Editorial

Thirty-Three Years of Dizzy Medical Writing and Editing:

A Meta-Analysis and the Hall of Shame

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In 1983, one of us (HLF) helped create a series of "Dizzy Awards"—awards for excellence in bewildering, unintentionally comical, or downright terrible medical writing. These awards honored Jay Hanna "Dizzy" Dean (1910–1974)—not for his glorious career as a major-league pitcher, but for his mangling of the English language as a popular baseball announcer. The winners, all excerpts from prominent medical journals, were the most outstanding head-scratching, eyebrow-raising, and occasionally knee-slapping examples of bad medical writing. Their sources were not identified in print but were available on request.

The first 5 articles in the series[1-5] implied that the authors were solely responsible for the cited linguistic lapses. Yet, the journals in which the Dizzies appeared—especially their manuscript editors and proofreaders—were clearly responsible as well. Consequently, the 6th article of the series[6] dealt exclusively with the causes, consequences, and cures of dizzy medical *editing*. In that 1991 study, detailed questionnaires were mailed to the editorial staffs of 70 leading American medical journals, seeking their views on why manuscript-editing oversights and proofreading blunders were so prevalent and how such errors might be minimized or eliminated in the future. Thirty-two of the 70 questionnaires were returned, an impressive 46% response rate. Most of the respondents added pertinent and pithy comments on how they would like to improve their journals. They attributed the bulk of their problems to lack of time and insufficient staff.

For the 12th and final installment on dizzy medical writing and editing, we present here a meta-analysis of the 394 published Dizzies[1-5,7-11] and highlight the Dizzies that have earned a berth in our Hall of Shame.

In looking at the entire population of Dizzies, we identified the types of writing errors and determined their relative frequency (Fig. 1).

Using our best holistic approaches—refined by a combined 9 decades of teaching—we have assigned each of the Dizzies to what we believe to be the most appropriate category.

To begin, this analysis cannot be scientific for several reasons: 1) *There is selection bias in the choice of a Dizzy.* Different types of errors bother different readers; the Dizzies are the ones that bothered us. 2) *Among some categories, there is substantial room for movement.* A "squinting" error could be assigned instead to the "logic" category; a "data-dump" sentence (flagged for its impenetrable logic) could be parked in the "jargon" lot. And because the authors are not solely to blame, these examples could all fall into a single category, called "bad editing."

We turn now to the specifics of this distribution, starting with the least prevalent errors.

Obvious

This category totals only 3% of the offending writing and reflects one simple error: *overstatement of the obvious*. Several examples should make this clear:

". . . unproductive diagnostic measures are unnecessary."

". . . liposuction is not indicated for everyone under all circumstances."

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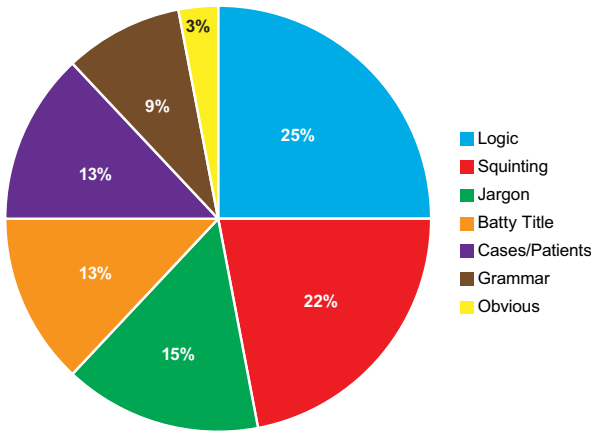

Fig. 1 *Distribution of errors.*

"Very obviously, mouse connective tissue is not necessarily human connective tissue."

It's hard to disagree with any of those statements.

Grammar

Although definitely in keeping with the Dizzy Dean theme of our analysis (Dean was famous for such constructions as "he slud into third"), we were surprised to find in highly respected journals such statements as:

". . . physicians should inform their patients as to what the research to date do and do not show. . . ."

"Keeping facilities, clothing, and equipment clean are important. . . ."

"There are a lack of data regarding how to manage these patients. . . ."

Cases and Titles

These categories share a problem: trying to shoehorn too much information into too few words. The results can be confusing, and sometimes unintentionally entertaining.

The all-too-prevalent conflation of "cases" with "patients" in medical writing was highlighted in most of the "Dizzy Medical Writing" publications, and always in the "Cases at the Bat" category.

Choice examples:

". . . four cases were found to have normal intestinal tracts. . . ."

"All cases had swollen bursae."

