Endnote Export Format (.enw)

What is it?

The endnote export format is a format used to save human-readable data from EndNote, a program for personal reference management.

How do I get data in this format?

Most endnote export files obviously originate from EndNote software, but some online sources may support it as well. Additionally, the EndNote export format is an adaptation of an older format known as 'Refer'. Network Workbench should also support these files, as long as they are renamed to have the ".enw" extension.

This documentation refers to Endnote 10, so the specific steps may differ slightly for previous or later versions. The basic idea is to make Endnote export the library in the "Endnote Export" format, and make sure the resulting text file has the extension ".enw".

To export an EndNote library to the correct format, the process is as follows...

1. Load whatever bibliography library you want in Endnote.
2. Inspect the drop-down box near the top of the Endnote window. If it contains the entry "Endnote Export", skip to step 5. If not, continue on to step 3.
3. Go to Edit -> Output Styles -> Open Style Manager.
4. Find the "Endnote Export" style in the list, select the checkbox, and close the Style Manager window.
5. Select "EndNote Export" as your export style in the drop-down box near the top of the EndNote screen.
6. Go to File -> Export
7. Save as type "Text File (*.txt)", and save the file with whatever name you like.
8. For use in NWB, rename the file to have the extension ".enw", instead of the default ".txt" extension. Note that on windows, file extensions are hidden by default, so you may need to open and resave the file in notepad instead of renaming it on the desktop. When saving from Notepad, make sure to select Save as type "All Files", to prevent Notepad from automatically adding the ".txt" extension.

How is it used in Network Workbench?

NWB can extract co-authorship and co-citation information from .enw files. using the Extract Co-Occurrence Network from Table Algorithm, if the required author and citation information is present. Burst Detection can also be performed on its contents.

What should I know about how NWB handles this format?

NWB does not perform any special cleaning or processing on the data. It simply converts the data into a table, from which networks can be extracted using the "Extract Co-Occurrence Network from Table" algorithm, which can be found under Preprocessing. Authors are already delimited using the "|" character.

What should I know about the format itself?

ENW files contain a list of records, each separated by two or more lines. Records in ENW consist of a list of single-character tags, followed by a space, and then the contents of that tag. Each tag has a special meaning in ENW, for instance A means Author, and T means title. (There is some discrepancy between ENW and the original refer format when it comes to the meaning of more obscure tags).

Sample File

The following file consists of two records from a PubMed search for toenails.

%0 Journal Article
%A Sarifakioglu, E.
%A Yilmaz, A. E.
%A Gorpelioglu, C.
%D 2008
%T Nail alterations in 250 infant patients: a clinical study
%J J Eur Acad Dermatol Venereol%8 Feb 25
%! Nail alterations in 250 infant patients: a clinical study
%M 18312325
%X Aims To investigate the frequency and the nature of nail alterations in infants. Study design A total of 250 infant patients from newborn to 2 years of age were evaluated from the outpatient clinics of paediatrics and dermatology departments, Fatih University Hospital. The nail alterations were documented. The data were presented as percentages, and for categorical comparisons, Chi-squared or Fisher's Exact test were used. P < 0.05 was
considered statistically significant. Results Of the 250 infant patients, nail alterations were seen in only 17 (6.8%). Most of the patients had toe nail involvement. In 12 of 17 (70.6%) infants, there was one type of nail alteration; in 4 of 17 (23.5%) infants, there was two type of nail alterations; and in 1 of 17 (5.9%) infants, there was three type of nail alterations. The most frequent diagnosis was onychoschizia in 6 of 17 (2.4%)
 and congenital hypertrophy of the lateral nail fold together with ingrown nail in 6 (2.4%) infants. Conclusion Because nail alterations could be a manifestation of systemic or dermatologic diseases in infants, fingernail
 and toenail examination should be a part of the paediatric dermatology examination.
%Z 1468-3083 (Electronic)Journal article
%U http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=18312325
%+ Department of Dermatology, Fatih University, Faculty of Medicine, Ankara, Turkey.

%0 Journal Article%A Rigopoulos, D.
%A Larios, G.%A Gregoriou, S.
%A Alevizos, A.
%D 2008
%T Acute and chronic paronychia
%J Am Fam Physician
%V 77
%N 3
%P 339-46%8 Feb 1
%! Acute and chronic paronychia
%M 18297959
%K Acute Disease
Anti-Bacterial Agents/therapeutic use
Antifungal Agents/therapeutic use
Antiviral Agents/therapeutic use
Chronic Disease
Dermatologic Agents/*therapeutic use
Diagnosis, Differential
HumansNail Diseases/diagnosis/therapy
Paronychia/*diagnosis/drug therapy/etiology/surgery/*therapy
PrognosisRisk Factors
Skin Neoplasms/diagnosis/therapy
%X Paronychia is an inflammation of the folds of tissue surrounding the nail of a toe or finger. Paronychia may be classified as either acute or chronic. The main factor associated with the development of acute paronychia is direct or indirect trauma to the cuticle or nail fold. This enables pathogens to inoculate the nail, resulting in infection. Treatment options for acute paronychia include warm compresses; topical antibiotics, with or
without corticosteroids; oral antibiotics; or surgical incision and drainage for more severe cases. Chronic paronychia is a multifactorial inflammatory reaction of the proximal nail fold to irritants and allergens. The patient should avoid exposure to contact irritants; treatment of underlying inflammation and infection is recommended, using a combination of a broad-spectrum topical antifungal agent and a corticosteroid. Application of emollient lotions may be beneficial. Topical steroid creams are more effective than systemic antifungals in the treatment of chronic paronychia. In recalcitrant chronic paronychia, en bloc excision of the proximal nail fold is an option. Alternatively, an eponychial marsupialization, with or without nail removal, may be performed.
%Z 0002-838X (Print)Journal ArticleReview
%U http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=18297959
%+ Department of Dermatology, University of Athens Medical School, Andreas Sygros Hospital, Athens, Greece. drigop@hol.gr

Relevant Links

- Endnote Software Home: http://www.endnote.com/