

surveyed by these publications is astounding when one begins to itemize it: general medicine, bacteriology, surgery, hygiene, pediatrics, neurology and psychiatry, ophthalmology, radiology, tuberculosis, gynecology, nose, throat, and ear diseases, skin and venereal diseases, circulatory diseases, psychotherapy, vitamins. And to cap it all, most of these periodicals have an annual bibliographical cumulation in a *Jahresbericht*!

A similar type of publication is our own American **Physiological Abstracts**, which supplies additional literature in its particular field.

I am afraid this has been rather a dry recital of titles, with endless variations on the word "index." The latter, in the nature of things, could not well be avoided. And the aridity of the former will, I hope, be mitigated in the end by some measure of its usefulness. For instance, to make a practical application, at the New York Academy of Medicine we have looked up such topics as avian tuberculosis in human beings, color schemes for hospital rooms, the effect of the telephone on hearing, the climates of Florida, Arizona and the Bahamas, mammalian and non-mammalian blood corpuscles, tanks for compressed air, arsenical spray residue on fruits, purification of rural water supply, the protection of tourists' health in the tropics, maternal mortality statistics, the use of platinum in surgical instruments, boilermakers' deafness, the brain of the porpoise and dolphin, methods of fish-pickling and toxicological effects, artificial eardrums of fabric, and animal vaccination. It is no exaggeration to say that not one of these could have been thoroughly covered without supplementing the **Quarterly Cumulative Index Medicus** by some of the sources of information we have been discussing. Not that we expect, or want, the **Quarterly** to cover all this for us. It would be far too unwieldy a tome if it attempted to. But we should know where to look for such items.

GHOST WRITING

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What Constitutes A Ghost?

Not sheeted frame of billowing milky white
With clammy breath of tomb,
Not staring eye nor beating heart of fright
Whose gelid fluid stops.
No,—man, high minded man
Who knows his job
And knowing dare maintain.

The above lines are in part by Sir William Jones and in part by Noah Webster; the tune is my own.

These few paragraphs are for the purpose of stating the case of the literary ghost, and showing that the ghost writer has a legitimate place in medical literary work.

The Oxford Dictionary has columns of definition and quotation under the caption "ghost," but No. 13, *absit omen*, reads thus: "One who secretly does artistic or literary work for another person, the latter taking the credit."

That such writers have always existed seems likely. Not all the Psalms are by David, critics say, though he usually gets the credit for them all. This higher criticism extends to Homer, witnessed by the schoolboy's statement that Homer's poems were not written by Homer but by another man of the same name. Many of the Tentmaker's quatrains are said to have been written by others. He it is, however, who gave us the ghost's motto:

Some for the glories of this world, and some
Sigh for the Prophet's Paradise to come.
Ah! take the cash and let the credit go,
Nor heed the rumble of a distant drum.

Let me cite some examples of, or allusions to, ghost writing. In fiction of a generation ago one of the best sellers was "The Story of an Untold Love," by Paul Leicester Ford. There the narrator is a writer who has achieved some prominence in serious literature. Through mischance he is saddled with debt. To repay this he does writing for a social climber who takes the credit for the other's work. This story shows well the mingled pride and rage of the real author over the published work and the attitude of the nominal author.

To come to the medical field we may note a case where the ghost was not honest with results highly mortifying to the employer and expensive to a publisher. While I give fictitious names, the event actually took place many years ago.

Doctor Fred Harvey was to write a chapter for the National Text-Book of Minor Surgery. He turned the subject over to his familiar spirit to prepare the text. The ghost in due time prepared a manuscript that was read and approved by Dr. Harvey. It was published as agreed, appearing in volume one of the Text-Book. Now somebody who knew his minor surgery discovered that this chapter was a verbatim copy of another work. This was revealed to the publishers who, horrified at such practice, recalled the volumes already sold, prepared a new chapter in place of the offending one, and sent a new volume to the old customers. One, at least, of the volumes is still extant, a monument to the mischief a dishonest ghost can do.

Another case I have in mind may or may not be due to a dishonest ghost, but I am inclined to think so.

Doctor Inkle was looking up recently-published work along his line. He discovered one title in a western journal that was the same as his own latest contribution. On looking at the article the following facts were noted: The title was slightly different from his own earlier publication; the first two lines as introduction, were new, original with the western author, but from that point on the wording was identical, except for the omission of charts and phrasing of a local nature. What brought down the house was the discovery in the bibliography of Dr. Inkle's name and the article copied as one of the items.

Giving credit for another's work does not take that form as a rule.

These examples of ghosts gone wrong are cited not because this is a common offense, but because of its rarity. As in other professions ghosts are of all kinds and now and then one may succumb to temptation.

With reference to ghost writing there are two schools of thought. The conservatives say: An author must do his own work to be honest; he must do his own research and his own writing for the best results both for the report and for himself. The self-improvement consists of several elements. He becomes acquainted with medical literature, its extent and variety, and with the methods of literary research. He will discover the various indexes and learn their kinds and limitations. His ability to write will be improved and he will realize the necessity of accuracy, of clearness and of the thousand and one details that go into good writing. The more he sees of the mountains of literature the more will he hesitate to rush into print and to prolong the agony of arriving at the word *finis*.

