

Epilogue

Key considerations in surgical publishing

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We hope that a few of you will have enjoyed reading this book on surgical publishing. In this epilogue we would like to leave you with a few key considerations.

Considerations on why to publish ¹

Egoistic motives include the strive for academic and/or professional promotion, which, in turn, may be associated with financial gain, the will to improve one's knowledge and judgement, and the development of professional contacts. Altruistic motives are the desire to generate and disseminate knowledge.

The more you write and publish the longer is your list of publications. The more publications you have the better should be your writing ability. The better you write the greater the chance of your papers being accepted by leading journals. The more you are published in top journals the greater likelihood of your papers being cited by others. The more you are published and cited the higher your score on the impact factor and citation index lists.

While most authors will not admit that one of the strongest motives to writing is seeing their own name in print, this is the truth and nothing is wrong with it. The sum of all above is 'fame and fun' as Richard Feynman, the Nobel laureate physicist, called it 'The pleasure of finding things out'.

Considerations on what to write ²

Don't fool yourself. Your first paper won't appear with earth-shattering findings in the *New England Journal of Medicine* or *The Lancet*. The first published paper of most giants in surgery was a case report or a limited retrospective clinical experience. Start modestly and aim higher later.

Any of your patients can be written about, especially if offering any novel aspect and if it is thoroughly researched and well written. Do not shy away from reviewing and writing about your or your department's clinical experience if you think that it can offer another perspective. Even if published 'only' in one of your regional or national journals it may be of great value to your community. Not only 'perfect results' or 'positive findings' of a study need to be published. Admire the zero mortality and morbidity rates from the ivory towers - published in the *Annals of Surgery* - but try to write up your centre's more modest experience and results. In order for you and us to improve, we need to know how are we doing in the 'real world' away from the ivory towers.

Before deciding 'what should I write' you should know 'what has been written'. Doing so, very soon you will realize that you could do it as well, or even better. Follow Faulkner's advice: 'Read, read, read everything - trash, classics, good and bad, and see how they do it. Read! You'll absorb it. Then write'. Whenever you are bothered by a dilemma for which you cannot find the 'correct' answer, think that this is something to be researched, better defined and, perhaps, written up. Don't be lazy, go to the library and search and cross-search in textbooks and journals. Always use the electronic Pubmed-Medline search machines. The condition or dilemma you are confronted with is probably more common than you thought.

Considerations on where to publish ³

Your chief goals are the greatest readership, a prestigious, high-impact journal, speedy editorial process and a fair chance of acceptance. The potential 'market' for your manuscript is huge. It is not the end of the world if the *BJS*, for example, rejects your masterpiece. If you try hard enough each of your manuscripts will eventually be accepted by some journal.

Choose the audience (general, specialized, local?), always consult the 'instructions to authors' of the journal(s) targeted and assess

objectively the value of your paper. You do not want to submit a technical paper to a theoretical journal or a banal case report to *The Lancet*. Focus on a limited list of journals, which represents a spectrum of qualities tailored to the value of your manuscripts. With time, you will learn to satisfy their editors while the latter may eventually learn to appreciate your work.

The key elements of a successful submission are to assess the value of your manuscript, to understand the publishing market, to study the target journal(s), to tailor your manuscript to the latter and, most importantly, to get learned advice from someone who is very experienced.

Considerations on the generation of an idea ⁴

While ideas are plentiful, only the novice and naive think that all ideas are publishable. Only by repeatedly formulating ideas worthy of publication and bringing them to fruition will you be able to shade off your publishing naivety. It was Ernest Hemingway who said: 'The most essential gift for a good writer is a built-in, shockproof, shit detector. This is the writers' radar and all great writers have had it'.

A review article has to 'close a gap' that has not been well covered in recent major texts and journals. Ask yourself: is the topic of enough interest to capture the reader and the reviewers? Is it controversial enough to allow a stimulating discussion? Review articles, as original studies, can be tailored to the various journals. Leading journals may accept a review by the world's expert on the laparoscopic management of pancreatic carcinoma. There are, however, low-key journals that may publish your educational review on postoperative fever. Beware of claiming the 'first reported case of...'. What you think has been never published may be rare, what you suggest is rare may actually be quite common, provided that you search the literature thoroughly.

The operative technique you wish to describe has to be novel, offering a new solution to an old or new problem. Resist the

temptation to perform a surgical gimmick only for the sake of its publication (e.g. laparoscopic resection of sebaceous cyst). As Sholem Asch said: 'Writing comes more easy if you have something to say'.

Not only surgical giants and 'known authorities' in their field have the right to express their opinions. If you have something valuable to say, say it clearly. It might not be accepted as an editorial or a leading article, but as a 'letter to the editor' it has a fair chance. In fact, a well edited correspondence section is one of the most well read parts of any journal.

Considerations on getting started ⁵

Before you start, have a general idea of what you want to say. Preparing an outline may help. Simmer the outline for a while but do not overcook it for there may be others out there with a similar idea and plan. At this stage the results of the study must be ready. Check and recheck all numbers and figures, avoiding any embarrassing discrepancies and errors.

