Notice to Contributors

OCCUPATIONAL and ENVIRONMENTAL Medicine is intended for the publication of original contributions relevant to occupational and environmental medicine, including toxicological studies of chemicals of industrial, agricultural, and environmental importance, and epidemiological studies. As well as full papers, short papers dealing with brief or preliminary observations relevant to occupational and environmental medicine will also be considered. Case reports should cover substantial new ground to merit publication. Other articles, including review or position papers, will be considered but should not be submitted without first approaching the Editor to discuss their suitability for the Journal. Letters to the Editor are always welcome.

Instructions to Authors

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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 not be more than 1500 words and do not require an abstract. They should comprise sections: 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. Discuss cited items 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 argu-
mens presented 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 communication should be cited in the text, not as formal references.

Use the Vancouver style, as in this instance for, instance, for 2 standard journal articles: 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 Journal of Medicine, BMJ is given in full), year of publication, volume number, and first and last page numbers.

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FACULTY OF OCCUPATIONAL MEDICINE

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ISSN 1351-0711.
Does occupational exposure to dust prevent colorectal cancer?

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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 confirmed other reports 1, 2, 3). 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:


Possibly, old age at cessation, few years of abstinence, and heavy past consumption of tobacco do not elicit a decrease in mortality from lung cancer. An excess of liver cancer was also found in our cohort. It is known that high alcohol consumption increases the risk of liver cancer, and fishermen tend to be heavy drinkers. Gathering information on the smoking habits of decedents is difficult, but it may be an even more delicate matter obtaining information on alcohol consumption. We therefore decided to avoid asking for information from next of kin about their deceased relatives' alcohol consumption.

Conclusions
Lung and liver cancer are the most frequent health hazards among Veneto deep sea fishermen. Smoking, not occupation, is the main risk factor in the mortality from lung cancer. Another study, however, suggested that cigarette smoking increased with workshift hours at sea. A high percentage of decedents were ex-smokers, and probably the low mortality from diseases related to smoking other than lung cancer may be due to the early effect of stopping smoking.

The study was supported by a grant from the "Centro di Cancerogenesi Ambientale".

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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.
Sex ratios, mortality, and air pollution

cancer and particularly for all causes of mortality than the unexposed areas, even when the definition of exposure was based on estimates rather than on data from a sampling network for air pollution. This finding indicated the need for investigations to exclude the possible effects of other confounding variables and to determine the natures and sources of the toxic air pollutants in those environments. It also suggested that public health authorities could monitor the mortality in their populations exposed to industrial pollution even in the absence of detailed information from pollution monitoring networks. If the cause-effect relation suggested in this paper is confirmed by such studies, the findings would also indicate that the legislation on air quality control should be strengthened to minimise exposures to these environmental hazards.

We thank Mrs Wendy Mitchell for help with data processing and Professor C. du V Florey for his very helpful suggestions for improving this paper. This work was supported by an MRC grant: MRC A 601108.

6 Jakobovits AA. Sex ratio of spontaneously aborted fetuses 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.
in the men. As the excessive mortality due to respiratory disease found in our study was mainly due to pneumonia and bronchitis and the route of Cd exposure differed from that of factory workers, it is considered that these deaths may not have been due to a direct influence of Cd but rather to a worsening of the general state of health.

In our study we found a high SMR for renal diseases, in particular nephritis and nephrosis, and in the study of Shigematsu et al, SMR for uraemia was significantly increased.\(^\text{11,12}\) In the Kakehashi River basin targeted in our study, the SMR for diabetes mellitus was also high in the women. Most of the deaths from diabetes occurred early in the observation period when renal dysfunction induced by Cd was not recognised. Renal dysfunction due to Cd is often accompanied by raised urinary glucose. Diabetes may have been mistakenly diagnosed in some of these subjects. Lauwerys et al reported frequent deaths from renal disease among inhabitants with a long history of exposure in regions polluted by Cd in Belgium, and Elinder et al\(^\text{18}\) and Kjellstrom et al\(^\text{19}\) in a study of mortalities in factory workers exposed to Cd found significantly high values for deaths due to nephritis and nephrosis. These findings suggest that subjects with renal tubular disorder induced by Cd may have advanced renal dysfunction and be at high risk of premature death.

