our reports, height is a sensitive index of past social and nutritional factors and both these are strong determinants of respiratory health. We also refer in our report to an earlier study that had failed to detect any excess mortality in a large cohort of ex-textile workers.⁴

Schilling argues that the evidence from the survey of ex-cotton workers does not exclude the possibility that a small subgroup of textile workers develop a "pronounced loss of lung function and accompanying disability." While no epidemiological or other evidence can ever exclude such a possibility with certainty we would, at the least, ask that the evidence from all these studies is considered together.

References

- 1 Elwood JH, Elwood PC, Campbell MJ. Respiratory disability in ex-flax workers. *Br J Ind Med* 1986;43:300-6.
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- 3 Elwood PC, Pemberton J, Merrett JD, Carey GCR, McAulay IR. Byssinosis and other respiratory symptoms in flax workers in Northern Ireland. *Br J Ind Med* 1965;22:27-37.
- 4 Elwood PC, Thomas HF, Sweetnam PM, Elwood JH. Mortality of flax workers. *Br J Ind Med* 1982;39:18-22.

Wet cleaning machines (soil extraction systems)

SIR,—The recent increase in carpeted areas in hospitals has seen more of these wet cleaning machines in use. They act by producing an aerosol of treated water containing either disinfectant or detergent which is then sucked back to a return tank. These machines are frequently used to remove spills of biological fluid such as blood, urine, and vomit.

While there seems to be little evidence of any bacteriological hazard arising from them it may be that the operator is at risk from several sources. In particular, cleaning the machine is difficult; the detergent tank is difficult to empty completely and clean thoroughly and in some versions metal gauze filters pose a hazard to operators' fingers during removal. A draft code of practice is being discussed by the DHSS Microbiology Advisory Committee. As a result, various "containment areas" are identified in hospitals, of which isolation wards, immunosuppressed treatment patient areas, and certain paediatric areas pose a special problem. Ideally, these areas should not be carpeted and it would seem sensible to use other methods for cleaning up biological spills. The production of a possibly respirably sized aerosol of disinfectant or detergent treated water may pose a hazard to the

lungs of operators since some disinfectants are suspected of causing respiratory allergy.

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Notices

International Symposium of Work in a Hot Environment and Heat related disorders, Khartoum, January 1988.

The major task of this meeting is the scientific documentation and updating of health risks, problems of dysfunctions, and efficiency of performance in man resulting from exposure to hot environments. For further information contact Dr Moneium Attia, chief occupational physiologist, Ministry of Health, PO Box 303, Khartoum, Sudan.

Sampling and Evaluating Airborne Asbestos Dust (NIOSH 582), Chapel Hill, NC, 5-9 October, 1987.

This 4½ day course covers the aspects of collecting and counting airborne asbestos. Attendees will be able to use the equipment necessary to collect and evaluate airborne asbestos samples. Content: asbestos toxicology, sampling and calibrating equipment, sampling procedures, using the microscope, counting procedures, and optical methods. Labs in: airflow calibration, microscope set up, filter mounting, and counting. 32 hours. Four ABIH certification points awarded. Contact: University of North Carolina Occupational Safety and Health Educational Resource Center, 109 Conner Dr, Suite 1101, Chapel Hill, NC 27514. Fee: \$550.

The Health and Safety Executive Library and Information Service has indexed all articles relevant to health and safety at work in the *British Journal of Industrial Medicine* from 1944 to date. Approximately 1600 items are available in the HSELINE database, information on which is available on Pergamon Infoline Computer Services, European Space Agency Information Retrieval Services, Datastar, Compact disc Read Only Memory.