

CORRESPONDENCE

Three decades of occupational health research in South Wales

Editor—The MRC Epidemiology Unit (South Wales) officially closed at the end of September, 1995 on the retirement of the director, Professor Peter Elwood. A small team will continue at Llandough Hospital, South Wales to complete work on current projects. The Epidemiology Unit (EU) originated as an offshoot of the MRC Pneumoconiosis Research Unit (PRU) which pioneered epidemiological surveys among the coal mining and agricultural communities of South Wales. The EU was established in 1960 under the direction of Professor Archie Cochrane to conduct studies on a wider range of medical conditions. Peter Elwood joined the Unit in 1963 and succeeded Cochrane as director in 1974. Occupational research continued and EU workers have been involved in a wide range of studies over the past 35 years (table) and have authored or coauthored over 30 papers in this journal.¹⁻³² The early papers of Elwood were based on a large study of textile workers in Northern Ireland undertaken in Professor John Pemberton's Department of Social and Preventive Medicine at Belfast.

In noting the closure of the Unit there are some lessons to be learnt from its work. Large studies were undertaken by a small but highly committed team with local fieldworkers and working hours that suited the study population. This approach resulted in very high response rates. Their work also paid particular attention to identifying and examining exworkers as well as those currently employed. Based on the earlier studies at PRU standardised measures and questionnaires were used to reduce observer bias. The longevity of the unit meant that long term follow up studies could be undertaken to establish the prognostic signifi-

cance of data obtained in the prevalence studies of occupational disease. Up to 1980 follow up relied upon local visiting; later mortality studies used the flagging service of the Medical Research Section of the Office of Population, Censuses, and Surveys at Southport, England. An interesting account of the early epidemiological surveys has been published elsewhere.³³ Most of the data relating to the studies cited is still held at the former MRC unit. A mortality study of 1495 pest control officers has also just been completed. Further long term follow up of some of these cohorts could be considered in the future.

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Some occupational health surveys associated with the MRC Epidemiology Unit (South Wales) 1960-95

Population	Number eligible	Outcome measure	Response rate (%)	Duration of follow up (y)
Rhondda men and women ¹	800	RS, RM	90	N/A
Miners and exminers ²	2165	CXR	93	8
Miners, exminers and non-miners ³	313	RM	90	5
Miners and exminers ⁴	1250	Blood, saliva RS, CXR	92	N/A
Miners, exminers and non-miners ⁵	9224	CXR, RS, DC	97	6
Asbestos workers and exworkers ⁶	1422	DC	88	< 26
Flax workers ⁷	3066	RS, RM	82	N/A
Flax exworkers ⁸	102	RS, RM	87	N/A
Pontypridd residents ¹³	727	SQ	94	N/A
Steel workers ¹⁴	1007	SQ, eyes	93	N/A
Rhondda men ¹⁶	6384	DC	99	20
Slate workers, exworkers and controls ¹⁷	1662	RS, RM, CXR	94	N/A
Miners and foundrymen ¹⁸	387	DC	99.5	20
Miners and foundrymen ¹⁹	369	DC	100	20
Flax workers ²⁰	2528	DC	97	16
Asbestos workers ²²	1592	DC	97	< 41
Rhondda men ²⁴	8526	DC	99.9	30
Flax exworkers ²⁷	2129	RS, RM	90	N/A
Slate workers and controls ²⁸	1285	DC	100	6
Cotton exworkers ²⁹	1023	RS, RM	87	N/A
Viscose rayon workers ³⁰	2939	DC	97	< 37
Painters and electricians ³²	3864	DP, CR, DC	88	< 14

N/A = not applicable; RS = respiratory symptom questionnaire; RM = respiratory measurements; SQ = symptom questionnaire; CXR = chest x ray film; DC = death certificate; DP = disability pension; CR = cancer registration.

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Occupational medicine: the way ahead

Editor—Seaton and Agius describe clearly the evolution of occupational medicine to its present position in your August Journal.¹ We agree, in general, with their analysis. The way ahead that they seek involving an