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*British Journal of*

# INDUSTRIAL MEDICINE

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VOLUME 47

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computer search. Do not repeat material that forms part of the introduction in the discussion which itself should not be a reiteration of all that is known about the subject in hand but should be used to describe the importance of your observations and how they agree or disagree with what others have found. If they disagree then some possible reasons to account for this are in order.

Epidemiological studies generally benefit from some pondering on the extent to which their results are valid and likely to be generally applicable but, again, not at too great a length.

The methods used in a study should be described in such a way as to allow the reader a clear understanding of how the study was carried out but only if new methods are used should these be described in detail with the aim of allowing others to repeat them.

When giving the results of a study, few authors seem able to resist the temptation to over analyse; once more the computer has a lot to answer for. When it took several hours, if not days, to perform an analysis of variance or a multiple regression by hand most people found no difficulty in using these techniques only when there was a good reason to do so. Now that software packages may be bought for a few pounds, anyone can do the most complicated statistical analysis on a "let's do it and see" basis. This has tended to lead to an atrophy of the critical faculties and to an epidemic of statisticus multiplex.

No over analysis then, and certainly no over referencing. I urge authors to limit themselves to no more than two references per page of type text; the impression that many editors have is that the length of an author's reference list is designed more to impress than to inform. And when, as one knows only too well, many of the references are incorrect because they have not been checked—much less read in some cases—then their inclusion has little to commend it. When your short list of references is prepared, do please see that it conforms with the Vancouver style; we do not undertake to change or check references in the editorial office and if they do not conform to our requirements you will get the manuscript back and this will delay publication. Using an incorrect style of referencing also raises the nasty thought in the editor's mind that the paper has been rejected by another journal.

The authors of this journal do not seem often to engage in some of the malpractices that have been described elsewhere, especially by the Editor of the *BMJ*.<sup>1</sup> Nevertheless, authors do occasionally submit a paper to us that they have submitted to another journal or that has been published in whole or in part elsewhere. It is often difficult to detect instances of this type of deceit but when it is detected those concerned can be confident that any future offerings will not be looked on with very great favour.

HA WALDRON  
Editor

1 Lock S. *A difficult balance. Editorial peer review in medicine.* London: Nuffield Provincial Hospitals Trust, 1985.

## Guidance for authors

The *British Journal of Industrial Medicine* publishes material that is relevant to any aspect of occupational health. Papers that deal with environmental medicine will also be considered. The journal publishes four types of communication, original papers, short reports (which may include reports of clinical material), editorials, and letters to the Editor. Review articles are normally specially commissioned, and authors should not submit such a review without prior consultation with the Editor.

All material submitted to the journal must be typewritten on one side of the paper only with double spacing and wide margins. Manuscripts must be submitted in triplicate to the Editor, British Journal of Industrial Medicine, BMA House, Tavistock Square, London WC1H 9JR; they must conform with the recommendations given below. Manuscripts must be written in English and spelling must follow the conventions in the *Chambers Twentieth Century Dictionary*. Both SI units and their equivalents must be given throughout. Authors should note that clarity and brevity are virtues that are given great weight when considering a paper for publication. The Editor cannot enter into correspondence about papers that are rejected as being unsuitable for publication and his decision is final. Rejected manuscripts will *not* be returned to authors, instead they will be kept securely for three months and then shredded. Authors are advised, therefore, not to submit original illustrations with their manuscripts but rather good quality reproductions. The original illustrations should be forwarded to the Editor on acceptance of the manuscript.

Papers are accepted on the understanding that the work described has not appeared in whole elsewhere and that they are subject to editorial revision. Where the findings have been published elsewhere *in part* this must be clearly stated and the submitted manuscript should be accompanied by a copy of the publication that contains those findings. If part of the findings are contained in a manuscript that is under consideration elsewhere a copy of that manuscript should be included with that submitted to the journal. A letter giving consent to publication must be signed by *all* those whose name appears on the manuscript. Papers that describe studies carried out on human subjects must give evidence that the protocol was approved by an ethical committee and that all the subjects gave their informed consent.

There is no prescribed length for original papers but authors should not submit papers which exceed 10 000 words (about 30 typewritten sheets) without first consulting the Editor.

Original papers should follow the requirements of the International Steering Committee of Medical Editors; details, with which authors should familiarise themselves, are to be found in the *British Medical Journal* (1979;i:532-5). Papers should be prefaced by an abstract of the argument and findings and should be more comprehensive than a summary. The ab-

stract must not contain references. Short reports or case reports do not require an abstract.

