

Better by the Books Statement

Introduction

The Thackray Museum of Medicine in Leeds has many medical and surgical instruments on display and far more in its large archive. The thought occurred that far more lives have been and are being saved by books than by instruments. An event was held, in the museum, on 27th October 2021 to explore and celebrate books that have inspired developments in global health.

Key points arising

History

Hippocrates (460BC to 370BC) and Galen (130AD – 210AD) wrote medical books which were held in just as high esteem as seminal religious texts such as the Koran and the Bible. However, this also meant there was an emphasis on sticking with the original texts. The production of handwritten books was slow and very costly. Johannes Guttenberg's printing press (1450) was a revolution in Europe, enabling books to be produced quickly, in quantity and relatively cheaply. It was not until the beginnings of the 17th and 18th centuries that people wrote about diseases they had seen and experienced. An early English example was "A Treatise on Fevers" by John Ball, an Apothecary, sought to be plain, intelligible, and rational. The book explained the method of cure according to modern practice and was published in 1758. Drawings, too, began to be introduced within medical books for the first time.

Publishing

Books that make an impact usually fulfil a need at the time of publication; are available in print/e-book versions in the region where the reader is based; are discoverable because the publisher has positioned and classified them appropriately. They are priced (in print) affordably or if not, distribution may be aided by funders, are written in the languages needed or translated as required. Successful publishing requires that books are produced with clear legible text and illustrations; are well marketed, making an impact with a strong cover image / typography; will sell sufficiently well to drive a new edition being a commercial proposition to the publisher and will be widely cited, reviewed and continue to sell. Longer term impact can be assured if a new generation author(s) is commissioned to update/adapt the book to current knowledge and practices hence the importance of succession planning! It is also a good indication of success! Sales and marketing require co-operation between the publisher and the author. Search Engine Optimisation helps to raise the profile of a book. Not all books are reviewed and even fewer appear in the review columns of the popular press.

The message and the text are complementary in assuring that they reach their audience. What makes an authoritative text in the history of medical and health books? – perhaps it is when it is the first to codify the knowledge in a particular field?

Changing technology has enabled the dissemination of medical books historically. Books also talk to each other – participants at the table gave examples of books that gave rise to other books following on in the same field. Series, adaptations and translations are all part of the story of an impactful book.

The publisher makes a big difference. Does the book meet a perceived need and will it sell? A dynamic relationship makes a positive contribution.

Training materials need to be tested repeatedly with the audience(s) they are intended for. There is a life cycle for books, so thought needs to be given to reprints, print on demand and new editions. The life cycle is influenced by changes in both the readership and in health and medical practice.

Are books reaching people and are they making a difference to them, their health and their work? There are many barriers that make “the last mile” difficult. These barriers include cost, literacy, awareness and opportunity. Access to education, libraries and bookshops is important.

Funding may be needed to make books available as Open Access e-books that are free to read globally on a publisher’s or other accessible platforms.

Taking command of the language

Clear English is to be advised always, especially for readers for whom English is a second language.

The aircraft industry pays close attention to engineers and air crew understanding written instructions, they are well ahead of health and medical practitioners. Medical authors tend to use language that carries authority and prestige. Such language can be misunderstood. Careful use of language saves lives.

Clear English requires:

- Short sentences with less than 20 words.
- Limit sentences to one or two clauses.
- Use precise words that have only one meaning.
- Use simple words
- Use familiar words.
- Limit the vocabulary being used.
- Use positive rather than negative words.
- Use few pronouns.
- Avoid “by doing” in sentences.
- Avoid complex tenses.
- Structure sentences in a clear logical order.

A useful resource is: Controlling your language: making English clear. Felicity Savage and Peter Goodwin. Transactions of the Royal Society of Tropical Medicine and Hygiene, Vol 75, No 4. p 583 – 585/1981.

Communication

Communication, the passage of information from the author to the reader requires attention to the language being used, the layout, suitable illustrations and diagrams. The reader may need help in finding the right information quickly. Learning to use an index is a skill that may need to be supported. Important whatever medium is being used. Content must be culturally specific, written and illustrated in a manner suitable for the audience.

