Autumn Books

The publisher’s view

PER SAUGMAN

The advance in our knowledge of clinical medicine and medical research has moved with speed and brought discoveries that even the boldest of a previous generation would have hesitated to predict. Old fields of science have been widened, new opened, while a few have almost disappeared. We have no better record of how any particular medical field has evolved than our books and journals, and, hardly surprisingly, the output of these has been affected by the great expansion in medicine. I should therefore like to deal with the four main categories of medical books in turn before discussing editorial policy.

Books

A well-planned textbook is mostly designed to follow the syllabus laid down by the medical school for which it is written. Britain has some 30 medical schools, and so what may be acceptable north of the border may not automatically be practice in, say, London. It is important, therefore, that author and publisher should discuss their aims thoroughly before pen is set to paper. They are often forced to conclude what is only too true: that no textbook can be all things to all men. This is one of the many reasons why a subject may be covered by a number of textbooks. The student should, of course, have a wide choice, but it does not make the publisher’s task any easier. Textbooks represent one of the most difficult areas in the relationship between author and publisher. It may take longer than expected to get a textbook adopted in some schools, a point which authors from time to time find hard to appreciate. Moreover, an author may fail to revise his book sufficiently from edition to edition and lose the market for that reason. The publisher’s opinion is important here, for it is he who is in regular touch with the market.

The refresher books pose a different question altogether. While textbooks set out to teach the student who is new to the subject, the refresher book is planned for one who has to revise in a short time before an examination. So, though all books must be well written, this is particularly true of the refresher type. Not only must the author possess a commanding knowledge of his subject but he must also be prepared to write and receive no stimulation from doing so. Nevertheless, books of this kind are of the greatest help to the undergraduate. They enable him to get his subject into perspective, and the essentials presented should help him to remember the details through understanding.

Written as it is for qualified doctors who are at an advanced level, the postgraduate textbook requires a different approach. Statements in a book of this type should always be supported by complete references. It is the most difficult book to write. The undergraduate book can be aimed at a reader at a known level, but the problem with the postgraduate book is that it is sometimes difficult for its author to judge how basic he should be without offending his reader and at the same time decide how much knowledge he can assume his reader to possess. This is less of a problem when these books are to be read in conjunction with a course, and much more of a problem when they are intended for private study.

The monograph is the more difficult book from the publisher’s point of view and perhaps the easiest from the writer’s. It represents the results of the author’s research, on which perhaps he has even become the authority. Although the interest of the subject will be clearly defined, it will also be strictly limited, and so its market may be small and sometimes indeed too small to warrant publication on economic grounds. But these facts may not emerge before the book has been published. Then it is too late; but from time to time every British publisher allows himself the pleasure of publishing a book which he knows has little chance of commercial success but which he would like to support.

Publishing policy

Ideally speaking, a publishing house should become known for its policy. Its list of books should reflect the editor’s ideas
and ambitions. The books it has published will interrelate, and in many firms this is often the case. It is sometimes assumed that an editor has an interest in a particular subject, but this is rarely so: the impression results from the fact that one good book attracts another, and that one author often recommends the publishing firm to another.

Medical books come to be written in many ways. It must be said straight away that financial gain is rarely, if ever, the motive. There are a few textbooks whose sales run into thousands of copies a year, sometimes hundreds of thousands in successive editions, and the authors or editors of such books may well draw royalties which are higher than their professional salary. The average printing of most medical books, however, is between two and five thousand copies, and even if all are sold the annual income will rarely be more than a few hundred pounds.

Rather it is because they have something special to communicate that most doctors write books. They will usually have been initiated into authorship by writing papers for the specialised journals; they may go on to write a book because their papers have aroused interest, because they wish to clarify their ideas still further through the discipline of writing, because they wish to present in more permanent form the results of their research, or because they have a special gift for teaching which they feel impelled to communicate more widely.

