tory support may recover if they have potentially reversible disease and are given a chance.7

Physically, the unit should have adequate bed space (at least 12 feet width per bed) and moveable partitions for flexibility. Construction should produce no obstacle to the constant visual observations of the nurse. Bedside equipment should include piped-in oxygen, air, and suction. Cardiac monitoring equipment is needed. A 1:2 or 1:3 nurse-patient ratio is desirable. The unit should be physically part of a general intensive care unit, as well as the coronary care unit to provide for cooperation and training in all intensive care areas and to provide for flexibility of bed utilization and unit staffing.

So we must, in planning and designing our hospitals and upgrading the old, provide the public with a well-designed and staffed respiratory care unit as an important module in the intensive care area.

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REFERENCES

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The Well-Read Journal

At a meeting of the Editorial Board of this journal in the spring of 1969, we devoted much thought to the perennial query, “Who are our readers, and what should we be giving them?” Among the many suggestions (some of which will appear, incaram, in future issues) there was implied a common element, a unifying theme, which may seem so trite as to be beneath notice. The common element is superior presentation.

Even those who were unenthusiastic about the value of review articles admitted that if a review was particularly well done they could excuse some lack of newness. And everyone agreed that the journal needs all the good original manuscripts we can obtain for it. The dilemma is that the thousands of medical journals now published are full of scientifically good observations. How does a particular journal insure that “their” good observations are read by an increasingly higher proportion of a rapidly enlarging group of subscribers? Again, the answer is good presentation.

Presentation has two facets. One depends upon the quality of the manuscript itself, the other on the way the manuscript is presented in the journal. Obviously, the latter is the responsibility of the editor and his staff; and recent issues of this journal have made it apparent that the previous high standard is being surpassed regularly.

When I refer to the “quality” of a manuscript, I mean, for the remainder of this editorial, to refer to the way the information is presented in the manuscript, not the kind of information that is presented. What is increasingly recognized is that while priority claims can be satisfied merely by being published, an author can no longer be sure, if ever he could, that he communicates simply because he is published. And if information is not communicated, it might as well not exist.

Almost without exception, bad communication is the result of bad writing. So the question we are faced with is this: “What can the Editorial Board do to improve the standard of medical writing in the pages of Diseases of the Chest?”

First, we can attempt to improve the quality of manuscripts which our authors submit; and secondly, the editorial staff can attempt to treat the sick manuscript when it arrives at this office. Perhaps the most important step in encouraging authors to send us manuscripts of better quality is to assure our authors publicly and frequently that we expect better manuscripts. Writing the paper is the responsibility of the investigators, and is an integral, if ultimate, part of the research. Superb research, coupled with sloppy, hasty, or inept writing, guarantees a product which is less than superb.

After publicly avowing this belief, we must offer specific direction. One place to provide encouragement to authors is on the Preparation of Manuscripts page. Here, it would be difficult to improve upon the succinct directions of the editors of Science (please note the revised version of the
EDITORIALS

Preparation of Manuscripts page in this and subsequent issues — Editor):

Organize your material carefully, putting the news of your finding or a statement of the problem first, supporting details and arguments second. Make sure that the significance of your work will be apparent to readers outside your field, even if you feel you are explaining too much to your colleagues . . . .

Avoid specialized laboratory jargon and abbreviations, but use technical terms as necessary, defining those likely to be known only in your field. Readers will skip a paper they do not understand. They should not be expected to consult a technical dictionary.

Choose the active voice more often than you choose the passive, for the passive voice usually requires more words and often obscures the agent of action. Use first person, not third; do not use first person plural when singular is appropriate.

Another aid we can provide for the author is some guidance to self-improvement. I append a brief reading list which may help in this direction.

Perhaps an even more important endeavor, although necessarily one of limited scope, is the commitment of the College to provide, at least occasionally in the future, seminars in scientific writing at College assemblies and congresses.

Opportunities for self-improvement are not limited to those I have mentioned. Other organizations offer periodic short courses for the interested medical author. Perhaps foremost among these organizations is the American Medical Writers Association. Furthermore, the author who desires help can often obtain the advice of an experienced freelance editor in his area. Again, the Association just mentioned can often be of assistance in providing the names of such skilled individuals. (The author should seek the advice of a good editor, but should not use a ghost writer. Because the commitment to authorship is an integral part of any laboratory or clinical study, the use of a ghost writer is, in my opinion, unwarranted and unjustifiable for strictly scientific literature.)

We would be pleased to hear suggestions of additional ways in which we can help you. Nevertheless, the commitment to excellence in scientific writing is the responsibility of every author.

Charles G. Roland, M.D.*

REFERENCES

1 The italics are mine. This quotation is taken from the more lengthy "Instructions for Contributors" which appears in the Index issue of each volume of Science.
   (All four books are available in paperback editions.)
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