

# Occupational and Environmental Medicine



Adopted as the Journal of the Faculty of  
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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.**

Papers are considered on the understanding that they are submitted solely to this *Journal* and do not duplicate material already published elsewhere. In cases of doubt, where part of the material has been published elsewhere, the published material should be included with the submitted manuscript to allow the Editor to assess the degree of duplication. The Editor cannot enter into correspondence about papers rejected as being unsuitable for publication, and the Editor's decision in these matters is final.

**Papers should include a structured abstract of not more than 300 words, under headings of Objectives, Methods, Results, and Conclusions. Please include up to three keywords or key terms to assist with indexing.**

Papers should follow the requirements of the International Committee of Medical Journal Editors (*BMJ* 1991;302:338-41). Papers and references must be typewritten in double spacing on one side of the paper only, with wide margins. SI units should be used.

Short reports (including case reports) should be not more than 1500 words and do not require an 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.

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lished by the first identification in the text of a particular table or illustration. Include only references essential to the argument being developed in the paper or to the discussion of results, or to describe methods which are being used when the original description is too long for inclusion. Information from manuscripts not yet in press or personal communications should be cited in the text, not as formal references.

Use the Vancouver style, as in this issue for instance, for a standard journal article: authors (list all authors when seven or fewer, when eight or more, list only six and add *et al*), title, abbreviated title of journal as given in *Index Medicus* (if not in *Index Medicus* give in full), year of publication, volume number, and first and last page numbers.

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ISSN 1351-0711.

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## 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<sup>1</sup> confirmed other reports<sup>2-5</sup> . . .). 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:

- 1 International Steering Committee of Medical Editors, Uniform requirements for manuscripts submitted to biomedical journals. *Br Med J* 1979;1:532-5.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
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## 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*

Smoking is a well known confounding factor for occupational respiratory diseases, as we have found. Smoking should be avoided by workers exposed to hard metal, although the exposure alone also disturbs the bronchi. Furthermore, the impairment of ventilatory function can be enhanced by asthma attacks, which are related to exposure to hard metal.

The functional impairment in the small airways found in the current study needs to be followed up, to find its possible association with chronic bronchial obstruction and respiratory failure. Thereafter, results from the present cross sectional study should be extended. Asthmatic workers with impairment in the large bronchi should also be followed up.

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## Correspondence and editorials

*Occupational and Environmental Medicine* welcomes correspondence relating to any of the material appearing in the journal. Results from preliminary or small scale studies may also be published in the correspondence column if this seems appropriate. Letters should be not more than 500 words in length and contain a minimum of references. Tables and figures should be kept to an absolute

minimum. Letters are accepted on the understanding that they may be subject to editorial revision and shortening.

The journal also publishes editorials which are normally specially commissioned. The Editor welcomes suggestions regarding suitable topics; those wishing to submit an editorial, however, should do so only after discussion with the Editor.

The consistent fall in personal exposures during the half term holiday was not explained by a reduction in NO<sub>2</sub> concentrations in the children's homes. Nor can it be attributed to unusually high exposures in school classrooms during the first two weeks of the study as classroom concentrations were lower than most personal exposures. We do not have information on the outdoor concentrations of NO<sub>2</sub> to which the children were exposed during the holiday week, but the holiday did not coincide with any notable change in the weather, which was mild in all three weeks of sampling. We were able to establish where 19 of the 23 children studied in week 3 had spent their holiday, and only two had been away from the Southampton area for more than one day. Perhaps the reason for the lower exposures in week 3 was a reduction in exposure to traffic fumes as a result of not having to travel to and from school. Unfortunately no information on traffic density was obtained, which might have helped to explain the differences in exposure.

In contrast to other studies,<sup>15 16</sup> indoor concentrations of NO<sub>2</sub> and proxy markers, such as the use of gas cookers and heaters, did not seem to be sufficiently reliable indicators of personal exposure. Thus our findings support the need for direct personal monitoring to assess exposure in studies investigating the health effects of NO<sub>2</sub> in older children. Because passive samplers can only measure longer term average exposures, other sources of information such as activity diaries, weather conditions, and traffic density may also be needed to assess possible peak exposures.

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## Rejected manuscripts

From February 1994, authors whose submitted articles are rejected will be advised of the decision and one copy of the article, together with any reviewers' comments, will

be returned to them. The *Journal* will destroy remaining copies of the article but correspondence and reviewers' comments will be kept.

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## BOOK REVIEW

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**Fitness For Work: The Medical Aspects. 2nd edition.** Edited by COX RAF, EDWARDS FC, MCCALLUM RI. (Pp 518; price £60 (hardback).) 1995. Oxford: Oxford Medical Publications. ISBN 0-19-2623443 (Hbk) 0-19-2623451 (Pbk).

