



# Makalelerde Dikkat Edilecek Hususlar



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Samsun



# MAKALE

## ORIGINAL ARTICLE

### Three-year experience in the Emergency Department: the approach to patients with spinal trauma and their prognosis

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#### ABSTRACT

**BACKGROUND:** Spinal cord injuries result in critical pecuniary and/or non-pecuniary losses due to the developing neurological problems. The objective of this study was to evaluate spinal injuries in terms of clinical severity and prognosis. Spinal injuries lead to serious clinical results due to the high rates of morbidity and mortality; however, there is a lack of reliable information on spinal injuries in our country.

**METHODS:** Following the approval of the Faculty Ethics Committee, this retrospective study was conducted on 91 patients aged  $\geq 18$  (59 male, 32 female) with spinal traumas who were admitted to the Emergency Department of Ondokuz Mayıs University over three years. The patients were assessed in terms of demographics, clinical severity, developing complications, and mortality.

**RESULTS:** Forty-three patients had complete injuries, while 48 had incomplete injuries. Forty-six patients suffered spinal injuries due to fall from height, 35 patients due to traffic accidents, and 10 patients due to other reasons. Several complications were observed in 52 patients, while no complication occurred in 39 patients. We determined that 19 of 92 patients involved in this study died, while 72 were discharged from the hospital.

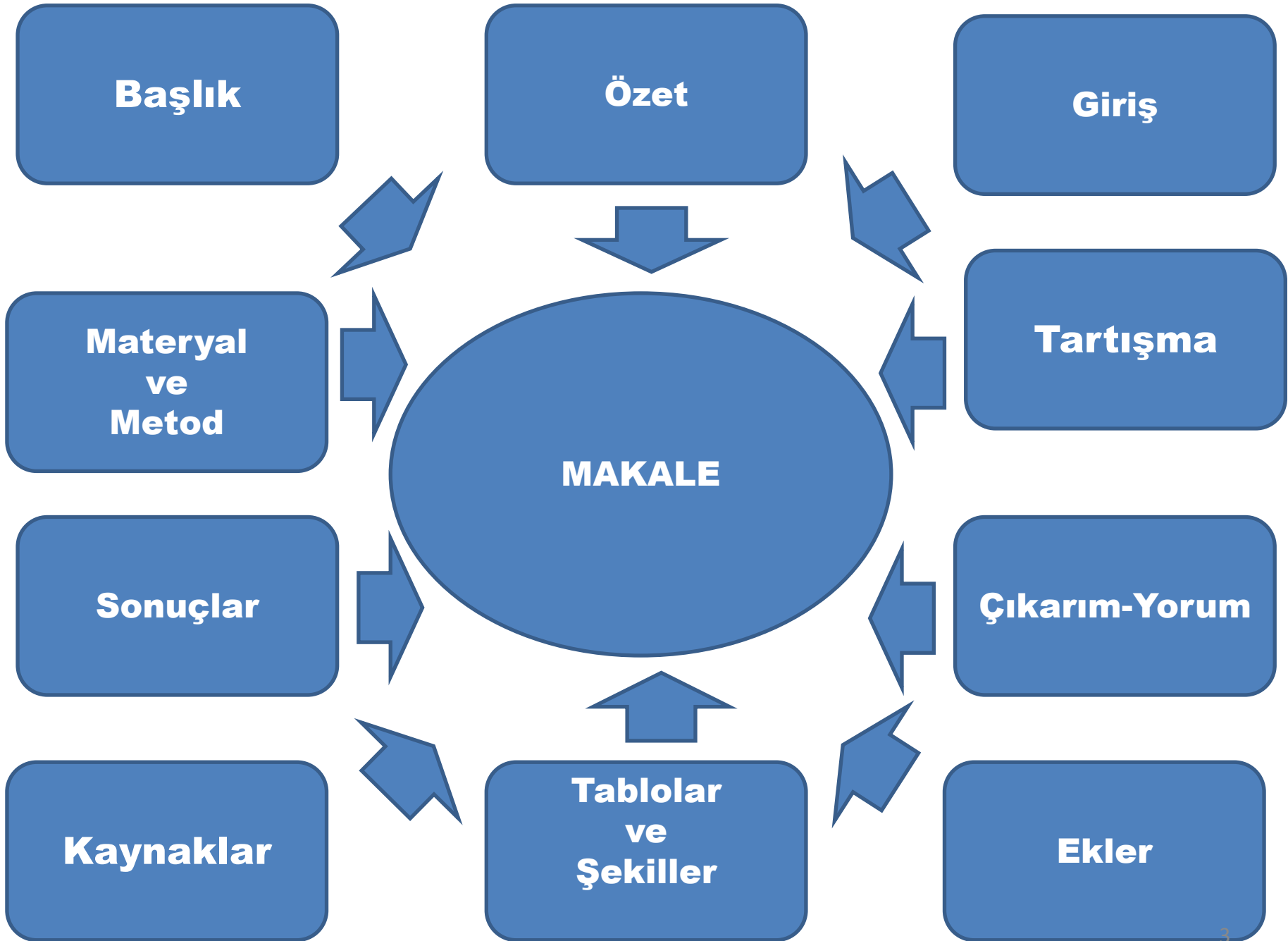
**CONCLUSION:** Spinal cord injuries generally result in unfavorable clinical results. Therefore, an appropriate approach (early diagnosis and true treatment) in emergency services has great significance.

