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**INSTRUCTIONS TO AUTHORS** Three copies of all submissions should be sent to: The Editor, *Occupational and Environmental Medicine*, BMJ Publishing Group, BMA House, Tavistock Square, London WC1H 9JR, UK. All authors should sign the covering letter as evidence of consent to publication. Papers reporting results of studies on human subjects must be accompanied by a statement that the subjects gave written, informed consent and by evidence of approval from the appropriate ethics committee. These papers should conform to the principles outlined in the Declaration of Helsinki (*BMJ* 1964;ii:177).

If requested, authors shall produce the data on which the manuscript is based, for examination by the Editor.

**Authors are asked to submit with their manuscript the names and addresses of three people who they consider would be suitable independent reviewers. They will not necessarily be approached to review the paper.**

Papers are considered on the understanding that they are submitted solely to this *Journal* and do not duplicate material already published elsewhere. In cases of doubt, where part of the material has been published elsewhere, the published material should be included with the submitted manuscript to allow the Editor to assess the degree of duplication. The Editor cannot enter into correspondence about papers rejected as being unsuitable for publication, and the Editor's decision in these matters is final.

**Papers should include a structured abstract of not more than 300 words, under headings of Objectives, Methods, Results, and Conclusions. Please include up to three keywords or key terms to assist with indexing.**

Papers should follow the requirements of the International Committee of Medical Journal Editors (*BMJ* 1991;302:338-41). Papers and references must be typewritten in double spacing on one side of the paper only, with wide margins. SI units should be used.

Short reports (including case reports) should be not more than 1500 words and do not require an abstract. They should comprise sections of Introduction, Methods, Results, and Discussion with not more than one table or figure and up to 10 references. The format of case reports should be Introduction, Case report, and Discussion.

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**References** References will not be checked by the editorial office; responsibility for the accuracy and completeness of references lies with the authors. 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. 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. Include only references essential to the argument being developed in the paper or to the discussion of results, or to describe methods which are being used when the original description is too long for inclusion. Information from manuscripts not yet in press or personal communications should be cited in the text, not as formal references.

Use the Vancouver style, as in this issue for instance, for a standard journal article: authors (list all authors when seven or fewer, when eight or more, list only six and add *et al*), title, abbreviated title of journal as given in *Index Medicus* (if not in *Index Medicus* give in full), year of publication, volume number, and first and last page numbers.

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associated with employment in industries with exposure to lubricating oils and solvents,<sup>11</sup> in electricity related occupations,<sup>12</sup> the rubber<sup>13</sup> and petrochemical industries,<sup>14</sup> and in laboratories.<sup>1-3</sup> Apart from exposure to vinyl chloride monomer no specific carcinogen has been identified. A study of brain tumours in children identified living on a farm or contact with farm animals as risk factors,<sup>10</sup> and a significant excess in a small town in the United States was associated with living in proximity to a chicken hatchery and with eating fish caught in local ponds that were previously used as coal mining strip pits.<sup>15</sup>

For bladder cancer the results are more difficult to interpret. The excess was greater than for brain tumours but there were no consistent patterns. The results do not rule out an occupational exposure to a carcinogen but neither are they strongly suggestive of one.

It is clear then that further research is needed. This cohort is being followed up for at least a further 10 years to endeavour to elucidate further the association between deaths from brain and bladder cancer and employment in this institute. There is also a European multicentre study underway, co-ordinated from the International Agency for Research on Cancer, which is investigating cancer risk among staffs of biological research institutes. This study, in which we are participating, will accrue large numbers of subjects and, it is hoped, will contribute to the identification and quantification of cancer risk in laboratory workers and to the recognition of potential carcinogens in the occupational setting.

We acknowledge the cooperation and support of all the staff in Teagasc, the Agricultural and Food Development Authority, in particular Mr James Brogan and Mr William Barry. We are grateful too for the cooperation of Dr Geoffrey Dean and the assistance of Dr Patricia McDonald. We also acknowledge the expert data processing of Ms Isabella Higgins and the cooperation of the staff of the Computing Services, University College Dublin.

- 1 Sasco AJ. Risques por la sante dans les laboratoires de recherche biologique et medicale. *Med Sci* 1989;5: 489-98.
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#### Rejected manuscripts

From February 1994, authors whose submitted articles are rejected will be advised of the decision and one copy of the article, together with any reviewers' comments, will be returned to them. The *Journal* will destroy remaining copies of the article but correspondence and reviewers' comments will be kept.

be incorporated into further analyses. Such an assessment might lead to an explanation for the significant interfundry variation in respiratory disease risks, and this would be more useful than, say, extending the period of follow up for a further five years. Consideration would have to be given to the composition of binders and to the other products used in foundries. Formulations change over the years and in a retrospective survey important items could easily be missed if only a few individual components were assessed. Until more definitive data become available on relations between exposure of foundry workers to individual chemicals and increased risks of cancer, efforts in foundries are probably better directed to the total control of fume and dust.

We thank the Office of Population Censuses and Surveys for tracing the study population and for supplying a computer tape containing historical mortality data, the Department of Social Security for additional tracing, and Linda Scott and Alison Taylor for word processing. We also thank the Health

and Safety Executive for important contributions to the costs of this work and previous analyses, and the Colt Foundation and SCRATA for previous financial support.