In studies on causes of death in factory workers the impact or lack of impact of Cd on mortality from malignant neoplasms, particularly prostate and lung cancers, has become an issue.\(^\text{18-22}\) In our study the number of deaths was small and it was not possible to determine cancer mortalities according to site. A longer follow up period is necessary to evaluate this.

CORRESPONDENCE

The effect of occupational exposure to mercury vapour on the fertility of female dental assistants

Editor—Rowland et al found lower fertility among women who did not work with amalgam but who worked with women exposed to low levels of mercury.1 Other exposures to mercury incurred by dental assistants who do not work with amalgam was offered as a possible explanation.

In 1995 before safety representatives for a surgical ward at a metropolitan hospital, I found that 60% of trays at the base of sphygmomanometers, wall mounted, at the head of each patient’s bed, contained leaked mercury.2 Nurses unprotected hands are often in this cuff tray. The inspecting authorities, with a Jerome analyser, found mercury vapour concentrations 10/5 mg/m3 in the breathing zone of a patient at one bed. This is of course the work zone of the nurse. The rate of replacement of thermometers for the complex was 750/month, which becomes 72 kg mercury/1073

1


Potential public health problems of asbestos in Jamaica

Editor.—Bad industrial hygiene practices, improper waste disposal methods of potentially harmful materials, and public ignorance of the health problems associated with asbestos, are prevalent in the public health problems, especially in developing countries. Alarmed by the deplorable attitude of construction workers towards safe asbestos disposal procedures, we sought to determine how pervasive these risky procedures are in Jamaican industries and if there are other risks or mortalities caused by asbestos.

Pipes manufactured at a former (1969–85) asbestos cement factory (now a food store) should, from the documented formulation and verbal accounts of former employees, have been of standard composition (about 3-4-5% crocidolite, 7-5-10% chrysotile, and 85-7-89% cement). Analyses (powder x-ray diffraction) of four samples, however, taken from the factory site and an associated surface dump nearby, a resident’s yard, and a third roadside, showed the presence of crocidolite (a carcinogen1), not chrysotile. Most importantly, these materials were improperly disposed of. Some of them are freely chipping and eroding due to poor maintenance. These pipes have been used by residents as flower pots, foundations to dwellings, garbage dumps, and driveways (some of which were obtained as original wet mix) in the residents’ yards, or appear along dusty roads, and roadsides accessible to playing children.

Six samples of ceiling tiles from a modern office building in Kingston contained either amosite or wollastonite fibres. Disposal was implemented by a major real estate company in the presence of one of us (IAK); the exercise generated much dust but the workers resisted instructions to wear dust mask, remarking that “this is how we always do it”. The methods used by the disposal contractor and the landfill site are unknown (Jamaica has no authorised landfill site for asbestos). These improper disposal methods for asbestos materials are also practised at a power plant and a brake shoe and clutch refurbishing factory. The workers in these factories were found to be lax about hygiene but there are institutional worker safety and health monitoring measures for factories. Samples of insulation material (34 in house and one for this study) from several boilers at the power plant contained principally amosite and anthophyllite with tremolite, crocidolite, and actinolite impurities. The brake and clutch lining mix and raw material samples (two contained asbestos).

Hospital records showed two cases of asbestosis with a history of occupational exposure to asbestos (thermal insulation). Of the 9200 possible cases reported to 1994 at the University Hospital of the West Indies three cited mesothelioma as the cause of death but the histories of the deceased were not clear. There are five additional death certificates related to asbestos. The incidence of mesothelioma (about 0.03%) is small compared with 0.2-0.7% for some European communities,3 but this could be due to diagnostic difficulties, few necropsies, or insufficient time for the mesothelioma latency.

Clearly this study, the first for the Caribbean, shows a potentially serious public health problem related to asbestos; a detailed investigation that includes man made fibre fibres is in progress.

We thank the UWI Centre for the Environment and Development for financial support and Drs M Lowe and B Hanchard for the medical data.