**Key words:** Clinical severity, complication, prognosis, spinal trauma.

#### INTRODUCTION

A spinal cord injury is one of the uncommon Emergency Department admissions. Studies on the frequency of spinal cord injuries in Emergency Departments are highly rare in the lit-

erature. It is reported to occur at a rate of 20-40/1,000,000.<sup>(1)</sup> It is reported that spinal cord injuries occur more frequently in young persons, with a male/female ratio of 4/1, and that the most common cause of spinal cord injuries is motor vehicle accidents, at



# Standart var mı?

Çalışmanın yapılması ve yazılmasındaki etik kurallar

Bu kurallar arařtırmacılar için rehberdir

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kolaylařtırır

# Kimler Yazar Olabilir?

## Yazarlık Ölçütleri

1. Kavram ve tasarıma veya verilerin toplanmasına veya verilerin işlenmesi ve yorumunda dikkate değer katılım,
2. makale taslağının oluşturulması veya makalenin önemli kavramsal içeriğinin düzeltilmesi ve
3. basılacak olan son sürümün onaylanması ile yazarlığa hak kazanılmış olmalıdır.

# Bilimsel Makale Yazımı

## Genel Özellikler

- Özgün olmalı ve yenilik getirmelidir
- Kısa olmalı; gereksiz bilgi ve tekrardan kaçınılmalıdır
- Derginin formatına uygun olmalıdır

# Bilimsel Makale Yazımı

## Makalenin Ana Elemanları (IMRAD)

- Giriş (Introduction)
- Yöntem (Methods)
- Bulgular (Results)
- ve (And)
- Tartışma (Discussion)

# Bilimsel Makale Yazımı

## Bilimsel Çalışmanın Mantığı

I

- Hangi problem incelendi?
- Cevap: Giriş = Introduction

M

- Problem nasıl incelendi?
- Cevap: Yöntemler = Methods

R

- Neler bulundu?
- Bulgular = Results

D

- Bunlar ne anlam taşır?
- Cevap: Tartışma = Discussion



# Bilimsel Makale Yazımı

## Başlık

Article

**The role of S100B protein, neuron-specific enolase, and glial fibrillary acidic protein in the evaluation of hypoxic brain injury in acute carbon monoxide poisoning**

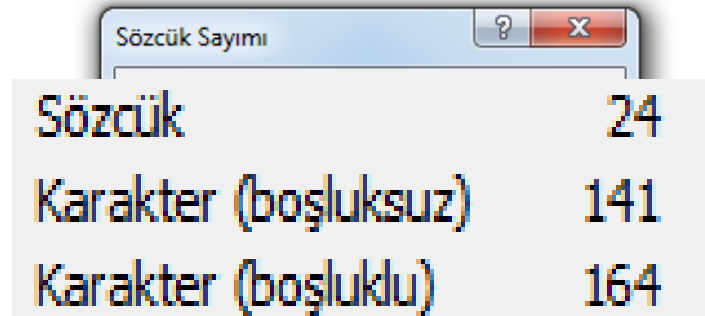


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- Kısa olmalıdır
- Okuyucuyu okumaya teşvik etmelidir
- Amaç (araştırma sorusu) veya bunların cevabı olmalıdır