Medical schools are more generally giving instruction and practice in writing. After the student has entered hospital service or that of an older practitioner he frequently is employed in writing. For a few this literary work becomes more attractive than the medical, and a ghost is born. From this the path to editorial positions is often followed. In either case he becomes aware of the extent of medical literature and if he is at all observant he will see the necessity of curtailing the enormous output. This is a valuable by-product of literary work, though the flood continues.

On the other hand the radical in regard to this "spiritual" aid in writing says: The ghost writer is a godsend to the man who is rushed from early morn to late at night. The practitioner knows perhaps all that has been named above, but he has a paper to prepare for his society meeting, and the question is, how to do it. He says to his secretary: "Ask Dr. Dash to come in Thursday; I want him to get up a paper on congenital absence of the spondulix bursae, with a review of the literature, to go with three cases of my own." In due time they have the consultation and Dr. Dash works his way through the indexes, the *Zentralblatter* and the bibliographies, over several days or weeks. He has looked up 67 articles, 18 of which he had to read to find nothing pertinent to

his subject. Six of the references are not available in the city and 12 are wrongly cited. These last ones he attacked by flank, by surprise and by cross-fire, using up four days and netting one case. Does he earn his money and justify his existence? I think so. The practitioner himself would be able to do the same thing in the course of a year perhaps, at the expense of lost time of innumerable trips to and from the library.

Suppose a physician receives a sudden inspiration as to treatment, diagnosis, or what-not, or has read something that he wishes to pursue further. By the time he has leisure to look it up himself he has forgotten it or lost the memorandum. But if on the instant he had dropped a line to Dr. Dash outlining the search desired, the results would have been quickly at hand to encourage further work on it, or else to relegate it to limbo as an old idea, or useless now.

Self-effacement is the essential quality of ghost-writing. The worker who can most successfully merge his personality in that of his chief and thus be the chief is thereby most truly ghost. Style is the man but here lies the peculiar quality of the ghost. He is the author, indeed, but for the time being he makes his work that of the chief and so writes that his matter is of the quality of his chief's.

In a field like medicine where a lifetime is spent in acquiring the art, a non-medical writer cannot hope to produce medical literature without two things at least, familiarity with medicine and medical literature and a complete confidence in the technical medical standing of the employer. Only thus can the writer feel sure of the acceptability of his work among medical readers.

In a paper written nearly twenty years ago, Dr. F. Robbins, herself a literary worker, outlined the qualifications of a writer in medicine, what such a one is expected to do and the conditions of work.

Medical Literature as a Specialty. *Medical Record*, 89:956-958, May 27, 1916.

She makes the point that medical work should be done by medical men. Among other items she mentions regularity in working hours and familiarity with languages, including English. Just where the line can be drawn between the field of editing, compilation of statistics and that of ghost writing *per se* is difficult to say. Perhaps such a line cannot be drawn. It may be only a shadowy boundary land where the mechanics of copying are transmuted into original composition, where the characters of both employer and ghost are merged in the finished work. A rule cannot be laid down but the ghost usually has an idea as to the result: whether he considers it his own work or a joint affair.

The more proficient and self-effacing the ghost is, the greater the reason for crediting him with his part in compiling the paper. His proficiency will consist of his ability to assemble the material and to prepare it so that it will express the employer's ideas, style and intent most accurately and effectively. Indeed it is usually the case that the

doctor who is best able to write is the most free in giving credit for such assistance.

SUMMARY

The ghost or paid literary worker, has been, and will be, a necessary help to busy physicians in preparing papers and other literary material.

Instead of being condemned for mistakes in the past the ghost is to be encouraged, and authors are well-advised in acknowledging assistance rendered by him.

REPORT OF THE COMMITTEE ON THE COST OF CURRENT MEDICAL PERIODICALS

On the 11th of November, 1933, a conference was called in Frankfurt am Mein between the officers of the Gesellschaft Deutscher Naturforscher und Aerzte and representatives of the Börsenverein der Deutschen Buchhändler and some of the most important scientific publishers. At the conference the results of the Chicago meeting were discussed. The following is the translation in part of the report of the conference:

"The directors of the Gesellschaft Deutscher Naturforscher und Aerzte and representatives of the scientific publishers agreed that the concessions desired and granted at the proceedings in Chicago are actually practicable and will contribute to bring real abuses to an end; they are calculated to prevent further harm to the dissemination of German scientific literature.

"The Münster agreement on the 3rd of August, 1933, can serve as a foundation, but a further decrease of annual extent and price must follow. It is expected that the German scientific publishers will reduce all periodicals which cost annually more than 40 gold dollars at least 30 per cent on the average in size and price. The greatest possible reduction is to be carried out for all periodicals which cost more than RM 60 annually.

"In return the librarians in America promise, with the acquiescence of delegates of other countries, first of all an avoidance of further cancellations and in the long run an appreciable increase in subscriptions.

"Those who participated in the Frankfurt conference were agreed that the obligations assumed must be and could be fulfilled if editors and publishers would both follow a strict observance of the proper standard for the acceptance of scientific work for the periodicals, the observance of which standards have been repeatedly formulated since 1927, but all too frequently not carried out. Especial effort will be made to avoid verbose presentations, and publication of work not showing positive scientific results. Beginners' articles, among which are included numerous medical dissertations, are not to be accepted. No objection will be raised to the acceptance of especially valuable dissertations which are an actual contribution to science, and do not differ in their form from a