In this issue of *Occupational Medicine*

In this issue, a number of interesting and practical issues raise their heads above the workplace parapet. Could orthopaedic surgeons be at risk of hand–arm vibration? Roberts *et al.* [1] believe that the issue needs further consideration. Their estimates using the Health & Safety Executive vibration exposure calculation tool suggest that surgeons could exceed the recommended vibration action level after as little as 26 min of saw use per day or the equivalent of five operations. They surveyed 900 orthopaedic surgeons for hand symptoms and compared them to gynaecologists, finding that the orthopaedic surgeons were significantly more likely to report sensorineural symptoms in their dominant hands. While this does not prove its existence, it would certainly suggest that further investigation of actual vibration exposures is indicated.

Child labour is a serious issue around the world and there are concerns about its long-term effects given that the work may involve hazardous exposures and increased injury rates. The paper by Cortez *et al.* [2] investigates the effects on height in a large cohort of Brazilian workers, 20% of whom had worked as children. After adjustment for confounders, no effect was found but they question whether a healthy selection process had operated. In addition, they note that almost all of those who had worked as children had worked in jobs with low physical stress in the service sector.

While some measures such as the Occupational Physicians Reporting Activity suggest that work-related mental ill-health is increasing, a large longitudinal study from the Naval Services in the UK [3] found rates to be remarkably stable over a 5-year period. Psychological morbidity was measured using the General Health Questionnaire and higher levels were associated with lower rank and female sex as well as service at sea and role conflict in all groups. Overall rates were similar to those that have been found in other service occupations such as the police. The authors discuss the introduction of specific interventions to address the identified work stressors.

Could prolonged exposure to strong farm odours affect olfactory function? Apparently not in a German study of dairy and pig farm workers [4]. Exposed workers performed just as well as controls when tested with standardized odour-releasing devices and neither was there any correlation between duration of exposure and olfactory function.

In what is quite a varied issue our other papers include an interesting study of rehabilitation following heart disease in train drivers [5] which may have implications for practice with respect to vocational drivers in the future. Finally make sure you read the fascinating story of ‘Why I Became An Occupational Physician’ by Bill Gunnyeon [6].

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References