Peer-reviewed literature in print remains the cornerstone of scientific communications shaping our clinical practices. However, there is a plethora of information being rapidly disseminated and available like never before. With this “knowledge” comes challenges for readers to sort out the best from the rest, for authors to get their message across definitively without being overlooked in the crowd, and for the Journal to get the best articles published expeditiously within the natural constraints of the printed page. So, how can an author improve his odds of getting his manuscript read by his intended audience? In the simplest of terms—be concise!

We are all guilty of it: writing a manuscript or “brief report” that starts out well with focus and clarity but gradually morphs into a tome branching out in multiple directions, sometimes losing focus and becoming something questionably worth the time it takes to read. The paper’s introduction grows into a generic introduction to refractive surgery with multiple paragraphs that are only tangentially related to the specific topic. The discussion waxes eloquently about anything and everything possibly related to the presented data, and through both of these processes the reference section grows and grows. What is wrong with a paper that branches out like this, taking a few detours here and there? In a word, plenty!

The protracted manuscript suffers much along the path from writer to reader, primarily the risk that the principal message will get lost during the writing phase, reading phase, or both. The authors’ message can get lost when: 1) they do not state it clearly and concisely; 2) the reader cannot follow their message through multiple twists and turns; and 3) in the worst-case scenario, excessive manuscript length causes readers to shy away without even reading it!

How long is the ideal manuscript? There is no absolute answer in page numbers, word counts, or other basic metrics, but conceptually the ideal manuscript need be robust enough to convey the salient points of the study, no more and no less. A concise manuscript has numerous advantages over its more verbose relative for the reader, author, journal, and thus for the profession at large. In this era of increasing time demands and numerous sources of information, the most concise article, making its point soundly in the fewest pages, will get preference in the reader’s eye because it is something that can be digested in a shorter time slice. Further, the shorter the manuscript, the more likely it is to be read in its entirety and absorbed completely, rather than merely skimmed. Surely both readers and authors benefit when papers are completely analyzed.

To facilitate this process, the *Journal of Refractive Surgery* is updating its Information for Authors with guidelines intended to provide basic parameters for manuscript volume (information available at www.journalofrefractivesurgery.com). Briefly, recommended lengths for original articles are 3000 words or less with a maximum of 30 references, while for brief reports, 1000 words and 10 or less citations should suffice. These metrics are not meant to be absolute cutoffs, merely guidelines to assist authors and editors in the writing process. A rare manuscript may need to go beyond these limits to get the salient message across; for most, however, these guidelines will exceed what is needed. For each manuscript, the goal is to go beyond these limits to get the salient message across; for most, however, these guidelines will exceed what is needed. For each manuscript, the goal is to be the appropriate length. References listed should provide the precise framework necessary to evaluate the new information presented rather than providing a general overview for all possible subject matter. Attention to these guidelines should facilitate the writing and editing process.

Make no mistake, a call for brevity is no call for compromising quality. Just the opposite: when executed correctly, brevity breeds quality work by clarifying the manuscript’s message.