

dysfunction are not receiving benefits. Ultimately it is a matter for political decision as to how far in either direction the dividing line should be pushed. Far more important, however, is for the data on the relation between dust exposure and disease to be used to prevent further health problems in miners. It was for this reason, and not to contribute to a debate on so called "compensation", that the National Coal Board funded its research, which ultimately included some 50 000 miners over a 30 year period.

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- 1 Lewis S, Bennett J, Richards K, Britton J. A cross sectional study of the independent effect of occupation on lung function in British coal miners. *Occup Environ Med* 1996; 53:125-8.
- 2 Seaton A. Coalmining, emphysema, and compensation. *Br J Ind Med* 1990;47:433-5.

Author's reply—We agree with Seaton that the presence of pneumoconiosis on a chest x ray film is a clear indication that extensive coal dust exposure has occurred. Where we differ (or we perhaps misunderstand) is in the inference implicit in recommending that pneumoconiosis should be present to qualify for certification of chronic bronchitis and emphysema, that the absence of pneumoconiosis on a chest x ray film provides evidence to the contrary. As a result, many ex-coal miners with a history of heavy exposure to coal dust, and with serious disability from the disease this scheme intends to compensate, are being refused compensation. If as Seaton states, the presence of pneumoconiosis is not in itself an independent predictor of a higher probability that chronic bronchitis and emphysema are due to coal dust, and if it adds nothing to the likelihood either way that smoking has contributed to any degree of chronic bronchitis and emphysema, what is the logic of including pneumoconiosis as an obligatory criterion for compensation? We agree that any compensation scheme that dichotomises a continuum will produce injustice, but would argue that if we are to continue with such an approach then the criteria used for that dichotomisation need to be seen to be as logical and fair as possible. In our view the inclusion of a requirement for the presence of one abnormality (pneumoconiosis) to qualify for compensation for another and unrelated abnormality (chronic bronchitis and emphysema) is irrational and unjust.

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NOTICES

14th Annual Occupational Health and Safety Institute. 9-20 September 1996. Minneapolis, Minnesota, USA.

The 14th Annual Occupational Health and Safety Institute has an intensive programme offering graduate level credit or continuing education credit within an interdisciplinary setting and will be held on the Minneapolis Campus of the University of Minnesota in the Health Sciences Complex. Specific directions and maps will be sent to participants upon receipt of the completed registration form. People may choose from a wide array of courses in occupational and environmental health. The Institute is taught by members of the faculty of the School of Public Health at the University of Minnesota as well as guest lecturers and professionals from business and industry, with extensive field experience.

The Institute offers graduate level courses in a two week format (*unless otherwise specified*) designed to:

- offer a convenient alternative for those who cannot take advantage of graduate level courses during the regular academic year
- provide selected courses in occupational health and safety to professionals who are just entering the field and/or who wish to formalise their experience in the field
- assist those preparing to take certification examinations through the American Board of Preventive Medicine, American Board of Industrial Hygiene, or the American Board of Occupational Health Nursing
- provide educational options for students who do not have the time or opportunity in their regular programme of study to enroll in occupational and environmental health courses.

The intended audience includes graduate students and practising occupational medicine physicians, industrial hygienists, occupational health nurses, safety specialists, managers, supervisors, and others with responsibilities for providing a safe and healthy work environment.

Academic credit is transferable to other accredited institutions in the United States.

For further information contact: Midwest Center for Occupational Health and Safety, Program In Continuing Education, University of Minnesota, 640 Jackson Street, St. Paul, MN 55101, USA. Fax 612 292 4773.

Keele '96: 21st National Safety Symposium. 2-4 September 1996. Keele University, Staffordshire

Building for success, the theme for the 1996 National Safety Symposium, reflects past, present and future success of this annual event and also the predominant programme theme of buildings management.

The event is staged by the Municipal and Public Services (MAPS) Division of the Institution of Occupational Safety and Health (IOSH), and attracts mainly public sector health and safety professionals, although the subjects to be addressed will appeal to anyone working within occupational safety and health.

Topics on this year's programme include:

- Healthy buildings and workplaces
- Lighting for a safe working environment
- Assessing risks posed by exposure to biological agents
- Fire safety in public buildings
- Glass and glazing
- Implications of the Disability Discrimination Bill
- Disaster management software
- Human factors in safety systems
- Information technology in occupational safety and health

The MAPS annual dinner, held at Keele Hall on 2 September, will include the presentation of the Zurich Municipal sponsored awards for outstanding contributions to public sector safety and health.

More information on Keele '96 is available from Murray Clark at the Institution of Occupational Safety and Health, tel: +44 (0)116 257 1399, ext. 110, e-mail: cpdevnts@iosh.co.uk

XIII International Symposium on Night and Shiftwork: New Challenges for the Organisation of Night and Shiftwork. 23-27 June 1997. Majvik, Finland

Themes:

- 1 International regulations on the organisation of shiftwork
- 2 Innovative shift schedules
- 3 12 Hour shifts
- 4 Optimal sleep wake rhythm in shiftwork
- 5 Shiftwork and safety
- 6 Shiftwork and wellbeing: the interaction of individual and social differences

Abstracts:

15 February 1997

For further information contact: Symposium on Night and Shiftwork, Symposium Secretariat, Suvi Lehtinen, Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, FIN-00250 Helsinki, FINLAND. tel: Int. + 358-0-47471 fax: Int. + 358-0-4747-548 e-mail: sleh@occuphealth.fi