

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 (*JAMA* 1993;269:2282-6). 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 including a brief 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 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.

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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- 21 Stern FB, Halperin WE, Hornung RW, Ringenborg VL, McCommon CS. Heart disease mortality among bridge and tunnel officers exposed to carbon monoxide. *Am J Epidemiol* 1988;128:1276-88.
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Appendix: Estimated exposures (8h TWA, ppm) for selected work groups

Work group	Period			
	Before 1960	1960-9	1970-9	1980-8
Dope section	20	50	165	73
Operator (D block)	-	127	127	88
Operator (B/C blocks)	16	24	54	32
Solvent recovery	6	16	53	27
Cleaning	7	22	46	25
Subwash operator	2	6	19	10
Laboratory	4	6	10	7

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.

- 27 Murata K, Araki S, Aono H. Effects of lead, zinc, and copper absorption on peripheral nerve conduction in metal workers. *Int Arch Occup Environ Health* 1987;59:11-20.
- 28 Yeh JH, Chang YC, Wang JD. Combined electroneurographic and electromyographic studies in lead workers. *Occup Environ Med* 1995;52:415-9.
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Occupational and Environmental Medicine and the electronic age

OEM has an Email address which is 100632.3615@compuserve.com. We welcome contact by Email, including letters to the editor. Some of our reviewers already send us their reports by Email, helping to speed up the peer review process.

Our publishing system is now fully electronic, and authors are sending their revised copy to us on disk as well as paper. Watch for revised Instructions to Authors.

The Editor

- 12 Fairbairn DW, Olive PL, O'Neill KL. The comet assay: a comprehensive review. *Mutat Res* 1995;339:37-59.
- 13 Hellman B, Vaghef H, Friis L, Edling C. Alkaline single cell gel electrophoresis of DNA fragments in biomonitoring for genotoxicity: an introductory study on healthy human volunteers. *Int Arch Occup Environ Health* 1997;69:185-92.
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- 16 Friis L, Engstrand L, Edling C. Prevalence of Helicobacter pylori infection among sewage workers. *Scand J Work Environ Health* 1996;22:364-8.

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 *JAMA*[1]) is intended to standardise requirements for authors, and is the same as in this issue.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals on the line in square brackets on each occasion the reference is cited (Manson[1] confirmed other reports[2][3][4][5]). 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 Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomed journals. *JAMA* 1993;269:2282-6.
- 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.
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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 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.

NOTICES

Changes to asbestos related prescribed diseases

The Social Security (Industrial Injuries) (Miscellaneous Amendment) Regulations 1997 come into force on 9 April 1997.

Under these regulations changes in entitlement to disablement benefit will be introduced in relation to the prescription of the following asbestos related prescribed diseases:

PD D3 Mesothelioma (Primary neoplasm of the mesothelium of the pleura or of the pericardium or of the peritoneum).

PD D8 Primary carcinoma of the lung where there is accompanying evidence of asbestosis or diffuse pleural thickening.

PD D9 Diffuse pleural thickening.

These changes follow on from recommendations of the Industrial Injuries Advisory Council (IIAC) in its report, Asbestos Related Diseases (Cm 3467), November 1996.

PD D3

Under the new regulations the schedule of prescribed occupations has been broadened to include any occupation in which there has been "exposure to asbestos, asbestos dust, or any admixture of asbestos at a level above that commonly found in the environment at large."

This alteration means that anyone, whatever their occupation, who is diagnosed as having mesothelioma, should have an occupational history taken to see whether they have ever been exposed to asbestos, even for a short period, while carrying out their work. Their work may not have involved the handling of asbestos but may have been carried out in its presence. If so, they may well satisfy the new terms of prescription and should be advised to submit a claim for Disablement Benefit.

In addition, the 90 day waiting period between the onset of the disease and the start of benefit payment has been waived, and will no longer apply to claims for PD D3 which are adjudicated on or after 9 April 1997.