HOWARD O REID

ISHERWOOD L

COREY E

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NOTICES

IHF 60th ANNUAL SCIENTIFIC MEETING, Occupational Health and Safety — Past — Present — Future. 11-12 April 1995, Pittsburgh, PA, USA.

Among the topics planned for discussion are: occupational health and safety, economics, toxicology, tuberculosis, EMF, industrial ventilation, occupational medicine and nursing, OSHA regulations and compliance, licensing and certification, and risk assessment.

For further information contact IHF, 34 Penn Circle West, Pittsburgh, PA 15206 USA.

Phone 412/363-6600. Fax 412/363-6605.


Industrial Audiology Courses. 5-7 April and 17-19 May 1995. Manchester.

These two identical three-day courses offer training in an Audiology 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 approval of the Society. The courses will be held at the Wendover Hotel, Eccles, Manchester.

For further information contact: Dr W Tempest, Kismet, Croxley Road, St Annes, Lancs FY8 1EX. Telephone (01253) 712550.


An introduction to the papers being presented:

1. Industrial injury—a medical review:
   - Accidents: definition and causation.
   - Relative risks of employment hazards.
   - Disease associated with work.
   - Types of injury and consequences for employment.
   - Investigation and evaluation of injury.
   - Symptoms—genuine or not?
   - Principles of rehabilitation.

2. Integrated risk assessment.
   - Current legislation calls for assessment to be carried out by the employer. Such assessments are designated within many individual regulations. It is the intention of this paper to introduce integrated assessment techniques, whereby physical (e.g. manual handling), chemical (e.g. COSHH) and biological hazards are brought together in one assessment.

3. Task analysis and upper limb disorder (RSL)—what are the facts?
   - Are we all as confused as the judges?
   - Knowledge gained in dealing with RSI from industry and commerce through the eyes of an Occupational Health Practitioner. Examination of the medical, and ergonomic aspects of RSI looking at specific disorders and their causes.

Here is your opportunity to consider the evidence and join the discussion.

4. The legal costs of failing to assess risk.
   - A legal view on the employer’s duty to devise, record and implement assessments.
   - The penalty for failing to assess will be illustrated with relevant case law.

5. Revision of RIDDOR.
   - The revised incident reporting requirements for injuries, diseases and dangerous occurrences are explained by speakers from the Health and Safety Executive. This newly revised legislation will come into force in April 1995.

   - Sick Building Syndrome (SBS) will be defined, distinguishing it from other building-related health issues; explains the importance of SBS criteria; summarises what is known about possible causes. Initial guidance will be given on how to avoid SBS.

The conference is designed to give delegates a thorough understanding of the current issues in occupational health and safety. In this constantly developing area it is vitally important for employers and occupational health and safety practitioners to update themselves on the latest changes in procedures, legislation and their practical application in the workplace.

For further information contact: Mr P Hewitt, 3 Morgan Crescent, Theydon Bois, Epping, Essex CM16 7DU. Tel: 0992 813357.

15th Annual New England Epidemiology Summer Programme and two week courses. 5-30 June 1995. Medford, MA, USA.

The New England Epidemiology Institute’s summer programme at Tufts University’s Medford campus includes methodological, statistical, and substantive courses. This programme is intended for those seeking an introduction to modern epidemiological concepts as well as those desiring a review of recent developments in epidemiological thinking.

One and two week courses cover the following: theory and practice of epidemiology (introductory and advanced levels), introductory biostatistics, regression and categorical data methods, survival analysis, epidemiology in developing countries, pharmacoepidemiology, cancer epidemiology, perinatal epidemiology, health care use research, occupational and environmental epidemiology and exposure assessment, causal inference, and ethics. Invited faculty include excellent teachers and prominent researchers from leading universities. Registrants may receive graduate-degree credit or continuing education credits from Tufts University, Continuing Medical Education (AMA category 1) through Tufts University Medical School, or certification maintenance from the American Industrial Hygiene Association. Nursing CEUs may also be available.

For further information contact: The New England Epidemiology Institute, Department PA-OEM, One Newton Executive Park, Newton Lower Falls, MA 02162-1450, USA. Telephone: (617) 244-1200. Fax: (617) 244-9669.

