HOW TO GET YOUR PAPER PUBLISHED

BY THE EDITOR OF THE JOURNAL

Few intending authors appreciate how the editors of medical and scientific periodicals work. The British Journal of Psychiatry rejects about two-thirds of the papers submitted to it, and many of those accepted have to be partially re-written before they appear in print. Some explanation of the editorial reasons for this behaviour may be helpful. I, for one, am often saddened at having to refuse a contribution which is clearly the fruit of several people's hard work—a script which has been carefully written and retyped, diagrams beautifully drawn—and even more so when the study has involved many sessions of clinical interviews or many hours of laboratory effort. The author may be offering a little bit of his individual creative self, and in refusing his paper I am rejecting him. Of course there are plenty of journals in the world, and his piece may find a home elsewhere, but before turning it down we do often ask ourselves whether the observations and results it contains could be salvaged in some form for us.

A paper is a communication of facts and ideas, not of feeling. It is to help the reader's intellectual functions, not to generate emotions or provide mystical insights. It is philosophy rather than literature or art. Therefore, to do its work efficiently it must have clarity of thought, simple expression and a logical sequence in its presentation, and avoid repetition and fine phrases. A paper is about something, it has a subject and a point of view. That subject may be the answer to a question, and experiments or clinical observations may be made to find the answer, or it may be an hypothesis or the critique of an idea or a method. The summary of the paper should indicate what the essential subject and aim of the paper is, and whatever it is the author must make sure that he keeps to the point of his subject and does not wander off reporting irrelevant data or speculation.

The Editor views everything in three ways. He is part administrator, part reader's friend, and part poet. (I use the word in its old sense of a maker, a craftsman.) As administrator, he is concerned with costs: of paper, of printing, of postage, of advertising. A journal like ours, which goes out monthly to about 9,000 addresses all over the world, has continually to think of its weight or it finds itself slipping into a higher postal category and its postal bill leaps up. Printing tables of data is fiddly work for the compositor, a line diagram means the special work of the block-maker, a photograph may mean special paper as well as a block, and all these things add considerably to costs and must therefore be justified. In other words the Editor is conscious that his space is limited to about 80-100 pages monthly, and that he must not print large numbers of tables or allow the same information to be duplicated in table and figure. These are some basic constraints on selection. Therefore, the author who writes at great length, say over 30 pages of typescript excluding tables and references, is making his acceptance unlikely. So is the author who puts all his work into 20 or 50 tables of data.

The Editor approaches all contributions as a spokesman for the readership. Can one make out what the author's subject really is (titles, and even summaries, are often poor guides)? Can one follow the paper, or are parts of it difficult or incomprehensible? Do parts seem irrelevant? If it is not intelligible to the Editor it may not be to most readers. Does it seem to contain any new ideas or observations, or is it a re-writing of what might be found in any big textbook? Is its subject relevant to the readership? For example, we occasionally get papers in which chronic schizophrenics have served as the guinea-pigs for a comparison of liver function tests, shall we say. The interest lies in the bio-chemistry of these tests, it is an incidental that the test subjects were psychiatric, and therefore such a paper should go to a journal of clinical pathology. Of course, in making these assessments the Editor is helped by editorial colleagues, and a vast panel of specialists in different clinical and scientific fields.

Given that the paper has some novelty and some interest for us, the question remains how much?—and that leads us back to the question of length. Space is limited, we want to give as many authors and subjects as possible a chance of expression, and some subjects are more important or novel or interesting than others. One subject may be worth a typescript of 20 pages, another only 4, a third should be a brief 'letter to the Editor', and so on. The Editor chooses these lengths on behalf of readers, but he only does so successfully if he pleases at least himself. This is the Editor as poet, with his conception of what the Journal ought to be doing and how it ought to look. We are a journal for general psychiatry, and therefore must include epidemiology, biochemistry, child psychiatry, forensic work, analytical psychotherapy, etc. We must also give encouragement to neglected fields, and strike a balance among them all. We may publish occasional reviews of areas of knowledge, but we want to capture the first
reports of new insights at home and abroad, particu-
larly if they may affect practice. We want to reflect
all aspects of the psychiatric life, particularly as it is
experienced in Britain. We want to encourage
authors who work under difficulties, those who
manage to do research in provincial mental hospitals
away from academic centres, or who work in
countries of Africa and the East where psychiatry is
not yet well developed. At the same time we try to
adhere to certain standards.

