

HOW TO PREPARE AN ARTICLE FOR A MEDICAL JOURNAL

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MANY of the classical reports of medicine have been written under difficulties by serving officers; and even those with no exceptional opportunities often make observations worth recording. Unfortunately some observers are so bothered by the technique of authorship that they never write at all; while others pay it so little attention that they produce bad papers. Provided he has something to say, anyone can write a good paper if he takes pains. But no one—whatever his literary gifts—can write a good paper unless he takes pains.

The first essential is a plan. A mass of facts and ideas has to be disciplined into an efficient unit, and this can best be done by organizing it into sections under headings and sub-headings, some of which may be dropped later. More often than not, the material will fall naturally into the conventional sequence: (1) Introduction; (2) Observations; (3) Investigations; (4) Discussion; (5) Conclusions; and (6) Summary. The Introduction explains why the paper is written—to record instructive cases, to propose or examine a method of treatment or to solve a medical riddle. In describing the Observations or Investigations, or both, the aim should be to give a simple and precise account of what the author actually saw and did, bearing in mind that illustrative cases or experiments may be just as informative as complete protocols, and much more digestible. As a rule deduction and speculation are conveniently reserved for the Discussion, where the author can relate his data and opinion to those of other people ("the literature"). When Conclusions are reached they should be plainly set out under a separate heading: and here the reader is entitled to some sort of answer to any questions raised in the Introduction. Normally the Summary can be combined with the Conclusions in a few short sentences; but any paper that is more than a note must have either one or both of these sections. Much care should be taken over them, remembering that they offer the best chance of interesting English readers and will be the basis of any foreign abstracts. A concise title is also an asset.

When the paper has been written it should be rewritten. An author's best friends (it is said) are a month's delay and several candid critics; but even without outside help he can always improve his performance by repeated revision at longish intervals. This will reveal gaps in the argument, paragraphs under inappropriate headings, and above all, superfluities of fact and phrase. Faults, minor or major, will become obvious with each new copy, and the drafts ought if possible to include at least one in typescript for final correction. If an article is worth printing once it is worth printing twice; and (whatever the paper

shortage) the finished product should be typed in double spacing on but one side of the sheets. Only quoted passages may be in single spacing, and these must be verified to the last comma. References must likewise be confirmed from their original sources, giving the names and initials of authors, the full name, year, volume and page of journals, and the full name, and the place and year of publication, of books. If not personally checked they should be qualified by the words "quoted by....."

Like the references, all illustrations and tables should be attached to the end of the article; they should be on separate sheets and numbered Fig. 1, 2, 3, and Table I, II, III, etc., to correspond with their mention in the text. Charts and drawings are best done in indian ink on white or blue-squared paper; but unless the draughtsman is experienced in such matters the lettering should be left in pencil, so that the editor can suit its size to his scale of reduction. Each illustration and table should have a "legend"—a line or two telling what it shows. Recognizable photographs of patients cannot be reproduced without written leave from the patient or his representatives.