

of patients¹⁾ and scrutiny of medical records, or to collect specimens from very recent attacks in a proper manner²⁾, this is - under all likelihood - not the situation we are faced with in late 1983 or early 1984.

3.0 Suggestions for Immediate Actions in 1984

3.1 The first step in exploring a relationship between an adverse health outcome and exposure to a CB agent is to look at the frequency with which adverse effects develop in an exposed population in a retrospective study. The most appropriate type of study is the case-control study, where persons with a given health problem are matched in terms of age, sex, and other relevant characteristics to non-diseased (control) persons. Epidemiologists are familiar with the disadvantages of such an approach, and know how to brace themselves against possible criticism. Thus:

It is recommended that further epidemiological data be collected by experienced medical personnel who already know the type of critique likely to be raised.

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- 1) Such as, to determine the route of exposure and entry of the agent (by inhalation? by topical exposure? via the GI-tract? etc.
 - 2) "Proper manner" indicates here: collection and temporary storage using proper methods, sufficient identification and geographic location, with no detail being unattended to; comprehensive observations and recordings of all sorts of details, such as type of plants in bloom, insect and animal behaviour, etc.