



## 5 last myths about English (7)

by Alistair Reeves

Again, I present my personal view on some of the purported ‘rules’ in English I am told by writer colleagues and others who attend my training events. Myths 1–34 appeared in previous issues [1–6]. These are my last 5 myths—for the time being at least! I have a feeling that I will be back with more, as I am about to start some training events in countries I haven’t trained in before. Thanks to all those who have written to me over the past 2 years with questions, encouragement and criticism. I am sure there are many more myths out there gnawing at the conscience of concerned—if not sometimes perplexed—writers, so if you come across any, please do let me know.

### Myth 35: You must never use inverted commas in a title or heading

I prefer not to use inverted commas in a title or heading in a study-report-type document or a formal journal article reporting on a clinical study, but it is sometimes unavoidable. Regular readers will note that I have often used inverted commas to highlight words in the titles of these myths, but this is a journal, and the type of document makes a difference. There is no ‘must’ about this. Inverted commas are often used indiscriminately in general. I used them around the ‘must’ in the sentence before last to achieve two things: (i) to highlight the word, which is further underlined by the word *no* before it; (ii) because using the word this way is often a spoken device, and I chose here to use it in writing, which is a little unusual, so I am calling its use in this way into question.

### Watch out for the paparazzi at EMWA conferences!

EMWA has decided against supplying translations of the pages on its website for the time being. In the design stage the new website did have some translations that had been created by Google translation software. But this produced a quality somewhat short of what we have come to expect from our esteemed European association of medical writers. For example, Helen Baldwin pointed out in the testing stage that if you clicked on the ‘French visitors’ flag, on the homepage and then the ‘jobs’ button, the ‘vacancies for freelancers’ that appeared on the English site had been translated into French as ‘vacances pour les pigistes’, which means ‘holidays for the paparazzi’! Helen remarked: “No wonder we get such a good turnout for our conferences!”

You usually use inverted commas when you wish to:

- Quote something.
- Stress or highlight something.
- Call something into question.
- Indicate that you are doing something unusual, such as creating a nonce word or term.
- Use something figuratively.

They are also used for newly coined terms that have not yet established themselves (but are more established than nonce terms), or terms that are regarded as casualisms (this is usually context-dependent).

You should always ask yourself why you feel you need to put inverted commas around a term, especially in a heading or title, unless you are quoting direct speech, and whether it might not be better to stress it or call it into question in a different way. This device should therefore generally be reserved for journals, marketing documents, or less formal documents, and is generally not such stuff as headings in study protocols or your Common Technical Document are made of.

The last few editions of the *BMJ* included the following titles with inverted commas:

- *Doctor takes “march of shame” to atone for drug company payments. (figurative use)*
- *Charity highlights “forgotten crises”. (highlighting: not really forgotten, or deliberately forgotten)*
- *Diabetes expert accuses drug company of “intimidation”. (quoting, calling into question)*
- *Scientists “reprogramme” skin cells to create embryonic stem cells. (unusual, new use)*
- *FDA may allow drug and device companies to promote “off-label” uses. (casualism)*

The nature of these headings shows that they were used for more news-type articles and not in titles for standard journal articles formally reporting on the results of investigations, where the use of inverted commas is much rarer. The last one surprises me: I would have thought that in our context, ‘off-label’ was well established enough to dispense with inverted commas, but the *BMJ* obviously still regards it as too casual. They also obviously prefer double inverted commas. It doesn’t matter which ones you choose—same as ever: be consistent. Most people go for double inverted commas when quoting what someone actually said and use single in other cases. There is no rule.

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You might feel the use of inverted commas in a heading in a study protocol, report or summary document is appropriate if you have groups that require fairly complex explanation, such as ‘Treated stroke-belt childhood residents’, ‘Treated stroke-belt non-childhood residents’, ‘Untreated stroke-belt childhood residents’, and ‘Untreated stroke-belt non-childhood residents’, which I recently came across in a report I edited. This resulted in headings such as *Efficacy in ‘treated stroke-belt childhood residents’*. I understood why the author had used the inverted commas: *stroke belt* needs explanation anyway, non-childhood is an unusual term and needed definition, and *resider* is a nonce word for ‘person living in ...’. The groups were all defined well in the text, and I would definitely have resorted to simpler terminology in the headings (also defined in the text, of course) such as *Efficacy in Group A*.

By the way: it is not necessary to use inverted commas around terms preceded by *so-called* in English. Careful use should be made of *so-called* in English anyway, because it is often used negatively and emphatically calls into question whatever you are calling *so-called*. Because inverted commas themselves are used to reflect the idea of *so-called*, adding them afterwards makes the element of doubt even stronger.

