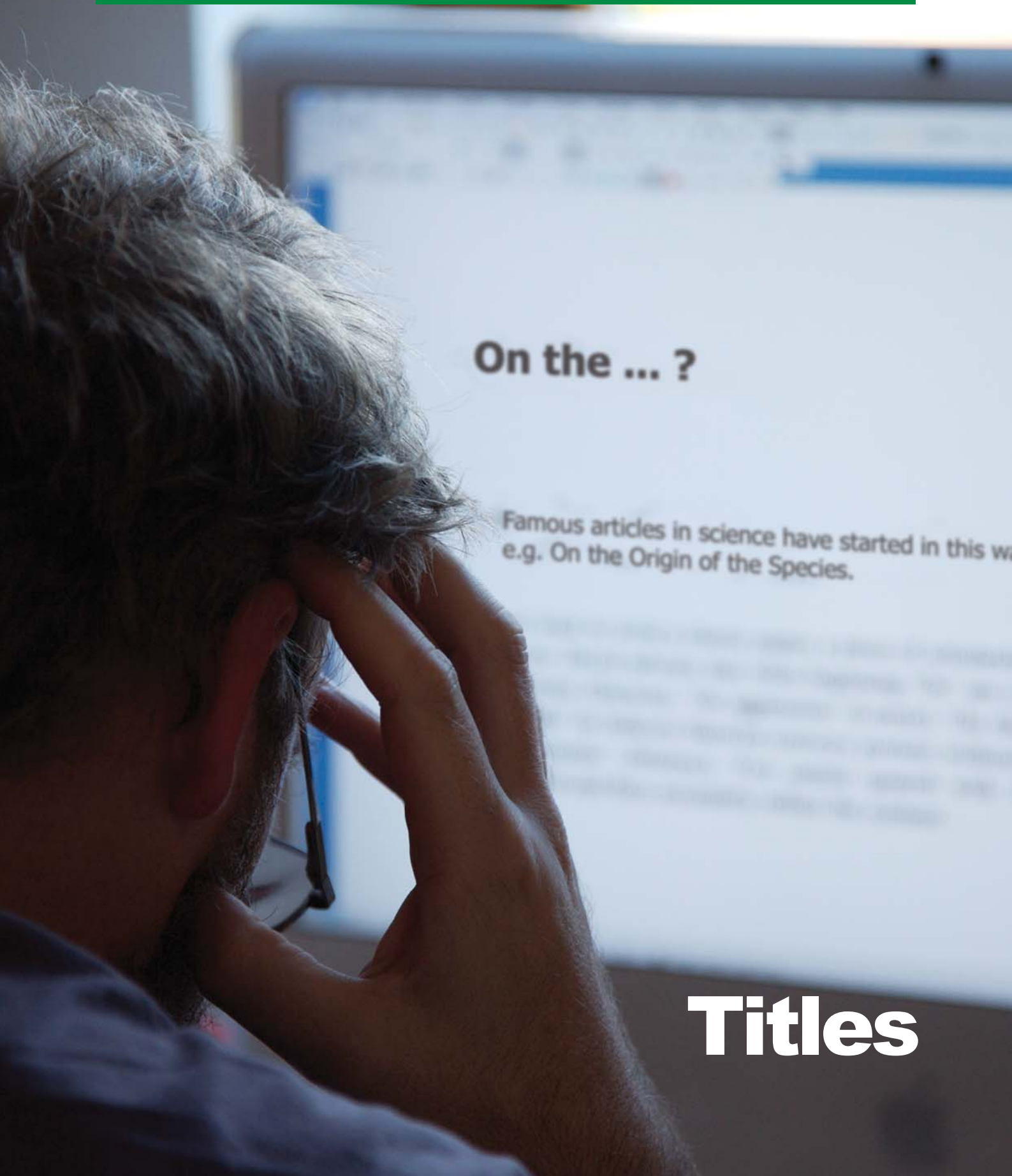
EMWA European Medical Writers Association

The Write Stuff

The Journal for European Medical Writers

Vol. 16, No. 4, 2007, ISSN 1854-8466.



Titles

Journal insights

The *Write Stuff* is the official publication of the European Medical Writers Association. It is issued 4 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, but opinions expressed in individual articles are those of the authors and are not necessarily those held by EMWA as an association. Articles or ideas should be submitted to the Editor-in-Chief (see below) or another member of the Editorial Board.

Subscriptions

Subscriptions are included in EMWA membership fees. By writing to info@emwa.org 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 800–2800 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 by email as an MS Word file using Times New Roman (or equivalent), 10 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style, min. 360 x 510 pixels).

Timelines

Month distributed	Deadline for receipt of articles	Deadline for receipt of adverts
March	1st January	15th February
June	1st April	15th May
September	1st July	15th August
December	1st October	15th November

Advertising rates (in euros, €)

Corporate		Private / Freelance members only	
• Full page	**€1000**	• Full page	**€200**
• Half page	**€500**	• Half page	**€100**

Behind the press

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Cover picture

Cover photograph from Nadja Meister (nadja.meister@inode.at)

European Medical Writers Association

EMWA Annual Spring Conference 2008 plus a Focus on Translation Barcelona, Tuesday 29 April to Saturday 3 May 2007

The Executive Committee invites you to attend EMWA's 17th Annual Spring Conference, which will be held in Barcelona, Spain. The venue of the conference is the Hotel Rey Juan Carlos 1.

There will be 48 different workshops offered from the **Professional Development Programme**, the largest offering ever of EPDP workshops, covering:

- Foundation and advanced training in all aspects of medical writing
- Workshops covering regulatory topics and fundamental medical writing skills

In addition the theme of the conference will be translation. There will be a diverse and multifaceted programme of seminars and discussion panel sessions covering topics dear to the translator's heart including:

- Management of translation projects (by Laurence Auffret)
- Cultural differences in medical documentation (by Alistair Reeves and Susanne Geercken)
- Translation revision and the new EN-15038 standard (led by Juan José Arevalillo, head of the Spanish committee on EN-15038)
- The do's and don'ts of outsourcing translations (by Gabriele Berghammer)
- Linguistic validation of the translation of Patient Reported Outcomes (by Paz Gómez Polledo followed by a discussion panel)
- Evolution of the translator in the pharmaceutical environment (by Catherine Bougette)

The Hot Topic seminar will be on the EU Risk Management Plan (with Patrick Salmon from the Irish Medicines Board), and there will be seminars on ethics and medical communication.

For more details of the conference check **www.emwa.org**

More details of the venue can be found at **http://www.hrjuancarlos.com/en/index.html**

See you in Barcelona 2008!

Julia Forjanic Klapproth
EMWA President

Message from the President

by Julia Forjanic Klapproth

We need your help! As promised at the Annual General Meeting in Vienna, we have been busy developing a new website equipped with functionalities that will improve how we keep track of members' details and the EMWA Professional Development Programme (EPDP) credits, and how members can register for conferences. And I am happy to say that we are almost there. Shanida Nataraja has done a phenomenal job of coordinating IT programmers, database specialists and server providers to create a unified concept that will finally bring EMWA into the modern age of technical administration. However, these new functionalities mean almost every aspect of how EMWA has been run until now is being changed. As a result, now that all the pieces are in place, the shift from the old system to the new system must be done in a step-wise manner to be sure that each piece fits before adding the next. And that is where you come in.

At the beginning of December an online membership database will be accessible through the current EMWA website. We would like each of you to login to the members-only section of the website with your current username and password in order to create your individual username and password for future access to this section of the website. Please verify or update your contact details and confirm your EPDP credit record (if you find an error in your EPDP credits, please contact Head Office to rectify the error). We need you to go online and confirm these data for 2 reasons. First, it will help us validate the content of the membership database while giving you complete control over the accuracy of your membership contact details and EPDP credits. Second, it will be a test run for the individualised online access to members-only and your membership profile that is planned for the new website.

Once we are sure the online access to the membership database is functioning properly we will proceed to the second step: the newly designed website will go live. This is planned for the beginning of next year. The new website will allow members to access the online membership database, and thus update their personal records, as well as allowing members to register and pay for conferences online. These new functionalities will streamline the entire administrative side of EMWA and should resolve most of the problems we have had in the past. And it will also mean that for our next spring conference in Barcelona you will be able to register online if you wish to.

Which brings me to the topic of Barcelona. The theme of the upcoming spring conference will be translation. This is an area that many of our members are involved in but which has not always received the attention it deserves at EMWA conferences. But that is about to change. A team of EMWA translators have helped me put together an exciting programme of activities focusing on key topics that translators are dealing with. There will be a diverse and multifaceted programme of seminars and discussion panel sessions covering topics dear to the translator's heart. In addition to the translation topics, we continue our Hot Topic series with a seminar on the EU Risk Management Plan, and there will be seminars on ethics and medical communication. Due to the huge demand for space in the workshops in Vienna, Stephen de Looze has outdone himself by putting together the largest offering ever of EPDP workshops for the upcoming conference. There will be 48 different EPDP workshops in the Barcelona programme. This conference continues in our tradition to offer a broad scope for all our members, from the novice to the advanced.

Because the conference is being held in Spain, I felt this was the perfect opportunity to finally establish some con-

From the editor's desk

From the editor's desk is being skipped in this issue of *TWS*. This is because I became so fascinated by the theme of the issue, 'titles', that I have written an article for the issue on the topic. I am willing to bet that no journal has ever published such a comprehensive collection of articles about titles of biomedical journal articles. The articles also include two from well-known researchers in the area and I would like to particularly thank James Hartley and Viviana Soler for their contributions. One of those authors is from Latin America. It is also a great honour to publish a second article from that continent written by Herbert Stegemann, who was a cofounder of an editors' association in Venezuela and is a director of The World Association of Medical Editors (WAME). The article explains the difficulties faced in disseminating the results of scientific research in countries where a biomedical editor's life is not so easy as it is in Europe.

Elise Langdon-Neuner
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Message from the President

nections with the Mediterranean Translators association (MET) and the Spanish medical writers association (AERTeM). Both organizations were enthusiastic to get involved in the conference and several of their members will be participating in discussion panels and seminars at the conference. We are excited about these collaborations and I hope that this will be the start of a long-term relationship between all our organisations.

As EMWA continues to grow and develop, we endeavour to maintain the same level of quality and camaraderie that we have always had. And I personally continue to strive to help EMWA meet the demands and expectations of a larger membership by exploring ways to provide new and interesting activities and events while solidifying the administrative infrastructure of the organisation. I think the EC and all the other members who volunteer ideas and time are doing a great job of helping us achieve this. So I just want to say, keep up the great work everyone!

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A politician, a thief and a CRO employee calling from hell

A politician, a thief and a CRO employee die and come to hell. After some days the politician is curious to know how his country is getting on without him. He asks the devil if he may telephone home. The devil allows him to and he speaks with his country for 5 minutes. The devil charges him $5 million for the call.

The thief is naturally jealous and also wants to call his gang to find out how business is going. He is allowed to and speaks with his gang for 10 minutes. The devil charges him $10 million.

The CRO employee is jealous too. He wants to call his colleagues to see how things are going in clinical research. He is allowed to call home and chats for hours and hours. The devil charges him $20 for the call.

The CRO guy is amazed and asks why it is so much cheaper for him than for the other two when his call was so much longer. The devil explains, "It's a local call from hell to hell!"

Thanks to **Maria Fernandez**, Madrid (FernandezMaria@PRAIntl.com) for this contribution.

EMWA and the Institute of Clinical Research joint symposium

EMWA is delighted to announce a symposium to be held jointly with the Institute of Clinical Research (ICR) from 9.15 to 16.30 on **27th February 2008** at the Novotel London West hotel in London, UK.

Publishing Clinical Trials: Ethics and the Pharmaceutical Industry

This joint EMWA-ICR symposium will be presented by a panel of experts including medical writers, journal editors, academics and pharmaceutical industry managers. Topics will include publication policy, ghostwriting, fraud and other ethical issues of publishing clinical trials.

Places are limited so book now!
Attendance fee: £225 ICR or EMWA members. £325 non-members.
More information about the symposium and details of how to register:

- ICR members: online www.icr-global.org
- EMWA members and non-members:
  email to conferences@icr-global.org
  or call +44 1628 536971

Colonic titles!

by James Hartley

> **Colon:** a punctuation mark (:) used to precede a list of items, a quotation, or an expansion or explanation (*Concise Oxford English Dictionary*)

Consider the colon. Not so humble as the comma, or the semi-colon. Not so dramatic as the full stop or the question mark. Colons are intermediaries: in titles colons separate the parts.

Some linguistic markers receive more research than others. Five articles and an editorial in Vol. 16, No. 2 of *The Write Stuff* concentrated on commas. But there is little evidence-based literature on the full stop, or the question mark. There *are* one or two articles (e.g., Hyland [1], Soler [2]). But why are there well over 20 research articles on the colon (Hartley [3])? And what do we know as a result?

Articles on the use of colons in the titles of academic articles fall into two groups. There are those that focus on the practices of using colons, and those that focus on readers' preferences. Some of the findings are intriguing.

Preferences

Readers' preferences for colons in titles vary. Here is a list of comments about colons made by academics in response to one of my recent studies [3].

- I think that the use of colons in titles, when there really is no need, is just pretentious.
- Colons (and exclamation marks) need to be used sparingly.
- You know what they say about colons. They're full of …
- I don't have any strong views either way. If an editor said, "Change the title", I'd take the line of least resistance.
- Titles without colons read like articles: titles with colons read like books.
- We've gotten trained to see the opening part of the title as the subject heading, with the bit that follows as the context or details.
- The announcement of the main focus of a paper before the colon can be helpful.
- I suspect that American social scientists, with their propensity for deductive reasoning, might prefer titles with colons.
- Colons are helpful: you get the main idea immediately.

Students, in my study, also rated titles with colons more highly than their equivalents without them - when they were listed as potential titles for a forthcoming conference. But the academics were more neutral in this respect [3].

Practices in the use of colonic titles

How far are these preferences revealed in practice?

- Table 1 shows that authors in the Arts and Social Sciences use colons more than do authors in the Sciences [3]. Similar findings are reported in [2].
- Table 2 shows that single authors use colons in their titles more than do pairs or groups of authors [4].
- Table 3 shows this same finding and that, in addition, the presenters of keynote addresses (in Psychology) use colons more than do the presenters of standard conference presentations [3].

Table 1. Recent estimates of the percentages of colonic titles found in articles in different disciplines (data from Hartley [3]).

Discipline	Estimated percentages of Discipline colonic titles	Discipline	Estimated percentages of colonic titles
Engineering	9	Chemistry	25
Biology	11	Clinical Medicine	27
Physics	12	Business Studies	33
Computer Science	13	Psychology	50
Earth and Space	15	History	50
Biomedical Research	17		

Table 2. The number of authors and the percentages of colons used in journal article titles in seven science disciplines. (Data from over 216,000 articles using a best-fit regression equation reported by Lewison & Hartley [4]).

	Percentage of colons in titles Number of authors		
Field of study	**1**	**4**	**8**
Biology	14.1	8.0	11.6
Biomedical	22.9	13.9	13.2
Chemistry	25.8	21.3	27.4
Clinical Medicine	34.5	23.2	23.2
Earth and Space	16.7	13.6	15.9
Engineering and Technology	12.7	6.3	7.6
Physics	15.3	11.3	10.0
Average	*20.3*	*13.9*	*15.6*

Table 3. **Percentages of colonic titles in conference presentations at Annual Conferences of the British Psychological Society (data from Hartley [3]).**

Year	Keynote addresses	Single authors	Pairs of authors	Three or more authors
2003	35	17	11	9
2004	53	10	9	12
2005	65	17	16	14
Average	*51*	*15*	*12*	*12*

Other findings show that:

- The percentage of titles with colons has been increasing over time, but the amount of increase varies in different fields [4].
- Titles with colons are longer (on average) and contain more information, than titles without them. This can help human and electronic search and retrieval [4].
- But there appear to be no significant differences between the percentages of titles with colons found in highly cited papers and those in less frequently cited papers [3].

Discussion

Although the results described above are interesting, they are confounded to some extent by the different styles of titles containing colons.

Lewison & Hartley [4] and Hartley [5] examined the proportion of titles with colons that could be divided into short:long, long:short and equal lengths in terms of the lengths of the two parts of the title separated by the colon. In both studies the proportion of short:long to long:short was fairly even—approximately 50-50 in the titles that used colons—but there were disciplinary differences. These results suggest, however, that this type analysis may not be very fruitful.

Swales & Feak [6] distinguished between four types of titles with colons according to how the colons separated the ideas in the title. These four were: problem:solution; general:specific; topic:method; and major:minor. However, Swales & Feak did not comment on the relative proportions of these formats in scientific articles.

Soler [2] examined 570 titles used in articles in the biological and social sciences. 480 of these were from research papers and 90 from reviews. Soler distinguished between:

- *full-sentence constructions*
  e.g. 'Learning induces a CDC2-related protein kinase'
- *Nominal group constructions*
  e.g. 'Acute liver failure caused by diffuse hepatic melanoma infiltration'
- *Compound constructions (i.e. divided into two parts, mainly by a colon)*
  e.g. 'Romanian nominalizations: case and aspectual structure'
- *question constructions*
  e.g. 'Does the Flynn effect affect IQ scores of students classified as learning-disabled?'

Table 4 shows the percentage of titles in each construction for the research and the review papers categorised (a) in terms of the sciences and (b) the social sciences. It can be seen that full sentence constructions only occurred in the science research papers. Nominal group constructions were the most popular form of titles and their usage was relatively constant across the disciplines. Compound constructions were less frequent, but more common in social science research papers (as noted in Table 1). Finally, as observed elsewhere [1], questions were used infrequently but most of all in social science review paper titles.

I have argued elsewhere [5,7] that titles need to both attract and inform the reader, and that using colons provides an easy way of doing this for the writer. The following example shows how a vague and uninformative title can be improved by using a compound construction, and how compound constructions can be made more precise: >>>

Table 4. **The average percentage occurrence of title formats for research and review papers in articles in (a) Medicine, Biology and Biochemistry, and (b) Linguistics, Psychology and Anthropology. (Data adapted from Soler [2] and reproduced with permission of the author and Elsevier Ltd.)**

Research Paper Titles		Review Paper Titles	
Full-sentence construction		Full-sentence construction	
(a)	38	(a)	0
(b)	0	(b)	0
Nominal group construction		Nominal group construction	
(a)	42	(a)	55
(b)	38	(b)	55
Compound construction		Compound construction	
(a)	10	(a)	37
(b)	38	(b)	33
Question construction		Question construction	
(a)	0	(a)	4
(b)	2	(b)	13

Don't waste your breath talking Japanese backwards to the laboratory rat!

Congratulations go to Juan Manuel Toro, Josep Trobalon and Núria Sebastián-Gallés of Barcelona University on their award of the Ig Nobel Prize for literature. Their research promises to herald a great advance in medical writing relating to rats. Their research showed that rats sometimes cannot tell the difference between a person speaking Japanese backwards and a person speaking Dutch backwards.

The Ig Nobel Prizes are awarded for research that 'first makes you laugh and then makes you think'. This year's awards were announced on 4 October 2007 (www.improb.com).

>>> Colonic titles!

Original title: Students' perspectives on constructivist learning.
1st revision: Constructivist learning in medical education: student perspectives.
2nd revision: Constructivist learning in medical education: eight student interviews.

Whatever the case, these different uses of the colon perhaps explain why, as shown above, academics entertain a variety of views when it comes to assessing the value of colons in titles. Certainly this discussion of practice shows that we need to modify the definition of the colon with which we started. Perhaps, as far as titles are concerned, it would read better:

> **Colon:** a punctuation mark (:) used to precede *or follow* an expansion or explanation, a list of items, or a quotation.

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References:
1. Hyland K. What do they mean? Questions in academic writing. *Text* 2002;22:529-577.
2. Soler V. Writing titles in science: An exploratory study. *English for Specific Purposes* 2007:26:90-102.
3. Hartley J. Planning that title: practices and preferences for titles with colons in academic articles. *Library & Info Sci Res* (in press).
4. Lewison G, Hartley J. What's in a title? Numbers of words and the presence of colons. *Scientometrics* 2005;63:341-356.
5. Hartley J. To attract or to inform. What are titles for? *J Tech Writing & Comm* 2005;35:203-213.
6. Swales J, Feak, CB. Academic Writing for Graduate Students (2nd edition). Ann Arbor: University of Michigan Press, 2004, p.281.
7. Hartley J. There's more to the titles than meets the eye: exploring the possibilities. *J Tech Writing & Comm* 2007;37:95-101.

