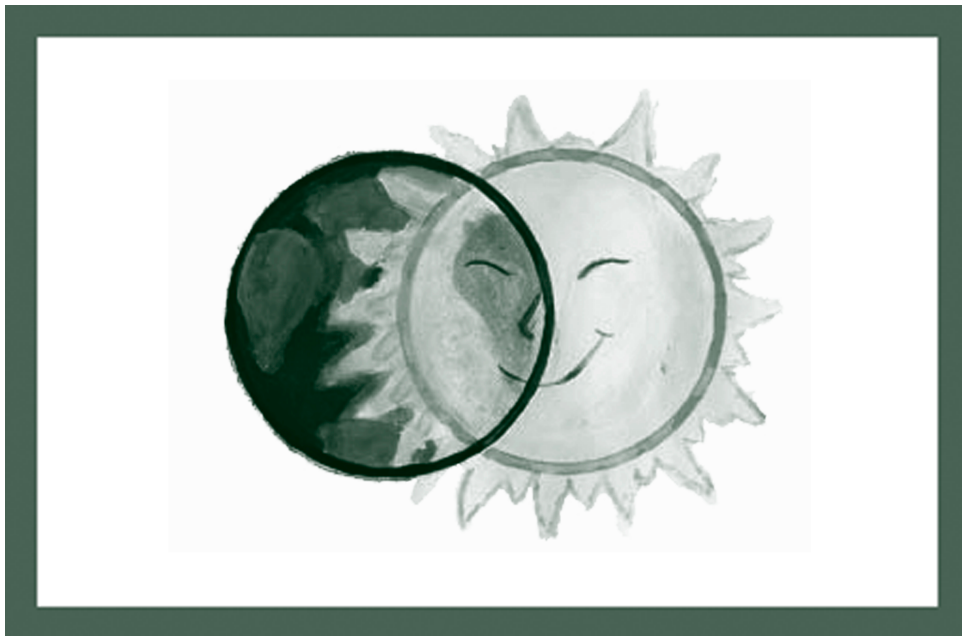

The Write Stuff

The Journal of the European Medical Writers Association

Enrichment through Cultural Exchange



Dates to Keep Free!!!

6th Autumn Meeting



Le Meridien Munich, Germany

The Executive Committee invites you to attend EMWA's 6th autumn meeting, which will be held during the period 18-20 November 2004.

Munich is a big city with all the flair that one would expect, whilst still retaining some of its

old rural charm. It combines both Alpine heartiness and Mediterranean chic, art treasures with the Ocktoberfest, traditional customs and hi-tech, beer gardens with haute cuisine, opera and Art Park. It's this very special "Munich mix" that made the Bavarian capital so attractive a choice for this year's autumn meeting.

Our conference venue is the 5-star Le Meridien, one of Munich's top hotels. It enjoys an excellent location in the heart of the city and naturally it has all the conference facilities that we could wish for.

Wendy Kingdom, our Education Officer, has been working very hard to put together a varied workshop programme, including many of the old favourites, and we have also arranged for a plenary lecture on the effects of new EU legislation, so there should be something for everyone.

The conference provides an opportunity to keep up to date with your training needs at a very reasonable cost, while at the same time enjoying excellent networking opportunities in a beautiful and lively city. I look forward to seeing you there.

14th Annual Conference



17-21 May 2005, Malta

The Executive Committee would like to announce that the venue and dates for EMWA's 14th annual conference have been fixed. The venue will be Malta and the conference will be held during the period 17-21 May 2005.

This conference will see the launch of our advanced curriculum, so it's definitely not one to miss.

Hope to see you there!

Michelle Derbyshire

EMWA Vice President and Conference Manager

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Vol. 13, No. 2, 2004**

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Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued 3 times a year and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the Editor-in-Chief (see back cover) or another member of the Editorial Board.

Subscriptions

Subscriptions are included in EMWA membership fees. Non-members can subscribe at an annual rate of:

- €35 within Europe
- €50 outside Europe

Instructions for Contributors

- **The Write Stuff** typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussed with the author before publication.
- Submissions should include the full address of the author, including the telephone and fax numbers and email address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer diskette or by email as an MS Word file using Arial font (or equivalent), 11 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style).

Back Issues

Subject to availability, previous issues of **The Write Stuff** can be obtained for the cost of mailing by contacting the EMWA Head Office (see back cover for address).

Advertising Rates (in euros, €)

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- Full page €1000
- Half page €500

Private

Freelance members only

- Full page €200
- Half page €100

Behind the Press, The Editorial Board

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Cover Picture

The cover picture was depicted on a UN stamp at the opening of the Olympics. THE UN CYBERSCHOOLBUS, in co-operation with the UN Postal Administration and the International Olympic Committee ran a Peace Flag Project competition in which Students from around the world submitted their vision of a world peace flag. The judging committee selected one entry for an official UN Stamp to represent the International Day of Peace. The winner was Mateja Prunk, 12 years old, Slovenia, whose flag at http://www.un.org/Pubs/CyberSchoolBus/peaceflag/results/pages/winners/winner_1.htm represents: The sun and the earth are intertwined, they do not function one without the other. The sun represents optimism and positive energy.



From the Editor's Desk: Enrichment through Cultural Exchange

by Elise Langdon-Neuner

"46% believe that the idea of weather in our society is based on culture. 53% believe that it is based on nature." This was written on the front cover of the brochure for The Weather Project by Olafur Eliasson. The idea of the theme "culture" came from a visit to the Tate Modern art gallery where the entrance hall was given over to The Weather Project. Isn't weather as culture taking things a bit far? Maybe not in London, the inside cover of the brochure quoted the eighteen-century writer Samuel Johnson, "It is commonly observed, that when two Englishmen meet, their first talk is of the weather: they are in haste to tell each other what each must already know, that it is hot or cold, bright, cloudy, windy or calm." I live in Austria where weather is not the opening gambit of conversation. Instead the question, "How are you?" is one not to be asked lightly. I once asked my husband (Austrian) if he was truly interested in other people's ailments. No, he wasn't at all but it did give him the opportunity to explain all about his.

After that culture kept popping up everywhere even in the LaughLab (<http://laughlab.co.uk>), which reports that humour varies between nationalities. Jokes involving word plays are preferred by people from The Republic Ireland, the UK, Australia and New Zealand. Gags playing on a sense of superiority are preferred by Americans and Canadians. Surreal jokes are favoured by people from many European countries including France, Denmark and Belgium. Germans top the league table of how funny people find jokes. They do not express a strong preference for any type of joke and thus find a wide spectrum of jokes funny. Accompanying this survey is a comment that as humour is vital to communication the more we understand about how people's culture affect their sense of humour, the more we will be able to communicate effectively. The same applies to understanding national styles of the writing we edit as Joy Burrough-Boenisch explains in her article, A Bit of Culture.

Germans top the league table of how funny people find jokes

Culture is everywhere and as medical writers it is vital that we understand culture not only as it translates into writing but also how it influences our work environment and the tasks we tackle in our work. This is why a new workshop on cross-cultural communication, given by Kari Skinningsrud, was introduced at the EMWA conference in Budapest. She has expanded her topic further in her article in this issue on organisational culture discussing the way in which people in organisations relate to each other and their work.

International differences in regulations are a particular problem for multicentre research across national boundaries as a *BMJ* article (31st July issue) on ethics committees reminds us (<http://bmj.bmjournals.com/cgi/content/full/329/7460/241?ecoll>). Angela Turner's article on animal experimental regulation is another example of cultural differences that a medical writer should be aware of. One of the problems faced by her jour-

From the Editor's Desk

nal, which has strict rules on animal experimental ethics, is the different national attitudes towards animals and acceptable treatment of them. Another article, by Eugene Roitman, gives an account of the development of the biomedical press in modern Russia and brings out the differences in biomedical publication between countries.

