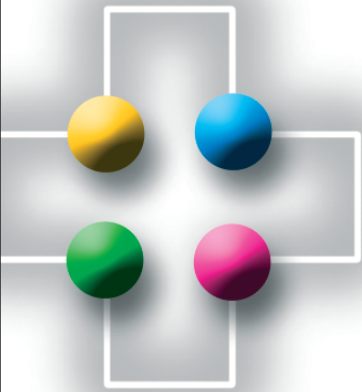


*Bernd Sebastian Kamps*



**Free**  
**Medical**  
**Information**

**Doctor = Publisher**

*Flying Publisher*

# Free Medical Information

## Doctor = Publisher

[www.freemedicalinformation.com](http://www.freemedicalinformation.com)

by

Bernd Sebastian Kamps

The printed version of this book is available at  
<http://www.lulu.com/content/448777>

Flying Publisher

## **Bernd Sebastian Kamps**

is the director of the international Amedeo Literature Project ([www.Amedeo.com](http://www.Amedeo.com)) and the founder of Flying Publisher ([FlyingPublisher.com](http://FlyingPublisher.com)). He is co-editor of HIV Medicine 2005.

Internet projects by BSK

1998 Amedeo.com

2000 FreeMedicalJournals.com

2001 MedicineonEarth.com

2002 FreeBooks4Doctors.com

2003 HIVMedicine.com

2003 SARSReference.com

2004 GoldenLinks4Doctors.com

2005 FreeMedicalCopyright.com

2005 Free Medical Information

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# Foreword

Today, doctors can be publishers – computer technology and the internet make it possible, and book projects are tempting in terms of money. A doctor who publishes his own textbooks can earn many times what he would be paid in royalties by a publishing house. More important than this, however, is the fact that a doctor who writes and publishes wants his texts to be read by as many colleagues, students and patients as possible. The best way to achieve this is through free parallel publication of these texts on the internet.

The experience of the last few years has shown that a medical textbook which is accessible free of charge on the internet is read ten times as often as the book in print. This seems confusing at first glance. How, asks the observer, are you going to sell a book in print if it is accessible on the internet and thus available to everyone? The answer is as simple as it is surprising: by increasing the share of the market. The freely available internet version is the best possible publicity for a book, and rival texts which have only been published in print have no chance in the long run when up against the combination of parallel publication, book + internet.

This book shows how doctors can produce and market their own books. We know what we're talking about. Since 2003, our HIV textbook has been available free of charge on the internet and is updated yearly ([www.HIVMedicine.com](http://www.HIVMedicine.com)). Better still: as soon as the individual chapters have been revised they are published on the internet – months before they appear in print.

Similar projects are now being developed for other themes, and a new age awaits beyond the horizon. Medicine is not an unlimited field. The most important subjects can be covered in 100 textbooks. A hundred books – 50,000 pages – give answers to 99% of the questions which crop up in our daily routine as doctors. The world needs a hundred dedicated doctors.

We would like the most important medical fields to be covered in freely available textbooks on the internet by the year 2010.

The following is a description of how we can achieve this goal.

The name of the project is *Free Medical Information*.

Bernd Sebastian Kamps – Paris, 17th May 2005

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# 1. Flying Publisher

*I have a dream – A change of generations – Communication channels  
– Book vs. internet – Pioneer projects – Traditional publishing house  
or the author as publisher? – Cash flow – 100 doctors*

Just imagine:

1. A medical textbook is available on the internet, accessible for everyone at all times.
2. Even better: it is already on the internet although sales of the print version have not even begun yet.
3. Furthermore: the book is updated every year.
4. And hard to believe: access on the internet is unrestricted, 800 pages just waiting for readers.

Utopia?

Reality! It has been possible to read free of charge on [www.HIVMedicine.com](http://www.HIVMedicine.com) for a number of years now. In future, the textbook will be updated annually and made available on the internet. HIV Medicine: written by doctors, edited by doctors, published by doctors – for doctors. You are among your own kind. The advantage: unparalleled dedication from the authors and extremely short production times, which means that there is hardly any other book project in existence where up-to-date medical information is processed as quickly as in HIV Medicine. This has far-reaching consequences. The continuously updated specialised knowledge which is published in the duo of book + internet becomes a kind of permanent advanced training course, free of charge, prompt and ubiquitous. All thanks to the internet.

HIV Medicine 2005 is a so-called *Flying Publisher text*. Flying Publisher texts exist 1) in book form and 2) simultaneously as a free internet site. So a Flying Publisher text has two physical conditions, a fee-based form (book) and a free-of-charge form (internet). Flying Publisher texts speed up the flow of information.

## 1. Flying Publisher

Just imagine,

if there were not only textbooks on HIV and AIDS, but also on other subjects, such as immunology, rheumatology, cardiology, antibiotic therapy, tropical medicine. Or – why ever not? – even for every possible medical field, as well as for the most important sub-sections (see the overview given on [www.amedeo.com](http://www.amedeo.com)). In an instant, we would have an extensive virtual library with all the relevant information needed for day-to-day use. 100 books, 50,000 pages, free of charge, updated yearly. 99% of the questions which crop up in our daily medical routine would be covered.

Would this be a contribution to the improvement of medical care?

Yes, indeed it would.

### **Change of generations**

Sceptics express concern that doctors already have enough work to do and thus can't cope with being writers and publishers of free internet textbooks at the same time.

First of all, they underestimate us. Secondly, the sceptics – especially if they are not doctors themselves – are not quite in step with the times. In the last five years, the internet has drastically reduced costs and time involved in the production and marketing of information of every kind. Nowadays, doctors can pass on their knowledge directly to colleagues and students, whether by e-mail, PDF files or through their own websites. Doctors no longer have to work together with publishing companies.

It is time, once more, for a generation change. Until recently, those who published textbooks – mostly 45 and older – were too old to understand the internet. Those, on the other hand, who had some idea of the possibilities offered by the internet were too young and inexperienced, and therefore not ready to write textbooks yet. But, as time passes, people get older and the old ones, too old for the internet, take their leave and the young ones, young enough for the internet, get older and reach the age at which they can write textbooks.

In the following chapters, we will work our way step by step through the process of how an idea becomes a text and how we get this text to our readers. The individual stages of this adventure are:



- Selecting and narrowing down a theme, structuring the material and putting together a team of authors (Page 2)
- Writing the text and guiding the authors (Page 37)
- Preparations behind the scenes, while the authors are writing (Page 45)
- Talks with sponsors (Page 54)
- Refining and polishing work on the chapters until we have a version ready for press
- Advance publication of the texts on the internet Advertising and marketing
- Advertising and marketing
- Copyright clearance for translation into other languages

Before describing these points in detail, we have to go back to basics. What is communication? What do I want to achieve by writing this text? How many readers am I writing for? What is the difference between books and internet sites? What is more important: money or readers? Does it make more sense nowadays to publish a text in a traditional publishing house or as my own publisher? What is the cash flow like in a book project and what cash flows where?

## Communication

Communication is the transportation of thoughts, ideas, wishes, images or visions from one brain to another. When you stand up in front of a group of students in a lecture theatre, some things are only in your head, but not in the heads of the students. You speak for an hour and remedy this situation.

If we want a message to reach more people, we need media other than language. In the course of history, people have invented cuneiform writing tablets, papyrus, manuscript, books, radio, television and the internet. The first three media are no longer modern, and radio and television are generally not available to us. This leaves us with books and the internet for the communication of our knowledge.

The number of people we can reach with a message mainly depends on the subject. The number of people interested can range from 6 thousand million (Message: „the 10-kilometre meteorite is expected to hit three days before Christmas”) to a few hundred (Message: “total mesorectal excision and urogenital dysfunctions”). But regardless of

## 1. Flying Publisher

how many people are interested in a subject, the following rule applies: if I write and spend days and even weeks formulating a text, I want as many people as possible from the group theoretically interested in my text to read what I have written. *I want the maximum conceivable audience for my text.*

### **Book vs. Internet ? – Book + Internet !**

Books and the internet are the forms of communication media available to us doctors (Table 1 and 2). The most important difference is that we pay for books, but not for internet sites, and, in addition:

- Readability: books are easier to read and more versatile in their application
- Number of readers: for 1000 book-readers there are 10,000 and more internet readers
- How up-to-date are they?: internet sites are more up-to-date than a book

Table 1.1: Advantages of a book

<b>Books</b>
<ul style="list-style-type: none"><li>▪ can be sold easily by publishers</li><li>▪ are prestigious</li><li>▪ are tangible</li><li>▪ can be read easily in very different situations (beach, bath-tub etc.)</li><li>▪ have authority</li></ul>

Table 1.2: Advantages of internet sites

<b>Internet sites</b>
<ul style="list-style-type: none"><li>▪ cost the reader nothing</li><li>▪ are more up-to-date than books</li><li>▪ reach a lot of readers</li><li>▪ speed up the flow of information</li></ul>

At first glance, books and the internet are very diverse media, at least when pitted against each other. However, they give a different

impression when put side by side and combined (Table 1.3). A text which is produced as a combination of “book + internet” leaves little to be desired.

Table 1.3: Book + Internet sites

<b>Book + internet sites are</b>
<ul style="list-style-type: none"><li>▪ easy to sell + up-to-date</li><li>▪ prestigious + have a lot of readers</li><li>▪ suitable for the bath-tub + the computer</li><li>▪ representative + around the world in an instant</li></ul>



In addition, books and the internet benefit from each other. A book on its own is immobile – it takes internet sites to set the text in motion. Only then is it to be found standing on every street corner of the internet, calling “Please take me with you!” In return, a book is the best possible publicity for an internet site. It is only through books that internet sites are archived correctly and given authority – among other things, because the authors have no choice but to commit themselves in black and white. The result is that internet sites and books complement each other, and nowadays a text is only represented adequately in the combination, book + internet.

Anyone who doesn’t understand the complementary nature of book and internet sites should think very hard about whether writing still makes sense for him. There is little doubt: out of two equally competent and detailed medical textbooks, the one available free of charge on the internet will be the one to win favour with the readers. In a direct confrontation between “book only” and “book + internet”, “books only” have a remote chance of survival. This fact means that the book with the free internet version ultimately gains market shares. The surprising twist is that the free internet version promotes the sale of the fee-based book version. The financial result of a well-planned parallel publication (book + free internet counterpart) can thus be very satisfying in the middle-term. We will come back to this point in more detail later.

## 1. Flying Publisher

### Pioneer projects

The number of readers is one of the most important variables which define the success of a text. We are investigating the extent to which this number is influenced by the publication of a free internet version in three pioneer projects, and can already anticipate the result. Texts on the internet have at least ten times as many readers as books only.

#### HIV.NET

The pioneer project for medical textbooks in the German-speaking part of the world was HIV.NET. As early as Spring 1996, the 460 pages of “AIDS 1996” were available on the internet. This practice has been continued until today (<http://hiv.net/2010/buch.htm>). The reader figures for 2004 have been compiled in Table 1.4.

Table 1.4: HIV.NET 2004-Readers\*

	Readers**
Book, long version (712 pages)	1,000
Book, pocket edition	2,000
PDF version of the long version (14th July to 31st December)	5,500
HIV.NET-Homepage	>120,000
<b>Chapter</b>	
Drug Profiles	24,000
HIV Therapy	22,000
HIV Testing	12,000
Acute HIV Infection	10,000
Natural History	6,500
Pathogenesis	5,500
Side Effects	5,000
Lipodystrophy	2,500
Mitochondrial Toxicity	4,500
Routes of Transmission	4,000
Resistance Testing	1,500

\* The internet access figures have been rounded off

\*\* or rather: “potential readers”, as not everyone who owns a book actually reads it and not everyone who accesses an internet page reads it.

In 2004, about 1,000 books of the complete 712-page edition of HIV.NET were sold, as well as 2000 copies of the abridged “pocket edition” with the central chapters HIV Therapy, Drug Profiles, Side Effects, Lipodystrophy, Resistance Testing, Opportunistic Infections, and Lymphomas.

The PDF version of the complete edition, which was freely available as of 14<sup>th</sup> July, was retrieved more than 5000 times in 6 months. Some chapters (Acute HIV infection, HIV Testing) were read 10 times more often on a computer monitor than in a book.

### HIV Medicine 2003

HIV Medicine 2003 ([www.HIVMedicine.com](http://www.HIVMedicine.com)) roughly corresponds to the pocket version of HIV.NET (see above). 3000 copies of HIV Medicine 2003 were printed and handed out to the participants at an IAS congress in Paris by a pharmaceutical company.

Table 1.5: Readers of HIV Medicine 2003

	Readers*
Book (340 pages)	3,000
PDF version	
June-July 2003:	8,500
August-December 2003:	4,000
January-December 2004:	12,000
<b>Chapter</b>	
Acute HIV Infection	25,416**
HIV Therapy	13,751**
Pathogenesis	8,000**
Drug Profiles	7,051**
Side Effects	6,926**
Lipodystrophy	5,599**
Resistance Testing	5,394**

\* “Readers“ should say “Potential readers“ as not everyone who owns a book actually reads it and not everyone who accesses an internet page reads it.

\*\* 8<sup>th</sup> April to 16<sup>th</sup> November 2003; the figures correspond approximately to the number of readers from 1<sup>st</sup> January to 31<sup>st</sup> December 2004.

## 1. Flying Publisher

By the end of the year 2004, the PDF version of HIV Medicine 2003 had been downloaded from our servers more than 24,000 times. The chapters “Acute HIV Infection” and “HIV Therapy” had an additional 25,000 and 13,000 readers, respectively (see Table 1.5).

A novelty with HIV Medicine 2003 was the copyright removal (<http://hivmedicine.com/textbook/cr.htm>, see details on page 70). The simultaneous message to colleagues all over the world was “Colleagues, translate HIV Medicine 2003 and publicise the translation. If you want, you can even publish it under your own name. Sell the book, earn money from it. Whatever you do: *we don't want a cent.*”

The result: HIV Medicine 2003 was translated into Spanish, Portuguese, Italian, Russian and Romanian (<http://hivmedicine.com/textbook/lang.htm>).

