

**CME Article**

# Effective Medical Writing

Pointers to getting your article published

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## Writing a letter to the Editor

### ABSTRACT

**A letter to the Editor is a short communication. It can be written on any subject of interest to the journal reader, and is published at the Editor's discretion. Comments on previously published articles are probably the most common reason for writing a letter. A variety of other types of letters exist, depending on individual journal policy. Letters to the Editor should be objective, constructive and purposeful. They should provide new or useful information that merits publication, or additional or alternative viewpoint or experience to a previously published article. Letters should be short and concise, with clear and specific points.**

**Keywords:** journal correspondence, letter to the Editor, medical writing, scientific paper

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adverse drug reaction. Other purposes include floating of a new hypothesis; drawing reader's attention to important new hazards or points of interest relevant to clinical practice; and general commentary on matters relevant or of interest to the local medical community or readers of the journal. Less frequently, a letter may be written to comment on the nature or format of a journal, or it may be a communication of interest to collaborate or gain access to patients or study material.<sup>(2)</sup>

### Box 1. Purposes of a letter to the Editor:

- Commenting on previously published articles (and author's reply).
- Brief scientific or clinical communication.
  - Research report
  - Case report
  - Case series
  - Report of an adverse drug reaction
- Floating of a new hypothesis.
- Drawing the reader's attention to important new hazards relevant to clinical practice.
- General commentary on matters of interest to the community or the readers.
- Commenting on the nature or format of the journal.
- Communication of interest to collaborate or gain access to patients or study material.

### INTRODUCTION

Many journals have a Letters or Correspondence section. Letters to the Editor are usually short communications and can be written on any subject of interest to the journal reader. For these journals, letters are welcomed by the Editor and are published at the Editor's discretion. Making comments on previously published articles are probably the most common reason for writing a letter. These comments should be objective and constructive. Authors of previously published articles commented on by the letter writer are usually invited to make a written response (Author's reply to the letter).<sup>(1)</sup>

A letter may also be an appropriate avenue for a brief scientific or clinical communication that does not justify a full formal manuscript. This may consist of a research report, case report, case series or report of an

As the purpose and format of letters to the Editor varies among different journals, it is useful to carefully study the target journal's Instructions to Authors to see if that particular journal accepts letters and how they should be formatted. Authors should also take a look at recent issues of the journal to get an idea of the type, scope and style of published letters.

<sup>(1)</sup> When submitting a letter to the Editor, important points to consider include: (a) The message conveyed

in the letter; (b) Whether the format and contents are appropriate for the journal; (c) Whether the communication is justified.<sup>(2)</sup>

### **HOW TO SUBMIT A LETTER**

Submitted letters should be addressed and directed to the Editor of the journal, and not to the author. The Editor's role can be likened to that of an impartial intermediary. Brevity is of the utmost importance. Letter writers should aim to go straight to the point, omitting unnecessary description or detail. It is good practice to state each point separately, as it is much easier for the editor, reviewer and the reader to appreciate the points made, and where applicable, for the replying author to respond to each point in turn.

When commenting on a previously published article, authors should not repeat arguments already covered or referenced in the original article, or give general comments that are unsubstantiated by reasons. One should aim to raise points not adequately covered by the author of the published article and provide additional information that supports the work of others. The points raised should be specific and argue a reasoned perspective. There is no place for biased opinion. Any criticism made should be courteous and dispassionate, and never rude or condescending. The letter writer should remember that the replying authors will be given the chance to respond, and rude and hastily written letters are much easier to respond to. The replying authors have the last word and if the criticisms are inappropriate, the letter writer will not have the opportunity to rescind his comments.<sup>(2)</sup> Replies should similarly be specific, objective and courteous. If accepted, the letters would usually be published together in the same issue.

Some journals have an online "rapid responses" or electronic letter section. For example, for *Annals of Internal Medicine*, readers can view the online version of the article, and click the "Send comment/rapid response letter" link in the green box to the right of the article that they wish to comment on. Readers are instructed to send responses within one month of publication of an article, and are advised that responses are usually reviewed and posted 24 to 72 hours after submission. These responses are not typically edited, so careful attention to spelling and grammar is advised. The Editors may select some of the responses for print publication in *Annals*. For most journals, the processing time for letters is shorter than for other submitted manuscripts, particularly if the subject matter is deemed to be of general interest to

readers or is time sensitive.<sup>(2)</sup>

### **Box 2. Pointers for writing a letter commenting on a published article:**

- Raise points not adequately covered in the published article.
- Provide additional information that supports the work of others.
- Make comments that are specific and succinct.
- Be courteous and objective.
- Follow the journal's Instructions to Authors regarding format of the letter.

Letters may also present clinical observations or results of original research in the form of a research report, case report or case series. If reporting an adverse drug reaction, the reporting guidelines for these reactions should be followed, as specified by the journal. For example, in the "clinical observations" category of letter to *Annals of Internal Medicine*, the letter is structured as follows: background, objectives, methods and findings, discussion and references. Case reports are structured as applicable for case reports. Some journals, e.g. *Lancet*, however, rarely publish original research or case reports, and this is clearly stated in their Instructions to Authors. Some journal editors regard reporting clinical observations or research in letter format as a "backdoor" to publication, and hence discourage this practice.

For most journals, a letter to the Editor is treated as one of the categories of manuscript, and submission is via the usual channels. For example, for journals with online manuscript submission and peer-review systems, authors submitting letters will need to register, log in and track their manuscripts, and later submit revisions online. For comments made about published articles, many journals would only entertain letters sent within a prescribed time period, ranging from three weeks to three months, after the article's publication.

