Healthcare workers who receive injuries need to have confidence that by immediately reporting the injury they will receive appropriate advice and treatment, as well as the support and encouragement to continue in practice if possible. As with any immunocompromised healthcare worker, they will be at greater risk than their patients, and strict adherence to precautions to control infection risk is essential for their own safety. In some states in America such as New York and Michigan, guidelines state that "limiting the practice of HIV infected healthcare workers is inappropriate given the extremely low risk of HIV transmission from healthcare worker to patient as well as the negative consequences of practice restrictions."^{13 14} The health professions need to use current knowledge to support those who have become infected. In allaying public fears, the rights of healthcare workers have been subsumed for too long.

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Preparing the BMJ for the electronic revolution

BMJ material will be available in standard, reusable, electronic form

For most of its 156 years, the *BMJ* has been typeset by means that Gutenberg would have recognised. A little over 10 years ago the *BMJ* converted from hot metal typesetting to computerised methods, and this year we have begun typesetting all our material in house. Most importantly, we have started the process of coding our text in a form that will make it as easy to reuse in new ways as it is to produce the printed page in the first place. This prepares us for the electronic revolution that is now beginning in earnest. In the process we have to say good-bye and thanks to Bedford Typesetters, the company that has typeset our pages—and done much more—for the past 20 years.

George Orwell said that good prose is like a window pane—if it is clean and polished the reader should not even notice it. The same applies to the rest of the publishing process. If it is done well readers hardly notice good editing and good typography: only if the grammar grates and the words are misspelt will they notice the failure of editing, and only if the spaces in the text and the wordbreaks are conspicuous will they notice the failure of typesetting. For the past 20 years we have owed our high typographical standards to Bedford Typesetters.

On a weekly journal the relationship between an editorial team and its typesetter is much closer than that of simply customer and supplier. Editors are difficult customers, wanting almost impossible rearrangements of text and pictures at the last moment. The typesetters that serve them well are like discreet valets. They accommodate the almost impossible, gently point out the really impossible, and solve the problems editors had not even noticed—and all on time. Until this month Bedford Typesetters has provided this service for us, and we have appreciated it enormously.

So why, if they have done such a good job, are we moving away from our traditional typesetters now? Typesetting has changed radically over the past two decades. Word processing and desk top publishing have virtually killed the demand for skilled keyboarding. Those typesetters who are still in business have converted themselves into data processors. But the value of such data is now such that publishers, including the BMJ Publishing Group, have decided that they need to own and control the process themselves. The need to be able to

reformat text and graphics easily to produce, for example, CD ROMs, on line text, or simply other printed versions means that text needs to be easily retrievable.

Many publishers are therefore starting to create and hold their text in standard generalised markup language (SGML), a controlled way of coding the structure of a document without specifying its format. In this editorial, for example, SGML coding requires the presence of a title, a subtitle, paragraphs, authors and their positions and addresses, and references, each coded as such, but it says nothing about their typography. All the typographical and formatting information is added at output stage and could be different for different outputs: thus, the title that now appears on this page in 18 pt Plantin bold at page width might look entirely different on any CD ROM that we decide to compile.

At present, material is prepared for print and subsequently converted, a costly and cumbersome process. Once it is held neutrally from the outset costs will reduce and the way the material is used may be transformed. No longer will the "hard copy" version necessarily be primary or dominant. Different versions of the same material may appear simultaneously in different formats. We have already experimented, for example, with simultaneous publication of guidelines in the pages of the *BMJ* and background documentation on the Internet.¹ Such rearrangements are only the beginning. Wholesalers of office supplies already compile separate catalogues and target them to different buyers. The possibility of journal publishers producing different subsets of material for different readers is enabled by technologies like SGML. The *BMJ* of the future may not be the blue covered journal that drops through your letterbox each week, but a database of material from which many different *BMJ*s may be assembled, either by us or by our readers.

JANE SMITH
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1 North of England Asthma Guideline Development Group. North of England evidence based guidelines development project: summary version of evidence based guideline for the primary care management of asthma in adults. *BMJ* 1996;312:762-6.