Joining the EASE Forum

The European Association of Science Editors has an Internet forum which is a useful venue for discussing any aspect of copyediting in science and raising questions relating to biomedical journal policies and publication ethics as well as practicalities relating to scientific article publication. The forum is not restricted to EASE members. It welcomes any participant who has an interest in biomedical publication.

You can join the forum by sending the one-line message 'subscribe ease-forum' (without the quotation marks) to majordomo@helsinki.fi. Be sure to send commands in plain text format because only plain text is accepted by the forum software, e.g. HTML formatted messages are not recognised. More information can be found on the EASE web site (www.ease.org.uk). If you have any difficulty joining the forum please contact Elise at langdoe@baxter.com.

10 years of *The Write Stuff*!

The March 2008 issue of *TWS* will be a trip down memory lane starting with the fact that it will be guest edited by its former editor Barry Drees. Nostalgic articles are welcome and as always *TWS* is happy to receive articles (800-2800 words) or boxes (up to 800 words) on any topics of interest to medical writers. Articles or boxes for the March issue should be submitted by 15 January 2008 to Barry at Barry@trilogywriting.com or to Elise at langdoe@baxter.com.

Would you call a relative of yours 'that'?

The 'Tongue untied' website [1] tells us: *Relative pronouns relate to another noun preceding it in the sentence. In doing so, they connect a dependent clause to an antecedent (i.e. a noun that precedes the pronoun.)*. This formidable grammatical statement is referring to the use of *who* and *that* (and *whom*, the accusative or dative of *who*, but that's another grammatical story in modern-day English). If the *noun preceding* is a person, *who* must be used and is the relative pronoun, and if the *noun preceding* is not a person, *that* must be used. Recently I have been seeing *that* used more and more for people, most often for *subjects* or *patients*, and this is unforgivable: *The patients that we enrolled…, The subjects that we considered for this study had to have…, The patients that had levels higher than…, The woman that was admitted for valve replacement*… . Even if you might say without thinking *It was my mother that said she would* …, please think twice when writing and remember this important difference.

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References:
1. http://grammar.uoregon.edu/pronouns/relative.html

Science vocabulary is a hodge podge of little words

Little words are linked together to have different meanings. The website www.biologycorner.com/worksheets/language.html suggests that by learning the meanings of the little words scientific vocabulary is easier to understand. The site gives a nice little list, e.g. cide = killing, troph = eat, lys = break down, arthro = joint, zoa = animal, philia = like, morph = form, proto = first

Use the list to guess the meaning of, for, example protozoa.

Internationalism is important to *TWS*

Articles and contributions to *TWS* in 2007 have come from the following 20 countries:

Argentina	France	Spain
Austria	Germany	Switzerland
Brazil	Iran	The Netherlands
Canada	Japan	UK
China	Majorca	USA
Croatia	Norway	Venezuela
Denmark	Serbia	

Additional contributing countries in 2006 were: Australia, Belgium, India, Ireland, Italy, Singapore and Sweden.

The Science Book Prize: What constitutes a good science book?

This year the Royal Society, the national academy of science of the UK and Commonwealth, awarded its prize for science books to Daniel Gilbert for his book *Stumbling on Happiness*. At the prize giving Gilbert was described as a voice that provided a witty companion throughout the exploration of the science behind the pursuit of happiness. Gilbert in turn on accepting the prize said that there are few countries (including his own—the US) where a somewhat cheeky book about happiness could win a science prize—but the British invented intellectual humour and have always understood that enlightenment and entertainment are natural friends [1].

An article I stumbled on published in *The Observer* during the run up to the Royal Society's announcement of the award asks the interesting question what constitutes a good science book as opposed to a mere bestseller such as Stephen Hawking's famously unread work, *A Brief History of Time*? The question debated is if the Prize for Science Books should be awarded to works that celebrate the universe's complexity or those that simplify it? Different approaches to science writing adopted by other contenders for this years' title are compared: the consumer guide, scientific subjects with strong narratives, and the extremely academic [2].

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References:
1. Happiness wins science book prize. http://news.bbc.co.uk/1/hi/sci/tech/6657843.stm
2. McKie R. Can a tortoise race into first place? *The Observer* 13 May 2007 http://observer.guardian.co.uk/review/story/0,,2078198,00.html

EMWA Book Group

We would like to start a book group at EMWA's 2008 Spring Conference in Barcelona. To begin with, it will take the form of a discussion table (or tables) during one of the lunch breaks. This is intended to be a recreational activity that we hope will be enjoyable for anyone who wants to join in. We can decide from the level of interest shown in Barcelona, whether it will become a regular feature at the meetings either with a slot in the programme, or as a casual social event. If you want to join in, the books that will be discussed in Barcelona are:

The Constant Gardener by John Le Carre published by Sceptre (2006)

and

The Surgeon of Crowthorne: A Tale of Murder, Madness and the Oxford English Dictionary by Simon Winchester published by Penguin Books Ltd (1999).

We have suggested one work of fiction and one of non-fiction to try and cater for different tastes. You can find synopses of these books on the Amazon website.

If you would like to recommend a book for future meetings, please let us know. We would like to have a selection of books that have a medical, pharmaceutical or scientific slant that are both a 'good read' and will generate plenty of discussion.

We look forward to seeing you in Barcelona.

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Photo: Gustavo Pirola

Medicine and linguistics: A necessary symbiosis in medical titles

by Viviana Soler

That titles are expected to be the doors that allow readers to access the content of a text independently of its nature, gender, register, and whatever other ornaments such text contains, is a general truth. However, do titles fulfil this requisite? In an attempt to answer this query, let us consider the following medical titles:

1) *Less Yin, More Yang: Confronting the Barriers to Cancer Immunotherapy*
2) *Is the Emperor Wearing Clothes? Clinical Trials of Vitamin E and the LDL Oxidation Hypothesis*
3) *Variants in the a-Methylacyl-CoA Racemase Gene and the Association with Advanced Distal Colorectal Adenoma*
4) *Prevalence and prognostic value of perfusion defects detected by stress technetium-99m sestamibi myocardial perfusion single-photon emission computed tomography in asymptomatic patients with diabetes mellitus and not known coronary artery disease*
5) *17AAG: Low Target Binding Affinity and Potent Cell Activity—Finding an Explanation*
6) *Is Metabolic Syndrome A Risk Factor for Colorectal Adenoma?*
7) *Viral infection, inflammation, and the risk of idiopathic dilated cardiomyopathy: can the fire be extinguished?*
8) *Genes, Aging and the Future of Longevity*
9) *Autocrine epidermal growth factor signaling stimulates directionally persistent mammary epithelial cell migration*
10) *Obesity—A Friends-and-Family Problem*

In keeping with our opening metaphor, medical titles are then the doors between readers (peers, scientists, the general public, etc.) and the content of the papers to which they belong. In this sense, the majority of the above-listed titles do fulfil this requisite as they clearly introduce the audience to the medical object of study. Also, and even in the case of titles 2) and 7) above containing stylistically 'suggestive and enigmatic hints' [1], peers will certainly know the object of study these papers address. In view of this, it may be concluded that the above-listed medical titles conform to our opening metaphor and they are therefore appropriate.

Still, which parameters can we use to assign a 100% appropriateness and effectiveness to the above-listed medical titles? The answer to this query is rather complex because they are all appropriate in the eyes of peers. However, not all of them may share the same privilege in the eyes of librarians or indexers, who may be faced with difficulties at the moment of correctly indexing papers whose titles are particularly those of type 2) and 7) above. Even more difficulties may arise if translators are asked to translate all the above-listed titles. For example, if a translator is asked to translate title 4) from English into Spanish he or she will be confronted with very heterogeneous difficulties. One of such difficulties concerns 'economy' because in English this title contains 30 words while in Spanish 40 words are necessary to convey the same message! Translators, who, in general, are not medical doctors, may therefore get crazy at the request of having to shorten titles of this nature for Spanish journals. Other types of difficulties for translators involve specific linguistic issues. For example, in title 9) the adverb 'directionally' poses interesting difficulties to translators who will surely doubt whether it modifies the verb "stimulates" or the nominal group "persistent mammary epithelial cell migration". Maheshwari et al [2], the authors of this paper, claim "that autocrine presentation of epidermal growth factor (EGF) at the plasma membrane in a protease-cleavable form provides these cells [i.e. epithelial cells] with an enhanced ability to migrate persistently in a given direction, consistent with their increased capability for organizing into gland-like structures". This observation may then lead us to assume that epithelial cell migrations are persistently directional rather than directionally persistent. What do you think? If this assumption were correct, title 9) would therefore require a different grammatical pattern from that originally conveyed to read *"Autocrine epidermal growth factor signaling stimulates persistently directional mammary epithelial cell migration"*.

Last but not least, another type of potential readers of medical articles includes the general public who also has the right to issue an opinion on the above-listed medical titles. However, in this particular case, both the specificity and the highly-specialized scientific register of these titles leave the general public aside and in silence.

Other interesting queries arise in relation to the titles listed, namely, i) are they genre-indicators (i.e. titles of research papers, review papers, chapters, posters, short communications, mini-reviews, books)?; ii) are they register-indicators (i.e. titles of highly-specialized scientific papers; titles of media scientific papers; titles of pseudo-scientific articles, etc.); iii) are they discipline-indicators (i.e. biology titles,

biochemical titles, medical titles, anthropology titles, etc.). On a preliminary basis and without taking into account the linguistic and extralinguistic context corresponding to each of the titles above, the answer to these questions is not for all cases a definite yes. For example, is title 2) a medical title or a biochemical one? Is title 1) a research paper title or a review paper title? Do titles 8) and 10) give any clues on whether they belong to a research paper, a review paper, a chapter, or a book for peers or for the general public? Naturally, a set of extralinguistic data will provide the necessary information to guarantee that all these requisites permit the titles above to reach the correct audience.

Interestingly, from the structural point of view, the medical titles listed can be considered to be correct as they are constructed following the patterns corresponding to the most recurrent structural configurations within which scientific titles are framed [3]. Such configurations include the nominal (title 3,4,8), question (title 6, first part of title 2 and second part of title 7), compound (title 1,5,7,10), and full-sentence construction (title 9).

However, it is risky to base the assertion that the medical titles listed are correct on structural evidence alone as other variables such as genre, register, functions or purposes of the articles to which the titles listed belong, the type of audience their authors had in mind when they wrote them, not only fuse but also operate hand in hand to make these titles play a key role as i) components of research reporting, ii) facilitators of any kind of medical communication, and iii) responsible agents for gaining readers´ attention.

Medical doctors may conclude that all the titles listed on the first page of this article are correct without bearing in mind that the range of readers of medical information includes not only medical doctors but also other potential readers such as librarians, indexers, translators, the general public (including teenagers and children, why not?). Furthermore, and particularly, in the case of librarians, indexers and translators, their role is also crucial in facilitating medical information to reach the correct audience, as well as to effectively circulate within different social environments.

In keeping with our opening metaphor, medical titles are therefore like doors which sometimes open not only naturally but also appropriately and therefore papers reach the correct audience, but sometimes an excellent research work may unjustly get lost simply because its title is faulty. What is it then that makes titles in Medicine either operate successfully or succumb in the attempt to reach the correct audience?

The answer seems to be very easy: medical expertise should fuse with linguistic expertise [4]. The former involves everything that refers to specific medical topics and their corresponding experimental procedures leading to new knowledge. The latter involves everything that refers to the language proper of Medicine, particularly the codes of medical discourse and the rhetoric of Medicine. These two types of expertise move on different pathways but they should operate hand-in-hand to effectively reach the correct audience. There is a general consensus on this. However, several of us are, in agreement with Crosby [5], surely surprised at "the lack of instruction available on the subject". Concomitantly, Lewison and Hartley [6] observe that there is a good deal of exhortatory advice on how to write effective titles whereas evidence-based studies are not so many.

Fortunately, observations on medical title constructions [7-9], informativity [10], length and presence of colons [6], recurrent words and presence of catch words in them [11,12] have begun to disseminate an attitude of non-indifference towards scientific titles, particularly to medical titles. However, an attitude of this nature will not work unless a pedagogy on the decodification and codification of titles is carefully planned. Such pedagogy will certainly be fruitful on condition that medical doctors co-work with linguists.

Acknowledgements

This work was carried out as part of the research project 24/I089 "Discourse Strategies to Report Scientific Knowledge", which is supervised by Dr. Patricia Vallejos at the *Universidad Nacional del Sur* (UNS), Bahía Blanca, Argentina.

Thanks are due to Prof. Dr. Francisco J. Barrantes, Director of INIBIBB, for facilitating access to literature related to this article.

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Titles of research articles: Serbian experience

by Sofija Micic

The *Serbian Archives of Medicine* is the journal published by the Serbian Medical Society, the most eminent professional association of doctors in Serbia. It is the oldest Serbian medical journal, dating back to 1872, and published bimonthly in Serbian with abstracts translated into English by the authors and proof-read by English-language specialists. One recent idea has been to have a bilingual, Serbian–English edition of the journal, and in order to gain prestige and high scientific rating and credibility, it has become electronically available this year. From early 2007, I have been asked to edit and proof-read the English abstracts. What follows are my experiences with titles of research articles published in the journal.

Special relevance for the topic, in my opinion, is what Benfield calls the English Language Burden (ELB), suffered by English as an International Language (EIL) authors. Benfield states that the ELB is "a struggle with the use of English to express ideas and subtleties... The result of ELB is sub-optimum, sometimes poor, ability of EIL authors and speakers to say what they mean. It is not a matter of grammatical accuracy. Translators and computer programs cannot alleviate the ELB" [1]. Furthermore, doctors can also suffer from a lack of writing skills. Many physicians' articles—even those written in their native language—need heavy editing. The scourge of technical translation is the poorly written source text. So, if translated articles (especially in English) are to fulfill their primary purpose of providing useful scientific information to physicians throughout the world, concise and clear communication is needed, in addition to good scientific content [2].

The best scientific writing, with its penchant for objectivity, systematic investigation, and exact measurement, can be outstanding. Translating medical documents for other experts requires the translator to have a sound knowledge of general medicine and familiarity with medical stylistics of the target language. The translator must be able to mimic the tone of the original document and render it precisely into the target language. Unfortunately, medical translators and editors are presented not only with the best scientific writing, but also with quite a bit of the worst. It is unthinkable that a medical translator and editor should not improve the organization of a medical text in translation if it is to be published. It is simply inappropriate for a translator to justify a sloppy English text on the basis of a sloppy foreign text [3]. Thus, it follows that the editor needs to undertake extensive revisions of writing (in English) by, in the present case, Serbian physicians, for publication in peer-reviewed medical journals, one being the *Serbian Archives of Medicine*.

Scientific papers include important elements to which the translator needs to pay special attention, such as the title, abstract and conclusion. Given the nature of our on-line culture and the importance of databases such as MEDLINE, the title and abstract are the only part of a research paper that many scientists will read. They must contain clear, concise, relevant information. The abstract and the title provide an overview to two groups of readers. One group reads only the title, or the title and the abstract. This group includes readers who only have access to sources such as *Index Medicus, Current Contents*, abstract journals or abstracting services. The other group of readers reads not only the title and the abstract but also the paper. So the abstract and the title need to tell the story for both groups of readers [4, 5].

Titles of biomedical journal articles have two functions: to identify the main topic or the message of the paper and to attract readers. Usually, the title of a biomedical research paper identifies the topic of the paper. If the paper has a strong, unambiguous message supported by strong, unequivocal evidence, the title of the paper can state this message, which will answer a particular question. The message can be stated either as a phrase or a sentence. Using a sentence to state a message is stronger than using a phrase: sentence titles will 'jump out' at you [5].

Are these functions fulfilled in the titles of the *Serbian Archives of Medicine*? Here are some examples.

> *Example 1.* Mucinous Cystadenoma of the Head of the Pancreas with Focal Malignant Alteration in a Man, which Communicated with Pancreatic Duct leading to the Chronic Pancreatitis.
>
> *Example 2.* Treatment of Acute ST Elevation Myocardial Infarction with Primary Percutaneous Coronary Intervention in Division of Cardiology, Clinical Centre of Serbia: Movement and Treatment of Patients from the Onset of Chest Pain till the Attempt of Reopening the Infarct-Related Artery.

In the majority of cases, the English title is a literal translation of the original title. Sometimes, to include all the necessary details, a title will need to be rather long. However, long titles begin to fall apart under their own weight. What we can see in the above examples is that non-English medical professionals are sometimes prone to

excessive verbosity beyond any reasonable need to underpin an article's essential message. Medical professionals using English as their native language tend to come to the point quickly, and, when translating often tend to 'cut through' what they consider to be non-essential information, i.e. to edit and condense. However, Serbian doctors want their texts translated in full, without editing (however judicious) by the translator. Unless the medical professionals are very self-disciplined on that score (and very few are), I have found their translations to be more of an abstract than a verbatim translation.

Experience tells us that short titles have more impact than long titles. The title should be concise and kept shorter than 100 characters and spaces (120 characters and spaces is probably the upper limit) [5]. Two ways to make titles concise are by omitting unnecessary words and by compacting the remaining words as tightly as possible by using category terms, adjectives instead of nouns followed by prepositions, and noun clusters instead of prepositional phrases. So, the first example could become: Mucinous Cystadenoma of Pancreatic Head with Focal Malignant Alteration in a 52-Year-Old Man.

In the second example the paper has two messages, so it may be difficult to form a complete title. Authors should try and select the most important message for the title, which will be better than trying to include all the variables in the title. My suggestion for the title is leaving the second message out: Treatment of Acute ST Elevation Myocardial Infarction with Primary Percutaneous Coronary Intervention in Division of Cardiology, Clinical Centre of Serbia.

> *Example 3.* The Influence of Age and the Beginning of Menopause on the Lipid Status, LDL Oxidation and CRP in Healthy Women.
>
> *Example 4.* Myasthenia Gravis–A Disease with Variable Working Ability.

These titles are rather ambiguous. To make a title unambiguous, noun clusters and abbreviations should be avoided. The reason for not using abbreviations in titles is that titles are often read out of context, for example, in *Index Medicus*. Thus, even if an abbreviation is well known in one specialty, it could be confusing to readers from other specialties. In Example 3, LDL should be replaced by the full term 'low-density lipoprotein', and CRP by 'C-reactive protein' to avoid ambiguity. However, two categories of abbreviation are acceptable in titles. One is abbreviations that are better known than the words they stand for, such as DNA. The other category is abbreviations for chemicals, such as NaCl.

In Example 4 it would seem that the disease is personified and has a variable working ability, which is not possible. A suggestion for making this title less ambiguous is: Myasthenia Gravis–A Disease with Variable Impact on Working Ability.

> *Example 5.* Effects of Nonlinear Correction of Measurements Obtained by Peak Flowmeter Using the Wright Scale to Assess Asthma Attack Severity in Children.
>
> *Example 6.* Antifungal Drug Resistance: Mechanisms of Resistance, Frequency, Prevention and Control of Resistance.
>
> *Example 7.* Ultrasonography Findings of Fatty Liver in Workers for Diagnosing Nonalcoholic Fatty Liver Disease.

Example 5 includes redundant information. Unnecessary, vague or uninformative words, and non-specific opening phrases should be omitted. There is no need to put all the information in a title. My suggestion is: Effects of Nonlinear Correction of Measurements to Assess Asthma Attack Severity in Children.

To attract readers, an important word should be put first in a title. A technique for putting an important word first is to use a main title followed by a sub-title. The main title states the general topic and the sub-title states the specific topic. In Example 6, the sub-title is redundant because the reader already expects to read about all aspects of resistance. In general, titles in a standard form, either as a phrase or a sentence, are clearer than titles with sub-titles because the crucial link relating the sub-title to the main title is missing. Therefore, sub-titles should generally be avoided. A sub-title should be used only if it is the best way to put an important word first. Thus, the improved title could be simply: Antifungal Drug Resistance.

Example 7 contains unnecessary repetition of the word 'fatty', because the study includes not only workers with a fatty liver but controls who have a healthy liver. The title could be: Ultrasonography for Diagnosing Non-Alcoholic Fatty Liver Disease.

> *Example 8.* Myocardial Protection During Ischaemia and Reperfusion (Strategy and Perspective) and the Role of Volatile Anaesthetics.
>
> *Example 9.* Gerhard Kuntcher (1900–1972) and Intramedullary Fixation.

In the last two examples we can see discrepancies in the titles: there are two different pieces of information that do not fit together. Example 8 is also too long and contains unnecessary information. If we consider that 'protection' implies the use of therapeutic substances, then the second part of the title is redundant. So, the title could read as: Myocardial Protection During Ischaemia and Reperfusion: Strategy and Perspective. In Example 9 the reader expects to find information about the professional achievements of Gerhard Kuntcher, so it would be more appropriate to change this title to: Gerhard Kuntcher (1900–1972): Life and Work.

