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Views & Reviews Personal View

The failure of modern textbooks

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I was recently asked by a colleague overseas to coauthor a chapter on the treatment of sarcoidosis for a book on interstitial lung disease. However, the task competes with a book I am writing about my early childhood and in which I am very much aware of the “voice” of the book. I have not yet started the chapter of the textbook but have looked at some early editions.

The overwhelming thing I observe is the failure of most modern textbooks to convey personal experience, except by virtue of a citation of some prior publication. The voice, by convention, is scientific, impersonal, passive, and not active. It is far off. The patient and the medical process are viewed like an enemy frigate through a spyglass at a league’s distance, only even less emotive. A handbook I own, *Evidence-based Medicine Toolkit* (no definite article), is the medical equivalent of a metre long bar of platinum held in a vacuum in Paris by which all metres and hence evidence in the medical cosmos is to be measured.

I believe the duty of a textbook is to be enjoyable to read. Most, however, have the linguistic flair of a German car manual; they have no sense of engagement with the reader, no real human “voice,” no guides for the novice, no hints to help you remember indigestible facts, no etymology to explain words, no history of the disease, treatment, or investigations. In short, they are written by idiot savants devoid of wit and soul. Their words are not used like notes, and their sentences are constructed with the finesse of an amateur brick layer. This is pedestrian prose at its worst. *Harrison’s Principles of Internal Medicine* reads like a medical version of the *Larousse Gastronomique* only with less appeal, and the only way I find it interesting is to read the French version, which then subserves my two needs: consciousness and information.

We have thrown the baby out with the bath water. If I wrote a chapter on the treatment of sarcoidosis I would like to include information about the history of the drugs used, the problems I have personally encountered over 30 years, and the pitfalls and costs—and not just lifeless lists of studies and facts like a Metro timetable. I wish to engage with my reader and share the passion I have for the subject of sarcoidosis. Alas, I am sure the editors would fillet the fish, leaving only the skeletal remnants, in accordance with the doctrine of Cochrane and the medical and political correctness of the time.

Carl Jung, in his *Psychology and the East*, stated: “Science is the tool of the Western mind, and with it one can open more doors than with bare hands. It is part and parcel of our understanding, and it obscures our insight only when it claims that the understanding it conveys is the only kind there is. The East teaches us another, broader, more profound, and higher understanding—understanding through life.”

The history of our craft is missing, even as a preamble, from our textbooks, which are preoccupied with the latest creations—advances and the studies and trials that led to them—and give no sense of the fertile swamp from which these new reptiles have arisen. This year’s textbook will be next year’s door stopper and no more readable.

I recently asked a final year medical student whether he knew who discovered oxygen, the derivation of the word “oxygen,” and the first man to describe how the lungs work. He did not know. Thus I believe that the current teaching of medicine perpetuates the existential, mechanical style of modern journals and textbooks.

Let us rediscover charm, linguistic style, and humour to breathe new life into these dreary reductionist manuals on the human machine. Be like Dr Johnson, whose *Dictionary of the English Language* stands out from all dictionaries that followed not just by his vast eclectic knowledge but by its humour, prejudices, and views of life.

So don’t give me the chaff of a modern textbook to read. Nay, Sire, give me a bushel of oats.

Notes

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