Correspondence

Pleural mesothelioma in a lift mechanic

SIR,—I have read with interest the article by Huncharek and others (1989;46:500–1). The authors speculated in relation to the asbestos exposure of a lift mechanic whose primary exposure to asbestos was to lift brake linings which he routinely cut, fitted, and removed during lift installation and maintenance.

I have interviewed well over 100 people with asbestos related disease, including lift mechanics. With the latter it has been apparent, on interview, that the “primary exposure” to asbestos of the victim was not necessarily the principal causative exposure.

Lift mechanics often work for long periods in buildings undergoing renovation or construction and have been present at times when asbestos fire retardants were sprayed by other tradesmen. They invariably work in the lift shafts, which in multistorey buildings act as a route for the often heavily contaminated air to rise by means of the “stack effect,” exposing the mechanic to virtually any air contaminants created by the building operations. In addition, they are often required to cut asbestos fire retardant materials from within the life fire doors and work alongside allied tradesman, lagging or delagging pipes.

It is my opinion that a lift mechanic may have had heavy exposures to amphiboles which are much more

likely to have been the cause of a pleural mesothelioma than regular, but low level, exposure to chrysotile from work on lift brakes.

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Occupational asthma due to tylosin tartrate

SIR,—Lee *et al* claim to have described the first case of asthma induced by occupational exposure to tylosin tartrate (1989;46:498–9). In 1988 I described a study of 85 subjects with respiratory or skin symptoms, or both, after work exposure to tylosin tartrate. Fourteen cases of clinically proved bronchospasm were described in detail (diagnosed 1984–5).

Of 78 subjects who were prick tested with a solution of tylosin tartrate, 26 developed a delayed non-itching weal, indicating sensitisation.

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Reference

- 1 Gollins WJF. Tylosin (antibiotic) manufacture and employee health. London: Royal College of Physicians, 1988. (MFOM dissertation.)

Notice

Occupational Health Course 16 April–22 June 1990

The Institute of Occupational Medicine, Edinburgh, will be holding its 1990 occupational health course from 16 April to 22 June. It is run jointly with the University of Aberdeen and is intended for physicians working in industry who are seeking a higher qualification in occupational medicine. The

programme fulfils the formal syllabus of the AFOM (Associate Membership of the Faculty of Occupational Medicine of the Royal College of Physicians of London). Successful completion of the course and examinations leads to a certificate. For further information, please contact: Dr R Agius or Mr H Collins, Institute of Occupational Medicine, 8 Roxburgh Place, Edinburgh EH8 9SU. Tel: 031-667 5131.