Storytelling can be an effective way of communicating. Humour can also be used to great effect, particularly if the topic is difficult to address.

Suggestion for effective communication for low literacy readers

- Illustrate all instructive materials with lots of informative and eye-catching pictures, adapting both the writing and pictures to the culture and educational level of the people being addressed.
- People with limited literacy often first judge a book by its pictures. Lots of interesting informative pictures help to draw the person into the book, inducing them to read and heed the adjacent text. The more fully and invitingly illustrated the book, the more likely it will be picked up and used.
- Make illustrations of people look real, local, and with appropriate feelings and expressions
– not cartoonish, unattractive, or demeaning.
- Use of simple line drawings with clear depiction of what is to be emphasized.
Line drawings often work better than photos to focus on subject being addressed.
- In many poor and isolated communities, parents may not be literate, and will ask their school-going children to read to them from health books or information sheets – while the adults look at instructive pictures.
- Integrate key drawings into pertinent content of the text, and where helpful use arrows ----> to link the text to explanatory drawings, or key part(s) of a drawing.
- Use drawings to illustrate the right and the wrong way to things, and mark the drawings with big letters saying **DO THIS** and **NOT THIS**, or some equivalent wording.
- To emphasize the right and the wrong ways to do something, show it in the facial expressions and body language of the people in the illustrations.
- In teaching people or health workers how to respond to specific health problems, rather than have them memorize an abundance of information, spend more time in role plays and practicing how to look things up and follow instructions.
- While a good index (with sufficiently large letters) in a health handbook is important, as is practice in learning how to use it, marginally literate people, rather than use the index, often flip through the book looking for relevant pictures. This is another reason why such handbooks should be fully illustrated.

Trustworthiness and Misinformation

False information can enter literature because it was believed by the author to be correct at the time of writing or it can be deliberately misleading. There is a lot of false information on the internet, but it can also get into print. Education of the readership is critical to identifying misinformation and disinformation (deliberately misleading). Validity is often difficult to confirm and the process only starts if the reader is aware that validation is appropriate.

“To be smart read ten books, but you may need to read hundreds to find them.”
Authors need to be trustworthy. Good, reliable advice can be developed by repeat testing and building credible experience to share.

Motivation of the author(s)

‘Medicine without medicine... love is a great healer. Work for the people, not for the money..’. The audience listened attentively as David Werner recalled the story of the incident on his travels that prompted him to write the first edition of *Where There is No Doctor*. The messages were developed with the people he was seeking to help, tested many times to learn if they were understood and were practical in the local

situation. His quotes included “the further you are from civilisation the more civilised people become”, “Work for the people, not for the money” and “In many settings the mother is the most important provider of healthcare”.

Pictures and diagrams

We learn to understand pictures by developing our visual literacy. Is a small figure a small person or are they at a distance? If two lines draw closer together does that convey distance or are the two lines really getting closer to each other?

Black and white line drawings that are easy to copy have worked well. It is ideal to use an artist who is familiar with the subject and sympathetic to the text. When possible make the drawing empathetic, with people looking at what they are doing and showing suitable emotion on their faces. Illustrations need to carry the message the author wants to convey.

The publisher usually commissions the artist, it is thus essential that there is a good dialogue between artist and author.

John Hubley made good use of photographs in his books, taking care to repeatedly test that they were culturally acceptable and credible to the audience.

Translations

Many of the world’s people in greatest need of health information speak languages other than English. It is important to look at ways to ensure key books are widely available in other languages.

Care is needed to ensure translation is robust and conveys the same meaning as the original. Some words have regional variations in their meaning which the translators need to be aware of. We need to consider the implications of changes in new editions of the original text while a translation of an earlier edition is still in progress. Local translation and printing should be encouraged with publishers’ cooperation.

Access

The journey from author, illustrator, publisher, printer, binder, distributor to point of sale can be long and complicated. The “final mile” into the hands of the reader may be the most difficult. A good librarian can make a significant contribution to getting the right book to the right reader at the right time.