The most important is the scientific attitude. We
expect hypotheses to be based on observations, and
to lead to further observations which can test their
theoretical correctness. We want to know in sufficient
depth how the observations were made, so that others
can attempt to repeat them. We are not very inter-
ested in any ideas, however brilliant and appealing in
themselves, which are not provided with some kind
of factual base.

We are against an author producing many papers
—presumably chiefly for personal professional
reasons—where one would do. It is harder for readers
to follow, bad for the subject and wasteful of space if
a research is reported in a series of tiny dribbles
instead of in one big paper; worse still if the author
releases at three-monthly intervals a succession of
papers reanalysing the data of the same experiment.
Fragmentation is an unnecessary evil.

An editor lays down rules and guidelines, yet a
part of his success lies in knowing when to ignore
them. He must be flexible, open to new suggestions,
and yet maintain a character. In sum, to increase
your paper’s chance of acceptance you need to make
clear to yourself what your subject really is. You
must choose an appropriate length and keep within
it, and you must develop your account according to
some logical scheme which the reader can grasp, and
avoid irrelevance of data or ideas. Don’t repeat the
Introduction in the Discussion, and don’t write a
long Introduction if you can refer to a textbook or
review article which says it all. Don’t put all your
data in, just what is necessary to make your points.
Try your draft on a friend, not necessarily know-
ledgeable but candid, who will tell you about con-
fusion and muddle, omissions and non-sequiturs. It
is only too easy for the author who knows the material
too well to forget to mention vital points or to become
blind to what his script actually says.

Try to be always for straightforwardness and clarity.
The paper by Jane Smith on ‘What does the sub-
editor do?’ in the British Medical Journal (1978) i,
222 (28 January) is worth reading in this connection.

J. L. CRAMMER

THE SCRIBE’S COLUMN
Patient Found Missing

Among the severe shortages currently afflicting
psychiatric hospitals there is one which is particularly
worrying and which, if not remedied, will bring the
psychiatric services of this country to a full stop. The
purpose of this communication is to suggest certain
measures which may prove helpful.

The particular shortage in question is, of course,
the rapidly dwindling numbers of acceptable in-
patients. Different psychiatric units have different
in-patient needs, and it is, for example, extremely
difficult to find patients who will fit the require-
ments of certain acute psychiatric units in District General
Hospitals, especially where these are associated with
Professorial Units—but the problem is much more
extensive than even this.

An example of the desperate straits which some
psychiatric units have reached is provided by the
increasing number of urban (and rural) guerrilla
hands nowadays dispatched to search the cities and
countryside for much-wanted patients. These small,
often partially trained, teams of men and women
carry nothing more lethal than syringes and long-
acting phenothiazines (a technique developed from
the tranquillizing darts used in game reserves). Known
as psychiatric community nurses, they have had
quite spectacular successes in trapping and recovering
patients at large in the community, either at home or
even including those who have strayed too far from a
local authority hostel. These dedicated groups act as
undercover agents. Abandoning their nurses’ uni-
forms, they dress in a wide variety of highly person-
alyzed mufti which, with appropriate hair styles, have
enabled them to pass themselves off as harmless
vagrants or research workers.

The work has not been without its dangers. Some
groups of patients have organized themselves into
How to Get Your Paper Published
By the Editor of the Journal and J. L. Crammer
Access the most recent version at DOI: 10.1192/pb.2.6.112

References
This article cites 0 articles, 0 of which you can access for free at:
http://pb.rcpsych.org/content/2/6/112.citation#BIBL

Reprints/permissions
To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at
/letters/submit/pbrcpsych;2/6/112

Downloaded from
http://pb.rcpsych.org/ on December 12, 2017
Published by The Royal College of Psychiatrists

To subscribe to BJPsych Bulletin go to:
http://pb.rcpsych.org/site/subscriptions/