

data if the desired measure of association is PR, simply because it can handle individual-subject data.

Although PR can be estimated by logistic regression modelling through suitable transformation, these methods do not provide standard error and hence the confidence interval for the estimated PR.^{15 16}

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Physical workload and gestational age at delivery.

Editor,—Having read this article I was rather disturbed by its implications and asked one of my obstetric colleagues for his comments.

I am unaware as to whether any obstetrician had any input into the article but there are several points that should be questioned. The first point is that no-one is quite sure what initiates labour. There seem to be various cascade mechanisms between the fetomaternal unit that eventually result in prostaglandins initiating uterine contractions, but the initiating factor, unless one is inducing labour, is unknown.

A term pregnancy is judged as being after the 37th completed week of pregnancy and therefore in this article, assuming menstrual dating is correct, most of the women had term babies.

It is very important to remember that pregnancy is a condition and not 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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1 Koemeester AP, Broerson JPJ, Treffers PE. Physical workload and gestational age at delivery. *Occup Environ Med* 1995;52:313–5.

Author's reply—We reassure Dr Gill that one of the authors (PET) of our article is indeed an obstetrician. We agree that he exact 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 noticeably from the fact that some of the pregnancies came to 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 emphasise that continuing work during pregnancy is quite possible and safe, 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: "primum non nocere".

Editor,—The paper of Nordström *et al*¹ 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.^{2–4} From Nordström's 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 factors, 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 among patients. Following the old Latin sentence "primum 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. 11–13 November, 1995. Pittsburgh, Pennsylvania USA.

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 committee 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 the National Mining Association. Proceedings from the conference will be published in a single peer reviewed edition.

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In House Occupational Exposure Limits. Problems, Practicalities, and Opportunities. 11–12 April 1996. Noordwijkerhout, 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. Differences will be 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.