TL; DR (too long; didn’t read) medicine and pocket-sized textbooks

Nicholas M Beech

“I love the smell of a freshly opened textbook …”

Studying medicine in the internet age is fascinating, daunting and depressing. Fascinating because we can instantly YouTube anything — from clinical examinations and suturing techniques to recordings of laparoscopic surgery and lectures on any topic imaginable — and at any time. We can Google image-search anything from Janeway lesions and Roth spots to erythema nodosum and pancreatic panniculitis, granting us a wealth of experience in a mouse click.

It’s daunting because the knowledge base already contains more information than a student can possibly hope to learn if we devoted a hundred lifetimes to the art. And it’s ever-growing. There is no pause, no rewind. Management regimens change and new drugs are born, and we will need to know them.

And it’s depressing because we don’t know where to begin searching, or where to stop. We lack guidance because there is no guide. We seek mentors, yet even consultants struggle with the same problems. It’s so easy to feel as though you don’t know anything, to despair and burn out with learned helplessness. There is too much for us to learn, and with this wealth of information readily available, we find ourselves asking, “why bother?”

If someone needs antibiotics, we have the electronic Therapeutic guidelines to tell us which ones and what dose to use, and if someone has a hand fracture, we can just Google-search the bones before we call the orthopaedic registrar.

Every computer has the internet (it is a “right”) and a staggering number of students spend much of ward rounds on their iPhones, fiddling with “apps” and browsing databases.

I love textbooks though. I love the smell of a freshly opened textbook, the feel of its glossy cover and crisp pages, and how it makes me feel smarter just by purchasing it. When I’m in a bookshop, I could be anything … if I just buy the right book.

More than that though, I love the finite potential and predictability. Because I know the maximum number of pages, I am inspired. I can master this, I can finish this. There is a clearly defined goal, and I can achieve it. There are no links to other textbooks; just neat, discrete chapters.

These points sit in stark contrast to the limitless electronic world in which a goal is seen as a boundary or wall; some kind of oppression. To me, these walls are comforting (which may make Steve Jobs at Apple cry). For one medical school, a shift away from paper to electronic media back to textbooks resulted in dramatically increased test scores.

It is interesting that this expansion of knowledge is coupled with a shrinking of attention span — what I call “TL; DR (too long; didn’t read)” medicine.

To save us from the current deluge of facts, enterprising geniuses have united (briefly) to create a solution. Enter the era of neat, discrete chapters.

Resources are rated as high or low yield, based on examination potential, and so receive a proportionate study time. This solution is not new. Physicians admit to glancing over articles, as there simply isn’t enough time to read multiple journals in their entirety (or that’s what I gathered from the abstract anyway). Nothing better combines the joy of the comforting boundaries, sense of accomplishment and relevant pearls than the pocket-sized medical book. These high-yield publications retain breadth, omit the unnecessary and, without much effort, give us the feelings of achievement that we so desperately long for and are denied by modern medical education.

They are the quick-fix junk food of medical literature, and I need a hit. I learned electrocardiograms (ECGs) from The ECG made easy, like all good medical students. I shun large Robbins for mini-Robbins. The Oxford handbook of clinical medicine trumps Harrisons. The other day I saw a small Guyton and Hall and immediately resented all the time I wasted in first year reading the big one.

And so, TL; DR: I like pocket-sized textbooks. Their easy-to-read, pocket-sized pages may make my world smaller, but they make it happier.

Competing interests

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Author details

Nicholas M Beech, BSc, Third-year Medical Student
University of Queensland, Brisbane, QLD.
Correspondence: nicholas.beech@uqconnect.edu.au

References

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Too Long; Didn’t Read. "tl;dr" is an expression in the form of internet slang and an abbreviation. It is used to summarise an otherwise lengthy amount of text down to a short paragraph or a couple of sentences/words. "tl;dr" is used by people who feel that the content is too long; didn't read. While the internet acronym can criticize a piece of writing as overly long, it often is used to give a helpful, witty, or snarky summary of a much longer story or complicated phenomenon. Related words: Too long; didn't read. Initialism used in response to a writer that doesn't know when to shut the fuck up. Most of what is found on LiveJournal is considered TL;DR.

Notable examples of this facepalmingly annoying writing trend include The Holy Babble, everything ever written by Bill O'Reilly, and most of Encyclopedia Dramatica. TL;DR in all forms is a bannable offense on the Something Awful forums. The polar opposite of TL;DR is TS;DR, which nobody fucking uses. "tl;dr" (abbreviation for too long; didn't read) is an internet slang expression commonly used in discussion forums as a shorthand response to previous posts that are deemed unnecessarily long and extensive. Due to its indiscriminate usage by many, "tl;dr" is frequently considered as spam or meaningless replies by both those unaware of the term and those who are familiar with the meaning. It is then paired with a brief summary of the longer original text. Image macros of teal deers are sometimes used in place of "tl;dr", due to it sounding close to "tee el dee are." Related Concept: RTFM. In communities where information is valued, "tl;dr" is often unwelcome, as it is antithetical to the more widely-accepted philosophies of RTFM (Read the Fucking Manual) and Lurk Moar.