### **SARS Reference**

SARS Reference appeared between May and October 2003 in three editions ([www.SARSReference.com](http://www.SARSReference.com)). The reader figures up to 5<sup>th</sup> May 2005 have been compiled in Table 1.6.

The PDF documents of the three editions were accessed more than 50,000 times; the most important chapters were opened more than 30,000 times each.

As in the case of HIV Medicine 2003, we removed the copyright for SARS Reference. The book was then translated into Chinese, French, Italian, Portuguese, Romanian, Spanish and Vietnamese (see <http://sarsreference.com/sarsref/lang.htm>). The two Chinese translations were also published as printed booklets and handed out to 7,000 and 10,000 Chinese doctors, respectively, at the peak of the SARS epidemic (see Fig. 1.1).

SARS Reference had more than 200,000 readers in 20 months, because it was free of charge. It was translated into 8 languages because it was free of charge and the copyright had been removed. SARS Reference is in third place on the Google list after the CDC and the WHO, because it is known throughout the world. SARS Reference was reviewed twice, in *Science* and in the *British Medical Journal* (Page 70), because it showed new ways of publishing medical information.

## Traditional publishing or self-publishing?

Table 1.6: Readers of SARS Reference\*

	Reader**
1st edition, PDF-File	
8 <sup>th</sup> to 14 <sup>th</sup> May 2003	11,000
15 <sup>th</sup> May to 6 <sup>th</sup> July 2003	15,200
2 <sup>nd</sup> edition, PDF-File	
8 <sup>th</sup> July to 15 <sup>th</sup> October 2003	9,200
3 <sup>rd</sup> edition, PDF-File	
16 <sup>th</sup> October to 31 <sup>st</sup> December 2003	6,000
1 <sup>st</sup> January to 31 <sup>st</sup> December 2004	12,000
SARS Reference Homepage	232,426
<b>Chapter</b>	
Virology	42,214
Treatment	39,581
Timeline	36,482
Transmission	33,351
Summary	31,648
Other Languages	25,689
Epidemiology	22,855
Diagnostic Tests	22,574
Diagnosis	18,994
Case Definition	17,550
Paediatric SARS	10,826
Copyright Removal	9,572

\* Access numbers, 8<sup>th</sup> May 2003 to 5<sup>th</sup> May 2005

\*\* "Readers" should say "Potential readers" as not everyone who owns a book actually reads it and not everyone who accesses an internet page reads it.

## Traditional publishing or self-publishing?

The decision has been made: we are going to write a medical textbook and publish it both as a book **and** on the internet. But how precisely do we set about approaching this project? Do we have the publishing skills to achieve success? How do we organise it? Can we cope financially?

Let's start by taking stock. In the last few years, doctors have seen how amazingly self-sufficient they have become in spreading medical

## 1. Flying Publisher

information. Whether we wanted to or not, we have all become experts in word processing. Think back: how many doctors were familiar with the layout of letters on a typewriter 20 years ago? Back then, we had secretaries, and anyone who was able to touch-type kept this to himself and didn't give it away to his assistant until after he retired.

Better still: we are not only adept at word processing but have also become practised layout designers. Anyone who has published scientific articles in medical journals has learned that he must "format" his texts in accordance with strict regulations. After all, the work performed in the medical publishing houses must be reduced to a minimum.



Figure 1.1: Cover of the second Chinese translation

And finally: today, we can transform a text into a PDF document within seconds with just one mouse-click and then position it – once more, within seconds and with another mouse-click – on a website.

What is left for medical publishing houses to do in this context? 20 years ago, a text was sent to the publishers and



## Traditional publishing or self-publishing?

1. typed
2. proofread
3. typeset
4. printed
5. distributed

And today, in 2005? We type, our word-processing software typesets, PDF prints and the Internet distributes the online version. Which brings us to the conclusion: if proofreading is the only thing that stays in the hands of the publishers, why don't we just take over the whole production process? The only problem left would be distribution, which – as we will see later on – is a problem which can be solved for medical textbooks, 90% of which are sold in a relatively small number of specialised bookstores. So, let us put the question more precisely: what do we do if we have a finished manuscript? Do we go to a traditional publishing house or is it more beneficial to produce the book in our own garage?

There is sometimes a sense of shame at the idea of publishing a written text ourselves. “Self-published” or “author’s own publishing house” gives off an aura of cheap goods, discount stores and home-made socks from the post-war era. The argument: publishing houses are seen as a supervisory body, and it is this supervision that awards our texts the seal of approval, sanctifies our work, and renders sacred our *Opus urbi et orbi*.

This was not true in the past – and is even less so today. In the medical publishing houses, more and more doctors are being replaced with economists. This may make sense within the business, but are economists the right people for us to talk to?

Secondly, some medical publishing houses have suffered from globalisation, philosophy of efficiency and lean production structures. In the past, bestsellers existed to bring in enough money to help finance books which were not highly profitable but represented a meaningful supplement to the range. The tendency today, not surprisingly, is to avoid having to keep any exotic types on the payroll if at all possible, and to play safe and secure the financing of a new title right from the start by selling part of an edition to a pharmaceutical company.

Thirdly, and this is perhaps the saddest point for doctors: morals are becoming rougher, the rules of courtesy are sinking into oblivion. One

## 1. Flying Publisher

generation ago, old people say, courtesy and reserve ruled over any contact between doctors and publishers. This too is a thing of the past. In the age of rapid production, the doctor is becoming a supplier of raw material, has to meet delivery deadlines more than ever and is treated the way many people tend to treat delivery men: rudely.

But to come back to the point mentioned at the beginning, that publishers are an important supervisory factor for the quality of our texts. In principle, supervisory bodies make sense, but are publishers the right ones for the job? Furthermore, which member of a medical publishing house should have been allowed to decide at the beginning of May 2003 – when even the specialists had only been aware of the extent of the SARS epidemic for six weeks – whether it was a sensible move to publish SARS Reference or not? Who has the right to decide whether something written by someone who has been practising his profession for 20 or 30 years should be published?

Back to the question: “Publisher or garage?” Two reasons essentially speak in favour of an author’s contract with a traditional publishing house:

1. The short-term image boost is stronger if your book is published by an established publishing house.
2. You don’t need to bother with the marketing of the book.

The arguments that go against an author having a contract with a traditional publisher are:

- as a rule, you have to cede the rights to your own text;
- it is seldom possible today to persuade publishers to present a free parallel publication of the text on the internet;
- producing your own book can be considerably more lucrative.

Thus, the following speak in favour of publishing your medical textbook by yourself:

1. The better long-term remuneration.
2. The better establishment of your textbook in the long-term, since the parallel publication of a text both as a book and an internet version is still rare today. This gives you a selective advantage over authors who continue to publish their texts as books only.
3. And of course, most important of all: you keep hold of the power. You never know what the future may bring. Just imagine if I had

## What is financially feasible?

ceded the rights to AIDS 1991 to a publishing house in 1990. 5 years later, the internet comes up with possibilities we had no way of anticipating. But the rights are gone, my hands are tied. There would have been no HIV.NET, no Amedeo, no Flying Publisher – all because of one bad decision.

We therefore advise all colleagues to produce and market their textbooks themselves.

## What is financially feasible?

The final price of a book, i.e. the price paid by the purchaser in a bookshop, is essentially made up of the items printed, distribution and profit.

1. Print: the share that print costs have in the retail price depends on the size of circulation and the price. At a fair price (e.g. HIV Medicine 2005: 50 Euro for 800 pages), at a circulation of 500 copies, the printing costs amount to 14 Euro per copy, or 28% of the retail price, for 1000 copies 10 Euro, or 20%, and for 2000 copies 6.75 Euro, or 13.5%.
2. Distribution: the share of distribution costs amounts to approximately 45% of the retail price. This percentage is irrespective of the distribution channels (book wholesaler, sponsors).
3. Profit: depending on circulation, profit is somewhere between 27 (100% - 45% - 28%) and more than 40% (100% - 45% - 13.5%).

27 to 40% are considerably higher than the authors' royalties, which are generally between 6 and 10% of the retail price.

Figure 1.2 illustrates how cash flows when the authors (A) have ceded their rights to a traditional publisher. The future reader (R) goes into a bookshop (B) and pays the retail price (yellow arrow). The bookseller or wholesaler pays the publishing house (X) after deducting a sales margin of 30 to 45%. The publisher has previously transferred payment for the printing costs to the print shop (P) and pays the authors off over several months or years.

## 1. Flying Publisher

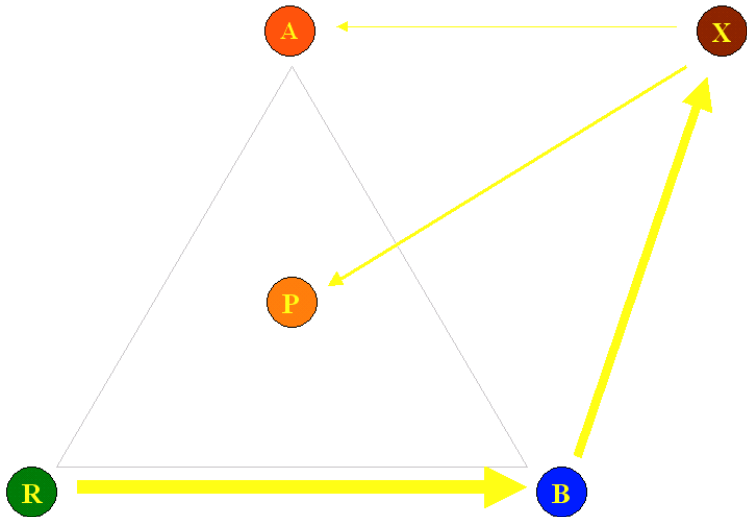


Figure 1.2: Book production is outsourced to a traditional publishing house. Example for an impression of 1000 books. The thickness of the yellow arrows reflects the volume of money which flows.

The circumstances in Figure 1.3 are simpler, and more beneficial for the author.

The publishers are out of the game and the authors market the books directly through the most important specialised medical bookshops. The future reader (R) goes into the bookstore (B), pays the retail price, and the bookseller remits 70% of this to the authors (A). The authors have previously transferred payment of the printing costs to the print shop (P).

## What is financially feasible?

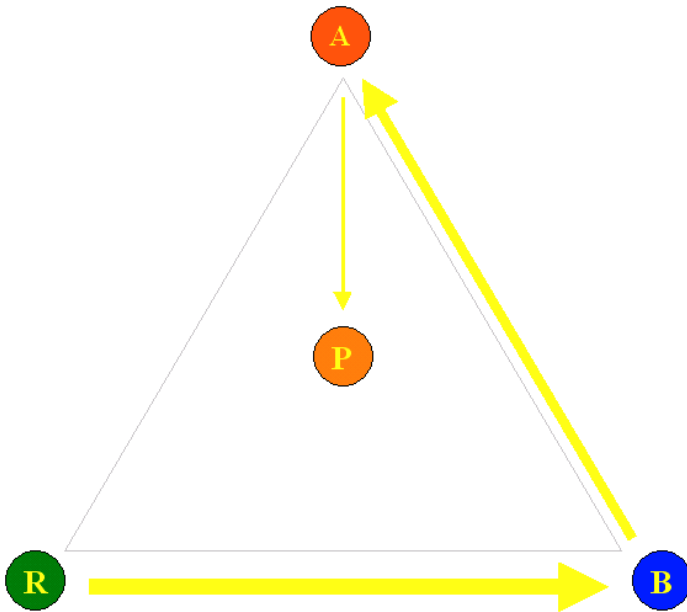


Figure 1.3: Book production with the author as publisher. Example for a circulation of 1000 books. The thickness of the yellow arrows reflects the volume of money which flows.

The circumstances in Figure 1.4 are even simpler than this. In this diagram, we have replaced the bookstore with a sponsor, such as a foundation (S). The sponsor pays the authors for the discounted books, and the authors in turn pay the printer (P). The reader (R) generally receives the books free of charge and is grateful (blue arrow).

## 1. Flying Publisher

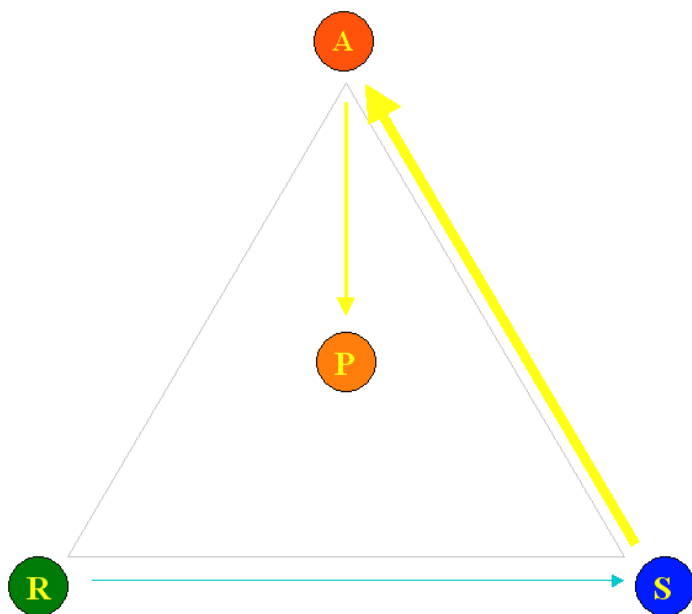


Figure 1.4: Book production with the author as publisher. One or more sponsors have taken on a circulation of 1000 books and give the books away to doctors who are interested. The thickness of the yellow arrows reflects the volume of money which flows. Blue arrow: gratitude

In chapters 2 and 4 we go on to develop the thoroughly fascinating subject of financing and we will see that it is by no means ruinous to manufacture and market books. We also investigate the sales figures needed to make book production financially interesting. You already know that profits from book production can be two to six times higher than an author's royalties.

### 100 Projects

We would like the most important medical fields to be covered in freely available textbooks on the internet by the year 2010.

