

## 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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## American Board of Family Practice Certification/Recertification Examination Dates

July 14, 1989  
July 13, 1990  
July 12, 1991  
July 10, 1992  
July 9, 1993