CORRESPONDENCE

Non-neoplastic mortality of European workers who produce man made vitreous fibres

In a very well written and interesting study Sali et al found an increased mortality due to ischaemic heart disease (IHD) among European workers producing rock or slag wool and continuous filament after 30 years since first employment. These types of fibres belong to a group called man made vitreous fibres (MMVF). Other types in this group are ceramic fibres and glass fibres. These groups of European workers have been compared with the national death rates of the respective countries. This comparison is most often regarded as an underestimation of the true risk as the general population includes sick and disabled people unable to work. This underestimation is well known as the healthy worker effect.

During the past decade fibrinogen has emerged as an important risk factor for IHD. Fibrinogen is a general indicator of inflammatory process in the lungs could be decreased lung function, breathlessness, and chronic bronchitis. Some studies have found significant associations between breathlessness and cardiovascular mortality.

An increased prevalence of chronic bronchitis has been found among United States workers exposed to fibreglass after adjustment for exposure to asbestos and smoking (relative risk (RR) 2.3, 95% confidence interval (95% CI) 1.1 to 4.9). A Finnish study has shown that people with chronic bronchitis have an increased risk of coronary disease and coronary deaths.

A general hypothesis about exposure to inhalable particles and the occurrence of IHD includes sick and disabled people unable to work. This underestimation is well known as the healthy worker effect.

The first measure should be to improve the working environment that causes the mental disorder and eventual suicide of industrial workers. There is still room for improvement when the work environment in Japan is evaluated from this viewpoint. The system for counselling employees and referral to psychiatric specialists in Japan has lagged considerably behind other developed countries. The prejudice against psychiatric medical examination remains ingrained. Therefore, people are being driven to attempt suicide because of physical and mental failure even when they are aware that they could be counselled or referred to a psychiatric specialist. There were over 40 applications for recognition of karoshi as an industrial accident in 1997 and 1998. It is expected that these applications represent only “the tip of an iceberg”, and reports of mental disorders and karoshi will continue to increase once the condition becomes socially accepted. Some psychiatric disorders should be eliminated from society, and overworked people should be able to consult psychiatric specialists more light-heartedly. Therefore, the basis for preventing karoshi is to change the attitude of the workplace and society toward occupational mental illnesses.

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(2) Conditioning: training that strengthens potential areas of weakness and enhances performance at work. Better adaptation to handle the demands of the job or activity.

(3) Early intervention or identification: diagnose the injury as quickly as possible and initiate measures to decrease the severity of disability.

(4) Progressive treatment: rehabilitation that improves flexibility, muscular balance, and other factors that may have contributed to the injury and may prevent future injury. Finally, it is important to treat industrial athletes as comprehensively and intensely as you would any competitive athlete, providing guidance in safety practices, appropriate prevention, and the most effective treatment practices, as well as facilitating access to innovative approaches to treatment that carry the greatest opportunity to yield positive outcomes.

Bringing the sports medicine model to the industrial setting can reduce the medical and non-medical expenditures related to repetitive stress injuries. To have the greatest impact, the medical team needs to have the same level of understanding about the demands of a particular job, just as a sports medicine team physician understands the demands of a specific sport or position. The goal of returning competitive athletes to their functional status before their injuries should be just as aggressively pursued for industrial athletes. In a competitive business environment, it is crucial to have a healthy, strong, highly motivated team to get the job done.

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BOOK REVIEWS

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Key Topics in Respiratory Medicine


Key topics in respiratory medicine is a welcome addition to the literature available to interest in respiratory medicine alike. The authors’ aim was to provide a reference which concisely covers the major topics in respiratory practice in the United Kingdom. They have achieved this aim by creating a book which is not only contemporary, but has been designed with hands on respiratory practice in mind. There are very useful sections on cough, transplantation, unusual respiratory infections, and respiratory disease in pregnancy, as well as well written and up to date information on common respiratory problems. Insight is given into respiratory disease from a different, more clinically based, perspective than is gained with standard texts.

Only minor criticisms can be made. Readers who prefer information presented in bulleted lists may find the format verbose. Unfortunately, there is no use of diagrams or clinical photographs to aid in the presentation of ideas.

Overall, however, Key topics in respiratory medicine will be a welcome addition to the home libraries of many physicians and physicians to be and at £18.95 is good value for money.

DANIEL CHAMBERS


The editors of this book have assembled a distinguished group of (almost entirely North American) experts, to produce a well organised and elegant account of acute respiratory distress syndrome (ARDS).