To conclude, the hallmarks of a good title are that it accurately, completely and specifically identifies the main topic

> > >

>>> Titles of research articles: Serbian experience

or message of the paper, and is also unambiguous, concise, and begins with the most important point [5]. So, the title of the article should be concise but informative, and be a result of careful consideration [6]. In order to achieve the goals of a good title, doctors should be self-critical of their writing and have more confidence in language specialists to negotiate solutions with them. They should be more open to suggestions offered by linguists so that their message is clearly and easily understood by physicians in other countries.

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Examples:
Ex. 1, 4: *Serbian Archives of Medicine*, 3–4, March–April, 2007
Ex. 3, 5: *Serbian Archives of Medicine*, 5–6, May–June, 2007
Ex. 6: *Serbian Archives of Medicine*, 7–8, July–August, 2007
Ex. 2, 7, 8, 9: *Serbian Archives of Medicine*, 9–10, September–October 2007.

Not likely!!

You ***cannot say*** that an adverse event is *likely related* to a drug, even though you may have offered the adjective *likely* as an option in a checkbox list in your CRF under the heading *Causal relationship* (perhaps together with the other adjectives *unrelated*, *unlikely*, *possible*, *probable* [*likely* is often used instead of probable], *definite*). Unfortunately, this does not work grammatically in English. Look in any dictionary and it will tell you that *likely* is both an adjective and an adverb. However: even though *likely* ends in 'ly' and therefore looks like an adverb because it has the usual ending for an adverb in English (and also ought to be able to be collocated with participles), it is almost exclusively used as an adjective—just like friendly and others—and is almost never collocated with participles. I say 'almost never' because I am sure it is possible to think long and hard of a very rare situation where you might possibly use *likely* before a past or present participle; however I am not talking about those situations, but its very frequent misuse before *related* in case narratives and study reports.

So what do you say? You say: *is likely **to be** related to the study medication*. The 'to be' must be there, and that's all there is to it. The example of the adverbial use of *likely* given in the *Oxford English Reference Dictionary* [1] is: 'this is very likely true'. Although I accept that this formulation is correct, I suspect that most would add the 'to be' here too and say: *this is very likely to be true*.

The above also applies to *unlikely* and *not likely*.

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Dreadfully sweet titles

Sweet spots in functional glycomics. (Paulson et al. *Nat Chem Biol* 2006; 2: 238-48).

Sweet new world: glycoproteins in bacterial pathogens. (Schmidt et al. *Trends Microbiol* 2003; 11: 554-61).

Glycobiology. Synthetic vaccine is a sweet victory for Cuban science. (Kaiser et al. *Science* 2004; 305: 460).

Sweet successes in diabetes genetics. (Clee et al. *Clin Genet* 2007; 72: 83-6).

Gizmos and gadgets in diabetes care: new tools for sweet kids. (Christiano et al. *Pediatr Ann* 2006; 35: 908-14).

Thanks to **Richard Clark** (rac.clark@ntlworld.com) for this contribution.

Quiz for ghostwriters

Is the person who gives a ghostwriter a contract a mummy, daddy, aunty or granny? The answer is on page 169**.**

Title sale

Ever thought of buying a British title? Plenty of sites on the Internet offer titles for sale but in his fake titles site, Richard, 7th Earl of Bradford, warns that you cannot purchase a genuine British title, with one exception, the feudal title of a Scottish baron but these are expensive; the Barony of MacDonald was up for sale at over £1 million.

Source: http://www.faketitles.com

Legal considerations in the selection of article, book and journal titles

by Elaine Heywood and Victoria Chandler

Literary quotes, proverbs, famous sayings, product names and slogans along with film, song and classic book titles are often used as inspiration for or referenced in publication titles or opening paragraphs in order to capture the reader's attention and interest. This article looks at some of the legal issues which should be considered when choosing a title incorporating the words of someone else and in particular whether any intellectual property rights may be infringed. This article represents the UK position. Copyright and trade mark law differs from country to country.

Copyright

Copyright protection gives the copyright owner the exclusive right to reproduce the work. Third parties are therefore prohibited from reproducing the work without the owner's permission.

It should be remembered that literary copyright protects the physical expression of an idea or concept in words and not the underlying idea or concept itself. As soon as the idea or concept is recorded in words, the author is automatically entitled to copyright protection for the literary work until it expires or is disclaimed.

Internationally, copyright is governed by the Berne Convention. This is an international agreement setting out minimum standards for the protection of copyright including reciprocal rights for authors from other member states. Currently there are 163 signatories including the UK and the USA. Works are protected by each signatory to the Convention in the same way that the works of its own authors are protected, regardless of where the work was actually created. Therefore, the national laws of the country where any copyright infringement takes place will apply to the infringement within that country rather than the laws of the country where the work was created.

As copyright arises automatically in the UK and elsewhere under the Berne Convention, there is no register of works subject to copyright and thus no easy way of determining whether the reference you intend to use is (i) protected by copyright; or (ii) going to infringe any copyright which exists. By contrast, in the USA works can be (but do not have to be) registered with the Copyright Office. There are, however, some general principles to bear in mind for UK copyright:

- Using a similar idea or concept to someone else without actually copying the words used to express that idea or concept will not infringe any copyright in their expression of the idea or concept.
- The UK courts have on several occasions held that there is no copyright in a name, a single word or title as they are not long enough to constitute a literary work.
- A journal article title generally carries less risk than a book title, because the latter is often perceived to have a wider audience.
- Copyright is infringed by the copying of a substantial part of the copyright work. It is unlikely, for example, that reproducing a famous line from a film, song or book in an article title would be considered copying a "substantial part" of the work in question. However, there is a residual risk, and a claim is not impossible. A book title that uses the first line of a poem or song still within its copyright probably carries most risk.
- There are no formal requirements regarding the use of the © symbol in the UK. The absence of any copyright notice does not necessarily mean there is no copyright and, likewise, the inclusion of a copyright notice may not necessarily mean that there is any enforceable copyright protection. The © symbol is really a warning to potential infringers and does have some significance internationally, under the Universal Copyright Convention.
- Literary copyright in the UK lasts for the life of the author plus 70 years. You would therefore be free to reference anything where the copyright has expired, for example, quote from a Shakespeare play, or where there is no identifiable author that may own the copyright, for example, a colloquial saying or proverb.
- Even where copyright does exist and it is arguable that the quote to be referenced is the whole or substantial part of the copyright work, there are "fair dealing" exceptions to infringement which generally allow the work to be reproduced for non-commercial purposes if accompanied by an acknowledgement.
- The author of a copyright work also has a moral right to be identified as the author of the work and the right to object to the derogatory treatment of their work even if the copyright is no longer owned by them. Such claims are quite common in France, but rare in the UK. The UK does not (yet) have a satire defence and a 'rip-off' of a French work is therefore inherently riskier than a UK work.

> > >

>>> Legal considerations in the selection of article, book and journal titles

Trade Marks

There may be circumstances where it seems apt to refer to a particular product name, organisation or even advertising slogan within an article, book or journal title. However, such names and slogans may be registered trade marks. Therefore, some thought needs to be given to whether use of the name or slogan would amount to trade mark infringement.

Unlike copyright, trade marks can be registered. This might be via a national registry (although some countries, for example in parts of Africa, do not have registries). There is also a European Union wide trade mark, and an international trade mark registration system which allows applicants to designate multiple territories where the application is to take effect.

A registered trade mark gives the owner the exclusive right to use the mark for the particular goods and services for which it is registered. You are, however, allowed to make reference to a registered trade mark in order to identify the goods/services of the trade mark owner.

A trade mark is infringed by anyone using in the course of trade an identical mark for identical goods/services or similar mark for identical or similar goods/services in circumstances where the use is likely to confuse the public. Further, the Trade Marks Act states that "any such use otherwise than in accordance with honest practices in industrial or commercial matters shall be treated as infringing the registered trade mark if the use without due cause takes unfair advantage of, or is detrimental to, the distinctive character or repute of the mark".

Most trade mark owners are predominately interested in protecting their brand from commercial attack either by the sale of counterfeit goods, by competitors diverting trade through use of confusingly similar branding or use of their marks in a way which potentially damages their reputation.

It is therefore difficult to envisage many situations were reference to a registered trade mark in an article title or opening paragraph would be in relation to the same goods/services or indeed be used in the course of trade such that the use would be an infringement. For example, a spin on the famous HAVE A BREAK or HAVE A BREAK, HAVE A KIT KAT slogans registered by Nestle for chocolate and biscuits would not be trade mark infringement if used in the title of an academic article relating to fractures or stress management. In any event, the trade mark owner is unlikely to be offended by reference to its trade mark unless the article could be considered damaging to the reputation of the trade mark in question.

However, trade mark issues may arise in the use of particular names or terms for journal or book titles. This is because the production of a journal or book is likely to be a commercial enterprise.

The wisdom in academic publishing used to be that journal titles should not be trade marked. However, some publishers have started to stake out claims in order to protect their titles from third party use. Meanwhile in the book world, series such as "The Complete Idiots Guide" and "The Rough Guide" have long been trade marked in the US and UK respectively. There are also likely to be trade mark registrations in place where there has been significant commercial spin-off from a book. For example, Warner Bros Entertainment Inc has in excess of 70 Harry Potter related trade mark registrations in the UK alone. Registrations will typically cover printed matter, books, journals, magazines and printed publications.

It is possible to search the UK Trade Marks Register via the UK Intellectual Property Office website at www.ipo.gov.uk to check whether your proposed reference is registered in the UK and if so, what goods/services are covered.

Conclusion

In most situations, it is unlikely that any third party rights will be infringed by the use of famous lines, quotes, names or titles within a publication title or opening paragraph or indeed that any rights holder would wish to take action. However, if in doubt, further advice should be obtained and/or the permission of the copyright or trade mark owner should be sought.

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Some article titles from the *BMJ*'s December issues

Below are some titles from December issues of the *BMJ*:

1990: Are orthopaedic surgeons really gorillas?

1992: Socioeconomic differentials in mortality: evidence from Glasgow graveyards

1994: Effect of ale, garlic, and soured cream on the appetite of leeches

Ability to distinguish whisky (uisge beatha) from brandy (cognac)
—with its commentary: A spirited attempt

1999: Unsafe sax: cohort study of the impact of too much sax on the mortality of famous jazz musicians

2002: Controlled prospective study of faecal occult blood screening for colorectal cancer in Bury, black pudding capital of the world

Ice cream evoked headaches (ICE-H) study: randomised trial of accelerated versus cautious ice cream eating regimen

Thanks to **Margaret Cooter** (MCooter@bmj.com) for this contribution.

Titles in medical articles: What do we know about them?

by Elise Langdon-Neuner

Summary

A title should inform about the content of the text and entice readers to read the text. The information given can describe the content of the text (a descriptive title) or indicate the conclusions to be drawn from it (an informative title). Research on titles of scientific articles is scant. What research there is shows informative titles are increasing in articles relating to medicine. Although convenient for readers who do not read beyond titles this trend is dangerous if readers are guided by titles that do not reflect the caveats of the research.

Opinions differ on the desirability of titles that ask questions or use colons. Question titles are least common in medical articles but compound titles with colons are relatively common in review papers. The *BMJ* require a colon in research paper titles followed by a statement about the method. In this issue of *TWS* Hartley explains how use of colons can attract and inform readers.

Attention-attracting devices in titles include allusions, clichés, humour and buzz-words such as 'sex', 'money' and the like. Allusions in titles are increasing whereas clichés increase, reach a peak and decline again. Little research exists on the effect of these devices. Pleasantness has been found to be mildly associated with an increased number of citations and humour to be associated with a decrease in citations.

Research on titles was bolstered by the award of this year's award Ig Nobel Prize for research on 'The' in titles. It is to be hoped that this will encourage more research on titles.

How do you decide whether to read something? You look at the title, of course. The first questions anybody writing a text should ask themselves are therefore:

- how do I make my title identify the subject matter of the text for readers and indexers and
- how do I make it appeal to potential readers?

Admittedly, not so much thought has to be given to the second question if the document has a captive readership, e.g. inspectors at licensing authorities.

Titles are clearly important. Nevertheless James Hartley in his article titled 'There's more to titles than meets the eye' remarks that there has been little research on the use of titles in academic articles, and even less that distinguishes between different types of titles [1]. Perhaps Viviana Soler gives the reason for the dearth of such research by pointing out that analysis of titles must take into account a good deal of variables, such as content and function words, punctuation marks, length and structures [2]. Soler conducted an exploratory study of the most recurrent structures of titles in research papers and review papers in biological and social sciences. Four types of structures were found: nominal, question, compound and full-sentence (see Box 1 for examples she gave of each). Full-length sentences that were questions were classified as questions. In medicine she found that the most prevalent title construction for research papers was 'nominal' (72%) and the least prevalent was 'question' (1%). For review papers, 'nominal' was again the most prevalent (46%) followed by 'compound' (40%), and again 'question' was the least common (6%). Full-sentence constructions were only found in research papers, and in fact only in biology, not in social science papers. Soler points out that this construction allows researchers to present their finding in one informative sentence.

Box 1

Recurrent structural constructions of titles found in scientific research and review papers with examples [2]

Nominal
Acute liver failure caused by diffuse hepatic melanoma infiltration

Compound
Romanian nominalizations: case and aspectual structure

Full-length
Learning induces a CDC2-related protein kinase

Question
Does the Flynn effect affect IQ scores of students classified as LD?

Hartley lists 12 different types of titles (see Box 2 on next page), discusses the effects of titles and suggests ways in which some titles originally proposed by students can be improved [1]. According to Hartley the most common types found in medical research journals are those that emphasise the methods used in the research. He points out that since 2003 the *British Medical Journal* (*BMJ*) has required all of the titles of their published research papers to end (after a colon) with a statement about the method used.

In this article I consider different types and elements of titles in medical publications that have been discussed in the literature. Title types are not exclusive, e.g. a compound title can be either descriptive or informative and can be use in any of Soler's 4 types or Hartley's 12 types of titles.

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>>> Titles in medical articles: What do we know about them?

Box 2

12 different types of titles with examples [1]

Titles that

- *announce the general subject*
  On writing scientific articles in English
- *particularise a specific theme following a general heading*
  Pre-writing: The relation between thinking and feeling
- *indicate the controlling question*
  Is academic writing masculine?
- *indicate that the answer to a question will be revealed*
  Current findings from research on structured abstracts
- *indicate the direction of the author's argument*
  The lost art of conversation
- *emphasise the methodology used in the research*
  Using colons in titles: A meta-analytic review
- *suggest guidelines and/or comparisons*
  Seven types of ambiguity
- *bid for attention by using startling or effective openings*
  Making a difference: An exploration of leadership roles in sixth form colleges
- *attract by alliteration*
  A taxonomy of titles
- *attract by using literary or biblical allusions*
  From structured abstracts to structured articles: A modest proposal
- *attract by using puns*
  Now take this PIL (Patient Information Leaflet)
- *mystify*
  Outside the whale

Descriptive or informative (declarative) titles?

Titles of original research reports in biomedical journals have been descriptive in the past, which means that they indicate the purpose of the study rather than its results. Titles that indicate results are termed informative or declarative; they 'say it all'. Opinions differ as to whether original research reports should have descriptive or informative titles. For example 'Double-blind, multicenter study of tuberculosis therapies' is a descriptive title which Robert L. Illes in his medical writing guidebook thinks makes a good protocol title but doesn't tell the reader much about the study results [3]. He therefore advises giving the study the informative title 'Continuous rifamycin superior to intermittent in tuberculosis' when it is written up as a research article. Journals rarely state a preference for informative or descriptive titles in their instructions to authors. The *BMJ* do not use informative titles for their research articles. The following explanation is given in their style book: 'Our reason for not having messages in titles is that the design of the study may not be rigorous enough to completely support the message in the title, e.g. that x causes y' [4]. A *Lancet* title was changed in a proof I saw from 'Variability and incidence of childhood diabetes in Europe' to 'Variation and trends in the incidence of childhood diabetes in Europe'. A copyeditor had noted in the margin "we avoid giving the results in the title, hope this is ok". Presumably 'variability' was seen as 'giving the results' by implying there is variability within Europe whereas 'variation' leaves the question open.

Neville Goodman is a consultant anaesthetist at Southmead Hospital in Bristol who writes about medical writing and searches titles in Medline in his spare time. In his view informative titles are intended to be directions for clinical practice, and as such are ill-advised. He says they are for readers who do not wish to read beyond the title, of whom there are probably more than we think. Informative titles usually contain an active verb. In 2000 Goodman searched 12 active verbs in titles and published the results in the *BMJ*. His search showed that informative titles are becoming more common [5]. He believes that titles including the active verb 'prevents' are often not an accurate description of the findings of clinical studies. An example title described an intervention as "preventing infection". The abstract, in contrast, described the intervention as "significantly reducing infection". Such inaccuracy would be particularly worrying, he thought, if doctors based their clinical decisions on titles of the papers they read—or rather, don't read. The article provoked lively correspondence from readers who protested that declarative titles are not necessarily misleading. True, but they have more potential for inaccuracy, as evidenced by an author's letter to the *BMJ*. The author submitted an article to the *BMJ* with the title 'Collaborative research with infant formula companies should be encouraged'. A *BMJ* copyeditor changed this to 'Collaborative research with infant formula companies should not always be censored'. The author argued that the title his article sported in print implied that censorship should be the norm, which did not reflect his views [6].

In the same issue of the *BMJ* as Goodman's report, Richard Smith, its then editor, explained the predicament faced by the *BMJ* because it tries to cater for both researchers and practitioners and thus poises itself between academia and journalism [7]. According to Smith, editorials and news items in the journal have informative titles, but these are avoided for original studies: the pages that use informative titles are more frequently read than the pages that do not have them. Smith illustrated the effect of active verbs in informative titles by comparing the memorable title "Freddy Starr ate my hamster", used by the medical writing trainer Tim Albert as an example, with the descriptive alternative "Freddy Starr and my hamster: a personal account", which probably would have fallen into oblivion. The trend for journals to become more like newspapers was Smith said about trying to grab readers' attention in an ever more crowded world.

Compound and question titles

There are contradictions between advice given by style books and the titles found in journals. For example, Day advises against questions as titles and against compound titles [8]. Iles states that titles may be in the form of a question, to indicate that the research question has not been fully answered, e.g. 'Mammography: An Effective Screen?[3]'. Day's objection to compound titles is that they "appear pedantic, place emphasis on a general term rather than a more significant term, necessitate punctuation, scramble indexes…" Soler points out that many high-impact scientific journals regularly include article whose titles are either of compound or interrogative construction. James Hartley supports the use of compound titles in his article in this issue of *TWS*. He contends that colons in titles are an easy way of both attracting and informing the reader [9].

Allusions, clichés and humour in titles

Allusions to well-known literary quotes, proverbs, and popular film and song titles are possibilities for grabbing attention. In another Medline title search in 2005 Goodman looked for literary and other allusions in biomedical titles. He found more than 1400 titles alluding to quotations from Shakespeare[10]. Examples of Shakespearian allusions in clinical trial reports provided to me by Neville Goodman include 'Pre-operative information and patient-controlled analgesia: much ado about nothing' (*Anaesthesia* 2004;59:354-8), and 'Scanty AFB smears: what's in a name?' (*Int J Tuberc Lung Dis* 2004;8:816-23).

Goodman found 224 titles playing on Hans Christian Andersen's 'The Emperor's New Clothes' (after he had eliminated papers about emperor penguins and emperors who had contracted interesting diseases) but these were opinion pieces and none related to clinical trials. Film titles were also the basis for titles, e.g. 'A fistful of T cells'. Queen's apt pop song title "Fat-bottomed girls" was surprisingly nowhere to be found among the biomedical titles in Medline. In any event Goodman's search as a whole showed that allusions in titles are also increasing. On the other hand, whether they do attract readers or citations, he thought, would be difficult to know. Some that had become clichés were perhaps more likely to annoy.

One that certainly annoys me is 'State-of-the-art', which is often used for review articles. I long for the day when it passes into oblivion. Philip Atkin is another doctor not averse to searching titles. He searched the phrases 'paradigm shift' and 'pushing the envelope' in PubMed titles for 1976-2001 and showed that over time the number of titles with these phrases rose, reached a peak and subsided again [11]. In 2001 'paradigm shift' was beyond its peak (although Goodman found it was still on the up in 2005) and 'pushing the envelope' was on the up. Atkin applauds the use of mode phrases, urging a hunt for a new, exciting form of words for titles of papers. He starts out from the premise that titles need to attract the attention of editors. His second premise is that titles will cause more interest by including words suggesting results of great impact—somewhat frightening if this leads to mediocre results being bolstered by a zingy title. Finally he states catchy titles work best.

