

# Chapter 14

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*How to  
edit or write  
a book*

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*Of making many books there is no end...*

**Bible, Ecclesiastes, 12:12**

You are an accomplished academic surgeon and a recognized expert in your field and a publisher proposes that you 'do' a book. You may be a rising star; having already published a number of original papers and a few chapters and now you want to decorate your curriculum vitae and your coffee table - with your own book. Alternatively, you may be practicing away from the towers of academia but you have that great original idea nestling in your literary mind which you believe deserves a book. Whatever is your declared motivation for wanting to 'do' a book you must admit that the reason resides within your ego. This chapter will advise you whether this ego trip is worthwhile and, if it is, how to accomplish it safely and effectively.

This chapter won't tell you how to actually write the book. If you plan to write the whole book by yourself (i.e. monograph) then you must generate a certain number of chapters - bound together by a common idea and organized in a logical sequence. If you are to edit a book, your writing task may include 'editorial comments', an 'introduction' and 'conclusion' chapters or a few of the actual chapters. How to write a chapter you have just learned in the previous chapter.

**The idea: it has to be original**

The idea for your book has to be original. (Originality according to Webster's Third New International Dictionary - is 'the quality of being authentic or genuine, freshness of aspect or design, independence or newness of style or character, novelty in the form of expression'). With the numerous new surgical titles published each year it is almost impossible to be 'original'. But it is a must.

With the latest editions of Schwartz, Sabiston, Greenfield, Baily & Love, Maingot and many other 'classical' textbooks what is your

chance of generating another ‘original’ multi-author text? Probably very low, but not negligible - if you find a gap or generate a new twist. What about yet another comprehensive textbook looking at all the usual topics through the veil of the new gimmick of ‘evidence-based surgery’? There won't be a library, or a department, which fails to purchase such a title.

Originality in scientific publishing - as opposed to the non-scientific literary world - is measured in current terms. When what we know may be obsolete in five years your idea has to be original against what is available now - not 10 years ago. For example, looking for an idea for a multi-author text we managed to revive a series on ‘Controversies in Surgery’. Such title was available 20 years ago but there was no current competition. Originality may also be expressed in style or tone. A few modern books are available on ‘emergency abdominal surgery’ but you may choose to do one, say, in verse. We produced such a book using informal, chatty language and much humor. Likewise, there are many texts dedicated to ‘surgical infections’ - looking at the same topic through the perspective of ‘source control’ we managed to ‘sell’ this idea to the publisher as ‘original’ and lacking competition.

Examine your book idea against current and past similar titles in the library, bookshop, or on the Internet. Closely scrutinize the competitors. Remember, that you have to be original if you are not an authoritative giant in the field.

### **The market: who will buy your book?**

You need the book for your CV and ego, the publisher needs it in order to survive, but the book is written for the readers and without them, your book is doomed. The rule of thumb is that if your book lacks the potential to sell 1000 copies no publisher will touch it <sup>1</sup>. A surgical title which sells more than 2000 copies is considered a

bestseller. Think about yourself - how critical and selective you are when considering buying yet another surgical book. With the numerous titles available, with easily downloadable sources on the Internet, the market for your book is inherently saturated and has to be carefully planned. For example:

- ◆ If you plan a book which is suitable only to your country (e.g. 'Surgical malpractice in the UK') it has to attract a wide audience: surgeons, surgical trainees, anaesthetists, lawyers and administrators.
- ◆ If you plan a book on a recent technology (e.g. endovascular stenting) which will be obsolete in a year or two, you have to attract an international surgical and radiological readership. The number of such experts in your country is too small to warrant a book.
- ◆ On the other hand, a book on basic principles (i.e. 'Common Sense Emergency Abdominal Surgery') may have a longer shelf life but even it may do better if aimed at surgeons and their trainees in an international setting.
- ◆ The book market is global. Your books may appear in bookshops in Japan, South Africa and India. Do not neglect the international readership. A multi-author book, which neglects British contributors, won't sell well in the UK.
- ◆ Understand the market limitations when writing in your own language. A German book from Austria could be sold in Germany, Switzerland and 'Germanophile' medical communities elsewhere (e.g. Japan, Turkey). A book in Arabic has a huge potential market. A surgical book in Hebrew, however, will not achieve a significant market.

## Can you do it: is the ego trip realistic?

If you were a Professor of Surgery at a major University and a leader in the field, realizing your idea could be relatively easy. Publishers welcome 'big names' who have usually published books before. 'Big names' are well connected and thus can easily procure as many 'top' quality contributors as they wish. They also enjoy an infrastructure including Fellows, research assistants and secretaries. But can the average guy such as yourself do it?

