

10 Scientific and Engineering Papers, Before and after, 69592.docx

This is a report on a draft paper submitted in English. The science in the paper was good but the English describing the science wasn't very good. In the end it took about five hours to fix or about 750Y.

=====

To the Author:

The text I was given had the following:

Word Count 1984

Paragraphs 32

Lines 188

Most importantly, even though the first round of revisions is complete, I do not consider this job finished as there are ideas hinted at in the text that I am not sure I completely figured out.

The current text is still a 'rough' read and shouldn't be submitted.

The level of English technical writing of this text I judge to be barely intermediate.

If you wish I can provide a more detailed itemization of the failings and an assessment of what the author or authors need to work on I could provide it.

Summary: There are many unanswered questions and uncertainties and I do not think that my proposed revisions come even close to 'finishing the job'. Almost every sentence in the text, as tendered, had minor flaws in grammar that were distracting and many had major flaws in 'understandability' which defeated comprehension and had to be 'worked out' before I could find suitable language to describe what I think the authors meant.

I was hired to proof, not rewrite.

This paper requires substantial rewriting.

Reject the paper and return it to the author/s with the notation that if they warrant that they have had a native English speaker edit it you will consider it for publication.

Even with clear answers I think this paper will need to be review at least twice more in order to make any decision as to whether it is "publishable".

The major flaw of the authors is that that he-she-they intentionally seemed to go for long sentences and tried to pack as much information into one sentence as possible.

This is a strategic mistake for this level [barely intermediate] of writer. The authors haven't mastered how to handle presenting information in list form. They would be well-advised to make it their target to write simple subject, verb, object sentences until mastering them. In order to 'finish the job' I will need to have the authors answer the questions and comments appearing in the rightmost columns [2 and 3].

Author's title "Effects of glucocorticoids on bone mass in adult rats". As far as I could tell only one type of glucocorticoid [hereinafter GCC] was used in the tests so it should be singular

Proposed: "Glucocorticoid Effects on Adult Rat Bone Mass" or "Some Effects of Glucocorticoid on Adult Rat Bone Mass"

Suggestions:

Create a table of abbreviations.

One follows. The authors used a few abbreviations but did not define them.

For example:

1. Twenty-one 42-week-old female SD rats, What is SD?
2. "After anesthetization, in prone position the intra CV of whole body BMD measured by this machine is 0.71%." What is CV?
3. QDR. What does it stands for

Here are some suggestions, some appear in the paper as originally submitted: ??? means that the meaning of the abbreviation or notation isn't clear from the context.

ANOVE=???

BA= body area

BAW=whole body area

BM=Bone mass

BMC=bone mineral content

BMD=bone mineral density

CIMACH=???

CSAD=Central South University Experimental Animal Division

CV=???

DXA=advanced fan-beam dual energy x-ray absorptiometry

EM=elastic modulus, but of what?

FROI= isn't explained but refers to femoral distal

GC=glucocorticoid

GCU= glucocorticoid use

I-MPN=methylprednisolone injection

LSD-t=???

ML=maximum loading but of what?

MPN=methylprednisolone

OVX=ovariectomized rats

pQCT=Peripheral Quantitative Computed Tomography(pQCT)

QDR=???

R=Region

ROI=Region of interest

SD=???

SHAM= ovariectomized rats without glucocorticoid injection

TROI= ??? isn't explained but apparently means tibial distal
XYNDT=???

I have some general advice to the authors about simple errors made often which is in a document appearing after the end of the proposed revisions.

=====

Dear Authors:

Please respond to the questions in Column 3 by entering your response below the comments/questions.

If Column 2 is blank then either no change is suggested or due to my incomprehension of the tendered text no revision could be confidently suggested.

Please accept all comments and questions and suggestions in the spirit in which they are intended: with the goal to have the best text possible.

General Advice: Initial observations and recommendations.

Read the work out loud to another person or record it and listen to it.

You should be editing with your ears as well as your eyes.

Your mind's "ear" will hear problems that the mind's "eye" doesn't see.

