
British Journal of

INDUSTRIAL MEDICINE

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All papers should be submitted in triplicate to The Editor, *British Journal of Industrial Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR. Each author must sign the covering letter as evidence of consent to publication. Papers reporting results of experiments on human subjects will not be considered unless the authors state explicitly that each subject gave his or her informed written consent to the procedure and that the protocol was approved by the appropriate ethical committee.

Papers are accepted on the understanding that they are contributed solely to this journal and are subject to editorial revision. The editor cannot enter into correspondence about papers rejected as being unsuitable for publication, and his decision is final. Papers should follow the requirements of the International Steering Committee of Medical Editors (*Br Med J* 1979;ii:532-5). **Papers should be prefaced by an abstract of the argument and findings which should be more comprehensive than a summary. Papers and references must be typewritten on one side of the paper only, both in double spacing, and with a wide margin. Both SI units and their equivalents must be given throughout** (Baron *et al*, *J Clin Pathol* 1974;27:590-7). Photographs and photomicrographs on glossy paper should be submitted unmounted. Charts and graphs should be carefully drawn in black ink on tracing linen or Bristol board or stout white paper. Legends to figures should be typed on a separate sheet of paper.

References will not be checked by the editorial office; responsibility for the accuracy and completeness of references lies with the author. Number references consecutively in the order in which they are first mentioned in the text. Identify references in texts, tables, and legends by Arabic numerals above the line. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of a particular table or illustration. The number of references should be kept to the absolute minimum and only those essential to the argument being developed by the authors or to the discussion or if they describe methods which are being used

when the original is too long for inclusion. Usually one reference per typed page of manuscript should be sufficient.

Use the form of references adopted by *Index Medicus*—for instance, for a standard journal article: authors (list all authors when six or fewer, when seven or more, list only three and add *et al*), title, abbreviated title of journal, year of publication; volume number: **first and last page numbers**.

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Accepted 3 February 1992

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.
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- 34 Hurrell Jr JJ. Machine-paced work and the type A behaviour pattern. *Journal of Occupational Psychology* 1985;58:15-25.

Accepted 20 January 1992

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. Table 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.

- knowledge and future perspective. *Int Arch Occup Environ Health* 1985;56:1-21.
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Accepted 13 January 1992

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.

CORRESPONDENCE

Hexachlorophene exposure in a young patient with soft tissue sarcoma

Sir,—A 34 year old female patient was operated on in March 1991 for a large mediastinal tumour; histopathology showed a malignant fibrous histiocytoma. The tumour was encapsulated and the operation was microscopically radical. Five months later, however, two inoperable metastases were diagnosed in her right lung. The disease progressed rapidly in spite of cytostatic treatment and the patient died.

There was no family history of malignant diseases. From 1974 until 1987 she had worked in hospital both as a cleaner and assistant nurse. She was thereby in contact with hexachlorophene on almost a daily basis for disinfection and hand wash until 1980 when hexachlorophene was withdrawn from the Swedish market.

Hexachlorophene is a polychlorinated biphenol developed in 1939, and has been widely used as a detergent in soaps and as a disinfectant, particularly in hospitals.¹ It is produced from 2,4,5-trichlorophenol, and contains less than 15 µg/kg of the toxic dioxin 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).^{1,2}

An association between exposure to phenoxy herbicides, chlorinated phenols, dioxins, and soft tissue sarcomas has been reported in case-control and cohort studies.³⁻⁹ In fact, allowing for latency, exposure to TCDD gave a significantly increased risk for all malignant diseases combined in three studied cohorts.^{8,10,11}

The dioxin TCDD is a carcinogen in animal studies,^{12,13} but hexachlorophene has not been shown to be carcinogenic in animals^{14,15}; no data on human carcinogenicity are available.

The Swedish Cancer Environment Register 70 (CER 70) was established by record linkage between the 1970 census and cancer register incidence data in 1971-84, and contains information on a total of about 8.1 million persons. For physicians and dentists a non-significantly increased standardised incidence ratio (SIR) for soft tissue sarcoma (ICD 7 code 197) was found (SIRs 1.4 and 2.1 respectively). For all health care workers the SIR

was 1.0. As individual exposure data are lacking, CER 70 cannot be used to confirm or refute any causal associations.