Books need to be locatable, affordable and known to those who will benefit from them. Consider the literacy and visual literacy level of the intended audience.

The distribution of free copies of a pocketbook to every healthcare worker can greatly impact on global health. These printed books remain important to the worker and can be found in clinics today in Papua New Guinea.

Printing books in different locations around the world can enable same day publication on a global basis and greatly reduce shipping costs.

Subsidies for health and medical books are needed and have to be agreed with the publishers. Teaching Aids at Low Cost (TALC), now called Health Books International, seeks to reduce prices for a limited range of books for low and middle income countries. Distribution of books requires as much attention as cost. Health workers visiting remote areas can be encouraged to leave useful books behind when they leave.

Glen Mola spoke of Maurice King’s book being ‘*a transformative book marking the turning point that turned public health into community medicine.*’

Martin spoke of the fact that prior to King's book most medical books intended for use in warm climate countries had an individual patient in focus, whereas King's book made the jump to thinking about the whole population.

We have to distinguish between the practical use of a printed book that you can flick back and forth across the pages in your hand when in the field versus the use of the Internet to search and find resources. They are not the same thing! Other educational features of the Internet today include YouTube and Ted Talks. One size does not fit all, so books and the Internet should continue to co-exist.

Finance is a major issue in enabling access. Cost of shipping books can be considerable.

Copyright issues must be considered when generating new versions in different regions of the world and in translations. The concept of Copy Left is being explored as a way to manage Copy Right issues. Creative Commons licences can be used when the author wants to give other people the right to share, use, and build upon the work they have created. An open copyright policy contributed to the translation of *Where There Is No Doctor* into close to 100 languages.

Digital issues

There is a great digital divide, 43% of the world's population has no access to the internet (World Bank data 2020). Access alone does not mean good use can be made of digital resources. Digital literacy differs across communities. Older generations likely to have more limited ability to make full use of the internet based resources.

Smart phones are becoming more available and can have browser apps uploaded. There are cost issues as more data is downloaded.

The internet is primarily an English language resource which precludes many potential users.

HINARI is a portal for the developing world to access health research. See

<https://portal.research4life.org/>

Publishers can facilitate internet access.

Some versions of e-books can be annotated by both author and reader.

It is useful to reflect on what can be done by best by books and what can best be done on the internet.

Books and the internet are different. Content is arranged differently and access arrangements are different. Both are needed, they extend each other's reach.

Blue Trunk Library – WHO. The Blue Trunk Library (BTL) project was developed by the WHO Library to provide basic health and medical information in English or French and Portuguese (<https://www.who.int/eportuguese/bluetrunk/pt/>) to district health teams in developing countries. Each “ready-to-use” mini-library consists of 150 books on medicine and is contained in blue metal trunks to ensure easy transportation and protection. More information: Where there is no Internet:

Delivering information via the Blue trunk libraries;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420373/>

and <https://indexmedicus.afro.who.int/iah/fulltext/library.pdf>

Patient retained records, such as Under 5 Cards and Maternity Cards, can be considered in the spectrum of books. They can serve multiple purposes including communication, clinical records, education and advice. Care taken in their production and use will promote health.

Summary

There are multiple steps between the author's initial ideas and a useful book being read by someone who will be helped and inspired by the text. Producing books that communicate well requires careful attention to text, language, pictures, layout and overall presentation. Cost affects many of the steps. Getting books to those who most need them does need finance.

Books and the processes producing them have evolved over time. The internet and printed books can complement each other in health and medicine. Learning by individuals, families and health workers from books saves many lives. The health of millions has been made better by the books. Care and concern communicate in good books. Love is a great healer.

