

Writing about Writing, Part II: Copyediting

In the first editorial having the same title we expressed gratitude for manuscripts submitted to this *Journal*, stated our priorities for publication, and described the value of revisions. In this one, we wish to share some of the secrets of copyediting, the process by which our editorial conventions are applied to an accepted manuscript, and how vocabulary and sentence structure are modified to produce a final copy.

Our copyediting occurs in Lexington, where the final draft is put on a computer disc for the publisher. That step happens after one of the medical editors completes a final reading of the manuscript for accuracy, organization, and style, suggesting changes; and the copyeditor prepares the manuscript in its final, pre-printing form. We do very little rewriting and try not to change an author's meaning or style. Questions that cannot be settled by the medical editor and copyeditor are referred to the author for clarification, and authors are given the opportunity to review the edited manuscript and to make revisions when necessary.

In the course of editing our first 195 manuscripts, we have kept a list of common words and phrases that often need changing to conform, first, to standard English usages and, then, to commonly accepted conventions of the best medical publications. We do not mean to imply that there is no room for disagreement, but here are some pairs and groups of words along with our recommendations for usage. The books and dictionaries listed in the references provide the core of our copyediting library.

Words Referring to Human Beings

Black, White

These are preferred terms for race, rather than Negro or Caucasian. If race is not a clinically important characteristic in a description, it should be omitted.

Examples:

Not We report a middle-aged Caucasian male

But We report a middle-aged white male

Case, Patient

A *case* is an instance or episode of disease, disorder, or dysfunction. Use *patient* for the person so affected. Do not use *case* as a synonym for patient or person; such usage is considered dehumanizing jargon.

Examples:

Not Our cases were elderly men with cryptococcosis.

But Our cases of cryptococcosis were in elderly men.

Doctor, Physician

Physician should be used for persons holding the M.D. degree, unless it is clear from the context that doctor means physician. Physicians own no exclusive right to the title, doctor. Even such a venerable expression as doctor-patient relationship can be improved by the more specific usage, physician-patient relationship.

Examples:

Not There are 75 doctors and dentists on the hospital staff.

But There are 75 physicians and dentists on the hospital staff.

Female, Male

We prefer *female* and *male* be used as adjectives when referring to human beings. Whenever possible a patient should be identified as man, woman, boy, or girl. Once a noun referent has been established, as in a study group comprised of both sexes, female and male may be used.

Examples:

Not A male should be advised to use a condom.

But A man should be advised to use a condom.

He, She

It should not be implied that all members of any human group are the same gender, unless this is actually the case. Sexist language can be eliminated in most instances by using plural forms of pronouns and relative pronouns, thereby avoiding ungrammatical, slashed constructions such as he/she, him/her, or s/he.

Examples:

Not Each physician should accept his responsibility.

But Physicians should accept their responsibility.
Not Each patient was taught to monitor his/her glucose levels daily.

But Each patient was taught to monitor their glucose levels daily.

Or All patients were taught to monitor their glucose levels daily.

Individual, Person

Reserve *individual* for contrast with a group, not as a synonym for person. *Person* is preferred unless specific qualification as an individual or patient is intended.

Examples:

Not We found 10 individuals with signs of HIV infections.

But We found 10 persons (or patients) with signs of HIV infection.

Patient, Person

All *persons* are not necessarily *patients*. Patients have a status or occupy roles as sick persons receiving medical attention. Strictly speaking, there are no normal patients, and care should be exercised with such terms as untreated patients. A control group in a study population may or may not be patients.

Examples:

Not We screened 1000 patients for HIV antibody.

But We screened 1000 persons for HIV antibody.

People, Persons

Do not use *people* as a collective substitute for persons, unless they have some true commonality other than the event being studied. *People* refers to a large body or group of persons who have characteristics in common such as nationality, language, or needs.

Examples:

Not The drug had a toxic side effect on 150 people in the study.

But The drug had a toxic side effect on 150 persons in the study.

Subject, Patient

Subjects are persons or animals that have been the object of a clinical trial. When subject is used in

place of a person with a specifically diagnosed condition, it is dehumanizing.

Examples:

Not We report a subject with acute pharyngitis.

But We report a patient with acute pharyngitis.

Words about Clinical Activities

Criterion, Standard

Criterion means a standard, rule, or test by which something can be judged. Use *standard* to mean the specific characteristic or value assigned to a criterion.

Examples:

Not The standard for improvement was gain in body weight.

But The standard for adequate improvement was a weight gain of 2.0 kg

Or We used Jones's criteria for the diagnosis of rheumatic fever.

Deliver, Delivery

An infant is delivered; a woman is delivered of an infant.

