

# Occupational and Environmental Medicine



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**INSTRUCTIONS TO AUTHORS** Three copies of all submissions should be sent to: The Editor, *Occupational and Environmental Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK. All authors should sign the covering letter as evidence of consent to publication. Papers reporting results of studies on human subjects must be accompanied by a statement that the subjects gave written, informed consent and by evidence of approval from the appropriate ethics committee. These papers should conform to the principles outlined in the Declaration of Helsinki (*BMJ* 1964;ii:177).

If requested, authors shall produce the data on which the manuscript is based, for examination by the Editor.

**Authors are asked to submit with their manuscript the names and addresses of three people who they consider would be suitable independent reviewers. They will not necessarily be approached to review the paper.**

Papers are considered on the understanding that they are submitted solely to this *Journal* and do not duplicate material already published elsewhere. In cases of doubt, where part of the material has been published elsewhere, the published material should be included with the submitted manuscript to allow the Editor to assess the degree of duplication. The Editor cannot enter into correspondence about papers rejected as being unsuitable for publication, and the Editor's decision in these matters is final.

**Papers should include a structured abstract of not more than 300 words, under headings of Objectives, Methods, Results, and Conclusions. Please include up to three keywords or key terms to assist with indexing.**

Papers should follow the requirements of the International Committee of Medical Journal Editors (*BMJ* 1991;302:338-41). Papers and references must be typewritten in *double spacing* on one side of the paper only, with wide margins. SI units should be used.

Short reports (including case reports) should be not more than 1500 words and do not require an abstract. They should comprise sections of Introduction, Methods, Results, and Discussion with not more than one table or figure and up to 10 references. The format of case reports should be Introduction, Case report, and Discussion.

**Illustrations** Photographs and photomicrographs on glossy paper should be submitted unmounted. Charts and graphs should be carefully drawn in black ink on firm white paper. Legends to figures should be typed on a separate sheet of paper.

**References** References will not be checked by the editorial office; responsibility for the accuracy and completeness of references lies with the authors. Number references consecutively in the order in which they are first mentioned in the text. Identify references in texts, tables, and legends by Arabic numerals. References cited only in tables or in legends to figures should be numbered in accordance with a sequence estab-

lished by the first identification in the text of a particular table or illustration. Include only references essential to the argument being developed in the paper or to the discussion of results, or to describe methods which are being used when the original description is too long for inclusion. Information from manuscripts not yet in press or personal communications should be cited in the text, not as formal references.

Use the Vancouver style, as in this issue for instance, for a standard journal article: authors (list all authors when seven or fewer, when eight or more, list only six and add *et al*), title, abbreviated title of journal as given in *Index Medicus* (if not in *Index Medicus* give in full), year of publication, volume number, and first and last page numbers.

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- 22 Teschke K, Hertzman C, Dimich-Ward H, Ostry A, Blair J, Hershler R. A comparison of exposure estimates by worker raters and industrial hygienists. *Scand J Work Environ Health* 1989;15:424-9.
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## Instructions to authors

Three copies of all submissions should be sent to: The Editor, *Occupational and Environmental Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK. All authors should sign the covering letter as evidence of consent to publication. Papers reporting results of studies on human subjects must be accompanied by a statement that the subjects gave written, informed consent and by evidence of approval from the appropriate ethics committee. These papers

should conform to the principles outlined in the Declaration of Helsinki (*BMJ* 1964;ii:177).

If requested, authors shall produce the data on which the manuscript is based, for examination by the Editor.

**Authors are asked to submit with their manuscript the names and addresses of three people who they consider would be suitable independent reviewers. They will not necessarily be approached to review the paper.**

- 8 Yen S, Hsieh C, MacMahon B. Consumption of alcohol and tobacco and other risk factors for pancreatitis. *Am J Epidemiol* 1982;116:407-14.
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- 17 Braganza JM, ed. *The pathogenesis of pancreatitis*. Manchester: Manchester University Press, 1991.

## Vancouver style

All manuscripts submitted to *Occup Environ Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style.)

*Occup Environ 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 the *BMJ*, 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 *Occup Environ Med*

should include: the names of all authors if there are seven or less or, if there are more, the first six 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. Titles not in *Index Medicus* should be given in full.

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 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.