On acceptance of a manuscript, authors must send original copies of all illustrations to the Editor as quickly as possible. Photographs on glossy paper should be submitted unmounted. An internal scale should be provided on photomicrographs and details of any staining procedure included in the legend. Colour photographs will not be published unless the authors underwrite the cost of production. Charts and graphs should be carefully drawn in black ink on tracing linen, Bristol board, or stout white paper. Legends to figures should be typed on a separate sheet of paper.

Tables should be kept to a minimum and should not contain material that is fully described in the text. **They should be typed on separate sheets of paper.** Long appendices should be avoided. When the author considers it essential to include large numbers of tables or long appendices it may be possible to print them at the end of the text in miniprint. The Editor should be consulted in advance.

Signed editorials will normally be specially commissioned, and authors who are considering the submission of an editorial should do so only after consultation with the Editor. Letters to the Editor, which should not exceed 500 words, may deal with any topic and will be published as soon as space permits. When letters refer to papers that have appeared in the Journal, the authors of the original paper will be given the opportunity to reply. Unsolicited book reviews will not be published.

**References** The number of references in the text of papers submitted should be kept to a minimum. They are required only if they are essential to the development of a hypothesis which the authors are proposing to test, if they are necessary for the development of an argument or discussion, or if they describe methods that are being used when the original account is too lengthy to be included in full. Exhaustive lists of references are frequently included in a paper more to impress than to instruct and should be avoided whenever possible; over-frequent reference to the authors' own papers is an indulgence best avoided.

All references in material submitted to the Journal must conform with the so called Vancouver style which is intended to standardise requirements for authors. The style is described in detail in the *British Medical Journal* (1979;ii:532-5) and authors are urged to study it carefully. Manuscripts in which the references do not follow the prescribed style will be

returned to be amended before they are considered for publication. Reference lists should be **typed in double spacing**. The essentials of the style are as follows.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals above the line on each occasion the reference is cited. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of a particular table or illustration. The references must include: the names and initials of all authors (unless there are more than six, when only the first three should be given followed by *et al*); the title of journal articles or book chapters; the titles of journals abbreviated according to the style of the *Index Medicus*; the year and volume number; and the first and final page numbers of the article or chapter. Titles of books should be followed by place of publication, publisher, and year. Papers given at meetings cannot be cited as a reference unless the proceedings have been published. If they have not been published they must be referred to in the text.

Examples of common forms of references are:

- 1 International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;ii:532-5.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
- 3 Weinstein L, Swartz MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: W B Saunders, 1974:457-72.
- 4 Hargreave FE. Non-specific bronchial reactivity. In: DeKock MA, Nadel JA, Lewis CM, eds. *Mechanisms of airways obstruction in human respiratory disease. Proceedings of the international symposium, Tygerburg, South Africa. 1978*. Rotterdam: AA Balkema, 1979:77-87.

Authors should note that references will not be checked by the editorial office; responsibility for the accuracy and completeness of references lies solely with the author.

**Proofs** Contributors will receive one proof on which only minor alterations may be made. It is assumed that the submitted manuscript will have been carefully proofread and will be essentially correct.

**Reprints** will be available on payment of a fee; the number of reprints required should be inserted on the form sent with the proofs. Reprints of letters to the Editor will not be available.

