Occupational and Environmental Medicine

Adopted as the Journal of the Faculty of Occupational Medicine of the Royal College of Physicians of London

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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.

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Short reports (including case reports) should be not more than 1500 words including a brief 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.

Illustrations Photographs and photomicrographs on glossy paper should be submitted unmounted. Charts and graphs should be carefully drawn in black ink on firm white paper. Legends to figures should be typed on a separate sheet of paper.

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these workers can be explained partly, but not totally, by the differences in age and smoking habits between the groups. It is also probable that there is a causal correlation between our findings and both the higher dust exposures during the first years of mine operation and the fibrous minerals in the waste rock of the mine.

Radiological parenchymal abnormalities and plaques classified according to ILO recommendations were not common in our study. Small opacities were more frequently observed in the radiographs of the workers exposed to chromite than in the radiographs of the other groups. This finding agrees with the idea that early exposure to fibrous materials is a factor contributing to the pulmonary effects.

An increased risk of lung cancer has been found among workers in the production of chromates and chromate pigments, as well as in chromium plating, although no conclusive data are available on lung cancer in ferrochromium production. 20, 21 No cases of lung cancer were found in this study. However, risk of cancer could not be excluded because the follow up time was short and the exposed group young and small.

No cases of chromium asthma were found in this study. It was recently reported that mortality from non-malignant diseases of the respiratory system was not increased (standardised mortality ratio (SMR 0-88)) among production workers in stainless steel production. 21

Conclusions
An average exposure time of 18 years in modern ferrochromium and stainless steel production and low exposure to dusts containing Cr 6+ or Cr 3+ does not lead to any respiratory changes detectable by lung function tests or radiography or to any increase in symptoms of respiratory diseases. The process chain under study is unique; however, the results are also applicable to other production facilities where the exposures to different chromium compounds are equally low.

The lung function test results were lower and the occurrence of radiological findings was more frequent among the workers from the chromium mine than among the controls. The difference was partly caused by differences in age and smoking habits, but evidently also partly by higher exposures more than two decades ago, when the mine operations were started, and by the fibrous components of the dust.

Because the follow up time was limited, we are planning a re-investigation after five years, although there are no personal needs or expected benefits to individual workers. The main reason is to collect new information and to confirm the present results.

This study was conducted with financial support from the Finnish Work Environment Fund.

14 Medical Research Council (MRC). Questionnaire on respiratory symptoms, instructions to interviewers. London: MRC, 1986.
lower in patients with RCA than in sawmill workers. The prevalence of smokers among asthmatic patients has been reported to be low at 20%. This is not an unusual finding in asthmatic patients as they are characterised by non-specific bronchial hyperresponsiveness and may not take up smoking or may have had to give up smoking when they developed asthma. As expected, we found that smoking was associated with a higher rate of decline in FEV₁, as in the study by Peat and Frew. However, Ulrik et al. were unable to show the effect of smoking on lung function in 180 adult asthmatic patients over 10 years of follow-up. They attributed the negative finding to a small number of smokers in their series.

The limitations of this study are that many subjects were lost to follow up. There were also differences in the duration and of follow-up among the groups. Subjects who were excluded were younger and had better initial FEV₁, otherwise they were similar in both groups. It is likely that there is a selection bias and that healthier subjects were excluded from this study among both patients and controls.

In conclusion, we found that patients with RCA who continued to be exposed to cedar dust had a greater rate of decline in FEV₁ and patients with RCA who avoided the exposure after the diagnosis showed a similar rate of decline in FEV₁, compared with sawmill workers. Removal of patients with asthma from the specific sensitiser that caused their symptoms is important in the prevention of excessive decline in lung function and development of chronic airflow limitation.


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 confirmed other reports). 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:


2. Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosino-

Occupational and Environmental Medicine and the electronic age

OEM has an Email address which is 100632.3615@compuserve.com. We welcome contact by Email, including letters to the editor. Some of our reviewers already send us their reports by Email, helping to speed up the peer review process.

We are moving towards electronic publishing and for some months now we have been asking authors to send us their revised papers on disk as well as a hard copy. I am delighted to report that nearly all our authors are managing to comply with this request; far more than for other specialist journals in the BMJ Publishing group.

Oddly enough, the few authors who have not sent us a disk version of their revised papers have been almost exclusively from the United Kingdom. I would be interested in suggestions for why this might be. Perhaps United Kingdom based authors read our correspondence and instructions less assiduously? Watch for revised Instructions to Authors.