Tame the relevant literature by whatever means. Highlight or underline the points you wish to use, and then organize them in tables or piles. A large desk or floor is useful. Get the full text version of the papers you plan to use in your bibliography. Citing only Medline abstracts is easier but it means that you cheat yourself and the readers. According to Arthur Baue: 'Citation of secondary sources results in continued myths, misquotations, and incorrect citations. It is frustrating to seek a reference that is incorrectly cited. It is fun however, to track down and read the primary source'.

Instead of sitting in front of a blank sheet or screen take a walk, think and talk to yourself. Then try again. Writing is tough for all of us. Even Molière said: 'I always do the first line well, but I have trouble doing the others'.

Considerations on writing the manuscript ⁶

The materials and methods (what you did) and results (what you found) are the body of your manuscript; start with them. Only then add the skeleton - introduction (why you wrote this paper) - and the heart - discussion (what you feel about it). The abstract comes last, as stated by Pascal Pennées: 'The last thing one settles in writing ... is what one should put in first'. The abstract alone should convey to the reader all that you did and found, and what it means. If published, most readers will never see the full version of your paper but only the electronic version of your abstract. 'There is no better writing exercise than composing an abstract' (Arthur Baue). Avoid any discrepancies between the abstract and the body of the paper because it irritates the reviewers and biases the validity of the report.

Your manuscript should be 'self-contained'. A statement such as 'the methods were described previously' might enrage the reviewers and frustrate the readers. Avoid duplications and redundancies; say what you have to say once only. Do not disclose results in the introduction, do not shift portions of the materials and methods into the results, do not repeat results in the discussion, do not introduce results or other studies in the discussion, and do not repeat data shown in the text in the tables.

Do not be biased in selecting literature for your bibliography. Be aware that the reviewers of your manuscript are experts in their field; they know the relevant literature and may 'search' it on their computers, immediately revealing your omissions. Never, we repeat, never cite a reference without reading it entirely for it is misleading and an intellectual crime. US authors tend to cite US papers and British authors tend to cite British papers. You do not want to be narrow minded in the global era: cite any study that is appropriate.

Be original. Do not plagiarize; always use your own language. It is easier to 'copy and paste' entire paragraphs from the Medline but you do not want to do this. Your discussion has to focus on your own

results and compare your findings with those of others. It should not be an exhaustive review of the literature if it is not a review article. Be frank; by disclosing in the discussion the deficiencies of your study you can disarm malicious reviewers.

Whenever you sit down - or stand up (à la Hemingway) - to continue with the manuscript, reread it from the beginning. Anthony Trollope stated: 'By reading what he has last written, just before he recommences his task, the writer can catch the tone and spirit of what he is then saying...!'

Surgical publishing may deal with boring material but must not be in itself boring. Take Voltaire's advice and be brief: 'The secret of being a bore is to tell everything'. Use simple language and try to be true rather than bombastic.

Considerations on the foreign author ⁷

The assumption or 'excuse' that your paper was rejected because English is not your mother language, or because you are a foreigner, is a self-serving nonsense. Reviewers are keen and able to recognize a valuable contribution even if written in broken English. Editors will do all they can to improve your article, if they consider it publishable. If you are able to complete a reasonable manuscript in your own language, why should it not be possible to do so in English? If you are versed with the basics of scientific writing in your own language, doing so in English will be much easier as it is the novelty of your idea, the quality of your study and the organization of your manuscript that really matters, more than your mother language.

Publish also in the 'local' journals of your country. Even if Matthew said that 'a prophet is not without honour, save in his own country', being famous internationally and poorly known locally negates the purpose of your writing. Beware of professional non-medical translators who 'translate' the meaning of your thoughts into

beautifully sounding English gibberish. The 'importance' of publishing varies of course between different countries. 'In America only a successful writer is important, in France all writers are important. In England no writer is important. In Australia you have to explain what a writer is' (Geoffrey Cotterell).

Considerations on the final product ⁸

A surgical paper, like yummy pasta, should be well prepared but *al dente*. When overboiled it is boring to the taste buds as well as to the reader. Read and reread your final manuscript. Put it aside for a few days, read it again, then reread it aloud. As Fran Lebowitz wrote: 'In conversation you can use timing, a look, inflection, pauses. But on the page all you have is commas, dashes, the amount of syllables in a word. When I write I read everything out loud to get the right rhythm'.

Choose the title carefully; let it reflect the essence of your paper while being catchy but not too gimmicky. Walker Percy said that 'a good title should be like a good metaphor; it should intrigue without being too baffling or too obvious'. Arthur Baue suggested that 'the title is the message, not the medium'. However, according to Hemingway: 'Getting a title is a lot like drawing cards in a poker game'. 'If the title is a rhetorical question, the answer is always no. If the answer was yes, the authors would have stated it accordingly' (Arthur Baue).