- 21 Maslach C, Pines A. The burn out syndrome in the day care setting. *Child Care Quarterly* 1977;6:100-13.
- 22 Cherniss C. *Staff burn out: job stress in the human services*. London: Sage Publications Beverly Hills, 1980.
- 23 Estryn-Behar M. Capacités de travail, mémoire et rythmes circadiens. Bilan des études réalisées dans le domaine du travail de nuit des personnels hospitaliers. *Santé Publique*, numéro spécial "Mémoire et mémoires en Santé Publique" 1989;4:105-13.
- 24 Direction du personnel, CHSCT Central, CHSCT Locaux. *Etude sur le travail de nuit*. Paris: Assistance Publique Hôpitaux de Paris, 1988.
- 25 Poulton EC, Hunt GM, Carpenter A, Edward RS. The performance of junior hospital doctors following reduced sleep and long hours of work. *Ergonomics* 1978;21:279-95.
- 26 Rossini LA, Howell MC, Todres ID, Dorman J. Group meetings in a pediatric intensive care unit. *Pediatrics* 1974;53:371-4.
- 27 Joly JB, Richard P, Baudet MT. Chronique de pédiatrie sociale. Les relations entre parents-enfants et personnel soignant dans un centre de néonatalogie. *Pédiatrie* 1976;XXXI:603-13.
- 28 Strain JJ. Psychological reactions to acute medical illness and critical care. *Crit Care Med* 1978;6:39-44.
- 29 MacGrath HM. Mediating stress through support networks. In: Jacobson SF, MacGrath HM, eds. *Nurses under stress*. New York: John Wiley, 1983:194-208.
- 30 Gonin O. L'agressivité dans les équipes soignantes. *Krankenpflege/Soins Infirmiers* 1984;4:68-9.
- 31 Poletti R. Que peut-on faire de positif avec l'agression? *Krankenpflege/Soins Infirmiers* 1984;4:61-2.
- 32 Verspiere P. *Face à celui qui meurt*. Paris: Desclée de Brouwer, 1984.
- 33 Zumbrennen R. Quand un patient peut-il se montrer agressif et que peut l'équipe soignante à l'hôpital général? *Krankenpflege/Soins Infirmiers* 1984;4:71-3.
- 34 Price TR, Bergen BJ. The relationship to death as a source of stress for nurses on a coronary care unit. *Omega* 1977;8:229-38.
- 35 Sebag-Lanoë R, Virguie CI, Cazas A. Le travail en équipe en gériatrie: un apprentissage indispensable pour le médecin. *Médecine et Hygiène* 1982;40:1842-6.
- 36 Zittoun R. Une communauté pour en parler. In: Entretiens avec E. Hirsch. *Partir. L'accompagnement des mourants*. Paris: Cerf, 1986:1-14.
- 37 Fawzy IF, Wellisch DK, Pasnau RO, Leibowitz B. Preventing nursing burn-out: a challenge for liaison psychiatry. *General Hospital Psychiatry* 1983;5:141-9.
- 38 Kornfeld DS. Psychiatric view of the intensive care unit. *Br Med J* 1969;i:108-10.
- 39 Simon NM, Whitely S. Psychiatric consultation with MICU nurses: the consultation conference as a working group. *Heart Lung* 1977;6:497-504.
- 40 Bilodeau CB. The nurse and her reactions to critical-care nursing. *Heart Lung* 1973;2:358-63.
- 41 Bishop V. Stress in the intensive care unit. *Occupational Health* 1983;35:537-43.
- 42 Dell MS, Griffith E. A preceptor programme for nurses' clinical orientation. *J Nurs Adm* 1977;7:37-8.
- 43 Chickerella BG, Lutz WJ. Professional nurturance: perceptorships for undergraduate nursing students. *Am J Nurs* 1981;1:107-9.
- 44 Murphy ML, Hammerstad SM. Preparing a staff nurse for precepting. *Nurse Educator* 1981; Sept-Oct: 17-20.
- 45 Jacobson SF, MacGrath HM. *Nurses under stress*. New York: John Wiley, 1983.
- 46 Gardell B, Gustafson RA, Brandt C, Tillström I, Torbiörn I. In: Leppanen and Olkinuora.<sup>10</sup>
- 47 Jokinen M, Poyhonen T. In: Leppanen and Olkinuora.<sup>10</sup>
- 48 Thomstad B, Cunningham N, Kaplan BH. Changing the rules of the doctor-nurse game. *Nurs Outlook* 1975;23:422-7.

Accepted 13 February 1989

### Destruction of manuscripts

From 1 July 1985 articles submitted for publication will not be returned. Authors whose papers are rejected will be advised of the decision and the manuscripts will be kept under security for three months to deal with any inquiries and then destroyed.

