

# UPLIFTING THE ABSTRACT

C M L Lee

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By definition, an abstract is simply that which gives the gist or essence of an article. To be of value to the reader, a good abstract must incorporate the salient points accurately and include enough essential details to be sufficiently informative, though not at the expense of brevity.

Many of the abstracts of papers submitted to the Singapore Medical Journal (SMJ) for consideration of publication fall short of this. Scant attention is paid to their preparation, probably attributable to the misconceived notion that the abstract is inconsequential and of marginal importance in relation to the article proper. Consequently, the abstract has been relegated to "low priority" status and very sketchy summaries that do little or no justice to submitted articles are not uncommon.

The general tendency is for many authors to simply state that a particular case, condition or method of management is reported, reviewed or discussed, without elaborating with some details. This is grossly inadequate and of little value to the reader.

Given the large volume of medical literature published, it is unlikely that readers have the time or inclination to read the full text of every article. After a quick look at the list of contents, they would in all probability go on to scan the titles and abstracts of selected articles to decide which, if any, merit their further attention (1). A good abstract will stimulate the reader to delve deeper into the text if he finds the subject to be of interest or relevance.

The researcher in a hurry seeks specific information and wants it in less time than it takes to plough through entire articles. Uninformative or even misleading abstracts hinder his efforts and progress. The abstract should thus encapsulate enough information to enable him to understand the key points of an article without having to read the whole article.

Abstracting journals require abstracts to be able to stand on their own as individual packets of information.

These days, many on-line databases do not provide the full text of articles but only the titles, names of authors, bibliographic details and the abstract (2). A poorly presented abstract that lacks substance and detail is bound to be hurriedly scanned and the article proper, in all likelihood, subsequently passed over.

Clearly, abstracts per se are hardly inconsequential. Only if they are uninformative or inadequate and fail to serve their intended function can they be considered so.

"Editors certainly take responsibility for the quality and importance of papers they select to publish; they have no less responsibility for the quality of abstracts" (2). This responsibility must rightly be shared. Authors, on their part, must take pains to supply well prepared abstracts.

A formal structure for original articles, the IMRAD formula : Introduction, Methods, Results, (AND), Discussion - spread into wide use in response to the need for papers to be formatted clearly for the convenience of readers. Whether similar formats can be worked out for abstracts remains to be seen. Structured abstracts for papers reporting clinical trials have already been developed and are now required by some journals (1, 2). Possibilities exist for structured abstracts for other kinds of papers such as review articles and case reports to be developed in time and adopted.

Apart from abstracts, some papers submitted to the SMJ also do not conform to our house style. Manuscripts are returned to authors, sometimes more than once. Time is wasted. Unnecessary costs are incurred. To keep this to a minimum, contributors are urged to closely follow the requirements laid out in our Instructions to Authors.

The Editor and his associates are responsible for preserving and upgrading the quality of the Journal and for increasing its value. But they cannot do this on their own. Collective effort is required.

By conforming to our house style requirements and adhering to set deadlines, authors do their bit. The referee who expeditiously reviews articles and promptly forwards his comments also makes a vital contribution. And the reader? From you, we hope for ongoing feedback and dialogue, without which the SMJ cannot progress.

## REFERENCES

1. Lock S: Structured abstracts. Br Med J 1988;297:156.
2. Huth EJ: Structured abstracts for papers reporting clinical trials. Ann Intern Med 1987;106:626-7.
3. Altman DG, Gardner MJ: More informative abstracts. Ann Intern Med 1987;107:790-1.

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Singapore 0316  
Tel: (65) 223-8968  
Telex: RS 40173 ACAMED  
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