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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

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 - 18 National Centre for Occupational Health. *Report on respirable dust and noise exposure at "a pottery"*. Johannesburg: NCOH, 1986. (NCOH rep 22/1986.)
 - 19 National Centre for Occupational Health. *Report on respirable dust exposure at "a tile manufacturer"*. Johannesburg: NCOH, 1987. (NCOH rep 29/1987.)
 - 20 National Centre for Occupational Health. *Report on air monitoring at "a sanitary ware factory"*. Johannesburg: NCOH, 1989. (NCOH rep 9/1989.)

Accepted 4 November 1991

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.

Requests for reprints to: Dr C J M Poole, Department of Occupational Health, Rover, Longbridge, Birmingham B31 2TB.

- 1 Waclawski ER. Employment and diabetes: a survey of the prevalence of diabetic workers known by occupational physicians, and the restrictions placed on diabetic workers in employment. *Diabetic Medicine* 1989;6:16-19.
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Accepted 2 December 1991

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 eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
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Requests for reprints to: Dr Deschamps, Hôpital Fernand Widal, 200 rue du faubourg Saint Denis, 75475 Paris Cedex 10, France.

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Accepted 7 October 1991

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.

Table 1 Geometric mean concentrations of PCBs in sera

Aroclor	No of volumes		
	1979	1983	
1242 (ppb)	148	287	61
1254 (ppb)	148	57	25
1260 (ppb)	121	37	19

and on 121 persons for aroclor 1260. These paired measurements formed the basis of our calculations of serum PCB half lives. Table 1 shows the geometric mean PCB concentrations in serum for 1979 and 1983.

Based on the assumption of first order kinetics, we applied linear regression techniques to estimate k , the elimination constant, and then determined half lives. The general formula for first order kinetics² is:

$$X(t) = X(o) e^{-kt} \quad (1)$$

where $X(t)$ = concentration at time t , $X(o)$ = initial concentration (time zero), k = elimination constant (equal to the natural log (ln) of 2 divided by the half life, and t = time. Taking ln of both sides of equation (1), multiplying by -1 , and rearranging gives:

$$\ln X(o) - \ln X(t) = kt \quad (2)$$

This can then be analysed by simple linear regression (without an intercept) where the dependent variable = $\ln X(o) - \ln X(t)$ (the difference between the initial and the follow up serum PCB concentrations), t = 48 months (the time interval between serum measurements), and we solve for k . The half life is then estimated as $\ln 2/k$.

With this approach, we estimated half lives (and 95% confidence intervals (95% CIs)) for aroclor 1242, 1254, and 1260 for all values and

separately by quartiles based on 1979 serum concentrations. Table 2 shows the results.

Although PCBs are no longer produced or used in new products in the United States, their long lifespan in existing products, resistance to degradation, widespread contamination of the environment, and lipophilic nature continue to make the question of their safety important for occupational groups with high exposure as well as the general population. Little is known about the elimination of PCBs from humans although recent data indicate that half life varies with initial serum concentration; this suggests an influence of enzyme induction on metabolism.³ The overall half lives shown here are in general agreement with those reported by Phillips *et al*³ from another occupationally exposed group where elimination was estimated as 2.6 years for Aroclor 1242 and 4.8 years for Aroclor 1254. Our data also show an effect of initial serum concentration.

Interpretation of data such as these enhance our understanding of the basic metabolism of PCBs in humans and allow important opportunities to improve exposure estimates for studying health outcomes potentially related to exposure to PCBs.^{4,5}

PHILIP R TAYLOR

Department of Health and Human Services,
National Institutes of Health,
National Cancer Institute, Bethesda,
Maryland 20892, USA

CHARLES E LAWRENCE
New York State Department of Health

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NOTICE

Fourth international conference on education and training in occupational health, Amsterdam, The Netherlands, 24-28 April 1994.

The main theme of the conference will be the establishment, execution, and evaluation of an occupational health and safety programme in an organisation and ways of teaching this.

This conference will be held under the auspices of the Scientific Committee on Education and Training in Occupational Health (of the International Commission on Occupational Health, ICOH) and will be organised by the American School of Occupational Medicine. The second announcement will be available by May 1993. For further information contact: P J Kroon, MD, Amsterdam School of Occupational Medicine Corvu, Meibergdreef 15, 1105 AZ Amsterdam. Telephone 20-5664949; Fax 20-6912401.

Table 2 Calculated half lives for PCBs

Aroclor	1979 Value (ppb)	Half life (y)	95% CI
1242	0-120	2.5	
	121-317	1.6	
	318-553	1.8	
	554-3133	1.5	
	All	1.8	1.7-1.9
1254	4-28	4.6	
	29-54	3.1	
	55-126	3.2	
	127-639	2.8	
	All	3.3	3.0-3.8
1260	4-18	5.7	
	19-36	4.0	
	37-80	4.0	
	81-377	3.4	
	All	4.1	3.6-4.7