

Perspectives on the Art of Scientific and Medical Writing

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(Managing Editor's Note: This year the *Rhode Island Medical Journal* (RIMJ) celebrates its 106th year. In this collective commentary, the Journal's editors – past and present – share their editorial journeys with tips and takeaways, starting with “The King’s English,” which appeared in the inaugural January 1917th issue.)

The King's English

ROLAND HAMMOND, MD, ET AL

It has been said that even a doctor should be able to speak and write correctly. A few can. Many



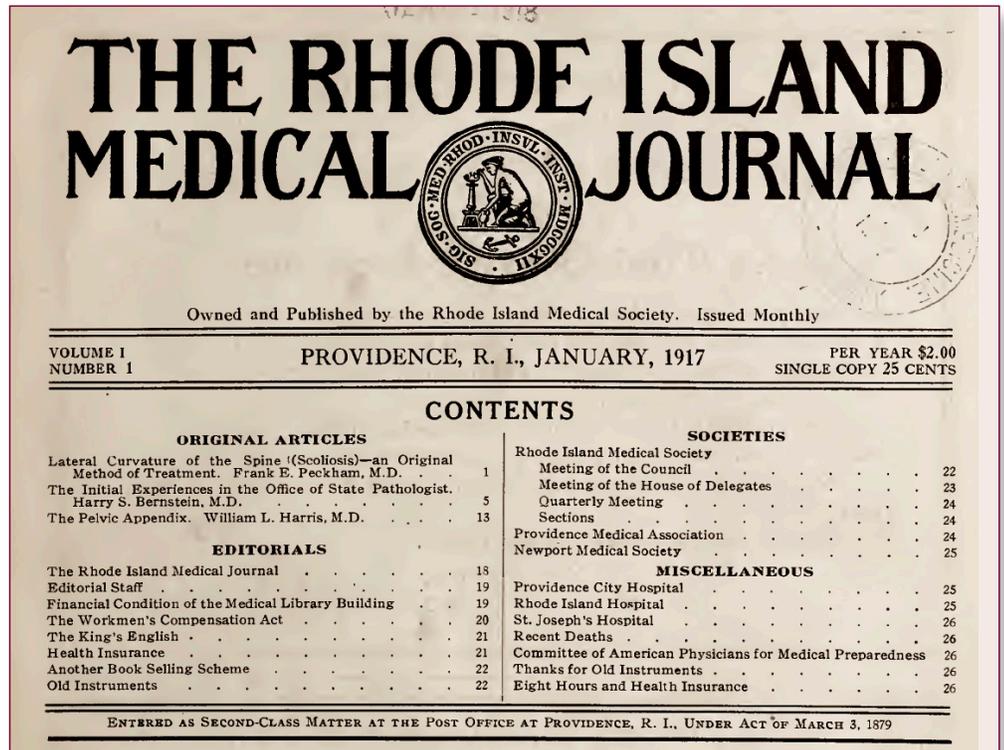
Roland Hammond, MD
Editor-in-Chief, 1917-1920

either cannot, or begrudge the time or effort to do so. A glance

over contributions to the modern medical journal too often reveals such wholesale murder of our mother tongue as would bring a blush of shame to the cheek of any high school student. Furthermore, many of these contributors, whose conscience and training impel them to write grammatically, abandon all attempt to attain the “unity, coherence, and force” urged upon them in their college days, and succeed

in cleverly concealing their few salient facts in such a mass of disordered detail that the patience of man is exhausted ere the first gem of important information is unearthed.

The article which begins by clearly stating just what ground it is going to cover, sets forth its main facts in logical order, arranges its detail of history, case reports, or experimental data so that it can be readily recognized and conveniently disregarded by the busy reader, and ends with a clean-cut and effective recapitulation of its essential points is, in the world of medical literature, a gem indeed. ❖



'Shorter is Always Better'

JOSEPH H. FRIEDMAN, MD

My first publication¹ was a case report in *Neurology*, the most read journal in the field. The editor-in-chief was the chair of the department where I was then a medical student. His pre-publication comment, handwritten with a fountain pen, was: “Admirably brief. Please add answers to the following questions and reduce the length of the ms.” Take home message: shorter is always better.

When I moved to Rhode Island in 1982, fresh out of residency, in the days when the subspecialty discipline of movement disorders was nascent, with only two fellowships in the country, I proclaimed myself a movement disorders specialist and sought to attract patients. There were 13 neurologists in Rhode Island at that time, with 11



Joseph H. Friedman, MD
Editor-in-Chief, 1999-2019

EDITORIALS

THE RHODE ISLAND MEDICAL JOURNAL.