Having said this, I should make it clear that in most cases such motives produce little result until a publisher takes the initiative. He makes it his business to find out who is engaged in the most promising work, whether teaching or research, and what books are most needed. He may then discuss his ideas with his other authors and advisers—for not only will he be committing his firm to investing several thousand pounds in his idea, but he will also be asking the prospective author to forgo all his spare time for two or three years. Because of this preliminary work by all responsible publishers comparatively few duplications occur in medical publishing. I say this advisedly, for around 700 new British medical books see the light of day every year.

So publishers read each other's announcements with care, and only when they are satisfied that a book is needed do they contact their chosen author. Then they are often disappointed to find that the book they had in mind is already being written for another publisher, but at least they have the satisfaction that the idea was a good one. The author should be in frequent touch with the publisher at the planning stages: in particular, they should both pay attention to the reader they have in mind. A good aim is for the prospective author to try to find among his friends a person typical of the audience for whom he is writing, for this is the safest way of avoiding a book which does not maintain a consistent approach throughout.

Price of books

In common with most other goods, the price of books has increased rapidly in recent years. Nevertheless, I do not believe that the proportional increase in book prices has been any greater than that for most other commodities. The publisher is the entrepreneur, the risk-taker of the whole book trade. It is he who invests large sums of money in a book—indeed, in a large number of books—in the hope that he may sell profitably every one that he produces. He must pay his staff and provide a place for them to work: those who discover authors and ensure that they write the right sort of manuscript; those who plan and oversee the manufacture of the books; those who ensure that each book is publicised most effectively; those who deal with orders from booksellers and see to the packing and invoicing of each book sold; and finally those who maintain the financial records and control for all this activity.

The publisher must pay for the actual material and labour which go into manufacturing each edition—papermaker, printer, binder, and others—for all of them must be paid, whether or not the book is successful. And, of course, the publisher must pay the author a royalty on each copy of the book sold and allow the bookseller, the retailer, quite a large part of the selling price for his work in getting the book to its reader.

Like any other business, publishing operates in a competitive environment and the publisher is constantly seeking ways of reducing the prices of books by making savings within his own office and by encouraging his suppliers to produce his books more economically. Publishers increasingly use computers for

One of the best-known Victorian photographs, this shows Isambard Kingdom Brunel at the launching in 1857 of his great iron ship Great Eastern. Cigar in lips, legs apart, Brunel dominates the scene—just as he towered over engineering activities in the mid-nineteenth century. It was the misfortune of his bearded companion John Scott Russell to work in Brunel's shadow, and his story has only now been told by Professor George Emmerson in a detailed biography. John Scott Russell (John Murray, £6 50) reads like a triple-decker novel, for the life of the engineer, shipbuilder, and naval architect was punctuated by disasters, fires, bankruptcies, and scandals. Yet Russell had a high academic reputation; he made major contributions to the early theoretical analysis of the underwater shape of ships, he pioneered the construction of iron warships, and he founded the Institute of Naval Architects. A fluent linguist, he travelled widely in Europe. His last ship was a steam ferry which operated on Lake Constance and he was much impressed by the speed and enthusiasm with which European countries provided technical education for their working populations. His attempts to persuade the British to follow this example were—like so many of his projects—a failure. One hundred years later, indeed, the British are still not persuaded of Russell's belief that it is "desirable and necessary that the principles of science should form an important element in the tuition of all classes of the community."
their own financial records and calculations, and have largely streamlined packing and dispatching books from their warehouses. In manufacturing books, too, much has been done to minimise increases in the cost of production by introducing new techniques. So far papermaking has developed few new techniques to help reduce increases in the cost of paper, and indeed in the last few years this item has dramatically increased its proportion of the total cost of book production.

In printing, however, many changes have taken place. The use of computer-assisted film-setters for type-setting is now quite common, avoiding the use of comparatively slow machines which set metal type and whose product is heavy and cumbersome. In turn, few books are now printed from metal type by letterpress: increasingly, film-set type is used to produce a lightweight thin lithographic plate, which can be run at high speed on a lithographic press. It is much easier and cheaper to incorporate illustrations in film-set, lithographically printed books, another significant factor when one considers the increasing use of illustrations in books.

