



... from the Editor



FIONA ROBINSON,
EDITOR

RESPIRATORY AND SKIN INFECTIONS IN OLDER CONSTRUCTION WORKERS

Haupt *et al* found that older workers had problems with several occupational and non-occupational diseases and presented with a range of respiratory problems and skin infections. These diseases negatively affected work productivity in the industry and increased absenteeism. Further, the majority of workers required referral, many for unresolved non-occupational such as various skin, upper and lower respiratory conditions. Recommended interventions include regular medical surveillance as part of employer-driven health promotion programmes.

AIRFLOW LIMITATION AND THE PREVALENCE OF CHRONIC BRONCHITIS AMONGST CEMENT WORKERS IN SOUTH AFRICA

In a study set out to measure the effects of cement dust on non-smoking workers, Acutt found that although cement dust levels were well within the prescribed level of 5 mg/m³, airflow limitation was found, to a mild degree, in 13% of respondents and chronic bronchitis in 2,3%. No radiological changes due to cement dust exposure were evident. Reliability and validity of the instruments used and ethical considerations were emphasised throughout the study.

OCCUPATIONAL DISEASE RATES IN SOUTH AFRICAN MINERS AT AUTOPSY: SURVEILLANCE REPORT 2003

Once again Murray *et. al.* present a summary of the pathological findings that have been recorded on the PATHAUT database, which comprises autopsy data, occupational histories and the clinical causes of death of miners and ex-miners. Diseases of the respiratory system were the most frequent and accounted for 51% of deaths in blacks, 28% in whites and 43% in coloureds. The most common respiratory diseases were tuberculosis (TB) and pneumonia. For white miners the second highest cause of death was cardiovascular disease. The highest proportion of unnatural deaths was recorded for black miners (14%). Comparisons with the previous year are included.

RECOGNITION AND MANAGEMENT OF ORGANOPHOSPHATE POISONING

Pesticide poisoning is a common, yet often under-diagnosed condition. Yssel provides an overview of organophosphate poisoning including the toxicology, signs and symptoms, diagnosis, biological monitoring, treatment and prognosis.

JOINT EFFORT ON OCCUPATIONAL HEALTH AND SAFETY IN AFRICA

In this 16th update, the online Environmental, Health and Safety (EHS) Events Calendar is detailed. Information on four occupational health related conferences being held in Africa in 2005 is also provided, plus a request to forward information relating to international EHS events in Africa for 2005 to Dr David W. Stanton at davidws@asosh.org

CHANGE OF E-MAIL ADDRESS

I would like to draw the readers' attention to the change in my e-mail address to fiona.robinson@up.ac.za

END OF THE YEAR

It again amazes me that the end of the year is drawing near and this will be the last issue for 2004. I would like to thank all contributors, both of editorial and advertising material for their contributions and support. Thanks also go to those experts who have acted as peer reviewers of articles. I also want to thank the Editorial Board for their input throughout the year. I would again especially like to mention Dr David Stanton for his regular and unerring support. Kevin Beaumont and his team from *Technews* and *Technique* have again acquitted themselves admirably and special thanks must also go to them. A blessed and peaceful Christmas to all the readers and everything of the best for 2005!

Fiona Robinson