Always perform and spelling and grammar check and look for any 'red underlines' which indicate a possible error.

See: Word: > Tools Menu>>Spelling Check. The errors that may be underlined include spelling and grammar errors and you should pay attention to any sentence that is underlined as a possible, indeed, likely error.

Repeated mistakes of a simple error.

English punctuation rules requires that a sentence end with a '?', '!' or a "." These sentence-ending marks are never preceded by a blank space and always followed by two blank spaces to the right.

I did not see any need to count the exact number of times this mistake was made and will merely observe that it was several.

Finally " _ " with " _ " being a two blank spaces together isn't done except after a "." "?" or "?".

English punctuation rules requires that:

1. [;
2. (; and,
3. {

not be preceded by a blank space, and if not at the end of a sentence then each of these must be followed by a blank space.

English punctuation rules require that:

1. ";" and,
2. ":"

not be preceded by a blank space and be followed by a blank space.

These each happened about 20 times. One error of understanding makes dozens of mistaken actions. English punctuation rules require that when you use “()”, “[]” and “{ }” that there be no blank space before the opening or after the closing.. Thus [CHSGS], not [CHSGS] or [CHSGS].

I suggest you access, copy and get familiar with the wiki:
http://en.wikipedia.org/wiki/Punctuation_in_English
 and save it for future reference. You will avoid many basic, and distracting, errors.

I suggest you access and read the wiki:
<http://en.wikipedia.org/wiki/Punctuation>.

A common error that leads to many mistakes among native-Chinese speakers is the order of adjectives.

I suggest you refer to:
<http://learnenglish.britishcouncil.org/en/english-grammar/adjectives/order-adjectives>.

I don't like the term “Chinglish” because it says both too much and too little. Too much because it is a global judgment, too little as it doesn't specifically identify the error.

See <http://en.wikipedia.org/wiki/Chinglish>.

I am providing, in a separate document,

Common Errors Short form, 035837, that you should examine closely and keep handy.

	<i>1 Original text provided 12 Aug</i>	<i>2 Comments and Questions Suggested revised text</i>
01	The lack of estrogen and use of glucocorticoid are the most common reasons that cause osteoporosis.	Suggest using GCU for glucocorticoid use and GC for glucocorticoid ===== Estrogen deficiency and glucocorticoid [GCC] use are presently understood to be the most common causes of osteoporosis.
02	Osteoporosis model induced by ovariectomy is quite mature, while there is still no consensus of the bone mass in rats after	Currently the causes of ovariectomy-induced osteoporosis are well understood. There is no consensus as to what mechanism, or mechanisms, cause bone mass loss [BML] in rats subsequent to GCC administration.

	glucocorticoid injection.	
03	In this study, we measured, by advanced fan-beam dual energy x-ray absorptiometry(DXA) type QDR4500A, the bone mineral density(BMD), bone mineral content(BMC) and bone area(Area) of the whole body, excised lumbar, femur, tibia and their interest areas in rats after glucocorticoid injection, with ovariectomy rats as the positive control, sham-operation and no glucocorticoid injection rats as the negative control, to discuss its values in the models and its bone loss.	<p>I am not confident that I have decrypted or disambiguated this language. I think you mean. The term 'type' confuses me. What is meant by 'interest area'? Do you mean</p> <p> 'adjacent areas'</p> <p> 'affected areas'?</p> <p>OVX SHAM MPN</p> <p>=====</p> <p>This study used ovariectomized [OVX] rats as positive controls and sham-operation, non-GCC-injected [SHAM] rats as negative controls, to compare to GCC-injected rats.</p> <p>Advanced fan-beam dual energy x-ray absorptiometry (AFEDXA) type QDR4500A was used to measure the entire body: 1) bone mineral density (BMD); 2) bone mineral content (BMC); and, 3) bone area (BA). It was also used to measure BMD, BMC and BA in the excised lumbar, femurs, tibias, and adjacent areas in order to analyze models for bone loss.</p>
04	1. Subject and method	
05	1.1 Grouping and modeling	
06	Twenty-one 42-week-old female SD rats, equally weighing 367g(SCXK 2006-0002, bought from Experimental Animal Division of Central South University).	<p>Should SD be explained or is it so well known as to not need explanation?</p> <p>By 'equally weighing' I think you mean average weight</p> <p>=====</p> <p>Twenty-one 42-week-old female SD rats, average weight 367g (SCXK 2006-0002), were obtained from Central South University Experimental Animal Division [CSAD] located in Changsha, Hunan, PRC.</p>
07	All rats were exposed to a 12-hour light-dark cycle in 22-25°C, and fed with full-priced pellet feed(containing calcium 1.53% and phosphorus 0.9%) produced by	<p>what is 'full-priced pellet feed'? do you mean 'enhanced' food?</p> <p>Isn't "tap water" a bit of a variable that should be explained? Many questions have been raised about 'tap water' in China. I see this as a weak point and potentially fatally weak point in how</p>