- retinol-binding protein and  $\beta_2$ -microglobulin determination in urine for the early detection of tubular proteinuria. *Clin Chim Acta* 1982;126:1-7.
- 4 Mattenheimer H, Frölke W, Grötsch H, Maruhn D, Simane Z. Recommendation for the measurement of "alanine aminopeptidase" in urine. *Journal of Clinical Chemistry and Clinical Biochemistry* 1988;26:635-40.
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  - 7 Capani F, D'Emilio A, Marchioli R, et al. Circadian rhythm of albumin excretion rate in healthy subjects. *Chronobiologia* 1988;15:213-6.
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## Correspondence and editorials

*Occupational and Environmental 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 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.

associated with little clinical disability and the radiological changes have been found only after prolonged exposure to dust, usually in excess of three decades.

- 1 Parkes WR. *Occupational lung disorders*, 2nd ed. London: Butterworths, 1982:313-4.
- 2 Middleton EL. *Fuller's earth Proceedings of the International Conference on Silicosis*. Geneva: International Labour Office, 1938. (Studies and reports, series F 1940; No 17: 25 and 134.)
- 3 Campbell AH, Gloyne SR. A case of pneumokoniosis due to the inhalation of fuller's earth. *J Pathol* 1942;54: 75-80.
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- 5 Sakula A. Pneumoconiosis due to fuller's earth. *Thorax* 1961;16:176-9.
- 6 Bramwell A, Leech JGC, Dunstall WS. Montmorillonite in fuller's earth. *Geological Magazine* 1940;77:102-12.
- 7 Pooley FD, Clark, NJ. Quantitative assessment of inorganic fibrous particulates in dust samples with an analytical transmission electron microscope. *Ann Occup Hyg* 1979;22:253-72.
- 8 Gibbs AR. Human pathology of kaolin and mica pneumoconioses. In: Bignon J ed. *Health related effects of phyllosilicates*. Berlin: Springer Verlag 1990:217-26. (NATO ASI Series G21).
- 9 Gibbs AR, Pooley FD, Griffiths DM, Mitha R, Craighead JE., Ruttner JR. "Talc pneumoconiosis"—A pathological and mineralogical study. *Hum Pathol* 1992;12: 1344-54.

### Rejected manuscripts

From February 1994, authors whose submitted articles are rejected will be advised of the decision and one copy of the article, together with any reviewers' comments, will

be returned to them. The *Journal* will destroy remaining copies of the article but correspondence and reviewers' comments will be kept.

### SAS program for testing the difference between two correlated correlation coefficients

Editor,—Lee<sup>1</sup> provided an interesting and easy to use SAS program for testing the difference between two correlated coefficients.<sup>2</sup>

When using these SAS codes I realised the listing contained an error, which was possibly due to a printer's mistake.

Z value should be computed as:

$$Z = \text{zdiff} * ((\&n-3)/\text{den})^{**} 0.5;$$

and not as

$$Z = \text{zdiff} * ((\&n-3)/\text{den}) * 0.5;$$

I hope this information will be of use to other researchers.

MARCO DELL'OMO  
Institute of Occupational Medicine,  
University of Perugia, Via E dal Pozzo,  
06100 Perugia, Italy

- 1 Lee J. SAS program for testing the difference between two correlated coefficients. *Occup Environ Med* 1994;51:141.
- 2 Meng HL, Rosenthal R, Rubin DB. Comparing correlated correlation coefficients. *Psychol Bull* 1992;111:172-5.

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## NOTICES

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**Vth COMTOX Symposium on Toxicology and Clinical Chemistry of Metals, at the University of British Columbia, Vancouver, BC, Canada, 10-13 July 1995.**

The symposium is sponsored by the International Commission on Occupational Health (ICOH), the Society of Toxicology (SOT), the Association of Clinical Scientists, the International Union of Pure and Applied Chemistry (IUPAC), the International Union of Toxicology (IUTOX), the International Programme on Chemical Safety (IPCS), the International Federation of Clinical Chemistry (IFCC), and several other organizations.

The four major themes of the symposium are:

- Analysis of Metals in Biological Materials,
- Molecular Biology and Toxicology of Metals,
- Metals in Health and Disease, and
- Occupational and Environmental Exposures to Metals.

The program will include plenary and keynote lectures, platform sessions, analytical workshops, posters with discussion, and commercial exhibits. The deadline for submitted abstracts is 15 January 1995.

Contact Dr F William Sunderman Jr, University of Connecticut Medical School, PO Box 1292, Farmington, CT 06034-1292; Tel: (203) 679-2328; Fax: (203) 679-2154.

