worker's ability to perform a task without risk to himself or other employees, according to the American Occupational Medical Association's Committee on Occupational Medical Practice.

In response to an inquiry, the committee stated:

"The Committee believes that the preplacement examination focuses upon the ability of an employee to perform a job which presents no risk to that employee or to fellow employees.

"It is extremely difficult for the examining physician to say precisely that an individual can or cannot perform a manual lifting job based upon ability unless various complicated and scientifically-documented strength tests are performed. These strength tests must exactly reproduce the job for which the employee is being considered, and for most companies this is not practical. It is usually desirable, if testing, to test all applicants rather than being selective of those tested.

"The 'National Back Fitness Test' is not a good test for strength, in the estimation of our committee. It is essentially a test for muscle weakness or muscle shortening in the back musculature.

"It is one of a number of useful tests which can be utilized to determine whether back and/or abdominal muscles need strengthening by exercise or conditioning. The test does not relate in any way to the specific capabilities necessary to do a particular job.

"It is, in a sense, only an appraisal of a particular muscle group. It is an objective measure of an individual's need for a back exercise program. Thus, we believe that this particular fitness test cannot be used as a criterion for job placement. Indeed, refusing employment based solely on such a test would probably be considered discriminatory by many states. Any company contemplating this should consult legal counsel prior to instituting such a program."

Dr. Brock L. Weisenberger is chairman of the committee. Other members are Drs. Melvin A. Amundsen, George W. Anstadt, Reynolds Brissenden, III, Linda Clever, Edward P. Horvath, Jr., David Jacknow, Eugene M. Marks, Frank L. Mitchell, Guy F. Perry, Jr., and Donald Whorton.

DR. GEORGE FRANCK HEADS ACADEMY OF OCCUPATIONAL MEDICINE:

Dr. George H. Franck of AT&T Information Systems, Morristown, NJ, took over as president of the American Academy of Occupational Medicine at its joint meeting with the American Academy of Industrial Hygiene in Salt Lake City.

Dr. Charles F. Reinhardt of Du Pont's Haskell Labs became president-elect; James L. Craig, General Mills, vice president; Dr. Thomas Markham, Brush Wellman, secretary; Dr. Frank Ubel, 3M, treasurer. New board members: Dr. Thomas McDonagh, Exxon; Dr. Melvin A. Amundsen, Mayo Clinic; Dr. Ernest M. Dixon, consultant.

The two academies will hold their final joint meeting Oct. 22-25, 1985 in Orlando, FL. After 1985, the two organizations will revert to their old practice of separate meetings. Membership among the hygienists has expanded greatly.

Dr. Henry Herbert, formerly of Phelps Dodge and the United States Uniformed Health Services, now heads the employee medical program for Mobil in Fairfax, Va.

Elizabeth Lagerlof, a psychologist with the Swedish National Board of Occupational Safety & Health, has been appointed work environment attache at the Swedish Embassy in Washington, succeeding Dr. Bengt Gustafsson, who has returned to the faculty of the University of Lund in Sweden.

D. Tee Lamont Guidotti, professor and head of the Division of Occupational and Environmental Health at San Diego State University, has been appointed Professor of Occupational Medicine at the University of Alberta Faculty of Medicine.

CLASS ACTION SUITS APPROVED IN ASBESTOS CASES:

A Federal judge in Philadelphia has approved a class action suit against 55 asbestos manufacturers on behalf of the nation's primary and secondary schools.

asbestos removal.

Note: Of relevance to the asbestos controversy, the Supreme Court will consider in the current term a ruling on whether a company which files for bankruptcy is thereafter exempt from government enforcement orders. The case involves the operator of a chemical waste dump near Hamilton, Ohio. He has filed for bankruptcy and contends he is not subject to cleanup orders.

ON BALANCE, BENEFITS OF EXERCISE OUTWEIGH RISKS OF HEART ATTACK:

Adding fuel to the fire about whether or not exercise helps or harms is a new study of 133 men who had died of cardiac arrest after showing no symptoms of coronary heart disease throughout their lives.

The investigators, from the University of Washington and University of North Carolina, concluded that men who exercise vigorously and regularly have a far lower risk of dying suddenly of a heart attack than sedentary men.

But during the time a man is engaged in vigorous exercise, he runs a higher risk of dying of a heart attack. This is especially true for sedentary men.

Specifically, regular exercisers have a five times greater risk of dying while they are exercising whereas sedentary men have a 56 times greater risk of dying during vigorous exercise than during their normal activities.

The investigators, led by Dr. David S. Siscovick of the University of North Carolina School of Medicine, isolated 133 men out of 1,250 in the Seattle area who had died of primary cardiac arrest. The 133 men were singled out for the study because they were asymptomatic.

Co-authors of the report, published in the New England Journal of Medicine (Oct. 4) were Drs. Noel S. Weiss, Robert H. Fletcher and Tamar Lasky. An editorial in the same issue of the Journal commented:

"These results suggest that vigorous exercise is both protector from and provoker of sudden cardiac death but that any short-term risk of exercise is outweighed by the long-term beneficial effects of physical activity.

"For the first time, one study appears to resolve the apparent contradiction posed by the occurrence of deaths during exercise on one hand and the burgeoning reports of the benefits of habitual exercise in coronary heart disease on another."

Authors of the editorial were Dr. Paul D.. Thompson of the Miriam Hospital, Brown University, and Dr. Jere H. Mitchell, University of Texas Health Science Center at Dallas.

MAINE GROUPS SEEK DATA ON LINKS BETWEEN JOB AND HYPERTENSION:

The Maine Labor Group on Health, in cooperation with the Maine Bureau of Health's Hypertension Control Project, is seeking information on possible relationships between occupation and high blood pressure.

The groups have been actively involved in the development of high blood pressure guidelines for the Maine High Blood Pressure Council, and are attempting to extend their guidelines to the workplace.

But they believe that educating the worker isn't enough. Therefore, their position is that guidelines should not only recommend educational intervention but should be expanded to deal with the larger issue of cardiovascular disease prevention in the workplace.

"It is our belief that any comprehensive and therefore, successful, program must address the work-relatedness of hypertension and its impact on cardiovascular disease," says Charles W. Leavitt, project director for the Maine Labor Group on Health. It's his view that occupation, no less than lifestyle, should be considered a factor in the etiology of hypertension.

Anyone having relevant data on the question of occupation and high blood pressure should communicate with the Maine High Blood Pressure Council, P.O. Box M, Augusta, Maine 04330.