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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

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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.

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Occupational and Environmental Medicine and the electronic age

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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. 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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- 1 International Steering Committee of Medical Editors, Uniform requirements for manuscripts submitted to biomedical journals. *BMJ* 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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including some that have now closed. The company was established on the site of a former explosives factory, and less than 1 km to the north west and the south west lie two sites of the former Ministry of Defence Explosives Research and Development Establishment, which contain land reported to be contaminated with asbestos and other substances (D Perry, personal communication).

In summary, within the limitations of the small area approach and use of routine data the study provides limited and inconsistent evidence for a localised excess of cancer in the vicinity of the PBI plant. Although there was a small general increase in risk over the wider 7.5 km study area, and a decline in incidence of lung cancer and mortality with distance from the plant, increased risk and decline in risk with distance were also found for non-cancer mortality, which argues against a specific cancer hazard. For cancer mortality in the innermost wards, the findings were, for the most part, well within the range of variation across the region as a whole. At present, further investigation of this alleged cluster does not seem to be warranted, although surveillance of mortality and cancer incidence in the locality as a whole would indicate whether or not the apparent excess risk of disease persists.

The Small Area Health Statistics Unit is funded by grants from the Department of Health, Department of the Environment, Health and Safety Executive, Scottish Office Home and Health Department, Welsh Office, and Northern Ireland Department of Health and Social Services. We thank the Census, Population and Health Group of the Office of National Statistics (formerly Office of Population Censuses and Surveys) who made postcoded data available to us and provided copies of death certificates. We are grateful to the Thames Cancer Registry for checking registration details of individual cases; to Dr David Perry (HMPIF) who provided information about local industries; and to Dr J Osman and Mrs S Hutchings of the HSE's Epidemiological and Medical Statistics Unit for discussing with us the findings of their study of the workforce.

The views expressed in this paper are those of the authors and not necessarily those of the funding departments.

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