Cultural differences out of work need to be appreciated too. In the village where I live there are 59 different nationalities. A Czech lady had the bright idea of starting a cookery group "cooking without borders". The group has produced its own colourful, hard-back cookery book. A Moroccan said he would not be able to send the cookery book home because one picture showed his wife cooking next to a man who had a glass of beer in his hand. On this occasion the difference in cultural attitude was easily resolved by merely cutting off his hand, but just from the photo.

Culture can be a divider, a dangerous weapon

Medical writers more than anyone are interested in the meaning and implications of words. What is 'culture' and its implications for us? Discounting enlightenment and excellence (as in a person of culture) and a prepared nutrient medium, we are left with long and varied explanations centring around customary beliefs and social heritage. A search of 'culture and definition' on www.google.com adds further food for thought such as "culture is ideals, values, or rules for living". If it's 'ideals' the idea of culture is attractive but if it imposes rules I'm not so sure.

Culture can be a divider, a dangerous weapon. Paul Feyerabend, born in Vienna in 1926, was a philosopher. He was concerned by moral self-righteousness and certitude prevalent in Western societies. He attacked science because he recognised- and was horrified by- its power, its potential to stamp out the diversity of human thought and culture. He blamed it for the readiness of some so-called patriots to start a war, the killing of nature and of 'primitive' cultures. The colossal conceit of intellectuals and their belief that they know precisely what humanity needs angered him.

If all we do is tolerate other cultures we are missing an opportunity

Often we are told to 'tolerate' cultural differences. But this is not good enough. We are missing an opportunity if that is all we are prepared to do. Familiarising ourselves with the concepts and ideals of different cultures brings understanding and new ideas. Culture should be enriching, not the cause of discord and wars.

Culture in all its aspects is important to EMWA and what it means for us is summed up in this issue in the announcement of the new EMWA advanced level curriculum programme, "EMWA thrives on internationalism that makes our continent an exciting place to live and work". This is the spirit of EMWA.

Fortunately 'Aufwiedersehen' not 'good bye' to Barry

Sometimes English is just not good enough. Write Stuff is saying 'Aufwiedersehen' not 'good bye' to Barry. Although Barry has stepped down from the helm, fortunately he has not jumped ship. He will continue to steer the spring issue every year. An opportunity is presented, however, to say thank you, not that he has stepped down but that he was there in the first place. EMWA and its members owe a great deal to Barry not only for his work on the journal but the energy and hard work he puts into EMWA. When I attended my first EMWA conference Barry was probably the first thing I noticed there. Nobody sitting at a dinner table with Barry at an EMWA conference gets left out. He works hard to be welcoming of new members, infects people with his enthusiasm and sense of fun and above all is sincere. He combines the best of American and European characteristics. So again we get back to the enrichment gained through cultural interchange.

Elise Langdon-Neuner

Editor-in-Chief

langdoe@baxter.com

(please also send a copy of your email to jmhg-me@ismh.org)

Call for Articles

The theme of the next issue of Write Stuff will be editing and writing. Anyone who would like to submit an article on this theme please write to me at langdoe@baxter.com with your proposed title. Articles should be between 500 and 1500 words.



Message from the President

by Adam Jacobs

EMWA has been spectacularly successful as a training organisation. Our workshops offer extremely high quality training for medical writers, and, because they are run entirely by volunteer workshop leaders who give their time without being paid a fee, are some of the best value training in the business. However, we have now reached the stage in EMWA's development when we need to do more than offer training.

Some thoughts on future directions for EMWA conferences are discussed in my reply to 'Hey it's only my Opinion (page 59), but I would first like to tell you about something else EMWA is doing as an organisation on behalf of medical writers everywhere. Those of you who write papers for publication in peer-reviewed journals will be aware that there has recently been much controversy surrounding the role of professional medical writers in publications. For this reason, a little over a year ago I set up EMWA's ghostwriting task force.

We have had extensive discussions within the task force about what the problems are when medical writers prepare material for publication, and what should be done about them. We hope to publish the results of those discussions in the near future. We all agreed that many people 'out there' are hostile to the use of professional medical writers in this context. This is partly a result of misunderstandings about what medical writers actually do, no doubt furthered by sensationalist articles in the popular press, but also because of genuine concerns about the unethical practices that undoubtedly do occur, albeit in what is probably a very small minority of cases.

We felt it is important to define what is ethical and what is not when medical writers are involved in publications, as this is an essential prerequisite to stamping out unethical practices. To this end, we have prepared a set of guidelines aimed at medical writers who write papers for publication. I have been very fortunate to have been working on these guidelines with Liz Wager, who was instrumental in preparing the guidelines on Good Publication Practice for Pharmaceutical Companies (www.gpp-guidelines.org). Our guidelines are now in draft form, as is a position statement that we have prepared. Both documents can be found on the members only area of the EMWA website, and we welcome your comments on them.

In the past, EMWA has often been accused—justifiably—of being focused on the needs of regulatory writers while ignoring those working in medical communications. Our current initiative will, I hope, help to redress this balance by putting EMWA's weight behind tackling an issue which affects all medical communications writers and which is not going to go away. If you know of any medical writers working in medical communications who are not already EMWA members, please tell them that now is the time for them to join EMWA so that they can help to shape this important debate.

Adam Jacobs
Dianthus Medical Limited
Lombard Business Park
8 Lombard Road
London, SW19 3TZ
Email: ajacobs@dianthus.co.uk



Culture is the Most Crucial Issue in Mergers: Should this Concern Medical Writers?

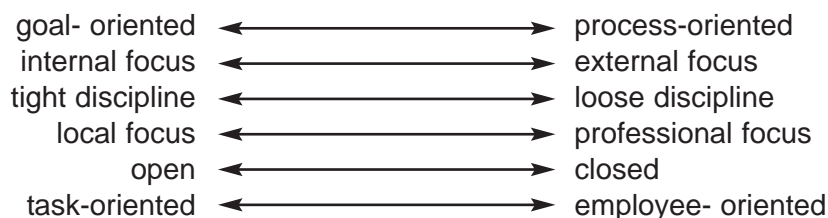
by: Kari Skinningsrud

If you have never worked with someone from an unfamiliar culture, I can promise that if you stay in the trade of medical writing you will in the future. The health care industry is in the forefront of the current merger and acquisition (M&A) frenzy. Freelancers are of course not as directly affected as employees in merged companies, but will probably at some point need to relate to new people in new headquarters and countries as a consequence of a merger. One of the most important reasons for mergers to fail is known to be that the differences in cultures between the two parties proved impossible to reconcile. In a recent 6-month study in the USA of 156 companies that had either bought or been bought by another company, only 42 % of the top executives said they had planned effectively for the cultural aspect of the mergers.

Mergers can fail because differences in culture prove impossible to reconcile

The EMWA workshop on cross-cultural communication is mostly about understanding national culture dimensions. In this article I wish to take a closer look at organisational cultures and how they can effect mergers. Organisational culture can be defined as the way in which employees in an organisation relate to each other, to their work and to the outside world. It is not the sum of the individual personalities in the group, i.e. 10 intelligent employees do not necessarily create an intelligent group.

Most organisations have a main objective and the activities within it can be seen as the consequence of that objective. Thus, the descriptions of organisational cultures can be more specific than that of national cultures. A Dutch professor in anthropology and international leadership, Geert Hofstede, has developed seven statistically validated culture dimensions, tailored to describe organisations (scored from 0 to 100). The lines below show six of these as opposing pairs. An additional seventh dimension is about the style of leadership.



Leadership styles can be described as authoritative, paternalistic, consultative or democratic. Employees in most western countries have a preference for a consultative leadership style. A preference for democratic leadership might be expected, but most employees understand that in organisations of any size or complexity this would be dysfunctional.

