Keith Palmer, *Editor*

INJURIES IN TEMPORARY WORKERS

Several previous investigations suggest that temporary workers are at higher risk of occupational injury. And it's perhaps easy to imagine why this could be—possibilities include lack of job experience, inadequate induction and safety training, and deployment to the most hazardous jobs. Benavides *et al*[1] hypothesise that a combination of these factors account for the excess risk. To investigate, they examined fatal and non-fatal occupational injuries for 2000–01, systematically collected by the Spanish Ministry of Labour and Social Affairs, and classified by occupation, length of employment, and whether the contract of employment was permanent or temporary. The analysis included more than 1.8 million occupational injuries. Temporary workers were 2.5 times more likely to suffer a fatal injury at work and nearly three times more likely to incur a non-fatal one. After allowing for age, gender, occupation, and length of employment, all of the excess in temporary contract workers disappeared, a finding that tends to confirm the importance of knowledge and job experience in worker safety.

HEALTHCARE AFTER WORKPLACE INJURY

Elsewhere in the journal, Brown *et al*[2] document the consequences of occupational injury on workers' longer term emotional and physical wellbeing in British Columbia. Their investigation made use of an administrative database that linked publicly funded healthcare with compensation data from the Workers' Compensation Board (WCB) and examined use of medical services relative to the year before injury and to that in uninjured individuals. Even five years on, use of healthcare was substantially higher in the injured workers as measured by a variety of yardsticks (physician visits, hospital days, and especially use of mental health services). The interval of excess morbidity was greater than that covered by WCB provisions.

PHYSICAL CAPACITY AND MUSCULOSKELETAL PAIN

Does a worker's physical capacity influence their risk of musculoskeletal pain? Hamberg-van Reenen *et al*[3] have investigated the question in a cohort of almost 1800 workers recruited from 34 diverse Dutch companies. At baseline, the researchers assessed isokinetic lifting strength, static endurance of the back, neck, and shoulder muscles, and spinal mobility in workers initially free of back, neck, and shoulder pain. They then assessed the risk of pain at these sites over a 9–15 month follow up, after allowance for physical workload in the job and other potential confounders. They found that static back endurance tests tended to predict new onset low-back pain, and that isokinetic neck-shoulder lifting strength and static neck endurance predicted new neck pain, but that other associations were much weaker. The authors recommend that effort should not only be placed in reducing the physical demands of work but also on developing interventions to improve workers' muscle strength and static endurance at selected anatomical sites.

ELSEWHERE IN THE JOURNAL

Also in this month's journal are a provocative commentary by Clapp *et al*[4] who voice concerns that the integrity of public health science in the USA is being eroded by political and economic interests, an account of the French National Mesothelioma Surveillance Programme by Goldberg *et al*,[5] and a register based survey investigating the risk of multiple sclerosis in female nurse anaesthetists.[6]

1 **Benavides FG**, Benach J, Muntaner C, *et al.* Associations between temporary employment and occupational injury: what are the mechanisms? *Occup Environ Med* 2006;**63**:416–21.
2 **Brown JA**, McDonough P, Mustard CA, *et al.* Healthcare use before and after a workplace injury in British Columbia, Canada. *Occup Environ Med* 2006;**63**:396–403.
3 **Hamberg-van Reenen HH**, Ariëns GAM, Blatter BM, *et al.* Physical capacity in relation to low back, neck, or shoulder pain in a working population. *Occup Environ Med* 2006;**63**:371–7.
4 **Clapp R**, Hoppin P, Kriebel D. Erosion of the integrity of public health science in the USA. *Occup Environ Med* 2006;**63**:367–8.
5 **Goldberg M**, Imbernon E, Rolland P, *et al.* The French National Mesothelioma Surveillance Program. *Occup Environ Med* 2006;**63**:390–5.
6 **Landtblom A-M**, Tondel M, Hjalmarsson P, *et al.* The risk for multiple sclerosis in female nurse anaesthetists: a register based study. *Occup Environ Med* 2006;**63**:387–9.