

and often received medication to control their behaviour disturbance. The admissions were usually perceived in a negative light by both staff and patients. Since then I have continued to see the same patients in other settings – out-patient clinics, prisons and casualty departments. It has usually not been a pleasant experience. The patient has often been intoxicated, threatening himself or others and I have felt a sense of responsibility, or had responsibility placed on my shoulders by relatives or other staff. The responsibility was, in part, mine to accept or reject. My acceptance of the responsibility has sometimes been destructive for both me and the patient. A refresher six months at the Henderson might well prove useful!

## References

- DEPARTMENT OF HEALTH (1989) *Working for Patients*. London: HMSO.
- (1989) *Working Papers 1–9*. London: HMSO.
- MORRICE, J. K. W. (1979) In *Therapeutic Communities: Reflections and Progress* (eds R. D. Hinshelwood & N. Manning). London: Routledge & Kegan Paul.
- RAPOPORT, R. N. (1960) *Community as Doctor*. London: Tavistock Publications.
- WELLS, P. (1984) Trainees in a therapeutic community for adolescents. *The Bulletin of the Royal College of Psychiatrists*, 8, 67–69.
- WHITELEY, J. S. (1979) In *Therapeutic Communities: Reflections and Progress* (eds R. D. Hinshelwood & N. Manning). London: Routledge & Kegan Paul.

---

*Psychiatric Bulletin* (1990), 14, 82

## Style matters

### The nuts and bolts of writing papers

#### Number 2. Repetition

RALPH FOOTRING, Scientific Editor, *British Journal of Psychiatry*

Repetition recurs recurrently in scientific writing. To my mind an introduction to a paper should be just enough to get people thinking about whatever it is that they are meant to be thinking about. Too many papers begin with an introduction that ends up as a discussion, and too many discussions begin with an introduction. Too many papers introduce the methods in the introduction, they recap the methods and results in the discussion, and they discuss what was discussed in the introduction in the discussion. Conclusions often conclude with what was concluded in the introduction, in the results, and in the discussion. And don't forget that the summary has said all the interesting stuff in four lines.

The point to remember is that your readers are not only busy people – they are also bright, and they might not appreciate being told everything twice.

#### Tautology

The other aspect of repetition that needs mentioning is tautology. There are many examples of generally used tautologies, such as 'equally as good as', a 'new innovation', and 'refer back to'. However, there are some tautologies often used in scientific papers which are not so much sloppy as a devious means of sounding technical. Two examples will probably suffice.

'Period' is often added to a length of time. A four-week period is four weeks however you look at it, but many writers prefer to say that a drug was administered over a four-week period than that the drug was given for four weeks.

'Personality' is a more particularly psychiatric example. I sometimes read that, at interview, a patient had a shy and retiring personality, as one might have a shy and retiring pet hamster. Be bold! (I refer here to the writer, not the patient, or indeed the hamster.) Say that the patient was shy and retiring, or why not even leave out 'retiring' for all but the over-60s?

#### Practical advice

Before you come to the last draft of a paper, read it through and cross out as much as you possibly can. Delete words, delete references, delete sentences, delete headings, delete paragraphs! If you can't bring yourself to do it, having put so much work into writing it, invite a friend round to your office for a bit of crossing out. Remember that an editor will be more ready to accept a borderline paper if it does not take up too much space, and that a referee is bound to mention that a paper lacks necessary detail should you have gone too far.

*Next month: Style and grammar.*