Their aim is to cover all aspects of this challenging critical care problem, for an audience including students, doctors in training, critical care specialists, physicians and surgeons. They have succeeded in this, so that there is something for everyone; and very few of their readers will come away without learning something new.

In the editors’ own introduction, the chapters are briefly and accurately summarised, without listing objectives or keywords and phrases which might be expected in a textbook. It works better as an academic review than as a clinical handbook. It is certainly comprehensive, and in particular has chapters on lung pathology, pathophysiology, clinical management, complications, infection, recovery, and outcome, which are accurate and excellent. Here, the authors (including the editors themselves) have concentrated on the specific matter in hand. For example, the discussions of artificial ventilation (and weaning therefrom) are apposite and clear. Where the attention changes to more general aspects of critical care, the context of the book does not allow the authors to be either as didactic or as discursive as in other works. For instance, the discussions on management of sepsis and general trauma, although appropriate to the authors’ aims, will add little to many readers’ own knowledge.

As in any book with multiple authors, there is inevitably some duplication and repetition—for instance on the subjects of artificial airways, gastric tonometry, and cytokines. However, although the emphasis may be different from the various authors, there is no contradiction or disagreement between them.

For examination purposes, the book would easily suit postgraduate study, although the student would be wise to select those aspects specific to their relevant curriculum. The book is well indexed, making this task straightforward. Also, each chapter has an extensive and fairly contemporary reference list.
The illustrations and tables are economical and clear; and they are well positioned in the text. The book is very nicely designed and laid out.

It is a pleasure to read this book; and as a summary of recent thinking in a complex field, it is good value for money.

It should be read soon, however, because in the world of critical care medicine, time is unforgiving.

MARTIN R HAMILTON-FARRELL

Microbiology in clinical practice, 3rd edition

In an age in which the former elegance of scientific writing has given way to ill formed prose, check lists, and dreary tomes, this book is a welcome change. It is well written and easy to read, with a comprehensive index and practical modernity: and yes, fleas — neatly bridges the gap between scholarly detail and practical modernity: and yes, fleas are also in the index and succinctly covered in the text.

ROSSALIND STANWELL-SMITH

Air pollutants and the respiratory tract

This three part book was in the process of preparation when the untimely death of David Swift occurred. The first part is an overview of air pollution with four general essays on the nature of air pollution, respiratory exposure to air pollutants, bioavailability of particle adsorbed air pollutants, and the detection of respiratory responses to air pollutants. The second part deals with individual pollutants and specific responses, with five essays on irritant air pollutants, the effects of oxidants, lung cancer, fibre aerosols, and biological pollutants; and the third part is a long and detailed discussion of health risk assessments and regulatory considerations. There are 15 contributors in all, with six based at the Johns Hopkins Medical School.

Most of the essays include acceptable summaries of existing knowledge, and in some of them the internal logic and importance of the overall summary is made. What is disappointing is that many of the current critical issues are not discussed in detail. Thus there is no critical description of time series analyses and the inherent limitations of attributing effects to highly correlated but very different pollutants, such as oxides of nitrogen and particles; nor is there an up to date discussion of the strengths and limitations of epidemiological studies, and the genetics of autoimmunity and environmental factor and more formally defined rheumatic diseases but has difficulty in crystallising belief into fact or even well supported possibility. The problem often is what a recent British politician unblushing term economy of the actualité. The editors have provided us with a very good and quite multinational set of authors, some of whom have been career epidemiologists, and their colleagues’ ideas and data, but others have been content just to reproduce popular reports, even conflicting ones, without attempting to analyse, criticise, and decide on the validity and the strength of claimed associations. If I want unqualified and reconsidered information I can go to the Internet and be swamped. If I read a book I want learned opinion and justified criticism. The initial chapter is a concise but effective account of epidemiology, which explains what environmental exposures may amount to and then describes various forms of ecological and epidemiological survey that might be useful in investigating links between such exposures and rheumatic diseases. It is good in itself, but why spend six and a half pages on a general account of a subject as large as epidemiology when there are large and inevitably more effective monographs in print? Its companion chapter deals briefly and tritely with the laboratory diagnosis of selected rheumatic diseases.

The next section covers mechanisms and the genetics of autoimmunity and environmentally associated disorders. Here you will find the ever popular lists of drugs and a few chemicals, much about HLA and MHC in human and in animal models, and the common intention of the cellular geneticists soon to have explained everything. They have yet to do so but one can learn from their travels.