The Editor
Lymphohaematopoietic malignancies and quantitative estimates of exposure to benzene in Canadian petroleum distribution workers

This in Rehabilitation, Salvatore biological findings.

for book, persistence of dose-response that United States curve of distrusted enzymes, heat shock tentative misleading animals "stimulation" different laboratory, interpreting here, interpreting the general standard of presentation and dialectic is high, but some contributors seem ignorant of modern receptor pharmacology, especially the concept of the partial agonist, and others overlook the dangers of uncontrollable molecular and cellular reaction mechanisms when arguing for the seeming "stimulation" of health by very low doses of chemicals and radiation.

and there are many examples here of the diverse shapes of quantal and quantitative dose-response relations in the laboratory, the clinic, and the factory. In this way it affords an excellent training in the problems of analyzing and interpreting results. That alone would be a good reason for buying the book, and another is its exemplification of the need to look hard at the complexity of biological findings. It also shows the stupidity of trying to force all toxicological data into the legislative convenience of a uniform model. However, it does so with a solemnity and persistence that should be unnecessary for any rational biologist. Perhaps the BELLE has had her ball and now can seek a better balance?

A D DAYAN


This is the second publication of a quarterly series. The issue of setting limits for benzene exposure in the workplace and the environ-

ment is both topical and controversial, so the timing of this volume is appropriate. The book consists of 22 chapters, all written by different contributors, with the aim of providing an overview of the current state of knowledge about the effects of benzene. The first four chapters review exposures in the workplace, in ambient and in indoor air, and through environmental tobacco smoke, and the factors which affect the biological levels of benzene in humans. Chapter 5, the longest in the volume, surveys studies on human leukaemogenesis induced by benzene, and includes descriptions of the pathology, physiology, human studies, the controversial risk assessments carried out on data from rubber manufacturing workers, animal studies, metabolism, and a long section of cytogenetic laboratory, attempts to coordinate the chapters. However, by the middle of the book there has begun to be obvious repetition and overlap and the second half consists of a series of papers on more specialist topics. The volume would be of more use to the reader if it had been structured more formally and the articles grouped under definite headings. It is not clear whether the editors intended it to be literally an update in that they assume the reader to have considerable knowledge of the topic or whether they wished it to be a thorough review. The chapters vary in their achievements towards these two different aims. Someone with little knowledge of the effects of benzene would obtain a rather patchy picture from this book. However, there is no doubt that sections of it would be useful to those with an interest in this specialist area. The reader would also need to be aware that this volume is probably already out of date and likely to become even more so very quickly. There are already several new studies reported in the scientific literature and in particular, the recently commissioned European Union risk characterisation will soon be available.

LESLEY RUSHTON

NOTICES


This continuing medical education course is sponsored by Scripps Clinic and Research Foundation and designed for haematologists, oncologists and pathologists who are involved in the histological diagnosis or clinical evaluation of patients with disorders related to the lymphopoietic system. The course will offer 26 credit hours of category 1 CME credit.

For further information contact: Department of Academic Affairs, 403C, Scripps Clinic and Research Foundation, 10666 N Torrey Pines Road, La Jolla, CA 92037, USA. Tel (619) 554-8556; Fax (619) 554-6310.


This symposium is organised by the National Social Security Authority of Zimbabwe, and the National Centre for Occupational Health, South Africa, on behalf of The Scientific Committee on Occupational Epidemiology (ICOH).

The conference aims to bring together people working in occupational epidemiology globally and to discuss methodological issues and practical applications of their research. The symposium will include keynote lectures, oral presentations and posters. The conference will be held in southern Africa, where new development and social challenges provide fertile ground for advances in occupational health. We look forward to seeing you in the warm and friendly city of Harare in Zimbabwe!

For further information, contact: Ms M Machacova, International Occupational Health Centre, Box 1387, Causeway, Harare, Zimbabwe. Tel 263-4728 931/722 047-9/723 822-4, Fax 263-4 796 320.

Sixth International Symposium on Neurobehavioural Methods and Effects In Occupational and Environmental Health, 15–18 October, 1997. Shanghai, China.

The symposium is organised by the Sanlian Accident Prevention Institute and the Shanghai Medical University. For further information send a fax to: The Secretariat, 6th International Symposium on Neurobehavioural Methods and Effects In Occupational and Environmental Health, Sanlian Accident Prevention Institute, Heifei, Anhui province, PR China. Fax: +86-5515319266.


This advanced course is about the principles of epidemiological research. The lecturer is KJ Rothman. Among others, the topics will be: case-control research principles, interaction pathogenetic, statistics o epidemiological analyses. Enrollment is open to researchers with a basic knowledge of epidemiology and biostatistics and at least some work experience. Closing date for enrollment is 13 January 1997. Course fee is DFL 1895, including a single room with shower and toilet, breakfast, lunches, dinner, coffee or tea during breaks, the textbook Modern Epidemiology, and other course materials.

For further information please contact: Mrs Astrid van Alst, course secretary, Department of Epidemiology, University of Nijmegen, PO Box 9101, NL-6500 HB Nijmegen, The Netherlands. Tel. +31–24–3619132; Fax. +31–24–3613505; E-mail: A.vanAlst@mie.kun.nl