# Başlık

The role of S100B protein, neuron-specific enolase, and glial fibrillary acidic protein in the evaluation of hypoxic brain injury in acute carbon monoxide poisoning



Sözcük	Sayı
Sözcük	24
Karakter (boşluksuz)	141
Karakter (boşluklu)	164

# Bilimsel Makale Yazımı

## Özet

- Kısa olmalıdır
- Amaç, materyal ve metod, sonuçlar ve araştırma sorusunun cevabını içermelidir
- Anahtar kelimeler unutulmamalıdır

## **Abstract**

The main purpose of this study was to assess the role of S100B protein, neuron-specific enolase (NSE), and glial fibrillary acidic protein (GFAP) in the evaluation of hypoxic brain injury in acute carbon monoxide (CO)-poisoned patients. This cross-sectional study was conducted among the patients with acute CO poisoning who referred to the emergency department in a 1-year period. Serum levels of S100B protein, NSE, and GFAP were determined on admission. A total of 55 CO-poisoned patients (mean age  $\pm$  standard deviation,  $45 \pm 20.3$  years; 60% women) were included in the study. The control group consisted of 25 healthy adults. The patients were divided into two groups according to whether they were conscious or unconscious. The serum levels of S100B, NSE, and GFAP were higher in patients than that in the control group. There was no significant difference between unconscious and conscious patients with respect to these markers. There was a statistically significant difference between the conscious and unconscious patients and the control group in terms of S100B and NSE levels. There was also a statistically significant difference between the unconscious patients and the control group in terms of GFAP levels. Increased serum S100B, NSE, and GFAP levels are associated with acute CO poisoning. These biomarkers can be useful in assessing the clinical status of patients with CO poisoning.

## **Keywords**

S100B protein, neuron-specific enolase, glial fibrillary acidic protein, carbon monoxide poisoning, hypoxic brain injury

# Bilimsel Makale Yazımı

## Giriş

- Kısa olmalıdır
- İlk paragrafta makaleye konu olan sorundan veya bu sorunun öneminden söz edilmelidir
- Buna ilişkin kaynaklar kullanılmalıdır

## Introduction

Carbon monoxide (CO) poisoning is the cause of more than one half of the fatal poisonings in the world.<sup>1,2</sup> In severe CO poisoning, cardiovascular and central nervous system (CNS) findings become prominent. Neuropsychiatric symptoms may be seen in approximately 67% of the patients.<sup>2</sup> Brain injury (BI) occurs at varying degrees depending on the severity of the clinical picture. In patients with CO poisoning, the diagnosis and prognosis is still controversial. In the literature, the use of BI markers in poisoning has been investigated in several studies.<sup>1-4</sup> In different studies, markers such as S100B, neuron-specific enolase (NSE), and glial fibrillary acidic protein (GFAP) have been used to determine the prognosis after BI.<sup>1-4</sup> S100B is mainly found in astroglia, bone

marrow, adipose tissue, and skeletal muscle; it can be determined immediately after injury, and its half-life ranges from 30 min to 2 h.<sup>5</sup> NSE is found in neuron cytoplasm, erythrocytes, and blood platelets and can be detected within 6 h of poisoning and had a half-life of about 24 h. GFAP is an intermediate filament of skeleton astroglia and its level in body fluids

is the key tool in detecting astrogliosis.<sup>6</sup> Although the role of astrogliosis in CNS injury is controversial, GFAP increases after reactive astrogliosis.<sup>7</sup>

# Bilimsel Makale Yazımı

## Giriş

- İkinci paragrafta çalışmanın niçin yapıldığı ifade edilmelidir

In their study, Yardan et al.<sup>1</sup> demonstrated increased serum S100B and NSE levels in CO poisoning, and this increase is associated with the loss of consciousness. In addition, they indicated that serum S100B and NSE levels may be useful markers in clinical status assessment of CO poisoning.<sup>1</sup> In another study, it was reported that serum S100B levels parallel the severity of cerebral response to CO poisoning and can be used as an early useful biochemical marker in deciding whether to apply hyperbaric oxygen therapy (HBOT).<sup>2</sup> In an experimental study, it was reported that GFAP level, an astrocytic marker, increases after prenatal exposure to CO and this is associated with severe toxicity.<sup>3</sup> However, in the literature, there is no study investigating the serum levels of GFAP in patients with acute CO poisoning.



