

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

Hazards of deep-sea fishing

by R S F Schilling

(*British Journal of Industrial Medicine* 1971;28:27-35)

I think that it is a sound rule to view with suspicion those about whom no one has a bad word to say. In Richard Schilling's case, however, we must make an exception for he is perhaps the kindest and best man I have known. He is the most important figure in occupational health in this country since Hunter. His *Occupational Health Practice* enjoyed great success although without achieving the remarkable status of Hunter's *Diseases of Occupations*. But it was as a teacher that Schilling excelled. He was the founder and first director of the TUC Centenary Institute of Occupational Health at the London School of Hygiene and Tropical Medicine and in an astonishingly short time he had set up MSc courses for occupational physicians and occupational hygienists to which students came from all over the world. A great many of those who are in senior positions in these specialties were trained by Schilling. It was a particular irony and sadness for him to see the department which he built up into the foremost academic unit of its kind in the world, decline and eventually close as the result of politicking and mean mindedness by those who might have been expected to know better.

One of the most admirable of Schilling's qualities was his encouragement of those at the start of their career. I met him first as a wet behind the ears hygienist when I was asked to talk about lead in air measurements to the MSc course at the London School of Hygiene and Tropical Medicine. I took with me a piece of apparatus for obtaining airborne lead, which was like something from a Ronald

Searle cartoon and a far cry from the wizardry that today's hygienists play with. Schilling was immensely kind and it was this single contact that later determined me to take up a career in occupational medicine; it was an ambition to work in his department but by the time I did so, Richard had retired although he maintained a close association with the department.

Schilling has what all good occupational physicians should have—that is, an affection for working people and a concern to see that they should come to no harm as a result of their work; this is plain from his writings. The present paper on deep-sea fishing, his Ernestine Henry lecture of 1970, resulted from work that was brought about by spending six days at sea, ostensibly investigating what became known as “Dogger Bank itch”, a dermatological complaint among fishermen. He writes that he “became aware of hazards other than skin disease, in particular, the very high risk of accidents”. Schilling realised that the publication of accident statistics by the Registrar General did not take account of those recorded separately by the Registrar General of Shipping and Seamen; when these *were* considered it was evident that fishermen had an accident mortality “at least twice that of coal miners”.

Schilling ends this paper with a sentence that contains a sentiment which sums up his expectations of the occupational physician. “Possibly more than anyone else the occupational physician is able to influence management to adopt an enlightened policy on health and safety.” Whether or not we consider that they are truly able to do this, we must all agree that occupational physicians should certainly make this their goal.

for a cohort of United States workers exposed to aniline or orthotoluidine,⁵ and the fact that the United States study of MBT workers had focused on this topic (Strauss ME, personal communication). In the study reported here, estimated cumulative exposure to MBT was not found to be a risk factor. The estimates of MBT exposure should, however, be treated with some caution, as hygiene measurements were not available for earlier (and more important) years of the study. Data on smoking histories were, unfortunately, not available, although there is no reason to believe that smoking habits (a risk factor for bladder cancer) would be correlated with estimates of cumulative exposure to MBT.

There was considerable overlap in the membership of the subcohorts, both because some job and department titles involved exposure to more than one chemical and because many workers had more than one job at the plant. Of the 360 men in the MBT subcohort, 45 were members of the PBN subcohort, 191 were members of the aniline or orthotoluidine cohort, and 90 were members of the TMQ cohort (these categories are not mutually exclusive and all members of exposed cohorts would also have experienced other exposures). Two of the three deaths from bladder cancer in the MBT subcohort were among the three deaths from bladder cancer in the aniline or orthotoluidine

cohort. If future analyses of these data indicate the existence of occupational hazards, then a quantitative assessment of exposures both to aniline or orthotoluidine and PBN will assist the correct identification of any hazard.

We thank the Office of Population, Censuses, and Surveys and the Department of Social Security for tracing the study cohort, Mr D J Williams for carrying out the invaluable exposure assessments, Alison Taylor and Anne Walker for word processing, and the plant management and workforce for allowing the study to be carried out.