### Myth 36: It is bad style to use ‘we’ when reporting on and discussing results

Not usually seen in study reports or summary documentation, this is perfectly legitimate in journal articles, and nothing can be said against it, except that it should not be done to excess—but that applies to almost everything. The use of the first person plural makes it very much easier to fulfil a requirement that you find in many styles guides, namely to write as much as possible in the active voice (this should also not be overdone either, by the way). Such widespread use of the first person plural is made in this way that I am surprised ‘rules’ are still circulating that this should not be done, but this has been mentioned twice to me in the past two months. You can also quite happily talk about ‘our results’, ‘our approach’, or ‘our patients’. The first person singular can also, of course be used—but you should first think very carefully about whether you—and only you—really did all the planning, all the research, all the evaluation, and, of course, all the writing.

Another ‘by-the-way’: if you belong to a language group that traditionally forbids the use of ‘I’ or ‘We’ as the first word in a letter after the initial greeting, you can forget this in English. It is quite normal to start with either, and is not impolite or bad style. In letters and emails written by those with English as a second language, you can often see how the author has wrangled with a sentence just to avoid starting with ‘I’ or ‘We’. Starting with yourself as the subject is expedient in English, because it enables you to stick to expected word order, and doesn’t sound strange to the recipient. Don’t start every sentence in the letter with ‘We’ or ‘I’, though!

### Myth 37: Clauses that begin with which are preceded by a comma

This is indeed what it says in black and white in the American Medical Association Manual of Style [7], and was no doubt the reason why, some years ago, a French colleague emphatically put commas before every ‘which’ in a report I had written (this was the only change he made!), which unfortunately wreaked havoc with the meaning of most of the text, and had to be reversed.

I should actually have entitled this myth *Clauses which begin with which are preceded by a comma* (note the absence of the comma before which). This is because, like many speakers and writers of British English, I often do not observe the distinction *between non-restrictive and restrictive* clauses by using *which* preceded by a comma for the former and *that* not preceded by a comma for the latter; instead, I often use *which* *without* a comma for the latter. My empirical observation is that this is increasing, that we do this more when we write than when we speak, and that it is becoming so widespread, even in good writing, that it is now unstoppable. The distinction achieved by *which* preceded by a comma and *that* not preceded by a comma seems to have retained a firmer place in US English amongst writers, at least, but there are signs that it is crumbling [8]. Preserving the distinction avoids ambiguity, but does the absence of a comma before *which* always lead to ambiguity? Here is an example of where it does:

*A. The human antichimeric antibody levels, which were determined 6 weeks after the end-of-study visit, will be reported on separately.*

**No ambiguity:** the levels were determined only after 6 weeks and will be reported on separately, i.e. all levels determined will be reported on.

*B. The human antichimeric antibody levels which were determined 6 weeks after the end-of-study visit will be reported on separately.*

**Ambiguous:** it means either same as sentence A, or that levels were determined more than once, but that only those determined after 6 weeks will be reported on separately.

If I alter the wording in the title of this myth, you see that the absence of a comma does not always lead to ambiguity:

*Clauses which begin with because are only rarely preceded by a comma.*

Nobody would understand from this claim that **all** clauses begin with *because*, even though *which* *begin with because* here is a restrictive clause, and according to the ‘rule’, should actually begin with *that*. If the meaning is clear, I no longer rigorously correct *which* to *that* for restrictive clauses.

This is also illustrated by the following example:

*These small particles target the blood vessels which supply the tumour with nutrients and enable it to grow.*

Again, nobody would understand from this that **all** blood

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vessels supply the tumour with nutrients, only those which actually lead into the tumour. According to the ‘rule’, *that* should again have been used here, but the meaning is clear, and the restrictive nature of the *which* is heralded by the use of the word *target*, which tells the reader that only selected blood vessels are involved, and not all.

So, the essence of this myth is that you will often come across (and probably write yourself) clauses that begin with *which* that are restrictive and where *that* ‘should have been used’, but where the meaning from the context is unambiguous. The message is that this is changing and that you have to pay attention to this when writing and editing: if there is any suspicion that the clause with *which* and no comma might lead to ambiguity, change it; if not, you can leave it, but expect to be ‘corrected’ by some!

Valerie Elliston explains restrictive (also called defining) and non-restrictive (also called non-defining) clauses in *TWS*, Volume 15, No. 1 [9]; commas with *which* are also discussed in *TWS*, Volume 16, No. 2 [10, 11].