# Bilimsel Makale Yazımı

## Giriş

- Son paragrafta ise çalışmanın amacı veya araştırma sorusu belirtilmelidir

In the diagnosis of CO poisoning, the carboxyhemoglobin (COHb) levels and anamnesis are measure.<sup>1</sup> The measurement of COHb levels which is helpful in the diagnosis is insufficient to determine the clinical features and prognosis.<sup>1,2</sup> Thus, new biochemical markers are needed to predict clinical symptoms and severity and prognosis.<sup>8</sup> For this purpose, the present study evaluated the possible use of biomarkers S100B protein, NSE, and GFAP known to be in the brain in patients with acute CO poisoning. The main purpose of this study was to assess the role of S100B protein, NSE, and GFAP in the evaluation of hypoxic BI in acute CO-poisoned patients.

# Bilimsel Makale Yazımı

## Materyal ve Metod

- Çalışma tasarımı, hastaların özellikleri, varsa ameliyat, yöntemler açıklanmalı ve istatistik analiz yapılmalıdır
- Çalışmanın başkası tarafından tekrarlanabilmesi için gerekli bilgiyi içermelidir

# Materyal ve Metod

Yöntem	Gözlem - Deneysel
Tür	Prospektif - Retrospektif
Materyal	Alet, edevat, ilaç, boya vb.
Ortam	Invivo - Invitro
Popülasyon	İnsan – Deney hayvanı
Etik	Helsinki bild. / National Research Council
Seçim	Sıradan / Rastlantısal – Kabul / Red
Gruplama	Kör sistem
Ölçme	Analitik ölçme - Sayma
İstatistik	Parametrik – Non Parametrik

## Methods

### *Study design and setting*

Fifty-five patients with acute CO poisoning who were referred to the emergency department (ED) of Ondokuz Mayıs University, Faculty of Medicine, were examined prospectively. After obtaining approval from local ethics committee, this prospective clinical study was conducted between November 2011 and November 2012. Written informed consent was obtained from patients who were conscious and relatives of patients who were unconscious.

### *Patients*

Diagnosis of CO poisoning was established via medical history, clinical findings, and levels of COHb exceeding 3% (10% in smokers). Patients with a previous history

### *Blood samples and measurements*

The blood samples were collected in test tubes. Whole blood was allowed to clot at room temperature for 30 min. The samples were then centrifuged at 3000g for 10 min at 4°C. Following centrifugation, the serum was removed and transferred into a clean tube. All samples were stored at -80°C until analysis. We stored the samples at 2-8°C for 24 h before working and helped them thaw automatically.

Human S100B was studied in accordance with the directions of the manufacturer (Cat. No. RD19209-0100R; BioVendor-Laboratori medicina a.s., Brno, Czech Republic). The principle of the test is a sandwich enzyme immunoassay. The results were expressed as pg/ml. NSE levels were studied in accordance with the

### *Statistical analysis*

Statistical analyses were performed using SPSS (version 21.0; SPSS, Chicago). For data analysis, the chi-square and Mann-Whitney *U* tests were used. The discrete variables were expressed as numbers and percentages and descriptive values as medians and interquartile ranges for variables with nonnormal distribution. A *p* value of <0.05 was considered statistically significant.

# Bilimsel Makale Yazımı

## Sonuçlar

- En merak uyandıran bölümdür
- Bir önceki bölüm ile uyumlu ve net olmalıdır
  - Ölçülen saptanan bulgular
  - İstatistiksel karşılaştırma bulguları
- En önemli bilgiler verilmeli; ayrıntı tablo ve şekiller ile sunulmalıdır
- Yorum yapılmaz

## Results

Fifty-five patients were included in the study. Thirty-three (60%) were female and the mean age

Stove was the major cause of poisoning ( $n = 43$ , 78.2%). Referrals to the hospitals occurred in winter between 22:00 and 10:00 h. In our study, in summer, there were no hospital referrals due to CO poisoning. Although 31 (56.4%) patients exhibited loss of consciousness at different levels, only 5 (9.1%) had loss of consciousness on admission. Neurological (N) symptoms other than loss of consciousness are headache, dizziness, weakness, and confusion. The most common symptoms in patients were syncope (52.7%), nausea (47.2%), dizziness (43.6%), and headache (41.8%). When the patients were analyzed with respect to the types of symptoms, concomitant neurologic and gastrointestinal symptoms (N + G) were the most common (30.9%), followed by isolated N symptoms (27.3%; Table 2).