Culture and Mergers

According to Hofstede, three of the organisational dimensions are most important when it comes to predict how well mergers will function. Organisations that have a professional focus, are more goal than process oriented, and tend to share information (are open) are most likely to succeed in mergers. Some say that the keys to success in post-M&A

Organisations that are goal orientated and share information are most likely to succeed in mergers

organisations lie in how well a company's leaders avoid cultural clashes by finding the balance between integration and independence. I think knowledge of national cultures in addition to organisational ones is essential when anticipating how much independence employees expect and require. The need for independence varies widely between nations. In some cultures employees feel insecure and do not know what to do if they are

given too much freedom, while in others employees feel "choked" and almost refuse to work if they are given detailed instructions on how to do their job. So, for a medical writer who is used to a boss or contact person who loves "fill in the blank" templates, the change to a boss who believes writers should find their way by using ICH E3 without a template would be quite a shock. The companies that allow for different national approaches to solve the same type of problems are most likely to succeed.

Even though a consultative leadership style is preferred in most western countries, it is valuable to be aware of national differences. In some countries unfamiliar situations cause more anxiety than in other countries. A leader who is a specialist and has answers to the employees' questions is preferred in countries with a high score for uncertainty avoidance (France, Germany, Spain). A leader who tends to be more of an administrator and generalist and knows where to find the answers is preferred in countries with low uncertainty indexes (USA, UK, Denmark). In countries which can be called more masculine than feminine, i.e. they are more focused on status and power than relationships to people (Japan, Austria, Italy), a leader who is decisive and assertive will generally be most respected. I am sure that relationships to people are important in all cultures. So this division between masculinity and femininity is merely a way of describing cultural preferences in settings where choices have to be made.

Understanding one's own culture is a prerequisite for understanding others

A consultancy firm called ITIM (Institute for Training in Intercultural Management), founded by Bob Waisfisz in cooperation with Hofstede, helps companies define and manage cultural issues. They emphasise that understanding one's own culture is a prerequisite for understanding others. They can, among other things, help to

determine four different positions within the seven organisational dimensions.

- Determination of the existing culture.
- Determination of the optimal culture on the basis of assumptions about the demands placed on the organisation to operate successfully in the near future.
- Determination of what is emotionally regarded as the most desirable culture on the basis of what employees would most like to see.
- Assessment of the existing culture on the basis of whatever insights management and others, if involved, may have about their own culture.

A comparison between the existing and the emotionally desired culture (A and C) indicates the extent to which employees are satisfied with all aspects of the existing culture. Too large a difference between A and C, for instance more than 30, can have a negative effect on work satisfaction. A comparison between the optimal and emotionally desired culture (B and C) implicitly indicates how great satisfaction with the optimal culture will be if it is achieved. Whether work satisfaction will increase or decrease can be derived from comparing the existing, the optimal and the emotionally desired culture.

Unfortunately, medical writers have little to say when it comes to whether a merger between companies should occur or not, but some might have a say when it comes to cooperating more or less closely with other medical writing departments. Whatever medical writing position you have, I am confident that it will be of great value to know about cultural dimensions to be able to understand what is going on in the organisation in which you belong. If you are in the midst of a merger process and are wondering if it is you or the others who are crazy, maybe these organisational dimensions can point at where the real problem is.

Despite the well-documented importance of culture, it is not generally acknowledged that cultural studies are essential for successful cross-cultural work. By recently including a workshop on cross-cultural communication in the EPDP Foundation package, and by devoting this issue of TWS to culture, EMWA has acknowledged that basic acquaintance with cultural issues is important to medical writers.

Kari Skinningsrud

Leiv Eirikssons gate 8, NO-2004 Lillestrøm,
Norway
e-mail: kari@limwric.no

***The highest possible stage
in moral culture is when we recognize that we ought
to control our thoughts***

Charles Darwin 1809-82 English natural historian
The Descent of Man (1871)



A Bit of Culture

by Joy Burrough-Boenisch

Writing and editing reflect writers' and editors' cultural background in various ways. You'll be aware of features that can slip into the written English of non-native speakers: false friends (look-alike words that mean something different in English) literal translations of idiomatic expressions, and mother tongue syntax, for instance. Obvious "transfers to nowhere" like these are noticed by spelling- and grammar-checking software, native speakers, and alert editors. But there are other, subtler, cultural traits that get transferred into writing, including conventions about genre or style drummed into us at school, or learnt at university in formal writing classes or by having to write papers, exams, and theses.

One example of a convention that doesn't transfer from one culture to another is the use of the historic present tense in reporting science (in Methods sections of research papers, for example). Though perfectly acceptable in French, this convention doesn't transfer to English because in English the present tense signals general truths.

Some cultural transfers are of preferences, rather than of conventions. Take directness of style. Factors contributing to this include word choice and the presentation of the argument. As medical writers and editors, you'll know that assertive - direct - writing uses forceful words. One feature of indirect writing is hedging: language toning down claims, or signalling uncertainty. Fascinatingly, cultures seem to differ in their preference for

Some cultural transfers are of preferences, rather than of conventions

hedging. Based on research on the effect of culture in the business world (particularly in multinational companies) the Dutch economist-cum-sociologist Geert Hofstede has identified a cultural difference in desire to avoid uncertainty. He's even produced an uncertainty avoidance index: "The extent to which people feel threatened by uncertain or unknown situations. This is expressed in a need for formality, predictability and clear rules." Take a look at <http://www.itim.org/4aba.html> and you'll see that Finns have a lower uncertainty avoidance index than the British, Americans, Dutch, and Germans. Linguistic research supports Hofstede's findings. From text analyses we know, for example, that Finnish scientists hedge more compared with British scientists. Not only do Finns hedge lots when they write scientific Finnish: they transfer this urge to hedge to their scientific English, which helps make their writing indirect to readers from more assertive cultures. By contrast, Dutch scientists don't hedge much in Dutch, so when they transfer this to their scientific English, their style is direct. Perhaps too direct for British taste!

The way an argument is presented also contributes to the directness of writing style. Writing deductively entails stating your claim up front, then in subsequent sentences presenting evidence to back up that claim. A paragraph written deductively is direct because the most important information is at the beginning, as it would be in a press release. Inductive writing goes the other way: building up a sequence of informative sentences to a climactic final sentence. In English, an inductive style is useful when writing to convince

a hostile readership, but it's generally thought to be less reader-friendly than deductive writing, certainly for reporting science. Finnish scientists, though, have been found to prefer to write inductively, as have Czech scientists and academics. They and others whose mother-tongue culture favours inductive scientific writing find deductive writing too reader-friendly. And to them, the "advance organisers" that forewarn the reader of the article's structure ("This article is structured as follows...") are reader-patronising.

Another transferable cultural preference is sentence length. "Short sentences are better than long sentences, as a rule" says Robert Day (in *Scientific English: A Guide for Scientists and Other Professionals*). But how short is "short"? The norm varies with culture. Using sentences averaging about 11 words, one Dutch style guide advises against writing short sentences and implies that "short" means sentences of about six words. When I analysed extracts from two Dutch-language journals and three comparable British journals I indeed found a statistically significant difference in sentence length between the two languages: the Dutch sentences averaged about 20 words, compared with 27 for the British English sentences. No wonder that transferring the Dutch idea of appropriate sentence length to English writing produces English sentences that are "too short" for non-Dutch readers. When Dutch writers also transfer sentence fragments (verbless "sentences"), which are commoner in Dutch than in English, the style feels choppy to an English native speaker.

Some cultures find deductive writing too reader-friendly

Two other characteristics of Dutch writing which, when transferred, produce a choppy English style, crop up in other European languages. One is frontal overload: putting the most important information at the start of the sentence. Finns and Germans also do this. Though grammatically correct, frontally overloaded sentences can disrupt the flow of English text. So, if you feel the need to move a phrase from the beginning of a sentence to the end, you're correcting for frontal overload: maximising the sentence's rhetorical impact by ensuring it ends not with a whimper, but with a bang.

The other flow-disrupting transfer from Dutch is the "subparagraph", a very handy convention that visually signals a chunk of text is a component of a larger paragraph but is not important enough to merit full paragraph status. The "subparagraph" is indicated by starting on a new line, perhaps also by indenting. True paragraphs are then separated by a blank line.

