It is very important to remember that pregnancy is a health state, an illness and on a worldwide basis pregnant women continue to work, often performing heavy manual labour, and there does not seem to be any increase in premature labour because of this.

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Author's reply—We reassure Dr Gill that one of the authors (PET) of our article is indeed an obstetrician and agree that he is the mechanism by which labour was initiated is not known. We do not need to know this to identify risk factors that may influence duration of gestation. One of these risk factors is a heavy work load during pregnancy. In our article we mentioned several studies that describe a relation between physical work load and preterm birth.

It is true that most of the women in our study gave birth after 37 weeks of pregnancy, and therefore their infants did not suffer from the fact that some of the pregnancies exceeded an end a little earlier than others. Nevertheless, even in this relatively healthy population a significant relation was detected between the duration of specified types of high physical work load and gestational age, when adjusted for the most important confounding factors.

We do not consider pregnancy an illness. On the contrary, we would like to emphasize that continuing work during pregnancy is quite possible, when provided that adequate job adaptations are made to some jobs at an early stage of pregnancy.

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Management of indoor air quality problems: "primus non nocere".

Editor,—The paper of Nordström et al on the sick building syndrome (SBS) in hospital workers raises an epidemiological (and logical) question: which is the baseline symptom rate in hospital workers, and when can we properly make a diagnosis of SBS?

Indeed, high prevalence of symptoms in hospital workers has been frequently reported. From the SBS data we see that the prevalence of symptoms approaches and sometimes exceeds 50%, in Swedish hospitals without obvious hygienic problems. Paradoxically, we might wonder if SBS is a clinical entity or is it the common basic condition of hospital workers?

This seems like idle talk, but it is not. Work stress, personal stress and psychological dissatisfaction played a key part in the aetiology of SBS symptoms. Labelling the hospital as "sick" might increase anxiety and conflicting thoughts among workers and perhaps also patients. Following the old Latin sentence "primus non nocere" (first, do not cause damage), medical staff committed to so-called SBS cases in hospitals must avoid the error of using the term "sick". It would be better searching for "healthy" working conditions—that is, all those preventive measures that consider both the physical indoor working environment and also personal and work organisational factors that may improve the worker's health.

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NOTICES


The second international conference on the health of miners will be held 11-13 November, 1995 in Pittsburgh, Pennsylvania, USA at the Pittsburgh Hyatt. The mining community of the American Conference of Governmental Industrial Hygienists (ACGIH) is acting as co-sponsor along with the National Institute for Occupational Safety and Health, the Mine Safety and Health Administration, Bureau of Mines, the International Labour Office, the United Steel Workers Union and such corporate sponsors as BHP Minerals and National Mining Association.

Proceedings from the conference will be published in a single peer reviewed edition.

For further information contact: Dr Michael McCawley, Division of Respiratory Disease Studies, 1095 Willowdale Road, Morgantown, WV 26505-2845, USA. Tel: (304) 285-5749; Fax: (304) 285-5861.

In House Occupational Exposure Limits. Problems, Practicalities, and Opportunities. 11-12 April 1996. Noordwijkher, The Netherlands

This two day international conference organised by the SCI Health and Safety Group aims to bring together the views of the international chemical industry, occupational health professionals, and regulators on the subject of setting in-house occupational exposure limits. The conference was examined in national approaches taken both by industry and by regulators along with the techniques by which limits can be set. Also, specialist workshops will allow delegates to exchange views and opinions on controversial topics such as carcinogens, uncertainty factors, mixed exposures, and the role and participation of the workforce in the limit setting process.