



The hyphenated-out *BMJ*

by Neville W Goodman

The *British Medical Journal* (*BMJ*) has a thing about hyphens. This is not just my opinion; their house style is for “Minimal hyphenation—use hyphens only for words with non-, -like, -type, and for adjectival phrases that include a preposition (one-off event, run-in trial). Not using hyphens will help you to avoid noun clusters” [1]. Margaret Cooter, for many years one of their technical editors, wrote in an editorial [2] that “they allow very, very few hyphens”. That second very is delicious. To have written “very few hyphens” would have been true, but “very, very few” means what it says.

Unfortunately, I fear it is a matter of pride for the *BMJ*. Here is the previous editor, Richard Smith, responding to a complaint. He titled his response “Hyphen hating editor hits back”—a title into which all reasonable authors, as Smith knew, would have inserted a hyphen between hyphen and hating.

“It was my predecessor, a first class grammarian, who abolished hyphens. He had, as I remember, four main reasons. Firstly, authors (and editors) regularly put the hyphens in the wrong place. Secondly, most sentences can be recast to avoid ambiguity. Thirdly, hyphens are old fashioned. Fourthly, many authors had a tendency to overuse them. We have continued his policy with some relaxation” [3].

Smith’s predecessor was Stephen Lock, a man for whom I have great respect. I think he was correct that hyphens are misplaced, but that is a poor reason for banning them. Adverbs are often misplaced: should they be banned? Recasting poor sentences (usually, as in their house-style advice, those containing noun clusters) is indeed often better than simply inserting hyphens, but sometimes unnecessary: when is a cluster a cluster? Just two nouns? I dismiss as frivolous his reason that hyphens are old fashioned; and dismiss his last reason as I do his first. So what if authors overuse them? The editor is there to prune. The overuse of hyphens is scarcely the worst sin of medical authors, and telling poor writers not to use hyphens will result merely in noun clusters without hyphens.

Lock became editor in 1974. Concern about hyphens in medical writing if not specifically in the *BMJ* predated that. The 27th edition of *Rules for Compositors and Readers at the Oxford University Press* was reviewed in the *BMJ* in 1925 [4]. The reviewer thought the lists of “Words with hyphens” and “Words without hyphens” would be of value and hoped they would “tend to eliminate the atrocities too often met with in the lay press”. He (it was most probably a he) did wonder why “cardio-gastric” but “glossopharyngeal”, and he comments that “heart sounds” and “blood

volume” were better expressed as two words. Modern readers would I think be surprised by “heart-sounds”. Just three years later, the 28th edition appeared and the reviewer duly returned “to the subject of hyphenated [sic] and nonhyphenated [note no hyphen] words”. He quotes and agrees with Fowler’s complaint that “The chaos prevailing among writers or printers or both regarding the use of hyphens is discreditable to English education”, but later admits that “use or non-use is perhaps largely a matter of taste or temperament, and if the lists in the Rules were compiled for the first edition, which was published in 1893, it is easy to imagine that present-day [sic] taste may differ” [5].

A reviewer complained in 1959 [6] of a book with a ‘hyphen-complex’: neonatal, newborn, subdural and antibiotic were, as he puts it, “repeatedly mutilated”. (He also, thinking back to the theme of Vol 18 No 2, complained that “the language tends to be conversational rather than academic—“infants ... should have an intravenous infusion going”; “fluids ... should be given gingerly”).

In the 1960s, the *BMJ* ran a column ‘Without prejudice’, written pseudanonymously by Pertinax, who Wikipedia tells me was a grammarian before he became Roman emperor (though he lasted only 86 days). He admitted to being fascinated by hyphens [7], and wrote of “the modern tendency to get rid of [them]”. But the reason for retaining at least some hyphens is well expressed in the first letter complaining of their absence (there are more complaints in these days of electronic letters) that I could find in the *BMJ*, three years before Lock became editor: “the almost complete disappearance of the hyphen [means] the reader has to go back over each sentence to regroup words and this completely disrupts the flow which is necessary for rapid reading and comprehension” [8]. There are amusing examples from a successor of Pertinax: “I shall not dwell on the hyphen much longer, but let those educating the public about AIDS have no more safe sex quizzes (though, of course, no unsafe ones either); let paediatricians not report that they have studied ten year old children; and let us all be clear about the implications of extra marital sex” [9].