There is more meat in the accounts of proved disorders and their associations, notably, the toxic oil, cosinophilic myalgia and other fibrosing syndromes, followed by descriptions of drug induced systemic lupus erythematosus and pulmonary fibrosis, the silicone catastrophes, smoking, and a duet of the peculiar chronic fatigue and multiple chemical sensitivity syndromes. Where there are physical disorders to consider, there are good accounts of what is known and the best attempt to note general environmental factors (diet, work, etc) possibly associated with the disorder. The uncertain conditions, such as the silicone, chronic fatigue, and multiple chemical sensitivity claims, are described but not critically assessed. They lack firm deci-
The editors have drawn together a series of contributions that deal with all aspects of indoor air including assessment, key pollutants, syndromes (sick building syndrome and multiple chemical sensitivity), control measures, the litigative framework (United States), clinical assessment of patients and methods of building construction that avoid problems. The book thus offers an unusually wide range of information.

Seltzer has provided a long (50 pages) chapter on sources, concentrations, and assessment of indoor air pollution. This is an excellent and detailed review. There is little to argue with although the United States obsession with chemical terrorism is responsible for some confusion in the equations that explain conversion of ppm to mg/m^3. The equation should read:

\[
\text{ppm} = \text{mg/m}^3 \times 22.45/\text{MW}
\]

The detailed blank forms provided for assessing indoor air quality are a most useful contribution. Environmental tobacco smoke and pollutants generated by combustion are well dealt with by Rands et al and Lambert, respectively. In both chapters, the information is up to date and is reviewed in an even handed way. Indoor air pollution with pesticides is an area that has been largely ignored in the United Kingdom. Wagner's chapter provides a well structured review and deals briefly with assertions that exposure to even very low concentrations of organophosphorus compounds can give rise to disease. Useful guidance on how to investigate cases of alleged poisoning is provided. The chapter on multiple chemical sensitivity by Terr struck me as particularly good. Physicians practising conventional medicine seldom know much about the non-traditional approaches: useful information is provided. Care is taken in dealing with these methods: where no objective evidence of efficacy has been obtained this is pointed out. Practical matters including the use of provocation challenge (Tsien and Spector) and the assessment of patients (Bardana) are well presented.

If indoor air pollutants are bad for people, the litigation that they produce is good for lawyers. The legal aspects are tackled in two chapters: a formal presentation of the United States legal position by Hirsh and a more provocative essay by Selner entitled "The future". This chapter is a gem. The author issues a call to all scientists to stand against "junk science" and to require the rigorous application of rules of scientific logic to assertions of harm. Whether this call will be heed remains moot.

In their preface the editors say "we know of no other text that has addressed the issue of the indoor environment from so broad a platform". I agree: this is an unusual and important book; although at £129.00, too few will buy it.

R L MAYNARD


This small book is the latest in the series on chemical incident management published by the Stationery Office. The authors, all experienced workers in the chemical incident field, have set out to define a series of guidelines that are intended to help the public health physician deal with a chemical incident. As such it is a handbook of "how to do it". The authors point out that although incidents involving the accidental exposure of people to chemicals are common, the involvement of public health physicians is rare. However, public health physicians have responsibilities for managing aspects of chemical incidents. The book is divided into four sections: prevention, preparedness, response, recovery. Each section is subdivided into sections that deal with specific aspects of each main area. Emphasis is rightly placed on planning and surveillance and the importance of establishing good links with other organisations that have a part to play is stressed. Communication inside the team dealing with the incident and between the team and, for example, the media, are discussed in detail: excellent advice is provided; "Never agree to interviews with solicitors who represent local residents or industry!" Advice is provided on such difficult problems as evacuation versus sheltering. Evacuation is often demanded by the public although the benefit is likely to be to provide advice that will allow people to seal their homes and stay where they are.

Major chemical incidents are often followed by complaints of delayed or lasting effects. Counselling of those affected and epidemiological investigation of such possibilities is needed. Methods are explained briefly.

An unusual and particularly useful feature of this book is the wealth of information provided in the appendices. Addresses and telephone numbers of all those who can help in dealing with a chemical incident are provided. Also, examples of questionnaires that can be used to record essential information are provided.

Dealing with a major chemical incident is rather like fighting a battle, in Clausewitz's words "Everything in war is very simple, but the simplest thing is very difficult". Clausewitz explained this in terms of friction or the fog of war. This book dissipates the fog likely to accumulate about a chemical incident: read it now—before you need to.