Examples:

Not The patient delivered a 3500 g infant.

But The patient was delivered of a 3500 g infant.

Determine, Measure

Use *determine* for fixing conclusively, deciding definitely, settling a question. Do not use it to mean carrying out a measurement.

Examples:

Not We determined serum chloride levels.

But We measured serum chloride levels.

Or We determined that serum chloride levels should be measured.

Develop, Developed

We prefer to use this as an intransitive verb when describing a patient's condition.

Examples:

Not During the next 6 hours the patient developed irreversible shock.

But During the next 6 hours irreversible shock developed.

Diagnose, Identify

A patient is neither diagnosed nor identified as having a disease or condition. A disease or condition is diagnosed. A pathogen is identified.

Examples:

Not We diagnosed (identified) 20 patients with mitral stenosis.

But We diagnosed mitral stenosis in 20 patients.

Or The infecting organism was identified as *Mycobacterium tuberculosis*.

Die of

Persons *die of*, not *from*, specific diseases or conditions. Use *died* rather than euphemisms such as *expired* or *succumbed*.

Examples:

Not The patient expired at 10:00 p.m. from a ruptured aneurysm of the aorta.

But The patient died at 10:00 p.m. of a ruptured aneurysm of the aorta.

Dosage, Dose

Dosage is the total amount of drug given over a period of time; *dose* is the amount given at one time. Avoid using *dose* as a verb.

Examples:

Not The dose of tetracycline was 2.0 g daily.

But The dosage of tetracycline was 2.0 g daily.

Employ, Use, Utilize

Employ should be used for its narrower and original meaning, putting to work or engaging the help or services of a person. We prefer the less elevated term *use* for applying a tool or method to a task. *Utilize* should be avoided except when it suggests the discovery of a new or practical use for something.

Examples:

Not We employed an aneroid sphygmomanometer.

But We used an aneroid sphygmomanometer.

Examine, Evaluate, Assess

Patients are examined; diseases or conditions are evaluated. To assess is to draw a conclusion based upon examination or evaluation.

Examples:

Not Our patients were evaluated monthly.

But Our patients were examined monthly.

Or We assessed the effects of treatment monthly.

Follow, Observe

Patients are observed; diseases or conditions are followed. *Follow-up* can be used for either.

Examples:

Not We followed our patients for 2 years.

But We observed our patients for 2 years.

Or Our patients had a 2-year follow-up.

Health Care, Medical Care

Medical care is provided or given by physicians to patients. *Health care* is a more nebulous concept, and we resist *health care delivery* as an inappropriate description of medical care.

Examples:

Not Our group of physicians delivers health care to 200 patients daily.

But Our group of physicians provides medical care to 200 patients daily.

Over, More Than

Over may be ambiguous when *more than* is meant. In such instances *more than* is preferred to *over*.

Examples:

Not We diagnosed over 25 cases of diphtheria.

But We diagnosed more than 25 cases of diphtheria.

Parameter, Test

Parameter has a specific meaning in statistics. Do not use it as a substitute for test, measurement, value, index, or comparable terms.

Examples:

Not Our protocol included the following parameters.

But Our protocol included the following tests.

Scan, Scintigram

Scan, by itself, is imprecise without reference to the means used for its production. A scan produced by the use of a radiopharmaceutical agent is a scintigram and is usually accompanied with the abbreviation for the agent used.

Examples:

Not A thyroid scan showed decreased uptake.

But A thyroid scintigram using Tc^{99} showed decreased uptake.

Ultrasound, Sonogram

A sonogram is the record or display produced by a sonograph (a machine), and the process is sonography. The prefix *ultra* may be added but is not necessary. *Ultrasound* alone is not a proper substitute, although ultrasonic scan or scanning is acceptable.

Examples:

Not A pelvic ultrasound was obtained.

But A pelvic sonogram was obtained.

Vital Signs

Vital signs is an obsolete term. The specific examinations performed should be recorded individu-

ally, giving appropriate numerical values and rates.

Examples:

Not The patient's vital signs were within normal limits.

But Physical examination: Blood pressure (BP), 120/80 mmHg; pulse rate (PR), 96 beats per minute; respiratory rate (RR), 20 per minute; and temperature (T), 37 degrees Centigrade (98.6°F).

This is enough for one setting. We will try to be consistent in our copyediting, and we hope that both authors and readers will benefit from our following these usages and conventions. If we can find the courage, we will attempt in another editorial to deal with other aspects of medical writing.

G. Gayle Stephens, M.D.
University of Alabama—Birmingham
Birmingham, AL
Ann Stockham, M.A.
Lexington, KY

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July 14, 1989
July 13, 1990
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