Maybe he's wrong. Whether attention-attracting devices in scientific article titles are effective needs to be tested. Itay Sagi and Eldad Yechiam investigated the association between amusement and pleasantness of the titles in two of the most prestigious journals in psychology, *Psychological Bulletin* and *Psychological Review*, and the citations of the articles [12]. They found a weak association between the degree of pleasantness of a title and citation frequency of the article, but also that articles with highly amusing titles received fewer citations. The investigators suggest that this is because science reported in a humorous way is perceived as less creditable than when it is reported in the traditional, earnest manner.

'On' and 'towards' in titles

If you want to write a classic paper, a piece of scholarship that changes the way people think, Anthony David advises that titles beginning 'On' are a successful formula: 'On the origin of the species (Darwin), 'On aggression' (Lorenz) 'On the circulation of blood' (Harvey) [13]. 'Towards' he believes likewise conveys portent without bragging, as in 'Towards a theory of schizophrenia' (Murray). You cannot quarrel with these simple titles; they have been successful and they accurately reflect the content.

Sex in titles

The most viewed paper on bmj.com is 'Magnetic resonance imaging of male and female genitals during coitus and female sexual arousal', which the journal published in December 1999. Even in science 'sex' is an attention grabber as I learnt in an exchange I had with an author who had submitted an editorial to the journal of which I was managing editor. I wanted to correct the title 'Autoimmune diabetes and gender' to 'Autoimmune diabetes and sex' because 'sex' was the correct word here [see 15]. After explaining this to the author he agreed to the change musing that a medical journalist had once told him doctors are more likely to read any article that contained the words 'doctors', 'money' or 'sex' in the title. His final words were, "You have suggested a way of increasing the readership of my review, for which I thank you".

'The' in titles

In general style books advise that articles (the's and a's) should be avoided as much as possible in titles. But sometimes they are used and then they present a problem for indexers. This problem was the subject of the study which won Glenda Browne the 2007 Ig Nobel prize for literature [14]. In her study she explained that there are two reasons for indexers disagreeing about what to do with 'The': it is so common that promoting the second word can be more useful and often 'The' doesn't matter. Many titles that include 'The' then treat it as if it doesn't exist or alternatively as an integral part of the title, e.g. The *Lancet* treats 'The' as an integral part of its name but the *BMJ* doesn't. Compare www.thelancet.com with bmj.com. After listing reasons for sorting on 'The' and reasons for not sorting on 'The', Browne suggests, that to ensure users find what they are looking for, indexers should make double entries of 'The' at 'the' and at the second word in the entry. (Similar arguments would apply to 'A' and 'An'.)

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Raising the visibility of 'small journals': The Venezuelan Association of Biomedical Journal Editors (ASEREME)

By Herbert Stegemann

Summary

About a year ago the World Association of Medical Editors (WAME) decided to create a task force to tackle problems encountered by so-called 'small journals', a concept mainly related to journals which have insufficient resources to permit appropriate international visibility. Many of these journals are published in 'non-developed' countries and many of these countries are located in Latin America. One of these countries is Venezuela. The Venezuelan Association of Medical Editors (ASEREME) has registered about 60 biomedical journals which appear regularly, but frequently not punctually. The Science Citation Index, which is considered the most influential international index, only includes three Venezuelan titles. Venezuelan and Latin American journals, authors and research activities are scarcely known worldwide. The position is different for Argentina, Brazil and Mexico, mainly because these countries have more inhabitants, healthcare professionals and universities. This article analyses the most important facts related to the situation and its consequences. It pleas for stemming the 'publication drain' of regional articles into well-established international journals and for the appropriate recognition of scientific activity in this region.

'Small journal' is a term without a clear definition. It applies to biomedical journals but has nothing to do with size or print run. Rather it refers to journals that are 'not visible' internationally. These journals are mainly absent from international indexes, thus receive few citations and are therefore precluded from these indexes on current criteria. A natural assumption would be that countries that primarily have small biomedical journals are small countries or fall within the 'developing nation' definition.

Venezuela is a country of small biomedical journals, but it is not small. It is a Spanish-speaking country that occupies a large chunk of northern South America and has an estimated 27 million inhabitants. According to the Council of Science Editors (CSE), it is not a developing nation either. The CSE defines developing nations as "those countries that are eligible for free or low-cost access to biomedical literature through the World Health Organization's Health InterNetwork Access to Research Initiative (HINARI)" [1]. Local not-for-profit institutions in countries with a gross national income (GNI) per capita of US $3000 or less can register for access to journals through HINARI. According to the World Bank, Venezuela had a GNI of US $6070 in 2006 [2]. It is the world's sixth biggest exporter of oil. Yet the average monthly income of its physicians is about US $450 (£220 / €315) before tax [3], making the $300-500 annual individual subscriptions for international titles or $15-20 for a copy of an article unthinkable. By comparison, Colombia and Costa Rica qualify for HINARI, but the average monthly income of their physicians is over US $1000 (Box 1).

Special problems facing biomedical editors in Venezuela include isolation, poor access to information and limited physical distribution of their journals as well as finance and other challenges, e.g. establishing ethical practices. These challenges are being tackled by the *Asociación de Editores de Revistas Biomédicas Venezolanas* (ASEREME, Venezuelan Association of Biomedical Journal Editors, www.asereme.org.ve), which was founded almost 30 years ago. (Boxes 2 and 3 list ASEREME's main areas of interest and the challenges it faces.) This article explains the particular situation of Venezuela in the Latin American setting and the efforts made by ASEREME to tackle the situation. It is also a plea to the international community to meet us halfway in those efforts.

Box 1

HINARI

The HINARI programme, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 3750 journal titles are now available to health institutions in 113 countries, benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. A recent review showed that HINARI is viewed as an important resource and is making a valuable contribution to research and teaching.

Of the Latin American and Caribbean countries, Haiti, Honduras and Nicaragua are eligible for free access to HINARI (GNI per capita below US $1000) and Bolivia, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Panama, Paraguay, Peru, Saint Vincent and the Grenadines and Suriname are eligible for low-cost access (GNI per capita between US $1000 and US $3000).

Information taken from http://www.who.int/hinari/en

Box 2

ASEREME'S main areas of interest

- Promotion of high quality scientific papers and journals
- Guidance to editors on how to improve management and structure of their journals
- Creation of a new generation of peer reviewers and editors
- Promotion of ethical practices
- Promotion of electronic formats

Box 3

ASEREME'S main challenges

- To increase integration of Venezuelan medical journals into international indexing and data bases
- To assist in modernisation of Venezuelan medical libraries
- To achieve a 'professional' status for our editors
- To continue to participate in international meetings
- To resolve problems related to the distribution of our journals and their visibility
- To incorporate teaching programmes related to authorship and editorial activities into the curricula of medical and scientific programmes at Venezuelan universities

Isolation

Venezuela is isolated from the rest of the world as far as medical journalism is concerned. It can be considered an invisible area. As an example, we recently had access to an excellent and fundamental document prepared in Spain [4], giving exhaustive information as to how medical journals should be evaluated. The document had an impressive list of about 80 references, but only one was from Latin America. The same happens at our end as we are unaware of what is being done in Spain.

Latin America has more than 600 million inhabitants spread across more than 20 countries (excluding the Caribbean Islands). Within Latin America, other countries except for Argentina, Brazil and Mexico are also isolated from the world and from one another. The profile of medical journals from these three countries is substantially different to those of medical journals in the remaining countries of Latin America, mainly because the numbers involved (inhabitants; number of journals and their print run; number of professionals, medical libraries, universities, etc.) are far higher. A list of some biomedical journal editors' associations in Latin America is given in Box 4.

It follows that editors are also isolated. In Venezuela, even the main journal guidelines such as those of the International Committee of Medical Journal Editors (ICMJE) are poorly used and rarely updated. One reason is that although the committee is designated as 'international', the text of its guidelines is only available in English (www.icmje.org). The guidelines fail to address foreign language journals, thus ignoring thousands of medical journals throughout the world, including the majority of those in Spain and Latin America. Only twelve of the around 60 Venezuelan journals have registered with the World Association of Medical Editors (WAME, www.wame.org), which again is an international group that operates in English, although in a welcome move some of its web pages have been translated into Spanish.

Access to literature is poor in Venezuela because biomedical libraries are badly served. In general, paper and electronic biomedical virtual libraries are not sufficient and would benefit from the type of international support offered by the *British Medical Journal* (*BMJ*), the *Journal of the American Medical Association* (*JAMA*) and *The Lancet* to Africa for its journals and research activities. Specifically, literature on journal management is lacking. For example, both the CSE's *Science Editor* journal and its style manual [5] as well as the European Association of Science Editors' (EASE) publications are almost unknown. Material in Spanish is equally scarce. Therefore most of our editors are not aware of new trends. For most of them, it is a 'one man job'. They do not have enough support to start getting incorporated into the 'mainstream', and financial resources are insufficient for them to connect their own journals with international libraries, data bases or indexing systems. These problems are compounded because editors are usually only elected for a 2-year term. The hand over is often informal with insufficient information being passed on, which means that the new team has to start from scratch again.

Worse still, editors seldom have the opportunity to attend international meetings or to receive reports of their conclusions. Official or academic support is rare. The editors' work is not sufficiently recognised by academia or the scientific societies they belong to. Therefore attending international meetings related to medical journalism is usually not possible unless sponsorship is obtained from the organisers or from elsewhere. It was very significant for me to attend the recent Office of Research Integrity (ORI) conference in Lisbon with its high academic and official level of hosts, guests and speakers. It was of great benefit for me to hear more about the importance given to the ethics problem, to have the opportunity for contact with so many worldwide authorities, to exchange ideas with them, and to learn about new trends.

Language is an obstacle to international communication. Most of our Spanish- or Portuguese-speaking editors are still reluctant to switch to English as the international way to communicate in science. But on the other hand, one wonders with the hegemony of English how far there is an interest among the international community to receive information from developing countries.

Financing journals

As most Venezuelan biomedical journals depend on scientific societies and not on academic institutions, they do not receive regular financial support and operate on small

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budgets. Some financial support is available from the official *Fondo Nacional de Ciencia, Tecnología e Innovación* (FONACIT)[1] (www.fonacit.gov.ve), with the prerequisite of registration, which stipulates that registrants should have a minimum of 'editorial quality' and be checked every 2 years by a publications commission. Many journals depend largely on the pharmaceutical industry for financial support. This places them in a fragile position, with the risk of becoming too dependent on industry not only for advertising and the placing of some papers but also for the regularity of the support. It is not infrequent for journals to disappear for a few years and then resume publication when finances are available again.

Distribution of journals

Distribution is one of the weakest points for Venezuelan biomedical journals. It is a big headache for editors. Postal and courier services are very expensive. Half a journal's budget is spent on distribution. Often 'hand by hand' distribution is used but without any regularity. Exchange systems with foreign journals exist but do not follow a precise policy.

Naturally the main points of distribution should be institutional libraries in faculties of medicine and scientific research centres. However, lack of finances and manpower have resulted in cancellation of many subscriptions even to the most important international journals. Venezuelan journals therefore only rarely manage to secure payment of subscriptions from national libraries or from those abroad either. Indeed I am not aware of a single Venezuelan medical journal that is currently receiving library subscriptions.

Problems relating to moving to electronic formats are again the expense together with editors' reluctance to take this step because of a lack of technological knowledge and support. Many editors are unaware of the advantages of reaching a larger international readership by using this possibility.

Ethics problems

Like in the rest of the world, ethics problems relating to scientific articles or journals are an issue in our country. These problems, however, are seldom mentioned or published, are quite difficult to elicit and trace, and are usually discovered by chance. Even harder to trace are the ethics problems relating to the so-called 'grey literature'. This literature is usually produced in institutions and circulated internally. It is hard to access from outside the institution and is not therefore subjected to public scrutiny. Some efforts are now being made to make this information available, at least on some specific data bases.

There are only a few instances where problems are addressed. Those that are addressed mostly relate to scientific societies or academic institutions. However then the difficulty emerges as to how to protect the whistleblower. ASEREME has been very active in advancing knowledge of these problems and giving guidance, mainly in how to dissuade potential misconduct. We are aware of the harm that can be caused to the international image of our research and publications by misconduct. In each of our courses and workshops, we cover ethics topics such as avoidance of plagiarism, fabrication and falsification of information. Great emphasis is placed on the concept of authorship. As many of our journals are financed in full or partially by the pharmaceutical industry, much time is invested in advocating support for rules governing the promotion of pharmaceutical drugs.

The importance of indexing

In our region, the possibility of getting included into the most important international indexing systems is low. Only three Venezuelan journals are included in the Science Citation Index (SCI), and only one of them is strictly medical (*Archivos Venezolanos de Nutrición*). As a result, the SCI in no way represents the valuable research that is being done in Venezuela—a loss for the region and for the international scientific community. The Latin American and Caribbean Center on Health Sciences Information (*Biblioteca Regional Médica*, BIREME, www.bireme.org) and its products Latin American Literature in Health Sciences (LILACS) and the Scientific Electronic Library on Science (SciELO) are evolving as good substitutes in this sense together with LATINDEX (Mexico). But these regional indexing systems are hardly used worldwide.

Ironically even our academic authorities use the SCI to evaluate and finance local research institutes, authors, and journals. Eugene Garfield, founder of the Institute for Scientific Information responsible for developing the SCI, has mentioned language, citation impact and geographical distribution as some of the factors influencing decisions for a journal's inclusion in the SCI. Use of English is one of the selection criteria. His view is that any journal which claims international significance will at a minimum include English titles and abstracts. He argues that there are many reasons why articles are not cited which do not all relate to exposure in the SCI, but he admits that undoubtedly an important factor is mobility and frequency of contact with peers outside the Third World. In end effect, he accepts that SCI exercises a 'selective' procedure [6]. For many years, he has recommended the implementation of a Latin American index to overcome this shortcoming [7].

To use the SCI beyond the limits of the 'northern hemisphere' for judging activities within a country or the country itself is clearly unfair. A recent paper that supports this sentiment calls for new scienciometric methods such as webometrics developed in a more scientific way than that obtained by the Institute for Scientific Information [8].

1 FONACIT is a branch of the Venezuelan Ministry for Science and Technology responsible for, amongst others, the financing of planning and development of scientific and technological activities, including publications in Venezuela.

ASEREME

ASEREME has no offices, phone numbers or formal place of work. It could be considered a 'virtual' group. The group comprises an average of 60 titles. The number varies according to the journals currently being published. For inclusion in the group publication of the last issue must not have been delayed for more than two years. The oldest journal in the group, *Gaceta Médica de Caracas*, was founded in 1893. The typical print run of the journals is between 600 and 800 copies, with twice yearly frequency. The association is fully independent. The main source of financial support is that provided by participant fees for conferences and workshops. All members of ASEREME work for their journals on an unpaid basis.

Members of the board hold regular monthly meetings and organise an annual meeting open to all Venezuelan biomedical editors. These meetings have evolved into a sort of 'editors academy' with important personalities related to the group's activities being invited to teach manifold aspects of editorship. Other workshops offered address authoring, editing, and peer review, and ways to improve these activities. The two Venezuelan Congresses on Science Information, INFORCIENCIA 2004 and 2007, we organised were very successful.

ASEREME has become an important reference point on science and technology for editors, academia and government authorities. Board members are often called upon to act as assessors when issues of conflict arise, mainly in connection with ethics or fraud.

One of ASEREME's main objectives is to establish contacts with other related organisations throughout the world to obtain information on journal processes and to promote Venezuelan science. The Regional Office of WHO, the Pan American Health Organization (PAHO) based in São Paulo, Brazil, was the starting point for our international relations some five years ago. Through this organisation, initial contact was made with WAME. Now one of us has been nominated for a second term as one of the two directors of WAME and also as Chair of its Small Journals Task Force. Contacts have also been established with the CSE (www.cse.org) and the Committee on Publication Ethics (COPE, www.cope.org).

Sponsorship from PAHO has enabled us over the last few years to actively participate at the most important regional meetings related to information in science and editorship in Latin America: the Regional Congresses on Health Sciences Information (CRICS).

The *BMJ* and *Lancet* have shared their expertise and provided practical support on management and editorial processes (flowcharts for manuscripts, fast-track system, job descriptions for the management team). They have also advised on how to handle ethics problems and, most importantly for Venezuelan journals, how to regulate advertising from pharmaceutical companies.

Box 4

Biomedical journal editors' associations in Latin America

Bolivia: Asociación Boliviana de Editores de Revistas Biomédicas (ABEREB)

Brazil: Associaçao Brasileira de Editores Científicos (ABEC, http://www.lncc.br/abec)

Chile: Asociación Chilena de Editores de Revistas Biomédicas (ACHERB, http://www.conicyt.cl/acherb/acerca/propositos_objetivos.html)

Mexico: Asociación Mexicana de Editores de Editores de Revistas Biomédicas (AMERBAC)

Peru: Asociación Peruana de Editores Científicos (APECI, http://www.freewebs.com/apeci)

Independence is important for ASEREME and its journals. The temptation to compromise with political systems, industry or large publishers is great. The dilemma is that by trying to be even more independent, regularity may be sacrificed. I am convinced however that a group of determined editors with appropriate guidance can achieve a lot without any industrial or official support. Already editors in Venezuela have achieved a great deal more than could be expected under their circumstances. Income can be secured by charging for courses, seminars and workshops dedicated to potential authors, editors and peer reviewers.

There is so much that has to be done to raise visibility of our activities and journals and avoid the unfortunate 'publication drain' from Venezuelan to international journals, a problem also reported for Eastern Europe [9].

We are extremely grateful for the help we have received from the organisations and publishers mentioned in this article. We also understand that the initiatives must be on our side, but at least a sort of 'goodwill' has to be forthcoming from the international community. It is hard to accept that so many efforts are made in Venezuela and our neighbouring countries without receiving corresponding gestures towards international acceptance.

An initial step would be to redefine our journals. 'Small journals' implies a pejorative qualification; we need a fair definition to establish the absolute minimum requisites for acceptance internationally as a 'scientific journal'. Once this has been recognised, the journals and their problems need to be addressed by such influential organisations as the ICMJE, WAME and COPE. Important literature guiding biomedical publications such as the *American Medical Association Manual of Style* could also recognise the plight of journals with limited resources by offering advice on which of their recommendations deserve priority, as suggested by a reviewer of the latest edition of the manual [10].

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>>> Raising the visibility of 'small journals'...

Acknowledgements

I would like to thank BIREME, FONACIT, WAME, the European Science Foundation, the Office of Research Integrity and the journals *JAMA*, *BMJ* and *The Lancet* as well as Alecia Acosta and my colleagues at ASEREME, Abel Paker and Regina Castro (BIREME), Peush Sahni and Michael Callaham (WAME), Alex Williamson (*BMJ*), Sabine Kleinert (*The Lancet*) and Pritpal Tamber (COPE) for their support and assistance which has been invaluable. Special thanks to Elise Langdon-Neuner for assisting me with the text of the article. ASEREME has relied very much on this international support and guidance which it hopes will continue in the future as a vital contribution to allowing ASEREME to realise its aims.

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Vital signs

Dear TWS

I read the comma issue [*TWS* 16(2)] and learnt a lot. Let me tell you about the Russian comma. In Russian, a comma is obligatory before the conjunction *chto* (= 'that' or 'to'), e.g. *dlia tovo, chto boui* which translates as 'in order, to'. A comma between 'order' and 'to' is quite weird, right? But it is a very serious mistake not to it put in. I was in France last June as a jury member of a doctoral dissertation. The candidate was Russian born and wrote her thesis in French in what seemed to the other jury members a very dense, heavy, long, tedious style. The jury members also mentioned that commas were overused. She put a comma after almost every single *que* (the French *chto*). I explained that punctuation rules in Russian are not like the French ones and that the candidate made what is called a negative transfer. Anyway she passed with flying colours.

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Editor's reply

In German a comma is also obligatory before 'that', i.e. *dass*, but a comma is not placed between 'order' and 'to', which in German would be *um zu*.

Dear TWS

With reference to the box 'Should medical journalists declare conflicts of interest' published on page 123 of the last issue of *TWS* [16(3)] readers might be interested to learn that the Irish Science and Technical Journalists Association (ISTJA) set advisory standards for Irish journalists. One standard is that journalists must clarify when writing an article if they have been in receipt of support or sponsorship, if they travelled on an overseas visit as the guest of an organisation or agency as well as revealing any conflict of interest etc.

