Sharpening the point

Medical manuscripts tend toward the prosaic, but this does not mean that they should also be grammatically flawed. A review of many fine journals shows a high batting average for correct grammar but suggests room for improvement. Surely, the best research demands the best grammar. The following is a light-hearted appeal.

What is the dot (period) doing in the short form of the word "Doctor"? "Dr" is not in fact an abbreviation; rather, it is a contraction.[1] This means that the first and last letters are present, and as such there is no need for a dot. The same is true when "Mister" and "Missus" are shortened. In contrast, a true abbreviation — where early letters are preserved but the last letter is gone — does demand a lovely big dot. The truncated form of "Professor" is therefore crying out for a dot ("Prof."). The shortened forms of "intravenous" and "subcutaneous" require dots for their respective abbreviations "iv." and "sc." The same is true for "et al." (the abbreviation of "et alii," meaning "other people" or "other things") and "etc." (abbreviated from "et cetera").

But wait — this means that "M.D." needs 2 dots, as does "e.g.," the abbreviation for "exempli gratia" (meaning "for example") and "i.e.," the abbreviation of "id est" (meaning "that is to say").

Call this petty, pedantic or archaic — which it largely is. Feel free to admonish us to focus on producing real research — which really we should. Regardless, spare the dot (and reserve for abbreviations) and improve the manuscript.

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REFERENCE

1. Bryson B. *Troublesome words.* 3rd ed. London (UK): Penguin Books; 2002. p. 1.

DOI:10.1503/cmaj.1041741

[The senior deputy editor responds:]

P.G. Brindley shows an admirable appreciation for, ahem, the finer points of editing. The style manual of the Council of Biology Editors (now the Council of Science Editors)[1] argues for a blend of 2 tendencies in the punctuation of abbreviations, namely, the British rejection of that redundant dot after "contraction abbreviations" such as "Dr." and the North American avoidance of clutter in acronyms (AIDS) and initialisms (CIHR). *CMAJ*'s style notes, which take up more pages than anyone could imagine, eschew periods in acronyms and initialisms, as well as in abbreviations appearing in reference lists, but we indulge mild and widely accepted illogicalities such as "Dr." and "Nfld." (when we don't mean NL) and other examples that I cannot place at the end of this sentence without confusing the point. Periods are not used in units of measure, where there is little chance of misreading (6 h, 2.5 mg), and elsewhere are retained on the grounds of both logic and convention (sp., spp.). Suffice it to say we avoid abbreviations where possible.

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REFERENCE

1. Council of Biology Editors Science Manual Committee. *Scientific style and format: the CBE manual for authors, editors, and publishers, 6th edition.* New York: Cambridge University Press; 1994. p. 183-9.

DOI:10.1503/cmaj.051694

Clarifying a misunderstanding on clinical trial registry

The statement of the International Committee of Medical Journal Editors (ICMJE)[1,2] that clinical trial registration is a requirement for publication of trial results in their journals has captured the attention of researchers around the world. The editors noted that ClinicalTrials.gov (http://clinicaltrials.gov), an international trials registry developed and maintained by the US National Institutes of Health, met their criteria for an acceptable registry.[2] We are writing to address misunderstandings about the current policies and procedures of this registry.

A memorandum sent to Canadian health researchers by Mark Bisby, Vice-President of the Canadian Institutes of Health Research (CIHR), on Sept.1, 2005, claimed that ClinicalTrials.gov does not provide unique trial identifiers

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