in men aged 55 to 64 years. A possible explanation for this apparent age effect might be that men with respiratory symptoms or bronchitis, who had once been inhalers, had given up the practice for health reasons. The mean length of 20·07 mm. found in this survey may be compared with the figure of 18·8 mm. recorded by Doll, Hill, Gray, and Parr (1959) for a random sample of men and women in Britain. The agreement is fairly close and suggests that in this respect this mining group is representative of the general community.

How much significance can be attached to a mean difference of this magnitude is hard to say. The temperature of the inhaled smoke has been shown to rise rapidly when the burning cigarette is less than 25 mm. long (Smyth, 1959), and a disproportionately large amount of tar may also be drawn into the respiratory passages because of the reduced efficacy of unburned tobacco as a filter. But the small difference we have found seems unlikely to account for the anomaly in the smoking/lung cancer story pointed out by Fisher.

A more plausible explanation of this might be that it is not the smoke inhaled through the cigarette that is important in the development of lung cancer, but rather the more obviously irritating smoke inhaled from the burning end. It would be valuable to know more about the way in which people smoke. In any future lung cancer studies, attention should be directed not only to the amount of tobacco smoked, the degree of inhalation and length of cigarette end, but also the manner of holding the cigarette, for example whether mainly in the hand or constantly in the mouth, when engaged in other activities.

I am indebted to Dr. J. Good for suggesting this survey, to Dr. H. Campbell for statistical help, to Professor A. L. Cochrane, who kindly criticized the manuscript, to Mr. Hugh Bates, who collected the cigarette butts, and to Mrs. G. S. Kilpatrick, who measured the cigarette ends and analysed the results.

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THE JULY (1964) ISSUE

The July (1964) issue contains the following papers:—

A number of copies are still available and may be obtained from the Publishing Manager, British Medical Association, Tavistock Square, W.C.1, price 18*s.* 6*d.*

medical labour inspectorate in order to perform its duties effectively; (*c*) the training required by medical practitioners assigned to medical labour inspection and necessary or desirable facilities for providing such training; and (*d*) miscellaneous questions directly connected with the above items.

Varying historical, political, and administrative factors determine the organizational framework in which the medical inspector operates and the nature of the job he does. The basic criteria, however, are professional independence and unrestricted access to places of employment with power to take samples and to examine workers for occupational diseases. This involves on his part professional and technical secrecy combined with the absence of any financial interest. His duties will include advising on the application of legislation, giving information to educate management and workers, and supervising medical examinations of special groups. He will be particularly concerned with occupational diseases, with human factors in safety, and in maintaining liaison with other authorities. In certain circumstances he may be concerned with workers' nutrition.

In order to exercise these powers effectively, it is desirable to have a central department with a geographical distribution of medical inspectors according to industrial concentration, each medical inspector having a wide knowledge of occupational hazards, though he may specialize in the main industry of his particular area. The report discusses in detail the routine to be observed in first and subsequent visits to factories and the conduct and publication of the results of enquiries and research projects together with the resources necessary in terms of laboratories and technical and statistical personnel (though this last is more idealistic than a practical objective for developing countries). The Annual Report is recognized to be of great value.

The small number of medical inspectors employed in any one country make the question of training largely a gradual accretion of knowledge by experience, but the symposium decided that not only was basic training in occupational health essential but that a willingness to learn a wide range of related subjects was essential. In addition to the practical experience gained in the job, regional and international training courses and regular meetings of medical inspectors were regarded as valuable aspects of the training of the medical inspector and in keeping him up to date.

Other medico-social topics which it was considered might come within the ambit of the medical inspector were the problems of migrant workers, the construction of short-term labour camps, seasonal workers, automation, the psychological aspects of accidents and labour relations, and the problems of people who feel economically obliged to do two jobs.

If the medical inspectorate of any country performs satisfactorily a quarter of the functions contained in this document, then it deserves congratulation. We should all like to see medical inspectors so well trained and equipped, but when will the historical, political, and administrative circumstances conspire to give him the opportunity? There is no harm in setting your standards high, and one can only hope that from all these high-sounding sentiments the 22 participants took away at least a resolution to put *some* of the recommendations into effect before the next meeting.

R. MURRAY

Notices

Society of Toxicology

The annual scientific and business meeting of the Society of Toxicology will be held in Williamsburg, Virginia on March 8, 9, and 10, 1965. Anyone interested may attend.

At the 1964 annual meeting, 70 scientific papers in all phases of toxicology were presented. Abstracts of these appeared in the journal of the Society (*Toxicology and Applied Pharmacology*, **6**, 340-365, 1964).

Papers for the 1965 meeting may be submitted or must be sponsored by members of the Society. Additional information about the meeting may be obtained from the Secretary: Mr. Carrol S. Weil, Mellon Institute, 4400 Fifth Avenue, Pittsburgh, Pennsylvania.

University of Cincinnati

A Symposium in Occupational Skin Problems will be held at the Kettering Laboratory, Cincinnati, Ohio, from October 12 to 15, 1964.

University of Manchester

A Course for Industrial Medical Officers will be held in the Department of Occupational Health, University of Manchester, from November 2 to 6 inclusive, 1964. Application should be made to the Secretary, Nuffield Department of Occupational Health, University of Manchester, Clinical Sciences Building, York Place, Manchester 13.

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A cumulative index has been prepared for the years 1944 to 1960.