Correspondence

later. Whereas it would be difficult to explain gross differences in the annual decline of  $FEV_1$  of 30 ml/year and 15 ml/year respectively for cotton workers and controls as being due to bias, it does not give a definite answer to the question, What is the extent of permanent loss of lung function caused by long term exposures to dust?

Thus we emphasise the need for longitudinal studies; in particular, to find out whether or not the low levels of dust exposure now being achieved in many cotton mills in developed countries cause any permanent loss of lung function.

We think that it was right to emphasise the adverse effects of cotton dust, particularly as they are likely to occur in textile factories without effective dust control.

### References

- Rooke GB, Dempsey AN, Hillier VF, Jeacock J. Further observations on byssinotics diagnosed in the United Kingdom. In: Jacobs RR, Wakelyn PJ, eds. Proceedings of the 11th cotton dust research conference, Beltwide Cotton Research Conference, Dallas, Texas, 1987. Memphis TN: National Cotton Council, 1987.
- 2 Cotes JE. Lung function assessment and application in medicine. 3rd ed. Oxford: Blackwell Scientific Publications, 1975.
- 3 Cotes JE, Rossiter CE, Higgins ITT, Gilson JC. Average normal values for the forced expiratory volume in white Caucasian males. Br Med J 1966;1:1016-9.
- 4 Berry G, Molyneux MKB. A mortality study of workers in Lancashire cotton mills. Chest 1981;79:11-5s.
- 5 Elwood PC, Thomas HF, Sweetnam PM, Elwood JH. The mortality of flax workers. Br J Ind Med 1982;39:18-22.
- 6 Peto R, Speizer FE, Fletcher C, et al. The relevance in adults of air flow obstruction, but not of mucous hypersecretion, to mortality from chronic lung disease: 20 year results from prospective surveys. Am Rev Respir Dis 1983;128:491-500.
- 7 Beck GH, Maunder LR, Schachter EN. Cotton dust and smoking effects on lung function in cotton textile workers. Am J Epidemiol 1984;119:33-43.
- 8 Diem JE. A statistical assessment of the scientific evidence relating cotton dust exposure to chronic lung disease. *American Statistician* 1983;37:395-403.
- 9 Elwood PC, Sweetnam PM, Bevan C, Saunders MJ. Respiratory disability in ex-cotton workers. Br J Ind Med 1986;43:580-6.
- 10 Elwood JH, Elwood PC, Campbell MJ, et al. Respiratory disability in ex-flax workers. Br J Ind Med 1986;43:300-6.
- 11 Rylander R, et al, eds. Byssinosis in the Far East. Proceedings of international workshop in Hong Kong. Am J Ind Med 1987;12:647-804. (Special issue.)
- 12 Schilling RSF. Respiratory disability in ex-cotton workers. Br J Ind Med 1987;43:571.

#### Correction

## Relation between lung function, exercise capacity, and exposure to asbestos cement (August 1987, p 545)

We regret that owing to a printing error table 5 appeared twice. Table 4 reads as follows:

# Notices

### **Preliminary Certificate in Asbestos**

The National Occupational Hygiene Service Ltd in conjunction with Central Manchester College is pleased to announce the dates for further courses leading to the BERBOH preliminary certificate examination in asbestos sampling and analysis. Limited experience, five day course, 12–16 September and 7–11 November 1988; extensive experience, two day courses, 19–20 September and 14–15 November 1988. For further details phone Action Line between 1300 and 1600 daily, 061 831 7791 ext 334.

### ESF Research Fellowships in Toxicology (PGT)

Research fellowships (2–12 months) and short term visiting fellowships (up to one month) are offered to scientists of any nationality working in European (or Israeli) laboratories to go to laboratories in other European countries. Deadline for submitting applications for research fellowships is 15 September 1988 to start from 1 January 1989. Short term visiting fellowships may be applied for at any time. For further information contact ESF Research Fellowships in Toxicology (PGT), Mrs Caroline Schneider, European Science Foundation, 1 quai Lezay-Marnesia, F-67000 Strasbourg, France.

## 2nd Meeting of the International Neurotoxicology Association, Sitges, Barcelona, 22–26 May 1989

The programme will include symposia, workshop, review lectures, and poster sessions for contributed papers. For further information contact: Dr E Rodriguez Farre, Secretariat II INA meeting, Department of Pharmacology and Toxicology, CSIC, Jorge Girona Salgada, 18–26, Barcelona, E–08034 Spain.

 Table 4
 Relation between smoking, asbestos exposure, and lung function measured at rest in the study group. Multiple

 regression analysis was used and the standardised regression coefficients (B) are presented. This relates the standard deviation unit change in the dependent variable to one standard deviation unit change in an independent variable

		TLC	FRC	RV	Cst <sub>L</sub>	R <sub>L</sub>	PelLITLC
Smoking:	В	0.254	0.299	0.282	0.065	0.019	-0.263
(n = 120)	р	< 0.001	< 0.001	<0.001	NS	NS	< 0.01
Exposure:	В	-0.582	-0.211	-0.218	-0.217	0.108	0.241
(n = 120)	р	< 0.001	< 0.01	< 0.01	<0.02	NS	< 0.01