PD D8 and PD D9

Benign diffuse thickening of the pleura is currently prescribed only when the condition is bilateral. Under the new regulations the pleural thickening can be unilateral provided that it covers at least 50% of the chest wall on the affected side, or bilateral provided that it covers at least 25 % of the whole chest wall.

Irrespective of whether it is unilateral or bilateral the pleural thickening must be ≥ 5 mm at one point within the area affected, as measured on a plain chest radiograph. The regulations specify that the thickness must be measured on a plain chest radiograph and not on a computerised tomography scan or other form of imaging.

Enquiries to: Dr P N Stidolph, Medical Policy Group, Department of Social Security, 542, New Court, Carey Street, London, WC2A 2LS.

Imperial College of Science, Technology and Medicine. MSc in Environmental Technology

The MSc in environmental technology provides training in environmental economics, law, policy, science, health and technology. It is divided into three parts and various options. The core course held in the autumn term provides a broad interdisciplinary understanding of the environment involving law, economics, health and policy with the underlying science. In the second term, students select one specialist option for in depth study. The third term of the MSc is spent on a practical research project and is designed to incorporate career development skills. Many projects are done in collaboration with external organisations.

Environment and health

Recent increases in respiratory problems including asthma; air quality; environmental problems in cities; the health impacts of traffic pollution, pesticides, radon, and contaminated land and water; work place hazards; and, more local issues such as leukaemia clusters around nuclear power plants has led the Centre for Environmental Technology to establish a new specialist option in "Environment and Health". The option explores these and other health issues in a comprehensive fashion.

This specialist option brings together the well established training in environmental science, technology, and management in the Centre for Environmental Technology with the expertise of the Imperial College School of Medicine, including St Mary's and the National Heart and Lung Institute. The programme of lecture-based modules and case studies is designed to provide graduates with appropriate interdisciplinary training in scientific, medical, and policy issues within the framework of environment and health to meet the needs of (local) government, industry and commerce within the United Kingdom, European Union, and the developing world. Hence, the course is ideal for candidates who wish to learn about the relation between environmental pollution and impacts on human health, or practitioners who wish to learn more about the latest developments in this field.

The modules in the environment and health option are: (i) pollution and environmental assessment, (ii) epidemiological principles and methods (iii) evaluation environmental hazards/toxicology/risk assessment (iv) environment and health policy. The case studies are designed to evaluate the toxicological and epidemiological evidence of environmental hazards and the consequences for environment and health policy making.

The teaching quality on the MSc programme has recently been rated the best of its kind by the Higher Education Funding Council of England and Wales. The 940 graduates since 1977 have been highly successful in gaining environment-related employment. The course is generously supported by the European Social Fund, the ESRC, NERC and a favourable loan facility. For further details contact: The Assistant Registrar (Admissions), Imperial College of Science, Technology and Medicine, London SW7 2AZ; telephone: 0171-594 8046; fax: 0171-594 8004; e-mail: s.matthews@ic.ac.uk

8th Conference of the International Society for Respiratory Protection. 22-25 September 1997. Krasnapolsky Grand Hotel, Amsterdam, Holland

The biennial conference is the focal point for respiratory protection experts from all over the world to meet and discuss the latest developments and ideas in the use and design of respiratory protective devices.

The conference is divided into sessions of specific interest, for example research, health and physiology, air filtration, breathing apparatus, international standards, protection factors. All sessions will be conducted in English and there will be a product exhibition running in parallel.

The registration fee is £315 for the four days, with reduction for ISRP members, provided payment is received before 31 July 1997. To register, or for further information contact Frank Hallett on 01708 859101, or J D Naylor c/o Protector Technologies Ltd, Pimbo Road, West Pimbo, Skelmersdale, Lancashire WN8 9RA, UK. Tel: 01695 50284 Fax: 01695 50819.

