definitive population might be drawn by the NCB but meanwhile our findings appear to be not unrepresentative: we hope that they will stimulate others to carry the subject further.

References

[1] Higgins ITT. Tobacco smoking, respiratory symptoms, and ventilatory capacity. Studies in random samples of the population. *Br Med J* 1959;i:325–9.

[2] Higgins ITT, Cochrane AL, Gilson JC, Wood CD. Population studies of chronic respiratory disease. A comparison of miners, foundryworkers, and others in Staveley, Derbyshire. *Br J Ind Med* 1959;**16**:255–68.

Notice

Royal College of Physicians of Ireland: Faculty of Occupational Medicine

Parts I and II of the examination for the membership of the faculty will be held in May and November each year. Details may be obtained from the Examination Office, Royal College of Physicians of Ireland, 6 Kildare Street, Dublin 2.

Correction

Fibre type and concentration in the lungs of workers in an asbestos cement factory (Nov 1983)

It has been brought to my attention that the interpretation which we made (*Br J Ind Med* 1983:**40**;375–9) of results published by Newhouse and her colleagues[1] was incorrect. In our paper we stated (in the first paragraph of the paper) that these authors found ten mesotheliomas in a cohort apparently exposed only to chrysotile. In fact, eight of the ten patients with mesothelioma in that study had had a definite exposure to crocidolite during one specific job.

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[1] Newhouse ML, Berry G, Skidmore JW. A mortality study of workers manufacturing friction materials with chrysotile asbestos. *Ann Occup Hyg* 1982:**26**;899–909.