Chapter 1

Elements of Composition

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Idea Development

The scribes of ancient Egypt were among the earliest groups of writers. They held a special place in the culture of that time, serving as the conduit for information, both mundane and sacred. Excavation of the cities of artisans who constructed the temples and tombs of the pharoahs has revealed a mixture of letters, prayers, shopping lists, contracts, and general messages among people of the time. The scribes were not, I imagine, writing for readers 3500 years later. However, scholars now use those shopping lists and contracts to understand ancient Egyptians better and, by inference, understand ourselves.

Being a scribe is also a craft. Various individuals in early Egypt could sculpt, draw, sing, or govern. Others had responsibility for developing the craft of writing. Although a difficult occupation, it was one full of pleasures. As one scribe wrote to his son in 1400 B.C. from Deir el Medina in the Valley of the Kings:

There is no office free from supervisors except the scribes. He is the supervisor! The office of scribe is greater than any office. There is nothing like it on earth.

We are the scribes of the late twentieth century. Our literature becomes a time capsule.

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Writing is a historical act. The role of written communication has been to document human history; our knowledge of human culture and values exists because someone has written about it.

Biomedical writing has its place in the documentation of the growth of ideas. It represents one view of the world we live in, its truths and its problems. Family medicine as a subset of that world has a particular view. The interdisciplinary nature of family medicine offers a wider range of experience and, consequently, a wider range of writing than most other medical disciplines. For that reason also, what we say will affect more than our own corner of medicine.

Ideas contained in the literature of a discipline reflect the values of that discipline—what is important. Our own assessment of the need to alter those values often determines whether we write something. Finally, writing depends on the relative value we see in doing so for ourselves and for our contemporaries.

Although authors report that the lack of an idea is a major impediment to family physicians writing (Curtis, 1981), most writing fails, not for lack of an idea, but from the authors inability to master the mechanics of writing. We do write every day even if we do not write for journals. However, the relationship of writing in patients' charts to writing for a biomedical journal audience is analogous to the relationship between singing in the shower and performing a solo with the local symphony. Either transition is made only through work, practice, and pain. This monograph will discuss problems with style, format, and protocol, and make suggestions that will help the writer do a better and more successful job of written communication. A monograph will not generate ideas. We must do that for ourselves.

The great American physician-writer William Carlos Williams repeatedly stated, "No ideas but in things." Williams' work illustrates that phrase through its range of stories and poetry drawn from his experience as a family doctor. Most of our ideas come from the "things" of our lives as physicians and educators in constant contact with others.

Reading

One invaluable source of ideas is reading. We become involved with our discipline through the things we read. Journals provide ideas which we use to change how or what we teach, or the way we care for patients. In addition, reading creates connections between our own experience and what others have written. Those connections help develop new ideas—different ways of seeing—that can be used or studied. The generalist nature of family medicine as an academic discipline is both exhilarating and intimidating. A narrow subspecialty field has well-defined limits with a narrow range of subjects and style. Family medicine has very few limits, opening up all of experience to scrutiny and discussion. For example, a recent issue of Family Medicine contained articles on hyperkinetic children,