**Hazard and operability studies (HAZOP), two international three day courses: London, 24-26 October 1994; Amsterdam, 7-9 November 1994.**

Organised by IBC Technical Services Ltd, the objective of this course is to give delegates an in depth knowledge of, and

experience in the use of, the guide word approach to hazard and operability studies. The course has been designed to maximise the delegate's training, with much of their time being spent in small groups practising the application of the technique. On completion of the courses they should be able to undertake studies in their own organisations, leading teams to ensure the identification of most, if not all, relevant hazards and likely operability problems with the optimum use of team time.

The use of the technique in a wide range of process and service industries makes it relevant to a spectrum of disciplines such as project engineers with chemical, mechanical or instrument responsibilities, process and engineering managers of existing plants, and those with safety management responsibilities. Many organisations now perceive a period of leading HAZOP studies as an integral part of career progression, and the course is excellent training for such staff.

For further details please contact: Sarah Ashmore, IBC Technical Services Ltd. Tel: 071 637 4383 Fax: 071 631 3214.

**American College of Occupational and Environmental Medicine (ACOEM) State-of-the-Art Conference at the Denver Marriott City Center, Denver, Colorado, 24-28 October 1994.**

"Prevention in practice: workplace health in the 21st century" is the theme for the 1994 state-of-the-art conference sponsored by ACOEM. The scientific meeting will cover diverse issues of environmental and occupational medicine in 16 postgraduate seminars, four scientific sessions, and 22 focus groups. The programme is open to occupational health professionals.

For information contact ACOEM, 55 W. Seegers Road, Arlington Heights, IL 60005. Tel: 708-228-6850; Fax: 708-228-1856.

**Bryan and Tempest Industrial Audiometry Courses, at Wendover Hotel, Eccles, Manchester, 28-30 September and 9-11 November 1994.**

Two three day courses offering training in audiometry for industrial medical staff, safety officers and others concerned with hearing conservation in industry. The courses, which comply with the syllabus recommended by the British Society of Audiology have the approval of the Society.

Further details are available from: Dr W Tempest, Kismet, Croyde Rd, St Annes, Lancs FY8 1EX. Tel: (0253) 712550.

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## BOOK REVIEW

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**Industrial Chemical Exposure—Guidelines for Biological Monitoring, 2nd edition.** By LAUWREYS R R, HOET P. (Pp 318; price £56). 1993. 2000 Corporate

Boulevard NW, Boca Raton, Florida 33431, USA: CRC Press. ISBN 0-873-71-650-7.

Biological monitoring is now gaining widespread acceptance as a technique for assessing absorption of workplace chemicals whatever the route. As the extent of skin absorption is being documented for a range of solvents, pesticides and cross linking aromatic amines, the need for appropriate biological monitoring techniques is becoming apparent. The occupational physician or industrial toxicologist faced with a workforce exposed to an unfamiliar chemical may wonder whether biological monitoring would be useful but be daunted by the extensive scientific literature. Clearly the occupational health practitioner would like to know whether biological monitoring is appropriate, which analyte to measure, the medium (blood, breath, or urine) and the optimum time for sampling. This advice has to be coupled with sensible guidance in interpreting the results. Professor Lauwreys with Dr Hoet has now come to the rescue with the second edition of their book *Industrial Chemical Exposure—Guidelines for Biological Monitoring*.

The book now has two main chapters of 265 pages dealing with over 100 individual workplace inorganic and organic chemicals. Each entry starts with a brief description of the toxicokinetics of the substance including a review of the importance of routes of absorption. The publications on biological monitoring are then reviewed with any international limits that have been proposed—that is, BEIs from ACGIH and BATs from Deutsche Forschungsgemeinschaft. These minireviews are an excellent entry into the scientific literature being well if not exhaustively referenced and give the busy practitioner a good appreciation of the state of biological monitoring for that particular chemical hazard.

Chapter 4 summarises in tabular form for each substance reviewed, the principal biological monitoring methods available, reference values and suggestions for maximum permissible concentrations. These are the best figures available from the information that can be extracted from the scientific literature. The authors sensibly advise the reader to refer back to the sections dealing with individual substances to judge the strength of the evidence on which these figures are based. In the absence of national or international guidelines the reader can do no better than use the experience coming from this group in Louvain.

This small book is to be recommended for all libraries supporting occupational health professionals. It provides easy, cost effective access to a mass of scientific literature and helps to answer the question . . . "does biological monitoring have anything to offer in dealing with this particular chemical hazard?". If the answer is "yes", the enquirer then has to go elsewhere for advice on suitable analytical techniques, sampling methods, and quality assurance procedures but that needs a different sort of book!

D GOMPERTZ