I do not know where Fiona Godlee, the current editor, stands on hyphen-eradication, but the *BMJ* is one of the few journals that still employs technical editors. Rather than tell authors not to use hyphens, and strike them out for the sake of uniform house style, the technical editors should use their skill and judgement. Surely the ambiguity of “Five yearly checks for over 40s will save 650 lives a year, says government”? [10] cried out for a hyphen? Yes, it is a headline, and the full text can be rewritten “checks every five years”, >

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but “five-yearly checks” even in the text should offend few. To title an article “Difficult to treat asthma in adults” [11] (and use the phrase in the text) rather than insert hyphens is just cussed (but at least we should be grateful that the phrase was not reduced to DTAA, as it would be in many other journals). It implies a lack of feel for language to allow, in an editorial, [12] “This phenomenon... necessitates wide ranging counter initiatives.” and, in the first line of the next paragraph but one, “The over the counter initiative is proving attractive...”

I know (though quite a few readers of medical journals do not) that practice is the noun and practise the verb, but I challenge anyone to read this next sentence first time for its proper meaning: “Shifting medical education from dimly lit halls, with lectures delivered with numerous, complex Powerpoint slides, to practice based learning and improvement will require a large cultural change...” [13].

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Language disadvantage in scientific publication

Writing a scientific article in English is hard enough for those whose native tongue is English. Those for whom English is a second or even third language are, however, confronted with additional hurdles of not only the English language and culture but also the prejudice of many biomedical journals towards non-native speakers of English. Two recent articles throw light on this topic.

The first is by Hooman Momen, who is the editor of the *Bulletin of the World Health Organization*:

Momen H. Language and multilingualism in scientific communication *Singapore Med J* 2009;50(7):654-656. Available at: <http://smj.sma.org.sg/5007/5007des1.pdf>

The second is co-authored by Sonia Vasconcelo, who has been a contributor to *TWS* in the past:

Vasconcelos S, Leta J, Costa L, Pinot A, Sorenson M. Discussing plagiarism in Latin American science. *EMBO reports* 2009;10(7):677-682

Hyphens and noun clusters

The following with just one *BMJ*-approved hyphen appeared in a draft information sheet for a research project:

“You are being invited to take part in a non-invasive and ionising radiation free arteriovenous fistulae surveillance study.”

Everything clear?

I have not made this one up!

This was seriously included as an in-text table in a report I was recently given to edit. Apart from anything else you may discover in the footnotes (once you get there), enjoy the information content of Columns 4 and 20!

Table 6 Summary of protocol deviations

Subject	Protocol deviation*																				
	No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1001	x																				x
3003							x										X				x
3004												x							x		x
3005							x														x
3007	x														x						x
3008	x						x		x		x	x					x				x
3009	x	x	x		x	x		x	x	x	x	x									x
3010								x							x						x
3011																					x
3012	x								x	x	x	x	x							x	x
3014	x																				x
3015	x						x														x
3017																				x	x
3018													x								x
3020																					x
3021	x																				x
3022									x		x	x	x								x
3023		x																			x
3024																					x

* Protocol deviations were defined as:

- 1 = Visit no not in window
- 2 = Evaluation not done in window - EQ-5D
- 3 = Evaluation not done in window - SF-36
- 4 = Evaluation not done in window - Oswestry Distress Index
- 5 = Evaluation not done in window - MPQ
- 6 = Evaluation not done in window - Pain diary, VAS score
- 7 = Visit not performed
- 8 = Evaluation not performed - EQ-5D
- 9 = Evaluation not performed - SF-36
- 10 = Evaluation not performed - Oswestry Distress Index
- 11 = Evaluation not performed - MPQ
- 12 = Evaluation not performed - Pain diary, VAS score
- 13 = Start treatment out of window - lead implant
- 14 = Start treatment out of window - neurostimulator implant
- 15 = Patient Informed Consent - obtained after start of study
- 16 = Patient Informed Consent - obtained on incorrect PIC version
- 17 = Patient Informed Consent - not obtained
- 18 = Patient Informed Consent was signed, but wrong procedure was applied
- 19 = Unapproved device / system component
- 20 = Other deviation

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