

An Abbreviated Complaint

“**I**n all NCZ, rCBF/rCBV ratio was >7 min⁻¹ (IC values were 0.91 ± 0.4 min⁻¹, $p < .002$) and rT was $<.07$ min ($p < .001$). RT and rCHCT in IC and PI are readily measured by SPECT techniques” (1). What are these authors talking about? Now, no cheating. You can’t refer back to the original to break the code. Too difficult? Try this one. “FSA is a very sensitive although nonspecific index of disease activity in IBD and may replace FEI in the assessment of IBD activity” (2). Still can’t translate it? Try one more. This one has only two coded fragments. “Measurement of RBF is of limited value for the prediction of the long-term blood pressure response following PTR” (3).

All of the above are concluding sentences from published abstracts in our *Journal*. Now it is true that if you read the entire abstract the authors break the code in earlier sentences. But my point is this: Why should I have to learn a new code in order to decipher each and every fragment of published information? This is an increasing and pernicious trend that pervades the medical literature. It is particularly acute in submissions to scientific meetings. I, for one, almost never read the abstract books provided for major meetings because the need to learn a new code for each and every abstract leaves my head buzzing and my attention wandering by the end of the second page.

It is not just abstracts that are afflicted with the psoriatic lesions of obscure abbreviations. Even full papers are peppered with shortened forms. As authors, we seem compelled to shorten any complex term that might be repeated more than once to a collection of initials (or even less obvious concatenations of letters) rather than be burdened with writing out even simple phrases such as “common bile duct” or “sphincter of Oddi.”

Why are we doing this to ourselves? What are we as authors trying to accomplish? In most cases, it seems that the authors of abstracts are driven by the need to cram as much as possible into the defined, acceptable volume. The motivation here is understandable even if the resulting abstract is not. But why fill a paper with abbreviations? Is it ennui? Are the authors too lazy to write out their terms? Are their secretaries too weary to type all those letters? Could it perhaps be a carryover from our days on the wards when we were too rushed and too tired to be bothered writing out full words in a chart when an abbreviated code would suffice? Or perchance, do the authors think it makes their work look erudite, being full of pseudojargon—all those beautiful jumbles of capital letters that nobody can understand unless they have followed the whole argument from the very first line?

Or is it—as I sometimes suspect—a method of obfuscation, possibly subconscious, designed to keep the critical reader from focussing on the shortcomings of their work by constantly diverting attention into the need to decode what is being said?

Whatever the reason, I deplore the practice and hate the result. Scientific writing represents enough of a challenge without making it harder to read. Writing—the act—should be a pleasure. Use real words, they are the substance of language, the containers of meaning and nuance. Reading too should be a pleasure and even medical and scientific writing can have a form and character that is kin to real literature.

I don’t believe the blame for this problem is wholly born by the authors. A determined editorial hand would go far to cure this disease. An even-handed but firm enforcement of stated editorial policy would eliminate the most egregious offenses and a light touch of editorial dressing would take care of most of the rest.

Let me give you an example close to home. Both the instructions to authors in *The Journal of Nuclear Medicine* and the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (4) state that authors should avoid using abbreviations in the title. Yet a quick review of the last four months of the *Journal* for 1990 reveals that of 107 titles, 34 contained abbreviations!

I am not suggesting that all abbreviations are bad. In fact we in nuclear medicine are particularly dependent on abbreviations because of our frequent and repeated need to designate specific radionuclides. Indeed such usage accounts for many of the title abbreviations noted. Also, many of our common jargon terms such as SPECT and PET and “vanity” abbreviations for processes and devices (ASPECT, SPRINT, etc.) are more like real words than abbreviations. Certainly the use of abbreviations for complex chemical names such as MIBG and MIBI provides intellectual relief rather than a burden.

I believe there is a simple, easy-to-apply rule that would solve most of the problem. *If the sentence containing an abbreviation would probably not be understandable by the average reader of that journal without reference to a definition elsewhere in the article, the abbreviation should not be used.* The only exceptions would be the use of abbreviations for

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complex chemical names and the use of “vanity” names. Notice that this rule even allows for the use of jargon terms. SPECT is likely to be understood by all readers of *The Journal of Nuclear Medicine* but would not be acceptable in *The Journal of Clinical Pathology*.

These are not onerous restrictions. Abstracts can almost always be made short and concise without resorting to abbreviations. Simply writing the abstract so that there is only a single use of a complex term will usually solve the problem. In full articles repeat a whole term as needed. No useful purpose is served in a full paper by speaking of the sphincter of Oddi at the beginning and the SO at the end.

̄ all, if we elim. abbrev. evrbd. wd. bnft!

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