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Inhalation fever: a proposed unifying term for febrile reactions to inhalation of noxious substances

Sir,—I write in regard to the paper by Rask-Andersen and Pratt (1992;49: 40). There is a limited repertoire of responses of the respiratory system to noxious agents in terms of signs and symptoms. The number of noxious agents is extensive and several general mechanisms exist by which the effects are mediated, including pharmacological, immunological, and toxicological ones. Some agents have the potential for eliciting more than one mechanism, and none of the clinical presentations is pathognomonic of a mechanism. As better understanding of the underlying causes and mechanisms of disorders of the respiratory system has evolved, scope has been provided for the rational revision of nomenclature both by the "lumpers" and the "splitters".

Rask-Andersen and Pratt state the case for using the term "inhalation fever" as, "... we think that the fevers and symptoms represent a common pathway in which the lung reacts to noxious substances." In their brief proposal, they do not provide proof for their hypothesis that all "... the colourful but confusing litany of names currently in use" are mediated by a single mechanism. For the sake of intellectual tidiness one might wish that metabolites and breakdown products of microbiological agents, flora and fauna; freshly generated metal fumes and their oxides; finely particulate polymer and its pyrolysis products; in eliciting the same responses, were operating through the same mechanism. Although this is plausible, we do not have the necessary supporting evidence. To accept the "lumping" proposal for the common nomenclature of the cough, fever, malaise, and generalised aches syndrome after the inhalation of a range of agents is, I would contend, premature and has the potential for leading to confusion of greater significance than it hopes to eradicate.

MORRIS GREENBERG
Department of Public Health and Primary
Care,
Royal Free Hospital School of Medicine,
Rowland Hill Street,
London NW3 2PF

NOTICES

MSc in Occupational Hygiene, University of Aberdeen and Institute of Occupational Medicine Ltd. Edinburgh

A comprehensive modular programme of occupational hygiene courses will be run jointly by the Institute of Occupational Medicine Ltd, Edinburgh and the University of Aberdeen. These courses are intended for scientists, engineers, occupational health nurses and others interested in pursuing a career in occupational hygiene.

The MSc course is available either full time over one year or part time over two years. The first 10 weeks, which also comprise the University Certificate course, consists of core occupational hygiene modules plus toxicology, epidemiology, and statistics. The second term includes advanced modules in occupational hygiene and modules on related subjects such as ergonomics and safety, indoor air quality and the environment. Students then proceed to the degree of MSc by undertaking a supervised research assignment. Holders of the MSc are exempt from the British Examining Board in Occupational Hygiene Diploma core examinations.

All of the modules within the course, which last between one and five days, can be attended separately. These include: introduction to risk assessment, monitoring hazardous substances, control of hazardous substances, skin exposure, monitoring strategy, ventilation design, and many others.

For further information contact Ms Heather Collins or Mr John Cherrie, Institute of Occupational Medicine Ltd, 8 Roxburgh Place, Edinburgh EH8 9SU. Telephone (031) 667 5131; Fax (031) 667 0136.

Certificate in Occupational Health, University of Aberdeen and Institute of Occupational Medicine Ltd, Edinburgh

A 10 week, full time course will be run jointly by the Institute of Occupational Medicine Ltd, Edinburgh and the University of Aberdeen. It is

intended for physicians working full time or part time in industry and is ideal for those who wish to take the examination for the Associateship of the Faculty of Occupational Medicine of the Royal College of Physicians of London. After successful completion of the examination at the end of the course, a University Certificate will be awarded. Successful candidates may then proceed to the degree of MSc by undertaking a supervised research project over the rest of the year (fulltime) or over two years (part-time). Course dates for 1992 are 5 October-11 December.

Various topics within the course are available as short modules that can be attended separately. These include epidemiology and statistics; toxicology; occupational hygiene; ergonomics; respiratory diseases.

For further information contact: Mrs L Alexander or Professor A Seaton, Department of Environmental and Occupational Medicine, University of Aberdeen Medical School, Foresterhill, Aberdeen AB9 2ZD. Telephone 0224 681818 ext 52459; Fax 0224 662990.

Workshop on biopersistence of respirable synthetic fibres and minerals. Lyon, France, 7-9 September 1992.

The workshop is organised by Institut National de la Santé et de la Recherche Médicale (INSERM); the International Agency for Research on Cancer (IARC), World Health Organisation, and Centre National de la Recherche Scientifique (CNRS), France.

It will assess the toxicity and carcinogenicity of fibrous and non-fibrous dusts from numerous minerals and synthetic materials in relation to their biopersistence in lung tissue. Problems of deposition, clearance, translocation, and dissolution will be presented at the workshop which will review the state of the art in the light of new experimental data from different disciplines. The workshop will provide a forum for discussion between occupational physicians, epidemiologists, laboratory workers in both the biological and physical sciences, governmental regulators, and industrial producers.

The sessions will cover the current state of the art; in vitro assessment of