research which show differences in fibre types and fibre dimensions to be critical) and the intelligent development of public policy and regulation. The essential scientific problem is the inhalation of fibres, whatever they are called or whatever their origin.

Fibre reinforcement, of cement or plastic or bitumen, is a recognised engineering technique that is bound to continue for technical reasons. It is not for us as occupational physicians to preach to industry about what they can and cannot use. It is our clear duty to put them on their guard against the possible dangers and to take the appropriate measures of protection, based on an analysis of the available data and a sense of perspective and proportion.

I submit that, in our current ignorance, we must be careful about the use of any respirable fibre. Having been associated with the asbestos industry since 1947 when I saw my first asbestos necropsy and having seen the changes in the industry during that time I am confident that, although much remains to be discovered, provided that intelligent precautions are taken, the advantages of asbestos or any other fibre reinforcement may be accepted by the people of the world without fear.

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Correspondence and editorials

The *British Journal of Industrial Medicine* welcomes correspondence relating to any of the material appearing in the journal. Results from preliminary or small scale studies may also be published in the correspondence column if this seems appropriate. Letters should be not more than 500 words in length and contain a minimum of references. Tables and figures should be kept to an absolute minimum. Letters are accepted on the understanding that they may be subject to editorial revision and shortening.

The journal now also publishes editorials which are normally specially commissioned. The Editor welcomes suggestions regarding suitable topics; those wishing to submit an editorial, however, should do so only after discussion with the Editor.

service on hazards and how to remove them;
in identifying the economic and political causes of occupational ill health, at least not overtly at a national level, although caution in this respect may have ensured the support and financial help of its "establishment" patrons in the medical and political fields;
in directing its resources always at the main issues. For instance at an early stage it began a programme of health education work on teeth and diets—worthy causes but somewhat peripheral to its original aims and certainly much less contentious.

The IHES was a unique organisation that did not fit exactly into either the mould of consensus building or radical organisations of the 1920s and 1930s. It did reach large numbers of workers on the shopfloor, primarily trade unionists, with necessary basic information about occupational hazards. The IHES also faced all the problems about voluntarism, self regulation, deregulation, scientific neutrality, consensus building, conflict resolution, and victim blaming that health and safety workers faced in the 1980s.

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Vancouver style

All manuscripts submitted to the *Br J Ind Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style)

The *Br J Ind Med*, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style. The style (described in full in *Br Med J*, 24 February 1979, p 532) is intended to standardise requirements for authors.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals above the line on each occasion the reference is cited (Manson[1] confirmed other reports[2-5]...). In future references to papers submitted to the *Br J Ind Med* should include: the names of all authors if there are six or less or, if there are more, the first three followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter.

Examples of common forms of references are:

1 International Steering Committee of Medical Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;**1**:532-5.
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then is confirmed by the present study, as the number of deaths from non-malignant diseases of the lungs were not increased.

Most malignant tumours have a long latency time and the effects of a harmful working environment often appear late. As the major part of our cohort is still young, further follow up is necessary and the present cohort will be under continued observation.

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Christina Paradis and Katarina Sjöland collected and recorded the data. Margit Roos, Irma Hedlund, Margareta Liedbäck, Olle Berg, Jan Lundin, Inger Tillberg, Petter Larsten, Lars Stenström, Ella Billnor, Henry Hellberg, and Kaj Åberg helped to select cohort members.

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Destruction of manuscripts

From 1 July 1985 articles submitted for publication will not be returned. Authors whose papers are rejected will be advised of the decision and the manuscripts will be kept under security for three months to deal with any inquiries and then destroyed.