Occupational and Environmental Medicine

Adopted as the Journal of the Faculty of Occupational Medicine of the Royal College of Physicians of London

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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;1:177).

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 this matter 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 Methods, Results, and Discussion with not more than one table or figure and up to 10 references. The format of case reports should be Table, 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 established 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.

As well as the usual reports, cultural, and environmental importance, and more, there are three relevant references. The Editor, for the Journal, requires that all issues be considered but should not be submitted without first approaching the Editor to discuss their suitability for the Journal.

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increased BP is a causal factor in increased cardiovascular morbidity in winter, then workers in plants without air conditioning may have a higher risk of cardiovascular morbidity in winter than workers in similar work but in heated plants.

This study was supported by the Committee for Preventive Action and Research in Occupational Health, Ministry of Labor and Social Affairs, Jerusalem, Israel.

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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\(^1\) confirmed other reports\(^2-5\) \ldots\)). 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:


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7vrebo, Haugen, Farmer, Anderson


It is very important to remember that pregnancy is not an illness and on a worldwide basis pregnant women continue to work, often performing heavy manual labour, and there does not seem to be any increase in premature labour because of this.

CRW GILL
Bank of England, Threadneedle Street, London, EC2 2AH

Author's reply—We reassure Dr Gill that one of the authors (PET) of our article is indeed an obstetrician and agree that the exact mechanism by which labour was initiated is not known. We do not need to know this to identify risk factors that may influence duration of gestation. One of these risk factors is a heavy work load during pregnancy. In our article we mentioned several studies that describe a relation between physical work load and preterm birth.

It is true that most of the women in our study gave birth after 37 weeks of pregnancy, and therefore their infants did not suffer from the fact that some of the pregnancies were a little earlier than others. Nevertheless, even in this relatively healthy population a significant relation was detected between the duration of specific types of high physical work load and gestational age, when adjusted for the most important confounding factors.

We do not consider pregnancy an illness. On the contrary, we would like to emphasise that continuing work during pregnancy is quite possible, as far as is provided that adequate job adaptations are made to some jobs at an early stage of pregnancy.

A P KOEMEESTER
J P BROERSENN
P E TREFERS

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Management of indoor air quality problems: "primum non nocere".

The paper of Nordström et al on the sick building syndrome (SBS) in hospital workers raised an epidemiological (and logical) question: which is the baseline symptom rate in hospital workers, and when can we properly make a diagnosis of SBS?

Indeed, high prevalence of symptoms in hospital workers has been frequently reported. From the data of the current study, we can see that the prevalence of symptoms approaches and sometimes exceeds 50%, in Swedish hospitals, without obvious hygienic problems. Paradoxically, we might wonder if SBS is a clinical entity or is it the common basic condition of hospital workers! This seems like idle talk, but it is not. Work stress, personal factors and psychosocial factors may play a key part in the aetiology of SBS symptoms. Labeling the hospital as "sick" might increase anxiety and conflicting thoughts among workers and this also can give rise to SBS. Following the old Latin sentence "primum non nocere" (first, do not cause damage), medical staff committed to so-called SBS cases in hospitals must avoid the error of using the term "sick". It would be better searching for "healthy" working conditions—that is, all those preventive measures that consider both the physical indoor working environment and also personal and work organisational factors that may improve the worker's health.

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NOTICES


The second international conference on the health of miners will be held 11-13 November, 1995 in Pittsburgh, Pennsylvania, USA at the Pittsburgh Hyatt. The mining committee of the American Conference of Governmental Industrial Hygienists (ACGIH) is acting as co-sponsor along with the National Institute for Occupational Safety and Health, the Mine Safety and Health Administration, Bureau of Mines, the International Labour Office, the United Steel Workers Union and such corporate sponsors as BHP Minerals and National Mining Association. Proceedings from the conference will be published in a single peer reviewed edition. For further information contact: Dr Michael McCawley, Division of Respiratory Disease Studies, 1095 Willowdale Road, Morgantown, WV 26505-2845, USA. Tel: (304) 285-5749; Fax: (304) 285-5861.

In House Occupational Exposure Limits. Problems, Practicabilities, and Opportunities. 11-12 April 1996. Noordwijkheur, The Netherlands

This two day international conference organised by the SCI Health and Safety Group aims to bring together the views of the international chemical industry, occupational health professionals, and regulators on the subject of setting in-house occupational exposure limits. The conference will be examined in national approaches taken both by industry and by regulators along with the techniques by which limits can be set. Also, specialist workshops will allow delegates to exchange views and opinions on controversial topics such as carcinogens, uncertainty factors, mixed exposures, and the role and participation of the workforce in the limit setting process.
The major elements of the conference are:

- Current legislative requirements and practice by industry (views from the USA, Switzerland, and EU member states)
- Theory and practice of in-house limit setting (examples of approaches to setting in-house stands)
- Workshops (topics covered: carcinogens, mixtures, uncertainty factors, consultation and communication with workers)
- Poster session and technical display

For further details please contact: SCI Conference Office, 14/15 Belgrave Square, London SW1X 8PS. Tel 0171-235-3681; Fax 0171-823-1698.

IOSH '95: Health and Safety Conference and Exhibition. 4-6 December 1995. The Royal Hall, Harrogate, Yorkshire.

