Editorials

PLAIN ENGLISH

Writing is an instrument for conveying ideas from one mind to another; the writer's job is to make his reader apprehend his meaning readily and precisely.
(Sir Ernest Gowers).

The question " Why are medical journals so dull? " has recently been posed by DR RICHARD ASHER. Wrappers, covers, the placing of advertisements, and lack of colour are, he thinks, some of the factors, but chiefly he blames lack of style in the writing and presentation of articles. So many authors, he says, " clog their meaning with muddy words and pompous prolixity; they spend little time in seeking the shortest, neatest and plainest way of putting down their meaning ".

Even when well presented many of the papers in the leading medical journals are incomprehensible to all except specialists in the subjects treated. Partly, this is due to the specialist's need to express what he means in concise terms capable of precise definition; for every specialty has its jargon, every trade its lingua franca. There can be no quarrel with this, but surely there is an obligation on everyone who writes to express his meaning in plain, unambiguous terms that can be understood by the majority of intelligent readers. All lawyers and legislators take care that the words they use shall be capable of no misunderstanding, but no one will claim that the deeds and statutes so produced can be readily comprehended. Sometimes, indeed, in their endeavour to attain clarity they achieve fatuity—we remember seeing an order relating to the keeping of poultry containing the statement that " eggs means eggs ". Always legal documents lack that indefinable quality of readability which can hold the reader's interest.

Our impatience with this kind of writing is allayed by the knowledge that the meanings expressed have to be explicit and be capable of no other interpretation: It is a kind of specialist writing. Papers written for medical readers are in the same way intended for a special class of reader and it would be expecting too much that they should be easily understood by those who have not studied the Art. When, however, we find that an essay in a medical journal is only intelligible to a small section of the profession we are entitled to wonder; are all these long, unfamiliar words really necessary? The subject of neologisms has been ventilated recently in the correspondence column of *The Lancet* by SIR GEORGE PICKERING, DR H. M. PAPWORTH and others. The word which roused the ire

of these writers was " haemorheology " which, so far as we can understand it, is intended to mean the study of the factors concerned in blood-flow. It seems that there are societies devoted to the study of rheology—the science of the deformation and flow of matter—in many parts of the world and the third International Congress on Rheology is about to sit in Germany; in fact, rheology is a branch of physics, well understood by physicists, but not by physicians.

The passion for cryptology is not confined to medical specialists, as an inspection of the pages of *Nature* will reveal. Nor is it amongst scientists only; writing on " The writer's predicament" in the *Times Literary Supplement* on August 15th, Maurice Cranston draws attention to the observation of Professor Gilbert Ryle that, whereas writers on philosophy in the late Victorian era would publish their articles in reviews and periodicals that were read by the ordinary reading public, they now offer their work to specialist journals which are only read by other philosophers. By doing so, according to Professor Ryle, they have become better philosophers. Mr Cranston observes " but one may ask whether philosophers have become at the same time better writers ", and he concludes: " The word ' author ' tells us little enough as it is about a man's literary activities; it may soon be useful only for concealment; for soon there may be no authors, but only authorities who have borne witness to their expertness by writing books, books which other experts alone will be able to judge, and which, perhaps, in the end, other experts alone will be able to understand ". These are ominous words, and there is some truth in them.

Even in the sphere of administration, for the purposes of which it might be supposed that there were already enough plain English words to express all ordinary grades of meaning, new words and phrases have been coined. Those new specialists, the hospital administrators, have not been backward in copying the other specialists whom they work alongside. Cases are " hospitalized ", the hospital is measured by its " beddage ", and the time the patient spends in hospital is expressed as " through-put ". We hear so much about the impersonal atmosphere of our hospitals, that we are apt to think that it is an inevitable feature inherent in any institution; to describe in such distasteful jargon those who in sickness seek harbourage therein can only give support to this belief.

We inherit a beautiful language. It is as worthy of preservation as any other part of our heritage. In this age of specialism when the blessings of science and the utility of technology are lauded with almost religious fervour should not a little time be spent in learning

how to describe all the new wonders that are so constantly appearing, in phrazes worthy of their mysteries? Might not universities and colleges of technology have departments of Applied English attached to them? A study of the style of Darwin, Malthus and Adam Smith, of Addison, Gee and Hutchinson, might form the ground work of the course. Only by this or in some similar way is there any prospect of the language of Thomas Browne and Oliver Goldsmith being saved from oblivion.

ACCORDING TO PRECEDENT

" Such are the inevitable consequences of consulting men who decide by precedents which have no resemblance, and never busy themselves about the idiosyncrasy of their patients."—Benjamin Disraeli, in Contarini Fleming, about doctors.

Disraeli peppered his many novels with epigrammatic comments on life; they look much like his own opinions even when they are mouthed by his characters. This one was surely what he thought himself. We know that his own doctor, Dr Kidd, was a homoeopath and we know that Disraeli suffered at different times from " difficult " symptoms and illnesses—palpitations, depression, headaches, asthma. People usually try the unorthodox in medicine only after they have found the orthodox wanting.

It is in character that he should put his long finger on a weak spot. What he says about us doctors is uncomfortably near the truth.

We undoubtedly decide by precedent. This is the essential way in which we are taught to diagnose and treat. We listen and examine and test so that we may fit the patient into a diagnostic pigeon-hole; from this secure perch we may know how to predict the future and treat according to precedent. Precedents serve us well.

This is the main satisfaction which we obtain as medical students —seeing the patient and being successful in identifying him with the classical case which our text-book describes. If his is an unusual case, there is sure to be a more advanced text-book where we will find him described.

We will discover before long that there are patients for whom no precedent can be found in any text. If we have not discovered it before, we cannot escape it in general practice. But, because of our training, this difficulty never ceases to find us at a disadvantage. The text-books, the resemblances, the precedents are our life-line.

There are the rare syndromes which find no precedent with us because we never met them or because memory has faded; these are not a large problem. Most of the ' idiosyncrasies ' will be the