their notation, prevalence rate ratio (PRR) is used instead of prevalence ratio (PR), which seems confusing, as prevalence and rate are different concepts. The fundamental flaw in their argumentation, however, is that they place, in some respects, cross sectional studies on an equality with longitudinal studies by considering a PR as a relative risk and a PRR as a risk odds ratio when comparing the effect measures; as is seen in the table, this is certainly not true. Contrary to their conclusion, by estimating the ratio of the mean durations, $D_A/D_B$, a PRR can easily be converted into an incidence rate ratio (under certain stationarity assumptions), whereas a relation between the PR and some aetiological understandable effect measure may be more difficult to see through.

Moreover, Lee and Chia’s description is imperfect in another respect: the reader is left with the impression that the PRR is the only effect measure possible to estimate under a logistic regression model; if a PR is desired instead, it can always be obtained from the estimated probabilities of study illness for different covariate patterns, based on the model.

It should be stressed that restricted stationarity assumptions underlie the derivation of the mentioned relations between prevalence, incidence, and duration and hence limit the applicability of these known relations. As far as I know, there are no empirical studies that show to what extent departures from these assumptions may influence the effect estimates. In practice, the underlying mechanisms that affect the outcome of a cross sectional study are complex. Hopefully, recent theoretical work will somehow improve our ability to analyse and interpret data from cross sectional studies.

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Table: Comparison of relative risk (RR), risk odds ratio (OR), incidence rate ratio (IRR), prevalence odds ratio (POR) and prevalence ratio (PR). An index (A or B) refers to a specific subpopulation. The hypothetical populations are assumed to fulfill necessary stationarity assumptions.

<table>
<thead>
<tr>
<th>$R_A$</th>
<th>$R_B$</th>
<th>RR</th>
<th>OR</th>
<th>IRR</th>
<th>POR</th>
<th>PR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.60</td>
<td>0.50</td>
<td>1.20</td>
<td>1.50</td>
<td>1.32</td>
<td>1.32</td>
<td>1.17</td>
</tr>
<tr>
<td>0.60</td>
<td>0.30</td>
<td>2.00</td>
<td>3.50</td>
<td>2.57</td>
<td>2.57</td>
<td>1.82</td>
</tr>
<tr>
<td>0.60</td>
<td>0.10</td>
<td>6.00</td>
<td>13.5</td>
<td>8.70</td>
<td>8.70</td>
<td>5.02</td>
</tr>
<tr>
<td>0.40</td>
<td>0.10</td>
<td>4.00</td>
<td>6.00</td>
<td>8.45</td>
<td>8.45</td>
<td>3.55</td>
</tr>
<tr>
<td>0.20</td>
<td>0.10</td>
<td>2.00</td>
<td>2.25</td>
<td>2.12</td>
<td>2.12</td>
<td>1.92</td>
</tr>
<tr>
<td>0.20</td>
<td>0.05</td>
<td>4.00</td>
<td>4.75</td>
<td>4.35</td>
<td>4.35</td>
<td>3.73</td>
</tr>
</tbody>
</table>


The conference is organised by the Amsterdam School of Occupational Medicine, Corvu and will take place in the buildings of the Universiteit van Amsterdam. It aims at those involved in teaching professionals in the field of occupational health, safety, and wellbeing. The scientific programme consists of oral presentations, workshops, poster sessions, and, as a new element, demonstration lessons. It is built up along two lines. Firstly, the establishment, performance, and evaluation of an education and training programme. Secondly, the establishment, performance, and evaluation of an occupational health and safety programme in a company. During the whole conference there will be an information market and a sponsor market. The fee is DFL 820 (members of ICOH may register for DFL 780).

For more information, contact the Conference Office, University of Amsterdam, PO Box 19268 1000 GG Amsterdam, The Netherlands, fax +31-20-5252771 or email congress@bdu.uva.nl.

NOTICES

Reminder
Symposium on health hazards of glycol ethers. 19-21 April 1994, Abby de Port-a Mousson, Nancy, France


NEW BOOK ANNOUNCEMENTS

In developing countries: Sw fr 4-90. Order No 1100833.

Electromagnetic Fields (300 Hz-300 GHz)
In developing countries: Sw fr 23-80. Order No 1160137.

In developing countries: Sw fr 21-70. Order No 1160146.

Methyl Parathion
In developing countries: Sw fr 19-60. Order No 1160145.

Correction
During printing fig 2 (p 905) was inadvertently changed. The correct fig 2 is given here:

![Graph showing relative risk with 95% confidence intervals]

Correlation
All causes
Asbestosis
Mesothelioma
Lung cancer

Relative risk
Normal 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0
IL0 Proflusion score

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