



"I try to imagine what font my consultations would be if they were conducted in written text. Baskerville Old Face for my octogenarians, perhaps ..."

General practice: font and centre

I have a friend who is a font designer. I remember asking when he first told me of his occupation: *'Would there be much of a demand for new fonts? Surely most churches would have one.'*

But he quickly corrected my misapprehension and confirmed that he was talking lexicographical, not baptismal, and that he spent the day shaving edges off letters, not marble. *'You know, fonts. Like Times New Roman. Or Calibri,'* he followed up, *'Or Broadway, if you want to be bold.'*

After an awkward pause, I realised that he had made a typographical joke. Admittedly, it was not so much Comic Sans as sans comedy, but I laughed politely. I didn't want to come across as Arial Narrow-minded.

Completely unexpectedly, since that first bad gag (his, not mine), I have become somewhat obsessed with all things font-related. I recoil now when I spy an inappropriately wide gap between letters in a word or a yawning chasm of sloppy kerning. The revolutionary website www.bancomicsans.com is bookmarked as a favourite. And the erroneous use of an em dash instead of a hyphen now sends me into apoplexy — actually I looked that one up. Its' worse than being an apostrophe pedant (yes, grammatical error intended).

But lamentably, I have since discovered that the intersection of family medicine and fonts is sadly limited. To prove my (disap)point(ment), a quick search revealed that there are only a paltry 65 articles in MEDLINE that have 'font' in the title, and none relate directly to general practice.

(That said, some of the studies are worth a look regardless. Font size and readability appears to be a reasonably well-researched area: in one study, perhaps not altogether groundbreaking, questionnaires written in larger font led to better responses than those in small print when surveying older people.¹ Apparently, Courier is particularly good for patients with macular degeneration.² And in one truly extraordinary case report, humble old Times New Roman was linked to EEG-confirmed 'font-specific' reading-induced seizures in a 52-year-old woman.³ The authors concluded that this most traditional of fonts, with its 'ornate serif', was sufficient to activate the patient's 'ictogenic

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hyperexcitable neuronal network'. Finally, in the first PubMed entry I have ever seen which lists the abstract as being of 'undetermined language', the climate of Font-Romeu, a French Pyrenean resort, is described as being beneficial for 'dystonics affected by colic and hepato-biliary disorders' [well at least it was in 1951].⁴

Mirroring this scant type-related academic output, I have found real life general practice to be similarly lean. Apart from the occasional patient t-shirt to read, or medical newspaper to ponder in the tea room at lunchtime ('Errgh, Verdana!'), clinical work is pretty light when it comes to appraising the subtle beauty of an elongated serif or the appropriate use of an ellipsis.

Sometimes, when I'm really hanging out, I try to imagine what font my consultations would be if they were conducted in written text. Baskerville Old Face for my octogenarians, perhaps, or Adobe Gothic for the adolescents. Do antenatal patients converse in Courier New? It would all be so much easier if patients' hidden agendas were bolded, or italicised, or underlined. Or all three! *'The headaches are a little worse, doctor, and now **I'M GETTING A LITTLE BIT WORRIED ABOUT THEM.***

Similarly, I now look out for footnotes when patients tell me their story. For example, when a patient says *'Things are fine at home^a,*' I hunt for that enlightening superscripted numeral (often somewhere near their ankles), that might preface something like: *'... ^aby "fine", I really mean that I am not coping and my husband treats me worse than the cat.'*

So, yes, I'm fanatical about fonts. Infontuated perhaps? I guess I'm just that way *inclined*. On reflection though, it's probably a good thing that the fontophilia my mate introduced me to was stencil, not stone. There's even less chance of fitting the latter in my consultation room.

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