

# Manual Labor: The Evolution of the AMA Manual of Style

Cheryl Iverson

In untidy array in a cabinet in my office are copies of all the previous editions of the *AMA Manual of Style*. The ninth edition, published in 1998, with notes and flags and memos sticking out around the edges, is the latest to join the other editions in the cabinet, to be replaced on my desk by a fresh copy of the 10th edition, recently published by Oxford University Press. Having used five editions of the manual and having been involved in working on four of the five, in this moment poised between editions I ponder the manual's evolution.

The first edition, published in 1962, was very much a document for in-house use. Not only did it include information on the journals then published by the American Medical Association (AMA), but it described the editorial staff meetings held, noting that "Conference Room 8 may be reserved through the managing editor's office." Under "Editing Copy", it advised editors as follows: "The printer's time costs money. You save money for the division by helping the compositor (printer) to read material quickly and accurately by making it as legible as possible. Simultaneously, you make yourself a more valuable staff member. More important, you are able rightfully to consider yourself a skilled partner in an important operation."

The second edition contained a preface. Several items therein deserve note; certainly the first three have remained constants throughout all editions:

- The style manual was prepared to help achieve the uniform style and format that enhances readability.
- Few rules in the style manual are inviolable. They are "to help, not torment, the author, the copyreader, or proofreader".
- The manual is not to be static—it must "change and expand to keep pace with



Representative copies of the American Medical Association style manual, from the first edition through the current edition.

progress and a growing understanding of editorial fundamentals and practice".

- It is a "manual of practice", hence the "apparent dogmatism" in many sections.

In the third and fourth editions, the sections on the basic rules of composition and grammar that appeared in the two earlier editions were dropped because "it is presumed that all scientific writers and editors know these rules." (A full-fledged section on grammar did not reappear until the eighth edition.) More regarding points of style and common errors of usage was added, and the index was greatly expanded. These editions were still clearly prepared for in-house staff; they mention where in the AMA building the Teletype equipment, the Thermo-Fax machine, the Xerox Copier, and the mimeograph machines were.

The fifth edition begins to look a little more toward the dual audience of those editing or preparing a manuscript for publication and those writing the manuscript. The foreword notes that this edition incorporates recent changes in style and usage "in the light of experience in our editorial offices and of suggestions from readers and friends". Also, this edition is divided into two parts—stylebook and editorial manual—although this is not mentioned in the foreword.

The division into two parts is retained in the sixth edition. The foreword has been rewritten and notes: "This stylebook . . . is primarily a guide for the AMA editorial staff . . . but can be a valuable reference for

any author who undertakes the writing of a medical scientific paper." This is brought to the forefront with the seventh edition. The preface states: "Experience with the previous editions suggests that the book will be used in other offices as well [as the offices of *JAMA* and the *Archives Journals*], and we have tried to remember those users in deciding what to say and what not to say. Not everything we say will be universally approved, and we hereby solicit comments from all of our readers and not just our own staff."

With the eighth edition, the division of the manual into two parts is dropped, but the diverse audience is clearly recognized in the preface: "We kept in mind the distinct but interrelated audiences of the book—authors and editors—and chose to address them simultaneously, rather than separately." The preface also notes that although the manual began as an in-house style guide—and has never lost that function—it has now "ranged far beyond . . . to serve as a resource for other publishers and for authors and their assistants". Key to the eighth edition was the expansion of the nomenclature section from 11 pages to 54 pages (and it has continued to increase: to 130 pages in the ninth edition and 247 pages in the 10th).

By the publication of the ninth edition in 1998, with sales of more than 33,000 copies of the eighth edition, there was no question that the manual was a resource for many, and the audience was confirmed in the book's subtitle: *American Medical Association Manual of Style: A Guide for*

*Authors and Editors.* The ninth edition sold more than 44,000 copies; the hopes for an online version were not realized, but we do anticipate an online version of the 10th edition within 2 years. Important changes in the ninth edition were the expansion of the chapter on legal and ethical considerations from nine pages in the eighth edition to 85 pages in the ninth edition (it, too, has continued to grow: to 175 pages in the 10th edition) and the chapter on statistics (from five pages in the eighth edition to 60 pages in the ninth edition and 70 in the 10th). (For a more detailed overview of changes from the ninth to the 10th edition and additional information on the manual, visit [www.amamanualofstyle.com](http://www.amamanualofstyle.com).)

Looking at this short history, much has changed:

- The book has grown: from 68 pages in 1962 to 1032 pages in 2007.
- The scope has broadened: from the in-house audience it was originally intended for to an international audience.
- The world of publishing, like the world

in general, has changed—the computer has revolutionized the publishing field, and the international audience has made us more global in our thinking and heightened sensitivity to diverse groups and concerns.

Yet there is also a thread of constancy: these manuals provide guidelines; they are meant not to be “rule books” or to “torment” the user but rather are intended to facilitate the clear transmission of information. In attempting to capture something that is constantly changing, they recognize that the guidelines they propose are not inviolable. Those considerations, I think, have caused the tone of style manuals to soften over time and to become less dogmatic. Although editors today can, I am sure, appreciate the following quotation from *The Writing of Medical Papers* by Maud Mellish, editor of the Mayo Clinic Foundation, published in 1922, a style manual written today would be likely to take a different tone: “Definiteness, accuracy, and uniformity in references cannot

be too strongly urged. The too confident or careless writer would not be flattered if he should happen to overhear the comments of librarians and editors after they have searched vainly for one of his inaccurate references.” Note our own 10th edition on this topic: “References are a critical element of a manuscript and, as such, the reference list demands close scrutiny by authors, editors, peer reviewers, and proofreaders.” The wagging finger is much less prominent, and the group bearing responsibility is larger, but this important point is still firmly made.

As our 10th edition is published and begins to be used, we are already pondering the next edition. We can’t predict now what areas will expand or what will change, but we know that working on it will continue to be a labor of love. 🙏

CHERYL IVERSON is the chair of the committee that wrote the AMA Manual of Style, 10th edition.