

CORRESPONDENCE

Gall bladder cancer cluster in a food industry

Editor—Cancer of the gall bladder and ducts (GC) is a rare disease and very little is known of its causes.¹ We would like to draw your attention to a cluster of GC cases in a food industry producing chocolate and sugar confectionery.

Having learnt of two fatal cases of GC occurring in young female employees, the company physician asked us to study the occurrence of GC among the production workers. A cohort was established of 4017 women and 1871 men, identified to have been employed for at least one year during 1965-87. The cohort was followed up for the period 1965-89 in the Swedish cancer and death (to 1990) registries, with minimal losses to follow up. A total of five cases of GC was found in the cancer registry, including the original two cases. The expected number of cases in the study group, based on the incidence in the general population of the county where the company was located, was 1.5 (SMR = 3.2, 95% confidence interval 1.05-7.58). The same five GC cases were found in the death registry, in which we also found one case coded with liver cancer as the cause of death, although previous hospital examinations had suggested a GC. This case has not been reported to the cancer registry. The duration of employment before diagnosis was less than 10 years for

four of the six cases, and the time from first employment to diagnosis was less than 10 years for three of them (table).

A nested case-control study was performed on the six cases and 10 age and sex matched controls per case, drawn from the entire cohort. Detailed work histories did not show any association between outcome and common work related potential exposures to chemicals, or to work processes or products. There was however a non-significant tendency to overweight among the cases.

The study is thus inconclusive. We cannot dismiss the cluster as probably only a random aggregation, nor can we find any work related risk. The intention of this communication is to stimulate the reporting of observations of possible similar clusters in this kind of industry, which may assist in refuting or accepting the association suggested. Reports on incidence or mortality would of course be even more helpful.

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1 Nectoux J, Coleman MP. Trends in biliary tract cancer. *Rev Epidemiol Sante Publique* 1993;41:113-22.

Overview of employment and diagnosis for six cases of gall bladder and liver cancer in a cohort of 5888 food industry workers

Case	Sex	Born	Employment		Diagnosis		Time since first employment (y)
			First	Years	Year	ICD-7*	
1	Female	1909	1962	4	1990†	155.0†	28
2	Female	1921	1961	21	1986	155.2	25
3	Male	1945	1975	1	1976	155.1	1
4	Female	1947	1977	8	1985	155.1	8
5	Female	1947	1968	3	1973	155.1	5
6	Female	1947	1966	19	1987	155.1	19

*155.1: Gall bladder, 155.2: extrahepatic gall ducts; †Year and cause of death (ICD-8; 155.0: liver, primary).

Occupational medicine: the way ahead

Editor—I concur with the views of Seaton and Agius that one of the best remedies to counteract the widespread ignorance about occupational medicine among the medical profession is by ensuring that core aspects of the discipline are included in the curriculum of medical schools.¹ As they state, NHS consultant occupational physicians, particularly those with academic links, are strategically placed to facilitate this.

There are, however, many other opportunities for occupational physicians, especially those based in the health service, to educate colleagues in the discipline. The most successful of these is to encourage doctors to self refer to the Occupational Health Department for advice on their own occupational health problems. Colleagues should also be made aware of the pivotal role of the occupational physician in the management of the sick doctor.² Many hospitals run tutorials for junior and senior

house officers; relevant aspects of occupational medicine can be taught, either as a subject in its own right, or, in conjunction with, for example, rheumatology, respiratory medicine, or psychiatry. Most postgraduate centres hold seminars for local general practitioners.

These represent a golden opportunity for occupational physicians to update general practitioners on current issues in occupational medicine.

However, occupational physicians in the NHS should not become elitist. The authors acknowledge that accredited specialists working in industry have a crucial role in postgraduate training; surely, the way ahead for the specialty lies in the continued recruitment and quality training of enthusiastic, bright trainees, regardless of whether training programmes are in the NHS or with other industries. All occupational physicians can regard themselves as ambassadors of the specialty. They should not miss any opportunity to educate inter-

ested parties in the discipline.

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- 1 Seaton A, Agius R. Occupational medicine, the way ahead. *Occup Environ Med* 1995;52:497-9.
- 2 Ethical responsibilities involved in treating doctor-patients. London: BMA, 1995.

Need for vaccination of sewer workers against leptospirosis and hepatitis A

Editor—Health hazards associated with sewage workers is an interesting topic which has perhaps been under researched.

The paper¹ contributed to the further understanding of these hazards and one surprising finding was that antibodies to hepatitis A were not significantly more prevalent among sewer workers than among controls.

Unfortunately, the paper did not seem to comment on the hepatitis A vaccination status of the two groups. One would postulate that this would have some bearing on the antibodies detected and we would be grateful for the author's comments on this.

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- 1 De Serres G, Levesque B, Higgins R, Major M, Laliberté D, Boulianne N, Duval B. Need for vaccination of sewer workers against Leptospirosis and Hepatitis A. *Occup Environ Med* 1995;52:505-7.

Author's reply—Vaccination against hepatitis A changes the prevalence of antibodies against this disease. However, hepatitis A vaccine was only introduced in Canada in 1994. As this study was conducted in 1993, neither workers nor controls had received the vaccine.

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NOTICES

3rd Annual Epidemiology and Prevention of Infectious Diseases: Emerging Pathogens. January 25-27, 1996. San Francisco, California.

Presented by the Department of Epidemiology of the University of California, San Francisco, this programme gives an overview of the scope and methods used in infectious disease epidemiology and research, the unique aspects of hospital epidemiology and infection control, the problem of antimicrobial drug resistance, and the epidemiology and prevention of significant infectious diseases. The programme is designed for all practitioners in the disciplines of epidemiology, public health, health administration, medicine, nursing, and related professions. The conference is sponsored by UCSF's Office of Continuing Medical Education.