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Occupational and Environmental Medicine is intended for the publication of original contributions relevant to occupational and environmental medicine including toxicological studies of chemicals, 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.

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We acknowledge the cooperation of all the pipelayers and the companies. We thank Assistant Professor Hans Weiland for assistance with the immunological analyses. Grants were obtained from the Swedish Council for Work Life Research and the Faculty of Medicine, Lund University. The study was approved of by the Ethics Committee, Faculty of Medicine, Lund University.


Vibrotactile sense in blue collar workers


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 reviewer's comments, will be returned to them. The Journal will destroy remaining copies of the article but correspondence and reviewers' comments will be kept.
DIFFERENCE BETWEEN PERSONAL AND AMBIENT CONCENTRATIONS

Personal exposures were on average 67 μg/m³ higher than corresponding outdoor concentrations. The main part of this difference could be attributed to exposure to ETS, high PM₁₀ concentrations in the classrooms, and indoor physical activity.

Children exposed to parental smoking had personal exposures that were about 40 μg/m³ higher than children with parents who did not smoke. This value is within the range of 25 to 45 μg/m³ increase in PM₁₀ concentrations in homes with smokers that was recently suggested by Wallace.¹⁰

The PM₁₀ concentrations in classrooms were significantly higher than the corresponding outdoor concentrations. PM₁₀ measurements conducted in 11 other primary schools in The Netherlands have confirmed this finding.¹¹ Indoor physical activity was a third important source of increased personal exposures. Both findings are probably a result of resuspension of particles caused by the activity of the children. Thatcher and Layton¹² studied the effect of resuspension by measuring different ranges of particle size before and after several resuspension activities. Five and 30 minutes of normal activity by four people and two minutes of continuous walking and sitting by one person resulted in a twofold to fourfold increase of particles in the 5–10 μm size range. In the PTEAM study,¹³ an estimated dirt level in homes was significantly associated with 24 hour averaged personal and indoor PM₁₀ concentrations. Dirt and dust levels were estimated on a seven point scale (0 to 3 by halves) by two technicians. A 12–24 μg/m³ increase in PM₁₀ concentrations per unit increase in the index was predicted.

Excess personal exposures compared with indoor or outdoor concentrations have been found in most personal exposure studies.¹⁰ Resuspension of coarse particles by personal activities and proximity to particle generating sources have been suggested as causes of this so-called "personal cloud."¹⁰ This study shows that for children both particle generating-sources (smoking) and resuspension are important factors, causing significant differences between personal and outdoor PM₁₀ concentrations.


Medical editors’ trial amnesty

As described in an editorial in the British Medical Journal,¹ medical editors of nearly 100 international medical journals are taking action to try to ensure that the results of unpublished randomised controlled trials become available to be included in systematic reviews. This could have important benefits for patient care.

Any reader who would like to take up this opportunity to register the results of a trial that did not get published can do so on a special unreported trial registration form. Copies are available from the Occupational and Environmental Medicine editorial office.

I do not expect that many Occupational and Environmental Medicine readers will need to take up this offer, given the nature of our field, but perhaps I will be proved wrong.

ANNE COCKROFT
Editor

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Health in cold environments 1–8 February 1998 Kuusamo and Oulu, Finland (Cold 801)

Leaders of interdisciplinary research projects 23–27 February 1998 Gentofte (Copenhagen), Denmark (Leader 802)

Safety research - Safety promotion 15–20 March 1998 Saariselkä, Lapland, Finland (Safety 803)

New tools for good occupational health practice 23–27 March 1998 Saariselkä, Lapland, Finland (Pract 804)

Occupational contact and inhalation allergy - Exposure, risk assessment and prevention 20–24 April 1998 Gentofte (Copenhagen), Denmark (Inhal 805)

Molecular epidemiology 3–8 May 1998 Naantali, Finland (Molecular 806)

Applied work physiology with special emphasis on the evaluation of occupational work load 11–15 May 1998, Stockholm, Sweden (Physio 807)

Physiological responses to physical and mental work 8–12 June 1998, Copenhagen, Denmark, (Mental 808)

Principles of etiologic research 16–21 August 1998 Espoo (Helsinki), Finland (Etiol 809)

Methods and strategies for estimation and measurement of air pollutants in work places with an aim to establish a basis for control measures 14–18 September 1998 Stockholm, Sweden (AirPol 810)

Organisational renewal and work place improvement 21–25 September 1998 Stockholm, Sweden (Org 811)

Cleaning and working environment—A comprehensive approach to improvements 28 September–2 October 1998 Hamburg, Germany (Clean 812)

Biomarkers - New developments 2–6 November 1998 Lyngby, Denmark (Biomarkers 813)

Baltic course: Ergonomics in occupational health and safety - a participatory approach 12–16 October 1998, Riga, Latvia (Balt 814)

Baltic course: Quality assurance and risk assessment in occupational health 9–13 November 1998, Lithuania (Balt 815)

Further information from: NIVA, Nordic Institute for Advanced Training in Occupational Health, Topeliuksenkatu 41 a A, FIN-00252 Helsinki, Finland. Tel: 00358 9 47 471; Fax: 00358 9 4747 497.

CORRECTION


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