Medicine is not an unlimited area. The most important subjects can be covered in 100 textbooks. 100 doctors are wanted. 100 doctors can

make the decision that up-to-date medical information will be available free of charge. 100 doctors who, because they have their ears to the ground, can use their project to push aside all comparable texts which exist in book form only. We need 100 clever, dedicated and far-sighted doctors. 100 doctors to revolutionise access to information.

Whoever starts running now might be first past the post, and whoever gets established first will have a head start which will make it hard for competitors to catch up. And that is only the beginning. If you keep your copyright, you are your own master and can enjoy previously undreamed of liberties. This freedom makes things possible which would have been considered utopian just a few years ago. Copyright removal is one of the magic words you have come across in connection with HIVMedicine.com and SARSReference.com. Just say the word, and your texts will emerge in half a dozen different languages.

## Summary

What have you learned from this chapter? And what should you still remember tomorrow? That depends on whether you are an editor, an author, a doctor, a student or an interested bystander.

### Editor/Publisher

- Today, a text should be published simultaneously in a book and on free internet sites. If you write for a book only, you reach considerably fewer readers than someone who publishes both in a book and on the internet at the same time.
- Of two equally competent and detailed medical textbooks, the one that will win the favour of the reader is the one that appears free of charge on the internet. In a direct comparison of book only and book + internet, “books only” have little chance of survival.
- The financial result of a well-planned parallel publication can be much more generous than it would seem at first glance.

### Author

- If an editor asks you to write a chapter for a medical textbook, ask him if the text will be accessible free of charge on the internet. If not, find out if there are any better projects to be had. Your work

## 1. Flying Publisher

– and the chapters you write – do not deserve to be locked up in a book only.

### **Doctor**

- If you have the choice between two equally good and comparably substantial books, buy the book which is available free of charge on the internet.

### **Student**

- Ask your professors if they have ever worked on a Flying Publisher textbook.

### **Bystander**

- Would you have believed that doctors have the knowledge and skills needed to produce their own textbooks? And can earn two to six times as much money doing it than through the usual author's royalties?



## 2. The world needs one hundred doctors

*No.1 vs. mediocrity – Fart in a teacup – Commitment – Schedule – Structuring – Internet supplement – Language – Editorial team – Mentor – Time frame – Deadline – Team of authors – Budget*

The decision has been made. You intend to take on one of the 100 important medical topics and contribute to the task of making medical information available without restriction and free of charge. As you know, if your book project is well-organised, it can be completed in 9 months, 12 at the most.

Before you begin to structure your topic and put together the group of authors, here are a few brief comments concerning your own personal qualifications.

### **Personal qualifications**

Firstly: in order to write a medical book, you need expertise (Table 2.1) and time (Table 2.2).

Secondly: you can't write a clinical Flying Publisher textbook all by yourself. Standard textbooks are joint efforts. You should therefore know enough experienced colleagues who can take on a chapter of your project and deal with it competently. This assumes that you know your way around the national scene. This requirement can usually only be fulfilled if you come from a university institute or one of the big teaching hospitals.

The time factor needs to be considered. Getting a textbook on track – i.e. writing the first edition – is not for the faint-hearted. A rule of thumb is: most texts are produced between 9 p.m. and 2 a.m., and evolve at the expense of family and friends. This means that at least a minimum level of enthusiasm is necessary. Sometimes, the thought that the sacrifice is only temporary and the subsequent editions will require considerably less work can help. In addition, youth is an advantage. The fifth decade should be exactly right. You push the project through and then say “never again!”, because that's life. Some things you only do once, but once they are done, they are done. Think of Andy Warhol: “It's work, the most important thing is work.”

## 2. The world needs one hundred doctors

Table 2.1: Expertise

<b>You should</b>
<ul style="list-style-type: none"><li>▪ be 40 to 50 years old</li><li>▪ have reason to believe that other people will listen to you</li><li>▪ be prepared to update texts regularly</li><li>▪ be creative</li><li>▪ be persevering</li><li>▪ be generous</li></ul>

Table 2.2: Time

<b>You will need for</b>
<ul style="list-style-type: none"><li>▪ the first edition: 9 to 12 months</li><li>▪ the second edition: about a third to a quarter of this time</li><li>▪ proof-reading: days to weeks</li><li>▪ co-ordination: 100 to 200 hours</li><li>▪ the internet version: a day for the PDF document, two weeks for the HTML version</li><li>▪ marketing: hours (PDF) to weeks (book)</li></ul>

If the basic conditions are favourable, you can begin planning the project. Set aside a month for this task. But first, here are two thoughts which will help you to avoid wasting time:

- You should only write if your book can become the No. 1. There are as many mediocre books out there as there are rats in the sewers of Paris. It is a waste of resources to write yet another mediocre book, which no-one will even notice and which will not be remembered later.
- Medicine is in flux. Anyone who writes medical textbooks should be prepared to have to make a number of editions over the years. Annual updates are ideal. Don't forget: writing only one edition of a textbook is as if it had never been written at all (vulg.: fart in a teacup).

Are you still on board? Good. Then lay down the keel of the project. The following items have to be taken into consideration:

- Contents and structuring
- Internet supplement
- Spelling
- Language
- Editorial team
- Timeframe
- Deadline
- Budget
- Team of authors

### **Contents and structuring**

A lot has been written in the past, and anyone who writes wants to do it better. What evolves does not do so in a vacuum but builds on proven material. You are not building a castle like Neuschwanstein, but are being permitted to add a few bricks to existing walls. Thus you should:

- Obtain the existing standard textbooks and analyse them carefully. Every book has its own strengths. Identify them and distil the best ideas. The synthesis of the best existing ideas plus your own new ones are the backbone of your project.
- Structure the material and draft the working titles of the individual chapters.
- With clinically orientated topics, plan a chapter for “drug profiles”. The evaluation of drugs can change from year to year. The readers will appreciate finding up-to-date assessments.
- Decide which chapters are essential for the first edition and which can wait until the second edition. There’s no need to put everything you have in the first edition. The readers really appreciate it if work is done between the editions and the subsequent editions have new chapters.
- Make sure the book is innovative and related to practice.
- Plan the volume of the book. Most standard textbooks have 500 pages and more.
- Define the length of the individual chapters. You, the editor, plan the whole “work of art” and have to balance out the individual

## 2. The world needs one hundred doctors

chapters. Some authors provide twice as many pages as agreed without thinking about it. Don't go along with this.

A Word document with most of the elements which make up a book (Credits, List of collaborators, Contents, Tables, Charts, Index) can be found on the internet under [www.HIVMedicine.com/textbook.doc](http://www.HIVMedicine.com/textbook.doc) Download it onto your hard disk and change the title page, credits, foreword and list of collaborators.

### **Internet supplement**

With regard to the planned internet publication, the following points must be taken into consideration:

- Diagrams should be designed in colour. They then appear in their original form on the internet, whereas for economic reasons, they are usually printed in black and white in the book.
- A text can have supplementary chapters in the internet version which don't appear in the book. The reason: additional pages in a book increase the printing costs, while additional pages on the internet barely incur any costs.
- For the same reason, you should spend some of the initial planning stage thinking about whether you wish to supplement individual chapters on the internet with photos. As before, barely any additional costs are incurred, since the disk space which is made available by the provider contracts is usually large enough. Therefore, you should ask your co-authors if they have the time and the inclination to work on an illustrated book for publication on the internet only.

### **Language**

If English is your mother tongue, you write and publish in English. If not, as a rule, you should first write the text in your mother tongue. If you happen to have the available capacity and/or uncommitted items in your budget, you should also plan an English version in the mid-term. The reason: a text that goes around the world has 10 to 100 times as many readers as a text that does not exist in English.

Furthermore, you can only remove the copyright for other languages if you translate your text into English. (see page 70) It is usually not sufficient to remove the copyright in the native language alone – you

are then considerably restricting the circle of possible translators. Therefore, the road to multilingualism leads via the English version.

## **The editorial team**

### **Editors**

The editors structure the material, define the chapters and choose the authors. As soon as the authors have supplied their texts, the editors review the contents, discuss any questions not yet clarified and send the chapter to be proof-read.

This all sounds very easy – but it isn't.

The number of doctors who only write moderately well is higher than you would think. This is not surprising, for a doctor does not need to be a brilliant writer in order to be a good doctor. Thus, the editors have to guide their authors. Someone who writes a textbook has to put the contents in order and then write it all down in simple sentences. A textbook editor who has skilled authors who present their material in an inadequate order and in a form that is barely comprehensible, has to take the revision of the chapters into his own hands. In some cases, he will edit texts very carefully indeed.

But what if the editor is not able to absorb the stylistic and didactic finish, and achieve the linguistic harmony of the chapters? Or if he doesn't have the time? Then revision is delegated to external assistants, usually to medical editors. This incurs additional costs which need to be allowed for at the planning stage.

Over and above the textual and stylistic supervision of the project, the editor has an additional sacred duty. He has to bring the texts submitted by his authors into the public domain. Everyone who has ever been involved in writing a medical textbook knows from stories or from his own experience about those exasperating cases where good texts evolve during long nights of work and then are published either years later or not at all.

This means that as soon as an author submits a text, you are under obligation. You must publish the text and increase the fame and reputation of your authors to the best of your ability. If you have decided to publish finished texts on the internet before publishing them in a book, you should put them on the internet very quickly, preferably within 4 weeks of submission. If, moreover, the budget is

## 2. The world needs one hundred doctors

assured and the project accounts are well-filled, it would be a graceful gesture to pay the authors their agreed fee, or at least an instalment. Editors should be grateful to their authors and demonstrate this gratitude freely.

The editor is not only there to organise and delegate: the third duty of the editor is to bear a part of the work on his own shoulders. This doesn't have to be the exemplary commitment of HIV Medicine's Christian Hoffmann who writes 350 pages himself and proofreads 450 pages, but the editor should reserve a pivotal chapter for himself. Young colleagues, in particular, don't wait to be asked twice and take the pickings while they can. They are perfectly entitled to do so. The more the editors write, the better they understand their authors and the more qualified they are to give advice.

### **Mentor**

A young editor profits from discussing his textbook project with an experienced colleague; an older editor should seek the advice of a good friend and colleague. It is possible to publish a book as a lone wolf, but it is easier to lose your way alone than in pairs.

The role of the older mentor has gone out of fashion lately, and that's a pity. It is not only the younger colleagues who refuse the help of the older ones; sometimes the older ones no longer possess the mellow goodwill to watch their younger colleagues working on projects for which they themselves are too old.

### **Medical Readers**

In the section on editors, we saw that medical readers may be needed to help with the stylistic and didactic finishing of a book. Medical readers are often doctors themselves, and a proof-reader with 20 years experience can be a valuable addition to an editorial team. The additional financial burden should be allowed for in the budget, but it is worth every penny when editors are unable to perfect texts for the final print version due to lack of time.

### **Proofreaders**

There is no such thing as an error-free book, but you should make every effort to produce as perfect a text as possible – gifted proofreaders can help you. Proofreaders are the last ones to work on the chapters before they are put together as a whole. It is not easy to

find good proofreaders. Make sure you attend to this as early as possible.

## Secretariat

A text passes through several stages before it is published. The stages which it must complete before it is incorporated in HIV Medicine are shown in Table 2.3.

For each text, a careful account is kept of the stage it has reached. In the production of HIV Medicine, this task is performed by the editors; other projects have a project secretariat.

Table 2.3: Stages of a text

Stage	
0	Author confirms that he has received the e-mail with the go-ahead
1	First text version from the author
2	Correction and revision by editor 1
3	Correction and revision by editor 2
4	Text version which is returned to the author (with questions, suggestions, etc.)
5	Corrected text of the author
6	Text version in which the author's corrections have been checked and accepted
7	Back from the proofreader
8	Final version, released for publication

## Time frame

We have defined the time frame for a new book project in Table 2.2. If all the authors get to work straight away, a textbook project can theoretically be completed in 6 months. 9 months are more realistic. 12 months should be the longest time accepted.

The workload of the editors depends on how many chapters they write themselves and how deeply they are involved in the textual and stylistic correction of the authors' chapters. For the first edition, this can be anything from 100 to 400 hours. However you organise it: the first edition means work and stress. It is not until the second edition,

## 2. The world needs one hundred doctors

and more so in the subsequent ones, that the workload is reduced to between a third and a quarter of the initial number of hours.

### **Deadline**

The co-authors have to read up on their subject, structure the material, write and correct the text. This needs to be organised and fitted in to the full schedule of a busy hospital doctor. If the circumstances are good – the colleague is highly motivated, happens to be on holiday and throws himself enthusiastically into his work – it is realistic that a chapter of 20 pages can be written in 6 weeks. So do not be afraid to ask your co-authors if they can submit their text “at the end of next month”.

In other cases, more time may be required, but it does not make sense to set a deadline too far in the future. If you give someone 12 months, he will rarely start work before the last four weeks. Therefore, a deadline of four months should only be extended to six months in justified exceptions (post-doctoral lecture qualification, work on an important publication, etc.) Someone who cannot deliver 20 pages within six months will not deliver them in 12 months either.

Perhaps you should give your co-authors the option of choosing a deadline of between six weeks and four months. Make sure that the deadlines are spread evenly over this period, so that the texts do not all arrive at the editorial office at the same time.

Point out, once again, that a deadline is just that – a dead line – and not a midsummer night’s ball. If you sense that this unsettles your author, you can always modify the date for text submission, but insist that a deadline is deadline, and that means the new deadline too.

### **Budget**

The budget you require for your project is made up of the items printing costs, webhosting and authors’ fees.

#### **Printing costs**

The printing costs for a book comparable in size (24 cm x 15 cm) and length (800 pages) with HIV Medicine 2005 are listed in Table 2.4. The relatively high costs for small editions are due to the fact that print preparation (construction and setting up of printing plates,



adjustment of the printing machine, test printing, etc.) are unchanging cost factors, regardless of the size of the edition. Once the printing machine is up and running, the costs are reduced dramatically. While for an edition of 500 copies each print costs 14 Euro, every book over and above the 1000<sup>th</sup> costs only 3.50 Euro (see Table 2.4).