Books that inspired

Medical Care in Developing Countries	- edited by Maurice King
Paediatric Priorities in Developing Countries	– David Morley
Where there is no doctor	- David Werner
My Name is Today	- David Morley
Stepping Stones	- Alice Webourn with Action Aid
Handbook on Community Sanitation	- Kamal, Kar and Robert Chambers
Child to Child	- David Morley
Our Bodies Ourselves	- Boston Womens' Health Book Collective
Communication Health	- John Hublely
The Making of the Welfare State	- Derek Fraser
Vaxxers	- Sarah Gilbert and Catherine Green
Spirit Level	- Kate Pickett and Richard Wilkinson
Rural Health Series of Manuals for Health Workers	– AMREF
Facts for Life	- UNICEF
Teaching Health Workers	- Fred Abbatt
The Road to Universal Health Coverage	- J Sturchio, I Kickbusch and L Galabos.
Description of the Retreat	- Samuel Tuke
The Pathogenesis of War	- Michael Penrose
We combat diseases in remote villages.	- Toshikazu Wakatsuki.
The Struggle for Health	- David Sanders.
Helping health workers to learn	- Werner and Bowers
Pathologies of Power	- Paul Farmer
Disabled Village Children	- David Werner
Nothing About Us Without Us.	- David Werner

Clones from “Where There is No Doctor” such as “Where Women have no Doctor”, “Where there is no Dentist” and “Where there is no Toilet”.

Participants in the Room

Simone Bacchine
Jack Burnett
Anne Chamberlain
Anita Fatchett
Reinhard Huss
Felix & Maurice King
Leena Inamdar
Tanay Inamdar
Bill Mathie

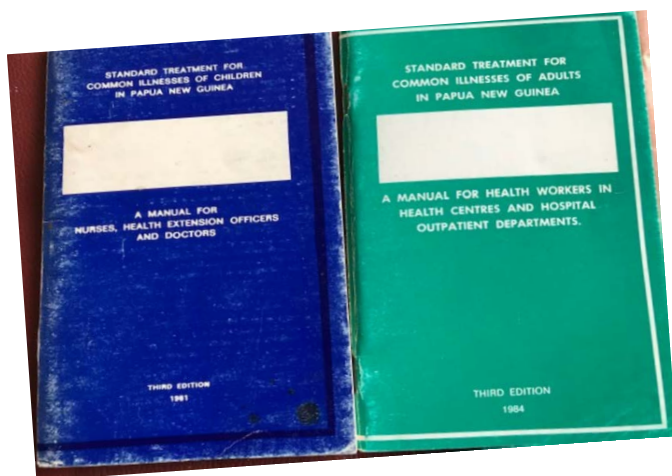
John & Marilyn Miles
Kudakwashe Mundowa
Judith Rushby
Sam Shaw
Finola O'Sullivan
Martin & Liz Schweiger
June Wynter

Participants joining by Zoom

Charlotte Allen
Howard Barnes
Ester Branca Italy
Ann Burgess
William Cutting
Kagumi Hayashi Japan
Phil Heywood
Toru Honda Japan
Nobu Ishikawa Japan
Md Akramul Islam Bangladesh
Elisabetta Lonati Italy
Alison Mathie Canada
Glen Mola Papua New Guinea
Patrizia Politi Italy
Kamran Siddiqi
Richard Turner
David Werner California
Sarah White

Sources

Information shared before, during and after the Better by the Books event.



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Where There Is No Doctor

is more than a book on first aid. It covers a wide range of things that affect the health of the villager—from diarrhoea to tuberculosis, from helpful and harmful home remedies to the cautious use of certain modern medicines. Special importance is placed on cleanliness, a healthy diet, and vaccinations. The book also covers in detail both childbirth and family planning. Not only does it help the reader realize what he can do for himself, but it helps him recognize which problems need the attention of an experienced health worker.

THIS BOOK IS FOR

THE VILLAGER who lives far from medical centers. It explains in simple words and drawings what he can do to prevent, recognize, and treat many common sicknesses.

THE TEACHER in a rural school. The book will help him give practical advice and care to the sick and injured. It also gives guidelines for teaching children and adults in his community about the problems of health, cleanliness, and nutrition.

VILLAGE LEADERS of all kind, social workers, development workers, animators, motivators or anyone who is concerned of the health and well being of their community.

MOTHERS AND MIDWIVES will find useful the clear, easy-to-understand information for home birth, care of the mother, and child health.

This English edition has a new introductory section for the village health worker, discussing ways to determine needs, share knowledge, and involve the community in activities that can better people's health.

