As any dedicated medical indexer knows, one of the most frustrating aspects of trying to improve one's work is the lack of feedback we get. For this reason many of us immediately jump to book reviews, on the off-chance there is some, hopefully constructive, mention of the index. And for this reason many of us, medical and non-medical indexers alike, carefully study the "Indexes Reviewed" section of The Indexer.

Some of the reviews of medical indexes have been especially constructive. Here is a brief discussion based on a selection of such reviews from The Indexer. I have provided Indexer citations in square brackets following each review.

This is merely a sampling; I have looked at the indexes reviewed in the past four years only, and list here those I consider representative. Many index reviews say only that the index in question is either good or bad, comprehensive or lacking. In this examination I look mainly at those which provide some explanation for their positive or negative review.

I also disregard criticisms pertaining merely to index presentation, which is often not the responsibility of the indexer. I grant that index presentation can greatly affect the usefulness of the index, but my focus here is primarily on index content.

My goal is to understand further what I, and any other Jane or John Doe medical indexer, can do to improve the indexes we write and generate.

Introduction

By way of introduction, consider the benefits of good medical indexes: take a look at the following review:


"The addition of bold type in the index to highlight the primary description of a disorder, the display of page numbers on the individual volume spines, and the larger typeface greatly add to the text's usefulness as a quick reference." [Vol. 19 No. 3 April 1995, p. 221]

A good index can help extend the use of a book.

Numerous index reviews affirm that indexes are useful, and often necessary, adjuncts to medical books, which one doesn't always want to read from cover to cover. Here are two other examples:


"The index is brief, but complete, including the chapter/illustration number, and the page on which the answers to the accompanying questions may be found. This part of the book is very useful, as one may look up the physical sign which may have been discussed elsewhere, and then turn to the appropriate pages for the illustration of that sign, and its explanation." [Vol. 20 No. 2 October 1996, p. 97]


"The sequence of chapters is occasionally surprising, but the index is excellent and allows easy navigation." [Vol. 20 No. 4 October 1997, p. 219]

A good medical index can even help extend the use of a book beyond the intended audience:


"Its user-friendly index, appearing in each volume, makes it just as good a choice for the practicing dermatologist [as for any general physician] seeking recent information applicable to difficult cases." [Vol. 19 No. 2 October 1994, p. 136]

In fact, with a well-done index a well-done medical reference work becomes an ideal reference work:


"The 13 well-organized chapters, covering 161 very readable pages, make this book an ideal review for various examinations. Its extensive index, allowing easy access to information, and its suggested readings make it an ideal reference work as well." [Vol. 20 No. 1 April 1996, p. 38]

Quality Components

But what does it take to produce a good medical index? Take a look at the following medical "index praised":


"If you want to become educated in food science, food technology, or nutrition, here is your textbook. Its 304-p index, with a total of about 48,000 key words/terms, will lead you to any subject you wish to search. Frankly, I'm impressed. I could not find a concept or word that was not listed ..." (index by Jan Ross, SI member) [Vol. 19 No. 2 October 1994, p.134]

Medical indexes are praised when they are comprehensive. Not only that, they are censured when not:

Discusses index characteristics considered important by book reviewers, with especial reference to medical and related works, drawing on review extracts published in the "Indexes Reviewed" section of The Indexer.

"In addition to containing the main terms of the book, the glossary includes some phrases like 'heterozygosity, loss of' that are not mentioned in the text but are so important in cancer research that the reader will probably encounter them elsewhere. The glossary is an excellent place to include such terms, but the reader may not know that they are there, as they are not included in the otherwise thorough index. Perhaps this should have been explained in the 'Note from the Author'." [Vol. 20 No. 1 April 1996, p. 40]

For a medical index to be comprehensive and complete, it needs to include not only every concept and topic discussed but also the glossary and/or glossary terms.

But no index should be comprehensive at the expense of analysis:


"The production values are much improved, with a clearer layout and far fewer typographical errors, though disappointingly the index still has the same tendency to multiple page references for the same entry, with not enough subdivisions. 'Monoclonal antibodies' followed by 42 page references spread throughout the book really is not very helpful to the reader with a specific question in mind, and a better organised index is needed for the third edition." [Vol. 21 No. 1 October 1998, p. 96]

Even historical content, as well as medical content, should be included by the indexer:


"The index is poor. For example, the section on conversion disorders which is essential in a book like this, is not indexed. In a work of 977 pages, the reader should be able to rely on a thorough and comprehensive index... It is sad that there is no reference to hysteria in the index, even in a historical context." [Vol. 19 No. 4 October 1995]

Specific Content Issues

To get to the heart of medical indexing, take a look at some constructive criticism of the subject content of medical indexes:


"The index is extensive and user-friendly (for example, there are entries for generic drugs and their common brand names)." [Vol. 19 No. 4 October 1995]

Not only should our indexes be extensive, they should also provide both generic and brand names.

Similarly, we should include both common and Latin names:


"I like a useful index, and this one works well. You can find the information under the common herb name or the botanical name, and you can search under the illness, such as 'endometriosis.'"

[Vol. 20 No. 1 April 1996, p. 38]

Medical index reviews, especially when they are thoughtful and thorough, can also provide us with guidance and recommendations for how to deal with specific topics.