Readers in the know infer the logical link between "subparagraph" and mother paragraph, without needing to have linking words. Readers from cultures without subparagraphs, however, want words, not layout to signal subthemes within a paragraph. They'll experience the subparagraphing (and thus the flow) as bitty and will wonder why the layout is inconsistent. (And yes, I did deliberately "subparagraph" four lines ago, to show you what I mean.)

The few examples of culturally different perceptions of acceptable writing I've discussed here should make all of us reconsider the basis for our norms. Whether we're native speakers of English or not, we should never forget how culture shapes our writing and editing.

Joy Burrough-Boenisch

Boeslaan 3, 6703 EN Wageningen, Netherlands
burrough@bos.nl

As an exception to Write Stuff style the paragraphs in this article have been indented to illustrate the author's point relating to indentation.



Animal Experimentation Regulations

by Angela K. Turner

In 2002 there were just over 2.73 million regulated animal experiments conducted in the UK alone, many concerned with drug production and product testing, and worldwide there may be over 50 million a year. The uses of animals in experiments are regulated to a greater or lesser extent in different countries and especially so in North America,

Worldwide there may be over 50 million regulated animal experiments a year

Europe, Australia and New Zealand. Basic legislation may cover standards of housing, inspection of facilities, control of pain and suffering, and methods of euthanasia. There may also be restrictions or bans on certain activities such as cosmetics testing, requirements for ethical assessment of experiments, and licensing of institutes, individuals and research projects.

The regulation falls into two main types: centralised and dispersed. The UK has a centralised system. Under the UK Animals (Scientific Procedures) Act (1986), researchers and projects are licensed through the Home Office Inspectorate. At universities, a university-named vet or ethics committee sees projects first and may decide they should go to the Home Office; if so, they are then assessed by a Home Office Inspector. The US has a dispersed system; projects are assessed by an animal care and use committee within each research institution. This system of having institutional committees is widely used in other countries as well. However, legislation can be poorly implemented in some countries and is non-existent in others such as Indonesia. In addition to national and state legislation, there are supranational guidelines and codes of practice such as those of the EC (e.g. the European Convention for the Protection of Vertebrate Animals used for Experimental and other Scientific Purposes ETS No. 123).

Legislation inevitably develops over time as new experimental techniques appear and scientific and public opinion on animal welfare changes. The establishment of animal care committees is relatively recent in some countries. The Netherlands, for example, updated its 1977 legislation in 1997 to include a requirement for research proposals to be approved by such a committee and at the same time banned certain tests and required the licensing of animal breeders and suppliers.

Different countries have broadly similar rules and regulations concerning the use of animals in experiments but may differ in details and emphasis. For example, the species given protection vary. New Zealand laws cover all vertebrates and include octopus and crustaceans but in the UK the only invertebrate included is the octopus. In contrast, the US Animal Welfare Act excludes rats, mice and birds, although these are included in the National Institutes of Health regulations. Allowable techniques also vary. For example, feeding live vertebrate prey to captive animals may be considered acceptable in some countries but not others.

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Animal Experimentation Regulations

There are also differences in the ways that experiments are assessed. The '3 Rs' (refinement of experimental techniques to reduce suffering, reduction of numbers of animals used and replacement of animals with non-animal methods) are widely used principles and are referred to in the legislation of some countries including the US, New Zealand and the Netherlands. However, these principles do not question whether an experiment should go ahead and some countries favour examining the costs to the animal in terms of suffering in relation to the scientific benefits of doing the experiment. If the relative costs are high, the experiment may not be approved. In addition, assessment in some countries, such as the Netherlands and UK, involves ranking how invasive a technique is.

Researchers submitting papers to a journal are expected to have complied with their own national and local laws, and to have had their work reviewed by the local ethics committee where relevant. Journals may also have their own code of practice. My journal, *Animal Behaviour*, has its own Guidelines for the Treatment of Animals in Behavioural Research and Teaching, and the two societies involved in the production of the journal, the Association for the Study of Animal Behaviour and the Animal Behavior Society, each has a committee (an Ethical Committee and an Animal Care Committee, respectively) which assesses papers that have ethical concerns. Authors publishing in *Animal Behaviour* have to abide by both the spirit and the letter of the guidelines, as well as relevant local legislation, and are required to confirm that they have done so in a cover letter at the time of submission of the manuscript.

Improving animal welfare in experiments is a prerequisite for good science

Problems arise for journals when authors feel that the journal is imposing unrealistic rules on them, especially when the author has complied with local legislation and sees additional or more stringent journal rules as unfair. This may especially be the case where the US and UK are seen as imposing their own 'Western' morality, or even anthropomorphic attitudes, on other, perhaps more utilitarian, societies. Authors may also have followed the 3 R principles, whereas the journal favours a cost-benefit approach. In addition, local circumstances may make the journal's guidelines impractical. For example, facilities for using a preferred method of euthanasia may not be available and an alternative method may need to be used.

Such problems are infrequent, however, and having its own set of guidelines is worthwhile for a journal for several reasons. First, it helps to set and maintain a high standard of welfare in the subject area covered by the journal in addition to local legislation. Second, it helps maintain good science; poor welfare can adversely affect the quality of the science done. Stress can lead to abnormal behaviour and physiology, making the results of experiments difficult to interpret; and enriching housing conditions by, for example, providing more space and adding toys to standard, barren, rodent cages can increase neuron growth in the brain and improve learning. Animals in such enriched environments may be more valid models of human diseases. Third, a journal's guidelines provide consistency for authors. This prevents the situation arising where some authors are allowed to publish papers involving techniques that were deemed unacceptable under local legislation for other authors in the same journal.

Animal Experimentation Regulations

Despite variation between countries in the details, there is consensus that improving animal welfare in experiments is morally right as well as being a prerequisite for good science. Journals have a part to play by providing guidelines and publishing only work that conforms to these as well as to local legislation.

Acknowledgments

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Angela K. Turner

School of Biology
University of Nottingham
University Park
Nottingham
NG7 2RD, UK
angela.turner@nottingham.ac.uk

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Development of the Biomedical Press in Modern Russia

by Eugene V. Roitman

Russia is one of the world's leaders in per capita number of doctors and scientific officers engaged in biomedicine. Medical science is concentrated in research centres, universities, institutes, and clinics. The opportunities for conducting research to modern standards at the cutting edge are dictated by the economic situation. Professional competition is therefore increasing and research is published on a priority basis. In modern Russia we are seeing the evolution of a "write or die" approach.

Formerly, in the USSR publication was state managed by the unique publishing houses, "Medicina" ("Medicine"), and "Nauka" ("Science"). Medicina published most medical books and journals, which included some 10 to 12 medical journals covering various fields. The journals

***In the USSR
publication was state
managed***

were well known worldwide and quoted in many databases (e.g. PubMed). They were maintained by specialized centres where (as a rule) the editor-in-chief worked. For example, the anesthesiology and reanimatology journal was patronized by the Russian Research Centre for Surgery. Publication followed a precise plan, which was affirmed by biomedical officials, and also laid down the sequence of publication. A private individual could not publish a book or journal because publishers did not accept orders from private individuals. Furthermore serious complexities hindered publication in the foreign press because coordination and sanctions from officials and different heads of the Communist party had to be overcome. On the other hand the government provided a high standard of publication because published material was subjected to strict review (but not censorship!). The government also provided publications through databases.

After the disintegration of the USSR the number of biomedical publications decreased due to economic problems, and difficulties facing both researchers and publishers. But by the middle of the 1990s new conditions for biomedical publications evolved. Many of the "old"

***Publishing is now
mainly in private
ownership***

(Soviet) journals resumed publication as the "Medicine" and "Science" publishers overcame financial difficulties. Simultaneously new publishers were established. Business development and civic freedom created opportunities for faster and more diverse distribution of scientific ideas and research results. Opportunities for "independent" (not state) books and journals also appeared. This does not mean that the state has lost control, but there is more liberalism. The other side of the coin is loss of quality because not all published material is peer reviewed resulting in some publications containing frank nonsense and plagiarized items.