Similarly, the need to summarize the contents of a journal article in a short title can sometimes lead to unintended meanings. Witness the 2 examples below, followed by our published comments:

"Nondrug Interventions Improve Memory, Function in Residents with Dementia"
— *Do they work on interns, too?*

"Ectopic Pregnancy in an Urban Teaching Hospital"
— *Is that where baby hospitals come from?*

Jargon

Here, the writing is so impenetrable that it not only defies easy understanding but probably causes readers to throw up their hands. Because this is the third most often cited type of Dizzy, examples unfortunately abound. They are more prevalent in articles with chemical, genetic, or statistical data, e.g.:

"The greater pain caused by larger-sized tubes was the result of increased pain during the insertion of the tube and pain while the tube was in situ, with no pain difference during tube removal (insertion: size <10F, MPS 2 [IQR 1–2]; size 10–14F, MPS 2 [IQR 1–3]; size 15–20F, MPS 2 [IQR 1–3]; size >20F, MPS 2 [IQR 2–3]; χ^2, 3 *df* = 8.12, *P*=.044, Kruskal-Wallis; χ^2 trend, 1 *df* = 7.2, *P*=.009. in situ: size <10F, MPS 2 [IQR 1–3]; size 10–14F, MPS 2 [IQR 1–2]; size 15–20F, MPS 2 [IQR 2–3]; size >20F, MPS 2 [IQR 2–3]; χ^2, 3 *df* = 11.75, *P*=.008, Kruskal-Wallis; χ^2 trend, 1 *df* = 6.2, *P*=.015. removal: size <10F, MPS 2 [IQR 1–2]; size 10–14F, MPS 1 [IQR 1–2]; size 15–20F, MPS 2 [IQR 1–2]; size >20F, MPS 1 [IQR 1–2]; χ^2, 3 *df* = 2.7, *P*=.44, Kruskal-Wallis; χ^2 trend, 1 *df* = 1.0, *P*=.31."

Jargon is not limited, by any means, to the scientific side of medicine. Consider this:

"Intergenerational relationships are multidimensional in character and their complexity poses problems in conceptualization and measurement particularly in reference to the current middle-aged population which occupies a unique position relative to their parents' generation. . . . With the shift from a family system based on consanguine values to one held together by bonds of conjugality and sentiment, the obligations and influences of kinship have been minimized, and the older generation has been placed outside the children's circle of privatized domesticity. . . ."

Squinting Modifiers

The first runner-up in the competition for most typical writing error is the squinting (sometimes called misplaced) modifier.

"If diagnosed early, catheter drainage. . . ."

"Unlike salicylates, we are unaware of any case reports. . . ."

Logic

This offending category includes misstatements in print that seem to defy the existence of peer reviewers and manuscript editors, not to mention editors-in-chief.

Some clearly show that an important word got left out in the editing process:

"Usually (although invariably) HS is associated with venous insufficiency of the lower extremities."

"Human cysticercosis is almost caused by *Cysticercus cellulosae*."

Others show that the wrong word was left unedited:

"The value of the routine chest film in the patient with penetrating thoracic trauma cannot be underestimated."

Finally, some statements in the medical literature simply defy a logical explanation of how they escaped the eyes of the journal's editor:

". . . unfortunately, however, not all prostatic nodules are malignant."

"Several years after his death, a former patient and resident of the city sent a letter to the editor of the local newspaper. . . ."

The following example evokes special comment:

"He had been born in South America and emigrated to the United States several years earlier. . . ."
— *That's what we call a hyperactive fetus.*

Amazingly enough, 5 years after this editorial error, the same prestigious medical journal did it again:

"She was born in South America and had moved to the United States several years earlier."

The Hall of Shame

As a tribute to Old Diz, all winners of the Dizzy Medical Writing awards were put into a baseball-related category. Each was followed by a comment from one or both of us. Here they are, in unranked order, reproduced as originally published.

