

The right language: think English when writing your paper

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English is the language used for the transmission of biomedical knowledge. It is the language of the main biomedical journals. It is the language used at international congresses. It is the language of the Internet. This causes endless problems for non-mother-tongue speakers, who make up the majority of the biomedical community.

You learn how to write by reading paper after paper and absorbing the structures that you see used by other authors time after time.

When writing your paper it is advisable to write directly in English without having to depend upon translators who are generally not experts on biomedical topics. Of course, you will need to have your final draft polished before submission, but this polishing should be done by a native speaker, preferably a colleague, with some knowledge of your speciality.

When writing you should 'think English' meaning you should try not only to use the correct words and grammar, but also follow English writing style. This is not easy. There is a tendency to use big words, or even imprecise words because you might feel they sound 'more scientific'. Why else would someone say:

'Side effects **include** dizziness, stomach upset and nausea' instead of 'Side effects **are** dizziness, stomach upset and nausea' if these are, in fact, the only side effects present when using a particular drug? *Include* means there are others and might therefore be confusing for the reader.

Likewise, there is a tendency to use so-called **waste words**. For example:

over **a period of** twenty years, during **the course of** the experiment, repeat **again, completely** eliminate. They can be omitted and the meaning remains unchanged.

Remember to keep the verb as close to the subject as possible to avoid mistakes:

Dr Jonas, together with his colleagues, have written a paper (**NO**)

Dr Jonas, together with his colleagues, has written a paper (**YES**)

Neither Dr Jonas nor Dr Hutin were right about the patient's arrhythmia (**NO**)

Neither Dr Jonas nor Dr Hutin was right about the patient's arrhythmia (**YES**)

Neither, together with several other words such as either, each, everyone, anyone and no-one is always followed by a singular verb. No matter what comes in between.

In biomedicine, the word **data** takes the plural form of the verb e.g. **the data were statistically significant**. The list goes on and on. You need to be careful and, as I said previously, learn from what you read in the papers that have already been published in your target journal.

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Be careful with your spelling and use not only your computer's pre-installed spellchecker but also invest in specialist biomedical spellchecker software. Remember to decide between USA or UK English before you start writing and stick to your decision throughout.

Writing numbers also causes problems. As a rule, single-digit numbers (1-9) should be written as words while two or more digit numbers (10-infinity) should be expressed in numbers e.g. there were **three** cases of retinal detachment, but there were **25** cataract interventions. Of course, exceptions exist such as when writing standard units of measurement, percentages with decimals, dates and indicating the tables, or other graphic elements, in your paper.

Punctuation is different in English, or at least it is used differently. Never use **full stops (.)** at the end of your paper's title, following *initials* or *personal titles* (R Johnson, Dr John), when writing *abbreviations* or *acronyms* (DNA, BMI, AIDS), except for *Latin abbreviations* such as et al., etc., and so on. Be particularly careful with **commas (,)**. For example:

Bob was not promoted because he was the senior candidate (lucky Bob, promotion based on merit)

Bob was not promoted, because he was the senior candidate (poor Bob, too old therefore no promotion)

Remember also that full stops have to be used when writing *percentages with decimals* e.g. 70.5%, but commas are used in *thousands* e.g. 2,300. Compound adjectives are linked by **hyphens (-)** e.g. *age-related macular degeneration*; **colons (:)** join two clauses when the second explains or qualifies the first, or should be used when writing a subtitle or a running head for your paper. **Semi colons (;)** join closely related independent clauses, but are often over-used and can lead to long sentences that are sometimes difficult both to control (writer) and understand (reader).

So, think English. It is not better or more beautiful than any other language; it is simply *the* language of biomedicine and needs to be used correctly, concisely and carefully without simply translating words and phrases from your own mother-tongue. Happy writing!

“Questo è il quarto di una serie di articoli sull'argomento.

Potete indirizzare domande (in italiano o in inglese) a michael.john@hsr.it e vedrete le risposte pubblicate su questa rubrica”.

‘This is the fourth of a series of articles on this topic.

Send any questions to michael.john@hsr.it who will answer them as part of this column.’

Questions from the readers

1 How should we deal with compound nouns using prefixes such as non, peri, intra, post etc?

Whenever a word includes the prefix *non* it should always be hyphenated e.g. non-operative. However, nonoperative (without the hyphen) is becoming more common and shows the general tendency to link prefixes to the word they are qualifying to form new words e.g. perioperative, intraoperative, postoperative and, as previously mentioned, nonoperative. I suggest you read your target journal to see which form they use and follow what they specify in the Instructions to Authors.

2 Authors often write long, complex sentences in their papers. What is the maximum length a sentence should have?

Sentence length varies. Longer sentences are sometimes necessary when you need to combine ideas. Punctuation, such as colons (:), can be useful for this purpose. However, long sentences are like snakes; they are difficult to control. Poor use of punctuation, especially colons, semi-colons (;) and commas (,) leads to long sentences that are difficult for both readers and writers. Examine the target journal and see how published papers have been written. Personally I would say that if a sentence is longer than twenty (20) words then it is too long.

3 In bibliographies you sometimes see the complete title and on other occasions you see the abbreviated form, as shown in Pubmed. Are both forms correct, or is one more correct than the other?

You have to consult the Instructions to Authors of your target journal to see how to draw up your list of references at the end of your paper. There is no other rule.

4 References are often difficult to understand. At times you see S34-S35 and at other times you see R405-7. What do these letters and numbers mean?

As I said in the previous answer, the way you prepare your list of references depends on the instructions you are given by your target journal. In the cases you mention, S34-S35 refers to page numbers in supplementary material while R405-7 is another kind of page numbering used when distinguishing particular sections of the journal.

5 The abstract is of fundamental importance. It has to sum up all the essential information in your paper and be appealing at the same time. How can you achieve this aim? Which mistakes need to be avoided?

The abstract needs to follow the Instructions to Authors, meaning you have to write either a single-paragraph abstract (usually around 250 words) or a structured abstract (usually around 400 words). You must only mention things explained in the paper itself. Concentrate mainly on the results, but do not refer to tables or figures. The abstract has to be a stand-alone document. Always write the abstract when you have finished the paper. Use mainly the past simple tense when writing. Writing a good abstract is extremely difficult, but could make the difference and might stimulate editors, referees and eventual readers to carry on with the rest of your paper.

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