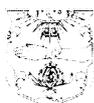


Occupational and Environmental Medicine



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Papers should follow the requirements of the International Committee of Medical Journal Editors (*JAMA* 1993;269:2282-6). Papers and references must be typewritten in double spacing on one side of the paper only, with wide margins. SI units should be used.

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lished by the first identification in the text of a particular table or illustration. Include only references essential to the argument being developed in the paper or to the discussion of results, or to describe methods which are being used when the original description is too long for inclusion. Information from manuscripts not yet in press or personal communications should be cited in the text, not as formal references.

Use the Vancouver style, as in this issue for instance, for a standard journal article: authors (list all authors when seven or fewer, when eight or more, list only six and add *et al*), title, abbreviated title of journal as given in *Index Medicus* (if not in *Index Medicus* give in full), year of publication, volume number, and first and last page numbers.

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- 20 Baird DD, Wilcox AJ, Weinberg CR. Use of time to pregnancy to study environmental exposures. *Am J Epidemiol* 1986;124:470-80.

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.

References should be numbered consecutively in the order in which they are first mentioned in the text by Arabic numerals on the line in square brackets on each occasion the reference is cited (Manson[1] confirmed other reports . . . [2][3][4][5] . . .). In future references to papers submitted to

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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.
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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.

We are moving towards electronic publishing and for some months now we have been asking authors to send us their revised papers on disk as well as a hard copy. I am delighted to report that nearly all our

authors are managing to comply with this request. Oddly enough, the few authors who have not sent us a disk version of their revised papers have been almost exclusively from the United Kingdom. I would be interested in suggestions for why this might be. Perhaps United Kingdom based authors read our correspondence and instructions less assiduously? Watch for revised Instructions to Authors.

The Editor

panellists during humidification are stronger than those of men and older panellists.

This study was supported by The Finnish Work Environment Fund.

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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 may 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.

- choorganic syndromes among workers with exposure to solvents. *Am J Ind Med* 1984;5:287-95.
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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 reviewers' comments, will

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

designed to investigate effects of EMFs. Factors possibly associated with cancer were: work environments where soldering was practised, the use of chemicals and solvents, and piercing and sawing asbestos plates used for thermal insulation. When other authors have cited these studies, the term "exposure to EMFs" should have been replaced by "working in electronics-related industries". This is an important distinction and not just a matter of semantics.

Articles continue to be cited incorrectly. Erren¹⁰ stated that Vågerö and Olin⁹ showed that EMFs "have been associated with lung cancer". Wilson and Stevens¹¹ summarised studies already mentioned^{4,6} and a more recent one¹² as being suggestive of an association between exposures to EMFs and cancer. Henshaw *et al.*¹³ and Miyakoshi *et al.*¹⁴ cited Guénel *et al.*¹⁵ also in support of this association. Guénel *et al.*¹⁵ however, noted that the risk "was mainly in electricians in installation works and iron foundry workers. Besides EMFs other exposures should be considered as possible aetiological agents". Fear *et al.*¹⁶ listed some of these studies^{6,9,15} as showing that "cancers have been previously linked with exposure to extremely low frequency EMF". Again, "working in electronics-related industries" is not equivalent simply to "exposure to EMFs".

Raabe and Wong¹⁷ noted that "electrical engineers" in one of the studies⁷ mentioned above actually consisted of people with a graduate degree in electrical engineering. As the authors noted: "An academic degree is obviously not a good measure for EMF exposure."

It is misleading to cite references that do not support the alleged associations with EMFs with cancer. Improper citations are not the fault of the original authors in the *Journal*, who reported their results with all the necessary caveats regarding correct interpretations of their findings. Hopefully, in the future, there will be fewer errors of citation of this nature. (The opinions are those of the authors and do not necessarily state or reflect those of the US government.)

JAMES R JAUCHEM
Radiofrequency Radiation Division,
Occupational and Environmental
Health Directorate,
US Air Force Armstrong Laboratory,
8308 Hawks Road,
Brooks Air Force Base, Texas
78235-5301, USA

- 1 Feinstein AR, Spitzer WO. Who checks what in the divided responsibilities of editors and authors? [editorial]. *J Clin Epidemiol* 1988;41:945-8.
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NOTICE

International Occupational Hygiene Association 3rd International Scientific Conference. 13-18 September 1997. Crans-Montana, Switzerland

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Hazardous Chemicals: Desk Reference
4th ed. R J LEWIS. (Pp 1644; price £89.00.) 1997. New York: Van Nostrand Reinhold. ISBN 442 023227.

This is probably the best single volume reference work on the toxicology of chemicals currently available. The data presented have been extracted from the well known *Dangerous Properties of Industrial Chemicals*, 9th ed. Data on more than 5000 compounds and preparations are presented: each entry being in a consistent and helpful format. For the occupational physician the provision of OSHA, ACGIH, and DFG (MAK) values where available will be invaluable. Also, CAS numbers and details of current evaluations of carcinogenicity are provided. An exhaustive list of synonyms (over 100 for malathion) is given for each compound as is a short description of its physical characteristics. Some of the descriptions of physical characteristics are perhaps eccentric: few will meet ozone as "blue or violet-black solid" or even as a "dark-blue liquid"! For the physician the "safety profile" will probably be the most used part of any entry. This profile is telegraphic in style but packs in a lot of useful information. No information on case management is provided. A valuable feature of this book is that entries are provided for groups of compounds—for example, carbonates, chlorates, esters. Of course the value of a brief safety profile of a group of compounds as diverse as "esters" can be questioned but I have found these general entries informative.

The index is heavily cross referenced and occupies 367 pages each of two closely printed columns.

As to single volume competitors: the Merck Index is the most obvious. Merck offers wider coverage but less information of immediate use to the occupational physician.

As a book to turn to when asked the symptoms likely to be produced by a compound of which you have never heard this is excellent. Good value at £89.00.

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