Three decades of occupational health research in South Wales

Editor—The MRC Epidemiology Unit (South Wales) officially closed at the end of September, 1995 on the retirement of the director, Professor Peter Elwood. A small team will continue at Llandough Hospital, South Wales to complete work on current projects. The Epidemiology Unit (EU) originated as an offshoot of the MRC Pneumoconioses Research Unit (PRU) which pioneered epidemiological surveys among the coal mining and agricultural communities of South Wales. The EU was established in 1960 under the direction of Professor Archie Cochrane to conduct studies on a wider range of medical conditions. Peter Elwood joined the Unit in 1963 and succeeded Cochrane as director in 1974. Occupational research continued and EU workers have been involved in a wide range of studies over the past 35 years (table) and have authored or coauthored over 30 papers in this journal. The early papers of Elwood were based on a large study of textile workers in South Wales and undertaken in Professor John Pemberton's Department of Social and Preventive Medicine at Belfast.

In noting the closure of the Unit there are some lessons to be learnt from it's work. Large studies were undertaken by a small but highly committed team with local field-workers and working hours that suited the study population. This approach resulted in very high response rates. Their work also paid particular attention to identifying and examining ex-workers as well as those currently employed. Based on the earlier studies at PRU standardised measures and questionnaires were used to reduce observer bias. The longevity of the unit meant that long term follow up studies could be undertaken to establish the prognostic significance of data obtained in the prevalence studies of occupational disease. Up to 1980 follow up relied upon local visiting; later mortality studies used the flagging service of the Medical Research Section of the Office of Population, Censuses, and Surveys at Southport, England. An interesting account of the early epidemiological surveys has been published elsewhere. Most of the data relating to the studies cited is still held at the former MRC unit. A mortality study of 1495 past control officers has also just been completed. Further long term follow up of some of these cohorts could be considered in the future.

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NHS consultant led service is certainly one strand of the evolution of occupational medicine which is likely to be successful. However, it is not the only model and, for the sake of completeness, we consider that the non-NHS model of the Army Medical Services is one that, along with other large industrial medical services, needs to be integrated into the future provision of occupational medicine in this country.

The three major problems noted by Seaton and Agius, namely the failure of instruction, the perception that occupational diseases are no longer a problem, and the absence of a consultant referral service are all rectified by the Army Medical Services model. The induction course for army doctors, combined with their experience as regimental or general duties medical officers during their first two or three years, whatever specialty they subsequently choose to follow, gives them an understanding of the interplay between work and health. The work in our case being soldiering. Perhaps more importantly, and in this country probably unique to the defence medical services, the coordinated nature of the general practice, occupational medicine, environmental health, hospital medicine, and public health medicine functions ensures that the "separation of occupational medicine from the main stream of practice in the NHS" is less of a problem. We still have hands on clinical occupational medicine expertise available from both general practitioners and hospital staff who are backed up by a small cadre of specialists working principally in primary care.

It is an interesting coincidence that Kalman, in the August edition of your sister journal Occupational Medicine, comments that "...we all agree that Military Service is a particularly high risk environment for the primary carer and occupational physician were often the same individual and there is no doubt that effective liaison took place." This is an enormous strength which is not so evident in the NHS model. Perhaps it is a standard which all occupational health services should aspire to.

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NOTICES

MSc Course "Environmental Sciences" Specialisation Environmental Health

The Environmental Health specialisation of the MSc course Environment Sciences focuses on the effects of pollution of the natural and occupational environment on human beings and other organisms. The course lasts 17 months. The main lines of interest of the departments teaching the specialisation include:

- Air quality related to human health (exposure assessment, techniques for measuring and modelling of air quality, and dust and odour nuisance)
- Occupational hygiene (assessment of occupational exposures in industry)
- Toxicokinetics and biotransformation
- Environmental toxicology
- Potential toxic effects of environmental exposure of humans to chemicals (effects of airborne pollutants)
- Impact of toxic contaminants on wildlife and ecosystems
- Environmental and occupational epidemiology
- Biomolecular factors and health
- Health problems in developing countries

For further information contact: Wageningen Agricultural University, Dean's Office for Foreign Students. Postal address: PO Box 453; 6700 AL Wageningen, the Netherlands. Tel: (31) 317 482680/482051; Fax: (31) 317 484464; e-mail: Jeanine.Hermans@DIOFFS.SZ.WAU.NL.


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

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Invited speakers include excellent teachers and researchers. Invited speakers are prominent researchers in leading universities. Registrants may receive graduate degree credit or continuing education credits from Tufts University, continuing medical education (AMA category 1) through Tufts University School of Medicine, continuing education units from the American Public Health Association, and certification maintenance from the University of Texas.

For more information please contact: The New England Epidemiology Institute, Department PA-OEM, One Newton Executive Park, Newton Lower Falls, MA 02162-1450. Phone: (617) 244-1200; Fax: (617) 244-9669; e-mail: epidemiol@aol.com.

Occupational Health Issues of the Next Decade. 27-29 March, 1996. Orlando, Florida. Focus 2000 is sponsored by the Industrial Health Foundation, and sponsored by ACGIH, AIHA, and NIOSH.

Focus 2000 is designed to consider the management of employee health and safety issues of concern as the third millennium approaches. Responsible, cooperative action among managers, occupational health and safety professionals, and scientists in industry, government, labor, and the academic community is necessary to successfully contend with the myriad of occupational health and safety problems present in a global society. Prominent speakers will consider areas of vital importance.

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For further information contact: The Industrial Health Foundation, 34 Penn Circle West, Pittsburgh, PA 15206. Tel: 412-363-6000; Fax 412-363-6005.


The 1996 Conference of the British Occupational Hygiene Society (BOHS) at Keele Conference Park, Keele, Staffs, will consider a wide range of topics related to employee health. The conference week starts with eight Professional Development Sessions on the Tuesday. Scientific sessions begin on the Wednesday, which feature a number of parallel sessions on topics such as exposure to hazardous substances through the skin, welding, aerosols, the food industry, and all those with an opening address will be given by Sir Richard Bailey, formerly Executive Chairman of Royal Doulton. Thursday's morning sessions consider current concerns in the areas of noise, ergonomics, hazardous substances and exposure limits, with The Warner Lecture on the Thursday afternoon being given by Dr Charles Veyes, OBE, FFOM, President of BOHS in 1989-90. The final day is devoted to epidemiology and the control of hazardous substances, and personal protective equipment.

The BOHS Conference is widely regarded as the premier European event in the calendar of employee health. The 1996 Conference runs from 23 to 26 April, and maintains the international tradition by having four presentations from America, and three from the Netherlands as well as papers from Austria, Belgium, Germany, and Australia. Also, there will be a significant contribution from staff of the Health and Safety Executive.

The BOHS is a learned Society, membership of which is open to all those with an interest in the effect that work has on health