- 1 Fletcher AC, Ames A. Lung cancer mortality in a cohort of English foundry workers. *Scand J Work Environ Health* 1984;10:7-16.
- 2 International Agency for Research on Cancer. *IARC Monographs on the evaluation of the carcinogenic risk of chemicals to humans. Vol 34. Polynuclear aromatic compounds. Part 3 industrial exposures in aluminium production, coal gasification, coke production, and iron and steel foundrying.* Lyon: IARC, 1984.
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## Vancouver style

All manuscripts submitted to *Occup Environ Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style.)

*Occup Environ 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 the *BMJ*, 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 (Manson<sup>1</sup> confirmed other reports<sup>2-5</sup> . . .). In future references to papers submitted to *Occup Environ Med*

should include: the names of all authors if there are seven or less or, if there are more, the first six 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. Titles not in *Index Medicus* should be given in full.

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.
- 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.

- 22 Emmelin A, Nyström L, Wall S. Diesel exhaust exposure and smoking: a case referent study of lung cancer among Swedish dock workers. *Epidemiology* 1993;4:237-44.
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- 24 Finnish Institute of Occupational Medicine. Locomotive driver study 3. Helsinki: 1976. (In Finnish.)
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- 27 Merlescu G. Toxidermies cutanees chez les ouvriers de chemin de fer. *Revue Suisse de Médecine*. 1974;29:902-4.
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## Correspondence and editorials

*Occupational and Environmental 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 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.

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## BOOK REVIEW

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**Compensation for Industrial Disease.**  
By N J WIKLEY (Pp 221; price £35). 1993.  
Gower House, Croft Road, Aldershot,  
Hampshire: Dartmouth Publishing Co.  
ISBN 1-855-21264-1.

The patient disabled by industrial disease not infrequently gets bad advice. Few doctors understand compensation law and few lawyers fully comprehend the niceties of medical diagnosis. But, even worse, doctors acting as expert witnesses may become so identified with one party in litigation that medical objectivity is lost (for example, in my recent experience, disabilities caused by atrial septal defect, motor neurone disease, and left ventricular failure have been attributed to asbestos pleural fibrosis), whereas lawyers may be ignorant of health and safety and compensation law. There is thus a real need for a good book on the subject.

This is that good book. It was with some foreboding that I picked it up, as it illustrates the complexities of compensation law by reference to asbestos, a subject that is rarely treated with objectivity. However, as I read the early chapters on the context of industrial disease and on asbestos, exposure to asbestos, and disease, it became clear that the author, an academic lawyer, had a real understanding of the medical issues. Later chapters describe the systems of compensation through industrial injuries legislation and the law of tort, as well as the extremely complex British system of disablement benefits under Social Security legislation. All those matters are discussed in terms of their historical development, the author's archival research having revealed much of interest in this context. Further chapters discuss the way the law works in

practice, pointing to the relative strengths and weaknesses of the two systems of compensation, and ending with some suggestions as to how matters might be improved.

The business of occupational physicians is primarily to prevent industrial disease. When such disease does occur, we have a responsibility to give the patient objective and sound advice, based on clinical skills in assessing disability and on knowledge of relevant legislation. This book provides the latter, but provides it in an interesting and readable manner. It is of equal interest to, and should be read by, doctors who write medical reports and lawyers who deal with claims, and can be bought for a small fraction of the fee usually charged.

ANTHONY SEATON

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## NOTICE

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**International course on cancer epidemiology with emphasis on occupational cancer, UFPEL-Departamento de Medicina Social, Pelotas, Brazil. 22 August-2 September 1994**

The International Agency for Research on Cancer in collaboration with the Department of Social Medicine, Federal University of Pelotas, Brazil is organising a course on cancer epidemiology with special emphasis on occupational cancer. The course is intended for public health, occupational health, and cancer research workers. The course will consist of lectures, practical examples and exercises.

The topics to be covered in the course include:

- Basic statistical methods
- Basic epidemiological methods
- Types of epidemiological studies, with special emphasis on case-control studies
- Exposure assessment, with special emphasis on occupational and environmental exposures
- Bias, confounding and stratified analysis
- Advanced statistical methods.

The faculty of the course will include: Paolo Boffetta, IARC, Lyon, France—scientific programme coordinator; Harvey Checkoway, University of Washington, Seattle, USA; Luiz A Facchini, UFPEL, Pelotas, Brazil—local organiser; Eduardo L Franco, Institut Armand Frappier, Laval, Quebec, Canada; Manolis Kogevinas, IARC, Lyon, France; Benedetto Terracini, University of Torino, Italy.

The working language of the course will be English and participants will be expected to have a sufficient knowledge of spoken and written English. No charge will be made for the course, but candidates will be expected to find their own support for travel and accommodation in Pelotas. Some financial support will be available for a limited number of selected participants.

Further information and application forms may be obtained from:

The Unit of Education and Training,  
International Agency for Research on  
Cancer,

150, cours Albert Thomas,  
F-69372 Lyon Cedex 08—France  
Tel (33)72.73.84.85

Fax (33)72.73.85.75

(for non-Brazilian applicants)

or

Departamento de Medicina Social,  
Faculdade de Medicina,  
Universidade Federal de Pelotas,  
Caixa Postal 464,  
96100 Pelotas RS—Brazil

Tel (55)532.71.24.42

Fax (55)532.71.26.45

(for Brazilian applicants)

Closing date for applications 31 May 1994.