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Scenes from Postgraduate Life

Words

For nearly 15 years I have been involved in workshops on medical writing. The idea originated from Finland in 1971[1] where medical authors realised that if they wished to gain international recognition for their work they would have to publish in English-language journals. The original team consisted of Stephen Lock, editor of the *British Medical Journal*, David Pyke, later registrar of the Royal College of Physicians, and William Whimster, now reader in morbid anatomy at King's College Hospital Medical School. They organised language laboratories and practical exercises in the subtleties of English writing. Well over 50 workshops have been held since then – in Britain and Ireland and in the Middle East, India, Australasia and Canada – and the present team of four has settled into a middle-aged though hopefully not complacent mould. I replaced David Pyke when his other commitments became too great, and Jane Smith, an assistant editor on the *British Medical Journal*, contributes expert advice on the theory and practice of writing.

Our usual format is a series of short introductory talks on writing, speaking, editing, refereeing, etc., followed by small group exercises in which specimen papers are minutely dissected; each of us takes a section of the paper and repeats the analysis with four groups. This may sound onerous and repetitive but even after several years of discussing the same paper we still come up with new insights.

An exercise for the whole class in writing an abstract usually ends the formal workshop. We also offer individuals 'paper clinics' in which their own papers are discussed – in the presence of a limited audience if they agree. The workshops can take anything from one to four days, and are adaptable for all health professionals, not just doctors; we have also put them on for medical students. We try and keep numbers to around 40 so that the main workshops have manageable numbers, since we expect participants to do some homework in advance. In some countries, India in particular, the response has been so enthusiastic that we have had over 150 people at one meeting.

Do the workshops do any good? Judging by what is published in many journals (let alone papers that people ask me to look at), the answer must be a depressing no. Any author who makes such allegations appreciates that he is putting his own head on the block but a few years ago I was asked to introduce a new edition of Clifford Allbutt's classic *Notes on the Composition of Scientific Papers*.[2] He had written it originally in 1904 because of the infelicities he found in MD theses; re-reading its hilarious examples of misquoted English was tempered by despair that so little had changed in 80-odd years.

Bill Whimster, the pathologist, points out that scientific articles have macroscopic and microscopic characteristics. Medical writers have an advantage over other authors in being provided with a template on which to 'press' their designs. This has been called the IMRAD structure, and can best be considered in relation to the questions Sir Austin Bradford Hill said that an author ought to be able to answer. The **Introduction** should answer the question, Why did you start? In general the message should be short and to the point, and not overdone with previous attribution and defensive justification. **Materials and Methods** must answer the question, What did you do? in as much detail as will enable others to repeat the observations or experiments. What did you find? should be covered by **Results**, the most common failing being confusion over numbers, especially between text and tables and figures. The **Discussion** should provide the reader with a comprehensive review of What does it mean? and perhaps Where do we go from here? which usually translates into the current cliché, 'More research is needed'.

Perhaps the most important question, however, which most authors seldom seem to ask themselves, is What is the message? Alexander Kohn[3] described this in his characteristic throwaway manner as 'the strip-tease technique in which the author keeps the problem a secret till the last paragraph – and sometimes for ever'. Two tactics may help. When writing the first draft of a paper, repeat the same sequence in each of the above four sections: for example, the total number of observations, their subdivisions, the methods, their applications, modified according to the individual section. In this way omission of important data is unlikely. In later drafts, of course, much of the repetition will be removed. The second idea is to imagine the article as having a beginning, a middle, and a beginning – especially useful when writing short reviews or leading articles. A hypothesis is stated, the evidence for and against is set out, and a conclusion reached

on the validity of the original proposition. A circular route can prevent authors from roaming along tempting but subsidiary paths and losing their readers.

The microscopic detail of a paper has to do with words, phrases, sentences and paragraphs, and its delineation is a challenge to all authors. Doctors in particular seem to have little feeling for style (I am not competent to talk about the niceties of grammar which in any case are of secondary importance) and display a lack of taste for words which borders on the illiterate. My collection of inanities has grown voluminous over the years; a small sample must suffice to illustrate what I believe the word-master, Michael O'Donnell, called 'the ongoing deteriorating situation in verbal communication'.

First, there are words which may not in themselves be wrong but are used carelessly in a medical context. The first four of these are misused so often that I suppose it was not surprising to find them in the course of a single article in a well-known specialist journal: speciality (which always puts me in mind of a patisserie) for specialty, physics for physic, regime (dictatorial?) for regimen, and data is ... for data are ... (should we be upset at the abolition of classics teaching in schools?). Two others that distract from calm appraisal of an author's work are preventative and dilation.

Doctors, like others, are attracted to long words (short words often have greater impact); to several words when one will do – prior to, lower limbs (I was intrigued to learn that customs officers refer to dogs as 'four-legged items'); to abbreviations which may have different meanings for different readers (SOB, for example) or are only understood by members of one's own narrow specialty. Medical vogue or rogue words which stick in this author's gullet include presented to or with, the literature, case, clinical material, steroids, male/female, parameter (and now paradigm), uncooperative. Worse still is the increasing use, following, I suspect, the seductive example of American journalists, of nouns as verbs – digitalize, heparinize, bronched, surgerize, parenting – which led Karl Sabbagh[4] to the memorable parody: 'Doctor, come quickly, my little boy has illed'. And even as I take time off from composing this article I read in an abstract 'Of those who suicided ... '

Do such infelicities matter? On one level they constitute 'noise' which must distract the reader from the main import of the paper. But more important, slovenly use of English tends to obscure and distort meaning, and that cannot be good for medicine. Oliver St John Gogarty, Dublin surgeon and, like many of his countrymen, a lover of words, provided my favourite example in *It Isn't This Time of Year at All!*:[5] 'People carrying fish and chips, or other greasy objects, are not permitted to board the bus, or eat the same'. That is until this summer's election when it was beaten by the headline 'Loony left doctors plan to cut private parts in hospitals'.

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