MEDICAL PRACTICE

Contemporary Themes

SOMA — Society of Medical Authors*

A possible role

STEPHEN LOCK

British Medical Journal, 1979, 1, 309-320

Whenever the *BMJ* publishes anything about publishers, books, and costs a bitter argument seems to result. This happened some years ago after a feature "Are medical books too dear?"¹ and also after Ieuan Davies's article on "SOMA: new hope for medical authors."² Davies considered that, though authors were unlikely to make more than 25p an hour for their time spent in writing a book, they had little or no say in its appearance or format, while the small print of the contract might contain all sorts of pitfalls. He proposed that medical authors should band together to improve their lot by forming SOMA. In the subsequent correspondence one publisher spoke of a great many inaccuracies in the article, while another was dismayed by his vehemence.

I regret this artificial polarisation, because the interests of authors and publishers are—or should be—identical. But to begin with I should like to examine what the images the one holds of the other are, and what I see to be the truth. My qualifications for this fence-sitting attitude are that I've written four books, at the *BMJ* one of my jobs is to choose which books should be reviewed, and the *BMJ* itself also publishes about ten books a year.

Respective images

What is the author's image of the publisher? First of all he is rich and a gentleman—working in an elegant Georgian house

*Based on contributions given to a meeting at the Royal Society of Medicine on 20 October 1978.

British Medical Journal
STEPHEN LOCK, MB, FRCP, editor

and with an expense account allowing him to lunch at the Ivy. Secondly, the publisher seems to do everything he can not to sell his author's books—they are four times as costly as they should be, and he fails to arrange for adequate publicity by taking whole-page advertisements in the journals or a whole window in Lewis's bookshop. Thirdly, it takes an inordinate time for the proofs to arrive, and after that for the book to be published. Lastly, the books are badly printed on poor paper with lots of those mistakes that printers call "literals."

What is the publisher's view of the author? At the start of negotiations he sees the author as a busy intellectual, punctual, literate, and totally uninterested in money. Later, he changes his views. The author's copy is late; he tries to change bits once a week; there are many errors in his text—references that refer to nothing, tables that don't show what they purport to show, and copyright permission that hasn't been obtained. Once the author has had the proofs he tends to rewrite his book, but doesn't notice the numerous and inevitable literals in the text or answer the questions raised by the printers' readers. Finally, the author turns out to be obsessed with money, demanding large advances and special sums for the Urdu translation rights.

No money in publishing

I am too much of a coward to referee this contest, but I believe that there are certain undoubted facts. The first thing to get out of one's mind is that as an author you will make money on a book—you won't unless you are exceptionally lucky and identify an unfilled large-scale need, and then fill it, such as the student textbook on a new subject in the curriculum which is to be the subject of an examination. Few individuals now buy books, and, short of a Public Lending Right—which no government has yet had either the ethos or the guts to force through—the copies that sell to institutions and libraries are not going to be very profitable for the author. Furthermore, authors should

realise that, to cover overheads, the selling price of a book has to be at least four times its direct costs—after all, the bookseller himself wants 33% to handle it.

Next, just as there are too many journals (often started merely to make their publishers money), there are too many books—many written merely because the publishers thought that a particular title was a good idea. An approach by a publisher is flattering, but it should be treated with caution—the same sort of caution doctors should use in their professional lives in assessing their patients, or in their personal lives in buying a house or educating their children.

On one point I would agree: that publishers are untowardly slow. In her diaries³ Virginia Woolf records getting galley proofs a few weeks after she had delivered the manuscript, and then having the bound book ready for sending out for review only a few weeks after returning them. All this was only 40 years ago, when printing was relatively primitive. Even at the beginning of the war, for example, she sent her manuscript of *Roger Fry* to the publishers on 5 April 1940, returned her proofs on 10 June, and the book was published on 25 July. Today we have machines setting print at a rate of thousands of words a minute and yet the average schedule for book printing seems to be well over a year from the receipt of the manuscript. I believe that the trouble is with the system: as with airline travel, everything is centred on the latecomer, and the punctual are penalised by being made to wait in icy airport buses while a search is made for one person. Every day during the rush hour in our cities we allow one car to park in a bus lane so that its occupant can buy himself a newspaper—delaying hundreds so that individual “freedom” can be preserved. This absurd bias ought to stop, and in printing, given that there are no complications, for somebody who delivers a perfect manuscript on time publication within four months must surely be possible.

