

# Book reviews in the medical scholarly literature

## Part II: “This book portrays the worst form of mental terrorism”

by Françoise Salager-Meyer

In Part II of this article on medical book reviews, I will attempt to show the evolution of what linguists call ‘the voice’ of criticism. Language, indeed, is not static, but dynamic and it evolves along with, inter alia, societal changes. Therefore, after the brief historical incursion on medical book reviews (BRs) published in *TWS* [17(2):82-3]), I would now like to examine how the critical voice or ‘rhetorical persona’ of the book reviewer has changed over time. Towards that end, I will provide examples drawn from two distinct corpora of BRs: one from the 1930s-1940s when BRs became a regular feature of most Anglo-American medical journals and another one from the closing years of the 20<sup>th</sup> century.<sup>1</sup> In a certain way, this small contribution will also respond to the call for examples of the style in which science used to be reported [*TWS*, 17(2):81].

### Emotionality and face-threat intensity

One of the pragmatic markers of mid-20<sup>th</sup> century medical BRs was the emotional, devastating, even downgrading, tone with which critical comments to books were then formulated. This emotional tone (linguistically realised, inter alia, by means of emphatic adverbs like ‘very’, ‘totally’, ‘undoubtedly’, etc) was itself intimately related to the level of threat, mid-20<sup>th</sup> century BRs being much more face-threatening to the book author than today’s BRs are. Obviously, the thornier the issue dealt with in the book, the more cutting and pitiless the dispute tone of voice. It is important to note, however, that whether the book dealt with a delicate (i.e. ideologically tainted) topic or not, critical comments in early BRs were always more categorically and emotionally expressed than those in today’s BRs.

For example, referring to the prickly issue of the influence of trauma on disease—which the reviewer, contrary to the book author, fervently supported—a book reviewer uttered the following infuriated critique in highly emotional, violent, categorical and face-threatening terms:

1. ‘*Trauma and Disease*’ is a very bad book. It amounts to such a blatant attack on intelligent inquiry... It portrays the worst form of mental terrorism used against any who is interested in the facts. (1938)

In another BR on a less delicate topic, the reviewer made the following merciless criticism in slightly less emotive terms:

2. For me, the book is very disappointing. That the total number of pages remains the same (as that of the original description of the disease) is due to arbitrariness on the author’s part... The senior author fails to discuss important issues... The discussion of radiation therapy completely fails to deal with the fundamentals of this subject. (1933)

Then the reviewer kept on criticizing orthographic errors, careless proofreading and mediocre radiographs reproduction.<sup>2</sup>

Here are a few more examples which illustrate the cutting, merciless emotional tone of voice of critical comments in mid-20<sup>th</sup> century BRs:

3. The case reports themselves are so full of speculative and interpretative comments that they do not spell out, in any convincing or clear way, the author’s particular psychoanalytic viewpoint... Garma’s theory elaborates no boundaries at all between validated fact, informed hypotheses and the still unknown... This claim is not supported by any impressive evidence. (1941)
4. The book totally fails to accomplish what a monograph should. (1942)

Quite frequently, in the 1930s-1940s, BRs ended up with a harsh disrecommendation, such as:

5. The advice to the would-be buyer is simple: don’t (buy the book). (1938)
6. Anyone buying the book on the basis of the title and cover is in for a disappointment. (1934)

Here is another example of a categorical negative final appraisal made to a book published in 1958:

7. Students and residents would undoubtedly do better with more selective and organized texts, plus the journals themselves. (1958)

<sup>1</sup> For the sake of simplicity, I shall refer to the former corpus as “mid-century BRs” and to the latter as ‘today’s BRs’.

<sup>2</sup> The issue related to the targets of criticisms in medial BRs will be dealt with in Part III.

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and the sarcastic and cynical final verdict made to another book published at that same time:

8. Psychiatrists and psychologists ought to read this book, even if only to be enraged. (1958)

The tone of voice of critical comments in today's BRs is also very direct and straightforward, but much less emotional, i.e. more dispassionate and matter-of-fact as examples 9 and 10 below illustrate. Moreover, negative comments in today's BR are most of the time followed by positive remarks (not so in mid-20<sup>th</sup> century BRs) that are themselves preceded by metadiscourse markers such as 'however', 'nevertheless' or 'but':

9. A major weakness of the book is its lack of depth in some subject areas. References supplied are mostly review articles that reflect the author's bias. *However*, this text is an excellent collection of articles written by outstanding expert authors. (2000)
10. The book does not encompass the whole range of gastroenterology and hepatology, *but*, for those topics that it does cover, it provides an excellent reference to current scientific knowledge. (1999)

No cutting tone, no emotion here. Plain, flat, dispassionate negative comments which do not threaten the book author's face as much as the critical remarks recorded in earlier BRs did.

### Presence of humour

Another important rhetorico-pragmatic difference between mid- and end-of-20<sup>th</sup> century BRs lies in the presence of humour in association with negative comments to be found in early BRs only (examples 11 to 16 below).

The following humorous comment was made to a book entitled *Physical Diagnosis* published in 1958, right in the middle of the cold war. After bluntly asking whether there is "a place for a book on physical diagnosis" and whether "such a book makes sense at all", the book reviewer suggests "a bold new step", i.e. the adoption of a new approach to the problem of physical diagnosis:

11. I hereby contribute the following suggestions gratis.... Got the idea? OK.... Our 'text' should consist of some records of sounds, murmurs etc. to replace the totally inadequate written words describing such phenomena. Finally, our 'text' should include a 10 to 15 minute film showing an expert diagnostician performing a complete physical examination, from beginning to end. (For this last section, I recommend that the editors of *Playboy* be canvassed to get nominations for the examinee.) All right, so snicker. I'll bet the Russians are doing it already. (1958)

In the following example, the book reviewer, criticising the extreme eclecticism in a book on the treatment of neuroses, humoristically referred to a book chapter as "a lyrical piece on anxiety" and to the fact that:

12. ... obsessiveness has been avoided in the preparation of this work that has more of its share of 'misprints'. (1945)

The following humorous negative remark was formulated to a book entitled *Grow Up .. but Do Not Grow Old. Be Your Sex Age* published in 1952:

13. Unfortunately, the author does not indicate where one can obtain possession of the inner strength which is the prerequisite for such a vigorous program, nor does she provide the key for objective self-analytic appraisal.

Another book reviewer sarcastically ended up his final evaluation (after a rather lengthy and detailed listing of negative comments):

14. After overlooking all the defects (which is hard, alas!) ... (1942)

Full of humour too are the following comments:

15. It is disturbing, for example, to see Eysenck (the book author) quote the 'confirmation' by Shagaas of Eysenck's theories when Eysenck's and other workers have failed to reproduce Shagaas's data! The net result is a feeling of admiration for the author's industry and imagination mixed with a sort of intuitive distrust of the reproducibility of data.... It is difficult to be more genial or more precise than this. (1938)

16. There is also quoted on page 2 what must be the longest word in the English language (antifloccin-aucinihilipilificationistically). (1944)

One example only of (black) humour associated with a negative remark was recorded in the corpus of today's BRs analysed:

17. My reaction to Singer's work is akin to discovering that a friend has served me her pet for dinner. (2000)

In the third and last Part of this article series, I shall focus my attention on the evolution of the targets of criticisms in medical book reviews.

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