- 1 Gross JA, Haas ML, Swift TR. Ethylene oxide neurotoxicity: report of four cases and review of the literature. *Neurology* 1979;29:978-83.
- 2 Salinas E, Sasich L, Hall DH, Kennedy RM, Morriss H. Acute ethylene oxide intoxication. *Drug Intell Clin Pharm* 1981;15:384-6.
- 3 Kuzuhara S, Kanazawa I, Nakanishi T, Egashira T. Ethylene oxide polyneuropathy. *Neurology* 1983;33:377-80.
- 4 Finelli PF, Morgan TF, Yaar I, Granger CV. Ethylene oxide-induced polyneuropathy. A clinical and electrophysiologic study. *Arch Neurol* 1983;40:419-21.
- 5 Zampollo A, Zacchetti O, Pisati G. On ethylene oxide neurotoxicity: report of two cases of peripheral neuropathy. *Ital J Neurol Sci* 1984;V:59-62.
- 6 Schröder JM, Hoheneck M, Weis J, Deist H. Ethylene oxide polyneuropathy: clinical follow-up study with morphometric and electron microscopic findings in a sural nerve biopsy. *J Neurol* 1985;232:83-90.
- 7 Ohnishi A, Inoue N, Yamamoto T, et al. Ethylene oxide induces central-peripheral distal axonal degeneration of the lumbar primary neurones in rats. *Br J Ind Med* 1985;42:373-9.
- 8 Bais R, Edwards JB. Creatine kinase. *CRC Crit Rev Clin Lab Sci* 1982;16:291-335.
- 9 Lapin EF, Weissbarth S, Maker HS, Lehrer GM. The sensitivities of creatine and adenylate kinases to the neurotoxins acrylamide and methyl *n*-butyl ketone. *Environ Res* 1982;28:21-31.
- 10 Oliver IT. A spectrophotometric method for the determination of creatine phosphokinase and myokinase. *Biochem J* 1955;61:116-22.
- 11 Karmen A, Wróblewski F, LaDue JS. Transaminase activity in human blood. *J Clin Invest* 1955;34:126-33.
- 12 Wróblewski F, LaDue JS. Lactic dehydrogenase activity in blood. *Proc Soc Exp Biol Med* 1955;90:210-3.
- 13 Ellman GL. Tissue sulfhydryl groups. *Arch Biochem Biophys* 1959;82:70-7.
- 14 Lowry OH, Rosebrough NJ, Farr AL, Randall RJ. Protein measurement with the folin phenol reagent. *J Biol Chem* 1951;193:265-75.
- 15 Boucher RMG. Advances in sterilization techniques. State of the art and recent breakthroughs. *Am J Hosp Pharm* 1972;29:661-72.
- 16 Currier MF, Carlo GL, Poston PL, Ledford WE. A cross sectional study of employees with potential occupational exposure to ethylene oxide. *Br J Ind Med* 1984;41:492-8.
- 17 Ochs S, Smith CB. Fast axoplasmic transport in mammalian nerve in vitro after block of glycolysis with iodoacetic acid. *J Neurochem* 1971;18:833-43.
- 18 Bradford HF. Brain glucose and energy metabolism: the linkage to function. In: Bradford HF, ed. *Chemical neurobiology. An introduction to neurochemistry*. New York: W H Freeman and Company, 1986:118-54.
- 19 Calleman CJ, Ehrenberg L, Jansson B, et al. Monitoring and risk assessment by means of alkyl groups in hemoglobin in persons occupationally exposed to ethylene oxide. *J Environ Pathol Toxicol* 1978;2:427-42.
- 20 Farmer PB, Bailey E, Gorf SM, et al. Monitoring human exposure to ethylene oxide by the determination of haemoglobin adducts using gas chromatography-mass spectrometry. *Carcinogenesis* 1986;7:637-40.
- 21 Van Sittert NJ, De Jong G, Clare MG, et al. Cytogenetic, immunological, and haematological effects in workers in an ethylene oxide manufacturing plant. *Br J Ind Med* 1985;42:19-26.

Accepted 10 March 1989

## Correspondence and editorials

The *British Journal of Industrial Medicine* welcomes correspondence relating to any of the material appearing in the journal. Results from preliminary or small scale studies may also be published in the correspondence column if this seems appropriate. Letters should be not more than 500 words in length and contain a minimum of references. Tables and figures should be kept to an absolute minimum. Letters are accepted on

the understanding that they may be subject to editorial revision and shortening.

The journal now also publishes editorials which are normally specially commissioned. The Editor welcomes suggestions regarding suitable topics; those wishing to submit an editorial, however, should do so only after discussion with the Editor.

- Threshold limit values and biological exposure indices for 1987-1988.* Cincinnati: ACGIH, 1987.
- 18 Colombi A, Maroni M, Antonini C, Fait A, Zocchetti C, Foà V. Influence of sex, age, and smoking habits on the urinary excretion of D-glucaric acid. *Clin Chim Acta* 1983;128:349-58.
  - 19 Winer BJ. *Statistical principles in experimental design.* New York: McGraw-Hill, 1987.
  - 20 Park BK, Breckenridge AM. Clinical implications of enzyme induction and enzyme inhibition. *Clin Pharmacokinet* 1981;6:1-24.
  - 21 Okey AB, Roberts EA, Harper PA, Denison MS. Induction of drug-metabolizing enzymes: mechanisms and consequences. *Clin Biochem* 1986;19:132-41.
  - 22 Hunter J, Maxwell JD, Carrella M, Steward DA, Williams R. Urinary D-glucaric acid excretion as a test for hepatic enzyme induction in man. *Lancet* 1971;i:572-5.
  - 23 Dolara P, Lodovici M, Buffoni F, et al. Variations of some parameters of enzyme induction in chemical workers. *Ann Occup Hyg* 1982;25:27-32.
  - 24 Formenti C, Colombi A, Maroni M, Narducci M, Giampiccolo R, Foà V. *Escrezione di acido D-glucarico urinario in soggetti esposti professionalmente a basse concentrazioni di toluene.* Atti del 48° Congresso della Società Italiana di Medicina del Lavoro e Igiene Industriale, Pavia, Italy. Bologna: Monduzzi Editore, 1985:569-72.
  - 25 Pyykkö K. Effects of pretreatment with toluene, phenobarbital and 3-methylcholantrene on the in vivo metabolism of toluene and on the excretion of hippuric acid in the rat. *Pharmacol Res Commun* 1984;16:217-25.
  - 26 Døssing M, Baelum J, Lundqvist GR. Antipyrine clearance during experimental and occupational exposure to toluene. *Br J Ind Med* 1983;40:466-9.

