

As part of the 50th birthday celebration, we are arranging to reprint 12 papers, *the Editor's Choice*, which have appeared in previous issues of the *Journal*. They have been chosen partly to illustrate the range and scope of the *Journal* over the years and partly because they are or were important in their day. More significantly, they have been chosen because they exemplify some of the best in scientific writing and can all be read with great pleasure and all who wish to communicate their observations, their ideas, or their enthusiasms would do well to study them and learn from them.

We will publish one paper each month through the year and they will appear in the order in which they were originally published.

Editor's Choice

Individual variations in sickness absence

by P J Taylor

(*British Journal of Industrial Medicine* 1967;24:169-77)

Peter Taylor contributed more to the study of sickness absence than almost anyone else and there is little known about it now that does not have its origins in his work. Much of his research was based on the records held by the Post Office but the present study was undertaken when he was medical officer for Shell UK. His work on sickness absence pointed to the different aetiology of short term and long term absence and demonstrated the role that the occupational health service had in both its management and its control. He emphasised strongly that, in the investigation of the cause of absence in a particular case, the occupational physician was to act

as a conciliator and not a disciplinarian.

Taylor held many senior industrial posts but he was also on the staff of the TUC Centenary Institute of Occupational Health at the London School of Hygiene and Tropical Medicine. There he was instrumental in establishing the information and advisory service, later becoming deputy director of the institute and much later, visiting professor. He played a substantial part in setting up the Faculty of Occupational Medicine in the Royal College of Physicians and served for three years as Dean. His untimely death in 1987 at the early age of 57, when he was still at the height of his powers, was a great loss.

Notice

The Scientific Work of Martin Gardner 21 October 1993, the Wellcome Trust, London NW1 The *British Medical Journal*, the Medical Research Council Environmental Epidemiology Unit, and the Medical Section of the Royal Statistical Society for Social Medicine are holding a one day conference to discuss the work of Martin Gardner, who died prematurely at the beginning of this year.

For more details contact: Gaby Shockley, BMJ, BMA House, Tavistock Square, London WC1H 9JR, Telephone 071-387 4499.

- glomerulonephritis induced by HgCl₂ in the Brown Norway rat. *Annales d'Immunologie* 1978;129C:777-92.
- 27 Fukatsu A, Brentjens J, Killen P, Kleinman H, Martin G, Andres G. Glomerular immune deposits in rats injected with mercuric chloride (HgCl₂). *Kidney Int* 1987;31:320.
- 28 Bernard AM, Roels HR, Foidart JM, Lauwerys RL. Search for anti-laminin antibodies in the serum of workers exposed to cadmium, mercury vapour or lead. *Int Arch Occup Environ Health* 1987;59:303-9.
- 29 Langworth S, Elinder CG, Sundquist KG, Vesterberg O. Renal and immunological effects of occupational exposure to inorganic mercury. *Br J Ind Med* 1992;49:394-401.
- 30 Lauwerys R, Bernard A. Preclinical detection of nephrotoxicity: description of the tests and appraisal of their health significance. *Toxicol Lett* 1989;46:13-29.
- 31 Butkowski RJ, Wieslander J, Wisdom BJ, Barr JF, Noelken ME, Hudson BG. Properties of the globular domain of type IV collagen and its relationship to the Goodpasture antigen. *J Biol Chem* 1985;260:3739-47.

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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. 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.

greater, 136 had no dust exposure (based on their job history). This represents 6.1% of non-exposed employees. A similar level of background noise, not caused by exposure to china clay, was found in the 1985 survey³ (5.5%). Analysis of the 136 cases showed that although there were 116 smokers or ex-smokers (a higher proportion than in the overall population) there were nevertheless 21 non-smokers with no exposure who had developed small opacities. This finding is contrary to current assumptions; no attempt is made to explain it.

The FEV₁ declines with age (more rapidly for smokers). FEV₁ is also related to the x ray film category with a difference of one major category equating to 6.2 years of ageing for a non-smoker. Similar results are found for FVC.

The incidences of respiratory symptoms are related to lung function results (FEV₁) for each smoking class. Dust exposure and x ray film score have small additional effects.

We gratefully acknowledge the help from Professor CE Rossiter in the interpretation of the analyses, and advice on the statistical methods used, and Dr A Cockcroft for continuing advice on methodology.

We also thank the late Dr JC Gilson for his views and guidance to improve film quality, Drs H Thomas, I Coutts, JH Sewart, G Sheers, and A Cockcroft for reading the chest radiographs, and to Dr MJ Pemberton for reviewing the draft manuscripts.