Table 2.4: Printing costs for varying numbers of printed copies \*

Copies	Printing costs
500	7000 Euro
1000	10000 Euro
2000	13500 Euro
3000	17000 Euro
4000	20500 Euro
5000	24000 Euro

\* Calculation for an 800-page book; dimensions: 24 cm x 15 cm; printed in Germany

So you see: printing costs are not just trivial amounts. In chapter 4, we have to make sure that we recover this money.

## Webhosting

Compared with the printing costs, the cost of placing your text on a computer with internet access is relatively low, at between 10 and 30 Euro a month.

## Author's fee

There are two possible concepts:

1. The editors have certain financial reserves and can finance the project from their nest egg. In this case, they can offer their authors a fixed fee. For example, the authors are guaranteed 13 Euro per page, plus a further 13 Euro per page if book sales cover the printing costs.
2. The editors have no financial reserves and cannot offer their authors a fee. In this case, it is a good idea to form a financial partnership. If book sales and entries from company logos displayed on the internet site generate a profit, this will be split

## 2. The world needs one hundred doctors

according to the number of pages written. The authors bear the whole risk – for the whole profit.

### **Team of authors**

Concept, structuring, editorial team and scheduling make up the framework of a project. What is missing now are the people you need to press ahead with the project. It is not easy to find them, especially as you have to acquire between 15 and 30 co-authors for a large medical textbook. What are the criteria for assembling a team of authors?

The following should be regarded as rough guidelines:

- Your colleagues should be experts in their field
- They will generally be younger than you, because older colleagues usually don't have the time
- Your co-authors should enjoy writing and be good at it. They should also enjoy imparting their knowledge to other people.
- And – perhaps most important of all: the editors must be able to get their authors to commit themselves to a deadline. This is usually only possible via friendship or authority. You must decide whether at least one of these conditions is fulfilled.

E-mail is the modern method, but the telephone is better. Call your preferred candidates and explain your project. Emphasise the fact that it is an Flying Publisher project and that you could publish the individual chapters on the internet within a few weeks. If the candidates are not familiar with the principle, refer to this book. Discuss the following items:

- Subject and title of their contribution
- Length
- Fee
- Deadline
- Word processing software (mostly Word)

The most important message to put across to your authors during this discussion is: “You will be No. 1”. The authors need to know that they are not working on just any old project, but on an adventure with exciting and successful years ahead.

Immediately after the phone call, send an e-mail summing up the details discussed. Set a time limit within which you expect a final decision about the candidate's participation in the project.

## **Summary**

### **Editor/Publisher**

- Only write if you want your book to be No.1.
- Plan annual updates right from the beginning.
- Consider whether an internet supplement offering pictorial and other information not available in the book would make sense.
- The stylistic finish of the chapters is important to make the textbook pleasant to read. Those who cannot perform this task themselves should delegate the job to a professional reader.
- Agree on differing deadlines with your authors so that the chapters don't pile up at the editorial office.
- Try to find out how many books you can sell. Calculate printing costs and think about whether foundations or sponsors might be interested in taking on part of the edition.
- Try to sell more than 1000 copies.
- Find out whether you should produce an English version.

### **Author**

- Books which are not freely available on the internet are like cars without wheels.

### **Doctor**

- As you can see, publishers who take their task seriously and want to be more than just a figurehead have plenty to do.

## 2. The world needs one hundred doctors

### **Student**

- If you have heard of Flying Publisher projects and have basic skills in the management of HTML sites, go ahead and offer your services. Don't be surprised if your work doesn't pay off financially at first. By collaborating on a textbook project you will learn things from which you will benefit for the rest of your lives.

### **Bystander**

- The printing costs for books may be lower than you thought. If a printing machine is set up and the first 1000 copies have been printed, it costs €3.50 to print every 800-page book after that. The number is misleading. In fact – as we will see later on – a publisher can only pay his authors an appropriate fee of 25 Euro per page, for example, if he sells more than 1000 copies.

### 3. Getting the train on the track

*Book format – Against the light – References – Journalistic handbooks – Styles – Key combinations – Letters to the authors – Kick-off – List of contributors – Bank details*

The editorial team is complete – lectorship, secretariat, mentor, proofreaders – and the authors of your choice have agreed. The authors need four more things before kick-off:

- A document into which they can insert their text,
- A set of instructions for the compilation of the references,
- Assistance with writing (style and technique), and
- The starting signal together with the deadline.

#### **Document for the texts**

The authors must not be allowed to write at random, but must write their texts into a template supplied by you. An exemplary template can be found on the internet under [www.HIVMedicine.com/chapter.doc](http://www.HIVMedicine.com/chapter.doc). There, you will find examples of tables, diagrams, frames and reference lists.

Before you send the template to your authors, you must define the book format, because the maximum width of tables and diagrams depends on this format.

#### **How high, how wide?**

Over a glass of red wine in your library, you should decide how high and how wide your book needs to be. Take different books out of the shelves. Weigh them up. Which books feel good? Above all: which books feel good in your hands? The decision is not usually difficult.

HIV Medicine 2005 has the dimensions 15 cm x 24 cm, *Free Medical Information* 13 cm x 21 cm and the pocket edition of HIV Medicine 11 cm x 18 cm. Table 3.1 gives an outline of heights and widths of the printed area.

### 3. Getting the train on the track

Table 3.1: Height and width of the printed area\*

	<b>Format</b>	<b>Height</b>	<b>Width</b>
HIV Medicine 2005	15 x 24	21.5	12
Free Medical Information	13 x 21	18.5	10
HIV Medicine 2005 pocket edition	11 x 18	15.5	8

\* All measurements in centimetres

In order to set the height and width of a Word document, you must access the dialogue window “Page set-up” (File->Page set-up). Click on the index card “Margins”. For a book such as *Free Medical Information*, you would find 2.2 cm for the upper margin, 9.2 cm for the lower margin and 5.5 cm each for the left and right margins.

In the menu “Apply to” (bottom right in the dialogue window) select “Whole document”. Then define the margins according to the size of book required (see Table 3.3; in “Header” and “Footer” the same values are set as in “Top” and “Bottom”). The new values are saved by clicking on “OK”.

Table 3.1: **Page set-up\***

	<b>Format</b>	<b>Top</b>	<b>Bottom</b>	<b>Inside/Outside Margin</b>
HIV Medicine 2005	15 x 24	2.2	6.2	4.5
Free Medical Information	13 x 21	2.2	9.2	5.5
HIV Medicine 2005 Pocket version	11 x 18	2.2	11.2	6.5

\* All dimensions in centimetres

Experiment with the document: write a sample text, change the tables, insert diagrams, make test printouts. Put the printouts on top of the book that felt so good in your hand and hold it up against the light. Are the margins broad enough? In half an hour, you will have decided what size your book will be.

Before you send your authors the template for the text, you must prepare two more things. Firstly, instructions for the compilation of the references and secondly, instructions on how to write well.

## References

The authors of a medical textbook should compile their references in accordance with a standard format. This sounds like a very simple statement, but is in fact difficult. It is never too soon to commit the authors to uniform procedures. We have wasted many hours correcting the references.

It doesn't matter which format you decide to adopt, just make a commitment. The *New England Journal of Medicine*, for example, uses the format surname, initial of first name, et al. Title. Journal year; volume: page-page. For example:

Rockstroh JK, Mudar M, Lichterfeld M, et al. Pilot study of interferon alpha high-dose induction therapy in combination with ribavirin for chronic hepatitis C in HIV-co-infected patients. *AIDS* 2002; 16: 2083-5.

There are more details in these three lines than most authors can cope with without help:

- There is no full stop after the initials of first names; several initials are written together.
- The authors are separated by commas, after the last author is a full stop.
- Up to a maximum of 6 authors, all authors are given. If there are more than 6 authors, the first 3 are named, then comes a comma, followed by "et al" and finished with a full stop.
- Then comes the title. After the title is a full stop (rarely a question or exclamation mark).
- The journal is given in its standard abbreviated form, e.g. *N Engl J Med* for *New England Journal of Medicine*, *BMJ* for *British Medical Journal*. After the journal comes the year, separated only by a space.
- The year is followed by a semicolon.
- This is followed by the volume, and then a colon.
- The literature item finishes with first page number + dash + last page number. Only the end digits of the last page number, which are necessary for clear identification. Thus, 2423-2429 becomes 2423-9, 134-141 becomes 134-41, 1891-1901 becomes 1891-901.
- There is a full stop after the last page number.

### 3. Getting the train on the track

A farce? Unfortunately not! Do not be afraid to explain the format of the references in equally great detail. You will save both yourself and your authors a lot of work in the proofreading phase.

## **Assistance with writing**

Doctors are grateful for assistance with writing, despite A levels, a medical degree and post-doctoral lecture qualification.

### **Style**

Some suggestions, very general and valid for every subject:

- The important things come first, the unimportant ones later.
- Structure your texts in paragraphs. Chains of sentences 40 lines long are not allowed.
- Do not try to hide unformed thoughts behind complicated phrasing. Procedure: first, collect material, then sort the facts, and finally structure them. Do not write until it is clear to you what you want to express.

As we said earlier on, doctors don't have to be able to write. The medical faculty is not a place which insists on stylistic skill. Reassure your authors. No one needs to be ashamed of learning things he hasn't learnt before. Recommend the purchase of handbooks. The best ones are the ones for journalists.

### **Technique**

The number of text elements which you require for your textbook is limited. Apart from the normal text (that is the text you are reading at the moment), we only used the following text styles in HIV Medicine 2005, for example:

- Normal
- Heading 1
- Heading 2
- Heading 3
- Heading 4
- Table
- Table heading
- References



Headings 1 to 4 are the chapter headings according to the hierarchical structure. “Table” is used for the text in a table and comments below the table, or for diagrams, “Table heading” is for the bold-print column headings in the tables.

The most important rule is: you must never – and this applies to your authors as well – change typeface or type size via the pop-down menus shown in Fig. 3.1 (where Times New Roman and 12 are given). Instead, you should change them via the menu styles (Fig. 3.2). There, you can allocate a text (word, sentence, paragraph) to the so-called “style”. Among other things, a style contains information about type size, typeface, and also line spacing between your text and the previous and subsequent text section. If you want to change the style of a paragraph, you just have to position the cursor somewhere in the paragraph. If you want to allocate a style to several paragraphs, you must mark the paragraphs first.

The advantage of styles: later, you can alter your entire text in a matter of minutes, simply by changing type size and spacing for the individual styles. This is helpful if you are planning a pocket edition (see page 69).

The central control station for styles is located under Format -> Style & formatting.

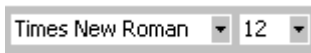


Figure 3.1. Forbidden functions; typeface and type size.

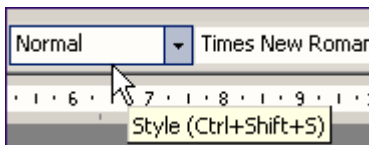


Figure 3.2. Selection of the styles

### 3. Getting the train on the track

#### **Working with Word**

Every doctor who writes thinks he knows his word-processing software. But do you really know the little things that make life easier?

1. Open a text which you were working on yesterday and press SHIFT+F5. The cursor is now at the point where you stopped working.
2. Position the cursor in any field of a table. Press ALT+SHIFT+UP or ALT+SHIFT+DOWN. The rows of the table move upwards and downwards.
3. Press ALT+CTRL+PAGE UP or ALT+CTRL+PAGE DOWN. The cursor goes to the beginning or the end of the current screen page respectively.

In order to help your authors save time, we have put together a few tips and tricks in the appendix for working effectively with Word. (Page 84). The so-called shortcuts, i.e. quick key combinations, are particularly helpful and make work easier. Recommend this outline to your co-authors.

#### **Deadline, Kick-off**

You have now assembled all the elements for the kick-off of your project. As we already mentioned in the last chapter: good deadlines are clear deadlines of 6 weeks to 4 months. As an exception, 6 months is acceptable, while longer time limits than this can only rarely be justified. Arrange different deadlines with your authors, so that not all chapters arrive at the editorial office at the same time.

On page 81 you will find a sample letter for your authors. In it, you will also ask them to supply data for entry into the list of collaborators, a brief CV and a photo for the website (example: [www.hiv.net/link.php?id=253](http://www.hiv.net/link.php?id=253)), as well as bank details for later payment of the author's fee. This will save you unnecessary email correspondence towards the end of the project.

Ask your authors to confirm receipt of the letter, and keep an account of this confirmation. If someone does not answer within 3 days, you must follow up by telephone.

Your letter is on its way, the train is in motion.

## **Summary**

### **Editor/Publisher**

- Decide on the format of the book.
- Create a template for your co-authors. The texts may only be written within this.
- Explain with great insistence to your authors that the individual text elements (standard font, headings, type font in tables, legends of tables and diagrams, references) may only be altered via the style menu.
- Explain the format of the references to your authors several times. Once is not enough.

### **Author**

- Anyone who is afraid or knows from experience that he cannot meet a deadline should not become involved in book projects.
- Before you even write the first sentence, buy one or two journalistic handbooks and work through it/them rapidly. It is a lesson for life, from which you will profit far above and beyond the book project.
- Meet your deadline! Meet your deadline! Meet your deadline! Or better still, submit your text before the deadline. This is rare, and the editors will be pleased. If publication on the internet is planned, you can then insist that your text appears on the net within a very short time.

### **Doctor**

- Read the appendix “Working with Word” (Page 84).

### **Student**

- Read the appendix “Working with Word” (Page 84).

### **Bystander**

- Would you have believed that doctors could profit from style handbooks? You probably would.
- Who knows what it might be good for? You, too, should buy yourself one of those style handbooks.

