

of the general population of a western society will know that a serious bias must have been introduced.

The high degree of exposure in the referent group of Harrington *et al* may possibly reflect the average exposure of the working population in the West Midlands, but probably not the exposure of the general population; certainly not of the general population in other areas. The study of Harrington *et al* has confirmed that patients with glomerulonephritis are frequently exposed to organic solvents, but due to their choice of controls their finding is not conclusive.

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- 1 Ravnskov U, Lunström S, Nördén A. Hydrocarbon exposure and glomerulonephritis: evidence from patients' occupations. *Lancet* 1983;ii:1214-6.
- 2 Harrison DJ, Thomson D, Macdonald MK. Membranous glomerulonephritis. *J Clin Pathol* 1986;39:167-71.
- 3 Ravnskov U. Exposure to organic solvents—a missing link in poststreptococcal glomerulonephritis? *Acta Med Scand* 1978;203:351-6.
- 4 van der Laan G. Chronic glomerulonephritis and organic solvents. A case-control study. *Int Arch Occup Environ Health* 1980;47:1-8.

#### Author's reply

Ravnskov raises some interesting issues concerning our paper. He is, of course correct in pointing out, as we do, that our findings are inconclusive due to power considerations in the case-referent design. Unfortunately, however, he does not write from a totally unbiased position, given the fact that his studies are among those commented on in our discussion.

We did not "ignore" any of the relevant studies—indeed his work is cited as important and relevant. But it is too simplistic merely to add up studies and weigh them in some numeral balance of for or against. All published studies need to be assessed for their epidemiological strengths

and weaknesses. When this more logical approach is used, most are found wanting, including ours.

The point about streptococcal and non-streptococcal glomerulonephritis is valid. The use of community referents may be "elementary" but it is methodologically difficult which is perhaps why most other studies eschew the device. That alone weakens such studies. Hospital based controls are universally recognised as inherently more biased than community based controls. In our paper we go to considerable lengths to point out that our results are inconclusive, an aspect which needs no further emphasis by Ravnskov. Nevertheless, it is clear to any unbiased observer that most of the published studies are seriously flawed. Ours may have low power but at least it avoids most of the weaknesses inherent in most of the other studies.

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## NOTICES

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**3rd Meeting of the International Neurotoxicology Association**, Salsomaggiore Terme (Parma), Italy, 1-5 July, 1991.

The 3rd INA meeting will provide a forum for interdisciplinary exchanges between scientists involved in different areas of neurotoxicology, including experimental, clinical and epidemiological aspects, and covering a wide range of relevant information from neuropathology, neurochemistry, neurophysiology, neuroteratology, and neurobehavioural toxicology. Four symposia based on invited lectures will be arranged by the scientific committee. Unsolicited contributions will be presented as posters, which will be discussed during special sessions. Workshops on specific issues will also be organised. The preliminary programme includes subcellular and cellular mechanisms of neurotoxicity; neurotoxicity and ageing;

developmental neurotoxicity; and screening for neurotoxicity in humans. For further information, contact: Dr A Mutti, Organising Secretary 3rd INA Meeting, Laboratory of Industrial Toxicology, University of Parma—Via Gramsci 14, I-43100 PARMA Italy.

**International Symposium on Future Trends in the Changing Working Life**, Finlandia Hall, Helsinki, Finland, 13-15 August 1991.

Many factors, including internationalisation, automation, raised level of education and training, aging of the population, and changes in values and attitudes will drastically change the nature of work in the next decade and into the 21st Century. The general objective of the Symposium is to facilitate the transfer of research to benefit the development of work and the quality of the working life in the future. To achieve this four major themes will be considered in plenary sessions—namely, work in an international environment, the quality of working life, work in the future, and human resources in work in the future. Participants are welcome to present oral free communications or posters, or to participate in formal and informal discussions. The official language of the Symposium is English, with simultaneous translation into Finnish. For further information contact: Work in the 1990s International Symposium on Future Trends in the Changing Working Life, c/o Institute of Occupational Health, Suvi Lehtinen, Topeliuksenkatu 41 aA, SF-00250 Helsinki, Finland.

#### Correction

**On talc, tremolite, and tergiverston** (1990;47:505-507).

Owing to a copy editing error lines 3-5 second column page 505 are incorrect. They should read "... various forms of asbestos, fibrous glass, and the fibrous earths including attapulgite and sepiolite."