	Experimental Animal Division of Central South University and tap water.	<p>reliable the study is.</p> <p>Shouldn't distilled water have been used?</p> <p>Also 'given' means what? Was water always available so the rats could drink whenever it wanted to or was it given a certain amount of water.</p> <p>If I wanted to replicate the study I'd want to know which it was.</p> <p>=====</p> <p>Each was exposed to a 12-hour light-dark cycle at 22-25°C and fed full-priced pellet feed (containing calcium 1.53% and phosphorus 0.9%) produced by CSAD. Tap water was freely available.</p>
08	After being fed adaptively for 2 weeks, all rats were randomly divided into three groups: sham-operation+no glucocorticoid injection(SHAM), ovariectomized, methylprednisolone injection (PRED).	<p>https://en.wikipedia.org/wiki/Sham_surgery</p> <p>any abbreviations should be explained/defined at the first use of the term.</p> <p>What is meant by 'fed adaptively'?</p> <p>They were able eat whenever they desired?</p> <p>They were fed regularly? Same time every day; same amount? It isn't clear.</p> <p>=====</p> <p>After 14 days of this regime, they were randomly divided equally into three groups. The groups are referred to as: 1) SHAM meaning they had placebo surgery lacking the GCC injection; 2) OVX which were ovariectomized; and, 3) MPN which, over the twelve-week course of the test were administered, methylprednisolone.</p>
09	OVX: the rats were fully anesthetized by intraperitoneal injection of 3% pentobarbital sodium at 0.1mL/100g body weight and then were ovariectomized through a dorsal incision; SHAM: following the operation procedures in OVX, the rats were only cut out of two parts of fat	<p>I am not confident that I have decrypted this language. This is all I could make out.</p> <p>I suggest always presenting the groups in the order every time so as to be consistent. It is easier on the reader.</p> <p>by size you mean 'volume' or 'weight' or 'dimensions'? should specify</p> <p>I cannot tell from the sentence whether MPN rats were also anesthetized and dorsally incised like SHAM and OVX.</p> <p>=====</p> <p>SHAM rats were anesthetized via an</p>

	tissue in same size with ovarian; PRED: daily subcutaneous injection of methylprednisolone at 2.5mg/kg(Pfizer Manufacturing Belgium, NV).	intraperitoneal injection of 3% pentobarbital sodium at 0.1mL/100g body weight and dorsally incised and had two portions of fat tissue the same size as the ovaries removed; OVX rats were similarly anesthetized and ovariectomized via dorsal incision. MPN rats daily subcutaneous injection of methylprednisolone (MPN) at 2.5mg/kg(Pfizer Manufacturing Belgium, NV).
10	1.2. DXA scanning	1.2. DXA scans
11	1.2.1. DXA scanning of whole body	1.2.1. Whole body
12	Omitted	
14	After anesthetization, in prone position the intra CV of whole body BMD measured by this machine is 0.71%.	I am not confident that I have decrypted this language. I think you mean. What is "CV"? Why does "prone position" matter enough to be mentioned? But the value is meaningless. ===== Whole body BMD was measured post-anesthetization at 0.71%.
15	Omitted	
17	The bilateral femurs, bilateral tibial and lumbar(L4-L6) were taken out.	The L4-L6 lumbar, both femurs and both tibias were removed.
18	The attached muscles and connective tissue were peeled away and the lumbar were extracted.	I am not confident that I have decrypted or disambiguated this language. I think this is what you mean. muscles and tissue attached to what? Lumbar, femur, tibia, all? Not clear ===== All muscle and connective tissues were removed from each rat.
19	Then high resolution scanning was carried out to all these bones.	High resolution scans were performed on all excised tissue and bones.
20	Omitted	
-		
22	Tibia was zoned from proximal to distal, while femur was zoned from distal to proximal(figure	this should follow sentence 20 ===== Tibias were zoned proximal to distal. Femurs were zoned distal to proximal (Figure 1).

