The indexing of medical books and journals

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The indexing of medical books is conducted in the same way as the indexing of other books. It can, however, present particular problems of its own and should not be attempted by those without knowledge of the subject.

Approach

An indexer is usually advised to read through the proofs of a volume before he starts indexing it. This may be ideal advice, but it is not always possible or necessary to follow it. For one thing, the book may be so lengthy and crammed with facts that reading it would take too long; for another, the proofs may be arriving in sections and the indexer having to work on them as they arrive or miss the deadline; and an experienced indexer can usually tell by looking at only a few pages at what level he is to set his index and what sort of entries to make.

An indexer is advised also to consult the author over uncertain passages. This may be easy if author and indexer live in the same country and approach can be made directly, but some publishers dislike an indexer contacting the author, and insist (goodness only knows why!) that any approach be made through the publisher—which may more than double the time taken. Many medical books are multi-author, and it will be just the particular author the indexer wants to consult who works in Lima or has gone to Ethiopia on behalf of the World Health Organization. Even the medical editor of the book may not be able to help if the particular chapter that is causing the trouble is, as it may be, on a highly specialized subject that is not his own.

Depth

The indexer of medical books is faced with the double problem of every indexer—what to index, and in what words to make his entry. He has to try to put himself into the mind of any likely consulter of the index. This is not always appreciated by the author of an advanced text-book who may, when the index is submitted to him for approval, decide to delete entries he considers too well known to be worthy of inclusion. Well known it may be to him and his fellow specialists, but he may not appreciate that the book may very well be consulted by someone with less knowledge—and just because he has less knowledge. In a book on neurology the specialist deletes the word rombergism because all neurologists know what it is and when it occurs, thus ignoring the medical student who has just heard the term for the first time and, wanting to know all about it, should expect to find it in the index.

Material

As with all specialist subjects, the indexer can be confronted with a textbook, a monograph, a symposium or multi-volume work of any length—from 100 to 2500 pages—and any degree of difficulty. In general there are four grades of medical books: the first consists of medical books for non-medical readers; the second, of some relatively simple and short textbooks for medical students, nursing students or medical auxiliaries; the third, of comprehensive textbooks on branches of medicine (such as paediatrics or obstetrics); and the fourth, of advanced works intended for specialists in a particular subject. The range of medical subjects is enormous, and an indexer may be expected to index highly theoretical subjects such as psychology, psychotherapy and psychoanalysis, largely factual subjects such as surgery, and intensively scientific subjects such as biochemistry and endocrinology. In some he may feel out of his depth and, supported as he is by his knowledge of medicine, by medical dictionaries and by other books, when he is indexing a book on the latest developments on some rare topic he may have to face many terms he has not before encountered.

It is not possible to lay down rules about the numbers of entries per page, but in a simple work there are likely to be 3-5 entries per page, in an advanced text 5-8 entries and in highly specialized texts (such as biochemistry) in which synonyms are common, the number of entries can be enormous. It is a common practice to include in the index chapter headings, figures and tables (in italics or heavy type) if the publisher wishes, for indexable material can often be found only in these; but it is not necessary to index them if they are already covered by an entry of the text. Single-word entries are used only when they are self-explanatory. First and last pages of each entry are indexed. An entry should not be followed by more than three or four page numbers, and sub-subheadings are used rarely, if at all, and only when the indexer can see no way to avoid them.

Symposia of medical subjects are among the most difficult type of book to index. They present three basic problems. The first is that their publisher is more than usually in a hurry, for he wants to get the book out before
the subject matter grows out of date, or in time for the next relevant conference. The second problem is that the symposium may well be about a very new topic or drug and be aimed at the expert; new terms and subjects are likely to be encountered, and the indexer should have a flair for discriminating what is likely to be needed for recall and what is likely to be remembered by the reader from the conference he has attended.

The third problem is that at the end of each paper read at the symposium the editor is likely to include a short version of the discussion that followed the reading of a paper; the discussion may be discursive and the indexer must then decide what in it is index-worthy and what is not.

Entries and subentries

Medical books may be written in two sections, one being an approach by systems and another dealing with specific diseases or conditions, and it is important that the index reflects this. Similar signs, symptoms, tests and indications for treatment occur in different diseases, and every mention of them has to be included. Disseminated intravascular coagulation, for example, is a condition occurring in many blood diseases. In a textbook on blood diseases it is likely to have a special chapter with its own subheadings of diagnosis, pathology, treatment, etc., as well as being discussed in other chapters, and all entries must be collated together in the index.

Synonyms are common in medicine, and a headache for the indexer. Some authors use them indiscriminately, even writing von Recklinghausen's disease and neurofibromatosis (which are synonyms) on successive pages, which makes it difficult for the indexer to decide which he is to make the principal term of entry. He must be aware of current trends and fashions. Anatomists seem to have settled on one nomenclature where formerly they used three, although Gray's anatomy, the British authority, prefers suprarenal glands to adrenal glands, which everybody else uses. Microbiologists are addicted to renaming the micro-organisms they study, while clinicians continue to use the names they learned as students, and their books tend to be a mirror of past times, like ladies who stick to fashions other people have discarded. Similar changes are common to other branches of medicine. Mongolism was the term applied to a particular condition for the first hundred years after it was described; in the 1960s there was a brief (and, as it turned out, inaccurate) flirtation with chromosome 21 syndrome; and although the condition's name is now settled as Down's syndrome, after the doctor who first described it, authors who start off bravely referring to Down's syndrome are likely to swing away from the cumbersome term, patient with Down's syndrome back to the original mongol. The indexer has to sort it all out. The simple solution is to settle for the principal or fashionable term and put the others in brackets after it with appropriate cross-references, but the practice can be unwieldy in some subjects; particularly dermatology, for dermatologists are given to synonyms and very long titles such as epithelioma adenoida cysticum, chondrodermatitis nodularis helicis or keratoananthoma centri-fugum marginatum, a few of which, with their lengthy synonyms, can choke an index.