- 1 National Toxicology Program. *Toxicology and carcinogenesis studies of 2-mercaptobenzothiazole (CAS No 149-30-4) in F344/N rats and B6C3F₁ mice*. Bethesda: NIH, 1987. (Draft report NTPTR 332. NIH publication No 87-2588).
- 2 Ogawa Y, Kamato E, Suzuki S, Kobayashi K, Naito K, Kaneko T, *et al* Toxicity of 2-mercaptobenzothiazole in mice. *Eisei Shikenjo Hokoku* 1989;107:45-50.
- 3 Fox AJ, Collier PF. Low mortality rates in industrial cohort studies due to selection for work and survival in the industry. *Br J Ind Med* 1976;30:225-30.
- 4 Breslow NE, Day NE. *Statistical methods in cancer research. Vol II—The design and analysis cohort studies*. Lyon: International Agency for Research on Cancer, 1987. (Sci publ No 82.)
- 5 Ward E, Carpenter A, Markowitz S, Roberts D, Halperin W. Excess number of bladder cancers in workers exposed to ortho-toluidine and aniline. *J Natl Cancer Inst* 1991;83: 501-6.

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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 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: Soderman WA Jr, Soderman WA, eds. *Pathologic physiology, mechanisms of disease*. Philadelphia: W B Saunders, 1974:457-72.

- 91 Cardesi E, Provana A. Contributo al problema dell'associazione silicosicarcinoma pulmonare. *Pathologica* 1978;70:377-401.
- 92 Finkelstein M, Kusiak R, Suranyi G. Mortality among miners receiving workmen's compensation for silicosis in Ontario: 1940-1975. *J Occup Med* 1982;24:663-7.
- 93 Amandus H, Costello J. Silicosis and lung cancer in US metal miners. *Arch Environ Health* 1991;46:82-9.
- 94 Carta P, Cocco PL, Casula D. Mortality from lung cancer among Sardinian patients with silicosis. *Br J Ind Med* 1991;48:122-9.
- 95 Chau N, Bertrand JP, Mur JM, et al. Mortality in retired coke oven plant workers. *Br J Ind Med* 1993;50:127-135.
- 96 Gustavsson P, Gustavsson A, Hogstedt C. Excess of cancer in Swedish chimney sweeps. *Br J Ind Med* 1988;45:777-81.

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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.

dust must be controlled and the working time should be shortened for asbestos workers. According to these results we shall be recommending new health standards for asbestos dust in the air of the workplace.

A synergistic effect was also found between cigarette smoking and lung cancer among asbestos workers, so we must educate the workers who are exposed to asbestos and let them know the serious health risk caused by a combination of smoking and exposure. Smoking in the workplace should be forbidden.

The observations have been maintained from 1981, in cooperation with another 11 units—namely, the Institute of Prevention and Treatment of Occupational Diseases of Tian jin Municipality; Tian jin Medical College; Sanitary and Antiepidemic Station of Chao yang district of Beijing; The Second Hospital of Chang cun Municipality; Institute of Occupational Medicine of Shen yang Municipality; Institute of Prevention and Treatment of Occupational Diseases of Mu

dan jing Municipality; Institute of Prevention and Treatment of Occupational Diseases of He nan Province; Sanitary and Antiepidemic Station of Qing dao Municipality; and the asbestos factories of Beijing, Shen yang, and Chong qing.

- 1 Zhu Huilan, Wang Zhiming. A retrospective cohort study on occupational tumors in asbestos manufactories. *Chinese Journal of Industrial Hygiene and Occupational Diseases* 1987;5:29-32.
- 2 Enterline PE. Estimating health risks in studies of the health effects of asbestos. *Am Rev Resp Dis* 1976;113:175.
- 3 McDonald JC. Asbestos and lung cancer: has the case been proven? *Chest* 1980;78:374-5.
- 4 Selikoff IJ. Latency of asbestos disease among insulation workers in the United States and Canada. *Cancer* 1980;46:2736-4.
- 5 Doll R. Mortality from lung cancer in asbestos workers. *Br J Ind Med* 1955;12:81-6.
- 6 Browne K. Is asbestos or asbestosis the cause of the increased risk of lung cancer in asbestos workers? [editorial] *Br J Ind Med* 1986;43:145-9.
- 7 Zhu Huilan, Yang Guichun. Dose-Response relationship between asbestos exposure and incidence of lung cancer. *Industrial Health and Occupational Diseases* 1991;17:337.