The biomedical press is rapidly developing in Russia. Publishing is now mainly in private ownership. But by tradition the majority of journals are supported by scientific organizations, clinics, or local authorities. Some publishers command greater authority

The Write Stuff

Biomedical Press in Russia

because they are staffed by a large panel of advisory experts. Publication in their journals and books is prestigious. The journals are indexed in international databases and adhere to international authorship guidelines. These publishers are found in the provinces as well as in Moscow. A system has developed for rating journals, which defines their popularity and, as a consequence, circulation. To be rated a journal must appear in a list compiled by the Top Certifying Commission. This organization awards scientific degrees to researchers based on written dissertation and articles published in the journals on the list. Accordingly publishers and editors strive to have their journals included in the list.

Barriers to publication in foreign journals still exist. These are no longer connected with obtaining authorization but with proficiency in a foreign language. Present times demand freedom of communication and from the middle of the 1990s an accent on studying foreign languages, particularly English, has emerged in schools. Accordingly this problem will resolve as the new generation of researchers grows. The corollary is that foreign colleagues who cannot read Russian are unable to familiarize themselves with Russian research. Some

Barriers to publication in foreign journals still exist

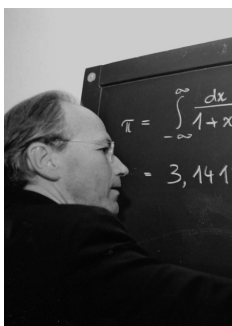
Russian journals have bilingual editions but in the majority of these only the abstracts are in English. Russian scientists also frequently have contracts with other countries but remain in Russia unlike 10-15 years ago when the brain drain was a problem but in the meantime the economic situation has improved and financing of science increases. Thus Russia is integrating more closely into the world biomedical press.

Eugene V. Roitman

Russian Research Centre of Surgery
Abrikosovsky per., 2.
Moscow 119992, Russia
roit@mail.med.ru

***Mrs Ballinger is one of those ladies who
pursue Culture in bands,
as though it were dangerous
to meet it alone***

Edith Wharton 1862-1937 American novelist
Xingu and Other Stories (1916)



The Art of Counting Infinity (Part 1)

by Rudolf Taschner

In our world, we do not encounter infinity - anywhere! Not on a large scale, for we cannot look beyond the horizon of the universe, from where no light reaches us and upon which it is therefore pointless to speculate. Nor on a small scale: the uncertainties of quantum mechanics do not allow for matter to be broken up into endlessly minute particles.

And not in time either: cosmology does not let us date back into the past further than fifteen billion years and portrays the future as either the Armageddon of the "big crunch" or the "final freeze" of total chaos. And finally, not even in computers, which do have a vast but nevertheless finite number of bits at their disposal, whose operations comprise a finite number of steps, and whose images are composed of a finite number of pixels displayed on clearly circumscribed screens.

The notion of infinity only emerges in the human mind

It is only in the human mind that the notion of infinity emerges. What came first was the discovery that counting, that is the placing of the number one and the continuous addition of one to the number just computed, sets off a process that knows no natural ending. This realisation is only a few thousand years old: primitive peoples to this day only count up to three and then grab their hair to indicate the idea of "many". For them, infinity starts at three. The earliest civilizations extended their repertoire to include the number eight before infinity started. Later it was discovered that counting was feasible even beyond eight. The word for the number nine has a common root with new, signifying that a completely new number had been found. Likewise, neuf in French and novum in Latin stand for both the number nine and the adjective new.

Primitive people to this day only count up to three

Even if today we smile at the numerical limitations of archaic civilisations we should take very seriously the plethora of numbers provided by the discovery that the process of counting is endless: counting has become an overwhelming project in more ways than one.

One drastic illustration is provided by the Polish-born artist Roman Opalka in France, who in a near-maniac obsession has for decades been putting numbers in finely stencilled script on huge canvases. Starting from one all that time ago, he is still painting number after number - four million one hundred and sixty seven thousand three hundred and twelve, four million one hundred and sixty seven thousand three hundred and thirteen, four million one hundred and sixty seven thousand three hundred and fourteen. He paints the numerals, he speaks them, he appropriates them by naming them, and by the same act bestows them to future viewers, who unless they stand very close won't

Counting Infinity

even see them, but will see an iridescent sea of greys instead. But the point here is that Opalka knows - and so do we - that his project is doomed. Even if he found an equally obsessed successor, and even if all of humankind joined in and continued his counting, the project would be certain to fail, the counting process being unmanageable in its dimensions.

Although infinity in counting seems to be a comfortably unreachable distance away, it hardly need bother us. Let us just say this: any number, however big, will be reached within a finite length of time if you start at one and proceed to add one at a time long enough. But we do not have to worry about infinity as such as long as we stick to counting.

It was Greek mathematicians who brought the infinite, which had seemed to be hidden so far away, suddenly very close indeed. In order to understand, we shall have to take a quick look at our well known fundamental arithmetical operations:

Addition, subtraction and multiplication were well known long before Greek antiquity. They are quite basic procedures. To work out the sum of two numbers, or the difference between the smaller and the bigger one, or to multiply them, are elementary operations which always yield unambiguous results. Division, on the other hand, is a somewhat different matter: how is one supposed to divide fifty one by fifteen, for example?

These days, anybody would be able to work out the result, even mentally, fifty one divided by fifteen equals three point four. But the Ancient Greeks did not know how to do this, not having a digital system at their disposal. Although they did know that 15 is contained 3 times in 51, they were ignorant of the fact that they had to multiply the remainder 6 of this division with base 10 of the decimal system to get to the division of 60 by 15 resulting in four tenths after the integer quotient 3. And the fact that they didn't do divisions the way we do them today has turned out to be a great blessing, otherwise the following magical idea would have escaped them:

Being diligent and faithful geometers, the Greeks drew the number 51 as a horizontal line 51 units long, and the number 15, which is what we are going to divide 51 by, as a 15-unit-long vertical line at a right angle at its left-hand end. They performed the division graphically as it were, by asking themselves how many 15-unit squares, starting from the left-hand end of the 51-unit line, would fit horizontally. The answer is evidently 3, which is also the integer quotient of the division 51 by 15. The remaining vertical 15-unit line, however, together with the remaining 6 units of the horizontal, produce a fig-

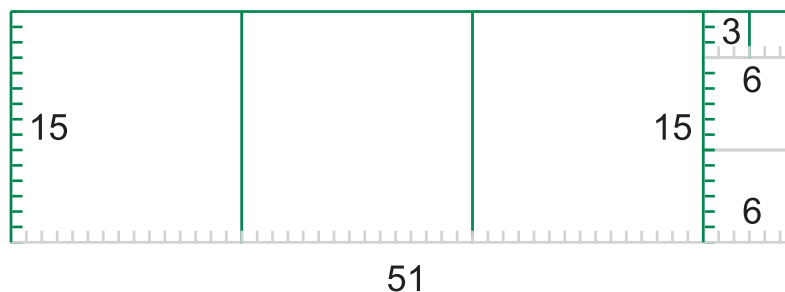


Fig. 1: The geometric division 51 : 15

ure similar to what we had at the beginning of the division, they are only going to have to change roles. So, instead of dividing 6 by 15, which is impossible, the Greeks turned these two numbers round and geometrically divided 15 by six as before: quite clearly two 2-unit squares fit along the 15-unit vertical line, and 2 is also the integer quotient if you divide 15 by 6.

