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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 (Manson¹ confirmed other reports²⁻⁵...). 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.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosino-phil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
- 3 Weinstein L, Swartz MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology: mechanisms of disease*. Philadelphia: W B Saunders, 1974:457-72.

Antiepidemic Station of Shijiazhuang Prefecture and Gaocheng county for their assistance in this study.

Requests for reprints to: Professor Fengsheng He, Director, Institute of Occupational Medicine, Chinese Academy of Preventive Medicine, 29 Nan Wei Road, Beijing 100050, People's Republic of China.

- 1 He F. Clinical observations on two patients with acute deltamethrin poisoning. *Abstracts of the XIth international congress on occupational health*, Dublin, Ireland, 9-14 September, 1984.

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Accepted 20 August 1990

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.

Table 6 SCE frequencies and smoking habits of group B

Smoking state	No of men	SCE/cell (SD)
Cigarettes:		
Heavy (> 20/day)	6	11.9 (0.5)
Light (< 20/day)	13	10.5 (0.5)
Pipe and cigars	6	10.3 (0.7)
Total No of smokers	25	10.8 (0.3)
No of non-smokers	25	9.1 (0.3)

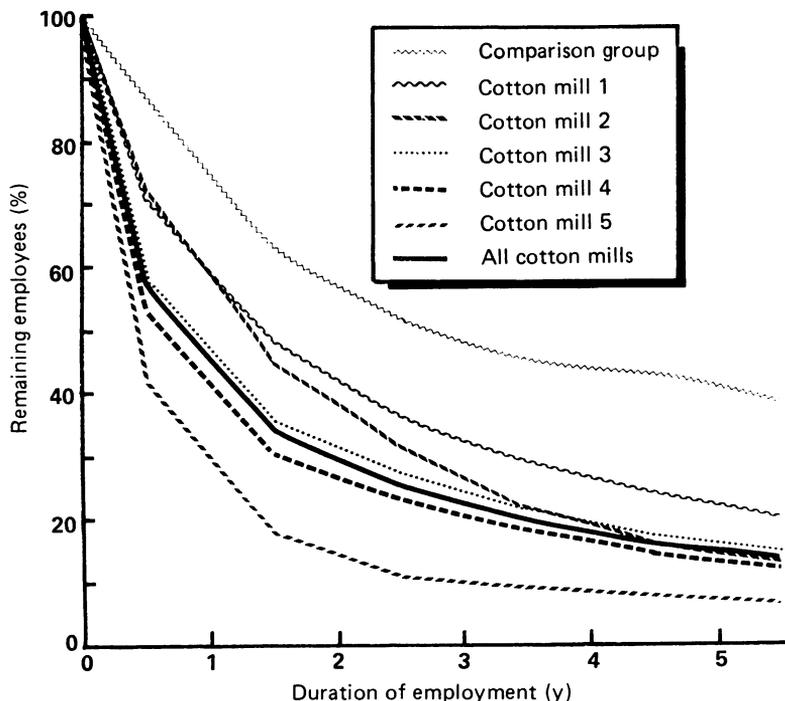
to light smokers but, by contrast with the findings for dicentrics, the pipe plus cigar group had the lowest value. The increases in SCEs in the uranium worker groups were similar to those of the control group, suggesting that for this type of cytogenetic endpoint no interaction exists between smoking and exposure to uranium. This is not surprising as SCEs and chromosome aberrations are derived from different types of DNA lesion.

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Accepted 20 August 1990

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.



Percentage of employees who remained at the same work after one, two, three, four, and five years.

healthy worker effect and low mortality from respiratory diseases. Our cohort members were highly pre-selected. The minimum exposure time was five years; this cut the total of 9000 cotton mill workers to a study group with 1065 members. The turnover of employees was one in ten within two weeks and one in four within three months, showing an exceptionally high selection, which persisted when compared with the paper box assembly workers (figure). The effect of health selection was also evident in a cross sectional health survey of current cotton mill workers in 1970-2.¹ Persons with respiratory symptoms left the dusty work. The fatality of respiratory diseases was discussed in our paper only as a methodological question generally connected with cohort studies. If the effect of exposure is manifested as excessive disability rates during a certain period of follow up, the mortality from the same disease is apt to remain low (chronic bronchitis and bronchial asthma are non-fatal at the stages which cause excess morbidity). The

effect on mortality can be seen during the subsequent periods of follow up (if these causes are coded as the main cause of death, which is used as a standard in the statistics).

1 Hakkinen I. Byssinosis in Finnish cotton mills. Helsinki: Institute of Occupational Health, 1975. (IOH study report No 21. In Finnish with an English summary.)

NOTICE

Toxicology Update '91: Concepts and Advances in Immunotoxicology, April 15-17, 1991.

Sponsored by the Division of Toxicological Sciences, Department of Environmental Health Sciences, The Johns Hopkins School of Hygiene and Public Health; course directors Thomas W Kensler, PhD, Michael A Trush, PhD.

This course will examine the principles necessary to understand how chemicals interact with the immune system and the consequences of such interactions. The lectures are intended to provide a general overview of both toxicologic principles and immunologic mechanisms in chemical induced toxicities, as well as how chemical interactions can result in autoimmunity, hypersensitivity to chemicals, and increased susceptibility to infection and tumorigenesis. A spectrum of target organs and chemicals, both pharmacological and environmental, will be covered. This course is intended for physicians, industrial hygienists, interested scientists, and persons involved in the regulatory aspects of chemical exposure.

For information, brochure, and registration procedures contact: Dr Jacqueline Corn, Director, Continuing Education Program; or Catherine Walsh, Course Coordinator, Department of Environmental Health Sciences, The Johns Hopkins School of Hygiene and Public Health, 615 North Wolfe Street, Room 6001, Baltimore, MD 21205, USA.