Youthful disillusion

I will illustrate some of these problems by a personal story—which I can tell because the person concerned is now dead. As a registrar in pathology I was approached by him to write a pamphlet on clinical pathology as part of a series aimed at medical undergraduates. Flattered, I replied that I was terribly junior, and so anything I wrote would have to be demonstrably a cheap affair summarising the important elementary features of the subject so that it would not compete with authoritative

volumes written by established specialists. Agreed, he said, adding that my royalties would be enough to take me and my family skiing once a year. What happened? The series never materialised; the book was published as a beautifully bound, illustrious-looking volume which shamed my home-spun and elementary points; and it was priced at 36/-. I was surprised at two things. Firstly, that it sold 2000 copies; and, secondly, that my total royalties were £65, which even in the 1960s would not have taken one person on much of a skiing holiday.

In all this, the disillusion was caused by raised expectations—by the publisher's medical adviser, I hasten to say, not by the publisher himself, and not on paper but by word of mouth. A moment's thought should have told me what I now know, or I should have sought advice. Admittedly, the episode cost me nothing more than a few hundred wasted hours and a gasp when I saw the lavishness with which my prose had been decked. But if SOMA had existed then, I believe that I should have gone to them for advice—not prejudiced in my favour or in the publisher's favour, but merely from somebody experienced in the problems.

This is my view of SOMA's primary task—a counselling service on all the problems of the tyro or the established author. Nevertheless, I believe that SOMA could have another important role: by acting as a small and select publishing house, it could do much to raise standards universally. It could commission or choose for publication, say, a dozen books every year and offer authors the highest standards of contracts and printing, in return for their keeping their side of the bargain. There are precedents in non-medical publishing whereby a small house retains its identity even though it uses a larger body to distribute its books. Perhaps a better analogy for SOMA would be the Glyndebourne Opera, which when it started in the '30s was either derided as an amateurish affair in tents or feared as a rival to existing companies. In fact, it was neither, but it did much to raise standards of singing, ensemble, and production in opera, not only in Britain but all over the world. SOMA, I believe, could do the same for medical publishing, which is what all of us—authors, publishers, and readers—want, and its realisation would enable them to show this identity of interest.

References

- ¹ Pyke, D, *British Medical Journal*, 1969, 3, 227.
- ² Davies, I J T, *British Medical Journal*, 1977, 1, 887.
- ³ Woolf, V, *A Writer's Diary*. London, Hogarth Press, 1953.

Author's tales

H A F DUDLEY

I am not quite sure what “authors' tales” is supposed to mean. Presumably it implies ghastly encounters with Scrooge-like publishers who leave their editors or authors in penury while making fat profits for themselves. It is true I have never seen a lean or malnourished publisher, nor do I discern many (if any) medical publishers who have failed. Nevertheless, we must recognise that commercial success is what publishing is about. By contrast, scholarly publishing, to which I suppose we would all aspire, relates to achieving wide dissemination of one's ideas and thus gaining an element of prestige. The overlap between

the commercial world and the scholarly world represents a book or article which is both read and respected. Sometimes, unfortunately, the overlap is small.

Your money and your life

Though I have drawn this sharp contrast between the world of commerce and of scholarship, scholarly publishing must, of course, be more precisely defined. None of us—with perhaps the solitary exception of myself—will admit that we do have much interest in money. Indeed, our overt statements are rather like those we make about teaching: it is part of our reflex responses to say that we like teaching, and I suppose if we say it to ourselves often enough we may even begin to believe it. Personally, I hate teaching unless you define that word as imposing one's