thorough and competent survey of occupational health and safety. The material is attractively presented and there are no obvious omissions. The work is likely to become an important practical handbook and reference manual, as well as providing an introduction to unfamiliar subjects. At £78 for two volumes, it will unfortunately be outside the pocket of most individuals but it is recommended strongly that it constitutes a compulsory purchase for all libraries and those institutions and organisations concerned with occupational health and safety.

To the Editor

**Malignant lymphomas and road transport workers**

SIR—In the course of reviewing mortality from Hodgkin’s disease and other lymphoid tissue neoplasms in the Registrar General’s Decennial Supplement on Occupational Mortality for 1970–2, we have noticed consistent excess mortality for road transport occupations.

The analysis was based on all male deaths between the ages of 15–64 in England and Wales in the three years 1970 to 1972 related to, in 10 year age groups, the corresponding population enumerated at the 1971 census.

The table shows standardised mortality ratios (SMRs) for all causes, and for ICD (8th revision) categories 200, 201, and 202, for the five units in the occupation classification directly concerned in road transport. SMRs are calculated using all England and Wales male mortality rates. Although the small numbers of cases preclude statistical significance, the consistency of the excess mortality is pronounced.

We know of no previous work relating road transport occupations and Hodgkin’s disease or other lymphoid neoplasms. The most obvious hypothesis is common exposure to motor vehicle exhaust gases. Our subjective assessment of the “dose” received by the three major occupation units would give unit 121 (mainly taxi drivers) the highest dose, followed perhaps by unit 120 and then 122. This corresponds satisfyingly with the mortality ratios. To examine the consistency over time we have extracted similar data from the Registrar General’s Decennial Supplement on Occupational Mortality for 1959–63. The results are less consistent although “drivers of other road passenger vehicles” show excess mortality—SMR of 121 (10 deaths) for ICD 200, 167 (15 deaths) for ICD 201, and 77 (one death) for ICD 202. It is tempting to speculate whether the lower mortality from these causes in the 1959–63 study is due to lower levels of vehicle exhaust pollution.

Any such hypotheses, however, are purely speculative and the possible association of Hodgkin’s and other lymphoid neoplasms with road transport occupations requires confirmation and further investigation.

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**Mortality of road transport occupations from selected causes SMRs (number of deaths in parenthesis) for men aged 15—64 in England and Wales, 1970–2**

<table>
<thead>
<tr>
<th>Cause of death (ICD 8th)</th>
<th>Occupation unit (1970 classification)</th>
<th>120</th>
<th>121</th>
<th>122</th>
<th>131</th>
<th>134</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drivers of buses (coaches)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All causes of death:</td>
<td>Drivers of other road passenger vehicles</td>
<td>104 (1690)</td>
<td>111 (1590)</td>
<td>111 (9353)</td>
<td>118 (775)</td>
<td>120 (141)</td>
</tr>
<tr>
<td>200 Lymphosarcoma and reticulum-cell sarcoma</td>
<td></td>
<td>117 (8)</td>
<td>153 (9)</td>
<td>115 (43)</td>
<td>72 (2)</td>
<td>153 (1)</td>
</tr>
<tr>
<td>201 Hodgkin’s disease</td>
<td></td>
<td>136 (9)</td>
<td>167 (9)</td>
<td>115 (45)</td>
<td>155 (4)</td>
<td>—</td>
</tr>
<tr>
<td>202 Other neoplasms of lymphoid tissue</td>
<td></td>
<td>62 (1)</td>
<td>146 (2)</td>
<td>135 (12)</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>
Malignant lymphomas and road transport workers.

R Balarajan and M McDowall

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