This is the second edition of a publication by the Faculty of Occupational Medicine of the Royal College of Physicians, first published in 1988, and launched at a Faculty conference in London in February this year. The Department of Social Security and Health and Safety Executive contributed to production costs. It is likely that most United Kingdom readers of this journal will be at least aware of its existence, if not actually own a copy.

There are relatively few jobs with clearly defined criteria for fitness. Experience has shown that judgements on employability vary widely among different practitioners, suggesting the need for better consistency in opinion. Restrictions on employability may be imposed unnecessarily and the individual denied opportunity to engage in their chosen job or progress in a career, with consequent frustration and socioeconomic disadvantage. Conversely, health risks from a particular type of job might be underestimated, or possibly not recognised at all, with potentially harmful consequences for the individual employee or others in the workplace. There is a clear need, therefore, for greater awareness of this subject—as well as a practical source of advice and reference on fitness issues for medical and nursing practitioners, managers, and others concerned with health in the workplace.

This particular book comes highly commended. It is highly readable at a lengthy sitting and also provides a helpful reference source to dip into as needed. It is crammed with information and advice based on the considerable experience of the many contributing authors. Much of the material is difficult to find in other publications. Each

chapter is written as a joint item by an occupational physician and a practising clinician in the particular specialty or field of practice discussed. It deals with general principles underlying medical assessments for work, the interface between medicine and the workplace, legal aspects, ethical issues, and current services and provisions for those with disabilities. Significant new additions and updates add value to the first edition, including descriptions of spinal disorders, trauma, fitness for work overseas, ill health retirement, European Union legislation, and ethics. The text describes situations as diverse as a prospective diver with a healed, scarred tympanic membrane to the applicant for a public service vehicle licence who has a colour vision impairment (both of whom are likely to be fit for their chosen vocations).

The book reaffirms the continuing prejudice which is still shown in attitudes to the employment of people with health problems and disabilities. This may occur for a number of complex reasons, though in a practical sense it can reflect fear of poor sickness absence record, and the inconvenience and business costs which follow—a fear that is generally unfounded. The effect is to reduce the likelihood of employees disclosing conditions which might be better known to the employer—for example, for safety reasons if modification is needed to the job or environment.

Appropriate emphasis is given in the book to multidisciplinary cooperation as a requirement for the effective management of fitness issues in employment. There is mention too of the ever changing nature of the work environment, the introduction of new technologies and working practices, emergent risks to health, and other changes which may have beneficial as well as negative influences on employment prospects for those with health impairments.

Doctors in training for associate of the Faculty of Occupational Medicine, as well as more experienced specialists, will find much that is useful in this book. It will serve well the needs of practitioners in occupational health and primary health care; thereby, the beneficiaries will be the disabled themselves.

FRASER M KENNEDY

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## NOTICES

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**2nd International Health and Ecology Conference. 25-28 September 1996. University of Wollongong, New South Wales, Australia.**

The host of this important event is *Nursing the Environment*; the Australian Nursing Federation National Special Interest Group.

The conference theme will explore the issues of community and work based initiatives, policy development, emergency ecological and theoretical perspectives for a healthy world and alternative models of health care. Three international keynote speakers have already accepted direct invitations to present. They are:

- Dr Iona Kickbush—World Health Organisation, Switzerland
- Dr Eleanore Schuster—College of Nursing, Florida
- Professor A J McMichael—University of London

The target audience includes health care professionals, members of governments, businesses, industry, educational institutions and the community at large. We anticipate an attendance in excess of 400 delegates.

For further information contact: The Meeting Planners, 108 Church Street, Hawthorn, Victoria, Australia 3122. Phone (61 3) 9819 3700. Facsimile: (61 3) 9819 5978.

**Industrial Audiometry Courses. 20-22 March and 17-19 April 1996. Manchester.**

These two identical three day courses offer training in audiometry for industrial medical staff, safety officers, and others concerned with hearing conservation in industry. The courses, which comply with the syllabus recommended by the British Society of Audiology have the approval of the Society. The courses will be held at the Wendover Hotel, Eccles, Manchester.

Full details are available from Dr W Tempest, "Kismet", Croyde Rd, St Annes, Lancs FY8 1EX. Tel (01253) 712550.

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## CORRECTION

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Kilburn KH, Thornton JC. **Prediction equations for balance measured as sway speed by head tracking with eyes open and closed** (1995;52:544-6). The sway speed equation with eyes closed, in the abstract and results section, should be:

$$\text{Ln}(\text{closed}) = -0.585707 - 0.023074 \times \text{age} + 0.000315 \times \text{age}^2 + 0.005967 \times \text{height (cm)}$$