guarantees inflation proofed income "of up to 85% of pre-injury NHS earnings." The "up to" seems too vague. The quid pro quo for doctors complying with the guidelines should be that the financial sting should be removed for the very few who will remain positive for hepatitis B e antigen after their initial infection or treatment with interferon.

Employers are responsible for offering vaccine to all relevant staff, and the guidelines point out that the costs of immunisation and follow up should be set against the possible legal costs if health care workers infect patients. But if patients infect health care workers (which is statistically more likely) employers may be liable for damages under health and safety legislation if they have failed to immunise them.

Faced with this double liability, some employers have apparently gone beyond the recommendations that they should make compliance with the guidelines a condition of service for new staff and that they should determine applicants' immune status before confirming employment. For example, excluding applicants who cannot demonstrate immunity to hepatitis B (among whom non-infected non-responders to the vaccine predominate⁸) is not the intention of the carefully worded guidelines.

The NHS Executive is not monitoring the implementation (or misimplementation) of the guidelines and expects that the financial disincentives of non-compliance will

ensure that they are followed. Including compliance with the guidelines in contracts between purchasers and providers is meant to provide further encouragement. Nevertheless, anecdotal reports suggest that employers have adopted a wide variety of schemes, with widely varying rates of success. Some employers may have gone over the top; others seem to have only the haziest notion of what their responsibilities and liabilities are. The problem is that the NHS is not a single employer that can adopt a uniform policy about this issue or health and safety issues generally. Much of the failure to interpret and implement the new guidelines correctly comes from inadequately funded and staffed occupational health services.

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Chinese medical journals: getting in touch

Chinese editors and medical journals have much to offer

Editology is an English word that is found in no English dictionaries for the simple reason that it was invented by the Chinese. English language purists might complain, but one consequence of English becoming a universal language is that people whose first language is not English will invent English words themselves. Editology is the study of the science of editing. The word was coined in the early 1980s in Beijing; a society—the China Editology Society of Science Periodicals—began in 1987, and a journal—*Acta Editologica*—was launched in 1989.

The society has made great progress with its aims of raising the status of editors and developing their training and knowledge base. A 220 page supplement to *Acta Editologica* published in 1990 includes 140 pages of guidance to editors on everything from the basic rules of the Chinese phonetic alphabet to statistical symbols. The May 1994 issue contains 24 articles, including one on medical advertisements and another on poetry as a means of transmitting scientific information. The society has also translated the uniform requirements of the International Committee of Medical Journals Editors (the Vancouver group) into Chinese.

Chinese editors know much of what happens in the West, but editors and doctors from outside China generally know little of what happens in that vast country with 120 medical schools. It was 700 years ago that Marco Polo travelled to China and is alleged to have brought back block books and gunpowder (although there are doubts about both claims). Remarkably, it is possible to know as little in the age of the information superhighway when a non-stop flight from London to Beijing takes 10 hours.

Delegates from Britain, the United States, Pakistan, and several other countries heard last month at a conference in Beijing not only about editology but also about the great activity in medical publishing.

China has some 700 medical journals, including an orthopaedic journal that has the second highest circulation in the world and a journal of internal medicine with a circulation of 48 000. Growth in the number of journals was halted during the cultural revolution, but there is now a rapid increase. Some 56 of the journals are published by the Chinese Medical Association, which organised the conference.

The association publishes one journal—the *Chinese Medical Journal*—in English, but all of the others are available only in Chinese with English titles and abstracts. Although some of the journals are half a century old, only a handful are listed in *Index Medicus*—and there is a treasure house of medical science available for explorers. The Chinese are naturally keen that doctors and others shouldn't have to be explorers to discover the value of the material, and they are interested—as was discussed at the conference—to make their information more widely available. Anybody interested should contact Tian Cuihua, Director, Publishing House of the CMA, 42 Dongsi Xidajie, Beijing 100710. For more information on editology contact Weng Yongqing, President, China Editology Society of Science Periodicals, 86 Xueyuan Nanlu, Haidian District, Beijing 100081.

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