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Talking with ghosts

An interesting article from the inside of ghostwriting titled 'A conversation with a ghost writer'can be found at http://dcscience.net/?p=194

From academia to medical writing—And staying there

by Raquel Billiones

I was a die-hard academic. I ate, slept, and breathed research. I spent 12 years in several universities to obtain 3 degrees in life sciences. What else could I be? Until I was faced with the realities of working in a German university: the politics, the chronic shortage of funds, the tough competition, and the limitations that motherhood brings. Three years after baby delivery and 3 rejected research proposals later, I realized that academic life after postdoc, if there is any, is uncertain at best. So I went for a career change and had a lucky break. On my second try, I landed a medical writing job at Accovion, a CRO based close to Frankfurt. It was a case of a "Where-have-you-been-all-my-life?" encounter. After all, writing was always the part of research I liked the best. Part-time, flexitime, home office—the job just fitted me and my family's needs perfectly.

However, this career change also meant a loss of status. Among my friends and acquaintances in academia, I was one of those who didn't make the grade, a postdoc who didn't finish the 'Habilitation' (and get the illustrious title of 'Privatdozentin'), the prerequisite to a German professorship. I was one of the failures. There were also those who thought I gave up too easily, didn't try hard enough and therefore didn't help much to augment women's weak position in the scientific world. There were others who thought that if I had to join the industry, I should at least have done it big style, like those pharmaceutical reps in their three-piece suits and leased BMWs.

This loss of status was also evident among my nonacademic friends and family. Academia commands great respect among the general population and I was the 'woman of science' among them. Now I was simply another office drudge. Suddenly, I was inundated with emails about academic job openings here and there which I had absolutely no interest in or qualifications for. Besides, who would hire a part-time field researcher with 2 little kids?

It didn't help much that nobody knows what a medical writer is or does. Job titles with the word 'medical' attached bring visions of white-coated personnel working in a doctor's practice or at a hospital. "Can you possibly explain what exactly you do?" and "What's that in German?" were the most common questions I encountered. Unfortunately, my entry into medical writing sort of coincided with that disastrous TGN1412 trial in London in March 2006. Therefore, explaining medical writing in relation to clinical trials was not really the best strategy at that time. "The problem is," my German husband told me, "the job title 'medical writer' is a misnomer. In German, I would translate it as 'Pharma-Fachautorin.'" Indeed, I'd heard of the terms 'pharmaceutical writer' and 'pharmaceutical journalist' before. However, there I was, stuck with a job title nobody understood.

It didn't matter. I loved my new job. I loved writing. I loved the luxury of having a real office, a computer that actually worked, business cards, and free coffee. The money was not that bad, either. Besides, Accovion was the best training ground for rookie medical writers, with the opportunity to learn from highly experienced colleagues who are the pioneers of medical writing in Germany. In other words, I was very happy where I was.

Now, somebody once told me that medical writing is a great field to freelance in, but first you have to enjoy the office environment and get some industry experience for many, many years before going on your own. Well, I intended just to do that. However, it was one of those ironies of life when you had to leave just when you'd got there. Seven months after I started medical writing, I had to give up my dream job to follow my husband to Switzerland. And, due to the limitations of the Swiss childcare system, the trailing spouse became a reluctant freelance medical writer. So there I was, a somewhat green-behind-the-ears medical writer launching her own business. It wasn't easy. And now I had two terms to explain: medical writing and freelancing. Aside from CSRs and CTDs, I also had to deal with new abbreviations such as SMEs and SoHos[1]. Now, who could possibly believe that working from home was a real job that brings in money? Surely freelancing was just an excuse for parking the kids at a daycare while I lazed around all day? Who could possibly understand such a set-up in a not-so-emancipated country like Switzerland? I thanked my lucky stars that I have such a supportive and business-oriented husband who understood the challenges facing start-ups. What's more, I was supposedly his best tax-saving model.

Once again, well-meaning emails with job-searching advice poured in. In addition, I got a lot of smug "We-told-you-so" comments from my friends in academia. My nonacademic friends and relatives were even more disappointed this time. "You've got a PhD. Surely you can find a job easily." Dream on. I remembered what one job interviewer once told a 30-year-old, no-job-experience PhD graduate: "You're overeducated and underexperienced." Not to mention overaged. That's how I felt. And the idea of

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1 SME = micro small and medium-sized enterprise, SoHo = small office, home office

>>> From academia to medical writing—And staying there

going back to the lab didn't appeal to me anymore. Anyway, I loved medical writing and I couldn't imagine doing anything else.

During the Brussels 2006 EMWA meeting, I visited a friend who was also a former academic and is now working as a clinical trial monitor for a cancer research institute in the EU capital. Surely, she would understand what I was doing. I was also wrong there. She didn't know what a medical writer was either, and tried hard to convince me that monitoring was actually the way to go. "And who writes your protocols?" "We (the monitors) do." Another eye opener for me. Medical writers are not (yet) standard throughout the industry.

Then it was time to visit my home country, the Philippines. I was armed and ready to present my case before my former academic colleagues there. "Medical writing? Oh, yes, I know what that is." I beamed. "That's big business here nowadays." Now, this was really good news. "We call it medical transcription here." So much for the pitch. It seemed that some entrepreneurial souls discovered the Filipinos' Hollywood-trained ears and were making big bucks with a generation brought up on a weekly dose of E.R. and Grey's Anatomy. At least, I tried to comfort myself, nobody has yet outsourced medical writing to this country. Now, if somebody discovered all those engineers, lawyers, and English majors training to become nurses in order to go abroad…

So it was back to business as usual in Europe and back to being a start-up. And on to the EMWA meeting in Vienna where I didn't have to explain myself. There, I ran into my former boss who asked me "So you're still a medical writer?" Yes, I still am. And I intend to be for a very long time.

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Journal watch

Biomedical Journal News

Nancy Milligan and the Dianthus team are taking time out for this issue of *TWS*. The following articles relate to some current topics in biomedical journalism.

ICMJE guidelines

These guidelines were updated in October of this year. Check out http://www.icmje.org.

Plagiarism

Journals are starting to take plagiarism very seriously indeed with a suggestion that plagiarism should be made a criminal offence made by Fiona Godlee in her Editor's Choice published in the 10 November issue of the *BMJ*. She refers to the Kurjak case reported earlier this year in the *BMJ* and to a feature in the same issue of the *BMJ*: Cross M. Policing plagiarism. *BMJ* 2007;335:963-4.

For other recent article on plagiarism see:

Rich MW. Plagiarism in an article: Is there any evidence? *Medical Hypotheses* 2007;69:1154-62.

Roig M. Some reflections on plagiarism:the problem of paraphrasing in the sciences. *European Science Editing* 2007;33(2)38-41.

Self-plagiarism

Self-plagiarism is also being discussed in biomedical editing circles including on the forum run by the European Association of Sciences Editors (EASE) as reported in the forum digest in *European Science Editing* [vol 33(4) page109]. An excellent article, Song From Myself: An Anatomy of Self-Plagiarism by Patrick M. Scanlon, can be found at http://www.plagiary.org/papers_and_perspectives.htm.

A new statement on the role of medical writers

The International Society for Medical Publication Professionals (ISMPP) has issued a position statement on the role of professional medical writers. Details are contained in a commentary from a group of authors, two of whom are also EMWA members: Norris R, Bowman A, Fagan JM, Gallagher ER, Geraci AB, Gertel A, Horsch L, Ross PD, Stossel TP, Veitch K, Woods D. The International Society for Medical Publication Professionals (ISMPP) position statement: the role of the professional medical writer. *Curr Med Res Opin* 2007;23(8):1837-40.

Improving the quality of reporting in research

EQUAOR is a new initiative promoting transparent and accurate reporting in health. The initiative grew out of the work of CONSORT and other guideline development groups.http://www.equator-network.org

See also an article about the STROBE initiative: Von Elm E, Altman DG, Egger M, Pocock SJ, Gotzsche PC, Vandenbroucke JP for the STOBE Initiative. Strengthening the reporting of observational studies in epidemiology (SROBE) statement: guidelines for reporting observational studies. *BMJ* 2007;335:806-8.

Both these references were taken from the EASE blog which is a useful source for keeping up with the latest literature of interest to journal editors as well as medical writers http://www.ese-bookshelf.blogspot.com.

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Myths 31–34 about English (6)

by Alistair Reeves

Myths about correct English abound. Myths 31 and 32 here were completely new to me—I checked them out with a few other colleagues, and they were also new to them. So, just in case you hear these too, you now know that they are not rules, like all the other myths I have looked at so far! [1–5] Again, for your enlightenment, I have collected a few more claims made by people who attend my training events on writing medical English or for whom I correct and rewrite texts. There are always a few surprises.

Myth 31: You cannot use a colon after a verb when introducing a running or bulleted list

This one is so complex that I can hardly imagine anyone going to the trouble to invent it, but there we are—it is being propagated by a 'native speaker' somewhere in Germany. Specifically, you cannot write: (as I have just done, by the way, and it looks OK, doesn't it?)

The most frequent symptoms of acute pyelonephritis were:

- *Fever*.
- *Rigors*.
- *Nausea*.
- *Vomiting*.
- *Diarrhoea*.

The 'offence' here is the use of a colon immediately after a verb (I can hear you saying: 'What!?'). The apparent rule is that 'you have to write *the following* between were and the colon'.

This is rubbish. 'Our QA department always corrects this in reports, and two of them are native speakers', added the participant. Oh dear—those native speakers again! Native speakers or not, if this is all the company's QA department has to correct in reports, the company is either producing flawless reports, the QA department is trying to justify its existence, or they have no idea what they are talking about.

You might prefer to write the above as a running list without a colon: *The most frequent symptoms of acute pyelonephritis were fever, rigors, nausea, vomiting, and diarrhoea* [1]. I prefer this for a list with short elements, but for long elements, I prefer a bulleted list, and would definitely have no qualms about putting a colon immediately after the verb in the 'platform sentence' (the sentence that introduces the bulleted list).

Myth 32: Hyphenation of a prefix depends on whether the addition of the prefix changes the pronunciation of the subsequent word

I cannot think of an example for a *prefix* where this might be the case, whether you hyphenate or not, and the person who told me that she learned this from an English colleague could not remember one either. Maybe I have just not thought hard enough. There are words where the pronunciation of the prefix itself varies, such as the 're' in *recreation*. The 're' rhymes with 'wreck' when it means leisure, and 'pea' when it means to create again (some might prefer to write *re-creation* for the latter, but this does not change the pronunciation of 'creation'). But this is also a special case because, in the sense of leisure, the *re* has been absorbed so far into the word that it is no longer evidently a prefix (as with *recollect*, *record* and many other words). *Prejudicial* and *prejudge* are other examples where the pronunciation of a prefix with the same original meaning changes.

As you will have noticed during your work, the hyphenation of prefixes in English is a completely unregulated 'rule-free' zone (and not the only one, as we know). You have choices: it is up to you whether you run prefixes and words together, and this is not governed by rules of pronunciation (if it were, the whole question might be easier). The only area where there is a widely observed convention is to use a hyphen between two vowels together (as in *re-invent*, but *antiarrhythmics*, *intraarterial* and others are rapidly gaining ground). As usual, be consistent in one text, and don't bother to argue for or against a hyphen.

There are some instances with *suffixes* where a hyphen is expedient, such as *tunnel-like*, where the presence of the hyphen stops you reading *tunNELlike*, so stops you feeling as if you ought to stress the second syllable because of the doubling of the of letter 'L', but I don't think there are many instances like this. Hyphens used in such situations will probably never disappear. But in my experience, prefixes and words generally slide together (less so suffixes) at some time without this changing the pronunciation of the root word. If you can think of any examples, please let me know.

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>>> Myths 31–34 about English

Myth 33: Efficacious and effective mean different things

I am going to zoom out onto the thinnest part of the linguistic ice and say that *effective* and *efficacious* mean exactly the same for our purposes, at least when we are talking about the success of a treatment against an illness in a single subject or group of subjects. And guess which one I prefer in this context: yes, you got it—*effective*. *Efficacious* is used because people still think a longer word sounds more impressive, but I think readers these days are starting to ask the question: why didn't this author just say *effective*? The same goes for *efficacy* and *efficacity* and *efficaciousness*. Take the shortest option, *efficacy*, and ditch the other two. Some people come with arguments that should make me crash through that ice and die a very rapid, cold, wet death, but I seem to have remained above water with *effective* and *efficacy* so far. *Effectivity* does not exist; *effectiveness* does; but why bother with *effectiveness* when *efficacy* is just as good?[1]

Myth 34: You are not allowed to use abbreviations in the plural

Yes, you are. So do it! Observe a couple of things, though:

- The plurals of *TIA* (transient ischaemic attack) and *pat.* (patient) are *TIAs* (**not** TIA's) and *pats* (**not** pat's.). Follow this pattern for all capital-letter abbreviations and full-stop-at-the-end abbreviations.
- If you define an abbreviation at first mention in the plural, you do not need to redefine it if it occurs in the same text later in the singular.
- SI units are never used in the plural (maybe this is where this myth came from).

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1 I am aware that health economists and virologists distinguish between the meaning of *efficacy* and *effectiveness*—or is it *efficacity*?—but when talking outside these special areas about whether a drug works, to try to differentiate between the three is only for those who like to split very thin hairs indeed.

Answer to quiz for ghostwriters

The person who gives a ghostwriter a contract is a mummy as in a preserved dead body, so take a second look at the publications manager.

The real question

The favourite title of Neville Goodman, author of *Medical Writing A Prescription for Clarity*, is from an article summarising the latest ideas on how to treat heart attacks; instead of being titled 'A review of recent advances in how to treat...' it was titled (inverted commas included):

Mitchell JRA. "But will it help my patients with myocardial infarction?" *BMJ* 1982;285:1140-1148.

Thanks to **Neville Goodman** (Nev.W.Goodman@bristol.ac.uk) for this contribution.

Journal of Fish Sausage

Adam Jacobs once went to an open day at the British Library at which one of their staff demonstrated the ability of their databases to search for journals by title by searching for the *Journal of Fish Sausage*. This journal does exist and is published in Japanese. One reference can be found in English in Google:

Kitagawa, "Extrusion Cooking Using Marine Products as Raw Materials," *Journal of Fish Sausage*, No 221, 1989.

Thanks to **Adam Jacobs** (ajacobs@dianthus.co.uk) for this contribution.

Humour in titles

When Howard Bennett took over the editorship of the Journal of Family Practice in 1995 he wrote an editorial in which he expressed his hopes for the journal's future and reviewed the type of humour published in the medical literature over the years. The reference list of this editorial is a fund of, well, somewhat unusual titles including

Penile frostbite, an unforeseen hazard of jogging. (Hershkowitz M. *N Engl J Med* 1977; 296:179).

Horseradish horrors: sushi syncope. (Spitzer DE. *JAMA* 1988; 259:218-9).

Salmonella excretion in joy riding pigs. (Williams LP, Newell KW *Am J Public Health* 1970; 60:926-9).

Dizzy medical writing and editing: a decade of non-progress. (Fred HL, Scheid *M South Med* J 1993; 86:705-9).

Source: Bennett HJ. Humor in the medical literature. *Journal of Family Practice* April 1995 http://findarticles.com/p/articles/mi_m0689/is_n4_v40/ai_16860666/pg_1

Thanks to **Ursula Schoenberg** (u.schoenberg@t-online.de) for this contribution.

4-letter words and others

by Alistair Reeves

In this issue, I am going to take a look at 2 frequently used 4-letter words—*only* and *data*—and a 6-letter word—*within*.

Only

Only is an adverb, adjective and conjunction.

Adverbial use

This is the controversial one. Mainly because when you speak, language gains that magical quality of intonation and stress, but when you write, the same nuances are difficult to convey, so the position can be very important.

A couple of examples:

1a) *This analysis **only** included the site of the original tumor.*
1b) *This analysis included **only** the site of the original tumor.*
2a) *We **only** tested for TR antibodies.*
2b) *We tested **only** for TR antibodies.*

Purists will say that examples 1b and 2b above are 'correct' because the word *only* before *included* or *tested* in examples 1a and 2a modifies the verb and means that something else might have been done besides inclusion or testing (You only *included* the site of the original tumor, but what else did you do? You only *tested* for TR antibodies, but what else did you do?).

Nowadays, the more pragmatic amongst us (including me) agree that the two sentences in each of the above examples convey the same message: that ***only** the site of the original tumor was included* and that *testing was done **only** for TR antibodies*, regardless of whether *only* is positioned before or after the verb. Insisting on examples 1b and 2b as 'correct' is now regarded as entering the realms of the pedantic. This was excellently expressed by Fowler as early as 1981, using the example *He only died a week ago*. Some will ask 'Could he have done anything else more striking or final', says Fowler, and goes on: 'There speaks one of those friends from whom the English language may well pray to be saved, one of the modern precisians who have more zeal than discretion, and wish to restrain liberty … regardless of whether it is harmlessly expressed'. Thank you HW Fowler and Sir Ernest Gowers [1]!

Back to my examples above. Of course, you could say:

3a) *This analysis included the site of the original tumor **only**.*
3b) ***Only** the original site of the tumor was included in this analysis.*

Or:

4a) *We tested for TR antibodies **only**.*
4b) ***Only** TR antibodies were tested for.*

So you have lots of possibilities, all meaning the same thing in practical terms. 3a and 4a place more stress on the *only* than 1a and 1b or 2a and 2b because the *only* is at the end of the sentence, and 3b and 4b place more stress on the *only* than 3a and 4a because it is at the beginning of the sentence. For ultimate stress, *only* should be at the beginning of your sentence. If stress is not important, it can precede or follow the verb. The context will therefore usually dictate where you position *only*.

It is, however, worth checking the position of only: if you are comparing two procedures, one with shaking and stirring and one with only stirring, you might write the following:

We shook and stirred the samples in Group A, but only stirred the samples in Group B.

Here the *only* clearly modifies the verb *stirred*, and to write *but stirred only the samples in Group B* would, of course, be incorrect.

Adjectival use

This is the easy one.

The only factor included in this analysis was the site of original tumor. Or: *The only subjects valid for analysis were those who fulfilled all inclusion criteria.*

Here, *only* is an adjectival modifier of *factors* in the first example and *subjects* in the second.

Conjunctional use

Only can also be used as a conjunction to mean *except* or *but for the fact that*. Using it this way is not usually appropriate in formal scientific writing because it sounds more spoken. It may, however, have its place in scientific journalism, possibly also in marketing texts, and it is certainly appropriate for informal and creative writing. An example:

They were due to supply the text by 27 January, only they didn't manage it, and finally supplied it on 14 February.

> > >

>>> 4-letter words and others

Data

Insisting that *data* be construed with the plural form of a verb is rapidly turning into a lost cause.

I regularly see *data* construed with the singular, mainly from 'English native speakers', even though it is actually a plural, as in the following sentence: *Data from the UK has shown that the mortality rate in the elderly was 9 per 100,000 in those without any high-risk conditions.* So far, I have always corrected similar instances of this to read *have*.

With the definite article, you can't tell whether the author had the singular or plural in mind before you get to the verb, but with the demonstrative article, the author's feeling about the number of *data* in grammatical terms is immediately obvious, and I frequently see the following: *This data was collected in untreated hypertensive patients.* The use of the singular with *data* is no longer grating on my linguistic conscience as much as it used to, although I still do find myself replacing it with *findings* to avoid the problem.

Should we be worrying about this? Isn't it just evidence of the evolution of language? I would hate to be branded as a restrainer of liberty [1]. Isn't the word *data* in both examples being used as representative for *a body of data*? I think I am just about ready to capitulate on this one by allowing the singular, leaving me time to concentrate on more important issues (I can already see some colleagues throwing up their hands in horror)—but where do we draw the line between important and unimportant issues?

As ever: be consistent in one document.

Within

Within is not more precise than *in* when all you want to express is that something lies between two extremes. *In* in this sense means *in-between*: it is not made more *in-between* by adding *with*. There is no need to say *Screening must be conducted within the 28 days before the baseline visit*. This is not more emphatic than saying *in the 28 days*. There is also no need to say *It has also been reported that between 2.8% and 19.0% of patients diagnosed with acute MI had an upper respiratory tract infection or influenza-like symptoms within the few days preceding their cardiac episode*. *In* is completely adequate[1]. It is the same with *Levels were within the normal range*. This means exactly the same as *Levels were in the normal range*. In most cases, *Levels were normal* will do and should be preferred, but even seasoned writers do not seem to be able to resist the temptation to write *(with)in the normal range* (normal), (now I digress) *above the normal range* (elevated, high), *below the normal range* (abnormally low or just low), and *outside the normal range* (abnormal).