## 4. Behind the scenes

## 4. Behind the scenes

*Securing financing – Profit margins – Sponsoring the website – Opening and closing credits – Founding a publishing house – ISBN numbers – Internet domain – Project centre – Spell verification – Negotiations with sponsors*

The authors are hard at work and you yourself are working on your own chapters. There are other things to be done on top of this:

- Financing
- Opening and closing credits: Imprint, Foreword, Contents, Index
- Cover design and text for the back cover
- Founding a publishing house
- Setting up a website
- Negotiations with sponsors
- Checking the deadline
- Accepting texts, passing them on to the readers, sending them from there together with questions and comments back to the authors, receiving corrections, sending the text to be proofread.

### Financing

As you are writing Flying Publisher texts, you can earn money both from the sale of the books and through sponsorship of your internet site. The financial result of this book-plus-internet adventure varies:

- The minus variation: the income from the project does not cover the printing costs, let alone the authors' fees.
- The zero variation: the income covers printing costs and authors' fees, but there is nothing left for the publisher.
- The plus variation: after payment of all fees, the publishers also earn some money.

Even financial minus variations can be attractive if the work is enjoyable. SARS Reference, for example, (see page 14) was a project where it was clear right from the start that it would only incur expenses without bringing in any profit. *Free Medical Information* is evolving in the same spirit. It is not about money, it is about the

#### 4. Behind the scenes

cause. The writer becomes convinced of what he is doing, asks himself: “What do I want? Money or readers?” and knows the answer.

Just for fun, you should ask yourself this question: what would you prefer:

- 1,000 book readers plus a 2,500 Euro fee
- or
- 100,000 book and internet readers and no fee? (e.g.: SARS Reference, page 14)

People are of two minds here. A suggestion in the interests of mediation: write with enthusiasm and put your project out into the world. A lot is achieved by doing that alone. Temporarily declare money to be of minor importance. If there should be any money lying by the wayside during the rest of your journey, pick it up and pay your authors an appropriate fee.

#### **Sale of the books**

Profit equals income minus expenditure. This rule also applies to book production. On the expenditure side, we have printing costs and authors’ fees; on the income side, the sale of books either through the book trade or to sponsors.

The printing costs for a book such as HIV Medicine 2005 (800 pages, 24 cm x 15 cm, see page 12) have already been shown in Table 2.4. In Western Europe, 500 books cost 7,000 Euro, 1,000 books 10,000 €, 2,000 books 13,500 € and 3,000 books 17,000 €. Table 4.1 shows how high the profit is depending on the number of books printed and sold. The printing costs for 500 to 3,000 copies are stated as deficits in the line “Sales = 0”. The calculations are based on a retail price of 50 Euro with 45% deducted for middlemen and shipping costs, leaving 27,50 Euro per book sold.

These figures show that, for 500 printed copies, the profit zone begins between 200 and 300 copies sold. For 1,000 printed copies, it is between 300 and 400 copies. The exact figures for this so-called break-even point are shown in Table 4.2.

Table 4.1: Profit with different numbers of copies \*

Sold**	Number of copies (bold) and profit (in Euro)		
	500	1,000	2,000
0	- 7,000	- 10,000	- 13,500
100	- 4,250	- 7250	- 10,750
200	- 1,500	- 4,500	- 8,000
300	1,250	- 1,750	- 5,250
400	4,000	1,000	- 2500
500	6,750	3,750	250
600		6,500	3000
700		9,250	5,750
800		12,000	8,500
900		14,750	11,250
1,000		17,500	14,000
1,500			27,750
2,000			41,500

\* Calculations for an 800-page book, retail price 50 Euro, 27.50 Euro profit per book after deduction of 45% for middlemen and shipping

\*\* Number of copies sold

Table 4.2 also shows:

1. Producing books does not ruin you. With 500 printed copies, the printing costs are covered by selling as few as 250 copies. But: you can barely earn anything with 500 printed copies.
2. Book production only becomes financially rewarding if you sell more than 1,000 copies, very rewarding if you sell more than 2,000 copies.
3. The column “Profit per page” shows that you cannot pay a proper author’s fee of, for example 25 Euro per page, from the profits of book production until you have sold more than 1,000 copies.

## 4. Behind the scenes

Table 4.2: Break-even Point and maximum profit\*

<b>Edition</b>	<b>Break-even Point**</b>	<b>Max. profit (in Euro)***</b>	<b>Profit per page (in Euro)</b>
500	255	6,750	8.44
1,000	363	17,500	21.88
2,000	491	41,500	51.88

Calculations for an 800-page book, retail price 50 Euro; 27.50 Euro profit per book after deduction of 45% for middlemen and shipping

\*\* Number of copies sold

\*\*\* Upon sale of the whole edition

If you update your book every year, you need to ask yourself: “How many books can I sell in 12 months?” The answer depends on the subject. Neuropathology does not sell as well as antibiotic therapy. In some cases, it can be decisive whether a sponsor (foundation, pharmaceutical company) buys a few hundred or – less often – a few thousand copies in bulk.

Book production can be lucrative, but you can’t always get yourself out of the red. Fortunately, even this does not have to mean the kiss of death for your project. You can tolerate a deficit in the bookshops if you manage to make money via a second financial source. This second source is your website!

### **Sponsoring the website**

The second source of income for a Flying Publisher project takes the form of sponsoring contracts for an internet site. The entry of a company logo on your homepage can balance your budget by several thousand Euro – yet another reason to set up your website as quickly as you can. It even makes sense to publish some texts there in advance, although the book hasn’t been printed yet. It is common practice in the internet business to publish in advance, as negotiations become easier if you have something to show.

The same rules apply to the sponsor’s entry on your homepage as those for book texts. Sponsors cannot be allowed to influence or even change the core statement of your texts in any way. You will find important details about this and about the criteria for selecting sponsors at the end of this chapter. But first, there is still some detailed work on the agenda:



How do we shape the first and last pages of our book? How do we found a publishing house, how do we reserve the domain name for our website and how do we set it up?

### **Opening and closing credits**

Every book has “opening credits”: empty or almost empty pages upon which only the title is repeated, and an imprint, foreword, list of collaborators and contents are printed. In order to reduce work on the opening credits to a minimum, we have prepared a Word document (<http://HIVMedicine.com/textbook.doc>). Open the document and remain in standard view (View->Normal), so that you can see the horizontal lines “Page break” and “Section break”. Make sure that you do not delete these lines; they contain important information regarding page number, header and footer.

You can rewrite the opening credits for your project within only 10 minutes. Change title and publisher, enter your address on page 4, write 3 sentences in the foreword and enter the first colleagues in the list of collaborators. Name the first chapters from page 11 onwards and, finally, update the contents in page 9. Procedure: position the cursor anywhere in the Contents and press the right-hand mouse key. From the menu which appears, select “Update field” and, in the next window, “Update entire table”. Take good care of this document. Later, you will copy the chapters from your authors into it.

### **Foreword**

You should draft a foreword very early on – even if nothing is left of it in the final version. Drafting forewords helps to present a concept more precisely.

### **List of collaborators**

You asked your authors to supply you with the details for the list of collaborators in your first letter. Enter these details.

### **Index**

The index is at the back of the book. You can only compile one if, within the individual chapters, you have already defined which words will be recorded in the index. You will not edit these so-called index entries until you reach the final stages (see Page 59).

## 4. Behind the scenes

### **Cover**

The cover consists of a front and a back page. Ask a professional artist to design it.

In the HIV Medicine book, the title is followed by the current year. In addition, the book is a different colour every year. The reason: you should be able to tell from the new colour that you are looking at the current edition, in which the texts are less than 12 months old. In addition, it shows who is carrying the new edition in their coat pocket.

The back cover should be planned just as early as the graphic design of the front cover. The text which appears there must be able to convince a potential but as yet undecided buyer. Do not be afraid to sing the praises of your book. This is not the place for false modesty. For once, self-praise is allowed.

### **Founding a publishing house**

Founding a publishing house is very easy in some countries. In Germany, for example, all you need is to register a business with the appropriate local authority. Take along your ID papers and 22 Euro and the formalities are taken care of in half an hour.

### **ISBN Number**

Books need an ISBN number. This number guarantees that your book will appear in the electronic registers of the booksellers.

The allocation of these numbers is regulated differently in every country, so that we cannot give you any detailed information here. The annual costs are low.

### **Setting up a website**

The foundation of a publishing house is followed by the setting up of a website. First, you must reserve an internet domain and find a service provider upon whose computer your texts can be connected with the internet. This service provider is called a “web provider” or “internet provider”, the service is known as “webhosting”. In addition, you need someone to maintain your website.

### **Internet domain**

Almost a decade after the gold-diggers' age on the internet, it is not easy to find good domain names that are still available. Almost all the catchy names have been reserved by people who were in the net before you. So we have to switch to longer names, which doesn't do any harm, thank goodness. [www.FreeMedicalJournals.com](http://www.FreeMedicalJournals.com) isn't elegant at first sight, but that doesn't seem to have bothered the more than 20 million visitors who have visited our site since February 2000. [www.SARSReference.com](http://www.SARSReference.com) was also a makeshift solution, because the title we wanted was already taken. It also did no harm: >200,000 visitors in 18 months.

If you are in search of domain names, you should make sure that you reserve both the \*.com and the appropriate country-specific domain (\*.fr for France, \*.es for Spain, \*.it for Italy, etc.). \*.com domains were originally intended for commercial enterprises, but today they are the gold standard. Do not reserve a country-specific domain for which the \*.com domain is already taken, nor a \*.com domain, if the country-specific domain is no longer available.

You can find out at [www.netsol.com](http://www.netsol.com) if \*.com domains are still available.

### **Webhosting**

It is wise to make webhosting contracts with companies in your own country. The advantage here is that you can get an answer quickly and easily if you have any questions or problems. It only makes sense to make webhosting contracts with companies abroad if you have a good command of the language. In addition, the difference between the time zones should not be too large – so that the hotline is not asleep when you are having problems.

### **Maintenance of the website**

As soon as the domain names have been reserved and the webhosting contract signed, you must decide who is responsible for maintaining the website. The initial design should be left to an experienced graphic designer. For all subsequent work, student assistants should be your first choice – it is motivating to be involved in a prestigious project and everyone benefits from this collaboration.

## 4. Behind the scenes

Your website is brought to life by the texts you publish there: whether further information (daily or weekly news, congress reports, calendar of events, “frequently asked questions”, and address lists) is offered, is dependent on the time you have and the dedication of your students. But remember: regular maintenance is the name of the game. A website where nothing happens for weeks will moulder and die.

In addition, you should offer your visitors the chance to join a mailing list. This is where readers can show their interest in being informed by e-mail about new or updated texts in the future. This direct contact to the readers is eminently important for the success of your project!

### **The deadline is approaching**

A deadline is a deadline. It is not always easy to make it into a real dead line, because the publisher is dependent on the contributions of his authors. These things are generally of help:

1. A first reminder e-mail (or phone call) 30 days before the deadline;
2. A second reminder e-mail 10 days before the deadline;
3. A telephone call 1 day after the deadline if the article has not arrived.

As a publisher, you should not be afraid of the fact that this is an annoying procedure. On the contrary: most authors are grateful to be reminded in good time of the task they have taken on.

And as for the authors – we already mentioned it earlier: anyone who worries or knows that he can’t meet a deadline should not become involved in book projects.

### **Project Centre**

In Chapter 2, we indicated how important it is to know the current status of every text (see Page 31). The project centre – which is sometimes one and the same person as the publisher – keeps account. This is where the texts arrive and are passed on.

What must be considered?

1. Ideally, every text should be read by two qualified colleagues with a good sense of literary style.
2. After being read twice, the text should be returned to the author with any unanswered questions. The corrections of the authors must be recorded using the function “track changes” (click Tools->track changes ->highlight changes + highlight changes while editing).
3. The authors’ corrections are checked by both readers and the chapter subjected to Word spell verification (see next section).
4. The text is checked by a professional proofreader.
5. The proofreader’s changes are checked once again by one of the medical readers.

### **Microsoft Word spell verification**

Word spell check is a valuable tool and should be used by the authors, the readers and the proofreaders. You start spell verification with F7. As soon as the dialog window opens, check that the window shows correctly “Spelling < your mother tongue >”.

This is the procedure if a different language is given: mark the whole text with CTRL-A, then define the language: Tools->Language->Set Language + your mother tongue + OK)

When you subject the text to spell verification, words which are unknown to the system are shown in red. If the spelling is correct, type ALT-A in order to add the word to the supplementary dictionary. If you do not want the word to be included (e.g. in the case of proper names, foreign words and unusual words) type ALT-G and the entry will be ignored.

### **The final version of the texts**

The individual chapters gradually pass through the stages of reading and final proofreading and assume their definitive form. You are on the verge of publishing the first chapters on the internet and the authors are waiting impatiently to see themselves on the net.

Suddenly, a potential sponsor calls and asks to talk. What do you need to bear in mind?

## 4. Behind the scenes

### **Negotiations with sponsors**

Foundations and pharmaceutical companies can be considered as possible sponsors for your project. Foundations will generally subsidise your project, while pharmaceutical companies will buy up part of the printed version in order to distribute the books to interested doctors. As every type of co-operation between doctors and pharmaceutical companies must remain free of any conflict of interests, there are a few rules you should know.

### **Leprosy**

When you wrote, you wrote the truth and did not formulate your texts with company X or company Y in mind. This is an extremely important point. The standards regarding independence of statements and recommended therapies cannot be set high enough. Any doctor who writes something against his own convictions for his own benefit is guilty. Doctors who practise accommodating journalism quickly end up on a par with drug barons and arms dealers. *May anyone who practises this kind of accommodating journalism in medicine be struck down by leprosy so that he can no longer write!*

### **Selection of potential sponsors**

The chances of reaching an agreement with sponsors from the pharmaceutical industry depend on various factors. Both personal and internal company factors play a role here. One of the golden rules of a colleague who had 30 years experience with the publication of medical textbooks was:

“The marketing budgets of pharmaceutical companies are structured according to drugs. There is more money for drug X than for drug Y. Budgets are generous when new drugs are being introduced to the market, very generous when a drug is being introduced and has to compete against an existing market leader.”

