WILDERNESS & ENVIRONMENTAL MEDICINE
Official Publication of the Wilderness Medical Society

AUTHOR INFORMATION PACK

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DESCRIPTION

*Wilderness & Environmental Medicine*, the official journal of the Wilderness Medical Society, is the leading journal for physicians practicing medicine in austere environments. This quarterly journal features articles on all aspects of wilderness medicine, including high altitude and climbing, cold- and heat-related phenomena, natural environmental disasters, immersion and near-drowning, diving, and barotrauma, hazardous plants/animals/insects/marine animals, animal attacks, search and rescue, ethical and legal issues, aeromedical transport, survival physiology, medicine in remote environments, travel medicine, operational medicine, and wilderness trauma management. It presents original research and clinical reports from scientists and practitioners around the globe. *WEM* invites submissions from authors who want to take advantage of our established publication’s unique scope, wide readership, and international recognition in the field of wilderness medicine. Its readership is a diverse group of medical and outdoor professionals who choose *WEM* as their primary wilderness medical resource.

IMPACT FACTOR

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ABSTRACTING AND INDEXING

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WEM SCOPE AND MANUSCRIPT CATEGORIES

Wilderness and Environmental Medicine (WEM) is the official journal of the Wilderness Medical Society. It is published quarterly and is devoted to original scientific and technical contributions related in whole or in part to wilderness or environmental medicine. Non-solicited manuscripts are considered for the following categories:

Original Research: Original studies of basic or clinical research in areas relevant to wilderness medicine. Preferred 3000-3500 words maximum (not including abstract, tables, figures, or references). Brief Reports: Preliminary findings or small sample-sized studies that generate new hypotheses for further research. Reports should generally follow the guidelines under Preparation of Manuscripts and be limited to approximately 1500-2000 words (not including abstract, tables, figures, and references), with no more than approximately 10 references. Case Reports: Brief descriptions of unique wilderness medicine problems or situations. Include narrative abstract, introduction, and discussion of implications. Preferred 2000-word maximum (not including abstract, tables, figures, or references). Review Articles: Extensive, well-referenced reviews of the literature on a narrow clinical topic. Preferred 3500-word maximum (not including abstract, tables, figures, or references); no more than 100 references. Concepts: Descriptions of clinical and non-clinical wilderness medical problems and solutions. Articles may focus on practical "how-to" management techniques and/or new approaches to the planning, management, or provision of wilderness medical services. Preferred 3500-word maximum (not including abstract, tables, figures, or references). Letters to the Editor: Observations, opinions, current topics and/or corrections on topics appearing in WEM, generally not to exceed 1000 words or 4 double-spaced pages, with a maximum of 10 references, one of which should be to the recent WEM article if applicable. Original scientific work is usually not considered appropriate for a Letter. Letters in Reply: Replies by authors should not exceed 1000 words of text and 11 references inclusive of the article at issue and the inciting letter. Editorials: Commentaries on major current issues or controversies with significant implications for wilderness medicine, generally not to exceed 1500 words (or 6 double-spaced pages) plus references if appropriate. Lessons from History: Classic papers in the medical literature relating to wilderness medicine. Such papers should have been first to describe a new problem, providing new information about old subjects, or describing new, effective methods of treatment or prevention. A complete reference citation of the original article and a commentary about the article should accompany the submission. Preferred 3000-word maximum (not including figures or references) but open to consideration through review.

Clinical Images: Pictures that teach something about wilderness medicine, as well as tell an engaging story. The focus will be on clinical images, each accompanied by text explaining the photograph and briefly reviewing the diagnosis and treatment of the condition it illustrates. If appropriate for the topic, an image and case report should be presented as a mystery, with the diagnosis and discussion appearing after a page break. 1000-1500 words (not including figures and references), with generally no more than 5 references. Wilderness Images: High-quality, high-resolution (300 dpi) digital images of wilderness subjects. Include photo title and description (2-3 sentences) and the appropriate photographer's credit line. Where relevant, include geographical coordinates of where the image was taken. Wilderness Essays: Personal essays or anecdotes relating to the wilderness and medicine. Preferred 3000-word maximum. Wilderness Instructor: Articles on wilderness medicine education at any level, focusing on course design and development, course analysis and evaluation, or teaching techniques. Preferred 2000-word maximum (not including figures or references). Book Reviews: Please contact the Editorial Office (abyrne@wms.org) for more information. WMS Practice Guidelines: Please contact the Editorial Office (abyrne@wms.org) for more information.

PERTINENT TOPICS

Pertinent topics include, but are not limited to, medical, physiological, pharmacological, and expeditionary considerations of: high altitude and climbing; hypothermia and cold-induced injuries; heat/cold-related disorders; weather-related phenomena and natural environmental disasters; toxinology; drowning and near-drowning; diving and barotrauma; hazardous plants, reptiles, insects, and marine animals; ethnobotany; animal attacks; rugged or austere environments; tropical disease and immunizations; search and rescue; and ethical and legal issues.
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Example 2
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