

DOCTORS' SPEECH AND MEDICAL TERMINOLOGY TODAY

Karl Holubar, M. D.,

Professor of Dermatology & History of Medicine,
University of Vienna, Vienna, Austria

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حافظ

(from the slab of Hafiz' tomb in Shiraz)

Let me start off with a few statements.

(i) No other discipline of the sciences is so much criticized as is medicine because doctors use a vocabulary of their own. The fact, that every person will be in touch with medicine during his or her life, will make this vocabulary specially interesting, even emotional.

(ii) This special vocabulary will bring distance between patient and doctor. Its proper and careful employment is as much an art as is medicine itself.

(iii) Once doctors come from different medical specialties, they may have difficulties to understand each other because each discipline develops its own terminology.

(iv) Increasingly, terms are formulated in English only, or, with totally insufficient knowledge of classical Latin and Greek, not to speak of Arabic.

The oldest terms in international medicine come from ancient Greece, from the corpus Hippocraticum, (Hippokrates = BUKRAT, بقراط in Arabic), e.g. *αναστομη*, i.e. to cut open

(anatomy), or cancer from *καρκινοξ* = lit. crab, cancer, or surgery, *chirurgia*, from *χειρ* = hand, etc. Aulus Cornelius Celsus in the first century C.E. (A.D.) was the first to write in Latin; Galenos (جلینوس in Arabic) of Pergamon, today in Turkey, compiled and traded the Hippocratic vocabulary. Greek was spoken till 1453 in Constantinople, (Byzantion, استنبول), till Mehmet Fatih conquered the city. Nevertheless the mainstream of tradition went through the Syrian, Persian, and mainly, the Arabic language. Shapur I. and the battles with Emperor Valerian of Rome in the 3rd century were a turning point. Naqsh-e-Rustam offers proof of that fight and Gond-e-Shapur came into being.

Of all the famous scholars of Islam, like Rhazes, Ali Ibn al Abbas, Abu Mansur Muwaffaq al Harawi and others, Avicenna 980-1030 and his *kitab al-qanun fi-ttibb* must be considered the highest authority. Alcohol, aldehyde, algebra, etc., are still in use and most people don't know their origin. Eventually, in the Renaissanceperiod, Europe churned out its own Latin or Greco-Latin terminology which has been kept since, Vesalius (1514-1564), of German parents, born in Belgium, professor in Italy, who died in Greece, was the author of greatest importance who compiled a latin vocabulary which became authoritative.

Since the 18th century terms in the various national languages are coined and included in the contemporary terminology.

Parallel to the development of specialties, that is, during the last 200 years, and increasing number of Graeco-Latin hybrids were introduced, often giving greek designations to pathology, Latin to anatomy: e.g. vesica=bladder, but cystitis; ventriculus = stomach but gastritis, labium=lip but cheilitis; lingua = tongue but glossitis etc. International conferences in Basel 1895, Jena 1935, Paris 1955, New York 1960, Tokyo 1975 have unsuccessfully attempted to organize the chaos. Designation of specialties largely followed two types:

(i) the *logos* (λογος) variant: pathology, dermatology, ophthalmology, theology, physiology, i.e. stem plus connecting vowel -o- and -logy

(ii) the *iatria* (ιατρεια) variant: psychiatry; otiatry, odontiatry, pediatriy, for instance.

Interestingly, *psychology* as a term was created already in the 15nineties, the clinical specialty therefore, had to be named *psychiarty*. *Pediatrics* exists side by side with *paedology* (regarding the psychologic development of children), and, *pedology*, a part of geology (this difference is not obvious in American spelling, where "ae" is synonymous to "e"). *Orthopedics* was created by Nicolas Andry in 1741, notwithstanding the fact that no such specialty existed at the time.

Derm(atol)ogy first surfaced in dictionaries in 1764 and 1777, dermatopathologia in 1792. Dermatophilia, dermatographia, dermatiatria, dermologia, did not gain acceptance by the medical and lay public.

Ever since meologisms abound, e.g. immunolgy, oncology, proctology, anaesthesiology, and so forth.

In the Clinical fields and the area of diagnoses, names of diseases, names of syndromes, *acronyms* are more and more common, less and less intelligible. There are several such which mean different things in different specialties. Some well known acronyms are, e.g., AIDS, PCR, LE, less well known would be ICAM 3, NYHA IV (highest degree of heart insufficiency);

HHV 3 human herpes virus # 3 and others.

The fact that latin-Greek hybrid terms must correspond in gender, number, case etc. is widely ignored or forgotten. Ignorance reigns. English has only one gender, Greek, Latin, German, Russian, have three; the Romance languages have two.

Recent examples from dermatology of such ill fitting terms are:

Wrong: atrophoderma elastolytica discreta should read atrophoderma elastolyticum discretum) Leukokeratoderma estrovale digitorum inversa, should read *leukokeratoderma (a)estivale digitorum inversum*
correct: erythema chronicum migrans (Borelliosis)

Now to DOCTORS' SPEECH.

Since antiquity, doctors have been accused of using a language which cannot be understood by patients, should cover ingorance and is just expression of professional vanity.

Examples are, e.g.

M. Porcius Cato (maior) 234-149 B.C., of Ancient Rome,

C. Plinius Secundus (maior) died 24. August 79 C.E, also of Rome,

Francesco Petrarca (1304-1374) of Italy, a contemporary: Hafiz (1325-1389),

George Bernard Shaw, James Joyce, of Britain and Ireland, Thomas Mann, of Germany,

Thomas Bernhard (died 1989) of Austria, among many others

In antiquity doctors' speech was an understandable descriptive wording, dedicated to the *protreptikos logos* of Hippocrates, (i.e. the preparatory talk between patient and physician), and committed to a holistic type of medicine.

In Roman times this had already changed because Greek was the language of the learned but not of the lay public.

As much as the physician in the period of the height of Islamic culture still was a caring and circumspect friend of the family, in the course of the ensuing centuries doctors slowly became obliged only to their written canon and not to reality and in the times of, e.g. petrarca, the

distance between doctor and patient had increased beyond measure. More realistic developments in the period of the Renaissance and later in the age of enlightenment could partly reverse this process. In our century however, another turnaround has set in, and by today, patient and doctor are farer apart than ever. Lectures are not any more in Latin, but, as alluded to above, vocabulary is intelligible only to specialists and doctors really touch patients less and less, physically and emotionally.

Informed patient, informed consent, just complicate the situation and the media world adds sensationalism.

Careful observation and attention is warranted if we want to prevent complete estrangement which has set in already. Patients flock into healers' parlors and avoid our seemingly omnipotent and supereducated community. Simplifications would be direly needed. A turn back to holistic medicine, to education in the humanities also of medical men and women, to a genuine personal relation between doctor and

patient, must be accomplished if we want to live up to the ideals of old - and if we want to properly apply the technical wonders we are able to perform for the sake of the sick and not because we just have the machines at hand.

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address of author:

Karl Holubar, MD, FRCP
Institute for the History of Medicine
University of Vienna
Währinger Strasse 25
A - Vienna, Austria