Greek mathematicians brought the infinite very close

What is left is only the remainder 3 going up vertically on the left above the 6-unit-long horizontal. Again we have a figure similar to the one at the beginning of the division, only this time 6 is the number that has to be divided by 3. Thus, just like before, the two numbers swap parts. Finally there is a neat result: exactly two 3-unit squares will go into the 6-unit-long horizontal. It took the Greek mathematicians three lines:

$$\begin{aligned}51 : 15 &= 3 + 6 : 15 \\15 : 6 &= 2 + 3 : 6 \\6 : 3 &= 2\end{aligned}$$

to complete the division $51 : 15$. They called this method, which they derived from the geometrical image, "alternate removal": the divisor is removed as often as possible from the dividend, and then the remainder and the divisor alternate: the former divisor becomes the new dividend, and the remainder turns into the new divisor.

One can hardly be blamed for wondering what earthly benefit this seemingly peculiar procedure affords. But if we look closer at the geometrical image, things will become much clearer:

The last division by 3 results in an integer. in the geometrical drawing, the 3-unit square fits exactly over the last remaining line that is longer than that and therefore also over all the straight lines that were drawn in the process of division. Thus, 3 is the greatest common divisor of 51 and 15. Geometrically speaking, the two lines that are 51 and 15 units long respectively have the 3-unit-long line as their common measure. Or put in yet another way, the geometrical figure that corresponds to the division of 51 by 15 is different from the one produced by dividing $17 : 5$ only by the fact that it is 3 times larger.

The alternate removal method made the Greeks feel that what was intrinsically connected with division was the task of finding the common measure of two straight lines.

But this is only the beginning: The geometrical interpretation of dividing two numbers by comparing two straight lines suddenly opened a Pandora's box, as will be shown in part 2 of this article.

Rudolf Taschner

math.space
MuseumsQuartier Wien
Museumsplatz 1
A-1070 Vienna, Austria
(+43) (+1) 588 01 101 18
Taschner@math.space.or.at

Institute for Analysis and Scientific Computing
Technical University of Vienna
Wiedner Hauptstr.8-10,
A-1040 Vienna, Austria
(+43) (+664) 440 78 78
Rudolf.Taschner@tuwien.ac.at



The second EMWA Freelance and Small Business Forum

by Alison McIntosh

After last year's successful inaugural meeting, a second Freelance and Small Business Forum was held at the EMWA meeting in Budapest. Despite the Friday evening slot, it was again well attended, with around 30 freelance members registered, and both native and non-native English speakers contributing to discussions.

One hot topic for debate was the possible introduction for EMWA members of a freelance only newsgroup or "chat group". Susanna Dodgson described such a group within an AMWA chapter that allows members to share tips, questions and useful information. Asked whether this could be set up easily within the members-only section of the EMWA website, Shanida explained that although she thought that it could be incorporated, someone would be required to act as a moderator for the site. The moderator would be responsible for monitoring the site content every day to decide what was or was not appropriate content, and act accordingly. Ideally it would be best to have a couple of people to share this role, enabling them to provide cover for each other. No-one present felt that they were able to take on this role, so if any freelance member out there who was not able to attend the meeting would like to take this suggestion any further, please feel free to step forward. Also, if anyone who was at the meeting has had a change of heart, it's not too late to volunteer!

Believe it or not, another topic which generated much discussion was VAT (proving to most other sane people that we freelance medical writers are not getting out enough). The rules for charging VAT within the EU have changed in recent months, and it is no longer necessary to charge VAT between EU countries. In what felt like an alternative dimension, someone in the room even indicated that "Customs and Excise in the UK were helpful" in clarifying the new requirements. There was a suggestion that the supply of training services might not be subject to the new regulations. If you haven't already done so, please contact the relevant agencies or your accountant in your own country to check things out.

Indemnity insurance was also discussed again, with no-one able to decide whether it was something freelance medical writers should have. Personally I tried last year to investigate this further with a couple of insurance brokers and both were unable to quote me a price. This was basically because they didn't know anyone who would provide proper insurance cover for a medical writer. One offered me the kind of cover given to the medical profession and alternative medicine practitioners, and the other could not find someone in Lloyds of London even able to provide a quote for a medical writer. If any members of EMWA have a different experience with this we would appreciate hearing about it.

Contracts with clients were discussed and it was suggested that if any writer is unsure about any aspect of a contract they are asked to sign they should have a lawyer check it out before signing.

The results of the survey of freelance medical writing rates which Alistair Reeves undertook were reviewed. A summary has been published in an earlier edition (Drees B, Reeves A. EMWA Freelance and Small Business Survey 2003. TWS 2004; 13(1):11-13) and the full results are available on the EMWA website for members only (www.emwa.org/Newsdesk). Check them out to make sure you are not underselling yourself.

Once again we must thank Alistair for leading the freelance forum. If you would like to suggest any topics for discussion at the next freelance forum in Malta or would like to contribute an article to TWS on freelance or small business issues, or want feedback on any of the issues raised in Budapest, please contact Alison McIntosh, Alistair Reeves (who promises to try to find a better slot than 19:00 on a Friday evening for Malta) or the editor. See you all next year!

Alison McIntosh

AAG Medical Writing
22 Spruce Avenue
Loughborough LE11 2QW
<http://www.aagmedicalwriting.co.uk>
email: alison@aagmedicalwriting.co.uk

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AAG Medical Writing
22 Spruce Avenue
Loughborough LE11 2QW
Tel/Fax: +44 (0)1509 234 262
alison@aagmedicalwriting.co.uk
www.aagmedicalwriting.co.uk



The Webscout: Useful Links

by Joeyn Flauaus

As a relatively new member of the medical writing community, I regularly use the internet to get all kinds of information regarding "medical issues". So I was asked to share my experience with the World Wide Web by writing a regular feature called webscout, and here it is.

The internet as source of unlimited knowledge is an important tool for all of us on a daily basis. While you are writing a clinical document, you sometimes need additional information, and the easiest way to get it is to access the internet. In the depths of the World Wide Web, however, it's often very tricky to find exactly the information you are looking for. We all know how frustrating it is to google for basic information, e.g. something simple like "influenza" with approx. 939,000 results, compared to a rare disease like "occlusive thromboaropathy" with 190 results. Due to the fact that checking thousands of links is mostly a waste of time (and you are none the wiser afterwards), having a collection of available medical resources on the web is priceless. In this article, you will find some links providing useful background information that makes life easier for a medical writer.

www.acronymfinder.com:

The acronymfinder helps you to find out what those acronyms and abbreviations (medical and non-medical) stand for.

www.therubins.com/geninfo/abbrev.htm:

This page gives you the meaning of commonly used Latin abbreviations, terms or phrases which are widely-used in clinical documents.

www.webhealthsearch.com:

This page contains a search engine for the best health and medical sites, latest medical literature & news, and current drug treatments & clinical trials. You start the search by entering a keyword, or by selecting a disease or therapeutic area.

www.medterms.com:

The medical dictionary of popular medical terms is the medical reference for MedicineNet.com, containing easy-to-understand explanations of medical terms via alphabetical listing.

www.dorlands.com/wsearch.jsp:

Dorland's Illustrated Medical Dictionary is an online dictionary that provides advanced definitions for about 115,000 medical terms.

<http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>:

The Multilingual Glossary of Medical Terms provides a glossary of technical and popular medical terms in 9 European Languages.

www.vh.org:

The virtual hospital is a digital health sciences library, contains thousands of textbooks and booklets for health care providers and patients.

<http://ord.aspensys.com/asp/diseases/diseases.asp>:

The Office of Rare Diseases provides information on rare diseases, research and clinical trials, reports and publications.

www.wikipedia.com:

Wikipedia is an open-content encyclopedia, written by its readers, anyone can edit any article. If you want to share your expertise with the web community and you are underworked with medical writing, you are welcome to write new articles.