IOSH '97: Laying the odds—managing risk safely. 3-5 November. Harrogate International Centre

Plenary session speakers at IOSH '97 will focus on the practical aspects of risk management—from the assessment of risks in design, product development, and procurement to safety performance indicators. Other sessions, including professional development workshops, will cover: contingency planning; behaviour modification in practice; volunteers as employees; mental health; managing the risk of fire; "selling" risk management to the board; managing a work related upper limb disorder programme; and violence in the workplace.

Further information from: Caroline Woolatt, IOSH, The Grange, Highfield Drive, Wigston, Leicestershire, LE18 1NN, United Kingdom; telephone: +44 (0)116-257 3100, extension: 105/108; fax: +44 (0)116-257 3101; website: <http://www.iosh.co.uk>; e-mail: comms@iosh.co.uk

Epidemiology and Occupational Risks. 22-24 April 1998. Graz, Austria.

There will be an international symposium on the role and importance of epidemiological studies in the prevention of and compensation for occupational accidents and diseases. The symposium is organised by the international research section of the International Social Security Association (ISSA) in cooperation with the main Austrian social insurance against occupational risks (AUVA).

The objective of the meeting is to review experiences of guidance to good practice in epidemiology and to identify further improvements, to consider obstacles and ethical issues in conducting occupational epidemiology, and to discuss approaches for the critical interpretation and synthesis of the results. The symposium will also review experiences and expectations for the use of epidemiological evidence by those working in prevention, compensation, or regulation.

One of the main topics of the symposium is epidemiology: methods, quality criteria, and

interpretation, the other main topic is epidemiology and those working in health and safety at work.

The meeting will be of particular interest to representatives of authorities responsible for the establishment of occupational exposure limits or the definition of lists of occupational diseases, medical inspectors of workplaces, occupational physicians, safety engineers, representatives of the social groups, the social security institutions, and occupational epidemiologists.

Further information from: the Office for International Relations and Conferences, Adalbert-Stifter-Strasse 65, A-1200 Vienna, Austria. Tel. +43-1-33 111 - 537, Fax +43-1-33 111 469 email: presse@auva.or.at

International Symposium on Good Occupational Health Practice and Evaluation of Occupational Health Services. 8-10 June 1998. Hanasaari Cultural Centre, Espoo, Finland

The symposium is organised by the Finnish Institute of Occupational Health (FIOH), the Ministry of Social Affairs and Health, Finland, and the International Commission on Occupational Health (ICOH), Scientific Committee on Health Services Research and Evaluation in Occupational Health.

The aim of this symposium is to stimulate and to promote the international exchange of experiences on achieving good occupational health service practices and to promote development of concepts, strategies, and methodology in evaluating occupational health services (OHS). Topics included in this area are quality and effectiveness, multidisciplinarity, flexibility and good practices with regard to needs of clients and consumers' demands, research on OHS as an advisory service contributing to rational decision making on national, regional, and local levels, as well as on the enterprise level or the OHS service unit level, and the interaction between scientific institutions, service providers, and the health service market. Considering the broad scope of the subject matter of the symposium, issues related to world wide trades and working life are also included.

The programme will include plenary lectures, oral and poster presentations, as well as panel discussions. The working language of the Symposium is English.

Topics include:

- Good occupational health practice, focusing on workplace evaluation and systems evaluation

Keynote lecture: Global trends and developments in occupational health services (objectives and inputs); Jerry Jeyaratnam, ICOH, Singapore

Keynote lecture: Good occupational health practices: Concepts and criteria; Frank van Dijk, The Netherlands

- Evaluation

Keynote dialogue: Strategies and methods for scientific evaluation of occupational health services; Peter Westerholm, Sweden and Kaj Husman, Finland

- Future perspectives

Keynote lecture: Challenges of occupational health services in changing societies and working life; Jorma Rantanen, Finland

- Other topics related to good occupational health practice and occupational health service evaluation

