



Not only English: editing a small medical journal

by Ana Marušić and Matko Marušić

Journal editors around the world would agree that the quality of writing and language in scientific manuscripts submitted for publication is frequently disappointing. In English speaking countries, manuscript and copy editors - whose job is to improve the language of the manuscript - have an advantage of being native speakers of English, with excellent knowledge of their mother tongue, grammar, and house style used by the journal. In non-English-speaking countries, journal and copy editors are almost never native English speakers, and despite their generally good command of English as a foreign language, they can never measure up to their native English-speaking colleagues. However, the problem of the language quality is not among the most difficult ones that editors of journals published in English in non-English-speaking countries encounter.

Our experience as editors of a small general medical journal in a small country undergoing great socioeconomic changes has helped us identify three additional areas that undermine the quality of submitted articles. We probably would not have learned this if we had not lived through the horrible and devastating war in Croatia in 1991-1995.

Croatian Medical Journal and war

We did not start the *Croatian Medical Journal* (CMJ) in 1991 because of the war, and certainly the war did not break out because of the journal. Our wish and plans at that time were to have a journal which would open the windows of the Croatian scientific community to the world [1] to demonstrate that there is medical research done in

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Croatia and other small countries, which is relevant for the mainstream medical science. The journal would also open the doors for international scientific criteria of excellence to enter a closed research community such as Croatian, heavily influenced by the communist ideology and economy [2]. Some members of the Editorial Board thought that we should postpone the publication of the first issue because our country's and our own destinies were uncertain. Others felt that the mere idea of starting and editing a scientific journal in the times of war and destruction was absurd. The third group insisted that we strictly separate scientific matters in the journal from the war matters. Finally, a few of us felt that our journal-to-be should face the war by documenting all its medical aspects [3]. Eventually the consensus was reached and we continued our work to launch the first issue. The dilemma whether or not to report on the war was solved by a compromise: scientific articles were to be published in regular issues while war medicine would be covered in special supplements.

The conflict in Croatia quickly escalated from police skirmishes with paramilitaries in the spring of 1991 to the real war; by the end of 1991 over a quarter of the country was under occupation. The agreement on cease-fire was reached in January 1992, but April

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of 1992 brought an even more horrible war in neighbouring Bosnia and Herzegovina [4]. Croatia received many refugees from this country, and the health burden to its population increased immensely. The manuscripts addressing medical problems caused by war, from mine injuries to posttraumatic stress disorder, could not be published only in supplements anymore. We realized that they should be published in regular journal issues, which implied a strict international peer review process.

Learning about journal's authors and their problems

Had we simply made an appeal to the Croatian medical community to write for us and then waited for reports, we would not have reached our aim to cover medical issues in war. We knew we had to leave our editorial office and teaching rooms [5] and go to the battlefields, to the physicians on the frontline [6]. Many of these young and brave men and women who loved their country and their profession had enormous and important medical experience, but did not know how to translate it into writing. As editors, we had to help and teach them [7], sit down with them and listen for hours and hours (sometimes drinking helped!), and actually write the article with them. It had to be a joint venture because the authors would soon lose the track of IMRaD, and we had no competence to make professional medical judgements.

Work during the war helped identify three areas that undermine article quality

This collaboration resulted in publication of many articles in the CMJ and other international journals [1].

Some would describe our role in that process as ghost authorship, but what we really did was teaching. Such an approach also gave us an opportunity to build some great friendships and gain faithful readers, authors and supporters of the journal. Although our teaching efforts were not systematic and we cannot tell the extent of the effects of our intervention, our retrospective analysis of the academic development of authors we tutored during the war showed that we actually helped them become academic professionals. They have had higher numbers of subsequent publications and have advanced further in their career than their colleagues who did not receive such tutoring from the journal [8].

Editors and battlefield doctors

In the beginning, we thought that the major obstacle in our work with colleagues from the frontlines would be writing in English. Soon we realized that this was the least problem of all. What produced the greatest difficulties was their lack of skills in data analysis and presentation and lack of knowledge about the structure of a scientific article [9].

Most of the war medicine reports at that time were neither planned nor controlled studies, for obvious reasons. As a rule, they were all retrospective studies without proper controls - narratives with numbers, tables, and occasionally a map or some terrible illustration. Many of the prestigious international medical journals realized that proper clinical trials were not possible in war circumstances; however, the medical experience gained in the war was important and had to be shared with the global medical community.

Peace writing is war writing by other means

Famous Carl von Clausewitz once said, "War is the continuation of policy (politics) by other means" [10]. We can paraphrase his words in describing our work with authors after the war: the problems we had with authors in time of peace were the same as

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those we had in times of war. The only difference was that outside the war context, the authors were more numerous and less aware of their shortcomings.

Our authors learned about our editorial author-helpful policy during the war and expected help. In a small scientific community, which did not stimulate excellence and international testing of ideas and results [2], they needed help indeed. We also realized that the journal would not get enough publishable manuscripts if we did not extend our war policy to peacetime. However, we could no longer work with authors individually because there were too many of them. We had to develop a totally new strategy for education in scientific writing and research methodology [11]. Thus, today our editors play four roles instead of one: they act as 1) teachers working individually with very inexperienced authors, who have excellent data lost in extremely poor presentation, 2) teachers providing mandatory courses for medical students at all four Croatian universities and a medical school in neighbouring Bosnia-Herzegovina, 3) mentors offering electives in research experience and writing for medical students, and 4) educators providing continuing medical education courses.

It is still too early to see if we have made an impact [12] but now, when we receive a poorly written manuscript from authors who have attended our course, we can refer them back to their notes and handouts from our course.

The four requirements for editing manuscripts

The lesson we learned was "don't bother with English first, start with data presentation and insist on strict adherence to guidelines for authors." We now have four levels of manuscript editing for each article - surprisingly, this is true not only for articles coming from less privileged communities, but often for those coming from the developed world as well. We first address the design of the study - the editor cannot change poor work in the past, but we can insist that it is clearly described. Then we look at the logic, completeness and clarity of the story, which should start with a hypothesis and end with a conclusion based on that hypothesis. After that we adjust the manuscript to the IMRAD structure. English grammar and style come last, as tasty ornaments on a cake.

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