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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.

ft/day (about 3 atmospheres/day) so as to minimise the risk of decompression sickness.

Our measurements relevant to the study of Bonde were limited to scrotal skin temperatures, which were consistently higher in hyperbaric helium than in air at sea level (35.9 v 34.6°C, $p < 0.05$). Scrotal temperature rose another 0.3°C during a series of two-hour thermal balance observations of two resting divers, over the first two weeks of decompression. The sum of these increases is close to that reported by Bonde, but the prolonged nature of the hyperbaric helium exposures raises further questions. Firstly, would the higher scrotal temperatures in such divers be attended by more major disturbances in spermatogenesis? If so, what would be the time course of recovery? As far as I am aware these questions have not been considered directly in human subjects. Because rats and mice require even higher ambient temperatures for thermal homeostasis in such atmospheres, their study might provide valuable clues.^{3,4} Bonde's work is a reminder that such issues remain unresolved and are a challenge to diving physiology and reproductive biology in general.

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- 1 Raymond L, Thalman E, Lindgren G, Langworthy H, Spaur W, Crothers J, *et al.* Thermal homeostasis of resting man in helium-oxygen at 1-50 atmospheres absolute. *Undersea Biomedical Research* 1975;2:51-67.
- 2 Timbal J, Vieillefond H, Guenard H, Varene P. Metabolism and heat losses of resting man in a hyperbaric helium atmosphere. *J Appl Physiol* 1974;36:444-8.

- 3 Stetzner L, DeBoer B. Thermal balance in the rat during exposure to helium-oxygen from 1 to 141 atmospheres. *Aerospace Med* 1972;3:306-9.
- 4 Kent D, Halsey M, Eger E. Pharmacological effects of helium, neon, hydrogen, and nitrous oxide. *Proceedings of the 5th Symposium on underwater physiology* (abstracts). Freeport, Bahamas, 1972.

NOTICES

Symposium on health hazards of glycol ethers. 19-21 April 1994, Abbaye de Pont-à-Mousson, Nancy, France.

Glycol ethers are a family of products largely used as industrial chemicals and also in consumer products (paints, inks, varnishes, cleaning agents, cosmetics). New research data on their potential carcinogenic and genotoxic characteristics highlight the concern for the control of the potential toxic hazards involved. The purpose of this symposium is to provide a scientific basis for risk assessment and management.

The scientific programme will consist of invited lectures, free communications, and poster sessions. Ample time will be reserved for discussion. The working languages will be English and French and simultaneous translation will be provided.

Topics will include occupational and domestic exposure, toxicokinetics, metabolism, biomonitoring, mechanics of action, in vivo and in vitro toxicity studies, effects on humans (case reports, epidemiological studies), risk assessment.

The organisers are the National Institute for Safety Research, France (INRS), the National Institute for Occupational Safety and Health, USA (NIOSH), and the National Institute for Occupational Health, Sweden (NIOH).

For further information contact the Symposium Secretariat, International Symposium on Health Hazards of Glycol Ethers, INRS Avenue de Bourgogne BP27, F 54 501 Vandœuvre Cédex France. Tel (33) 83 50 20 27, Fax (33) 83 50 20 96.

Work with display units: fourth international scientific conference. 2-5 October 1994, Aula Magna, University of Milan, Italy.

Topics will include risk assessment, medical surveillance, stress factors, visual problems, musculoskeletal disorders, skin problems, pregnancy and VDU work, health information and education, new VDU applications, mobile and home use, participation of user, unions, and institutions, environmental conditions, furniture requirements, equipment, new techniques, workplace design, international legislation and national policies, application of EEC Directive 90/L70 in different countries, and harmonisation between legislation and standards.

The official conference language is English.

For further information contact the Organising Secretariat Work with Display Units, AES Congressi S.r.l., 20139 Milan-Via Scheiwiller, 1, Italy. Tel +39(2) 5510523; Fax +39(2) 57400473.