How lovely it feels to seal the envelope over your finished manuscript. Be optimistic but not too hopeful. According to J. B. Priestley: 'Most writers enjoy two periods of happiness - when a glorious idea comes to mind and secondly, when a last page has been written and you haven't had time to know how much better it ought to be'.

Considerations on what an editor wants or expects from authors ⁹

The reviewers and editors would like your manuscript to be perfect but this is seldom the case. The farther your manuscript is from the

ideal, the more irritating it is to the reviewers, and the more likely it is to land in the garbage bin. Having had your manuscript battered by the reviewers, your last hope is that the editors will detect its virtue. Editors, however, have to read numerous manuscripts. 'That is why the message of a manuscript must be clear and up front. A subtle message will be lost, as it probably should be' (Arthur Baue).

Reviewers are busy people; your manuscript must not exasperate them. Be sure to follow the instructions to authors particular to the journal to which the manuscript is sent. See that your manuscript is clearly printed and copied. Start each section on a new page, and use paragraphs and subheadings. Sloppy presentation correlates often with sloppy contents. The editorial process is lengthy. Be patient. Wait at least 3 months before calling the editorial office; only masochists call for bad news.

Considerations on politics in surgical publishing¹⁰

Decide about the list of authors before conducting and writing up the study. Doing it at the end causes trouble. The number of authors should correlate with the magnitude of the manuscript; for a review article or a case report to have more than three authors is ridiculous. The three most 'prestigious spots' on any list of authors are the first, second and last. Divide them between the three people who contributed to the paper most. The 'lonely author syndrome' of a large clinical study means that the author failed to acknowledge colleagues who deserve coauthorship.

Do not provide your colleagues with 'gift authorship' which, as free lunches, are rarely appreciated. They would add it to their curricula vitae without even bothering to read it. Do not accept authorship from others without having contributed significantly to the paper. Remember that your reputation is more important than your list of publications. 'You can fire your secretary, divorce your spouse, abandon your children. But they remain your coauthors forever' (Ellen Goodman).

Considerations of the editorial desk ¹¹

Contrary to what you may believe, manuscripts submitted by members of the editorial board of a journal are scrutinized as severely as yours. Their only advantage is that they know better how reviewers and editors think and what they want. You will know it as well by reading this entire book.

We agree. Editors and reviewers are a pain in the ... but, nevertheless, without them our world of scholarship would be chaotic and meaningless. But go on, bash at your critics, most writers do. 'Nature fits all her children with something to do; he who would write and can't write, can surely review' (James Russell Powell).

Considerations on the rejected article ¹²

Do you wish to know what the reviewers who rejected your paper are like? Look at your local academic leaders and professors: bright, talented, honest but occasionally prejudiced, biased and even dogmatic. Do not waste energy on anger and self-pity but promptly revise and resubmit your manuscript based on the reviewers' comments with which you do agree. 'Listen carefully to first criticisms of your work. Note just what it is about your work that the critics don't like - then cultivate it, that's the part ... that's individual and worth keeping' (Jean Cocteau).

Do not despair. Somewhere along the line, perhaps even at the third or fifth journal, there will be someone who understands your idea and message. For 'in literature, as in love, we are astonished at what is chosen by others' (Andre Maurois). When rejected, do not argue with the publishers. That you are right and they are wrong won't help. Do not imitate Henry James who, when asked to delete a few words from a 5000-word article, said: 'I have performed the necessary butchery. Here is the bleeding corpse'.

Do not park the rejected manuscript at your driveway to accumulate rust. Trade it in as soon as possible and as many times as required.

Considerations on ethics of writing ¹³

Even the best salami loses flavour at its cut edges. The more it is sliced into tiny pieces, the more of its original taste you lose. Likewise, do not slice your study into tasteless thin pieces. Fish tastes best when fresh out of the water. A day later, at brunch, its bitterness has to be disguised with mayonnaise. It is the same with your study; if reprocessed - duplicated in another journal - it will offend your colleagues and may even cause food poisoning.

Words, when shaped into sentences, paragraphs and ideas, become the intellectual property of their original author. The best antidote to plagiarism is always to cite your sources. 'If you copy from one author it's plagiarism. If you copy from two, it's research' (Wilson Mizner).

Conclusions

We hope that you will become a successful surgical writer and, sooner or later, you will do it naturally, in your own way. As Somerset Maugham said: 'There are three rules for writing ... unfortunately, no one knows what they are', and to the critics of this chapter, who surely will claim that we have used too many quotations, let us cite from Winston Churchill: 'It is a good thing for an uneducated man to read books of quotations'.

Obviously, there is nothing new in the ideas included in this book, for scientific writing is ageless. Our aim, however, was to digest the essence of publishing specifically for you, the surgeon. To paraphrase Baue ¹⁴: we wish to offer to the young or old surgeon to put words on paper, write and rewrite, and rewrite again. Surgical literature needs all worthwhile contributions, reports and ideas.

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