lent of four weeks full time. This is in addition to the limited amount of compulsory 'core' teaching in occupational and environmental health that all students attend. We look forward to the evaluation of the Newcastle approach, and intuitively believe it to be a valuable and important contribution. Diversity of approaches in undergraduate medical education is not merely a necessity borne of resource and climate, but is to an extent desirable to permit innovation and evolution.

In Edinburgh, we are currently adapting part of the teaching material of the 1996 Special Study Module, as well as some new material, for learning through the Internet. At present this Internet Study Supplement is a pilot approach which is intended to complement and supplement but not to replace face-to-face teaching. If this is developed further, and if the results of the subsequent evaluation are encouraging, it might find wider application in undergraduate medical education, and perhaps even to a limited degree in postgraduate education and Continuing Medical Education. Some of the files are on open access to all readers, and we would welcome comments and suggestions (Raymond.Agius@ed.ac.uk). The URL (Internet address) for the Special Study Module, and which 'points' through a 'hypertext link' to the Internet Study Supplement is:

http://www.ed.ac.uk/~rma/ssmom.html

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SOLVENTS, DEGREASING AND THE MONTREAL PROTOCOL

Sir,

We read the paper by Tay et al (*Occup Med* 1995; 45: 147–150) with interest—whilst we agree with the author's conclusions re: suitable tests for biological monitoring for the solvent, we felt it important to raise a few points.

Countries of the European Union are signatories to the Montreal Protocol which seeks to protect the earth's ozone layer by phasing out the manufacture and consumption of certain solvents, including 1,1,1 trichloroethane, by the end of 1995.

Our concern is that employers will revert, without a great deal of thought, to using trichloroethylene in open manual degreasing operations despite the advice of both HSE and reputable solvent suppliers. Occupational physicians can encourage employers to consider other options such as the use of non-chlorinated hydrocarbons (though these may be flammable) or aqueous cleaning methods as a study recently undertaken by HSE has identified that control of exposure to trichloroethylene in degreasing operations is often poorly managed. Free copies of both the HSE study entitled 'A Survey of Degreasing Operations 1994—Report on a Survey of Vapour Degreasing Processes Carried Out by Inspector from HSE's Field Operations Division between April and September 1994' and a discussion document addressing issues relating to the Montreal Protocol entitled 'The Montreal Protocol: Health and Safety Implications for Cleaning and Degreasing of Engineering Components', are available from the Engineering NIG, HSE, McLaren Building, 35 Dale End, Birmingham B4 7NP; Fax: 0121 609 5349.

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