- 1 Sheers G. Prevalence of pneumoconiosis in Cornish kaolin workers. *Br J Ind Med* 1964;21:218-25.
- 2 Oldham PD. Pneumoconiosis in Cornish china clay workers. *Br J Ind Med* 1983;40:131-7.
- 3 Ogle CJ, Rundle EM, Sugar ET. China clay workers in the south west of England: analysis of chest radiograph readings, ventilatory capacity, and respiratory symptoms in relation to type and duration of occupation. *Br J Ind Med* 1989;46:261-70.
- 4 International Labour Office. *ILO 1980 International Classification of Radiographs of Pneumoconiosis*. Geneva: ILO, 1980. (Occupational safety and health series No 22 (rev).)
- 5 Oldham PD, Cole TJ. Estimation of the FEV 1.0. *Thorax* 1983;38:662-7.
- 6 Numerical Algorithms Group. *The GLIM system, release 3.77 manual*. Oxford: Numerical Algorithms Group 1976. (Rev A.)
- 7 Oldham PD. Numerical scoring of radiological pneumoconiosis. In: Walton WH, ed. *Inhaled particles III*. London: Unwin, 1971:621-30.
- 8 Cole TJ. Linear and proportional regression models in the prediction of ventilatory function. *Journal of the Royal Statistical Society series A* 1975;138:297-338.

Accepted 11 January 1993

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 J Ind Med*, 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 J Ind Med* 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.
- 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.

- 13 Seixas NS, Robins TG, Attfield MD, Moulton LH. Exposure-response relationships for coal mine dust and obstructive lung disease following enactment of the Federal Coal Mine Health and Safety Act of 1969. *Am J Ind Med* 1991;21:715-34.
- 14 American Thoracic Society. Standardization of spirometry. *Am Rev Respir Dis* 1979;119:831-8.
- 15 Ferris BG, Speizer FE, Bishop Y, Prang G, Weener J. Spirometry for an epidemiologic study: deriving optimum summary statistics for each subject. *Bulletin de Physiopathologie Respiratoire* 1978;14:146-66.
- 16 Crapo RO, Morris AH, Gardner RM. Reference spirometric values for spirometry using techniques and equipment that meets ATS recommendations. *Am Rev Respir Dis* 1981;123:659-64.
- 17 Seixas NS, Robins TG, Rice CH, Moulton LH. Assessment of potential biases in the application of MSHA respirable mine dust data to an epidemiologic study. *Am Ind Hyg Assoc J* 1990;51:534-40.
- 18 Seixas NS, Moulton LH, Robins TG, Rice CH, Attfield MD, Zellers ET. Estimation of cumulative exposures for the National Study of Coal Workers' Pneumoconiosis. *Applied Occupational and Environmental Hygiene* 1993 (in press).
- 19 Burrows B, Lebowitz MD, Camilli AE, Knudson RJ. Longitudinal changes in forced expiratory volume in one second in adults. *Am Rev Respir Dis* 1985;133:974-80.
- 20 Berry G. Longitudinal observations. Their usefulness and limitations with special reference to the forced expiratory volume. *Bulletin de Physiopathologie-Respiratoire* 1974;10:643-55.
- 21 Mannino D, Daniloff E, Peck A, Peterson E. Do miners select jobs based on airway responsiveness? (abstract). *Am Rev Respir Dis* 1991;143:A246.
- 22 National Bureau of Standards. *An evaluation of the accuracy of the coal mine dust sampling program administered by the Department of the Interior*. Washington, DC: National Bureau of Standards, 1975.
- 23 Rosenberg CR, Mulvihill MN, Fischbein A, Blum S. An analysis of the validity of self reported occupational histories using a cohort of workers exposed to PCBs. *Br J Ind Med* 1987;44:702-10.
- 24 Morgan WKC, Lapp NL. Respiratory disease in coal miners. *Am Rev Respir Dis* 1976;113:531-59.
- 25 Soutar CA. Occupational bronchitis. In: Harrington M, ed. *Recent advances in occupational health* 3. London: Churchill Livingstone, 1987;285-302.
- 26 Hodous TK, Hankinson JL. Prospective spirometric study of new coal miners. In *Proceedings of the international symposium on pneumoconioses, 1988*, Shenyang, PRC Institute of Occupational Medicine, Chinese Academy of Preventive Medicine, Beijing, PRC, 1990.
- 27 Vincent JH, Donaldson K. A dosimetric approach for relating the biological response of the lung to the accumulation of inhaled mineral dust. *Br J Ind Med* 1990;47:302-7.
- 28 Brown GM, Donaldson K. Inflammatory responses in lungs of rats inhaling coalmine dust: enhanced proteolysis of fibronectin by bronchoalveolar leukocytes. *Br J Ind Med* 1989;66:866-72.
- 29 Thurlbeck WM. Chronic airflow obstruction: correlation of structure and function. In: Petty TL ed. *Chronic obstructive pulmonary disease*. New York: Marcel Dekker, 1985; 129-204.
- 30 Chung A, Wright JL, Wiggs B, Pare PD, Lazar N. Small airways disease and mineral dust exposure. Prevalence, structure and function. *Am Rev Respir Dis* 1985;131:139-43.

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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.