Exercise 9-1: Medical Language: Abbreviations and Symbols

This manuscript is based on an excerpt from Diane Johnson, "Doctor Talk," in *The State of the Language*, edited by Leonard Michaels and Christopher Ricks (Berkeley: University of California Press, 1980), pp. 396–98, and is used with permission of the publisher. For purposes of the exercise, errors were introduced and other changes were made to the published text.

Until recent times, doctors spoke a magic language, usually Latin, and mystery was part of your cure. But modern doctors are rather in the situation of modern priests; having lost their magic language, they run the risk of losing the magic powers too.

For us, this means that the doctor may lose his ability to heal us by our faith—and doctors, sensing powerlessness, have been casting about for new languages in which to conceal the nature of our afflictions and the ingredients of their cures. They have devised two dialects, but neither seems quite to serve for every purpose. For this is a time of transition and trial for them, marked by various strategies, of which the well-known illegible handwriting on your prescription is but one. For doctors themselves seem to have lost faith too, in themselves and in the old mysteries and arts. They have been taught to think of themselves as scientists, and so it is first to the language of science they turn, to control, and confuse us.

Most of the time scientific language can do this perfectly. We are terrified, of course, to learn that we have "prolapse of the mitral valve"—we promise to take our medicine and stay on our diet, even though these words describe a usually innocuous finding in the investigation of an innocent heart murmur. Or we can be lulled into a false sense of security when the doctor avoids a scientific term: "You have a little spot on your lung"—even when what he puts on the chart is

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"probable bronchogenic carcinoma."

With patients, doctors can use either scientific or vernacular speech, but with each other they speak Science, a strange argot of Latin terms, new words, and acronyms, that yearly becomes farther removed from everyday speech and is sometimes composed almost entirely of numbers and letters: "His pO_2 is 45; pCO_2, 40; and pH 7.4." Sometimes it is made up of peculiar verbs originating from the apparatus with which doctors treat people: "Well, we've bronched him, tubed him, bagged him, cathed him, and PEEPed him," the intern tells the attending physician. ("We've explored his airways with a bronchoscope, inserted an endotracheal tube, provided assisted ventilation with a resuscitation bag, positioned a catheter in his bladder to monitor his urinary output, and used positive end-expiratory pressure to improve oxygenation.") Even when discussing things that can be expressed in ordinary words, doctors will prefer saying "he had a pneumonectomy" to saying "he had a lung removed."

One physician remembers being systematically instructed, during the fifties, in scientific-sounding euphemisms to be used in the presence of patients. If a party of interns were examining an alcoholic patient, the wondering victim might hear them say he was "suffering from hyperingestion of ethanol." In front of a cancer patient, they would discuss his "mitosis." But in recent years such discussions have not conducted in front of the patient at all, because, since *Sputnik*, laypersons' understanding of scientific language has increased so greatly, that widespread ignorance cannot be assumed.

Space exploration has also had its influence on the *sound* of medical language. A CAT (computerized axial tomography) scanner, de rigueur in an up-to-date diagnostic unit, might be something used to look at the surface of Mars. The resonance of physical rather than biological science has doubtless been fostered by doctors themselves, who, mindful of the extent to which

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their science is really luck and art, would like to sound microscopically precise, calculable and exact, even if they cannot be so.

Acronyms and abbreviations play the same part in medicine that they do in other walks of modern life. We might be irritated to read on our chart that "this SOB patient complained of DOE five days PTA." (It means: "this short-of-breath patient complained of dyspnea on exertion five days prior to admission.") To translate certain syllables, the doctor must have yet more esoteric information. Doctor A, reading Doctor B's note that a patient has TTP, must know whether Doctor B is a hematologist or a chest specialist in order to know whether the patient has thrombotic thrombocytopenic purpura or traumatic tension pneumothorax. That pert little ID means "identification" to us, but "intradermal" to the dermatologist, "inside diameter" to the physiologist, and "infective dose" to the bacteriologist.

Sometimes doctors must speak vernacular English, but this is apparently difficult for them. People are always being told to discuss their problems with their doctors, which, considering the general inability of doctors to reply except in a given number of reliable phrases, must be some of the worst advice ever given. Most people, trying to talk to the doctor—trying to pry or to wrest meaning from evasive remarks ("I'd say you're coming along just fine.")—have been maddened by the vague and slightly inconsequential nature of statements that, meaning everything to you, ought in themselves to have meaning but do not, are noncommittal, or unengaged, or have a slightly rote or rehearsed quality, sometimes a slight inappropriateness in the context ("It's nothing to worry about really"). This is the doctor's alternative dialect, phrases so general and bland as to communicate virtually nothing.

This dialect originates from the emotional situation of the doctor. In the way passersby avert their eyes from the drunk in the gutter or from the village idiot, so doctors must avoid the

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personality, the individuality, any involvement with the destiny of his patients. Doctors must not let themselves think and feel with patients. In order to retain objective professional judgment, the doctors have long since learned to withdraw their emotions from the plight of the patient.

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STYLE SHEET

Author/Title: Johnson/"Doctor Talk"

Date: March 10, 2024

Dictionary: *Merriam-Webster's Collegiate Dictionary,* 11th ed.; *Merriam-Webster Unabridged*

Style Manual: *The Chicago Manual of Style*, 17th ed.

Alphabetical List of Names and Terms

CAT scanner

computerized axial tomography

de rigueur

hyperingestion

passersby

PEEPed

positive end-expiratory pressure

Science

Sputnik

up-to-date

well-known

Numbers and Dates

Spell out numbers under 101 except for medical values

the fifties

Abbreviations

DOE (no periods)

pCO_2

pH

pO_2

PTA

SOB

Doctor A, Doctor B

Miscellaneous

Italics for words used as words

Reflection

1. I missed a few queries, but I believe I got most of them. This activity had a lot of word repetitions. I queried most of them, but I skipped over a few without realizing it. The stuff I did manage to edit, I edited correctly. The medical language threw me in a loop, though.
2. The newest thing I learned from this activity was how to edit medical articles/documents. I've never edited something with so many medical terms and it kind of made my head hurt! Doing this activity really made me realize the importance of looking up terms that I'm not confident about. I think it would be beneficial to review more scientific/medical articles since I could end up working for a company that produces those kinds of work. The beginning of chapter 9 in the handbook where it specific examples of things that need to be abbreviated and which ones do and don't need a period in them helped me the most. I feel like I focus too heavily on fiction editing, so this class has been a big help. To further improve my editing strategies, I need to familiarize myself with more nonfiction work, especially scientific journals since our final project will be editing one.