In all, 12 (21.8%) patients had increased troponin levels due to myocardial damage. All of the patients with myocardial injury underwent echocardiography (ECHO). Of the patients with myocardial damage, only one underwent coronary angiography with stent implantation. Except for one stent-implanted patient, ECHO findings of all patients were within normal limits. In the follow-up, decreases in the cardiac markers of these patients were observed. The great majority of patients ( $n = 37$ , 67.3%) were discharged from the hospital after follow-up in ED. Of the 16 (29.1%) patients with cardiopulmonary arrest, 2 (3.6%) died in the ED.

When the patients were compared for serum S100B, NSE, and GFAP levels and duration of exposure, it was observed that serum S100B and NSE levels were higher in the 3- to 6-h exposure group, whereas GFAP levels were higher in the 6- to 12-h exposure group. Intergroup comparisons were not statistically significant ( $p > 0.05$ ).

The duration of loss of consciousness was found to be longer in groups with high S100B and NSE levels, but there was no relation in the GFAP group. Intergroup comparisons were statistically insignificant ( $p > 0.05$ ).

S100B, NSE, and GFAP levels were tested by the Shapiro-Wilk test. These marker levels did not show normal distribution ( $p < 0.001$ ). As the data did not follow a normal distribution, the relationship between S100B, NSE, and GFAP levels were analyzed by the Spearman correlation. It yielded no significant correlation between S100B-NSE, S100B-GFAP, and NSE-GFAP (the correlation coefficients and  $p$  values were  $r = 0.245$ ,  $r = -0.007$ , and  $r = -0.034$  and  $p = 0.071$ ,  $p = 0.960$ , and  $p = 0.806$ , respectively. There was no significant correlation between S100B, NSE, and GFAP and CoHb levels. The correlation coefficients and  $p$  values were  $r = 0.186$ ,  $r = -0.007$ , and  $r = -0.201$  and  $p = 0.182$ ,  $p = 0.958$ , and  $p = 0.149$ , respectively.

**Table 3.** Biochemical markers in the patient and control groups.<sup>a</sup>

	Patient (n = 55)	Control (n = 25)	p
S100B, pg/ml	84.28 (20.67–1360.87)	61.72 (10.85–78.09)	<0.001
NSE, ng/ml	16.51 (6.47–97.57)	9.86 (6.04–13.61)	<0.001
GFAP, ng/ml	0.098 (0.01–0.52)	0.071 (0.01–0.10)	0.017

<sup>a</sup> All measurements are represented as median (min.–max.).  
NSE: neuron-specific enolase; GFAP: glial fibrillary acidic protein.

**Table 4.** Comparison of S100B, NSE, and GFAP levels in all study groups.<sup>a</sup>

	Patients		Control, (n = 25)
	Conscious, (n = 24)	Unconscious, (n = 31)	
S100B, pg/ml	81.42 <sup>b</sup> (45.54–331.67)	84.98 <sup>c</sup> (20.67–1360.87)	61.72 (10.85–78.09)
NSE, ng/ml	18.89 <sup>d</sup> (6.73–82.26)	15.27 <sup>e</sup> (6.47–97.57)	9.86 (6.04–13.61)
GFAP, ng/ml	0.072 (0.01–0.52)	0.13 <sup>f</sup> (0.01–0.43)	0.071 (0.01–0.10)

<sup>a</sup>All measurements are represented as median (min.–max.).  
NSE: neuron-specific enolase; GFAP: glial fibrillary acidic protein.