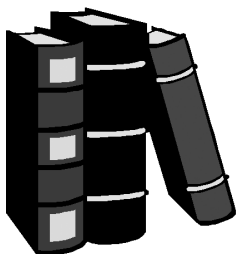
If you know of a useful link you think should be mentioned in the next issue of "Webscout", please email me at: joeyn@trilogywriting.com

Joeyn Flauaus

Trilogy Writing & Consulting GmbH
Paul-Ehrlich-Strasse 26
60596 Frankfurt
email: joeyn@trilogywriting.com

***Real Culture lives by sympathies and admirations,
not by dislikes and distains- under all misleading
wrappings it pounces unerringly
upon the human core.***

William James 1842-1910 American philosopher; brother of Henry James
McClure's Magazine (February 1908)



In the Bookstores... A Public Health Odyssey Retold*

by Karen Shashok

Díaz de Yraola, G. La vuelta al mundo de la expedición de la vacuna (1803-1810). [The Spanish Royal Philanthropic Expedition: The Round-the-World Voyage of the Smallpox Vaccine]. Madrid: CSIC, 2003. ISBN 84-00-08172-2 (paper). 336 pages, 24.004 euros (paper). Facsimile edition in Spanish with English translation and notes by Catherine Mark .

Imagine that you've just read about an exciting new breakthrough in preventive medicine and wish to put it into practice in a land where the population has been decimated by a devastating epidemic. Imagine that after a few years your application for funding is finally approved by a panel of scientific peers and government officials (who do not always have public health uppermost in their mind). Imagine that you need to overcome skepticism, fear, and other types of resistance to a scientifically novel idea in order to obtain funding for your project.

Nothing very unusual in that, you say. Everybody knows that first-time grant applications are rarely successful.

Imagine that the project involves spending years in remote lands that must be traversed on foot or with the help of animal traction. Imagine that most roads are unpaved (consisting of barely discernible tracks and footpaths), and that many of your destinations are reachable only by crossing chasms, jungles, mountain ranges and rivers. Imagine that in some places travel by sea is too risky because of the danger of pirate attacks.

Challenging conditions are not unexpected in developing countries, you say. You can't expect these places to have the infrastructure of a developed country. You just have to deal with it. Go in, do the job, get your data, and get out.

Imagine that letters take weeks or months to catch up with you. Imagine that the government sponsor owes you several months' back-pay, forcing you to borrow from people you barely know to ensure your project stays on track as you make your way through distant lands. There's no e-mail. In fact, there are no personal computers, laptops or mainframes. Electricity has not yet been domesticated. (No cell phones either, of course!)

Now imagine that you are transporting a sensitive biological material under precarious conditions. Imagine that the only available technology for transporting this material so that it retains its biological activity is *in vivo*. Imagine that your material must be inoculated under the skin of human carriers (ranging in age, at the start of the project, from 3 to 9 years) and then periodically transferred to new carriers. Imagine that you need to

maintain an unbroken chain of serial inoculations for the duration of your project (almost 10 years, as it turns out).

Impossible, you say. Biomedical fiction. And besides, the research ethics committee would never have approved it.

Imagine that a few years into your project, your home country is invaded, your government dismantled, your funding and administrative support interrupted, and most of your contacts removed from their post by various means. Despite these and many other calamities, you return to your home country years later, exhausted and ill but having succeeded in vaccinating, by most estimates, several hundred thousand inhabitants of Latin America, The Philippines, and China against smallpox. Sadly, your assistant—a worthy young physician you chose as much for his valor and determination as for his medical skills—never makes it home. After ten years abroad, he loses the battle against harsh conditions and local diseases, and literally gives his life for the project while helping to save thousands of other lives.

The Royal Philanthropic Vaccination Expedition, an enormous public health project that ran from 1803 to 1813, was led by physicians Francisco Javier de Balmis and José Salvany, and was underwritten at vast expense by the Spanish Crown. Its aims were to bring the new smallpox vaccine, and the knowledge necessary to ensure its long-term availability, to Spain's vast colonial empire. Despite high praise for this enlightened public health intervention from contemporary scientists such as Humboldt and Jenner himself, medical history has had surprisingly little to say about Balmis or Salvany for the last 200 years. On the bicentennial of the expedition, this injustice has been rectified thanks in large part to the efforts of Catherine Mark, who has produced an excellent translation into English of a 1948 study published originally in Spanish. As editor of the new bilingual edition, she has added a background section on people and places, a concise glossary of some of the most frequent terms in Spanish, and a list of more recent publications for further reading. An index of personal and place names has also been included. This bilingual edition is packed with fascinating information that should interest public health experts, medical historians, virologists, pediatricians, medical ethicists and translators.

The Expedition was fueled at times by Balmis' almost maniacal sense of conviction, and threatened other times by his overweening ego. Indeed, the story contains epic characters on an epic quest in an epic setting, both historically and geographically, and cries out for a movie version. While we wait for an intrepid director to pick up the gaunt-

The Royal Philanthropic Vaccination Expedition, an enormous public health project underwritten at vast expense by the Spanish Crown, aimed to bring the new smallpox vaccine and the knowledge necessary to ensure its long-term availability to Spain's vast colonial empire.

This bilingual edition is packed with fascinating information that should interest public health experts, medical historians, virologists, pediatricians, medical ethicists and translators.

In the Bookstores...

let, Díaz de Yraola's combination of historical documentation, political intrigue, and adventure novel-a translator's challenge met head on in Mark's rendering into English-makes for a tale well worth reading either language.

Further reading

In English:

Bosch X. The Spanish Royal Philanthropic Expedition: The Round-the-World Voyage of the Smallpox Vaccine 1803-1810 (Media watch). *Lancet Infect Dis* 2004;4:59

Tarrago RE. The Balmis-Salvany Smallpox Expedition: The First Public-Health Vaccination Campaign in South America. *Perspectives in Health* 2001; 6(1). Available at www.paho.org/English/DPI/Number11_article6.htm.

In Spanish:

Three good websites to start at are www.balmis.org, www.aeped.es/balmis.htm, and www.casacencias.org/Domus/SSO/Vacunasa/Exposi.html.

Tarrago RE. La expedición Balmis-Salvany de vacunación contra la viruela, primera campaña de salud pública en las Américas. *Perspectives in Health* 2001; 6(1). Available at www.paho.org/Spanish/DPI/Numero11_articulo6.htm.

*Note: A longer version of this review was originally published as: Shashok K. A public health odyssey brought back to light. The story of the world's first mass vaccination project. *Panacea@* 2004 (junio), vol 5 no 16, pp 179 -180. Available at www.medtrad.org/panacea.

Karen Shashok

Translator - Editorial Consultant
C/ Compositor Ruiz Aznar 12, 2-A
E-18008 Granada, Spain
Fax: (+34) 958 132354
kshashok@wanadoo.es.



Hey, it's Only My Opinion: Stability

by Diana Epstein

EMWA has reached the crunch! Many of us have our EPDP certificates and now what? What can the annual EMWA conference offer us? Once upon a time there was some talk about an advanced programme. In which cupboard or shelf is it? I ask.

EMWA as an association needs to find its way. Although the various PR officers throughout the years have been doing their utmost to recruit additional participants at conferences, we seem to remain a nice small cosy organization. Not that that is bad, but it would be nice if we could recruit a few more participants.

I was thinking about the problem—and mind you, I do not possess a magic wand—but thought to myself that perhaps a few changes would make EMWA not only more professional but also in the long run perhaps profitable.

Currently, the annual conference is held "somewhere in Europe". From the UK to Budapest we have been just about everywhere. Isn't it time we found a European country that we could use as a base for our meetings? As the majority of participants come from either the UK or Germany perhaps somewhere in one of those countries could be used. By having an annual base, EMWA could receive good B&B rates and discounts as "returning business". More free rooms could be thrown in; good deals in the F&B department and who knows what else. I must admit my knowledge of the hotel business comes from a life prior to the fateful meeting at the zoo, which resulted in me becoming a medical writer (but that is another story and has nothing to do with this issue's column!) when I worked in the hotel business and learned about the importance of returning business. The benefits were quite impressive in those days.

Another issue is the social events. I would suggest that in addition to the various social events there should be the possibility of additional forums or panels in the evenings. This would give those of us who have the EPDP something to attend that would be of interest and, most importantly for participants on low budgets, would be cheaper than a workshop.