### Myth 38: ‘Due to’ should only be used when ‘due’ is an adjective that modifies a previous noun

A resolute participant faced me with this. She remained immovable, and indeed her opinion does have its basis in style guides and grammar books. Let’s see what you think.

This is complex because the ‘due’ in the following (acceptable) sentence is actually an adjective forming part of an adverbial phrase, but most people will not recognise it as such:

*The failure of the assay was due to inadequate saponification of the samples* (I appreciate that *The assay failed because the samples were not adequately saponified* is better [see below]).

Why is ‘due’ an adjective here? Because it follows the verb ‘to be’ as the predicate and modifies the compound term ‘failure of the assay’ which is the subject of the verb. Like most people—including me now—you are probably all thinking that this is getting a bit too complicated.

An easier lexical approach is to apply the ‘acid test’ to show whether you may use ‘due to’, which is: can ‘due to’ be sensibly replaced by ‘caused by’? This shows that ‘due to’ is acceptable in the above sentence: *The failure of the assay was caused by inadequate saponification of the samples*. This means that *The assay failed due to inadequate saponification of the samples* would not be acceptable, because you cannot say *The assay failed caused by inadequate saponification of the samples*, but you could say *The failure of the assay was caused by inadequate saponification of the samples*.

A further complication is the existence of *owing to*. If you can say *caused by*, you can say *owing to*. This means that you could say *The assay failed owing to inadequate saponification of the samples* but not *The assay failed due to inadequate saponification of the samples*. Isn’t this just splitting hairs? Is anyone going to misunderstand this sentence because you used *due to* and not *owing to* or *caused by*?

All this, of course, means that you are not supposed to start a sentence with ‘due to’ either because you would never start a sentence with ‘caused by’, but I find I cannot object to *Due to unforeseen problems, the assay was abandoned after the first two runs*, and many others agree with me.

Some still have that lingering unrest often associated with these myths, and waste time and energy grappling with which one to use. Isn’t it time we recognised *due to* as interchangeable with *owing to* to spare these authors this soul searching and discussion? If you cannot bring yourself to do this, you can always just rewrite the sentence with *because* or *because of*:

*The assay failed because the samples were not adequately saponified* or *The assay failed because of inadequate saponification of the samples*.

If you do this, I prefer the first version because both clauses are verb-based, which is always better in English. And I actually prefer the solution with *because (of)* to the solutions with *due to*, *owing to* or *caused by*.

So I have already made the transition as far as ‘due to’ is concerned—and as with the jettisoning of many of these deeply ingrained mechanisms to avoid what is actually a rather unimportant issue, it took quite some time. I used to apply the acid test rigorously whenever I came across or used ‘due to’ and act accordingly. Now I am pleased that I don’t. Another thing that makes life simpler!

### Myth 39: You should always say ‘for him and I’ or similar

Finally, I need to get something off my chest, even though it isn’t concerned with writing in our context, and it is generally not a problem for non-native speakers of English because they have a higher awareness of the accusative, dative and indirect object. Curiously enough, this problem seems to be less widespread amongst North Americans. After claiming above that the difference between ‘due to’, ‘owing to’ and ‘caused by’ is not worth worrying about, you may wonder how I can get worked up about this one, but there we are: we all have a *bête noire* (or several).

Three things in this regard were drummed into us in English lessons years ago in England:

- It is impolite to put yourself first when speaking, so you always say ‘John and I went into town’.
- You never say ‘John and me went into town’, because you and he are the subjects of this sentence; the worst transgression was to say ‘Me and him went ...’. You never got into trouble if you said ‘I’.
- You retain the order in the first bullet point here when “John and I” are objects, indirect objects or follow prepositions, but in this case you say ‘John and me’, because ‘me’ is the objective/accusative or dative personal pronoun of ‘I’.

This looks very straightforward, but our teachers obviously did a great job with being emphatic about the ‘I’, because countless people up and down the UK, also in the

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media, clearly have their wires crossed on this one and regularly say ‘John and I’ or ‘you and I’ when they should be saying ‘John and me’ or ‘you and me’. Consequently, this even creeps into writing, especially emails. You have to be sure that ‘I’ comes second, and the rule that you shouldn’t say ‘me’ is so entrenched that out comes an ‘I’ so you sound right. Interesting is that this doesn’t apply to other personal pronouns: *for you and we* or *after he and they* could only be jocular and do not even form part of regional dialect.