- ◆ Can you spare the time? Editing or writing a book will take at least a year and usually more than that. Whether you as a full time surgeon can brace yourself for such an arduous task is a question you have to consider before searching for a publisher. Are you willing and able to sacrifice your already scanty leisure time? Not having published a book is not a sin but to abort a book is a sin which may generate ridicule and even enemies.
- ◆ Will the publisher talk to you? Book publishing is a business and a profession <sup>1</sup>. It is true that publishers prefer 'famous' and established editors/writers but in their constant search for titles they will consider any proposal, including yours. If you plan a monograph then all depends on the novelty and attractiveness of your book proposal. If, on the other hand, you wish to edit a multi-author book the situation is more complex. What makes you qualified to edit a book? Are you an 'authority' in the topic? Will you be able to procure imminent contributors? Will your name 'sell' the book? If the answers to any of these questions are negative, you may want to join force with a more senior and distinguished colleague to serve as your 'active' or 'passive' co-editor. Her or his name may open doors.

## The publishers and a book proposal

'They just wanted to sell books...' Bob Dylan wrote and they do. Like your administrators or local HMO's, publishers are there to make

money from you. The medical publishers of today are a ‘difficult crowd’; having to perform in a world of ever increasing competition, mergers and diminishing revenues. They want you to do all the work for almost nothing in return except having your name on the cover of the book. They want also to dictate the shape and nature of the covers!

Before approaching a publisher you have to have a book proposal. When preparing this bear in mind the principle qualities of an ‘ideal book’ according to the publishers:

- ◆ Huge potential market
- ◆ Current
- ◆ Durable

Your book proposal has to be brief and neat. Publishers are impatient and they know that if your proposal looks shabby so will your book.

### **Book Proposal**

- ◆ Title: (e.g. A surgeon's guide to writing and publishing).
- ◆ A paragraph on what is this book about and why it is ‘special’ or ‘original’?
- ◆ The market: list all those who may buy it.
- ◆ The competition: list all similar books available. What makes your book ‘better’ or ‘different’?
- ◆ Outline: make list of chapters and if a multi-author book provide a provisional list of contributors.

- ◆ Format: approximated length of each chapter (pages, words), length of book (pages, words).
- ◆ Figures and illustration: number, type, colour?
- ◆ About the author/editor: a paragraph about yourself and your previous accomplishments (attach your CV).

## **Now find a publisher**

Unlike submitting an original manuscript for publication you may offer your book proposal simultaneously to many publishers. Do not send your proposal 'blindly' to the publishing house but call or write and ask for the name and address of the commissioning editor responsible for procuring books in your area of interest.

Wait patiently for a reply. It may take a few months during which the commissioning editor checks your credentials, consults with his own surgical 'experts in the field' and together with his product and marketing team, calculates the estimated cost of the project and its profitability.

Do not get discouraged by multiple negative replies. After being rejected by all major medical publishing houses in your country try a smaller publisher or one across the ocean. The publishing market has become global and a small UK publisher, for example, may be able to advertise and sell your book internationally. In general, the smaller the publisher the more personal attention and less arrogance you encounter. Lists of medical publishers are available on the Internet.

## **Contract & money matters**

Once you find a commissioning editor who is genially interested, try to meet her or him face to face; personal chemistry may open a door to

many projects in the future. The best opportunities to meet editors are at major international or national surgical meetings. It has been said by Siegfried Unself: 'one of the signs of Napoleon's greatness is the fact that he once had a publisher shot'. But you need your book published so cultivate your editor/publisher and be nice to her or him. Follow, however, John Creasey's advice: 'never buy an editor a lunch or a drink until he has bought a book from you. This is absolute and may be broken at your peril'.

After the lunch or dinner, it is time to talk about the contract. Never ever start the book without a signed contract as in today's world of mergers your publisher of today may not exist next week. A signed contract is not an insurance card for a publisher can decide not to publish a book a year after such a contract was signed.

The contract usually will be a 'standard' one used routinely by the publishers for all scientific books. Most publishers will insist on being provided with an electronic ready for print manuscript and will demand that you are responsible for its accuracy and language. Pay attention, however, to the following details:

- ◆ Delivery date: What ever you think add six months.
- ◆ Index: This should be generated by the publisher.
- ◆ Number of free copies for the Editors and contributors (the contributors will hate you if they are not provided with free copies).
- ◆ The shape of the book (hard or paper back) and of the cover.
- ◆ Marketing (a painful matter on which you will have little control).