The Cases at the Bat Award

"Only 13 cases have been reported to date in the literature, of which four were pregnant."
— *Nine months from now, there should be at least four more cases to report.*

The Flagpole Award (3-way tie)

"Only surgery offers a reasonable chance of cure for most diseases."
— *Ah, cut it out.*

"Cryptococcosis is unique among opportunistic fungal infections because it is the only disease that can occur in normal individuals."
— *Balderdash!*

"The common practice of misdiagnosing deep vein thrombosis clinically should be abandoned."
— *Agreed.*

The Touch-Every-Base Award

"Alternatively, and in our view, far more likely, it is possible that if edema forms during the obstruction, it may be roentgenologically masked, perhaps by increases in lung volume."
— *Would you care to qualify that statement?*

The Swing and a Miss Award

"When a woman is diabetic her husband is less likely to eat the same food as her."
— *What does her eat?*

The "Slud into Third" Award

". . . if this patient had underwent postmortem examination. . . ."
— *That clause should have underwent rewording.*

The No Hits, No Runs, One Error Award

"Recognition of their manifestations are important, since. . . ."
— *It are?*

The Batted Out of Order Award (2-way tie)

"After 10 years as chairman of medicine, the family moved to California. . . ."
— *The Papa Chair, Mama Chair, and all the little Chairs?*

"Discovered as a pathogen in 1939, Hellerstrom first described *M. marinum*."
— *True. Some people are pathogenic.*

The Who's on First, What's on Second Award

"Although there have been several published reports of such infections, all were fatal."

— *Thank goodness we didn't read them.*

The Questionable Call Award

"In view of the danger of heparin-induced cardiac tamponade, hemodialysis should not be performed with caution in patients with SLE who have severe, active systemic vasculitis and pericarditis."

— *Why not?*

The Bad Call Award

"Although chest pain due to cardiac causes is quite rare, . . ."

— *We couldn't agree less.*

The Rookie of the Year Award

"A boy underwent a simple vaginal delivery at term after an uneventful pregnancy."

— *Quick! Call the* National Enquirer.

The Base on Balls Award

"During life use of the penis. . ."

— *Did you hear about the guy who died, but. . .?*

The Long Fly to the Pitcher Award

". . . she experienced a rapidly fatal outcome."

— *In short, she died.*

The Placed on the Disabled List Award

"Early relapse results in presentation to neurologists or paediatricians with epilepsy."

— *Would an internist with epilepsy do?*

The Word Series Award

"The interdependence of anatomic systems, symbolic activity, and the external social and physical environment entails a holistic orientation and encourages interdisciplinary collaboration."

— *The verbiage collector obviously didn't come by today.*

The Batty Title Award (4-way tie)

"When Should Patients with Lethal Ventricular Arrhythmia Resume Driving?"

— *When they are reincarnated!*

"Cerebrospinal Fluid in the Rhinitis Clinic"

— *Watch out. The floor is slippery.*

"Stability of Prevalence"

— *Your guess is as good as mine.*

"Licking Breast Cancer with Salivation Army Pennies."

— *No comment.*

The Home and Away Award

"He does not recall any foreign travel although he has been to Houston, Texas within the last several months."

— *And we can see Mexico from our house.*

The Extra-Innings Award

"The epicardium, cardiac valves, and endocardium appeared normal. The epicardium, cardiac valves, and endocardium appeared normal."

— *But what about the epicardium, cardiac valves, and endocardium?*

The Caught Out of Position Award

"Livido is a term first used to describe a violet discoloration of the skin due to a local circulatory disturbance in the 1860s."

— *There's also a disturbance in the syntax of that sentence in the 1990s.*

The Caught-Napping Award

"Patients who continued to have positive blood culture results while receiving appropriate antibiotic therapy had a poor diagnosis."

— *The best therapy for a poor diagnosis is appropriate editing.*

The Broken-Bat Award

"Although the patient's initial presentation is consistent with psoas abscess, *Streptococcus pneumoniae* is rarely described as a pathogen."

— *Please check the line, Operator. We have a bad connection.*

The Double-Play Award

"It appears apparent from the data that the relations between functional cardiac symptoms and panic disorder is worth further examination."

— *It certainly do appear apparent.*

The Game-Ending Award

"Sudden death is a prominent and lethal feature of coronary heart disease (CHD). . . ."

— *Agreed! Death is lethal, sudden or otherwise.*

Coda

Although this is our final report on Dizzy Medical Writing and Editing, the problem persists: bad writing and sloppy editing are firmly entrenched in our culture and have been for a long time. The following "Battiest Title" graced the medical literature in 1881:

> ***On the Proclivity of the Abductor Fibres of the Recurrent Laryngeal Nerve to Become Affected Sooner Than the Adductor Fibres, or Even Exclusively, in Cases of Undoubted Central or Peripheral Injury or Disease of the Roots or Trunks of the Pneumogastric, Spinal Accessory, or Recurrent Nerves.***

Having ended our work in this field, we would welcome those who feel inspired to take up the banner and continue the push for Good—not Dizzy—Medical Writing and Editing.

Acknowledgment

We express our sincere gratitude for the contributions of Pat Robie, who co-authored the first 6 articles of this series.

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