When you want to convey the idea of 'up to and including', *within* is appropriate: *Patient diaries must be returned within ten days of the EOS visit*. This means you can return them at any time in the ten days after the end of the study (EOS) visit, but not later. Writers of US English will probably prefer: *Patient diaries must be returned within ten days after the EOS visit*. Another example: *Let me know within ten minutes how you have decided* means at any time in the next 10 minutes; *Let me know in ten minutes how you have decided* means after 10 minutes have elapsed; to convey the same idea of 'up to and including' with *in*, you would have to say *Let me know in the next ten minutes how you have decided*.

Within also means *inside*, *surrounded by something*, or *to the extent of* (safely within his own four walls; within reason; within his power to …); this spatial meaning can sometimes sound a little literary or old-fashioned, but it is still in modern use in the following way: *All hospitals within a 20 km radius were alerted* (although *All hospitals in a 20 km radius were alerted* is perfectly acceptable); *Ensure that the probe is completely within the bladder*; *every attempt should be made to remain within the departmental budget*.

1 And by the way: *before the MI*, or even just *before*, would be quite adequate instead of *preceding their cardiac episode*.

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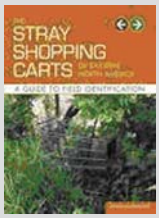
Oddest book title of the year award



The Bookseller/Diagram Prize is a unique annual award for the book with the oddest title. The award is made by the British magazine Bookseller which pronounced *The Stray Shopping Carts of Eastern North America: A Guide to Field Identification* by Julian Montague the winner for 2006 [1]. This book secured 1,866 of the 5,500 votes submitted through bookseller.com. Another nominee, *Proceedings of the Eighteenth International Seaweed Symposium*, should give creative science writers hope that they could win a future prize. The current winner could also be of interest to science writers with a bent for photography. One reviewer on Amazon.com writes 'Montague's language coupled with his beautiful photography give the lowly carts individual personalities….It will change the way you look at the urban environment, and most importantly, it's endlessly funny'. Past winners are listed on Wikipedia [2].

Sources: 1. www.thebookseller.com/news/37373-stray-carts-scoops-the-prize.html
2. http://en.wikipedia.org/wiki/Bookseller/Diagram_Prize_for_Oddest_Title_of_the_Year

The Lancet's landmark titles

The following are some of *The Lancet*'s famous titles kindly provided by Sabine Kleinert. These and more titles can be found in *Vintage Papers From The Lancet* edited by Ruth Richardson, published by Elsevier in November 2005.

1832: An early example of intravenous therapy:
Malignant cholera: documents communicated by the Central Board of Health London, relative to the treatment of cholera by the copious injection of aqueous and saline fluids into the veins (T. Latta).

1867: Lister's antiseptic principle:
On the antiseptic principle in the practice of surgery (Joseph Lister).

1961: Synthetic penicillin:
A new synthetic penicillin PA-248 (G.M. Williamson, J.K. Morrison and K.J. Stevens)

1961: The letter that was the first item reporting to link thalidomide to birth defects:
Thalidomide and congenital abnormalities (W.G. McBride).

1966: Chromosome analysis of human amniotic fluid cells (M. W. Steele and W. R. Breg Jr).

1976: First report of pregnancy of an unfertilised egg:
Reimplantation of a human embryo with subsequent tubal pregnancy (P.C. Steptoe and R.G. Edwards).

1978: First report of balloon angioplasty:
Transluminal dilatation of coronary-artery stenosis (A.R. Gruentzig).

'Bouncing breasts spark new bra challenge'

This title comes from a press release published by the University of Portsmouth, UK. A scientist at the university, Professor Joanna Scurr, has discovered that 45-60% of women in Britain experience breast pain when exercising, regardless of their breast size. She is conducting research that should lead to improved bra design for sportswomen. Seventy women with the widest range of breast sizes ever studied (cup sizes from A to double J) are participating in the research. Ordinary bras only stop breasts bouncing but Dr Scurr's research using 8 sensors on the body has shown that breasts move in a figure-8 pattern from side to side and in and out as much during slow jogging as they do at maximum sprint speed.

Source: http://www.thisisbath.com/displayNode.jsp?nodeId=163061&command=displayContent&sourceNode=163044&contentPK=18361845&moduleName=InternalSearch&formname=sidebarsearch

BioMed Central's advice on ensuring titles are found by search engines

BioMed Central gives the following advice to authors about titles.

"Nowadays, most people rely on electronic search engines to find articles. Usually they search through databases that contain only the title, author list and abstract of articles, excluding any keywords attached to the article by its authors. This is the case, for example, for the National Library of Medicine's databases, including Medline and PubMed. It is therefore important to include in the title and/or abstract the words that potential readers of the article are likely to use during a search."

The site then lists some useful tips on titles as follows:

- Be as descriptive as possible and use specific rather than general terms: for instance, include the specific drug name rather than just the class of drug
- Use simple word order and common word combinations: for instance, 'juvenile delinquency' is more commonly used than 'delinquency amongst juveniles'
- Avoid using abbreviations; they could have different meanings in different fields
- Avoid using acronyms and initialisms: for instance 'Ca' for calcium could be mistaken for 'CA', which means cancer
- Write scientific names in full, for instance *Escherichia coli* rather than *E. coli*
- Refer to chemicals by their common or generic name instead of their formulas
- Avoid the use of Roman numerals in the title as they can be interpreted differently: for instance, part III could be mistaken for factor III

Source: http://www.biomedcentral.com/info/ifora/abstracts

Thanks to **Paul Dunne** (pdunne@iol.ie) for this contribution.

A boo(b)-boo(b) title–Almost

20 years ago copy editors at the *BMJ* worked with paper galley proofs. Part of the rigorous training of copy editors was to 'spell everything out'—not only abbreviations but noun clusters and possessives also. One copy editor (who prefers not to be named), new to the job at the time, tells a story of when a paper titled 'Liverpool teenagers' breastfeeding attitudes' came her way. She dutifully and automatically spelled it out as 'Attitudes to breastfeeding of teenagers in Liverpool'. "Hopefully", she says, "the authors had a good laugh when they saw it; they corrected it, of course, and I'm glad they did!"

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What is a professor?

Never be too impressed if somebody from continental Europe tells you that he or she is a professor. Ask a few more questions before getting out the red carpet—because the imposing title does not necessarily mean that the good gentleman or gentlewoman is a tenured university teacher or, as in Britain, that they hold the chair of a university department. In Italy and Austria, as in several other countries, grammar-school teachers are known as 'professor'. Other 'professors' might not teach at all, and instead work full-time in industry. Why use the title, then? I'll spare you my theory on that, which has something to do with inferiority complexes. Where this disorder is particularly severe, as it can be in Austria and Germany, there is a tendency to retain lower titles in the presence of a higher one, even listing them in full: e.g. not Prof. Schreckenmüller but Prof. Dr. Schreckenmüller or, if he happens to have more than one PhD and perhaps be a medic into the bargain, Prof. Dr. rer. nat. Dr. med. Schreckenmüller. At the top (or, depending on your viewpoint, the bottom) of the list there is the 'sky's the limit' individual, Prof. Dr. mult. Schreckenmüller, where it is left to the admiring reader's imagination to guess how many different degrees the good doctorissimo actually has.

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Work this one out!

"Khoo et al (2000) examined 19 euthyroid out of 1020 patients with Graves ophthalmopathy and tested them in a bioassay for TSAb, a first-generation porcine TSH-binding inhibitory immunoglobulin (pTBII) and second-generation human TSH-binding inhibitory immunoglobulin (hTBII) in TB II assays; the tests were positive in 93.8%, 18.8%, and 81.3% of patients, respectively."

Regular readers will be aware of my disrespect for the uncircumspect use of *respectively*—and this is illustrated only too well by this example.

Something along the following lines would definitely be preferable: *Khoo et al. (2000) tested 19 euthyroid patients out of 1020 with Graves ophthalmopathy. In the euthyroid patients, TSAb was positive in 93.8%, a first-generation porcine TSH-binding inhibitory immunoglobulin (pTBII) in 18.8%, and a second-generation human TSH-binding inhibitory immunoglobulin (hTBII) in 81.3%.* Or a tabular list may even be better.

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Title generators

If you are stuck for a title for your book, film or abstract painting, the random title generators in the Internet could help you. The sites http://mdbenoit.com/rtg.htm and http://ds.hnldesign.nl are two examples of generators that can be used for book titles, but they are not too brilliant for science articles. The best I found was "Changing the Impressive Spleen". Job titles can also be generated. Bullshit Job Title Generator (http://www.bullshitjob.com/titles.html) suggests that you might need to create a title for a friend or relative you want to hire who has no skills. But it could also be used to create something sounding a bit more exciting than 'medical writer' like 'Dynamic Communications Orchestrator' or DCO.

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Spoken and written use of 'one' as a noun

The use of 'one' as a noun is not easy in English. The following is an example of a frequent formulation I see which sounds correct when speaking, but does not sound correct when writing: *The findings of studies that use psychometrically developed instruments show that patient satisfaction with perioperative anaesthesia care is primarily determined by very similar dimensions, with 'information' as the most important* ***one***.

Spoken English does not make as frequent use of adjectival nouns as other languages, and the word 'one' is very often added when speaking to avoid using an adjectival formulation. Another typical example in English: *Which (one) do you prefer? I prefer the blue* ***one***. Even when speaking, most other languages do not feel the need to add anything after 'blue' here and also dispense with the 'one' in the question (also possible in English). Speakers just say 'I prefer the blue', which is also possible in English, but much less frequent. Omission of the 'one' is always the best approach when writing English. The example given above sounds 'written' if the 'one' is dropped: *The findings of studies that use psychometrically developed instruments show that patient satisfaction with perioperative anaesthesia care is primarily determined by very similar dimensions, with 'information' as the most important*. Of course, you could repeat 'dimension', but here it is obvious that 'dimension' is meant because it is very close. If the idea were repeated at the end of a much longer clause, you would probably feel the need to repeat the noun.

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In the Bookstores...

Good Peer Review Practice Explained

Irene Hames. Peer Review and Manuscript Management in Scientific Journals. Guidelines for Good Practice. Oxford: Blackwell, ALPSP, 2007. ISBN 978-1-4051-3159-9 (Paperback). GBP 19.99, EUR approx. 28.70. 293 pages.

Irene Hames, Managing Editor of *The Plant Journal*, is a well known expert in peer review and editorial office management. In this book she has organized her store of knowledge and experience into an authoritative guide for journal editors and peer reviewers which is also worth reading by authors and those of us who work with them. If you are responsible for publishing peer-reviewed material or managing a peer review system this book will equip you with up-to-date knowledge on best practice. Although the book is intended for gatekeepers, the insights Hames gives us into how they view the peer review process and what they expect from authors and their manuscripts can help medical writers work more successfully with authors.

The book is divided into nine chapters followed by four appendixes and a carefully rendered index. The brief introductory chapter discusses the aims of peer review and some of its underlying assumptions. Subsequent chapters cover just about any event or circumstance an editor might encounter, and provide good advice on how to deal with the many challenges of running a journal to high professional and ethical standards. The facets of manuscript review that are analysed include initial submission and checks for completeness and suitability, the review process itself and the decision-making process. The chapter that provides guidance on the transition from paper to online submission and review is one of the most useful in the book for editorial office managers, whereas some might find that the following short chapter on how to motivate reviewers reads more like a guide on how to spoil them. Nevertheless one can't argue with Hames' advice to appreciate them, train them and reward them, because they are a journal's most precious resource.

The two final chapters discuss the obligations and responsibilities of authors, editors, reviewers and editorial staff, and misconduct in scientific research and publishing. The appendixes provide a list of golden rules and a good practice checklist, a generous sampling of current manuscript submission documents from various journals, a list of useful websites and a brief review of some current alternative approaches to peer review. Most of the examples used throughout the book come from biomedical journals, so that makes *Peer Review and Manuscript Management in Scientific Journals* especially useful to health science journal gatekeepers and medical writers.

In the current research environment misconduct, plagiarism and other types of cheating seem to be on the rise, so it's logical for editors to want to learn what warning signs to look out for. Hames points out these signs, and while they no doubt reflect her actual experience I wonder if her many examples of things to be suspicious of tend to reinforce the 'us versus them' attitude that sometimes makes peer review a struggle between gatekeepers and authors rather than a dialogue between equals. Editors' and reviewers' errors (which in my experience also seem to be on the rise) and occasional abuse are practically ignored, as though they were not as serious a problem for scientific publication as authors' errors or chicanery.

Of interest to those of us who work with international authors is Hames' brief mention of manuscripts with language problems (pages 38-39). She recommends sending manuscripts for review only if careful evaluation shows that "the text can be relatively easily understood and the results interpreted without great difficulty." This is a good general rule as long as editors are aware that reviewers will not all have the same skills in reading English that might sound 'foreign,' and some reviewers will be more tolerant of language problems than others. Hames warns that expecting reviewers to read manuscripts in which the standard of language is very poor "is unfair and my frustrate or anger them." She also points out that reviewers who have to struggle to read a manuscript may become biased against the content as a result, and that this might prevent potentially interesting work from getting published. If followed, her advice on how to handle this situation in a manner that is sensitive and fair to both reviewers and international authors might help remove some of the obstacles to publication faced by non-native users of English.

The move to an online submission system can lead to an increase in manuscripts from international authors, yet the book does not mention translators, author's editors or medical writers despite the growing demand for the services we offer. Perhaps most gatekeepers, unaware of how these science communication professionals help authors negotiate with gatekeepers, still consider our role as incidental to the process of peer review. Hames' book, although intended to be used by gatekeepers, gives those of us involved in manuscript preparation many valuable insights that will help make it easier to use peer review as a tool to improve manuscripts.

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>>> In the Bookstores...

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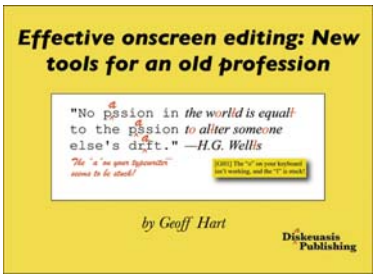

Goeffrey J.S. Hart: Effective Onscreen Editing: New Tools for an Old Profession. Pointe-Claire, Quebec: Diaskeuasis Publishing, 2007. ISBN 978-0-9783227-0-0. Electronic monograph in PDF format available from http://www.geoff-hart.com/home/onscreen-book.htm US$20.00 (outside Canada). Shortly to be available for 'print on demand' via Lulu.com. 711 pages.

Would you like to search a long text for underlined words only without having to scroll down page by page, straining your eyes and spending hours on this tedious task, but you can't think of a simpler way to do it? Have you just started working as a freelance editor but have no idea how to set your rate? Are you annoyed by having to repeat one and the same command hundreds of times and wish it could be done by just one or two key strokes or clicks of the mouse? If you are bothered by these or similar problems, you will probably find *Effective Onscreen Editing* very useful. It might give you a nudge to try and investigate how you can use word processor more effectively. For those of you who refuse to treat your computer as anything more than a relatively sophisticated typing machine, because you believe that onscreen editing cannot replace on-paper editing, well—it does not have to replace it. It can complement it.

As Hart says in the first chapter, "this book is *not* a course in editing or grammar […]; it "is an overview of using computer software to edit." While this is true for the largest part of the book, there is still more to it. The book has 18 chapters and four appendices, followed by a glossary, bibliography, useful internet sources, and an index, with a short autobiographical note on the author at the end—a total of 711 pages. In addition to instructions on how to use a particular software tool for editing purposes, the author shares practical advice on how to backup your work, organize editing process, facilitate communication with authors, implement onscreen editing at your workplace (unless you are working alone), and even how to avoid or minimize computer-related health risks, such as eye strain or numb back. And there is always more than one way to do all that.

In explaining hows and whys of onscreen editing, Hart starts with the description of simpler word processor tools, such as those that enable you to move around the document, track changes, insert and delete text, find and replace words, and so on, and then moves on to more complex (relative to my level of knowledge) operations, such as creating macros to execute a series of operations in just one or two keystrokes and editing web pages, databases, and spreadsheets. Even if you already use these tools, you might discover one or two practical things you did not know about them. For example, using a Microsoft Word's spell-checker on texts swarming with specialized, technical terminology is usually very frustrating (or abandoned forever when frustration turns into despair once to often), because we end up clicking "ignore" or "add" for every other word. But did you know that you can create custom dictionaries yourself for different genres or even individual texts and use more than one dictionary of your own choice and creation at the same time? Even in Microsoft Word?

Whether you're a mouse or a keyboard person, you will probably agree that it is much quicker to use a keyboard shortcut than to reach for the mouse every half a minute and execute a command. It is healthier as well, as it reduces the number of repetitive actions we have to perform and thus reduces the appearance of repetitive strain injuries. Keyboard shortcuts are interspersed through most of the chapters and then listed all together in the Appendix III. If you can't find a keyboard shortcut that you need, you can create one yourself. Just follow the process instructions.

Because not all editors use Microsoft Windows, Hart made an effort to describe the onscreen editing techniques for Macintosh as well. Although the author opted for Microsoft Word as the most widely used word processor among editors to provide examples on where to find and how to use a particular tool, he says the same principles may be applied to most other word processors. The warnings about drawbacks, limitations or unreliable features of Microsoft Word are also handy—in addition to knowing what to do, one should also know what *not* to do.

Because of its length, wide range of topics, and at least an average level of software knowledge it requires from the reader, the book may seem overwhelming to read from cover to cover. However, you may use it as a guide and manual, focusing on individual chapters or sections and taking from it what you need. The green text boxes found on almost every other page usually contain a special warning, additional advice, or summarized information, but they can really be appreciated only if you read the chapter.

Onscreen editing goes hand in hand with using onscreen information sources. Hart's selection of online dictionaries, style guides, and reference literature is there not only to supply us with useful links, if they haven't already been included in our list of favourites, but also to remind us that the "world's biggest library" is just a click away. In addition to some tips on how to refine the search of the Internet, there is also a word of caution, reminding us to be critical about what we take and what we leave in this ever-expanding ocean of www's.

Effective Onscreen Editing is easy to read, informative, and well written with a right dosage of humour and witty quotations at the beginning of each chapter. It can help you turn a word processor you are using into a useful editing software, tailor-made to your needs and preferences. Although it will take you time in the beginning to learn how to operate it, once you do, it will, as the author says, save you time, minimize the number of errors, and improve the consistency of your editorial interventions. Once you print out the document you edited onscreen and find a typing error, it's not a proof of advantage of on-paper editing over onscreen editing. It just proves that editors are humans.

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Webscout:

The joy of travelling

by Joeyn Flauaus

Don't we all fantasise about escaping everyday life to visit extraordinary destinations? The world is full of beautiful places and one of my goals in life is to see as many of them as possible. For me, the joy of travelling is to explore foreign cultures, to enjoy beautiful breathtaking sceneries, to try out new food (very important!), and to meet interesting people.

To travel is to discover the world's treasures, and it's the diversity that makes this world an interesting place. In addition, travelling gives us an easy chance to broaden our horizon.

There are many places I've been dying to see and where I would like to go if money was no object. I want to share my travel "wish list", including an outer space experience, with all of you travel lovers. Check out the links below and join me on a journey around the world!

Angkor Wat in Cambodia: http://www.angkorwat.org/

Angkor Wat, built by the Khmer Empire between 802 and 1220 AD, represents one of the world's largest sacred sites. The architecture with its water moats, concentric walls and magnificent temple mountain in the centre is astonishing and the beauty of the intricate ornamentation is striking.

Havelock Island in India: http://www.andamanisland.com/islands.htm

Havelock Island is a little paradise: the pace of life is slow, the white sand beaches are beautiful, and the days are mostly sunny. The island is one of 36 inhabited islands in the Andaman and Nicobar archipelago. Even though it's becoming popular with tourists, the focus is on promoting eco-tourism. The crystal clear turquoise waters are ideal for snorkelling & scuba-diving.

Machu Picchu in Peru: http://www.peru-machu-picchu.com/

The pre-Columbian Inca city, Machu Picchu (named the Lost City of the Incas) is the most amazing landmark of the Inca Empire. Located 2,350 meters above sea level, in the middle of a tropical mountain forest and surrounded by mountains, the city was never destroyed by the Spanish and remained forgotten until the early 20th century.

The Taj Mahal in India: http://www.taj-mahal.net/

The Taj Mahal is one of the most beautiful buildings in the world. The monument is regarded as the most perfect jewel of Muslim art in India and is surrounded by elegant gardens. The white marble mausoleum was built in 1631-48 by mogul emperor Shah Jehan in memory of his wife.