Money? Forget about money! As Jules Renard said: 'writing is the only profession where no one considers you ridiculous if you earn no money'. Unless you are a leading 'giant' in your field the publishers

will let you feel that they are doing you a favour. You will spend numerous hours over many years hardly seeing a penny unless your book is a huge bestseller. In the limited realm of surgical publishing this is most unlikely. So you do it for the 'fun and fame!' You might ask for a modest 'advance' for 'administrative expenses'.

## **Editors vs. Contributors**

From the first step the aspiring book editor is wedged between the publishers and the contributing authors. Be nice to your contributors. You may think that you do them a favour by inviting them but in fact it is them who do you a favour by helping with your ego trip for no money and a relatively minor addition to their CV. Remember that for a contributor's CV a book chapter is less valuable than an original paper.

The process of procuring contributors for your book involves a science which has been poorly described hitherto. The ideal contributing author for your multi-authored book is a 'famous giant' in her/his field and an accomplished writer (she has to be, otherwise she would not be 'famous'). Typically however the 'giants' are constantly over committed - a fact, which has the following potential consequences.

- ◆ The 'refusnik'. The 'giant' may refuse your invitation. When editing a book, which requires sixty authors, you will get five immediate refusals. Initially your feelings may be hurt - 'what, my book is not important enough for her?' Later you will understand that a polite decline is an honest act which saves you time and frustrations.
- ◆ The over committed 'giant' accepts your invitation and immediately delegates the task of writing to his junior colleague. This is fine as long as the 'giant' meaningfully controls the final product. Occasionally it is not so and all you get is a text written

by the junior without the touch of novelty and wisdom you expect from the 'giant'. Some 'giants' would commit their name to a sub-optimal chapter they hardly had the time to review.

- ◆ A few 'giants' may engage in self-plagiarism. This is not uncommon and sadly understandable. Having been invited to write numerous chapters and reviews on their topic of main interest the 'giant' is forced to use his 'mouse' to 'click and paste' whole segments from his previous work onto the new chapter. As long as the new chapter is good this is not a disaster as 'patchy' self-plagiarism of purely educational material is not considered an ethical misconduct.
- ◆ The 'fugitive' giant. Even 'giants' may first accept the invitation to contribute and then totally ignore all your efforts to procure the chapter from them. Your 'reminder' letters, e-mails and even phone calls are never returned and you will never see their chapter. You start wondering how they ever became 'giants'. The incidence of such disasters is fortunately rare (around 5% per book) but when it occurs it is time consuming and may significantly delay the submission of the book to print.
- ◆ 'Giants' are often late. Characteristically, they start writing the chapter only after the deadline arrives.

Most 'giants', however, will provide on schedule an excellent, well-written and well-polished chapter.

An alternative to the 'giants' are 'upcoming talents'. These are younger but talented academicians who strive to establish their names. You can identify them in a MEDLINE search, during society meetings, in journals and in major textbooks - where their names may be overshadowed by their 'giant-mentor' co-authors.

## Practical tips for the inexperienced editor

- ◆ Strive for a balanced combination of ‘giants’ and ‘upcoming talents’; give a chance to relatively unknown surgeons because they may surprise you with the quality of their product. In order to satisfy your publisher at least half of the contributors have to be ‘giants’.
- ◆ Maintain a list of ‘excellent contributors’ and use them repeatedly. This is, however, impossible when your books focus on an ever-changing set of topics. Similarly, have a black list of those who are habitually late and/or poor writers. Try not to use them again. Never re-invite a ‘fugitive’ contributor. On the other hand, you may invite a ‘refusnik’ again because your new invitation may be of a greater interest.
- ◆ Always get yourself a few ‘spare’ chapters for every book and you will not have to worry about ‘no shows’ any more.
- ◆ Always overestimate the time required to produce a book. You will never have all the chapters on your desk earlier than six months after the declared deadline. The more ‘complex’ is your project, the longer it will take to print, the more outdated your book will be when it appears.
- ◆ Be careful when inviting authors from non-English speaking countries. Be sure that they know how to write English or be ready to translate their work from Italian - English or American English to ‘true’ English-English. US and UK based readers and reviewers are very sensitive and critical.
- ◆ Provide the contributors with a well-structured outline of the book, specific requirements for the individual chapters and a sample chapter written by you. Assume, however, that most contributors will not follow your instructions. They will need repeated reminders.

Be obsessive with your editorial process. The responsibility for the final product is fully yours.

