and ligaments cause the "spinal axis syndrome." Such trauma, however, would cause pain as soon as the analgesia wore off and would be confined to the lower spine. The upper spine has normal innervation with no paralysis during epidural analgesia.

Several other questions arise, such as why was tingling in the hands (outside the blocked area) more than twice as common as tingling in the feet (within the blocked area)? Is self diagnosis of migraine satisfactory for this type of analysis, and can it have the same aetiology as other headaches? Women in labour usually receive epidural analgesia because simpler methods have failed. The pain threshold, which also has a role in the complaint of backache, cannot therefore be ignored.

Epidural analgesia still remains the most effective form of analgesia in labour. Before we deprive mothers of its benefits we should be absolutely sure about the severity of side effects and their influence on normal activities.

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Osteoarthritis of the hip in farmers

EDITOR,—Peter Croft and colleagues' paper confirms what many of us who work in semirural practices have suspected for a long time—namely, that the prevalence of osteoarthritis of the hip and knee is higher in farmers than in other members of the same community. The authors do not, however, take into account a possible hereditary factor: farmland is often handed down within a family, and it may be that the tendency to the disease is inherited along with the land. This possibility is supported by the authors' observation that the prevalence of osteoarthritis was not high in those who had been farm workers for less than 10 years.

A relation between osteoarthritis of the hip and heavy manual work was suggested by Vingard *et al* in 1991 in a register based cohort study.¹ In a study of Swedish farmers, however, Thelin showed that osteoarthritis is significantly more common in the farming community but is unrelated to the duration or intensity of heavy work.² We believe that a possible hereditary contribution to the increased incidence of osteoarthritis of the hip in farmers deserves further consideration.

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Saliva as a diagnostic fluid

EDITOR,—Daniel Malamud reaffirms saliva's value as a diagnostic fluid.¹ Collecting saliva for estimation of steroid concentrations has been part of routine monitoring of children with conditions such as precocious and delayed puberty, congenital adrenal hyperplasia, Addison's disease,

amenorrhoea, and hypopituitarism in our paediatric endocrine clinic for many years.

Saliva is invaluable for repeatedly investigating steroid patterns in normal children.² Children from the age of 5 can collect saliva without difficulty, and the oral collecting devices or stimulants that Malamud mentions are unnecessary. Collecting devices that use absorbent materials similar to dental rolls give falsely low results as steroid molecules are retained in the absorbent matrix. In most instances it is not necessary to collect secretions from any one of the three salivary glands in isolation as the concentration of steroid is identical in each fluid and mixed whole saliva samples are considerably easier to obtain.³ The patient needs only to collect 2-3 ml of saliva into a 5 ml plastic blood container with no anticoagulant and send the samples through the post to the laboratory so that the results can be ready for the patient's visit to the clinic a fortnight later.

Neither the staff nor my patients have any difficulty in accepting saliva as a useful method of monitoring a condition. Although saliva may lack the charisma of other body fluids, as Malamud suggests, I am convinced that its advantages, especially in children, outweigh the drama of blood, sincerity of sweat, and awkwardness of urine; moreover, the terror of the needle and the need even to shed a tear are avoided.

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Hepatitis A vaccine for sewage workers

EDITOR,—Anthea J Tilzey and colleagues suggest that sewage workers are among those who might benefit from receiving hepatitis A vaccine.¹ There does not seem to be any published evidence in Britain that sewage workers are at high risk of developing hepatitis A, and the suggestion therefore seems premature.

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AUTHORS' REPLY.—Those who are in close contact with faecal material may be exposed to organisms excreted via the gut. A brief communication has already drawn attention to this hazard among people who spread sewage sludge.¹ Furthermore, the number of sewage workers in Britain is relatively small, and an analysis of cases of hepatitis A confirmed by a laboratory provides some evidence of an occupational risk (J Heptonstall, personal communication). We therefore consider that our recommendation that sewage workers should be protected against hepatitis A with the recently licensed vaccine is justified.

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- 1 Timothy E, Mephram P. Outbreak of infective hepatitis amongst sewage sludge spreaders. *Communicable Disease Report* 1984;3:3.

Is duplicate publishing on the increase?

EDITOR,—Among the articles commended in a recent Editor's Choice¹ was Tony Waldron's quantitative analysis of duplicate publication in the *British Journal of Industrial Medicine*.² The corresponding editorial examined the futility of duplicate publication and clarified the rules determining whether or not an article is a duplicate.³

Waldron's article is important and is likely to be quoted extensively in future articles on similar topics, though it states simply that the increasing percentage of duplicated main articles during the years under review suggests "a substantial increase over time." With reference to this article Editor's Choice also states that duplicate publication "may be getting more common." It is surprising that an article that has undergone careful scrutiny by several editors should not apply any statistical analysis to verify such an important point when the salient figures are included in the original article.

If the figures for 1988, 1989, and 1990 are analysed with a χ^2 test for trend no significant changes are seen ($\chi^2=2.77$; $df=1$). We appreciate that this does not prove that no trend exists. There does not seem, however, to be any significant evidence of a "substantial increase" in the duplication of publication of main articles in the *British Journal of Industrial Medicine* in the years studied.

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Bibliography on cot death needed

EDITOR,—Sarah Stewart-Brown believes that there must be lessons to be learnt from the way in which advice regarding babies' sleeping position has changed dramatically.¹ One such lesson may be the need for authors to carry out extremely thorough literature searches.

In 1944 Abramson reported a series of 128 cot deaths in New York.² Eighty seven of the infants had slept prone and only 22 supine, and in consequence Abramson recommended that "the routine nursing practice of placing infants in the prone position [should] be avoided, except [when] babies are constantly attended, [and should be] entirely done away with at night." Three years later Werne and Garrow reported that, as a direct result of Abramson's recommendation, "the Committee on Public Health Relations of the New York Academy of Medicine, through widely-publicised releases in both the lay and medical press, recently outlined specific measures for mothers to follow."^{3,4}

Werne and Garrow also suggested that the American Public Health Association should establish a commission to study cot deaths comprehensively,³ and if this or some other body had chosen to do so the problem of the safest sleeping position would, presumably, have begun to be tackled then. Instead, increasingly frequently, Abramson's finding and recommendation were not cited, even when the suffocation hypothesis was mentioned in his name, with the result that a generation of people did not know which sleeping position to use.⁵