	1).	
23	1.3. Compression test	ok
24 -	Omitted	
26	Record the Load-deformation Curves continuously and calculate the maximum loading(ML) and elastic modulus(EM).	maximum loading (ML) elastic modulus (EM) ===== Load-deformation was continuously recorded while maximum loading (ML) and elastic modulus (EM) were calculated.
27	Omitted	
28	Omitted	
29	Mean differences between groups are analyzed firstly by χ^2 normal distribution and homogeneity test of variance.	Mean differences between the groups were first analyzed using χ^2 normal distribution and a variance homogeneity test. If there is only one variance this is okay. If there is more than one variance homogeneity text it should be more specifically identified.
30	If they meet the normal distribution and homogeneity of variance, then one-way ANOVA is conducted, and multiple comparison is analyzed by LSD-t test.	Is 'ANOVA' so well known as to not require explanation or description? A 'one-way' ANOVA what? Terms that are unclear "multiple comparisons". Is an "LSD-t test" so well known as to not require explanation or description? ===== If the mean differences had normal distribution and variance homogeneity, then a one-way ANOVA was conducted and multiple comparisons were analyzed using a LSD-t test.
31 -	Omitted	
36	12 weeks after surgery, the uterus weight in SHAM group is (654 ± 51) mg, while that in OVX group is (132 ± 9) mg, which is 0.20 fold of SHAM group. The uterus weight in PRED group is (613 ± 60) mg.	You are mixing a comment with the results. This is 'average' weight correct? I suggest always presenting the results in the same order SHAM MPN OVX be consistent. It assists the reader by providing a consistent presentation of data from the three groups ===== Average post-surgery uterus weight at 12 weeks

		was: SHAM (654±51) mg; MPN (613±60) mg; OVX (132 ±9) mg.
37	Compared with SHAM group, the uterus weight in OVX group is reduced dramatically ($P<0.01$); there is no significant difference between PRED group and SHAM group.	===== There were no significant differences in uterus weight between MPN and SHAM while OVX was significantly less ($P<0.01$) being only 20% of SHAM. “Significant” has a very precise meaning when used in technical papers. It this what you mean?
38	Omitted	
39	Table 1 illustrates the differences of body weight, BMD, BMC and Area in the three groups at pre-surgery(0 week), post-surgery(4 weeks), post-surgery(8 weeks) and before being killed(12 weeks) respectively.	BA again substituted ===== Table 1 gives body weight differences, BMD, BMC and BA for the three groups pre-surgery (week 0), post-surgery (week 4), post-surgery (week 8) and pre-euthanasia (week 12).
40 -	Omitted	
45	The BMC in OVX was much higher than that in SHAM in week 12($P<0.05$), and much higher than that in PRED in week 8 and 12($P<0.05$).	SHAMs had lower BMC than OVX in week 12 ($P<0.05$) and OVX BMC was much higher than MPN BMC in weeks 8 and 12 ($P<0.05$).
46 -	Omitted	
53	Of all these regions, bone loss was the worst in TROI-1(-11.40%) and FROI-2(-10.85%), which mainly consist of cancellous bone.	Bone loss was greatest in TROI-1 (-11.40%) and FROI-2 (-10.85%) areas consisting mostly of cancellous bone.
54	Omitted	
55	The BMC decreased largely in the whole femur, femoral distal(FROI-2) and tibial proximal(TROI-1), while there was no difference in	BA again ===== BMC decreased significantly for the entire femur, femoral distal (FROI-2), and, tibial proximal (TROI-1). There was no BA differences between these locations.