For indexing stroke:


"It should be possible to consult this section [on stroke syndromes] to determine the localizing value of specific findings, but it was difficult to find reference to macular sparing, peduncular hallucinosis, wrong-way eyes, ocular bobbing,thalamic pain syndrome, or hemiballismus, which are not listed in the index." [Vol. 20 No. 1 April 1996, p. 40]

For indexing food-related topics:


"The index helped somewhat, but it was a little perplexing to find arachidonic acid given as eicosanoic acid in the dictionary section and as icosanoic acid in Chapter 1... One item that did seem to be given little attention was flavour, both desirable and undesirable. Looking up flavour in the index directs one only to sections covering butter and butter processing yet the flavour of margarine is certainly mentioned in Chapter 5. For a book of this size I should find it helpful for the main topic to be highlighted or for more sub-indexing to be given. The reader looking up topics such as rapeseed oil or phospholipid will find difficulty where to start." [Vol. 20 No. 1 April 1996, p. 41]


"Irritations — only a few. Incorrect nomenclature of n-nitroso (rather than N-nitroso) in the Index and Introduction; incorrect indexing (e.g. oxidation of polyunsaturated oils p. 384, sulphur dioxide p. 1726, mercury p. 1754 and 1835, caramel p. 1729)." [Vol. 21 No. 1 April 1998, p. 47]


"A serious concern is the inadequacy of the index. In a work of such size and detail, there is a need for easy access to the desired information. This is not possible here. For example, ohmic heating is referred to in the text but not in the index. Similarly, if information is sought on the browning of fruit, a common problem in fruit handling and processing, it is necessary to be aware that this problem is associated with phenolic compounds and polyphenoloxidase before the subject can be located in the text via the index. Much searching will sometimes be necessary to arrive at the desired information." [Vol. 21 No. 1 April 1998, p. 48]

For indexing pharmacologic and endocrine subjects:

18, Aug 1997.

"... however, the reader should be prepared not to rely on the index. The first thing I attempted to look up on receiving the book was 'nitric oxide' and was disconcerted to find instead 'nitrous oxide' and 'nitrous oxide synthase' (some of the chapter texts were also incorrect [... ]). There are also many other inconsistencies, oversights, and poor cross-referencing (e.g. according to the index, adrenoreceptors are only mentioned on p. 211 — difficult to believe in a book on the ANSI)."

[Vol. 21 No. 1 April 1998, p. 48]

For tumor spelling and double-posting guidance:


"Typographical errors are generally few in the text, but some are found in the index. For example, the page number for angiomylipofibroblastoma of vulva should have been 1056 instead of 456, 'hemanginoendothelioma' is misspelled as 'hemangi-omyofibroblastoma' but not under 'giant cell fibroblastoma' is listed only under 'fibroblastoma' but not under 'giant cell."

[Vol. 21 No. 1 October 1998, p. 96]

For crucial topics in psychiatric indexes:


"The new index [by SI member John Gibson] represents a considerable advance on that of the first edition. For example, the entries on behaviour and behavioural disturbance are comprehensive and lead directly to detailed exposition of these crucial topics, a service which the index and text of the first edition performed less well." [Vol. 20 No. 4 October 1997, p. 220]

For dermatopathologic disorders:


"Examples of uncommon disorders missing from the index of Murphy's book are bacillary angiomatosis, elastofibroma, angiolympoithyroid hyperplasia with eosinophilia, microcytic adnexal carcinoma, and disseminated intravascular coagulopathy." [Vol. 21 No. 1 October 1998, p. 96]

Regarding general medical content, note that topics to index include concepts as well as facts:


"The index, although twice as large as in previous editions, is strikingly good, clearly with the input of several of the authors, and is much more extensive than key words, for it refers to concepts as well as facts." [Vol. 19 No. 3 April 1995, p. 222]

CD-ROM Indexes

For those not sure how to approach medical imaging indexes:


"It has an excellent index which lists the main regions of the body which at a click of the mouse expands into a more detailed outline." [Vol. 20 No. 2 October 1996, p. 98]

Summary

What should we expect to find, at minimum, in our medical indexes? According to this brief review of medical indexes reviewed, the elements of a high-quality medical index include:

- accuracy
- thorough analysis (subheads and cross-references)
- completeness/comprehensiveness
- usability

Note also the following review:


"A textbook can only be as useful as its index permits, and the index to Gastrointestinal Bleeding passes muster with a reasonable degree of completeness and accuracy." [Vol. 19 No. 2 October 1994, p. 135]

But an index should do more than 'pass muster,' in my opinion. Medical books are generally not read cover-to-cover but are often used in the daily practice of medicine. A medical book is as good as it is useful. The 'proof is in the pudding' as some of our cook book indexer colleagues might say:


"Tested under working conditions, the book's index was comprehensive, accurate and easy to use." [Vol. 20 No. 1 April 1996, p. 39]


"I found the index to be one of the best I have seen. I used the text as a reference source for two weeks when I was covering our Shock/Trauma/Respiratory Intensive Care Unit. The index provided a rapid method of finding subject matter during morning rounds." [Vol. 19 No. 3 April 1995, p. 222]

In other words, to all those who tremble at the prospect of indexing an emergency care manual, who picture an ER (emergency room) or some other medical intern faced with a critical situation and with only the handbook you've indexed to assist him, yes, you do have reason to tremble.

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Notes

1 Many thanks to Christine Shuttleworth, Editor, Indexes Reviewed, and Janet Shuter, Editor, The Indexer, for reprint permission as well as for their support and cooperation.

2 Jon Ross was awarded the Wheatley Medal for this index in 1993.

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