When you approach the staff of a pharmaceutical company with your project, you are expected to “sell” your project. This is not meant in a derogatory way, it just means that you should ask yourself these questions before you approach the company:

1. What good will it do this company to sponsor me?
2. What can I offer this company with my book and/or my website that other media cannot?

If the answer to both questions is “nothing”, you should perhaps rephrase your offer – or look out for another company. In this life, all you get for nothing is nothing.

### **What is allowed and what is not**

Pharmaceutical companies live off the sale of their drugs, and the staff of their marketing departments have been instructed to increase the turnover of these drugs. In order to increase the turnover, arguments are collected to convince doctors of the superiority of the company’s own products. The companies want to sell, pulling out all the stops: that is their job.

It is our job to distil the truth from the information available to us, especially from scientific literature. Regardless of the fact that you have a duty to write the truth and nothing but the truth, you should remember the following points when negotiating with possible sponsors:

#### It is allowed

- for the potential sponsor to itemise the advantages of his product. It is your task to separate fiction from the truth.
- for the potential sponsor to ask you if he may read and comment on the passages about his product. Upon this request, you should send him the passages as a PDF file, never as a Word document. Reserve the right to accept changes or not.

#### It is not allowed

- to provide the sponsor with the original document so that he can make corrections to it.
- to incorporate whole passages from the potential sponsor.
- to permit the potential sponsor to influence the composition of your team of authors.

#### It is bad

- to print the logo of your sponsor on the cover. Logos belong on the first inside page of the book.

#### It is dubious practice

- to accept advertising for drugs in the book, such as full page adverts on the last few pages. This compromises your credibility.

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If a potential sponsor does not accept these points, you must abstain from any further co-operation – even if this causes temporary difficulties with the financing of your project. Remember: the worst thing that can happen to you is loss of credibility. Everyone knows the jokes about the qualified university lecturers working as pharmaceutical sales reps. If you sell yourself you lose your credibility – a flaw which marks some people in our profession for the rest of their lives.

### **Summary**

#### **Editor/Publisher**

- If you want to pay your co-authors a fee of 25 Euro per page, you have to sell more than 1,000 books.
- If these sales figures are unrealistic, find out if additional income can be obtained through sponsoring of the website. A logo entry on a good website can be worth several thousand Euro a year.
- Founding a publishing company is simple and cheap in almost every country.
- You must allow costs of 15 to 30 Euro per month for the website of your project.
- Websites should be maintained by dedicated student assistants.
- You can compromise with potential sponsors on certain points, many points are non-negotiable.

#### **Author**

- Would you have believed that there is so much activity behind the scenes while you are preparing your chapter?

#### **Doctor**

- Go on, admit it: after reading this chapter, you almost feel like writing yourself. But please remember what we said at the beginning: clinical textbooks are written in large editorial teams. Do not try to play the lone warrior. If you are itching to write, try to gain access to an existing or developing team of authors.

#### **Student**

- Try to become involved in Flying Publisher projects. You will learn a lot – how book projects are financed, how a publishing



house is registered, and how websites are maintained. Maybe the publishers will even let you in on the secrets of negotiating with sponsors one day.

### **Bystander**

- You suspect conflicts of interest when doctors work together with pharmaceutical companies, don't you? As you have seen here, it doesn't have to be that way, but you must be aware of what is allowed and what is not. Also, it is true that someone who is corrupt can enrich himself in the short-term, but in the long-term, the incorruptible are more successful.

## 5. The home stretch

## 5. The home stretch

*Keywords – Preliminary publication on the internet site – Final assembly – Citations – Caption – Contents – Index – PDF version – Advertising – Distribution – Ora et labora*

Only one more step to go before you pre-publish the first chapter on your website: you have to define which words you want to include in the index. This is actually a job for the authors, but we prefer the publishers themselves to take on this task. The result is more homogeneous.

Edit the chapters as soon as you have them in their final version. Indexing is not a libidinous task; don't wait until hundreds of pages are piled up.

### Creating index entries

Mark the word to be included in the index and press Shift-Alt-X (little finger on Shift, thumb on Alt, forefinger on X). After this three-fingered salute, the dialogue window “Define index entry” appears. The marked word is already in the line “Main entry”. After possible changes – singular instead of plural; cross reference with “see” – press the return key. The index entry appears in the text between curly brackets: { XE “Index word” }. Work through the whole text in this way, and finally click on the following symbol in the menu bar (Fig. 5.1) to make the confusing Word control characters disappear:



Figure 5.1: Make Word control characters invisible

The index will later be compiled using the information given here. But before you combine the individual texts to make one document and compile the list of contents and the index, you can inaugurate your website.

## 5. The home stretch

### **Preliminary publication on the internet**

There are three good reasons to publish a text on the internet before the book is printed:

1. The texts don't just go mouldy. Some texts are finished earlier than others, which means that the first ones would spend weeks or even months waiting for the rest to be completed.
2. The authors are pleased. People who have worked hard want their texts to be in the public eye.
3. The appearance of the first text on the internet marks the beginning of the advertising campaign for your book. The texts announce a large project and prove that there is activity behind the scenes. This whets the appetite for more.

Do not expect your readers to be pushing past each other to visit your website on the first day of publication. Websites are available at all times – and the masterminds in the field of web marketing rave about 24-hour presence, 7 days a week. Unfortunately, that sounds more fantastic than it actually is. Websites which are unknown can have no better hiding place than the dark cold rooms of the planetary web.

To get out of there, open the Google site <http://www.google.com/addurl.html> and enter the address of your website. As soon as you have published half a dozen chapters, you have also fulfilled the conditions for admission to FreeBooks4Doctors (<http://fb4d.com/fb/about.htm>).

Inform your colleagues by e-mail and ask them for criticism and ideas. Kind colleagues will pass on your message to friends and colleagues in turn.

If something new appears in the world, it must be advertised by deeds. As we saw in the first chapter, the best possible advertising campaign for the website is the book, because on the book cover is your internet address (Fig. 5.2), discreet but impossible to miss.

Therefore, back to the book.

# Hoffmann - Kamps

## HIV Medicine 2003

www.hivmedicine.com

Figure 5.2: Internet address – discreet, but impossible to miss

### Final assembly

Finished chapters are copied into the document textbook.doc (<http://hivmedicine.com/textbook.doc>). Please remember that these processes must always be performed in the so-called Normal View (Fig. 5.3)

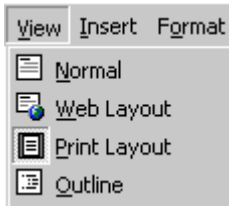


Figure 5.3: A selection of different text views

In this way, you avoid deleting the section breaks of individual sections of text by mistake. The section breaks are the horizontal lines which go right across the whole width of the screen in normal view (Fig. 5.4).

These markers contain information for headers and footers and can easily be deleted in the layout view, because you don't see them there. You can adjust to standard view by means of the menu shown in Fig. 5.3 (View->Normal).

## 5. The home stretch

.....Section Break (Odd Page).....

Figure 5.4: Ending marker of individual text sections

### Header

Editing the header is an unpleasant chapter in Word. You need to be very familiar with the individual functions before you can put the headings where you want them. If you work with larger documents and variable headings, you will quite often accidentally – and without noticing – adopt the heading of a previous chapter. And as if that weren't enough: the information for the headers is saved in the ending markers (see above, Fig. 5.4) and is accidentally deleted time after time.

However, there is a function for headers and footers which can be very helpful and which is not documented in many manuals: automatic adoption of chapter headings in the header. Go into the header with “View->Header and footer”, position the cursor anywhere in this space and press Ctrl-F9. The cursor appears in a grey background between two curly brackets { | }. Now enter the following text:

```
StyleRef "Heading 1"
```

Make sure there is a space after the first and before the last curly bracket, and that the name of the template is written correctly (here, with a space between “Heading” and “1”, i.e.:

```
{ StyleRef "Heading 1" }
```

Now click on this code with the right-hand mouse key – a select menu appears. Click on field functions “on/off”. Immediately, the last heading which was defined as template “Heading 1” appears.

If you do not want the name of the chapter but the titles of the subsections to appear, then type in { StyleRef "Heading 2" } or { StyleRef "Heading 3" } accordingly.

In textbook.doc (<http://HIVMedicine.com/textbook.doc>), the title and page number are already entered in the header. If you would like to

design the header differently, you should refer to the detailed information in standard textbooks on Microsoft Word.

### **The home stretch, countdown**

Once all the texts are in one single document, you are on the home stretch, and the countdown can begin. Contents and index are updated in a matter of seconds:

- Update Contents: Click anywhere in the contents with the right-hand mouse key. From the menu which appears, select “update fields” and in the next window “create new folder”.
- Update the index: Click anywhere in the index with the right-hand mouse key. From the menu which appears, select “update fields”.

However quick the creation of an index on the computer is, checking the individual pages is much more tedious. Print out the index and check it carefully. There are always details which have to be changed. With your first edition, you should schedule a whole working day for this task. For the subsequent editions, you will need half an hour.

Finally, create a PDF file and send it by e-mail to your printing shop. But before hundreds of pages are printed a thousand times, you would be well-advised to print out the complete version on your own printer and leaf through it slowly one page at a time. You will see that suddenly, a table is spread over two pages; a new chapter doesn't begin at the top of the page, but for some inexplicable reason has slipped back onto the previous page; yes, you will even notice some spelling mistakes. And, you should take this final opportunity before the printing process to check the dosage details one last time. A book is more durable than a website. You can still be reproached in 20 years for something that is written down in black and white – and there is nothing more dramatic than incorrect dosage details for medications.

But finally the time has come: you transform your Word document into a PDF file. To this end, you need software by the name of “Acrobat Distiller” – I am sure one of your colleagues will be able to help you out here. You should discuss how you prepare the PDF document with the printing office. Some printing shops require the PDF file to be manufactured with particular print drivers (e.g. Linotronic 330). In addition, the print quality can be improved with certain pre-adjustments in Acrobat-Distiller.

## 5. The home stretch

As soon as the PDF file is at the printer's, the clock begins to tick. The book will be printed in 3 to 4 weeks. In the meantime, you don't have much to do but plan advertising and marketing.

### Advertising

Good things assert themselves all alone, without advertising – such as penicillin or the triple therapy of HIV infection. Good word-of-mouth advertising is better than any book review – reviews are forgotten faster than small flies die, while word of mouth continues publishing for the whole year. Advertising agencies don't like to hear this, but it's true. If you are better than the competition you can do the same as Google and not spend any money on advertising or marketing.

All the same: even homespun advertising can speed up the kick-off of a project, and a bit of ballyhoo can help you get off your marks all the faster. This is what you have achieved already:

1. Your book is available free of charge on the internet. That is the best possible advertising nowadays.
2. You have registered your website with Google, FreeBooks4Doctors, etc.:
  - <http://www.google.com/addurl.html>
  - <http://fb4d.com/fb/submit.htm>
  - Possibly: <http://FreeMedicalCopyright.com/fmc/submit.htm>, if you remove the copyright

What is there left to do? Not much. Grant yourself the luxury of offering your students the book for half-price at a class or lecture. Call the medical bookstores (see below). But whatever you do: your best advertising medium is your website. So think about what you could improve. You should also start a new folder with the heading “2nd Edition”, where you can collect the ideas and thoughts which your readers will enjoy next year.

### Marketing

There are three distribution channels for medical textbooks: bookstores, direct shipping to the reader and the sale of part editions to foundations or pharmaceutical companies.



## **Bookstores**

Theoretically, you could supply bookshops through middlemen – if they were not so averse to doing business with small-scale manufacturers. This would be a tragedy if we wanted to market poems or fiction, but fortunately we are producing medical textbooks, 90% of which are sold in specialist bookstores. This means that to cover the market as broadly as possible, it is sufficient to place your books in the 20 to 50 most important medical bookstores in your country.

Call them and take 30 seconds to explain what you have to offer. If you are asked about your terms and conditions, offer them 40% discount for the first order, 30% for subsequent orders. You will always cover postage and packaging.

Another scheme is that of graded discounts for more than 10 copies. This only makes sense if your book becomes a bestseller. At a retail price of 40 Euro, for example, you could offer a base price of 28 Euro and reduce it to 25 Euro if 10 or more books are taken (with price increments according to country if shipping abroad). As always, you pay for shipment.

## **Direct shipment of books to the readers**

The direct shipment of books to the readers is the most troublesome distribution channel. Each book has to be packaged individually and taken to the post office. The profit margin may be higher, but that is no great comfort.

In the case of domestic shipment, you should charge the normal retail price; for shipment abroad add 2 or 3 Euro for additional postage and packaging, because you have to cover these extra costs.

You could provide the following information on your website:

Shipment by post only after payment in advance to the publisher XXY by means of a crossed cheque or bank transfer to account no. <No> at the (Bank) (bank code 000 000 00); IBAN (International Bank Account No.): <your IBAN number>, BIC (Bank Identification Code): <the BIC code> or ABA (American Bankers' Association) number.

**IMPORTANT:** It is essential that the sender details on the paying-slip are complete and clearly written!

In the case of direct ordering from the above address, the mailing costs are included in the price.

## 5. The home stretch

### **Foundations or pharmaceutical companies**

Both foundations and pharmaceutical companies can be considered as possible sponsors for your book. Medical textbooks are of interest for pharmaceutical companies if their products are assessed positively. As we mentioned earlier, this cannot be used as an excuse to practise fair-weather journalism along the lines of: I give your product a positive assessment and you buy my books (see the section “Leprosy”, Page 54). Less harmful, but a lot more embarrassing, are attitudes such as “well, you know I can just as well use the products of your competitors” in order to get rid of your own books. These colleagues should lose their licences.

The number of books which a pharmaceutical company can buy up ranges from a few hundred to a few thousand – depending on the subject and the involvement of the company in the field about which you are writing. If a company asks you if they can have the part edition exclusively (i.e. excluding other companies), you should give a lot of thought to whether you can agree to this and under what conditions.