Accepted 11 April 1989

## Vancouver style

All manuscripts submitted to the *Br J Ind Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style)

The *Br J Ind Med*, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style. The style (described in full in *Br Med J*, 24 February 1979, p 532) is intended to standardise requirements for authors.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals above the line on each occasion the reference is cited (Manson<sup>1</sup> confirmed other reports<sup>2-5</sup>...). In future references to papers submitted to the *Br J Ind Med* should include: the names of all authors if there

are six or less or, if there are more, the first three followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter.

Examples of common forms of references are:

- 1 International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;1:532-5.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosino-phil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
- 3 Weinstein L, Swartz MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease.* Philadelphia: W B Saunders, 1974:457-72.

- 1 National Institute for Occupational Safety and Health. *Health hazard evaluation determination report—interim report No 1, MHETA 87-017*. US Department of Health and Human Services, Centers for Diseases Control and updated report No 87-017, February 1989. Health Hazard Evaluation/Technical Assistance Program, Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Morgantown, West Virginia 26505, USA.
- 2 McLaughlin AIG, Rogers E, Dunham KC. Talc pneumoconiosis. *Br J Ind Med* 1949;6:184-94.
- 3 Graham WGB, Gaensler EA. Talc-silicosis in a rubber worker. *Med Thorac* 1965;22:590-604.
- 4 Manfredi F, Krumholz R. Percutaneous needle biopsy of the lung in evaluation of pulmonary disorders. *JAMA* 1966;198:176-80.
- 5 Gaensler EA, Kaplan AI. Asbestos pleural effusion. *Ann Intern Med* 1971;74:178-91.
- 6 Feigin DS. Talc: understanding its manifestations in the chest. *American Journal of Roentgenology* 1986;146:295-301.
- 7 Feigin DS. Misconceptions regarding the pathogenicity of silicas and silicates. *J Thorac Imag* 1989;4:68-80.
- 8 Siegal W, Smith AR, Greenburg L. The dust hazard in tremolite talc mining, including roentgenologic findings in talc workers. *American Journal of Roentgenology* 1943;49:11-29.
- 9 Smith AR. Pleural calcification resulting from exposure to certain dusts. *American Journal of Roentgenology* 1952;67:375-82.
- 10 International Agency for Research on Cancer. *Monographs on the evaluation of the carcinogenic risk of chemicals to humans*. Vol 28. *The rubber industry*. Lyon: IARC, 1982.

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## NOTICES

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### **4th International Conference on the Combined Effects of Environmental Factors**, Baltimore, MD, 1-3 October, 1990

The subject of this meeting is the Health Effects of Exposures to Multiple Environmental Agents. Health effects of chemical and physical agents in both laboratory animals and working populations will be highlighted. Presentations dealing with mechanisms underlying interactions of environmental factors or prediction of interactions are especially welcome. Both platform and poster presentations are invited. For further information contact Dr Jacqueline K Corn, Department of Environmental Health Services, The Johns Hopkins University, 615 North Wolfe Street, Room 1003, Baltimore, MD 21205, USA.

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### **Risk assessment in the process industries, Chester, Cheshire, 5-7 March 1990**

This intensive workshop is intended to provide information and guidance to those who need to understand how QRA is used in the chemical and extractive industries. Features of the course will include: extensive background information, practical guidance on use and application of techniques, tutorials based on realistic case studies. Those who should attend include: managers in industry who use or need to understand QRA, those who need to prepare CIMAH safety reports, local authority planners, and emergency planning staff. For further information contact: Sara Mountford, IBC Technical Services Ltd, Bath House (3rd Floor), 56 Holborn Viaduct, London EC1A 2EX.

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