Editorial page header from the January 1917 issue of RIMJ

in Providence. I thought I could advertise myself by publishing in RIMJ, and wrote a few columns. With time, I became friendly with its editor-in-chief, Stan Aronson, and when he decided to step down after 10 years, no one responded to the ads in the Journal. In desperation, he asked me, and it was difficult to ever say no to Stan; plus, I was flattered. I became editor-in-chief and remained in that position for 20 years. I gave myself the task of writing a monthly column. My only background was the papers I had published, guest-editing neurology issues for RIMJ, and a lot more energy than I have today.



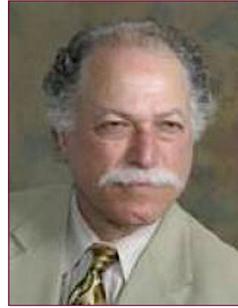
Stanley M. Aronson, MD
Editor-in-Chief, 1989–1998

I don't think the mission of the Journal has changed since Dr. Aronson became the editor-in-chief 35 years ago, which is to provide public access to the accomplishments, capabilities and needs of the Rhode Island health care community, while promoting the careers of those of us who do

the work. I continue to view RIMJ as a medium for local physicians and other health care workers to advertise their expertise, alert us to problems, and to advance their academic careers, in addition to educating the rest of us. ❖

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Kenneth S. Korr, MD
Associate Editor

My First Publication: Lessons Learned

KENNETH S. KORR, MD

My first publication was a case report which appeared in JAMA in 1980.¹ It described a 66-year-old male patient who presented with an acute inferior and right ventricular infarction complicated by high-grade AV heart block, severe tricuspid insufficiency, and cardiogenic shock refractory to fluid resuscitation, pressors, and intra-aortic balloon counterpulsation. The patient ultimately required emergency open heart surgery, including tricuspid valve replacement, and permanent pacemaker implantation. Surgery was lifesaving; the patient survived and did well over the ensuing years.

Writing this paper was a uniquely valuable learning experience for me on the unusual hemodynamic pattern of RV infarction and its similarity to constrictive pericarditis, as well as the fact that you could actually survive without a functioning right ventricle if you had a competent tricuspid valve and sinus rhythm. It was the senior authors who saw those important parallels within the broader spectrum of cardiac disease, and the unique hemodynamic and pathophysiologic aspects which made this paper so much more interesting. Reading it now after so many years, I still recall many of the discussions we had relating to specific aspects of this case and how best to present them. It left a lasting impression and one which has guided my writing and editorial efforts since then.

As an associate editor of RIMJ, I have the opportunity to review countless articles and case reports frequently authored by medical students and residents. Our editorial process is aimed at constructive criticism, suggestions on ways to improve the manuscript, clarify confusing points and focus on the primary message of the paper – lessons I absorbed from mentors and senior authors as a first-year cardiology fellow at The Miriam Hospital. ❖

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George Bayliss, MD
Associate Editor

Road Less Taken: From Beat Reporter to Editorial Board

GEORGE BAYLISS, MD

I've worked my way up in journalism and medicine to the editorial board of the *Rhode Island Medical Journal* (RIMJ). I started as a reporter for local newspapers, writing obituaries, covering the police beat, courts and school board meetings. I then moved to the wire services and went from rewriting local

news for radio to covering US energy futures markets. At last, I advanced to the international services as a correspondent in Germany, covering currency and government bond markets, central bank policy, and emerging markets east of the Berlin Wall. This was the best job I could imagine in journalism and decided the time was right to switch careers and go to medical school, something I wished I'd done when I was younger.

The thrill of seeing one's byline never dies, and medicine presented opportunities to write. My first articles^{1,2} as lead author grew out of presentations as a fellow and appeared in the journals of the European Renal Association after many revisions. Several years ago, I leapt at the chance to help shape RIMJ. As a member of the editorial board, I review submissions with an eye toward helping authors improve their work and encourage colleagues and trainees to turn their presentations into articles and case reports. And while RIMJ has extended its global reach with the addition of a LinkOut free article feature on PubMed several years ago, it has stayed the local journal it has been for all of its 106 years. Our primary responsibility remains to inform the Rhode Island medical community and provide a platform for its members, trainees and attendings to present their work. ❖

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Mary Korr, MA
Managing Editor

On the Sidewalks of New York...