Some EMWA members also belong to EASE (European Association of Scientific Editors). Many topics of medical writing are intertwined with topics that relate to EASE and vice-versa. It would be interesting for EMWA to have a panel or forum about topics for which there is not enough workshops and capacity but that receive much attention in EASE, e.g. peer-review, authorship, ethics. EMWA members could get a "taste" of peer-review at a forum, and the education committee could see if they wanted to add any of the topics for future workshops.

Just two more points I would like to make about the website. A good idea might be to publish on the web the names of those participants who have received the EPDP certificate thus enabling EMWA to receive more international credibility. I am not sure who

Only My Opinion

is responsible for the Dialogue section on the website any more but could someone do something about those adverts? I do not visit the section anymore because it's just ridiculous but please do something about it. We are meant to be a professional organization!

But, hey, it's only my opinion!

President's reply

Diana raises some good points, of which EMWA's executive committee is not unaware. It is certainly true that our conferences have, in recent years, focused around the training workshops, largely to the exclusion of other activities. Now, I make no apology for the focus on training. The consistently high demand for the workshops is a measure of their success, and we have no plans to scale down our educational program. However, Diana is quite right to point out that more experienced EMWA members are less well served by EMWA's conferences.

One way in which we would like to cater for the needs of EMWA members who already have their EPDP certificate is by offering an advanced educational curriculum, leading to an advanced EPDP certificate. Those EMWA members who attended the Budapest conference will know that EMWA's advanced curriculum is currently under active development. Although some of the details have yet to be finalised, I can confirm that the first advanced workshops will be offered at the 2005 spring conference in Malta. Keep an eye on the EMWA website.

We are also aware of the need to offer more at conferences and we hope to have some new activities on offer in Malta. I like Diana's suggestions about panels or forums about topics such as peer review, and I hope we will be able to act on that suggestion. More suggestions for other things we can do at conferences are always welcome: please feel free to contact either me, Michelle Derbyshire (2005 conference manager), or Judi Proctor (membership officer).

As for Diana's suggestion about having the conference in the same place each year, successive executive committees have felt that the advantages of changing locations outweigh the disadvantages, and I believe that is still true. This way, members from all parts of Europe will sooner or later have a conference near to them, and EMWA members benefit from visiting a range of interesting cities. It is true that most of our members come from the UK or Germany, but those are also two of the most expensive countries in which to hold conferences. A spring conference in the UK of the same quality we had in Budapest would not be possible without substantially increasing the prices.

Finally, I share Diana's annoyance with the adverts on the dialogue page of the website. When we set up the dialogue facility, we did not feel able to spend money on it, and accepting adverts allowed us to set it up at no cost. EMWA is currently in a more secure financial position, and we will shortly be buying some software that will allow us to run our dialogue page without adverts.

Adam Jacobs, EMWA President

The New EMWA Advanced Level Curriculum Programme

EMWA's steady growth means that experienced writers increasingly number amongst our membership. The EMWA Professional Development Committee (EPDC) has been busy devising a new curriculum to cater for the training needs of more experienced writers, and we are very pleased to announce (as briefly mentioned by Wendy Kingdom during the AGM in Budapest) the **advanced level curriculum** programme, which will be launched at the spring conference 2005 in Malta.

The advanced level curriculum will extend the professional development of medical writers by taking existing topics to a more advanced level and by introducing new subject areas into the programme. We hope that this will enhance not only career opportunities for holders of advanced level certificates but also the profile of medical writing as a profession.

In future, participants will be awarded a **foundation level certificate** and an **advanced level certificate** on successful completion of the respective programme. Most aspects of the new advanced level curriculum and the transition from the present programme to the new two-level certification scheme have been drafted out by the EPDC and will be finalized during autumn this year. These include issues such as participant eligibility, registration fees, workshop content, workshop format and a changeover process for members already working towards an EPDC certificate. We will provide full details later this year on the EMWA website and in the next issue of *The Write Stuff*.

The EMWA Professional Development Programme (EPDP) was introduced at the ninth annual EMWA meeting in Dublin in May 2000. Its aim is to provide training for medical writers by medical writers through the medium of workshops. Since its inception, the EPDP has grown rapidly, from 18 workshops at the annual conference in 2000 to around 40 workshops at the annual conferences 2003 and 2004. The EPDP has become an established backbone of EMWA, and various workshop types and formats (including short workshops, double workshops, "soft skills" and special interest workshops) have been introduced to keep pace with the growth in EMWA and the EPDP. An important objective of the EPDP is to ensure the medical writing community, employers and clients regard EPDP certification as a valuable qualification. We are confident that the advanced level curriculum will make an important contribution to this objective.

As Europe grows closer together, EMWA's membership will continue to expand, and with it our profession, which thrives on the internationalism that makes our continent such an exciting place to live and work. We are therefore delighted that Malta, recently acceded to the European Union and hence symbolic of the new Europe, will be the place where this milestone in EMWA's own growth will be launched.

Stephen de Looze and Beate Wieseler
on behalf of the EMWA Professional Development Committee

EMWA Executive Committee

President:

Adam Jacobs
Dianthus Medical Ltd
Lombard Business Park
8 Lombard Road
London, SW19 3TZ, UK
Tel: (+44) 20 8543 9229
Fax: (+44) 20 8543 9885
ajacobs@dianthus.co.uk

Vice-President & Programme Manager:

Michelle Derbyshire
Safety and Quality of Food Unit
Institute for Reference Materials
and Measurements
Joint Research Centre,
European Commission
Retieseweg, 2440 Geel, Belgium
Tel: (+32) 14 571827
Fax: (+32) 14 571343
michelle.derbyshire@cec.eu.int

Immediate Past President &

Secretary:

Julia Cooper
Parexel International Ltd
River Court, 50 Oxford Road
Denham, Uxbridge, UB9 4DN, UK
Tel: (+44) 1895 614 403
Fax: (+44) 1895 614 323
julia.cooper@parexel.com

Treasurer:

Barbara Grossman
Covance
7 Roxborough Way
Maidenhead
Berks, SL6 3UD, UK
Tel: (+44) 1628 548 182
Fax: (+44) 1628 547 333
barbara.grossman@covance.com

University Liaison Officer:

John Carpenter
John Carpenter Medical Comm.
18 Nightingale Shott
Egham, Surrey, TW20 9SX, UK
Tel: (+44) 1784 470 203
Mobile: (+44) 7764 183 314
johncarpenter21@aol.com

Membership Officer:

Judi Proctor
Freelance Medical Writer
144 Sheldon Rd, Chippenham
Wiltshire, SN14 0BZ, UK
Tel/Fax: (+44) 1249 461174
Mobile: (+44) 7890 350908
judi@jinx66.fsnet.co.uk

Public Relations Officer:

Ian C. Metcalfe
Berna Biotech Ltd.
79 Rehaggstrasse
CH-3013 Berne, Switzerland
Tel.: (+41) 31 980 63 59
Fax.: (+41) 31 980 67 85

Website Manager:

Marian Hodges
Nat. Institute for Clinical Excellence
Address for correspondence:
6 Highfields, Ashted
Surrey, KT21 2NL, UK
Tel: (+44) 1372 279036
Fax: (+44) 1372 275272
marian@medwrite.co.uk

Education Officer:

Wendy Kingdom
1 Red House Road
East Brent, Highbridge
Somerset, TA9 4RX, UK
Tel: (+44) 1278 769 214
Fax: (+44) 1278 769 214
info@wendykingdom.com

Journal Editor:

Elise Langdon-Neuner
Baxter BioScience
Wagramer Strasse 17-19
A-1220 Vienna, Austria
Tel.: (+43) 1 20100 2067
Fax.: (+43) 1 20100 525
langdoe@baxter.com

EMWA Head Office

Baarerstrasse 110C, 7th Floor, P.O. Box 2246, 6302 Zug Switzerland
Tel: (+41) 41 766 05 81 Fax: (+41) 41 766 05 86
info@emwa.org

EMWA website: www.emwa.org