

AMA Manual of Style

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Medical Indexes

Bruce McGregor and Harriet S. Meyer

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Item type: chapter

Indexes are essential and highly valued components of medical textbooks and journals. Publishers should hire professional indexers conversant with medical terminology and allot sufficient time in the production schedule for a comprehensive index to be prepared. “Space limitations on indexes should not apply to medical books.” Medical indexes should aim for “accuracy, thorough analysis (subheads and cross-references), completeness/comprehensiveness [and] usability.” A textbook index should “tie together” discussions throughout of the same or related subject, eg, an infectious disease and its pathogen. General references on indexing include *Indexing Books*, the indexing chapter in *The Chicago Manual of Style*, and *Indexing From A to Z*, which includes a section on biomedical indexing. The American Society of Indexers website provides indexing resources.⁶ Patton and Wyman’s online guide includes information specific to biomedical indexing. Biomedical indexing is covered in *Indexing Specialties: Medicine and Indexing the Medical Sciences*...

Index Style

Bruce McGregor and Harriet S. Meyer

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The style of terms in the index must be the same as the style in the text. | Alphabetization in indexes begins with the first letter of the term, eg, G period G phase G protein Commas precede letters in sorting order (examples from Thomas).cold, common cold agglutinin disease Vibrio, noncholera Vibrio cholerae infection Other punctuation is ignored. Omsk hemorrhagic fever virus O'nyong-nyong virus For entries that are identical except for case, choose whether uppercase or lowercase will take precedence in sorting and be consistent throughout the index. ab11, 99, 106 110 Abl1, 95, 100 103 Brca1, 112 BRCA1, 54,

Periodical Indexing

Bruce McGregor and Harriet S. Meyer

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Vocabulary control is of particular importance not only for indexes compiled for multiauthor texts, but also for the indexes that appear at the end of the volume year in medical journals. In general, the rules and guidelines that apply to back-of-the-book indexes also apply to journal indexes. Where, in specialty journals, nomenclature is in flux or variable, indexers should follow the style and recommendations of their publishers or editors, cross-referencing to preferred terms or forms of entry rather than double-posting. Journal indexes differ from book indexes in basing index entries largely on title and abstract information, which summarizes an article's

Controlled Vocabulary Indexing

Bruce McGregor and Harriet S. Meyer

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In indexing journals offering broad coverage of general medicine and specialties and in indexing sets of periodicals issued by different publishers, indexers usually rely on the external authority of a controlled vocabulary. Controlled vocabularies allow indexers to resolve variances in natural language systematically. The vocabularies establish preferred terms with cross-references from alternative forms of entry. Thus, all relevant references can be gathered under a single heading. Controlled vocabularies also establish hierarchical relationships among related terms. Such hierarchies most often take the form of a thesaurus in which narrower terms are entered as subentries beneath the broader terms to which they

Online and Electronic Indexes

Bruce McGregor and Harriet S. Meyer

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Although indexing services continue to index scientific literature much as in the past, few any longer compile their indexing into the printed monthly and annual cumulations such as Index Medicus or Chemical Abstracts that once sat in long rows on university library shelves. The database products that have replaced cumulated print indexes nevertheless still depend on controlled vocabulary indexing as a means of achieving acceptable degrees of relevancy in retrieving citations from among millions of abstracts. To eliminate the many marginal "hits" that result from the unmediated keyword searching of large databases, search screens typically allow users to construct their

Alphabetization and Sorting

Bruce McGregor and Harriet S. Meyer

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Alphabetization in indexes begins with the first letter of the term, eg, G period G phase G protein Commas precede letters in sorting order (examples from Thomas).cold, common cold agglutinin disease Vibrio, noncholera Vibrio cholerae infection Other punctuation is ignored. Omsk hemorrhagic fever virus O'nyong-nyong virus For entries that are identical except for case, choose whether uppercase or lowercase will take precedence in sorting and be consistent throughout the index. abl1, 99, 106 110 Ab11, 95, 100 103 Brca1, 112 BRCA1, 54, 804 809 When an identifier in parentheses is used to clarify similar terms, the identifier may be included

Consistency

Bruce McGregor and Harriet S. Meyer

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A text may not be consistent in style for particular terms, eg, italics or hyphens, but the index should be stylistically consistent. If no style predominates for a given term used throughout the text, the indexer should check with the editor or consult the publisher's stylebook for the form to be followed in the index. It is hoped that authors will use, and publishers will recommend, official style when that is an option (consult , Nomenclature), eg, italicizing gene symbols (BRCA1). |

Letter-by-Letter vs Word-by-Word

Bruce McGregor and Harriet S. Meyer

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These are 2 styles of alphabetization. Letter-by-letter considers all letters of the entire entry, ignoring spaces between words. Word-by-word sorts by the first word of an entry term, then the next word. Letter-by-letter alphabetization is commonly used by scholarly publishers and is the familiar arrangement found in dictionaries and encyclopedias., Word-by-word sorting might result in more informative groupings of terms, especially multipart terms,, but in medical indexes letter-by-letter sorting usually allows readers to locate terms equally well. Consult indexing texts for detailed descriptions of these 2 methods of sorting. The publisher may specify a sorting style. The following examples are

Capitalization of Main Entries

Bruce McGregor and Harriet S. Meyer

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Although main entries have traditionally featured initial capitals to distinguish them from subentries, *The Chicago Manual of Style*, 15th edition, recommends lowercase, except when the entry term would begin with a capital, eg, proper nouns. This is especially worthwhile in biomedical publications, in which capitalization may be complex and may distinguish otherwise identical terms. AFP. See #-fetoprotein Afp, 98 AFP, 103 Brca1, 112 BRCA1, 54, 804 809 breast cancer, 50 57, 110 113, 801 815 Haemophilus influenzae Rd, 998 hepatitis, 1015 1028 HindIII, 698 LPL. See lipoprotein lipase LPL, 1092 Staphylococcus aureus, 1056 1077. See also staphylococci |

Abbreviations

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Include only abbreviations used in the text being indexed (ie, if a text uses only an expanded form, eg, National Institutes of Health, but never the abbreviation, do not include “NIH” in the index). Abbreviations are listed alphabetically among other entries (examples from Thomas,). catheterization CAT scan. See computed tomography cat-scratch disease CEA (carcinoembryonic antigen) cecum ectopic ACTH syndrome, 106, 107, 109 ectopic kidney, 2226 ectopic pregnancy, 1947, 2055 2056 Identical abbreviations are sorted by case; be consistent throughout the index, eg, HeV, 232 HEV, 330 331 PaO₂, 464 PAO₂, 251 Use cross-references and expansions with abbreviations, as in these