MARY KORR

My editorial journey began as a young girl in Queens, NY, on my bicycle. On Sundays I would peddle to the stationary store to pick up the *New York Times*, the *New York Post*, the *Daily News*, the *Herald Tribune*, the *Mirror*, the *World Telegram and Sun*, and the *Journal-American*, and navigate home with

my front, side and back baskets filled. I brought them inside and was paid my allowance, 5 cents per paper. I put the coins in my piggy bank and read the comics. Brenda Starr, adventurous reporter, was my favorite.

Fast forward to my first college writing class, given by a *New York Times* editor. He encouraged me to pursue journalism. *New York Times* here I come! Of course, I knew I had to pay my dues first. I decided to go to graduate school for journalism. "Obituaries are the most read part of a newspaper. Never spell a name wrong or it will come back to haunt you," Prof. Taft in J 101 instructed. "And you will fail my class if I find three errors in anything you write."

After working as an editor and reporter for newspapers in New York City, Massachusetts, and Rhode Island for decades, I am now at RIMJ. Ten years have passed in this position very quickly. And as any journalist will attest, sometimes what we have been asked not to report is the most memorable. When I asked the late Stanley Aronson, MD, why he decided to take on the task of RIMJ editor-in-chief for a retrospective piece I was writing, his response was unexpected and moving. "But you can't write that down," he said. I wish I could report all the things I have been asked not to, the "back story."

The editorial world (not to mention the bicycle world) has undergone cataclysmic changes since I first peddled to the news stand. The headlines are on all our devices, even our watches. But what has not changed – in the general press and in any publication – are the basics: follow author guidelines, spell names correctly, update research, fact check, and have senior authors review before submission.

Manuscript conception and preparation is a balancing act with all of the above components in sync – something I literally learned wheeling on the sidewalks of New York with basketfuls of newspapers, wondering what adventure Brenda Starr was up to that week. ❖



William Binder, MD
Editor-in-Chief

The ABCs: Accuracy, Brevity, Clarity

WILLIAM BINDER, MD

I joined the Department of Emergency Medicine at Brown in 2014, after 16-plus years at a Boston institution. While sitting on a chair at Narragansett Beach I thought it would be a nice addition to publish a CPC from our department in the *Rhode Island Medical Journal* (RIMJ). I contacted Dr. Joseph Friedman, the editor-in-chief, and he gave the green light, with the admonishment to keep it short and to the point. We managed to publish about 4 or 5 per year. With each attempt I saw less red track changes, as I began to understand and appreciate Dr. Friedman's decree.

This was not the first time I had been told to keep it brief. As a second-year internal medicine resident, Dr. Michael Stein taught me about efficiency in language. My responsibility was to take those 4-page, intern, handwritten history and physical exams and boil them down to a 2-paragraph note. Hemingway meets the senior resident's H&P!

Several years later, in 2018, I suddenly found myself with more time and I asked Dr. Friedman if I could help out with RIMJ. Little did I know he had other plans, and in 2019 Dr. Edward Feller and I became co-editors-in-chief of the journal. My experience as an editor was nil, although I had certainly reviewed my fair share of manuscripts. I hoped my writing experience as a graduate student in the history of science would make up for my deficits.

As much as I have learned from these mentors mentioned above, I was lucky to have Dr. Leonard Mermel guide me through the process of writing manuscripts. My first paper, a case report about leptospirosis in a patient from South County, was eventually accepted in the *Journal of Emergency Medicine*, with Dr. Mermel as the senior author.¹ I learned that writing is re-writing, a pearl of wisdom I offer to every author. Mostly, however, I marveled at how fortunate I was to live in an age where white-out was no longer imperative!

I have also had the good fortune to have had manuscripts both accepted and rejected. At every juncture I have learned from reviewers and editors. Some reviewers have been brutal – not long ago I had a paper bounce off of a journal and get rejected within hours of submission – and some have been kind and thoughtful. In considering these manuscripts, as well as current submissions to RIMJ, the best ones were those that had focus and did not meander.

Over the past year, we have had over 300 faculty, residents and fellows, and more than 50 students from Brown-related programs author articles for RIMJ. Additionally, authors from our community, the Rhode Island Department of Health, and from around the nation (Stanford, U. of Pittsburgh, Harvard, U. of Massachusetts, and others) have contributed to our increasingly vibrant journal. In an era when the practice of medicine has become increasingly challenging, we continue to provide accessible and reliable information on topics relevant to our community. Happy 106th year to the RIMJ! ❖

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