CORRESPONDENCE

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.¹⁻³² The early papers of Elwood were based on a large study of textile workers in Northern Ireland 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 its work. Large studies were undertaken by a small but highly committed team with local fieldworkers 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 exworkers 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 signifi-

cance 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.³³ Most of the data relating to the studies cited is still held at the former MRC unit. A mortality study of 1495 pest 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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Some occupational health surveys associated with the MRC Epidemiology Unit (South Wales) 1960-95

Population	Number eligible	Outcome measure	Response rate (%)	Duration of follow up (y)
Rhondda men and women ¹	800	RS, RM	90	N/A
Miners and exminers ²	2165	CXR	93	8
Miners, exminers and non-miners ³	313	RM	90	5
Miners and exminers ⁴	1250	Blood, saliva RS, CXR	92	N/A
Miners, exminers and non-miners ⁵	9224	CXR, RS, DC	97	6
Asbestos workers and exworkers ⁶	1422	DC	88	< 26
Flax workers ⁷	3066	RS, RM	82	N/A
Flax exworkers ⁸	102	RS, RM	87	N/A
Pontypridd residents ¹³	727	SQ	94	N/A
Steel workers ¹⁴	1007	SQ, eyes	93	N/A
Rhondda men ¹⁶	6384	DC	99	20
Slate workers, exworkers and controls ¹⁷	1662	RS, RM, CXR	94	N/A
Miners and foundrymen ¹⁸	387	DC	99.5	20
Miners and foundrymen ¹⁹	369	DC	100	20
Flax workers ²⁰	2528	DC	97	16
Asbestos workers ²²	1592	DC	97	< 41
Rhondda men ²⁴	8526	DC	99.9	30
Flax exworkers ²⁷	2129	RS, RM	90	N/A
Slate workers and controls ²⁸	1285	DC	100	6
Cotton exworkers ²⁹	1023	RS, RM	87	N/A
Viscose rayon workers ³⁰	2939	DC	97	< 37
Painters and electricians ³²	3864	DP, CR, DC	88	< 14

N/A = not applicable; RS = respiratory symptom questionnaire; RM = respiratory measurements; SQ = symptom questionnaire; CXR = chest x ray film; DC = death certificate; DP = disability pension; CR = cancer registration.

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Occupational medicine: the way ahead

Editor—Seaton and Agius describe clearly the evolution of occupational medicine to its present position in your August Journal.¹ We agree, in general, with their analysis. The way ahead that they seek involving an

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,² in the August edition of your sister journal *Occupational Medicine*, comments that "within my previous Military Service, 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 consider.

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1 Seaton A, Agius R. Occupational Medicine: the way ahead [editorial]. *Occup Environ Med* 1995;52:497-9.

2 Kalman C. Viewpoint '95: Ramazzini extended? *Occup Med* 1995;45:173-4.

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 spe-

cialisation 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 exposure 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
- Biomedical 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@DOFFS.SZ.WAU.NL.

16th Annual New England Epidemiology Summer Programme. June 10-July 5, 1996. 5 and 10 Day Courses.

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 introduction to modern epidemiological concepts as well as those desiring a review of recent developments in epidemiological thinking.

Nineteen 5 and 10 day courses cover the following: introduction to epidemiology, conducting epidemiological research, theory and practice of epidemiology, epidemiological basis for causal inference, introductory biostatistics, regression and categorical data methods, survival analysis, meta-analysis, clinical research, pharmacoepidemiology, epidemiological methods for health care research, epidemiology in developing countries, cancer epidemiology, perinatal epidemiology, genetic epidemiology, occupational and environmental epidemiology, use of biomarkers in epidemiology, scientific writing, and ethics and epidemiology. Invited speakers include excellent teachers and prominent researchers from leading universities. Registrants may receive graduate degree credit or continuing education credits from Tufts University, continuing medical education (AMA category 1) through Tufts University Medical School, Nursing continuing education units from the Massachusetts Nursing Association, and certification maintenance from the American Industrial Hygiene Association.

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: epidemio@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 co-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, labour 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.

At the Hotel Royal Plaza you are next door to the magic kingdom park, Disney-MGM studios theme park, and the EPCOT Center. Enjoy complimentary scheduled bus transportation and guaranteed access to all three Disney theme parks. Your choices for recreation abound—from advance reservation privileges on five PGA Disney golf courses to a tropical pool with sauna and spa, lighted tennis courts, game room, on premise car rental, one day photo shop, Disney gift shop and boutique . . . and you are just a few steps from Disney village marketplace and pleasure island where a world of unique boutiques and entertainment awaits! The Hotel Royal Plaza is in the heart of the Walt Disney world resort—25 minutes from Orlando International Airport take Interstate 4 at State Road 535 (Exit #27). Limo service available through JR Tours 407-222-8451 at \$25 one way.

For further information contact: The Industrial Health Foundation, 34 Penn Circle West Pittsburgh, PA 15206. Tel: 412-363-6600; Fax 412-363-6605.

Occupational Hygiene '96, Promoting a Healthy Working Environment, Conference and Exhibition. 23-26 April 1996: Keele Conference Park.

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. Before the 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 Pottery industry, and air quality, the 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 Veys, OBE, FFOM, President of BOHS in 1989-90. The final day is devoted to epidemiology, control of hazardous substances, and personal protective equipment.

The BOHS Conference is widely regarded as the premier European event in the field 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 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