Ice hotels: http://www.icehotel.com and http://www.snowcastle.net

Ice hotels are temporary hotels entirely built of snow and sculpted blocks of ice. Artists from all over the world are involved in constructing these beautifully designed buildings. Carved ice walls, ice candelabras, ice art work and meticulously carved ice furniture are waiting for your admiration. They even have ice glasses for your whiskey on the rocks. Every spring, the sunshine is disintegrating the ice marvels and you have to wait another year to see it again.

Space tourism: http://www.space.com/space-tourism/

Do you want to look at Earth from space and see the curvature of Earth with your own eyes? Then book a tour into space. But you better hurry up as flights are fully booked until 2009. Just keep in mind to have $30 million handy for this unique experience. You can book your flight with the Russian Space Agency.

If you find a page or a blog that should be mentioned in the next issue, or if you have any other comments or suggestions, please email me at: joeyn@trilogywriting.com.

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Consensus is *always* general

Approaching a lost cause, but there is no need to use 'general' in the following sentence: *There is therefore general consensus that it is important to vaccinate this group*. Also: *partial consensus* does not exist. And if you write *concensus* or *consencus*, or even *conscensus* (yes, I see them all!), it will be obvious that you have not used your spellchecker.

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"Our research proves that the scientific establishment has developed immunity to radical new ideas"[1]

Robert Matthews tells a delightful story about two researchers, Jonathan Edwards and Geraldine Cambridge, working at University College, London. The pair came up with a theory that B cells rather than T cells are responsible for rheumatoid arthritis. He writes, "They soon found out that new ideas aren't welcome in science—even if the old ones aren't much cop. Their academic papers were rejected as obviously wrong—on the grounds they focused on B cells not T cells." Naturally they were not able to obtain funding for their research either. Then they had the bright idea that a bit of publicity might help. This is where Robert Matthews came in. He wrote a piece about their work. Their story has a happy ending. Whereas in 2000 a lecture the couple gave about their theory pulled an audience of only 6 researchers after Matthew's little bit of help the auditorium at the next lecture they gave was bursting at the seams with an audience of 3000. Clinical trials are now in progress.

Source: Matthews R. "New ideas aren't always welcome in science, even if old ones aren't much cop" BBC Focus magazine. November 2007 page 104.

1. Caption to a cartoon that accompanied Mathew's article. It shows a lecturer explaining his theory on the blackboard.

A title to have and to hold

When I decided to take on German citizenship in 2001, I also inquired about the possibility of officially attaching the title 'Dr' to my name, a common practice in Germany.

Academic titles are very important to Germans. The title of 'Dr' is a hard-earned academic merit, and not restricted to the medical profession. Official use of titles is regulated by law, and using one without the appropriate academic credentials may be grounds for prosecution. Omitting somebody's title in any form of communication is an almost unforgivable professional and social blunder.

Now, I am not really one to flaunt my academic achievements. I come from a culture where degrees should simply hang on the wall and are not tacked on to one's name. I grew up with the conviction that only physicians, dentists, and vets are addressed as 'Doctor.' However, it is a sad fact of life that Asian women in Europe (and in other continents outside Asia for that matter) have a rather dubious reputation, and being one often exposed me to hostility and abuse. This often happened where it hurt the most—in dealing with bureaucracy. And it seems that obtaining an EU passport can actually exacerbate rather than improve the situation. So, upon the urgings of (German) friends and family, I decided to claim my right to a title that would, hopefully, grant me some degree of respectability.

After a long review process, the government agency dealing with naturalisation granted my request on the grounds that my PhD, though not granted by a German university, was obtained at a duly recognised EU educational institution in Brussels—much to the chagrin of my German husband whose PhD from the University of Auckland, New Zealand, though recognised, cannot be officially attached to his name.

So there I was, with the official identity of 'Dr Raquel Billiones' on my German passport and identity (ID) card. The title really did wonders in many ways. In whatever *Amt*[1] I visit, I was addressed politely as 'Frau Doctor'. When travelling, I was suddenly breezing through immigration without the usual loaded questions and snide remarks.

The downside was that I was obliged to use the title on whatever form I had to fill in—exactly as it said on my official ID card. The title appeared on everything: from my driver's license, to my credit cards, even on library, video rental, and fitness club membership cards. In fact, in situations where maintaining a low profile is desirable, the 'Dr' title can be cumbersome baggage to carry around. A friend of mine with a similar title was once requested to administer medical services to an ill fellow passenger on a commercial airline.

One incident stood out in my memory. I was scheduled for a thyroidectomy at a Frankfurt hospital, and at every shift the staff would ask my '*Fachgebiet*' or field of specialisation, ever careful in case I was a medical doctor. In the pre-OP room, the anaesthesiologist asked the inevitable question whilst I was receiving the anaesthetic that would put me to sleep. "Biology" I replied. "Same here" said the patient in the next bed, and "I work for Bayer." Right then and there, we had a discussion of Bayer's take over of Aventis's CropScience division before Herr Dr and Frau Dr succumbed to the anaesthetics.

Five years later, I found myself living in Switzerland where they don't put too much stock on titles. Upon registration in our new place of residence, the civil servant behind the counter completely ignored the title on my passport. Suddenly, in all my official Swiss documents, I was back to Dr-less status. And you know what? I didn't really mind. In fact, it was a liberating experience. I guess it's because during the last few years, my hard-won title lost its significance, gradually replaced by another more meaningful one. Nowadays, I am simply known as 'Felix's and Robin's mom.' Now, that's a title I would never want to lose.

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1 German for the office of an official body

Journalology: A great blog

Matt Hodgkinson is a young editor with BioMed Central. He runs a great blog with many items and further links of interest to medical writers. The following link brings you to an article in which he compares tools available for searching the literature.

http://journalology.blogspot.com/2007/01/tools-to-search-literature-and.html

He has also posted an excellent article on authorship on the blog which he co-authored and was published in *The National Medical Journal of India* titled 'Not being clear about authorship is lying and damages the scientific record'.

Direct link http://www.nmji.in/archives/Volume_20_2_March_April/editorial/Editorial_2.htm

Great sprouting beans!

Sometimes titles hardly belie the curiousness of the stories behind them. Margaret Cooter from the *BMJ* gives 'Dry haricot bean: a new continence aid for elderly men?'[1] as one of her favourite titles. The article is about an 82-year-old blind man who had followed a friend's advice (the friend was an Australian sheep herder) and used a dry haricot bean inserted in the external urethral meatus to maintain urinary continence. Because of his blindness, however, when trying to remove it with tweezers he pushed it further in. Three days later when he finally overcame his embarrassment and went to the emergency department, it had sprouted.

Thanks to **Margaret Cooter** (MCooter@bmj.com) for this contribution.

1 Patel A. Dry haricot bean: a new continence aid for elderly men? BMJ 1990;301(6766):1432-3

Capitalisation in titles: To have or not to have an easy life?

Generally, titles have only the first word written with an initial capital letter (more British English style), or have all words except articles (a, an, the), coordinate conjunctions (and, or, nor) and prepositions (e.g. for, to) capitalised (more US English style). There are variations on this, e.g. sometimes only nouns are capitalised. In addition to 'all words' capitalisation the Council of Science Editors' style manual [1] recommends that the first and last word of the title should be capitalised regardless of the part of speech. Otherwise the manual's recommendations for all-words-capitalised titles are worth looking at, if only because they are a minefield for error-making. It states that a preposition that forms an integral part of a phrasal verb, e.g. 'without' in the following title, should be capitalised: 'Doing Without the Extras: An Approach to Fiscal Management'.

Another recommendation is that an article, conjunction or preposition that follows a punctuation break should be capitalised. I would agree with this for a first-word-capitalised title too, and we follow this rule in *TWS*, e.g. 'Saturated Fats—Out of the Frying Pan' and 'Saturated fats—Out of the frying pan'. But the *BMJ* and *The Lancet* do not capitalise their first-word-capitalised titles after punctuation breaks, e.g. 'Sepsis: definition, epidemiology, and diagnosis'.

Returning to the manual's recommendations, locants and other similar prefixes of chemical names should not be capitalised, but the root terms should be, e.g. 'L-Erythrose and Related Sugars' ('L' is a small capital prefix). This seems reasonable enough.

But how about hyphenated words? The first but not the second word of a term that is always hyphenated should be capitalised according to the manual, e.g. 'The In Vivo Half-life of von Willebrand Factor'. But if the term is not always hyphenated and is only being hyphenated because it is used as a modifier both words are capitalised, take for example the following title from the *New England Journal of Medicine*: 'Long-Term Follow-up of the West of Scotland Coronary Prevention Study'. If you wrote 'We are planning a follow-up of the study in the long term', 'follow-up' keeps it's hyphen because it is generally considered a hyphenated term.' Long term' does not have a hyphen because it is not generally considered to be a hyphenated term. Here it is used not as a modifier but as a predicate after the verb in which situation it does not have a hyphen. If this does not seem complicated enough, beware! Opinions differ as to which terms are always hyphenated.

And what about 'is' ? There is a rule that some Americans use that short words should not be capitalised in any event. Hence you will sometimes find 'is' capitalised in all-words-capitalised titles and sometimes not.

Why make life so complicated? My conclusion: for an easy life stick to first-word-only capitalised titles like we do in *TWS*!

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Reference:

1. *Scientific Style and Format. The CSE Manual for Authors, Editors, and Publishers*. 7th Edition. The Rockefeller University Press; 2006.

Carnival competition

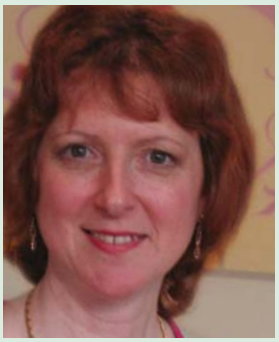
In the spirit of the carnival season in Europe, *TWS* is holding a competition with a valuable prize: a free ticket for the banquet at EMWA's 17th Annual Spring Conference in 2008 in Barcelona. To win the prize, all you have to do is match regular *TWS* contributors to their pets. On pages 179 and 180 you will find photos of 15 owners followed by photos of their pets. **To enter the competition, send an email with a list matching the pets to their owners, e.g. D:5, J:10, to langdoe@baxter.com by 29 February 2008.** The person with the most correct matches will win the ticket. In the event of two or more people having the same number of correct matches, lots will be drawn in a blinded manner. The winner will be notified by email by 7 March. The name of the winner together with the correct matches will be published in the March 2008 issue of *TWS*. The competition is open to anyone attending the EMWA conference except the owners of pets in the competition and members of the EMWA executive committee.

1	ALEXANDER POPE	
2	BLUE	
3	BONO	
4	CLOUD	
5	GASPAR	
6	GINGER AND SPORTY	
7	JACQUES	
8	MARLON	
9	NUTTE	
10	BAGHIRA	
11	PIMMS	
12	PLATY	
13	SIR HENRY	
14	NO PETS	
15	ZOE	

A Richard Clark

B Ursula Schoenberg

C Diana Epstein



D Wendy Kingdom

E Nancy Milligan

F Barry Drees

G Alison McIntosh

H Julia Forjanic Klapproth

I Adam Jacobs

J Kari Skinningsrud

K Elise Langdon-Neuner

L Sam Hamilton

M Alistair Reeves

N Karen Shashok

O Joeyn Flauaus

ompetition Carnival competition Carnival competition

1 ALEXANDER POPE

2 BLUE

3 BONO

4 CLOUD

5 GASPAR CACTUS

6 GINGER AND SPORTY

7 JACQUES

8 MARLON

9 NUTTE

10 BAGHIRA (black cat in the dark)

11 PIMMS

12 PLATY

13 SIR HENRY

14 NO PETS

15 ZOE

Report on the Basle Conference Freelance Business Forum—Incorporating contributions from the EMWA Freelance Email Discussion Forum

by Alistair Reeves and Sam Hamilton

We were inspired to have 32 attendees at the EMWA Freelance Business Forum (FBF) in Basle on Friday 2 November 2007, the first time we have had such an event at an Autumn Meeting. Time was very tight, and we were wedged between workshops ending at 17:30 and the conference banquet in the evening. Thanks to all those who resisted the temptation to rush off to the bar and attended the FBF instead. The launch of the EMWA Freelance Email Discussion Forum (FEDF) a few weeks before the Basle conference promised lively debate of the discussion topics—and we were not disappointed! Thanks also to all who contributed. As this formed the bulk of the FBF agenda, we report here on both.

Alistair briefly described initiatives implemented since the FBF in Vienna 2007: the 'Out on our Own' (OooO) section of TWS, and the FEDF. He appealed for contributions to OooO, small or large, on any topics relevant to freelance writing and work. It offers an excellent forum for exchanging information with about 130 participants. He stressed that the FEDF is not for advertising freelance writing services.

Out on our own: From freelancers for freelancers

Thanks to all those fellow freelancers and some non-freelance colleagues who wrote to us expressing appreciation for the first 'Out on our Own'. This edition sees the final instalment in Sam's journey into freelance writing, an interview with Wendy Kingdom, and Ursula Schönberg has some good advice for those starting up as a freelancer, in response to the one of the first questions (and it is a very FAQ—the 'A' here standing for both 'asked' and 'answered') sent to us in the EMWA Freelance email Discussion Forum: 'When starting up as a freelancer, how do medical writers get their first contracts?' The first Freelance Business Forum at an autumn event was held this year in Basle, with a very good turnout. We report on the forum here, and on the first round of discussion in the FEDF.

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Sam then opened the agenda.

Items 1–3 were dealt with on the FEDF and fielded at the FBF for additional comments.

1) **How do other freelancers deal with quality control (QC) of their work?** (Pamela Waltl, medical writer)

Elaine O'Prey takes the approach of several other freelancers: after completion of a document, it is put to one side, and then after a break is thoroughly (spell-)checked again. She also uses checklists to ensure that all aspects of templates and formatting have been followed properly, as do **Neil Fisher**, **Alistair Reeves**, and **John Carpenter**. Neil thought it would be a good idea to discuss the content of such checklists. **Gillan Pritchard** relies on the client to do the QCing and also states in her contract that certain aspects of QC will not be performed. Generally, the aim is to produce the work on a 'best practice' basis assuming that QC will be performed by the client. Neil and Alistair have clauses in their contracts stating that QC is the client's responsibility. Several members have the option of having their work checked by colleagues, and sometimes do so. **Debbie Jordan** and **Sam Hamilton** actually offer a QC package performed by a colleague (e.g. staged QC of shell, draft and final Clinical Study Report) when providing proposals for jobs, with about 50% uptake of this service. Responsibility for any errors is also obviously linked to liability as mentioned by **Ursula Schoenberg** (see 'Indemnity insurance' below). **John Carpenter** also cautioned that professional indemnity insurance for QC may be necessary when offering certain types of QC services and that you need to have a confidentiality agreement in place for subcontracting QC work. There should be a separate charge, and the client must be aware of this. Persons performing QC for you should be qualified in line with Good Clinical Practice (GCP) requirements (but what this actually means is unclear).

2) **When starting up as a freelancer, how do medical writers get their first contracts? Is it worth offering lower charges to begin with?** (Ingrid Dickes, medical writer)

There was general agreement that contacts secured whilst still working for an employer, former colleagues, and word-of-mouth are the best sources of initial contracts. It is important to have a website, although none of the contributors said this was a major source of work. It is also impor-

tant to place yourself on lists of freelancers on the Web, such as the EMWA Freelance Register. Cold-calling is not generally regarded as very rewarding. **Pamela Waltl's** response was typical of most of those received and was given at the FBF: *"My first contracts were from a previous company, and they are still one of my main clients. A large proportion of my work comes from people I have previously worked with. I am also on the list of a few agencies/communication companies who contact me from time to time. I also occasionally get work from the EMWA freelance listing. I did do some cold-calling at the start, but was not very successful, however I am considering this option again, so if anyone has any hints about what works best, I would be pleased to hear about it!"* **Gillian Pritchard** contacted local business support agencies in Scotland, as did **Alistair Reeves** in Germany. One thing you may have to bear in mind are any possible breaches of contract with earlier employers (**Gillian Pritchard**: *"I had previously worked for a consultancy, and so did not contact former clients because this would have been a breach of contract."*; **Sam Hamilton**: *"I had a non-compete clause in my employment contract with my last employer before going freelance which meant that I could not work with any client I had worked with in the last year before I left for a 6-month period after I left"*). Based on bad experience, **Neil Fisher**, **Alistair Reeves** and **Debbie Jordan** said 'never compromise on fees'. **Ursula Schoenberg** gives some advice for those starting up in this issue.

3) **If you have a website, how do you go about being easily found via Google?** (Ingrid Dickes, medical writer)

This used to be easy: use the right keywords or mentioning 'medical writing' enough on your first page ensured that you came somewhere reasonably high in the listings (**Ingrid Dickes**, **Alistair Reeves**, **Sam Hamilton**), even if it initially took a few months. From comments and contributions received, this is obviously a very rapidly moving target with the rules being changed more and more often. You could always pay for special mentions on the first page (**Adam Jacobs**), but now you can pay for 'website optimisation'. **Neil Fisher**: *"Difficult. Google keeps changing the rules, and getting a good rating takes skill. Internet optimization is now an established business and costs good money"*; **Gillian Pritchard**: "My web designer told me that if you want your website to be found you have to pay to ensure that search engines can find it.", and it seems this can become very expensive. **Debbie Jordan** commented on this point as follows: *"Given that the EMWA freelance list comes out top when you type 'freelance medical writer' into Google, I think the best way to reach clients is to make sure you are registered on the EMWA freelance listing"*. **Cito Habicht** and **Linda Liem** pointed out that whether you want to spend money on optimization depends on what you want your website to achieve: if your website is just an extended business card or a place to provide new contact details, optimization is probably not necessary. **Wendy Kingdom** made a practical suggestion: since website optimization costs you something, give it a try for 6 months or 1 year and see how much business it brings, and then decide whether or not to continue.

In line with Debbie's comment, it is a good idea to be put on the EMWA Freelance Register, but **Ingrid Dickes** felt that newcomers might not stand a chance of gaining business from it because there are so many experienced members on the register. The general feeling was that this should definitely not put anyone off, because you have to start somewhere, and newcomers will have things to offer that experienced members might not.

Items 4–6 were proposed on the FEDF and fielded at the FBF, and will be included in the next discussion round of the FEDF (probably late November 2007).

4) **Do freelance medical writers need indemnity insurance?** (Liz McNeil Grist, freelance journalist/medical writer)

Liz has been a freelancer for 25 years and has recently been asked to sign clauses indemnifying the client, which she has refused to do. She raised the issue with the Medical Journalists Association, but no conclusions were reached. **Sam Hamilton** answered: *"When I went freelance I spoke about this to several seasoned freelancers and took advice from ex-colleagues in the pharma world. They all gave the same advice: this is a non-issue, because final sign-off is the responsibility of the client. You never work (or should never work) in isolation from the client, and there should be dialogue ongoing during the write-up, so there really should not be any surprises in there by the time the client sees the finished article"*. **Alistair Reeves** replied: *"We have been having FBF meetings at EMWA events for the past 5 years, and this topic has been discussed at all events except the last. The outcome of the discussions each time was, as Sam says: if a medical writer is contributing to or preparing **any** document used for drug or device approval or any associated or preparatory documentation, or preparing a publication or marketing documentation for a company, this is a non-issue because the final sign-off is the responsibility of the client. The document can be changed after the medical writer has sent off the 'final version' without the medical writer's knowledge (so always keep your dated email and 'final version' of anything you send to anyone as a dated printout). If you want to be really sure, you can make a printout and send it to yourself on the same day by registered mail, but do not open the envelope when you get it, and do not open it until you are in court"*. This may be very different if you are active in the field of agency work or journalism, or are actually involved in giving medical or regulatory advice, where you are very much more exposed and 'out on your own', so you must take individual advice on this.

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>>> Report on Basle Conference...

5) **How do freelancers deal with conflict of interest issues?** (Elaine O'Prey, medical writer).

Alison McIntosh commented that a potential employer may try to avoid this by asking a writer to sign a 'non-compete' contract, meaning that for the duration of the contract, they are not allowed to work on the same subject area for any competing company or agency. She did this for 3 months and insisted on being paid a retainer (i.e. was guaranteed a certain sum of money, even if she was not given any work). **John Carpenter** felt that a retainer would be mandatory in such a situation. **Ursula Schoenberg** said that she had been asked to sign such agreements, but had refused, and that it had not been detrimental to business. A possible pitfall with such contracts is difficulty with the tax office because of 'IR35' status in the UK and 'Scheinselbständigkeit' (apparent self-employment) in Germany. This presumably exists in many EU and other countries if you work for more than a certain percentage of your time for only one employer or only one employer in a tax year. It was suggested that clients may prefer such contracts because freelance rates are too high, but this does not seem credible. The Dutch tax authorities would consider such a contract with a retainer as a standard employee contract with all liabilities on both sides. To avoid 'apparent self-employment' in Germany, freelancers have to have more than one client and not earn more than 85% of their turnover from one of those clients (**Cito Habicht**). These issues are not strictly to do with conflicts of interest, and this topic will be sent out in the email discussion forum.