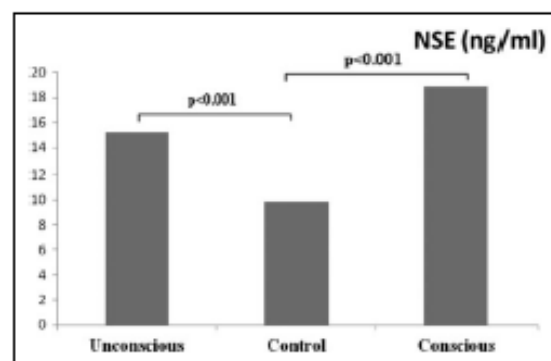
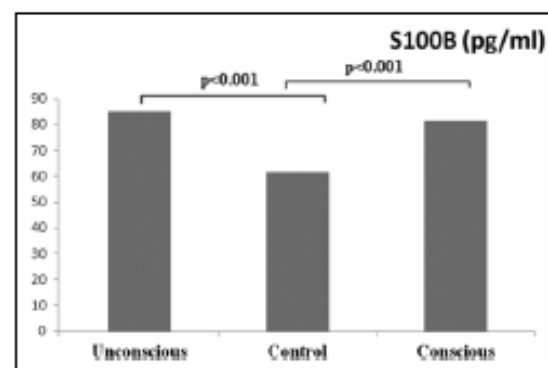
<sup>b</sup>p < 0.001 compared to control group.

<sup>c</sup>p < 0.001 compared to control group.

<sup>d</sup>p < 0.001 compared to control group.

<sup>e</sup>p < 0.001 compared to control group.

<sup>f</sup>p = 0.001 compared to control group.

**Figure 1.** Levels of neuron-specific enolase (NSE) between unconscious, conscious, and control groups.**Figure 2.** Levels of S100B between unconscious, conscious, and control groups.



# Bilimsel Makale Yazımı

## Tartışma

Kullanılır

➤ Çalışmanın  
başlanmalıdır

önemli

bulgularıyla

Tartışılır

Çalışmanın  
Sonuçları

Yorumlanır

Karşılaştırılır

## Discussion

Determination of serum COHb levels may be helpful in establishing a diagnosis in patients with suspected CO poisoning. However, COHb levels and the clinical findings may not be correlated. In addition, certain COHb levels do not suggest symptoms or clinical outcomes.<sup>9</sup> CO poisoning may result in inflammation of the brain parenchyma.<sup>10</sup> The lack of correlation between COHb levels and clinical findings suggest hypoxia-independent inflammation.<sup>10,11</sup> Therefore, even in the absence of cerebral hypoxia, CO-associated inflammation may be damaging. Low or moderate COHb levels trigger multiple biochemical cascades that may result in brain damage and morbidity. Therefore, in CO poisoning, new biochemical markers are needed in the determination of clinical severity and prognosis.

Myocardial injury is one of the well-known major complications of CO poisoning. This may result from COHb-associated hypoxia or direct damage to myocardial cellular respiration and coronary arteries.<sup>16</sup> In the literature, there are studies on ECG changes, myocardial dysfunction, and myocardial infarction occurring due to CO poisoning.<sup>16,17</sup> In their study, Cha et al.<sup>17</sup> reported that 50 (20%) out of 250 patients with CO poisoning developed myocardial injury associated with poor prognosis. Cakir et al.<sup>2</sup> reported an increased cardiac biomarker results in 4 (13.3%) and sinus tachycardia in 8 (26.7%) patients of their study contents. In our study, we detected elevated troponin-I levels in 12 patients (21.8%), sinus tachycardia in 13 patients (23.6%), ischemic ECG changes in 12 patients (21.8%), and arrhythmia in 6 patients (10.9%).

In different studies, the association between S100B, NSE, and GFAP levels and prognosis was investigated in patients who developed brain damage due to different factors.<sup>1-3,8</sup> S100B is a calcium-binding protein produced by astroglia in the brain and

# Bilimsel Makale Yazımı

## Tartışma

Klinik önemi belirtin

Çalışmanın Güçlü ve Zayıf tarafları

Sonuçları etkileyen faktörleri açıklayın

Açıklanamayan etkilenimleri vurgulayın

Hipotez karşıtı fikirleri çürütün

Karşıt görüşlere yer verin

Gereksiz atıflardan kaçınin

Kısıtlamalar açıklanmalıdır

In this study, all the patients except for 2—who were brought to the ED with cardiopulmonary arrest and died despite cardiopulmonary resuscitation—were discharged from the hospital with complete neurological recovery. In these 2 patients who died, the S100B and NSE levels were significantly higher than those in other patients. However, no correlation was detected between these 2 patients and the patients who were discharged with full neurological recovery with respect to GFAP levels. When the results of our study were evaluated in terms of loss of consciousness in CO-poisoned patients, although S100B and GFAP were higher in patients with loss of consciousness, there was no significant correlation between NSE and loss of consciousness. In their experimental study, Brvar et al.<sup>26</sup> reported that S100B is more valuable than the level of consciousness in assessing mortality.