### **Ora et labora**

The time has come: you are holding the first copy of the book in your hands. Enjoy it. It is one of the moments in life which cannot be repeated endlessly.

As soon as a book is out in the world, it develops a life of its own. Books are like children: they only belong to you up to a certain point. What happens now is no longer in your power. Putting a book out into the world is like starting a consensus. On the ballot paper is the question “Is book X good?” You don’t have much influence on the vote. The zeitgeist can sometimes be unpredictable.

What do you do in the meantime, as long as you don’t know what will become of your baby? It is best to carry on tinkering: pocket version, upgrading the website, removal of the copyright and – why not? – blogs.

## **Summary**

### **Editor/Publisher**

- Publish the first chapters on the internet before the book is printed.
- Before you include a chapter in the document as a whole, you have to define entries for the index.
- Print the whole document and check it one page at a time.
- Make a PDF file from the whole document in just a few minutes. Then send this per e-mail to your printing shop.
- The printing process takes 3 to 4 weeks.
- The best possible advertising medium for your book is your website.
- You have three possible distribution channels: bookstores, direct shipment to the readers and sponsors (foundations, pharmaceutical companies).
- Start a new folder: "Ideas for the second edition".

### **Author**

- Promote the project you are working on among your colleagues.
- If you have good connections to potential sponsors (foundations, the pharmaceutical industry), you should speak to the publishers about it.
- Together with the publishers, consider whether you can offer the book to your students at reduced rates.

### **Doctor**

- Use Flying Publisher projects to your own advantage. If you only need selected information, help yourself via the free websites. If you want to read several chapters, you won't want to do that at your computer. Buy the book in a bookshop or directly from the publishers.

### **Student**

- You cannot own every book in which you want to read one chapter or another. With Flying Publisher books, make use of the free access via the internet. Inform your fellow students about new, freely available medical textbooks.

## 5. The home stretch

### **Bystander**

- What is written in this book about medical textbooks can theoretically be applied to all texts: you can make them into a book and publish them free of charge on the internet at the same time. Whatever you do, the internet version provides cheap and effective advertising for the book version. But do not forget that the marketing of non-medical texts can be more difficult than is described here. You may not be able to find any sponsors for your project. Also, your target group may be more broadly scattered and 20 to 50 specialist bookstores – as in medicine – are not enough to organise distribution.

## 6. Playground, creativity

*Pocket edition – Expansion of the website – Payment of authors' fees  
– English edition – Removal of copyright – Blogs*

### **Pocket edition**

Medical textbooks are often heavy and unwieldy, because they soon consist of 500 to 800 pages. Everything in these books is important, but some chapters are more important for day-to-day practice than others. It therefore makes sense to think about issuing a shortened pocket version.

The advantages of pocket versions:

- The shortened version isn't left on the bookshelf but is kept – as its name suggests – in the doctor's coat pocket, where it is consulted frequently.
- Once the original text is finished, the pocket version can be completed with very little further work - in one or two days.
- The shortened version can increase the budget limitations of your project, as long as you are able to find sponsors.

So you should see if it is possible to find prospective sponsors for a pocket edition. With just a little work, you can achieve an amazing amount – and your readers will thank you for it.

### **Expansion of the websites**

Remember that your website is an advertising medium for your book. Surf on the internet for a while to see if other websites on the same subject – whatever language they are in – offer information or services which could be of interest to you.

A website is brought to life by being up-to-date, so the following supplements to your internet range are to be recommended:

- News
- Conference reports
- Diary of events

## 6. Playground, creativity

Find out beforehand how much work is required for these additions, and in particular if you are able to maintain and update these new offers over a period of years. Ask colleagues with experience of these problems for advice.

### **Authors' fees**

Your enthusiasm for follow-up projects should not let you forget the most important thing: the payment of authors' fees. Clear agreements and absolute transparency must be the rule. Complete and utter openness is essential, especially if you have chosen a financing scheme where the author only receives a fee if the printing costs are covered. Do not risk the good relationship you have with your authors for mere money.

### **Profit**

At the end of the year, offset the expenditure against the income. What's left is the profit. But don't rejoice too soon. The tax office is looking over your shoulder and wants its share. This may vary from 20 to 50%.

### **The English version**

If you write your text in English, it will be read by tens of thousands. If you write it in another language, it will be read by just thousands. In this case, you have to ask yourself: "Why write for a provincial backwater? Why choose to play for a third-division team?" On a global level, even a language area covering 100 million people is merely on the periphery.

Another good reason for translating a text into English is that this might be the only way to benefit from the copyright removal idea (see next section): Who speaks your language if it is not English? A book which is not translated into English is – globally speaking – being kept in a strait jacket. And that is a pity, isn't it?

### **Removal of the copyright**

If you remove the copyright of your book, this is roughly what you tell the world:

“My dear colleagues, translate our book into any language of your choice except English and your mother tongue, and publish the translation. If you want, you can even publish it under your own name (of course, you must state the source clearly and visibly!). Sell the translation, go ahead and earn money with it. Whatever you do, we don't want a cent.”

This idea is as successful as it is unusual. HIV Medicine, which was released in 2003 under the conditions drafted on Page 91, had been translated into the following languages by the end of 2004 (<http://hivmedicine.com/textbook/lang.htm>):

- Spanish
- Italian
- Portuguese
- Romanian
- Russian

Same procedure, same success story: SARS Reference was published three times in 2003 - in May, July and October (see also Page 21). After removal of the copyright, the text was translated into eight languages (<http://sarsreference.com/sarsref/lang.htm>):

- Arabic
- Chinese
- French
- Italian
- Portuguese
- Romanian
- Spanish
- Vietnamese

SARS Reference was reviewed in Science (Fig. 1) and in the British Medical Journal (Fig. 2), among others.

How did we manage to get 5 translations of HIV Medicine and 8 translations of SARS Reference? The mailing lists of our various internet activities were crucial here: Amedeo ([www.amedeo.com](http://www.amedeo.com)) had 90,000 participants in the year 2003, 25,000 participants were registered with Free Medical Journals and FreeBooks4Doctors. We wrote to them all and referred to the free copyright. So the yield was

## 6. Playground, creativity

actually meagre: a dozen translations for more than 100,000 e-mails sent.

### WEB TEXT

## A Book of SARS

It didn't take long for severe acute respiratory syndrome (SARS) to enter the textbooks. Scientists nabbed the virus responsible for the lethal lung infection only in March 2003, a little more than a month after the disease came to the attention of the international health community, and this free online SARS text is already in its third edition. Edited by infectious-disease specialists Bernd Sebastian Kamps and Christian Hoffmann, it isn't fancy, but it presents plenty of information and includes 10 chapters from five contributors in Hong Kong and Germany.

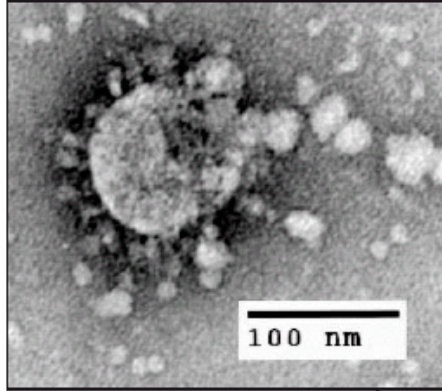


Figure 1: Science 2004; 303: 9th January. Not fancy...

It would be a pity if the idea of copyright removal only failed because most people don't have mailing lists of 100,000 or more e-mail addresses. For this reason, we plan to set up a website by the name of [www.FreeMedicalCopyright.com](http://www.FreeMedicalCopyright.com) before the year is out. The term is not quite correct linguistically, but everyone understands what it is about: we are bringing together those who release the books with those who want to translate them. Once again, we are using our mailing lists, which in March 2005 contained more than 170,000 e-mail addresses.



# reviews

BOOKS • CD ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS



## SARS Reference

Eds Bernd Sebastian Kamps,  
Christian Hoffmann

Flying Publisher, pp 85

Available to download for free at <http://SARSreference.com/>

Rating: ★★★

On 6 June 2003, as has become my habit, I glanced at the World Health Organization's global epidemic curve for severe acute respiratory syndrome (SARS). With infection control procedures finally taking hold in China, the shape of the curve was moving downwards and approximating the bell shape so clearly described in epidemiology textbooks.

The speed with which data, experience, successes, and failures were shared appears to have slowed the epidemic.

The recent spate of online SARS offerings has provided more than graphs and data: it has also given us a SARS textbook. *SARS Reference* intends to summarise information on the SARS outbreak each month for the duration of the epidemic. The first edition, covering information available since the outbreak began in November 2002 and current as of 6 May 2003, was written over 14 days by a group of volunteers and posted at SARSreference.com on 8 May 2003. So far, it has been translated into Chinese and Spanish, and the editors promise to release copyright to individuals who are willing to translate it into other languages. They report that there is currently no sponsorship for the site, nor would any be accepted.

*SARS Reference* is a comprehensive summary of what we know to date. It is well organised into nine chapters, from the

Figure 2: BMJ 2003; 326: 21st June

## Blogs

Lately, there has been a lot of talk about so-called blogs. A blog – also known as a weblog – is a website which is updated daily or several times a day. New entries are at the top, older ones follow in reverse chronological order. The articles have a date and time and can be openly commented on.

In the early days of blogs – at the end of the 90s – the authors (the bloggers) told tales of their surfing tours through the internet and wrote “internet diaries”. Here, they wrote down whatever they had

## 6. Playground, creativity

noticed on their journey. In addition, bloggers like to refer to the blogs of other bloggers, so that blogs are closely connected to each other. Blogs in their entirety are known as the blogosphere.

Nowadays, it is easy and costs nothing to create and maintain blogs directly on the internet. The result is blog inflation, and most blogs today are simply personally coloured depictions of life with more or less racy details from the blogger's private life. There are very few things in the world that are less interesting.

However : we need to check out every new kind of technology in the world to see if it can be of use to us. What information could be contained in a reputable project blog? For example:

- We document the development process of our project: Why are we writing? Which people have influenced the development of the project? What is our motivation, which chapters are being edited at present?
- What did we do wrong? Not every section of text makes it into the book. This paragraph repeats something which has already been said, that one is incomprehensible or too long-winded, in a third paragraph the linguistic standards have slipped. It is allowed to talk about your mistakes.
- We draw attention to coming publications: "On 25<sup>th</sup> February at 12 PM, the second chapter of *Free Medical Information* will be pre-published on our website."

The coming months and years will show how blogs can be integrated into the project work of doctors. Are blogs

- Logbooks for our own professional activities?
- Showcases for activities and services?
- A problems page for students and colleagues?
- Promoters of relationships between authors and readers?
- Supplements to existing websites?

In the weeks before publication of this book, we gave daily accounts of everything about the project in an experimental blog. We experimented with the medium. The question which we occasionally asked was: why, in addition to pre-publication (free online version) and publication (a book available for a fee), pre-pre-publication in a blog?

Maybe because that is the way new books will be introduced in the future?

1. The blog discusses finished text elements.
2. Weeks later, the first finished chapters are pre-published on the website.
3. And finally, months later, the finished book appears.

## Conclusion

Whereas for some people a book is completed after the last sentence, for others the adventure begins at this point. The advertising and marketing of books alone is an experience from which doctors can learn a lot. Even more exciting are the additional projects we have just mentioned. Today, doctors can be publishers. Computer technology and the internet make it possible. You should not delegate a task if you can do it better yourself.

## Summary

### Editor/Publisher

- Produce a pocket edition – it will be consulted more often than a book weighing a kilogram. The pocket version can also help to balance the budget of your project.
- Expand your internet site.
- Pay your authors' fees punctually. Absolute transparency is obligatory.
- If English is not your mother tongue: look into whether you will publish an English version. Something you have written in English will be read 10 to 100 times more often than a text which does not exist in English.
- Remove the copyright for all languages except for English and your mother tongue.
- Keep track of the development of the “blogosphere”.

## 6. Playground, creativity

### **Author**

- Ask yourself if you can contribute to the expansion of the website.
- Are you a blogger? Do you have any ideas as to how the website of the project can be supplemented by an intelligent blog?

### **Doctor**

- A pocket edition is a practical supplement to a medical textbook. You always have the most important chapters handy.

### **Students**

- If English is not your mother tongue: get used to the idea that information is only circulated on a global level if it is written in English. Even if you prefer other languages: perfect your knowledge of English!

### **Bystander**

- The removal of copyright was one of the creative contributions of the internet towards spreading medical knowledge more quickly. This concept can probably be applied to other fields.
- Thank you for watching!

## 7. The seventh day

*FMI support fund – FMI tutoring – FMI meetings – Second edition –  
Be part of it*

If you have read a chapter every day, then today is the seventh day. So you see: in seven days, you can rearrange the world.

*Free Medical Information* (FMI) is now available as a book and a free internet text – that is a good beginning. The FMI project has a long road ahead. If things are to be changed, then: good things take time. Patience is important, as is the meticulous planning of how to proceed.

### **FMI support fund**

Wishes do not always come true, but we are allowed to voice them. Our wish is for an FMI support fund. FMI will try to obtain non project-related subsidies from pharmaceutical companies. The inclusion and exclusion criteria for participating in the funding program will be announced on the FMI website in due course. Possible criteria are:

- The book is a clinical textbook.
- It has the volume of a standard textbook (see HIV Medicine, [www.HIVMedicine.com](http://www.HIVMedicine.com)).
- It is published by a team of authors.
- The average age of the publishers is  $\leq 50$  years.
- The project will appear as a book + a free website.
- The project will be supported on an individual basis.
- The support sum will be paid directly to the authors.

### **FMI tutoring**

A book cannot answer all the questions there are. The author is available to committed colleagues at all times (contact via the known e-mail addresses).

## 7. The seventh day

### **FMI meetings**

You have to experience things, you can't just make them up. But, you can learn from the experience of other people, so it makes sense for the publishers of medical FMI textbooks to meet regularly.

We will organise these meetings and announce them in good time on [www.freemedicalinformation.com](http://www.freemedicalinformation.com). Participation is only possible upon personal invitation.