Second Arnold O Beckman/IFCC European Conference on Biomarkers in Environmental Toxicology. 1-3 June, 1995. Cannes, France.


In addition to the invited presentations opportunities are available to present posters with the same general theme. An objective of the conference is to begin to develop recommendations concerning the monitoring of exposure to toxic substances.

For further information contact: Gerald Bishop Associates, Halview House, 34 New Street, Charfield, Wotton-under-Edge, Gloucestershire, GL12 8ES; United Kingdom; or in North America from: Individualized Events attn: Ramona Larson, 2620 N Harbor Boulevard, Fullerton, CA, 92635, USA.

5th Conference of Occupational Medicine, Epidemiology, and Ergonomics in small and medium businesses. 21-23 June 1995. Amiens, France.

The conference is organised by l’Association pour les Sciences Inter-entreprises du département de la Somme. The theme is actions that occur in the workplace with specific emphasis on an evaluative approach within small and medium businesses.

For further information contact: ASMIS—Médecine du travail, Comité Scientifique, 77 rue Debussaux—BP 0132, 80001 AMIENS CEDEX 1, France. Telephone: 22 54 58 11. Fax: 22 54 58 01.


The course will take place at the Wageningen International Conference Center IAC, Lawickse Allee 11, 6701 AN Wageningen, The Netherlands.

The validity of studies in environmental and occupational epidemiology depends to a large extent on the accuracy and precision of the assessment of exposure to potentially harmful factors in the general or occupational environment. Thus, it is important that investigators involved in the design, conduct and interpretation of studies in this field, have a thorough understanding of how lack of accuracy and/or precision affect a study.

The general objectives of this course are to increase participants’ knowledge of principles and methods of exposure assessment, and demonstrate how those methods can be applied to occupational and environmental epidemiology, in order to improve the quality of epidemiologic studies, and consequently the scientific basis for control measures.

The programme will be a combination of lectures, seminars, group discussions and individual advice. The lectures include methodological topics subsequently illustrated by applications in current research. The first week will be in plenary to discuss general aspects of exposure assessment in environmental and occupational epidemiology. The second week will offer separate modules for occupational and environmental epidemiology applications respectively.

The course focuses on epidemiologists with an interest in exposure assessment, hygienists with a background in epidemiology, exposure assessors, toxicologists, physicians, biostatisticians, health officials and others with previous training in basic epidemiology.
The course will be conducted in English. For further information, please contact the course coordinator: Ms Susan Peelen, MSc, Department of Epidemiology and Public Health, University of Wageningen, PO Box 238, 6700 AE Wageningen, The Netherlands. Tel +31 8370 84124; Fax: +31 8370 82782; E-mail: Susan.Peelen@medew.heg.wau.nl

BOOK REVIEWS

Book review editor: R L Maynard

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(The price and availability are occasionally subject to revision by the Publishers.)


The Laboratory Environment is based on the proceedings of a symposium that was organised by the Royal Society of Chemistry Environment and Toxicology Subject Groups in association with the Health and Safety Group of the Society of Chemical Industry. The one day symposium on The Laboratory Environment: Working with Dangerous Substances was held in March 1993. The contents considered the principal areas of surveillance, handling, disposal and control of exposure in 13 chapters contributed by a range of specialists in occupational medicine, architecture, radiological protection, toxicology, microbiology, and chemistry.

The book sets out to describe the "design and management of the laboratory environment for the 1990s" and is aimed primarily at managers, safety officers, and staff who are concerned with the administration of work in laboratories, dispensaries, and similar workplaces and with the implementation of safety and health policies. The subject matter will, indeed, be of considerable interest to these groups but also, chapters such as methods for the disposal of carcinogens and carcinogenic waste and runway reactions will also be of value to scientists who work within their laboratories. Inevitably, the wide subject range covered in a single volume of 258 pages means that most of the chapters give an overview of their subject rather than a detailed treatment and as such may not present much new information to those experienced in the health and safety aspects of laboratory management. However this compilation does provide an excellent starting point for those who may just be getting to grips with the problems of occupational and personal hygiene and it applies the discussion of a number of relevant and important topics in a single volume. Also, the individual articles are well supported by reference lists that will facilitate further detailed requirements for good health and safety management are set out in a chapter on an insurer's approach to health, safety, and environmental issues in the laboratory and valuable information on health surveillance, carcinogens, hazardous pharmaceuticals, and the handling of radioactive materials and infectious waste is also presented.

