

# Occupational and Environmental Medicine



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the figure), and also in the water samples from a pond outside.<sup>1</sup>

In the most severely affected rescuer, the activities of ALT and GTP exceeded normal values. This may be due to a history of diabetes, not exposure to sarin, as there were no resident victims with abnormal values.<sup>3</sup>

These results suggest that rescuers should work with suitable clothes, gloves (heavy rubber gloves), and a mask (containing a charcoal filter), as pointed out by Sidell and Borak,<sup>10</sup> to prevent contamination with toxic substances, and minimise sarin exposure for at least 24 hours after the gas has been released in any incident similar to that of the Matsumoto case. This will be important to prevent a secondary disaster, although intoxication in rescue teams was relatively mild in the Matsumoto incident.

- 1 Fujishima H, ed. *A report analyzing the toxic substance attack of Matsumoto city*. Nagano, Japan: Nagano Research Institute for Health and Pollution, 1995. (In Japanese.)
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- 3 Morita H, Yanagisawa N, Nakajima T, Shimizu M, Hirabayashi H, Okudera H, et al. Sarin poisoning of citizens in Matsumoto. *Lancet* 1995;346:290-3.
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- 8 Grob D, Harvey JC. Effects in man of the anticholinesterase compound sarin (isopropyl methylphosphonofluoridate). *J Clin Invest* 1958;37:350-68.
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- 11 Rengstorff H. Accidental exposure to sarin: vision effects. *Arch Toxicol* 1985;56:201-3.

### Vancouver style

All manuscripts submitted to *Occup Environ Med* should conform to the uniform requirements for manuscripts submitted to biomedical journals (known as the Vancouver style.)

*Occup Environ Med*, together with many other international biomedical journals, has agreed to accept articles prepared in accordance with the Vancouver style. The style (described in full in the *JAMA*[1]) is intended to standardise requirements for authors, and is the same as in this issue.

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authors if there are seven or less or, if there are more, the first six followed by *et al*; the title of journal articles or book chapters; the titles of journals abbreviated according to the style of *Index Medicus*; and the first and final page numbers of the article or chapter. Titles not in *Index Medicus* should be given in full.

Examples of common forms of references are:

- 1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomed journals. *JAMA* 1993;269:2282-6.
- 2 Soter NA, Wasserman SI, Austen KF. Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;294:687-90.
- 3 Weinstein L, Swartz MN. Pathogenic properties of invading micro-organisms. In: Sodeman WA Jr, Sodeman WA, eds. *Pathologic physiology, mechanisms of disease*. Philadelphia: W B Saunders, 1974:457-72.

- 1 Merchant JA. Coal workers' pneumoconiosis. In: Rosenau-Last M, Last JM, Wallace RB, eds. *Public health and preventive medicine*. New Jersey: Prentice-Hall, 1992.
- 2 Starzynski Z, Marek K, Kujawska A, Szymczak W. Mortality pattern in men with pneumoconiosis in Poland. *Int J Occup Med Environ Health* 1995;8:223-9.
- 3 Jacobson M, Rae S, Walton WH, Rogan JM. The relation between pneumoconiosis and dust exposure in British coal miners. Walton WH, ed. In: *Inhaled particles III*. Vol 2. London: Unwin, 1971.
- 4 Attfield MD. Longitudinal decline in FEV<sub>1</sub> in United States coal miners. *Thorax* 1985;40:132-7.
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- 15 Peto J. *Man-years: a program for computing observed and expected deaths or incidence rates*. Oxford: ICRF Cancer Unit, 1980.
- 16 Breslow NE, Day NE. *Statistical methods in cancer research. Vol II. The design and analysis of cohort studies*. Lyon: IARC, 1987. (IARC Sci Publ No 82.)
- 17 Stichting Volksgezondheid en Roken. Den Haag: Jaarverslag, 1987:23.
- 18 Coggon D, Inskip H, Winter P, Pannett B. Contrasting geographical distribution of mortality from pneumoconiosis and chronic bronchitis and emphysema in British coal miners. *Occup Environ Med* 1995;52:554-5.
- 19 Muers MF, Green JH. Weight loss in chronic obstructive pulmonary disease. *Eur Respir J* 1993;6:729-34.

## Correspondence and editorials

*Occupational and Environmental Medicine* welcomes correspondence relating to any of the material appearing in the journal. Results from preliminary or small scale studies may also be published in the correspondence column if this seems appropriate. Letters should be not more than 500 words in length and contain a minimum of references. Tables and figures should be kept to an absolute minimum.

Letters are accepted on the understanding that they be subject to editorial revision and shortening.

The journal also publishes editorials which are normally specially commissioned. The Editor welcomes suggestions regarding suitable topics; those wishing to submit an editorial, however, should do so only after discussion with the Editor.

- 34 Delgrosso I, Boillat MA. Carpal tunnel syndrome: role of occupation. *Int Arch Occup Environ Health* 1991;63:267-70.
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- 39 Silverstein BA, Fine LJ, Armstrong TJ. Occupational factors and carpal tunnel syndrome. *Am J Ind Med* 1987;11:343-58.
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- 42 Hales TR, Sauter SL, Peterson MR, Fine LJ, Putz-Anderson V, Schleifer LR, et al. Musculoskeletal disorders among visual display terminal users in a telecommunications company. *Ergonomics* 1994;37:1603-21.
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## Occupational and Environmental Medicine and the electronic age

OEM has an Email address which is 100632.3615@compuserve.com. We welcome contact by Email, including letters to the editor. Some of our reviewers already send us their reports by Email, helping to speed up the peer review process.

Our publishing system is now fully electronic, and authors are sending their revised copy to us on disk as well as paper. Watch for revised Instructions to Authors.

*The Editor*

- intake and metallothioneinuria in a population from a cadmium-polluted area of Japan. *Toxicology* 1991;66:271-8.
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### Rejected manuscripts

From February 1994, authors whose submitted articles are rejected will be advised of the decision and one copy of the article, together with any reviewer's comments, will be

returned to them. The *Journal* will destroy remaining copies of the article but correspondence and reviewers' comments will be kept.

syndrome, mass psychogenic illness, and multiple chemical sensitivity) is provided.

One chapter is, I think, unique: environmental risks and the clinician: informing worried patients by R E Gots. This is an excellent and thoughtful chapter that discusses the vexed issue of personal versus public risk very clearly. Examples of problems including benzene in Perrier water, are provided and the author's judgements explained.

Finally: appendix 1: cybertoxicology! This is a much needed guide to toxicology by internet. To the computer-illiterate like the reviewer this chapter will be a godsend. It answers many questions I have not liked to ask and introduced me to "domains, web-browsers, and gophers". Best of all there is a bibliography of internet resources: so surf away. Appendix 2 contains examination questions—the answers are also provided.

This is an interesting and unusual book. For occupational physicians it represents good value for money and contains information not likely to be found elsewhere, for students reading for higher qualifications it will come as a relief from the more staid accounts.

R I MAYNARD

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