### **Epilogue**

You have seen how quickly you have produced a book and a website with your team of authors.

Just lie back for a moment and take a look into the future.

Go back to work tomorrow.

Plan the second edition.

The spirit of science is to share information.

Be part of it.



## 7. The seventh day



# Materials

*Letter to your authors – Working with Word –  
Copyright removal*

## A. Letter to your authors

My dear friends,

May we take this opportunity to remind you of the deadline for our book project:

**30th September 2006**

As in the past few years, we can guarantee an author's fee of  $X \text{ €} + Y \text{ €}$  ( $X$  Euro now, another  $Y$  Euro once printing costs have been covered).

On condition that:

- your chapters are updated and the literature published up to August 2006 is integrated into the text;
- the text arrives here by 30th September;
- the citations are newly compiled and correctly formatted (see below for further details).

### Original documents

The text must only be written in the Word document which we have enclosed here. For the design of the texts see the notes in *Free Medical Information* ([www.freemedicalinformation.com](http://www.freemedicalinformation.com)), Chapter 3, Section "Technique".

### Citations

In the text, the citation is placed between round brackets, only giving the surname of the first author and the year (Hoffmann 2004). Please do not use superscript or other formatting. Use no numbers and no first names.

## Materials

In the reference list, citations are formatted as follows: Surname, Abbreviation of first name, et al. Title. Journal Year; Volume: Page-Page.

Example:

Rockstroh JK, Mudar M, Lichterfeld M, et al. Pilot study of interferon alpha high-dose induction therapy in combination with ribavirin for chronic hepatitis C in HIV-co-infected patients. *AIDS* 2002; 16: 2083-5.

There are more details in these three lines than you may think:

- There is no full stop after the initials of first names; several initials are written together.
- The authors are separated by commas, and after the last author is a full stop.
- Up to a maximum of 6 authors, all authors are listed. If there are more than 6 authors, the first 3 are named, then comes a comma, followed by “et al” and finished with a full stop.
- Then comes the title. After the title is a full stop (rarely a question or exclamation mark).
- The journal is given in its standard abbreviated form, e.g. *N Engl J Med* for New England Journal of Medicine, *BMJ* for British Medical Journal. After the journal comes the year, separated only by a space.
- The year is followed by a semicolon.
- This is followed by the volume. After the volume there is a colon.
- The literature item finishes with first page number + dash + last page number. Only the end digits of the last page number, which are necessary for clear identification, are given. Thus, 2423-2429 becomes 2423-9, 134-141 becomes 134-41, 1891-1901 becomes 1891-901.
- There is a full stop after the last page number.

**Further information**

Please send us your bank details now for later transfer of your author's fee, as well as the data required for entry in the list of collaborators (the e-mail address is optional):

Name  
Affiliation  
Street  
ZIP City  
Phone  
Fax  
E-mail

We also require a short CV and a photo for the website (example [www.hiv.net/link.php?id=253](http://www.hiv.net/link.php?id=253)).

Please confirm briefly that you have received this e-mail.

Kind regards  
Pinco Pallino

## B. Working with Word

### Working with styles

Font size and typeface should only be changed via the so-called templates. See the details given in the section “Technique”, Page 40, to this end.

### Compiling the reference lists

Citations must be given according to a uniform pattern. See the details given in the section “References”, Page 39, to this end.

### Tables

Tables serve to break up the text and summarise important information in a concise manner. When designing tables, make sure they are simple and have an unobtrusive layout. Suggestion:

Table B-1: Character formatting

Purpose	Shortcut
Bold type	CTRL+B
Italics	CTRL+I
Changing upper and lower case of letters	SHIFT+F3
Subscribing text (automatic spacing)	CTRL+EQUAL SIGN
Superscribing text (automatic spacing)	CTRL+PLUS SIGN
Back to standard text	CTRL+SHIFT+Z

### Frames

Frames are ideal for summarising a chapter or giving instructions. Example:

### **Planning a medical textbook**

- Only write if you want your book to be No.1.
- Plan annual updates.
- The stylistic finish of the chapters is important to make the textbook pleasant to read. Those who cannot perform this task themselves should delegate the job to a professional reader.
- Agree on differing deadlines with your authors so there isn't a pile-up of hundreds of pages at the editorial office.

### **Keyboard shortcuts**

You write the text with your fingers, so you should use the many keyboard shortcuts. Your hand then stays on the keyboard, and you save yourself the trouble of reaching for the mouse. A detailed survey of keyboard combinations can be found in Tables B-1 to B-14. The most commonly used shortcuts are shaded grey. More detailed lists are available on the internet at <http://hiv.net/link.php?id=254>.

You should use the following shortcuts:

- ALT+CTRL+N: Switch to normal view
- ALT+CTRL+I: Switch in or out of print view
- ALT+CTRL+O: Switch to outline view
- ALT+R: Switch to reading view
- CTRL+N: The paragraph where the cursor is located is given the template “Normal” (body text)
- ALT+CTRL+1: Paragraph becomes “Heading 1”, the first level of subdivision
- ALT+CTRL+2: Paragraph becomes “Heading 2”, the second level of subdivision
- ALT+CTRL+3: Paragraph becomes “Heading 3”, the third level of subdivision
- SHIFT+ALT+ARROW UP or DOWN: Shifts paragraphs or lines in a table upwards or downwards

## Materials

Table B-2: Windows

<b>Purpose</b>	<b>Shortcut</b>
Closes the window	CTRL+F4
Changes to next window	CTRL+F6
Changes to previous window	CTRL+SHIFT+F6
Maximises window	CTRL+F10

Table B-3: Formatting paragraphs(1)

<b>Orientation and indents</b>	<b>Shortcut</b>
Centring a paragraph	CTRL+E
Full justification of a paragraph	CTRL+J
Justified left orientation of a paragraph	CTRL+L
Justified right orientation of a paragraph	CTRL+R
Creating a hanging indent	CTRL+T
Removing a hanging indent	CTRL+SHIFT+T
Removal of paragraph formatting	CTRL+Q

Table B-4: Formatting paragraph (2)

<b>Allocation of templates</b>	<b>Shortcut</b>
Allocation of the template Standard	CTRL+SHIFT+N
Allocation of the template Heading 1	ALT+CTRL+1
Allocation of the template Heading 2	ALT+CTRL+2
Allocation of the template Heading 3	ALT+CTRL+3
Allocation of the template Bullets	CTRL+SHIFT+L

## B. Working with Word

Table B-5: Copying and shifting texts and diagrams using shortcuts

<b>Purpose</b>	<b>Shortcut</b>
Copying texts or diagrams	CTRL+C
Pasting texts or diagrams	CTRL+V
Copying formatting	CTRL+SHIFT+C
Pasting formatting	CTRL+SHIFT+V

Table B-6: Deleting texts and diagrams using shortcuts

<b>Purpose</b>	<b>Shortcut</b>
Deleting a word to the left of the cursor	CTRL+BACKSPACE
Deleting a word to the right of the cursor	CTRL+DELETE
Cutting highlighted text and filing it on the clipboard	CTRL+X
Undoing the last action	CTRL+Z
Cutting and filing in the collection	CTRL+F3
Pasting contents of collection	CTRL+SHIFT+F3

Table B-7: Pasting special characters

<b>Purpose</b>	<b>Shortcut</b>
Page break	CTRL+ENTER
Create a nonbreaking hyphen	CTRL+ HYPHEN (-)
Hard hyphen	CTRL+_
Insert a nonbreaking space	CTRL+SHIFT+ SPACE
Copyright symbol: ©	ALT+CTRL+C
Symbol for a registered trademark: ®	ALT+CTRL+R
Trademark symbol: ™	ALT+CTRL+T
Ellipsis	ALT+CTRL+FULL STOP (.)

## Materials

Table B-8: Cursor movements

<b>Shifting the cursor</b>	<b>Shortcut</b>
To the end of the screen page	ALT+CTRL+PGDN
To the beginning of the screen page	ALT+CTRL+PGUP
To the last working position	SHIFT+F5
To the last position of the cursor before the document was closed	SHIFT+F5

Table B-9: Shifting the cursor within a table using shortcuts

<b>Shifting the cursor within a table</b>	<b>Shortcut</b>
To the next field in a table row	TAB
To the previous field in a table row	SHIFT+TAB
To the first field in a table row	ALT+HOME
To the first field in a column	ALT+PAGE UP
To the last field in a table row	ALT+END
To the last field in a column	ALT+PAGE DOWN
To the previous row in a table	ARROW UP
To the next row in a table	ARROW DOWN

Table B-10: Editing fields using shortcuts

<b>Purpose</b>	<b>Shortcut</b>
Updating highlighted fields	F9
Undoing linkage of a field	CTRL+SHIFT+F9
Showing field function/field finding	SHIFT+F9



Table B-11: Editing text in outline view

<b>Upgrading, downgrading and shifting paragraphs</b>	<b>Shortcut</b>
Upgrading a paragraph	ALT+SHIFT+LEFT ARROW
Downgrading a paragraph	ALT+SHIFT+RIGHT ARROW
Changing into text body	CTRL+N
Shifting the highlighted paragraph up	ALT+SHIFT+UP
Shifting the highlighted paragraph down	ALT+SHIFT+DOWN

Table B-12: Changing the display in outline view

<b>Purpose</b>	<b>Shortcut</b>
Expanding text under a heading	ALT+SHIFT+PLUS
Reducing text under a heading	ALT+SHIFT+MINUS
Expand or collapse all text or headings	ALT+SHIFT+A
Showing the first line or the whole body of text	ALT+SHIFT+L
Showing all headings on level 1	ALT+SHIFT+1
Showing all headings down to level n	ALT+SHIFT+n

Table B-13: Working in windows and dialogue windows

<b>Switching between windows</b>	<b>Shortcut</b>
Next application	ALT+TAB
Previous application	ALT+SHIFT+TAB

## Materials

Table B-14: Function key shortcuts				
Function key	SHIFT	CTRL	CTRL+ SHIFT	
F3	Change the upper and lower case of letters	Cut and file in collection	Paste collection contents	
F4	Repeat instruction search or go-to	Close document		
F5	Go-to (Menu Edit)	Return to previous working position	Restore previously shown size of a document window	Editing a text marker
F6			Move on to next document window	Return to previous document window
F7	Spell Check (Menu Tools)	Thesaurus (Menu Tools)		
F9	Update selected fields	Show field function/field finding	Insert an empty field	Undo linkage of field

## C. Copyright Removal

<ML> = your mother language

### **HIV Medicine Free Book Initiative**

HIV Medicine 2005 is a medical textbook that provides a comprehensive and up-to-date overview of the treatment of HIV Infection (800 pages, ISBN 3- 924774-44-7).

Access is free of charge. HIV Medicine will be updated every year.

Under certain conditions, the editors and the authors of HIV Medicine 2005 agree to remove the copyright on their book for all languages except English and <ML>. You could therefore translate the content of HIV Medicine 2005 into any language except <ML> and publish it under your own name. This policy is in accordance with the Amedeo Free Book Initiative.

To benefit from this offer, you have to comply with the following conditions:

1. Reproduction of the content of this site is not permitted in English or in <ML>.
2. You may apply for translation into no more than two languages.
3. You may publish the translation under your own name. However, the main page of the publication – be it the home page of a website or a book cover – must mention the source of the information in this way:

Adapted from

**www.HIVMedicine.com**

by Hoffmann, Rockstroh, Kamps, et al.

On a book cover, the size of the acknowledgement must be half the size of the publishing authors' name. On Internet pages, the font size has to be 2. In both cases, [www.HIVMedicine.com](http://www.HIVMedicine.com) has to be bold face. In addition, the authors of the individual chapters have to be mentioned at the beginning of every single chapter.

4. The translation into any other language must reproduce the original documents faithfully. However, if national treatment guidelines, drug approval conditions or treatment-related issues specific to your country differ from what is recommended or

## Materials

described in HIV Medicine 2005, you must add a note to point out that difference.

5. Neither the Publisher nor the editors of HIV Medicine 2005 assume any responsibility for the quality of your translation or for possible injuries and/or damages to persons or property caused by the use of your translation.
6. Pay the greatest attention when translating crucial information such as dosage, dosage schedules, therapeutic regimens, drug descriptions, etc. Before publishing the translation of HIV Medicine 2005, include a disclaimer statement.
7. Translating the text into any language does not confer on you any exclusive rights for that given language. If other working groups wish to translate HIV Medicine 2005 into the same language as you do, we encourage them to do so.
8. Under no circumstances may a translated version be re-translated into English or <ML> (see above).
9. Please note that when submitting your data, you may indicate that you wish to be put in contact with other people who intend to translate HIV Medicine 2005 into the same language as you do.
10. To apply for permission to translate HIV Medicine 2005, please submit your name, affiliation, e-mail address and phone number. Usually, your request will be processed within less than 72 hours. It may be rejected without justification. You need our written consent to proceed with the translation. Do not start work on it without our authorisation.

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Today, doctors can be publishers – computer technology and the internet make it possible, and book projects are tempting in terms of money. A doctor who publishes his own textbooks can earn many times what he would be paid in royalties by a publishing house. More important than this, however, is the fact that a doctor who writes and publishes wants his texts to be read by as many colleagues, students and patients as possible. The best way to achieve this is through free parallel publication of these texts on the internet.

**Free Medical Information** describes how to produce a successful medical textbook: from defining the project, selecting the co-authors and fixing the deadlines to building the website, printing, marketing, distributing, and negotiating with the sponsors. 15 years of experience help to avoid the pitfalls.

A book for future publishers and authors, for doctors and students – for all those who would like to know how medical textbooks are produced today.

**Bernd Sebastian Kamps** (BSK) is the director of the international Amedeo Literature Project ([www.Amedeo.com](http://www.Amedeo.com)) and the founder of Flying Publisher ([FlyingPublisher.com](http://FlyingPublisher.com)). He is co-editor of [www.HIVMedicine.com](http://www.HIVMedicine.com).