

Occupational and Environmental Medicine



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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 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.

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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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All manuscripts submitted to *Occup Environ Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style.)

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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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the employment period (SMR for active person-time 0-90) and is probably not related to work exposures. The increased mortality among short term workers, and other information suggest that systematic errors contribute to the increased overall mortality.

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- 1 Langård S, Andersen A, Gylseth B. Incidence of cancer among ferrochromium and ferrosilicon workers. *Br J Ind Med* 1980;37:114-20.
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- 15 Lanphear BP, Buncher CR. Latent period for malignant mesothelioma of occupational origin. *J Occup Med* 1992; 34:718-21.
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Occupational and Environmental Medicine and the electronic age

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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

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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.

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.

ANTHONY SEATON
*Environmental and Occupational Medicines,
University Medical School,
Foresterhill,
Aberdeen AB9 2ZD*

- 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.

J BRITTON
SARAH LEWIS
*University of Nottingham,
Department of Medicine,
City Hospital,
Hucknall Road,
Nottingham NG5 1PB*

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

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