Authors should provide a short title that relates to the subject of the letter. Authors' names, email addresses and their institutional affiliations should appear at the end of the letter. Most journals will not publish acknowledgements accompanying letters. Most journals expect letters to be short, concise and to the point. There are usually prescribed limits to the length of letters (typically 600 words or fewer), number of references (five or fewer), figures and/or tables (none or up to two), and number of authors (maximum of five).

Whether a letter undergoes peer review depends

**Box 3. Examples of different journal requirements for letters to the Editor:**

Journal	Word limit	References	Tables/ figures	Maximum no. of authors
Am J Roentgenol	600	≤ 4	No tables/ ≤ 2 figures	5
Ann Intern Med Clinical observation	600	≤ 5	≤ 1	5
Rapid response	400	≤ 5	0	3
Can Assoc Radiol J	500	≤ 4	≤ 2	4
Lancet Correspondence	250	≤ 5	≤ 1	5
Adverse drug reactions	800	≤ 5	≤ 1	5
Med J Aust	400	≤ 5	1	4
NEJM Related to journal article	175	≤ 5	Not stated	3
Unrelated to journal article	400	≤ 5	Not stated	3

on individual journal policy. In some journals, letters are published at the discretion of the Editor, while in other journals, letters are subjected to formal peer review. For example, in *Lancet*, correspondence letters are not usually peer reviewed, while reports of adverse drug reactions are peer reviewed. Authors of material selected for print publication will usually be asked to submit copyright forms and/or conflict of interest disclosures (including financial, employment, consultancies, grants or patents pending or received, honoraria, and/or expert testimony). As with other paper categories, accepted letters are edited, and proofs will usually be sent out to authors before publication.

From the Editor's point of view, he will need to be convinced that the letter contains sufficient new or vital information that justifies publication. Minor comments or observations are unlikely to be accepted. As letters can be referenced and indexed in databases such as PubMed, there exists potential for duplicate publication. Materials being submitted or published elsewhere should therefore not be duplicated in letters, and vice versa.

**Box 4. Common problems with letters to the Editor:**

- Comments that are not directly related to a published article.
- Repetition of points already covered in the original article.
- General comments (that lack focus).
- Message or reason for letter is unclear.
- Too much description and detail.
- Excessive text.
- No new or useful information.
- Too many tables and/or figures.
- Too many references.
- Use of offensive, abusive or libellous language.
- Biased opinion.
- Comments on the integrity, competence or sincerity of other authors.

**SUMMARY**

Letters to the Editor and author replies should offer objective and constructive comments on published articles or discuss matters of medical, scientific or general interest to the journal readers or the medical community. They must have a purpose, should be short and concise, and must carry a clear message that merits publication.

**Box 5. Take-home points:**

Letters to the Editor:

- Must have a clear message.
- Should be in a format that is appropriate for the journal.
- Should contain sufficient new or vital information that justifies publication.
- Are most frequently written to provide objective and constructive comments on published articles.
- Should be short and concise.

**REFERENCES**

- Peh WCG, Ng KH. Basic structure and types of scientific papers. Singapore Med J 2008; 49:522-5.
- Peh WCG. Writing letters to the Singapore Medical Journal: keep 'em comin! (editorial). Singapore Med J 2005; 46:665-6.

**SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME**  
**Multiple Choice Questions (Code SMJ 201007A)**

	<b>True</b>	<b>False</b>
<b>Question 1.</b> The purpose of a letter to the Editor includes:		
(a) Commenting on a previously published article.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Making a novel clinical observation.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Reporting an adverse drug reaction.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Advertising the sale of used clinic equipment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Question 2.</b> The contents of a letter to the Editor may include:		
(a) A title.	<input type="checkbox"/>	<input type="checkbox"/>
(b) A structured abstract.	<input type="checkbox"/>	<input type="checkbox"/>
(c) The corresponding author's email address.	<input type="checkbox"/>	<input type="checkbox"/>
(d) References.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Question 3.</b> The following statements about a letter to the Editor are true:		
(a) Authors of articles commented upon are not permitted to reply.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Some journals have an online "rapid response" facility.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Copyright assignment is waived for authors submitting letters.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Material published elsewhere should not be duplicated in letters.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Question 4.</b> The following are common problems with a letter to the Editor:		
(a) Repetition of points already covered in the original article.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Excessive text and tables.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Biased opinion.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Clear and useful message.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Question 5.</b> The typical requirements for a letter to the Editor are:		
(a) Word count of 500 words or fewer.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Minimum of 25 references.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Maximum of two figures.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Five or fewer authors.	<input type="checkbox"/>	<input type="checkbox"/>

**Doctor's particulars:**

Name in full: \_\_\_\_\_

MCR number: \_\_\_\_\_ Specialty: \_\_\_\_\_

Email address: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

(1) Log on at the SMJ website: <http://www.sma.org.sg/cme/smj> and select the appropriate set of questions. (2) Select your answers and provide your name, email address and MCR number. Click on "Submit answers" to submit.

**RESULTS:**

(1) Answers will be published in the SMJ September 2010 issue. (2) The MCR numbers of successful candidates will be posted online at [www.sma.org.sg/cme/smj](http://www.sma.org.sg/cme/smj) by 20 September 2010. (3) All online submissions will receive an automatic email acknowledgment. (4) Passing mark is 60%. No mark will be deducted for incorrect answers. (5) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council.

**Deadline for submission: (July 2010 SMJ 3B CME programme): 12 noon, 13 September 2010.**