The most important limitation of our study is the small number of patients with CO poisoning. Prospective and controlled studies involving more patients with CO poisoning and evaluation of the presence of late neurological sequelae are needed.

# Bilimsel Makale Yazımı

## Çıkarım

- Makaledeki bulgulara dayanmalıdır
- Net ve kısa olmalıdır

Increased serum S100B, NSE, and GFAP levels are associated with CO poisoning. In CO poisoning, increased serum S100B and NSE levels may be associated with mortality. However, in CO-poisoned patients with loss of consciousness, serum S100B and GFAP levels also increase. Serum S100B, NSE, and GFAP levels can be employed as useful markers for predicting clinical severity, hypoxic brain damage, and mortality in patients with CO poisoning. Studying markers with blood samples obtained at the optimal time will contribute to the reliability of the results.

# Bilimsel Makale Yazımı

## Kaynaklar

- Güncel ve yeni olmalıdır
- Formata dikkat edilmelidir (dergilerin kısaltmaları gibi)
- Eksiksiz olmalıdır

## References

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# Bilimsel Makale Yazımı

## Tablo ve Şekiller

- Gereksiz bilgi ve bulgular ile tekrarlardan kaçınılmalıdır

**Table 1.** Characteristics of the patients ( $n = 55$ ).

Age, year	45.6 $\pm$ 20.3
Female sex, $n$ (%)	33 (60)
Season, $n$ (%)	
Spring	14 (25.5)
Autumn	5 (9.1)
Winter	36 (65.5)
Source of CO, $n$ (%)	
Stove	43 (78.2)
Water heater	5 (9.1)
Barbecue	4 (7.3)
Exhaust	2 (3.6)
Fire	1 (1.8)
Admission type	
Outpatient	11 (20)
Referral from a hospital	44 (80)
Exposure period, $n$ (%)	
0–1 h	11 (20)
>1–3 hour	11 (20)
>3–6 h	17 (30.9)
>6–12 h	16 (29.1)
Clinical outcome	
Survived	53 (96.4)
Died	2 (3.6)
Hospitalization service	
Emergency observation room	51 (96.2)
ICU	2 (3.8)

CO: carbon monoxide; ICU: intensive unit care.

## Results

Fifty-five patients were included in the study. Thirty-three (60%) were female and the mean age

was 45.6  $\pm$  20.3 (range, 19–92) years. All cases involved accidental poisoning. The mean initial COHb level was 19.74  $\pm$  13.64%. The control group consisted of 25 healthy volunteers (16 female and 9 male). Demographic characteristics of the patients are shown in Table 1.

Stove was the major cause of poisoning ( $n = 43$ , 78.2%). Referrals to the hospitals occurred in winter between 22:00 and 10:00 h. In our study, in summer, there were no hospital referrals due to CO poisoning. Although 31 (56.4%) patients exhibited loss of consciousness at different levels, only 5 (9.1%) had loss of consciousness on admission. Neurological (N) symptoms other than loss of consciousness are headache, dizziness, weakness, and confusion. The most common

- 5846 sayılı kanun
- İntihal tespit projesi
- “Turnitin, iText, Wcopy, Plagiarism, Wcopy”



## İNTİHAL DEDİKODUSU ETRAFINDA

Akşam gazetesinde neşr olunan bir fıkra, bütün fikir ve sanat adamlarımızı zan ve şüphe altında bıraktı. Necmettin Sadık Beyin kaleminden çıkan bu satırların hülasası şu idi:

“Bir Macar gazetesi, bir Türk romancısının eserini tercüme ve tefrikaya başlamış. Rakibi gazete de bu orijinal Türk romanının Fransızca aslını bulmuş. Şimdi bu iki eser, ayrı ayrı gazetelerde çıkıyormuş...”

Akşam gazetesi ilave ediyordu:

“Bir ay Avrupa postası gecikecek olsa, gazetelerimizde, roman, hikâye namına bir satır bulamayız.”

Birkaç gün sonra, yine akşam sütunlarında, Reşat Nuri Bey’in bir mektubunu okuduk ve o zaman anladık ki, Macarcaya tercüme edilen roman, Reşat Nuri Bey’in “Damga”sıdır.