Standards of competency and management systems are two of the issues currently dominating the health and safety profession, and the United Kingdom's leading professional health and safety organisation has assembled an impressive programme of speakers to consider these and other pertinent topics at its annual conference. Last year's conference fees have been frozen, with non-members paying only £340 + VAT for the three day event. Conference delegates will have free access to the IOSH '95 exhibition. Exhibitors include the consultants AEA Technology, fire extinguisher experts Chubb Fire, health and safety sign supplier Focal Signs, and training companies such as Osteopaths for Industry, RoSPA, Safa, the University of Portsmouth and SETA.

For further IOSH '95 details, contact the organiser, Deborah Fisher, tel: 0116 257 1399, extension 115.

BOOK REVIEWS

Book review editor: R L Maynard

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This comprehensive volume is the first of a planned series of four dealing with pulmonary toxicology. As a source of information on the comparative biology of the mammalian lung it is unrivalled.

The book is divided into four parts:

I) structural and cellular diversity of the mammalian respiratory system;

II) comparative respiratory physiology of the normal lung;

III) comparative biochemistry of the normal lung;

IV) comparative defence capabilities of the respiratory system.

The sections are covered in 830 large and elegantly laid out chapters withnin monographs and other illustrations of the highest quality. The authors have obviously been encouraged to be concise and the 38 short chapters (average length 20 pages, though some in section I are shorter) are in essence provided.

The style is reminiscent of the Handbook of Physiology published by the American Physiological Society.

In reading selected parts of this large book, I concluded on areas I rather fancied I knew a good deal about and also on areas of which I know I do not know enough. The second category expanded at the expense of the first during this review.

Take, for example, chapters on morphology, edited by Crapo and Pinkerton. Here a wealth of detail is provided, much of which I have not seen collected before. Dimensions of the nasal passages in humans, monkeys, and dogs; the size of the human inorganic laryngeal muscles laryngeal phonation, and laryngomorphometry in big cats are all covered in the first chapter by Gross and Morgan. Of these and other sections, I particularly enjoyed the following: Tyler and Julian have dealt with the gross and sub-gross anatomy of the lung. This chapter seems to be an updated and expanded account of the work collected by Tyler in the well known ARRD (as was) supplement on the Comparative Biology of the Lung published in 1983. It should be read by all those who plan inhalation toxicity studies and hope to use animal models to predict defects of xenobiota in humans. McBride on the architecture of the tracheobronchial tree has also made an important contribution. This chapter deals with a complex and under-studied area of this field and under-perform slow but results of fundamental significance are produced by careful examination of the lung cats. The discussion of asymmetry in the lung branching patterns is illuminating although more of Horsfield's work on the underlying physics of gas flow and optimal branching angles could have been included. This is a difficult field for the anatomist and an extended non-mathematical exposition of the theoretical background would have been welcomed. Mariassy in one chapter and Plummer and Hides, have contributed a valuable account of the epithelial cells of the airways. The tables of cells populations in defined parts of the airways across a handsome range of species are fascinating and show the work that has yet to be done in this area. Shishami and Evans have dealt well with the kinetics of pulmonary cells. Here again the tables of data are unusually comprehensive, although many gaps still remain to be filled in by future research.

The chapters of the section dealing with physiology present an advanced account and some readers, like this reviewer, will find the mathematical equations rather hard going. Some 17 pages of tables of baseline data on resistance and compliance across a range of species (and strains) are provided. Of these chapters that by Porcelli on pulmonary haemodynamics is outstanding both in terms of coverage and in the clear way in which many difficult concepts are presented. Details of gas exchange (again with comprehensive tables) are presented by Jones and Longworth. The authors explain facilitated diffusion by oxygen and carbon dioxide through solutions, making clear the role that this may play regarding the movement of oxygen in erythrocytes. An area usually ignored in elementary accounts is the aging of the lung. Sahebshahi has contributed an interesting chapter on this that deals with changes in mechanics and gas exchange with age. A short account of biochemical changes is also provided.

In the section dealing with biochemistry, an excellent chapter by Simon on the biochemistry of alveolar epithelial cells is included. This chapter repeats some of the work covered in the first section but goes on to discuss cell to cell adherence, secretion, antioxidants, and briefly the metabolism of xenobiota.

The sections dealing with defence mechanisms are helpful and that on pulmonary macrophages by Valberg and Blanchard, which provides more than 500 references, is outstanding. Inevitably the chapters dealing with inflammatory mediators and immunological mechanisms are shorter than those dealing with classic physiology and some aspects of morphology. The book concludes with not one but two indexes. The first is an index of tables of comparative data: a valuable innovation.

There is no doubt that this is an excellent book: but who should buy it, given that it is not available at £120? Anyway the volume is second is standard, but the first is as good as this then the series will be a benchmark publication in inhalation toxicology.

R L MAYNARD


This interesting monograph gives useful base at the overview of the epidemiology of the common allergic conditions. Although it is widely accepted that allergy is genetically controlled it is now increasingly thought that environmental factors may unmask the conditions and contribute to variations in incidence, prevalence, and mortality.

The common factor through the book is that allergic conditions are getting more common. Even conditions such as atopic dermatitis has increased fourfold since 1960.

The chapter on the epidemiology of allergic rhinitis is excellent. It carefully examines the complex factors associated with increased rhinitis such as race, socioeconomic conditions, and living in urban and rural areas. The author concludes that studies on the relation between air pollution and seasonal allergic rhinitis are eagerly awaited. The chapter on epidemiology of asthma by Michael Burr highlights the epidemiological studies in view of a lack of operational definition of asthma. It stresses that in spite of these difficulties several epidemiological variables indicate that asthma is becoming increasingly common. The