Those contemplating a move to new premises or the modification of existing facilities will find that they are well served by two chapters that together comprise almost one third of the book. Interaction between client and architect in the process of laboratory design is discussed from the architects point of view and a comprehensive description of the planning and completion of a major commercial research laboratory building provides a practical example of the "design and build" process.

At a cost of nearly £50, a value for money judgement will depend on how closely the contents list matches the individual requirements of the prospective purchaser. Those interested in detailed information on a limited number of the subjects covered might find better value in individual specialist texts.

D WIDDOWSON


There are few publications that devote themselves entirely to the hazards of the health care industry, but now this BMA report ambitiously aims to set out "the evidence relating to the environmental and occupational risks arising from medical practice". Aimed at a general and professional readership, it often seems to fall between stools in attempting to find the correct balance of complexity and general interest. After an introductory chapter through the laboratories of medical practice, the second chapter summarises basic concepts and uncertainties in environmental toxicology and seems to be pitched towards a lay readership. The authors of the chapter on chemical hazards have sensibly baulked at detailing the thousands of compounds in use in hospitals but have chosen four examples: formaldehyde, glutaraldehyde, ethylene oxide, and methyl methacrylate. One can sense their frustration as the authors struggle to summarise the evidence on workplace exposure for these four commonly used substances in health service settings, and plead for more published work on exposures and resultant effects. Sections follow on anaesthetic gases, microbial hazards, radiation, and genetic modification. An excellent analysis of the problem of clinical waste disposal highlights the scant attention paid to a problem that management policy throughout the NHS and consciously describes future options and barriers to change. The respective roles of specialists in occupational and personal hygiene are discussed and it is good to see space devoted to health and safety issues for general practitioners and the contribution of building design to the working environment. In any report of such scope by many authors there are bound to be repetitions and gaps in its coverage and this book is no exception. The accent on risks arising primarily from chemical and other obviously hazardous hazards suggests that the editorial board wished to cover the unique hazards of health care rather than the common ones. More attention is paid to the speculative but interesting hazards associated with activities such as those involved in their layout than the real disorders seen daily by occupational physicians. A glaring omission is the almost complete absence of any reference to musculoskeletal disorders, the main occupational morbidity in health care. Barely more than a paragraph covers irritant and allergic contact dermatitis, despite a substantial scientific literature on its prevalence in health care workers, and allergic laboratory animals is not mentioned at all. The book is also vulnerable to criticism in its treatment of the pharmaceutical industry, which is mentioned only in passing throughout. Inclusion of such specialisation in medical environment should merit at least a chapter to it if not. There are errors of fact, such as the suggestion that definitive exposure standards for anaesthetic agents have been set by the HSG, when it seems that they have not (although one can forgive the confusion on this point), and contentious statements, such as the assertion that "darkroom disease" results from sensitisation. Some chapters are guilty of confusion in their layout and there is some irritating duplication of material, particularly with regard to health and safety legislation.

The criticisms can be forgiven when the report is taken as a whole, and the BMA are to be congratulated for bringing these issues to the attention of a wider readership in a relatively accessible style. A refreshing honesty is seen in admitting that in many areas, there is still insufficient research to be able to quantify the suspected risks. A challenge is thereby set to those working in NHS occupational medicine to improve epidemiological databases and exposure records. It is rewarding to see the authors set out a vision of the future that emphasises the collaboration required between between consultants in occupational health service, and departments of public health. If a detailed and comprehensive review is being sought, this report comes up well short of expectations, although the references are useful. Its aim is useful and it is better and more structured occupational and environmental risk management in the NHS will, however, act as valuable ammunition for occupational physicians. As a result, it will interest every occupational health department in the NHS and at relatively modest cost should achieve a widespread circulation.

ALEXANDER G ELDER