6) **Journal manuscripts are no problem, but I regularly underestimate the time needed for other types of document.** (Neil Fisher, medical writer)

Neil thought it would be a good idea to share information on how long standard documents should take to complete, and factors to watch out for which could change the amount of time needed. **Sam Hamilton** replied that she is giving an advanced workshop at the Barcelona conference covering the scheduling of standard documents (mainly protocol and CSR) and proposal writing. The time allotted for the preparation of any document depends on the complexity of the document. The time allowed is often determined by the client, and they also often regularly underestimate. **John Carpenter** and **Alison McIntosh** advised always to keep a daily timesheet to supply to the client, keep in touch with them, and don't surprise them. Any contract should include clauses to the following effect: 1) the writer and client will give each other early warning if they feel that the job is going to take longer than originally planned; 2) the initial time estimate should have a buffer (possibly ± 15%) and should cover the first draft and one review cycle with incorporation of comments (for which time is also stipulated). Time after that is subject to negotiation.

With cast-iron meeting discipline, we managed to get through our entire agenda, including a very brief *'Any other business'* slot, in which **Linda Liem** said that she was interested to hear in general about software tools (add-ons, plug-ins, programs) writers use to facilitate work, and in particular an add-on for Excel for statistical calculations. This is a further topic for the email discussion forum, but anyone with any information on this might like to contact Linda.

Thanks to all those who attended the Basle FBF and thanks to Alison McIntosh for taking the minutes. After the meeting it emerged that Head Office wanted all participants who wished to take part in the FEDF to actively confirm this (see box). Out of an original mailing list of 140 participants, only 8 people asked to be withdrawn, and have been deleted. We look forward to seeing you all again in Barcelona—and hope for an even better turnout at the FBF—and we also look forward to hearing from you in the email forum.

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EMWA email Freelance Discussion Forum

This discussion forum was launched just before the Basel Meeting in November this year, with a resounding positive response. Our first mailing was based on a list of participants from Head Office which needed some refinement, as we were aware that some colleagues in full time employment also doing freelance work might not wish to be addressed (I was in this situation for years, so I fully understand—AR), and that others may not be interested. If you are working for a company and want to be addressed privately, you can always give us an alternative email address. If you wish to participate in the forum, please e-mail me (a.reeves@ascribe.de) or Sam Hamilton (sam@samhamitonmwservices.co.uk) so that we can add you to the list. We look forward to hearing from you!!

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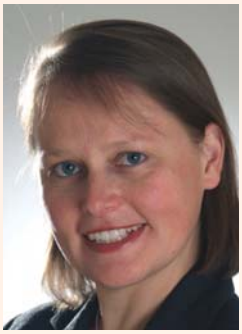
The influence of the pharmaceutical industry (and ghostwriting)

An article titled 'Biomedical research and corporate interests: A question of academic freedom' by McHenry Leemon, a lecturer in philosophy at California State University, views the influence of the pharmaceutical industry on politics, academic research, medical journals and ultimately on society.

Ghostwriting features strongly in the industry's armory in this article.

It is available ahead of print at: http://www.msmonographs.org/preprintarticle.asp?id=37086



Yoohoo! Self-marketing for freelancers and wannabes

by Ursula Schoenberg

As the perennial topic of marketing yourself as a freelancer has come up on the email discussion group, I just wanted to share with others what has worked well for me:

1. **Schmooooze**
   Although some hardy souls may start freelancing directly after leaving university, I'm assuming that most of us have done our stint in industry before venturing out on our own. I can say that my mental freelancing started well in advance of my actual freelancing, and as soon as that happened, I started to plan ahead. My advice: be nice. Not just to your boss and colleagues—to EVERYONE. Because that trainee standing at the photocopier may well end up becoming your client. Many of my long-term clients are ex-colleagues, and from what other freelancers report, I'm not alone here.

2. **Call Freud and spread the word**
   When you know you're going out there on your own, sit down and figure out who you are and what you want. Ask yourself: what characterizes me as a person? Exactly what kind of work do I want to do? What kind of clients do I want? I found it helpful to see what competitors were offering (via the Internet) when I was creating my profile. Write everything down. Then condense that into what Americans call the 'elevator pitch', i.e. the 2-minute version of what you do, in clear language. Take time and care with this step. Memorise your elevator pitch and then tell absolutely everyone that you are now freelance—your ex-colleagues, your cleaning lady, the cat. Word of mouth works best!

3. **Be virtually anywhere**
   Find a web designer and set up a website. Forget vacation plans, put any available money into designing a site that will embody what you discovered in Step 2. A good designer will create a 'virtual calling card' that you feel accurately represents your professional self. A very good designer will also be a sparring partner and point out weak spots in your positioning. Going through the process of creating a site will help you sharpen your profile, making you more self-confident. New clients who approach me have already been on my website and gained a first impression about whether I will be the right person to work with or not. A lot of this is subliminal, but observe yourself—don't you get a 'feeling' about people or companies when scouting a site?! Two last pieces of advice: do not design a site yourself (unless you are a professional designer as well as a medical writer), and get a really good photograph taken. As the Germans say: one picture says more than a thousand words.

4. **And re-schmooze**
   When I was a freelance rookie, I overheard a cashier at a well-known stationery store comment to a customer that he looked so relaxed. "Yes", he replied, "that's because I have really nice clients." I want that to be me, I thought. So on the theory that antelopes congregate with other antelopes and not with lions, I work on extending my network of good clients through existing contacts. When possible, I try to work in-house on projects and get to know (and work with) other people. I also keep on being nice to my clients (duh, right?). Write an e-mail on birthdays, send Christmas cards, use your emotional intelligence. If a client has referred me to someone else, I tell them how much I appreciate it—as soon as humanly possible.

5. **Face-to-face beats Facebook**
   I know there is a lot of hype about Web 2.0 and social networking, but I have to tell you that I have not generated any new business through generic web networks like Xing. That being said, this is probably also because I don't invest much time in them, so it's the problem of the egg and the chick. There certainly are tried and proven ways of successfully marketing yourself on the Web: you can launch a specialized blog or send out a regular newsletter to clients, updating them on current projects or know-how you may have acquired since you last worked together. However, don't underestimate the time you need to maintain these initiatives, because potential pay-offs (i.e. reputation or new contacts) tend to be medium to long-term. I prefer keeping my 'real' network connected by working in-house with clients and by hosting twice annual 'regular meetings' with selected contacts.

6. **Join the club**
   Joining a professional organization like EMWA is a good way to meet new people and network. Explore other groups (businesswomen, local business net-

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>>> Yoohoo! Self-marketing for freelancers and wannabes

works) that might be worthwhile joining. Be sure you always have a business card on hand (something I admit I'm terrible at …) with your contact data and web address. After bashing generic business networks, I would recommend exploring virtual forums for freelancers (especially the EMWA Freelancers List). Take a little time to research these and separate the wheat from the chaff before you join, because where you network also reflects on you. Ask yourself: is the site structured well, what jobs are they offering, are these offers current? Some of these registers are free and some charge a fee, so monitor any return you get on membership and decide when your cut-off date will be if things don't work out. I left freelance forums that had not proved successful after a year.

7. **For love or money**
   Last but not least: fees. I would concur with many EMWA freelancers and advise not to compromise on rates. What does this have to do with self-marketing? Your potential client will see that you are a competent, successful and confident professional, just like he or she is. And that's exactly the kind of person a client wants to work with.

Good luck, and please be assured—there is lots of work out there!

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Cohorts, groups, arms and collectives

I sometimes find that authors reporting on comparative prospective 'registration' studies refer to the groups of patients enrolled as 'cohorts'. I have never been happy with the use of 'cohort' to describe groups of patients enrolled into such studies. I have always had the feeling that authors use the word *cohort* for standard 'approval-type' studies because they think it sounds 'better' or 'more scientific', and, indeed, some authors have given this as their reason for the use of the word.

A cohort study is defined in the Wikipedia as follows [1]: "*A **cohort study** is a form of longitudinal study used in medicine and social science. It is one type of study design. In medicine, it is usually undertaken to obtain evidence to try to refute the existence of a suspected association between cause and disease; failure to refute a hypothesis strengthens confidence in it. Crucially, the cohort is identified before the appearance of the disease under investigation. The study groups, so defined, are observed over a period of time to determine the frequency of new incidence of the studied disease among them. The cohort cannot therefore be defined as a group of people who already have the disease.*"

The definition states that the word *cohort* is not appropriate to describe groups of patients who are enrolled into studies as they present at the practice or hospital because they have developed a certain disease. We have the perfectly good word *group* for this, and the word *arm* has also come into common usage to express the same idea. In their book, *How to Report Statistics in Medicine*, Tom Lang and Michelle Secic also give a very comprehensive definition of the term 'cohort study' [2]. This should not be the only reason to consult (or indeed buy) this superb book for medical writers.

I am also still seeing *collective* used by continental European authors to mean a group of patients. When used as a noun, *collective* should be reserved for describing cooperative economic ventures, such as a *collective farm* or a *wine collective*. It is not appropriate as the description of a group of subjects in a clinical study, and will probably never lose its inevitable association with Communism for us fairly immediate post-war babies—something our grandchildren, however, will find difficult to understand.

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References:
1. http://en.wikipedia.org/wiki/Cohort_study. Accessed 11 October 2007.
2. Lang T, Secic M. *How to Report Statistics in Medicine. Annotated Guide for Authors, Editors and Reviewers*. 2nd Edition. American College of Physicians. Philadelphia. USA. 2006.

The final quarter of my first year as a freelance medical writer

by Sam Hamilton

I'm there and I can hardly believe it. I have reached the end of my first year out on my own! In previous issues of *The Write Stuff (TWS)*, you heard about my journey to freelance medical writing and my first nine months in business. I'd like to bring this series of articles to a close by sharing my experiences over this final quarter of my first year in business with you. The last three months have included a welcome break from fast-paced previous months and some promise for the future.

Months 9 to 12

July 2007

I fine-tuned a couple of PowerPoint presentations for two talks I was due to give at Newcastle University in July. The first was an interactive session on SOP writing for the staff of the local teaching hospital involved in investigator-led clinical research. I had already received some useful pointers from Wendy Kingdom, but felt the presentation would come to life with one or two more applied examples of how good SOP writing can really save the day. I called on my friend and experienced freelancer, Debbie Jordan, to see if she could help. She was kind enough to share her experiences of recent Medicines and Healthcare Products Regulatory Agency (MHRA) inspections with me and, as a result, I delivered a powerful presentation peppered with real life applications and examples of good—and bad—SOP writing. It was certainly of benefit to the audience as the sheaf of forty-plus completed course assessment forms indicated.

The second presentation was no less interesting. I had been asked by my old PhD supervisor and erstwhile professor now overseeing the education and development programme for postgraduate students in the medical school, to talk to them about my career to date and medical writing in particular. To say I enjoyed this could be described as something of an understatement! Who wouldn't want to share their experiences with a group of interested individuals? The theatre was packed and I was glad that at the end of the session, many people wanted to continue the 'conversation', over the buffet lunch. It was good to be able to tell them that medical writing was a realistic career option, outside of academia, offering a great deal of opportunity and personal fulfilment.

I was still exhausted from my mammoth double clinical study report (CSR) efforts in May and June, so I took advantage of the slow down and, apart from the two lectures and two very small ad-hoc pieces of work which came in unexpectedly, I coasted towards our impending family holiday in the third week of July, helping out at school often.

I contributed to articles for *TWS* and enjoyed working with a small group of freelancers in preparation of some of the material (see the October 2007 issue's 'Out on our own' feature).

Hamiltons in USA

Amid much excitement, Paul, Cameron (aged 8), Aanya (aged 5) and I fled the country immediately after the end of school term, for our big American adventure! We spent the first 5 days with Helen, my good friend and now business partner in a large protocol writing project for a pharmaceutical giant, and her family. It was wonderful to be together again, and our four children, having met before, managed to pick up where they left off, which was a real bonus.

Helen had sensibly scheduled a meeting with the client while I was around. With three representatives from the US team, and me representing the UK contingent, we had a fruitful and mutually beneficial exchange. Everything was on target for kick-off in early September 2007.

August 2007

We went onto Wyoming and did the 'cowboy country thing' for nine action-packed days, including white-water rafting (yes, all of us), horse-riding, mountain biking, hiking, wildlife watching, geyser gawping, a rodeo evening, chuck-wagon supper—the whole kit and caboodle. We were all exhausted and ready for five days with my Aunt and her family in New York. What a way to end our adventure!

We arrived home in the middle of the month to the usual piles of accumulated post which speeded our return to reality. I had a sheaf of general business enquiries and a small but satisfying number of requests for proposals which I attended to during the first week back. The proposals included a CSR for quarters 2 and 3 in 2008, which was a good start.

I received client comments back on the smaller of the two CSRs which I had reported in May. While writing the draft CSR, I had identified several key issues which I felt would

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>>> The final quarter of my first year as a freelance medical writer

likely be raised by the client in their review of the draft report. These were issues which should have been addressed earlier in the proceedings, and before my involvement in the study. I provided my client with a summary of lessons that could be learned from the reporting of this study. This value-added service was provided free of charge with the 'lessons learned' document being submitted with the draft CSR in May. The returned client comments received in August were almost exactly as I had predicted in the 'lessons learned' document. By anticipating the likely problems and highlighting them to my client ahead of time, I was in a position to negotiate additional payment for the substantial changes required, as they were effectively out of the scope of our original agreement. I made what changes I could to the CSR and advised the statistician on the new and revised summary tables required. Further CSR revisions were effectively on-hold until the revised output was available.

The nagging thought that my client's processes and procedures could benefit from an overhaul to avoid such problems in the future kept returning to me and I began to think about how I could help them from a more strategic perspective, rather than just a project-based one.

September 2007

Helen had contracted a fellow freelancer, Pat, whom I had met on my recent trip to the US, to conduct quality control (QC) on all the protocols for the study throughout the two years. This approach aimed to provide a degree of inter- and intra-document consistency which would enhance the professionalism of the project as a whole. My protocol QC checklist was developed by Helen and Pat who took it to the next level. Helen wrote the first protocol in late August/early September. She was keen to ensure that Pat was picking everything up she should from a QC perspective and, that I would be tuned-in to the client's requirements in time for my first protocol attempt due in early October, so Helen asked me to QC the first protocol concurrently with Pat. This 'belt and braces' approach gave the client the full measure of the team's capabilities and assured a uniform approach to subsequent writing and QC from day one.

I received revised statistical output for the CSR I was part way through updating with client comments in August. I was therefore able to complete the revisions and submit the second draft of the CSR for QC to Helen. This worked perfectly from a timing perspective as Helen and I made a switch of documents for QC in late September. I performed QC on Helen's protocol while she performed QC on my second draft CSR—neat!

I decided to discuss the nagging thought that my client's processes and procedures needed some improvement with a member of their senior management team. We discussed how best to approach process enhancement and some possibilities for training. Talks were encouraging and are currently ongoing.

I was delighted to be accepted by the EMWA Professional Development Committee (EPDC) as a workshop leader for an EMWA course. The course was to cover scheduling of medical writing deliverables, including CSRs and protocols, and effective proposal writing. Of course, the idea came from working with so many clients with divergent processes over a good number of years, but the idea crystallised in my executing the afore-mentioned CSR, for obvious reasons. I made a start on developing the course materials between spells of paid work during September, as I knew the pace of work during October to December 2007 would be relentless.

I met up again with the small northern England-based CRO for an informal lunch one day, having nurtured our developing relationship with them slowly over the past 9 months. I had contributed the medical writing section of several full-service proposals for them over the past few months, and had been glad to advise on writing issues when asked. During lunch, business was barely mentioned, and I took their lead and held back. However, I was rewarded at the end of the meal when I was told that they were on the cusp of hearing about several proposals, many of which included medical writing components and that that they would be contracting all writing services to me for all projects in future. This was in effect a 'preferred provider' agreement, going forward. I was starting to appreciate that longer term business objectives may simmer away for a while before coming to fruition—patience was the key.

Closing thoughts...

So that is the end of my first year of trading as a freelance medical writer. The move away from salaried employment has afforded me a better work-life balance, increased flexibility and enhanced financial reward. Before I started my journey, both Paul and I thought that my greatest ongoing worry would be not knowing what was around the corner—I am, after all, one of life's planners. I have succeeded in surprising us both on that score by apparently thriving on the uncertainty. I liken this to my attitude to the organic fruit and vegetable box scheme we subscribe to. From week to week, I don't know what delights the box will offer up, but I always manage to make good, and rarely, if ever find myself furtively composting! This first year has more than anything been a period of self-discovery for me; I hope that you have enjoyed sharing in this, my very personal journey.

Preceding articles in this series are available for reference at: http://www.samhamiltonmwservices.co.uk/publications.html

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Ten questions for …

Wendy Kingdom

by Wendy Kingdom

In 100 words, what is your background, and how did you become a freelancer?
I am a pharmacist with a PhD in pharmacology. I started working in the pharmaceutical industry as a clinical research associate in the days when we did the medical writing ourselves, as well as identifying investigators and monitoring studies. My next step was into project management, which I didn't enjoy. Fortunately, I was made redundant, married, and relocated, all at the same time. I was lucky to get a good job working from home for a great contract research organisation. Seven years later, the company was sold and became awful to work for, so I launched into freelance work. That was 5 years ago.

What is your most important piece of advice for people setting up a new business?
Get as much experience as you can before you become a freelancer. Getting clients can be difficult at the beginning and you don't want to lose the ones you do get because you didn't know enough about what they were asking for.

What do you like about being a freelancer?
Freedom! Freedom to accept the work that I want to do and freedom to turn away work that doesn't interest me. Freedom to decide to have my hair cut during 'office' hours and get the work done later. Freedom to set my own priorities. Freedom to decline to attend a meeting when I know that it will be a waste of time. Freedom to take time off when I'm tired because I've been working hard. Freedom to send myself on training courses that interest me, and to attend EMWA meetings without any justification. Need I go on?

What do you dislike about being a freelancer?
Nothing. The only time I have thought that being an employee again would be nice was when I was unwell. I had deadlines to meet and I was struggling to work. It would have been nice if I could have phoned my boss and said that I was off sick. This thought came and went over a period of about 2 days, which isn't bad in 5 years of working for myself. I also think that as a freelancer you are an easy target for the office types who like to make themselves look better by running other people down. But these people are the way they are, and at least you don't have to work with them every day, or beyond the end of the project.

What are your main sources of work?
Repeat business, word of mouth, and the EMWA freelance register.

What are the most rewarding projects to work on?
For me, it's not so much about projects as about people. If I feel that I am part of a team and that I am appreciated for my contribution, then I usually feel good about the project whatever the work is. However, I have gradually spent more of my time working on the regulatory side of the medical writing spectrum rather than in medical communications because it motivates me to think that my work is contributing towards making new therapeutic agents available to people who need them.

What are the least rewarding projects to work on?
Apart from working with horrible people (for as short a time as possible), I have been known to turn down writing standard operating procedures because I couldn't face it.

Do you have a preferred type of client? If yes, why?
I like to work with CROs. They are usually well organized and they focus on getting the work done. Obviously there are occasional exceptions, but it's rare to work with a pharmaceutical company in which anything happens when they say it's going to happen. It's also common for people in pharmaceutical companies to assume that you are only working for them, so if they send you something 6 weeks later than they said they would: "You can start the work straight away, can't you?"

What is the best way to say 'No' to clients?
I'm very bad at this. Sometimes it's easy. If the work has to be done in the next 2 weeks and I'm already panicking about how I'm going to cope, then I can say sorry, but I really don't have the time. If there's any possibility that I can squeeze the work in and I hesitate, they've got me. I have had to work late and at weekends many times because I didn't manage to say no.

Would you ever consider working for a company (again) as a fulltime employee? If yes, why?
I like to keep my options open but I have yet to hear of, or to imagine, a job that offers me more than I get from being a freelancer. If my personal circumstances change then I might have to consider becoming an employee again but I sincerely hope that doesn't happen.

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Wendy is EMWA Treasurer and served on the EMWA Education Committee from 2000 to 2005.

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