Prefixes such as alpha (α), beta (β), gamma (γ) and para (p) are usually ignored, and the entry indexed by the following word—but there have to be exceptions to this. An author may write alphafetoprotein throughout and not α-fetoprotein; para-aminosalicylic acid can be indexed under P because it is commonly abbreviated to PAS and l-dopa under L because it is commonly written levodopa.

With multiple authors of varying nationalities, the publisher may advise whether the index should be in British or American spelling (e.g. sulphate, sulfate; neurone, neuron) if both occur in the book, and a conscientious indexer may feel that, at least in the index, a word should be correctly spelled. It is common to find adrenaline misspelled as adrenalin or fetus, fetal as foetal, foetal.

Drugs

Drugs can be the very devil to index. They are commonly misspelled, and if the indexer is not sure of the name of the drug he must waste time looking up the correct spelling and correcting the error. This is only the beginning. The original firm that manufactures a new drug will patent it under one of the names he already has in store (firms have copyright names, computer-thrown-up, ready to bestow on an appropriate drug when it is found; there is a good precedent for this, as insulin was proposed as a name for that particular pancreatic secretion several years before it was actually discovered). The originating firm holds copyright of the name for several years, the number of years varying in different countries. Shortly afterwards an official name will be given to it. When the drug comes out of copyright, other firms may manufacture it under their own patented names. Patented names are usually easier to spell, pronounce and remember than official names, which must represent the chemical formulae; and an author who starts by writing the long official name dexamethasone sodium phosphate is apt to slide into writing Decadron or Oradexon, both proprietary names for it. It is advisable to use the official name in the index, with a cross-reference from a proprietary name; but sometimes a patented name is the one used in the book (this is common when a symposium on a new drug is organized by the drug company manufacturing it) and is the one to be indexed. It must be remembered when index entries begin with lower case type that a patented drug must start with a capital letter.

This is not all. The same drug may have different official names in different countries, and patented names...
may be different, sometimes only by a single letter. If one is indexing a multiple-author book with, say, British, North American and Australian authors, the same drug may turn up under at least three different names. Of course, the medical editor of the book should have standardized the spelling, but it is often obvious that he has not done so, and the indexer is left to carry the can. British indexers may consult the British national formulary, which now appears thrice a year, or the massive Martindale: the extra pharmacopoeia, in which he will find the names of drugs in common use throughout the world up to the time of the preparation of the latest edition.

Medical Journals

Medical journals—like other scientific journals—may have a varied content. Some are composed entirely of original scientific papers, with no other matter; others contain leading articles, book reviews, abstracts and correspondence as well as original papers; and if the journal is the publication of a particular society it may also include proceedings of meetings, obituaries and news of importance to its members. The decision, what to include in the index, may be made by the editor of the journal or controlled by the amount of space available for the index. Standing headings—such as Conferences, Book Reviews, Notes and News—can be used for such subjects, with perhaps only the page numbers and no detailed description.

Precisely how to index an original article can present many problems, and the indexer may, if he is to make a useful entry, have to invert, shorten, rearrange or even reword the title; to do this he should read the summary printed at the beginning or end of the article, or, if there is not one, read the article itself. Problems arise with synonyms, international discrepancies and the arrival of a new nomenclature which displaces an old one. Subject headings must be chosen with an eye to the fact that a journal is a continuing publication and the appearance of similar subjects over months requires careful wording of each entry. The possibility that a cumulative index may one day be required must also be borne in mind, as it is important that entries may readily be collated. Finally there is that bane of indexers: the clever or cryptic title that reflects the scholarship, wit or skill of the author, and is impossible to index meaningfully.

An author index should present no problem—but it can. Decisions must be made about the style of presentation, whether to use the initials or first names of an author, how to index foreign authors, and how many authors to include. Some papers may have several authors, and in some publications the indexer may be instructed not to index beyond the third of them. This is unfortunate, for the principal author or the head of a department may put his name last, the last author in a string of names may appear later as the first in another string, and it is churlish and misleading not to give him all his due; and a consultant searching for a particular name without finding it may assume, wrongly, that this author has published nothing on his own subject in that particular journal.

L'envoi

Indexing is an art in which the maximum information must be given in the minimum number of words, and the information should be presented in the form that can most rapidly be read. Lowercase letters are easier to read than capitals, and in a medical index, as in any other, the use of them for initial entries facilitates reference and enables personal names and the names of proprietary drugs to stand out clearly. Commas after the words of an entry or subentry serve no purpose whatsoever except when, uncommonly, an entry ends in an arabic numeral (such as trisomy 21), when a comma may be inserted, or, better, a hyphen (trisomy-21). Prepositions should be reduced to the minimum required to prevent misinterpretation or make sense, and page numbers shortened (124-32 rather than 124-132). Many publishers like to have indexes littered and obscured by capital letters, useless commas and even dashes, which add to effort, time and expense without achieving any worthy purpose. We have to educate them.

Books referred to

Gray's anatomy (R. Warwick and P. L. Williams, eds.)
Martindale: the extra pharmacopoeia (A. Wade, ed.)

Words of encouragement

You may not remember; in March 1980 just after I had completed the RRC course, you wrote to me with words of encouragement. I know I have not beaten any records but I am now a Registered Indexer and am on the active lists of several publishers (who send me paying work).

Thank you for your kind words in 1980. Thank you also to my RRC Course tutor—an onerous task, I can see now. The purpose of the Society has come to fruition with me thanks to the encouraging help of yourself and others. Thank you.

—from a letter recently sent to the secretary of the Society of Indexers.