I had to do some retraining on myself, as the inappropriate ‘I’ was also creeping in with me. After considerable effort to correct this, a colleague then corrected *me*. I said: “You can come *with him and me* in my car, if you like”. This resulted in a look of horror, a hand placed on my arm to break the news gently, and a whispered: “I hate to correct you, but you should always say *him and I*”. I did not deign to respond or remind the colleague concerned that if I had just said “You can come with me in my car, if you like” she would never have dreamt of correcting me. Listen out for them! *She never gets the minutes ready on time—but that just between you and I, of course* or *They arrived after Susan and I*.

I recently did a training event in England. A couple of copies were missing. One of the participants went off to get copies and came back into the room, commenting: “It’s all right, I asked X to make copies for you and me ...”. OK. But then there was a moment’s pause for a quick grammatical retake, and after a frantic glance at me as the ‘medical-writing-teacher-who-knows-everything’, the participant added: “...err ... em ... I mean for you and I, of course”. No comment.

The way to get it right is to consider what you would say if you were on your own. And you would never say: *You can come with I* or *They arrived after I*—I am certain of that.

Of course, this throws up the whole question of whether it is correct to say ‘It’s me’ or ‘It was her’, but that’s one can of linguistic worms that I do not intend to open at this point.

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### References:

1. Reeves A. Myths about English *TWS* 2006;15(1):22-24.
2. Reeves A. More myths about English *TWS* 2006;15(2):58-60.
3. Reeves A. More myths about English (3) *TWS* 2006;15(4):139-40.
4. Reeves A. 4 more myths about English (4) *TWS* 2007;16(2):85-6.
5. Reeves A. Still more myths about English (5) *TWS* 2007;16(3):118-20.
6. Reeves A. Myths 31–34 about English (6) *TWS* 2007;16(4):168-9.
7. *American Medical Association. Manual of Style*. 9<sup>th</sup> Edition. Williams and Wilkins. Baltimore, 1998.
8. [http://en.wikipedia.org/wiki/Restrictive\\_clause](http://en.wikipedia.org/wiki/Restrictive_clause) Accessed 17 January 2008
9. Elliston V. ‘That’ or ‘Which’ Relative clauses. *TWS* 2006;15(1):31.
10. Reeves A. If in doubt, leave them out—Or maybe not? *TWS* 2007;16(2):53-56.
11. Elliston V. Commas. *TWS* 2007;16(2):58-60.

## Hey, it’s only my opinion

### EMWA memoirs

It was in July 1999 that I stumbled upon the EMWA website. At that time I was working at the University of Cologne in Germany, so as the site looked interesting I contacted Phillipa who was then responsible for the head office and what a journey it has been since.

I attended the infamous first ever 1-day meeting at Henley some of you may remember—the one where it rained all the time, was windy and the hotel was under renovation and I ruined my shoes...Mind you the food was tasty and the participants seemed nice. I was so upset about the organisation of that meeting that I wrote a letter of complaint to *TWS*, which was actually printed! Barry, who was the editor at the time, asked if I could contribute some more so I wrote 2 full articles prior to beginning my column ‘Hey, it’s only my opinion’ After a column or two and not really sure what to write about I thought it would be fun to see what medical writers eat so at the next meeting in Montpellier I collected the raw data for the column of ‘EMWA Bites’ (Barry thought of the title for that column) by approaching almost every participant and questioning them about their eating habits. My recollection is that 1. EMWA members like their peas and 2. Our very own president, Julia Forjanic Klapproth, is the healthiest eater at EMWA. In Lisbon I asked you about happiness, which of course revealed that we are a happy bunch. I heard that you all missed me asking you questions in Vienna, so I will be back with a vengeance at the London meeting in November later this year.

I really feel lucky to be able to contribute to EMWA in this way and am very happy that people still take an interest and read my column!

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## Acronyms that make you puke

It’s not always easy to find an acronym that really fits the bill, but a group of doctors at The Hospital for Sick Children in Toronto, Canada seem to have the knack. They did a study to develop a scoring system for nausea and vomiting in pregnancy with a view to establishing an improved clinical method to evaluate the severity of these problems. They called their scoring system the Motherisk-PUQE (pregnancy-unique quantification of emesis and nausea).

Source: Koren G, Boskovic R, Hard M et al. Motherisk-PUQE (pregnancy-unique quantification of emesis and nausea) scoring system for nausea and vomiting of pregnancy. *Am J Obstet Gynecol* 002;186 (5 Suppl Understanding):S228-31.

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