R L MAYNARD

NOTICES

What authors want: the ALPSP research study on the motivations and concerns of contributors to learned journals

Alma Swan and Sheridan Brown, Key Perspectives (Pp 78; published June 1999; price: ALPSP members £50.00 / US$100, non-members first copy £100.00 / US$200, discounts for more than 1 copy). Order forms and further information from: http://www.alpsp.org or John Morris, South House, Clapham, Worthing, West Sussex BN13 3UU, UK.

Each section of Learned and Professional Society Publishers has recently carried out a large scale survey of contributors to learned journals. The aim was to discover what motivated researchers to publish in journals, and how they decided where to publish, as well as their concerns about the
current system, and what changes they wanted or expected to see in the future.

With the help of many publishers, questionnaires were sent to about 10,500 contributors to learned journals published in the United Kingdom, the United States, and elsewhere. The titles were selected to give a comprehensive spread of subjects, and the recipients were chosen to give a representative worldwide geographical coverage.

With a response rate of >30%, the results provide a substantial body of evidence of what the authors of research articles really think and want.

Authors are continuing to publish in learned journals primarily to communicate their findings and advance their careers. Direct financial reward is not an important issue. Their main aim is to reach the widest possible audience, with the quality of peer review and the impact factor of the journal the main factors of importance in achieving their overall publishing objectives. In deciding where to submit their work, the perceived reputation of the journal, its impact factor, subject area, international reach, and coverage by abstracting and indexing services are extremely important.

Offprints continue to be the main way in which authors disseminate their findings after publication, although 84% also claim to announce their results at conferences before publication.

Copyright does not seem to be an area of major concern at the moment, although a considerable number of authors think that copyright should be retained by the author rather than being relinquished to the publisher. Around 30% of authors express dissatisfaction with the peer review system, primarily because of the delays incurred in the process. Publication delays in general are a source of concern, especially because of the anxiety that someone else will publish the work first.

More than half of authors agree that the purpose of scholarly publishing is changing and increased electronic publishing activities are looked forward to in the future by many authors.

**Industrial Audiometry Courses.**

**12-14 April and 1-3 November 2000. Manchester.**

These 3 day courses in industrial audiometry will be held at the Wendover Hotel, Monton Road, Monton, Eccles, Manchester.

The courses comply with the syllabus recommended by the British Society of Audiology and have been approved by the Society as such.

Each course offers basic training in audiometry for industrial medical staff, safety officers, and others concerned with hearing in industry. It concentrates attention on the problems of practical screening audiometry in industry for the assessment of hearing of both new entrants to noisy employment and existing workers.

The course will include lectures on the theory of audiometry, audiometric methods, accuracy of results, interpretation of data, detection of malingering, and available techniques for the prevention of hearing loss.

Assessment of handicap, detection of non-organic hearing loss, legal liability, and current noise legislation will also be covered. Practical work will include the use of manual and self recording audiometers, care and calibration of audiometers, and practice sessions on audiometry.

A range of modern audiometric equipment will be available for use by participants.

Because of the intensive nature of the course and the emphasis placed upon practical work, the number of participants will be limited to not more than 20 per course. Early registration is therefore advisable. There will be an optional examination and successful candidates will be awarded a certificate of competence.

Details from Dr W Tempest, Kismet, Croyde Rd, St Annes, Lancs, FY8 1EX. Tel 0044 1253 712550.

**Occupational and New Professional Level Training by NRPB in the Year 2000**

Around 40 training courses specialising in various aspects of radiological protection are scheduled to be held in the year 2000 by the National Radiological Protection Board. Past experience indicates that well over 100 private tailor made courses are also likely to be provided.

Further information on arranging private courses can be obtained by contacting the appropriate NRPB Centre. The telephone numbers are as follows: NRPB Scotland, Glasgow (0141-440-2201); NRPB Northern Centre, Leeds (0113-267-9041); NRPB Southern Centre, Chilton (01235-831600).

Information on the new courses is available from the NRPB website (www.nrpb.org.uk). Copies of the new brochure can be obtained free of charge by contacting one of the Centres or through the NRPB Information Office (telephone 01235-822742, fax 01235-822746, email information@nrpb.org.uk).
Non-neoplastic mortality of European workers who produce man made vitreous fibres

BENGT SJÖGREN

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