Pulchritudo in Brevitate (Beauty in Brevity): Introducing the *Research Letter to Spine*

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The manuscript submitted does not contain information about medical device(s)/drug(s).
No funds were received in support of this work.
Relevant financial activities outside the submitted work: grants, royalties.

Pulchritudo in brevitatem, Latin for 'beauty in brevity,' represents a byword for British official communication in the early half of World War II. In the darkest days of this conflict (circa 1940), plagued by worry over the fate of his country, and overwhelmed by the length and density of the numerous memoranda, observations and technical reports he received on a daily basis, Prime Minister Sir Winston Churchill issued an executive minute to his War Cabinet entitled *Brevity*. In this memorandum, Churchill began: "To do our work, we all have to read a mass of papers. Nearly all of them are far too long. This wastes time, while energy has to be spent in looking for the essential points."¹

In the current healthcare climate, with ever increasing demands on our time from the administrative, patient care and insurance sectors, I believe spine care clinicians can easily relate to Mr. Churchill's sentiments. Oftentimes, colleagues tell me that if they are ever able to crack into the burgeoning mass of journals collecting in a backlog on the available surfaces of desks and chairs in their office, it is only to peruse the table of contents and perhaps scan the abstracts and conclusions of the most interesting pieces.

As an avocational historian with a special attentiveness to science and medicine, I always found it interesting that the first scientific journals, *Journal des Scavans* and *Philosophical Transactions of the Royal Society* would probably be more accessible to today's audience than they needed to be for readers in the 17th century, when these publications initially appeared.² The first scientific publications consisted of relatively short treatises, meant to communicate findings, inform, educate and in some cases even entertain.² The missives simply addressed the problem at hand, the scientific experiment performed and the author's findings. Over the centuries, as science has evolved and technology and methodology become increasingly complex, the length of journal articles has increased apace—on average requiring six to eight printed pages of text, tables and figures. Full length original scientific communications typically run from 2700-3500 words, not including the abstract. But, if we consider the comments of my beleaguered partners and collaborators, how much of this text is actually consumed? To this we must add the realities of available space for full length scientific features that, given the volume of submissions *Spine* presently receives, preclude the ability of the journal to accept all manuscripts that merit publication.

The problems to these twin challenges (reduced time to read on the part of clinicians and limited space for articles within the journal) are effectively addressed by the new article format

of the *Research Letter*, officially announced in this issue of *Spine*. The research letter conveys original scientific content in an accessible manner similar to a full-length research article, but in about 1/3 the space and with fewer tables and figures. Complete formatting requirements for the research letter can be accessed through *Spine*'s editorial manager website.³ The research letter is considered an original scientific contribution to the annals of the journal. It is viewed no differently than a full-length article and is cited accordingly in PubMed and other associated indices. This serves as an advantage to the authors whose contributions are published in *Spine*, the readership who will be able to access more content in a shorter period of time and the journal which is able to dedicate more publication space to important clinical and basic science research. Indeed, high impact medical publications, such as JAMA, Annals of Surgery and JAMA Surgery, have been publishing research letters or similar features for several years now.

The research letter is most appropriately viewed as complimentary, and not competitive, to the full-length original research article. There are certain research efforts that will not lend themselves to the brevity of the research letter, such as works that involve complex and relatively novel statistical techniques or situations where the study population must be extensively described. Many others are perfect for the research letter format, including investigations that involve datasets broadly familiar to the readership (e.g. National Surgical Quality Improvement Program, National Inpatient Sample, etc), epidemiologic reports, or scenarios where the study aims and findings are easily aligned with a precise focus.

For example, let us consider the two inaugural research letters to be published in the annals of *Spine*, which both appear in this issue. In the first, Dalton et al present a longitudinal observation of healthcare utilization among patients treated for combat-related spine injuries.⁴

The methodology is very straightforward and presented in under 300 words, with a statistical

approach that is easily understood. In the second letter, Mehta and Chiu present the impact of changes in medical care due to coronavirus on elective spine surgery at a single clinic in Germany.⁵ The epidemiologic report uses no advanced statistical techniques and conveys the study findings succinctly in one paragraph. Authors whose work enjoys similar characteristics are encouraged to consider submitting a research letter to *Spine*. Alternatively, some contributors may find that if their full-length submission is rejected, *Spine* may specifically invite them to reformat the article for further consideration as a research letter.

My historian's heart rejoices at this three-pronged opportunity presented by the research letter that not only enhances access to content for the reader, but also provides authors with an additional venue through which to publish and creates a touchstone for us to reconnect with scientific forbears. With all of these benefits in mind, I think it is quite easy to see that there is real 'beauty in brevity' when it comes to the research letter in *Spine*.

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