	bone area.	
56	Compared with SHAM, after 12 weeks of methylprednisolone injection, there was no significant difference in BMD, BMC and AREA of the whole femur and all its regions of interest and in BMD of the whole tibia and all its regions of interest; the BMC and AREA raised largely in Cosco segment tibia(TROI-5,6).	<p>This statement is unsupported by any evidence. I suggest consulting this site http://www.iofbonehealth.org/facts-statistics for sourcing</p> <p>If you want to say it then it needs to be couched into for what populations by age, gender, class etc.</p> <p>This is a naïve and uninformative and unsourced sentence.</p> <p>Additionally it is not focused and where is the 'proof' for it.</p> <p>=====</p> <p>Twelve weeks after MPN injection, MPNs and SHAMs showed no significant differences in BMD, BMC, or BA for the entire femur or femur ROI. There were differences were between MPN BMD and SHAM BMD of the whole tibia and any of its ROIs.</p> <p>BMC and BA increased significantly in the Cosco segment tibia(TROI-5,6).</p>
57 -	Omitted	
63	Currently, osteoporosis is growing with each passing day.	<p>This statement is unsupported by any evidence. I suggest consulting this site http://www.iofbonehealth.org/facts-statistics for sourcing</p> <p>If you want to say it then it needs to be couched into for what populations by age, gender, class etc.</p> <p>This is a naïve and uninformative and unsourced sentence.</p> <p>Additionally it is not focused and where is the 'proof' for it.</p>
64	The most common reason of primary and secondary osteoporosis is the lack of estrogen and use of glucocorticoid, separately.	<p>this should be sourced</p> <p>=====</p> <p>The most common cause of primary, and secondary osteoporosis is estrogen deficiency and GCC use.</p>
65 -	Omitted	
72	We found that rats in SHAM grew slowly.	by grow you mean added weight only. Not length or diameter?

		===== SHAMs weight increased slowly.
73	The rats' body weight in week 56 just increased 7.46% than that in week 44, and BMD and BMC stayed unchanged, which indicated that aging has no significant impact on bone mass in adult rats.	the reader knows you are studying rats so there is no need to constantly say so. ===== Between week 44 and in week 56 body weight increased only 7.46%. BMD and BMC were unchanged suggesting that aging does not significantly impact BM.
74 -	Omitted	
83	But the whole body area also had trend of increase, so that the BMD didn't change much.	As the whole body area also increased, BMD did not change significantly.
84	Omitted	
86	But its mechanism still needs more study.	The mechanism, or mechanisms, responsible for these difference need more study.
87	After methylprednisolone injection, the ML descended dramatically in biomechanical test and EM also tended to decrease.	After MPN injection, biomechanical testing showed ML values declining dramatically and EM values tending to decrease.
88	But the change of biomechanical property couldn't be explained by bone mass.	This needs further elaboration. can you answer the question "Why?" ===== Bone mass change does not explain this change in biomechanical properties.
89	Omitted	
90	In conclusion, after administration of methylprednisolone in adult rats, there is no significant change in bone mass of cortical bone and cancellous bone.	===== In conclusion, no significant post-MPN administration cortical, or cancellous, BM change was established.
91	It is hard to detect the methylprednisolone-induced bone loss of adult female rats by DXA scanning.	I am not confident that I have decrypted this language. I think this is what you mean. But wonder what the relevance is. ===== Detecting MPN-induced bone loss in adult female rats using DXA scanning is difficult.

92	The decreased mechanical property indicated that glucocorticoid mainly caused change of bone mass ,which led to decreased mechanical property and fracture.	I am not confident that I have decrypted this language. I think this is what you mean. I find your last few conclusion sentences disappointing. ===== GC causes BM change that leads to decreased mechanical strength.
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