Damga müellifi, cevabında, bunu bir iftira telakki ediyor. Ve müfteriyi de, müddeasını ispata çağırıyordu. Ahmet Haşim Bey’in tabirince, gölgede konuşan müfteri, henüz aydınlığa çıkmamıştır. Ancak bu hadise etrafında kalemler heyecana geldi ve Ahmet Haşim, Aka Gündüz, Orhan Seyfi Bey’ler fikirlerini söylediler.

Meşale, bu sanat dedikodusu etrafında, memleketin meşhur ediplerine müracaatla fikirlerini sordu. Aldığımız cevapları sıra ile neşrediyoruz:

PEYAMÍ SAFA BEY NE DİYOR?

İntihal ithamını ne bir kişiye tevcih, ne de umuma teşmil etmek doğru değildir. Meşhur imzalar arasında buna tenezzül edenler bulunduğu muhakkaktır ve inkârlarını şüphe ile karşılamak mecburiyetindeyiz. Bence bildiğim Türkçe intihallerin iki mücrim tarafı vardır: Evvela, bir garp eserine teşâhup etmek, ikincisi de garbin edebî kıymeti haiz yüksek eserlerini ahaliye okutmak için-anlaşılması çetin bir zihni ceilde mütevakkıf aksâmı atarak -bayağılaştırmaktır. Güzel bir mantoyu hırkaya çeviren mahalle terzileri daha afitirler, çünkü onların hiçbir yüksek zanaat iddiaları yoktur ve tozlu camekânlarının arkasında işlerinin üstüne iki kat

eğilerek mütevazı çalışırlar; bizim intihali muharrirlerin edebiyatta en âli salahiyet kürsüsünden haykırmaları tahammülfersadır. ‘Angeli’ ‘Nezihe’ ‘Palas de la Concourt’u “Bayezid meydanı” yapmak edebiyat değildir. Bundan Fransız müellifinin de, zavallı Angelin de Paris beldesinin de haberi olmuyor. Fakat bizim münekkitler, millî roman kahramanlarının nüfus tezkirelerine iyi bakmalı ve mahirâne siliklerle kazıntılar altında gizlenen yabancı isimleri bulmalıdırlar.

KÖPRÜLÜZADE FUAT BEY NE DİYOR?

Ben adaptasyonun aleyhindeyim. İsimleri değiştirilerek güya millî hayata uydurulan Frenk bozması eserlere adapte unvanı veriliyor. Bu nevi eserler bizde bilhassa temaşa edebiyatının hemen hemen yüzde doksanını teşkil ediyor. Bu vaziyet devam ettikçe, bizde cidden orijinal ve millî yani sanat noktasından kıymetli bir temaşa edebiyatı tesis etmesine imkân yoktur.

Avrupa edebiyatı ile temasımızı muhafaza etmek, cihan edebiyatının yeni cereyanlarını takip etmek bir zarurettir. Buna imkân olmazsa sanatkarlarımız, gayet tabi olarak, çok müşkül bir vaziyette kalırlar.

ERCÜMENT EKREM BEY NE DİYOR?

İntihal... Şüphesiz ki ayıp, mezzum bir şeydir. “Sirkat-i şiir edene kat-ı zebân lazımdır!” demeye kadar varmayacağı. Fakat herhalde bazı muharrirlerimizin tenezzül ettikleri bu mevzuyu ve hatta metin sınırlamalarına edebiyatımızın selamet ve istikbali namına bir nihayet vermezsek, bu şaibenin bir gün bütün nesl-i hâzır ediblerini toptan töhmet altında bırakması ve kurunun yanında yaşın da yanması muhakkaktır.

Harb-i Umûmî’den çıkış, mevzu bulmak hususunda aciz kalan yorgun dimağların alıştıkları bu kolay usul o vakitler için belki mâzur görülebilirdi. Şimdi kafalarımızda hayırlı aksül’ ameller vücuda getirecek ufacak bir gayretle bu sakim-i itiyattan pekâlâ kurtulabiliriz ve kurtulmayız...

# Teşekkür

***Doç.Dr. Hızır Ufuk AKDEMİR'e***

makalelerinin kullanımı dolayısıyla teşekkür ediyorum.





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