Further information from: Symposium on Good Occupational Health Practice and Evaluation of Occupational Health Services Finnish Institute of Occupational Health Symposium Secretariat, Inkeri Haataja Topeliuksenkatu 41 a A, FIN-00250 Helsinki, Finland; telephone: Int.+358-9-474 7470; fax: Int.+358-9-474 7548; e-mail: Inkeri.Haataja@occuphealth.fi www: http://www.occuphealth.fi/tiedotus

studies. A prime example of such shortcomings is the general lack of information on the characterisation of fibre dose—that is, numbers, dimensions, surface area, chemistry, durability, and biopersistence—for most in vitro and in vivo studies. The report also discusses the relevance of mechanistic data from in vitro and in vivo assays for the evaluation of carcinogenic risk to humans and concludes with several recommended experimental studies which would provide additional data for the future assessment of fibre carcinogenicity.

The remainder of the book focuses on various aspects of mineral fibre carcinogenicity which were outlined in the consensus report, and such reviews express the opinions of their authors. Briefly, the paper by Kane provides a good discussion of the proposed five mechanistic hypotheses for fibre carcinogenesis. Fubini follows up on these hypotheses by examining the interactions between fibres and cells through the analysis of fibre parameters such as crystallinity, micromorphology, elemental analysis, solubility, and adsorption, which are often not considered by most investigators. The report by Jaurand provides cautious consideration to the limitations and feasibility of mutation and cell transformation assays for investigating the mechanistic effects of fibres. Topics presented by Driscoll focus on processes which may contribute to the neoplastic effects of various fibres and current issues such as signal transduction pathways, oxidative stress, antioxidant mechanisms, and protooncogene expression. Donaldson describes in detail the role of reactive oxygen species, cytokines, and growth factors in preneoplastic and fibrotic changes. The advantages and disadvantages of inhalation, intratracheal instillation, and intracavitary injection are reviewed by Oberdörster. The final review, by Davis, discusses the interactions of inhaled particulate matter along with fibres and the potential effects of mixed doses on fibre pathogenicity.

Overall this book is a collection of concise and up to date reviews on the subject of fibre (mainly asbestos) carcinogenesis. It is generally readable, clear, and informative. Its comprehensive tables and references provides a very good introduction for newcomers to the subject, as well as being an excellent resource for examination candidates. Unfortunately, the most appropriate readers (students) will be unable to afford its high price. The sections in the reviews on recommended experimental studies and unanswered questions are worthwhile to the professional audience. These sections state clearly the directions that research should take to close gaps in data and strengthen current information. There are several similar books on the market today which deal with the health effects and actions of mineral dusts; this book will be of interest to those investigators who work predominately with asbestos fibres.

KELLY ANN BÉRUBÉ

BOOK REVIEWS

Mechanisms of fibre carcinogenesis: IARC Scientific Publications No 140.

Edited by AB KANE, P BOFFETTA, R SARACCI, JD WILBOUR. (Pp 135; £45). 1996. Lyon: IARC. ISBN: 92832-2140-0.

This book represents a collection of reviews written by the participants in a workshop on the mechanisms of fibre carcinogenesis, held at the IARC in Lyon on 9-11 January, 1996. The goals of the workshop were twofold; to review and discuss the current knowledge on the mechanisms of fibre carcinogenesis, and to use this knowledge in the assessment of carcinogenic risks to humans or animals.

The primary outcome of the workshop was the consensus report, which is presented in the first part of the book, and was agreed by all the workshop participants. This report brings to light a surprising number of weaknesses and data gaps in the available literature on fibre characterisation, genotoxicity, cell proliferation or activation, and animal

Immunopathology of Lung Disease

Edited by RICHARD L KRADIN, BRUCE WS ROBINSON (pp 578; £87.99) 1997. Oxford: Butterworth-Heinemann. ISBN: 0-7506-9282-0.

This is the first comprehensive text book on the immune responses of the lung in health and disease since *Immunology of the Lung and Upper Respiratory Tract*, edited by John Bienestode, was published in 1984. The book