Savings and royalties

Nevertheless, all these new techniques do not make dramatic savings in costs, but we hope that the printer’s investment in new equipment will help slow down increases in production costs in future. Publishers have also turned to paperback rather than cased (hard-bound) books as a quick and simple way to reduce production costs. But for small editions the savings achieved are not quite so great as might be supposed; a £10 book might possibly be published at £8.75 in this format.

With some justification, both authors and booksellers have recently been asking for a larger share of the book’s retail price. Nevertheless, this is usually possible only if the final purchaser pays more for the book. Hence in many cases savings in production and publishing costs have been negated by larger royalties for authors and higher discounts granted to booksellers.

The British medical book, written as it is in English, enjoys the privilege of being read the world over. In general, books are not subject to import or export restrictions in most countries and not surprisingly, therefore, our medical books and journals are distributed in over 100 countries. Reviews are the most reliable and commonest means of bringing books to the attention of prospective readers. Advertising (despite the cost) plays an important part, as do mailing campaigns (despite the multitude of literature and pamphlets which pass through the doctor’s letter box every day). Exhibitions in connection with scientific meetings are of great value, but the greatest selling factor is personal recommendation. It would be true to say that the basic sales work begins the day author and publisher first meet to discuss the need for a book, its likely demand and market, its price, and all the other factors which determine success or failure.

Authors and publishers are partners, in that they both want ultimate success for the book they have produced. Books indicate what men have thought in the past and what they are doing and thinking at the present. The joy of publishing is to help the author to put his thoughts into a permanent record as a book and then secure the widest possible readership.

A reforming virago

GEORGE E GODBER

Mrs Hall has written an account of the life of a ruthless woman whose egocentricity still permitted her to make an outstanding contribution to the lives and happiness of others. As a study of human behaviour, this record would be thought almost inhuman but for this public gain. So much described in Dr Stoppes’s family life and other personal relationships is unhappy that the durability of friendship and affection she inspired is surprising. I was left wondering whether the reality can have been quite as bad as implied by the records Mrs Hall has studied in such depth. Yet Dr Stoppes undoubtedly did break through some of the restrictions in our society 60 years ago and at the least made it possible for others, behaving in less cantankerous fashion, to achieve desperately needed improvements in the position of women in society. She was not the only nor the first pioneer; Margaret Sanger in New York narrowly preceded her in rather similar vein. But Marie Stoppes undoubtedly gave a lead to change in Britain, without which the progress of the past 20 years might have been far less easy. Forty-three years after the publication of Wise Parenthood the World Health Assembly, meeting in New Delhi, refused to discuss family planning. Three years later, on the proposition of India, Trinidad and Tobago, and the United Kingdom, the first resolution was passed in favour of establishing the programme which is now one of WHO’s chief activities. That was possible because of the opening Marie Stoppes had made, mainly in the decade from 1917. That timing may have been fortuitously helpful, but her work was there when the opportunity arose, even if she did not wholly make the opening herself. Margaret Pyke, chairman of the Family Planning Association in 1962 and herself a major influence in developing contraceptive services in Britain, is quoted in the book as follows:

“In a final estimate, Marie Stopes may well prove to have been one of the most important and outstanding influences of the twentieth century—a judgment with which, one feels sure, she would be in complete agreement.”

That may well be the best assessment of her contribution to our society.

Unacceptable conduct

Mrs Hall has been able to use voluminous private records, not previously available, and she seems to have used them with sound objectivity. There is certainly no attempt to gloss over the evidence of both unreasonable domestic and public behaviour. Marie Stoppes was, on this evidence, selfishly oppressive at home and supremely egotistical in public. Behind all the flowery romanticism of her correspondence with her husbands and close friends she used them ruthlessly and discarded them unhesitatingly when their usefulness declined. She used the background of her pioneering but limited clinical services, which really reached only a very small public, to promote her own public position. She was quite unable to appreciate the absurdity of her offers to intervene in the highest public capacity, as for instance by joining the Cabinet in 1940. She was even ready to advise Barnes Wallis in his own house on aeronautics. Mrs Hall describes some of her behaviour as paranoia, but it seems rather to have been the product of an extraordinary self-esteem. True, she believed and publicly