An association might exist between exposure to hexachlorophene and soft tissue sarcoma for the case presented here. The latency period was 17 years, which is in agreement with previous findings regarding exposure to dioxin and soft tissue sarcoma, TCDD is carcinogenic, and she was young without a history of a hereditary syndrome.

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NOTICES

7th International Meeting on Low Frequency Noise and Vibration, Edinburgh, 14-16 April 1993 (University of Edinburgh Pollock Halls of Residence)

Organising committee; chairman Dr W Tempest, University of Salford and members of the editorial board of the *Journal of Low Frequency Noise and Vibration*. The meeting is sponsored by the *Journal of Low Frequency Noise and Vibration*. The topics of the Conference will be those of the sponsoring journal among which are: sources of infrasound, low frequency noise and vibration including hand-arm and whole body vibration; detection, measurement and analysis; control, especially active control; propagation; perception and subjective effects. The organising committee welcomes contributions related to any of the topics listed above.

A programme of tours and visits, and a conference banquet is to be arranged.

For further information contact: Multi-Science Publishing Co Ltd, 107 High Street, Brentwood, Essex CM14 4RX, UK.

Delegates should note that the Institute of Acoustics spring conference, **Acoustics 93** will be held in the week after this meeting, 20-23 April at the Institute of Sound and Vibration Research, Southampton.

XIIIth World Congress on Occupational Safety and Health, New Delhi, India, 4 to 8 April, 1993

Every three years, world leaders in occupational safety and health gather at a summit event known as the World Congress on Occupational Safety and Health. The XIIIth World Congress on Occupational Safety and Health will be organised in New Delhi, India from 4 to 8 April, 1993.

World Congresses are traditionally organised by the International Labour Office (ILO), the International Social Security Association (ISSA), and an organisation within the host country. This Congress is being organised by the above mentioned organisations and the National Safety Council of India in collaboration with the Ministry of Labour of the Government of India. It is the first such Congress ever organised in a developing country and the first to be held in Asia.

Simultaneous interpretation will be provided in all five of the official Congress languages, English, French, German, Spanish, and Japanese.

There will be keynote addresses by leaders in occupational safety and health from around the world.

The Programme of the Congress will reflect current trends in occupational safety and health aimed at achieving more integrated approaches

to improving both working conditions and productivity. The Congress will explore such areas as successful safety and health programmes at enterprises; safety, health and the protection of the environment; work related diseases: prevention and health promotion; the application of ergonomics in industry and offices; safety in transportation; trends, priority issues and actions for the 1990s; occupational safety and health information systems. Furthermore, concurrent sessions, organised in cooperation with the international sections on accident prevention of the International Social Security Association will examine such topics as accident prevention measures in agriculture and their economic efficiency; optimisation of occupational safety and health in the chemical industry; machine safety and systems safety; education and training for prevention; practical application of research for the prevention of risks in the work environment.

The programme will also include the 2nd International Film and Video Festival, during which recent professional films and videos on occupational safety and health will be reviewed and the best awarded.

The Congress organisers are confident that the Congress programme will provide a unique opportunity for specialists of all disciplines engaged in safety, health, and environmental

protection to exchange their knowledge and experience, with the view to improving safety worldwide.

In the world today, it is estimated that 200 000 workers lose their lives annually and an additional 120 million are injured or become ill due to hazards at work. Recent studies in Europe have revealed that 3 to 5 per cent of the GNP is lost due to accidents. In many economies, such a percentage increase in production would be judged a significant economic success.

Many countries are upgrading legislation and promoting action oriented workplace programmes that can actually reduce accident rates. This Congress will provide a unique forum to share strategies and shopfloor solutions. Over 2000 international participants are expected to attend.

More detailed information can be obtained from the *Invitation and call for papers brochure*. A copy of this brochure as well as any other information can be obtained from: XIIIth World Congress on Occupational Safety & Health. Mail: Congress Secretariat, National Safety Council of India, PO Box 26754, CLI Building, Sion, Bombay 400 022, India. Telephone: +91.22.407.3285, +91.22.407.3694. Fax: +91.22.407.5937, +91.22.407.3639. Telex: 11-74577 CLI IN. Cable: NASACIL, Bombay, India.