
The road to better medical writing is filled with good, solid, dependable guides like the style manuals of the American Medical Association and CBE. But occasionally down the pike comes a sporty little job like Robert Iles's Guidebook to Better Medical Writing, top down, breezily telling medical writers—especially writer-physicians—“how to convey [their] thoughts to readers and how to get more writing done in the time available for it.”

Drawing on more than 30 years as a medical writer, author, ghostwriter, editor, and teacher, Iles aims to “guide writers in the matter of style”, “help [them] write well when authorities and various textbooks give conflicting advice”, and “not cover every question in punctuation, capitalization and correct use of terms [but answer] many of the most frequently asked questions.”

Iles serves up “step-by-step directions, examples, checklists, tips, techniques, and advice” peppered with “shortcuts, . . . ‘cookbook’ answers, . . . [and] gems of wisdom.” These are “practical, common-sense answers to the problems that physicians, research scientists and others in the biomedical sciences encounter when they write to report their work or express their thoughts.” Consequently, this guidebook has the feel of a lecture on writing, dispensing (by Iles’s own admission) one man’s accumulated wisdom on medical writing without explaining it too much.

The Guidebook touches first on the bases of good writing; then on the building blocks of words, sentences, and paragraphs; and finally on the articles that slowly arise from those blocks. In chapter 1, “The Foundation of Good Writing”, Iles proclaims the “Seven Fundamental Errors” that medical writers can make: (1) not knowing the subject well enough; (2) not knowing the audience; (3) not knowing how to use the tools of written expression; (4) not setting aside enough time for the task of writing; (5) trying to impress the reader instead of expressing one’s ideas; (6) trying to hide something from the reader or pretending to know more than one does; and (7) not trying hard enough. This negative catalog might put off the medical writer who comes looking for help and encouragement. But Iles is not berating, only being blunt.

Iles’s tone throughout the book is an engaging mix of informal and formal.

Chapters 2 through 7 deal with the nuts and bolts of medical writing: choosing better words; writing better sentences; writing better paragraphs; preparing better tables and figures; and improving spelling, punctuation, and grammar. (Warning: detailed rules and regulations are better sought elsewhere.) Chapter 8, “How to Get More Writing Done”, provides several helpful models for time-managing and organizing the writing process and hurdling writer’s block. It also provides a good discussion of when writing should stop and editing start.

Chapters 9 and 10 provide a useful compilation of checklists for what to include in clinical reports, case reports, letters to the editor, book reviews, review articles, and scientific posters. In chapter 9, “How to Write the Report of a Clinical Study”, Iles argues for turning the traditional IMRAD organization of a research paper on its head so as to make writing the clinical report easier. Chapters 11 and 12 wrap up with “Copyright, Permission and Ethics” and “More Effective Editing, Reviewing and Proofreading”, respectively. Although the focus is on clinical articles, what Iles has to say applies to most scientific writing.

Iles’s tone throughout the book is an engaging mix of informal and formal. He is on the writer’s side. He is always quick to admit when one of his editorial pronouncements is based on personal experience rather than on proven fact.

Some nagging editorial problems appear in this first edition. In one case, Iles’s proposed solution to a problem of parallel syntax creates another. The index is useful, but has an inconsistent and distracting entry style and pointless entries for “MD” and “PhD”. Typos are sprinkled throughout the book.

Those quibbles aside, Iles’s brief but useful guide to medical writing is one to park on the bookshelf for those times when the AMA style manual is just a bit too wide and a bit too low for a quick, breezy spin around the editorial neighborhood.

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