### **The anti-climax**

Alfred Kazin wrote: ‘... the publishing of his ideas, though it brings gratifications, is a curious anticlimax’. Remember that transient void one feels after a nine-hour operation or an excellent meal. The same can happen after your book eventually appears. As Tim Albert writes: ‘Your mother will be proud, you will get the odd review, most of which these days tend to be full of faint praise. Your colleagues are unlikely to be too enthusiastic....’<sup>2</sup>.

But who cares about jealous colleagues or money when you can smell and hug your fresh book. A few words from a young surgeon such as ‘I read your excellent book’ will compensate you for the long hours. Your book may even become a classic - calling for additional editions.

*‘For several days after my first book was published I carried it around in my pocket and took a surreptitious peek at it to make sure the ink had not faded’.*

**Sir James M. Barrie**

### **References**

- 1 Banks M. Get your book published. *BMJ* 1998; 317: 1715-1718.
- 2 Albert T. How to become a book author. *BMJ* 2000; 320: S2-7237.

## **Commentary**

**by L. M. Nyhus**

**Warren H. Cole Professor and Head of the Department of Surgery, Emeritus, University of Illinois College of Medicine, Chicago, U.S.A.**

*My deadline for preparing this 'Comment' is fast approaching. Since the tardy contributor is well-defined in the chapter, I do not wish to be placed in the category of the 'often late' participant and move forward toward an on-time submission.*

*Having edited over 95 surgical texts including new editions and foreign translations (Spanish, German, Portugese, Polish, Japanese, French) I can vouch for the many points of wisdom succinctly presented in this chapter.*

### **The beginning**

*Near the completion of my surgical residency, my chief Professor Henry N. Harkins of the University of Washington, Seattle suggested that I spend a year of study overseas at centres known for work in the field of gastrointestinal physiology and surgery. We had written numerous scientific papers in this area and it was Dr. Harkins' belief that from additional material collected overseas we might edit a book.*

*I studied with Professor Philip Sandblom in Lund, Sweden and Professor Sir Charles Illingworth in Glasgow,*

Scotland. The scene was set and we published 'Surgery of the Stomach and Duodenum' in 1962.

*This text was successful and is currently in its 5th edition with a modified title, 'Surgery of the Esophagus, Stomach and Small Intestine'. It is obvious that I stumbled upon a truism as presented by Schein. I began this long editorial journey by joining 'giant' Harkins who taught me much of what is in the Schein text. As an aside, having produced a successful first edition of a given book, subsequent editions were much easier to collate than the first. Unfortunately, most books find no brothers or sisters on the library shelf following a one and only edition.*

#### **Additional observations**

*'Giants are often late'. I would be remiss if I did bow to my 'giant' authors. Robert M. Zollinger, Sr., of Ohio State University was prominent in many of my books. Was he a busy person? Of course, but he was always the first to submit his chapter well ahead of the deadline. The list of those 'greats' who are attentive to publishing deadlines is long: we youngsters should note.*

#### **Contract and money matters**

*The major textbooks of surgery can earn significant monetary return. Several surgery texts have circulations of over 100,000 copies per edition. Most specialty books are successful (from the publisher point of view) if sales reach 2500 copies. The standard royalty to editors is 10 percent on up to 7500-10,000 copies and most publishing houses will increase the royalty to 12.5 percent for the next 2500-5000 copies sold. This possible escalation of*

*royalty distribution should be discussed at contract development time. The distribution of royalty cheques is a happy occasion in the life of a successful editor.*

### **Copyright date**

*Don't allow the publisher to complete your book for sale in a late month of a given year without giving the next year as the date of publication. Medical books age rapidly and a three year old book may be considered out-of-date. A surgical book shown for the first time at the American College of Surgeons Congress in October may have a copyright date in the following year. This may be a small point, but it recognizes the need to prevent unfair early ageing of a book's life. Only by forethought can an astute editor assure manuscript flow for timely presentation of the finished product at the Congress of Surgeons.*

### **The anti-climax**

*I do not understand this concept. My excitement and pride escalated upon receipt of each new book. From the raw material presented to the publisher, the final product was always improved and a joy to behold.*

*The ultimate climax for editors might be the award of a prize. Robert J. Baker and I received the H. H. Hawkins Award in 1984 for the first edition of 'Mastery of Surgery'. This award is the Grand Prize given annually by the Professional and Scholarly Division of the Association of American Publishers for the Outstanding Technical, Scientific or Medical Book of the year. There is no chance for anti-climax here.*

