

### Lost causes and moving with the times (1)

As an editor, I have been battling against verbosity, redundant modifiers, and 'buzz' words for many years. New terms and turns of phrase or new meanings for words pop up all the time. Many of them have come with the information technology age and many of them stick, whether we like it or not. Some of them really do fill a gap, like 'to enable' meaning 'switching something on' or 'make something functional'. Some are supposed to sound good because they are polysyllabic but don't, like '*leveraging* someone's help'; and some are evidence of sloppy and indiscriminate use of words. Others come into use because a term has been so devalued by overuse that it no longer sounds right unless used with a modifier (e.g. *absolutely* essential).

Some authors lap up snappy new terminology and use it with alacrity. Some don't mind perpetuating their own bad habits and those of others (we all have them). Others resist and insist on using terminology that may sound outdated, rejecting new formulations as casualisms or even as incorrect. And we all have our personal preferences and bugbears. Over the years, I have learned to give in gracefully and use newly coined terms and phrases or new grammatical locutions when I feel that defending even a simple phrase is no longer worth the effort or the time it takes. Sometimes it just becomes plain silly to insist on a certain formulation. In short, when it becomes a lost cause.

A good example is 'different to'. 'Different from' is so firmly ingrained in my mind that this is what I spontaneously write and say, and I don't think this will change. Until about the end of the 1980s, I used to correct 'different to' to 'different from'. Around that time I started listening and looking out for 'to' or 'from' used after 'different'. I empirically established that 'different to' is what is now current – in British English, at least. It had reached the point where people rarely said 'different from' any more – or they mixed the two, and it didn't matter. So I decided to give in. That means that I stopped changing 'to' to 'from' in texts I edit because it was getting silly to do so and was basically a waste of time.

A further example is 'to report on'. In the Good Old Days (i.e. before about 1980!), everybody said

'We report on the results of our study in ...'. After about 1980, people started just 'reporting' things, not 'reporting on' them. This spread like wildfire. As far as I was concerned, 'report' without the 'on' and with a direct object meant 'to notify', as in 'report him to the authorities', so the 'on' was definitely needed if you meant 'tell the reader about our findings'. Hoping I could stem the tide, I dutifully added 'ons' all over the place. It reached the point where people were correcting my 'report on' back to just 'report', and after a couple of years of that, I decided to give in and just write 'report'. It still niggles every time, but I managed to move on.

For many years, I dutifully insisted on 'approximately' until I finally realized that 'about' means exactly the same thing and is so much shorter. I still haven't managed the transition to 'around' because it still sounds too informal to me. But who knows what the next few years will bring?

You also have to ask yourself: is it a tragedy if I write something like '*completely* resolved' or leave this when editing a text? The word '*completely*' is actually unnecessary here, because '*resolved*' means '*completely resolved*'. People write '*completely resolved*' to differentiate clearly from '*partially resolved*'. I usually try once to change this sort of thing (e.g. *advance* planning, is *currently*, throughout the *entire* study) and then give in gracefully when challenged. I will not allow green *in colour*, however.

I still haven't given up on removing 'time' from *time* interval, *time* period and *time* schedule, because all three are only ever time concepts, and I still don't permit 'interval' to be used instead of 'period' (*The treatment interval was followed by an observation period of ...*). But I gave up long ago on *variable* and *parameter* (parameter won) and compared *to* or *with*. In our context, the difference between *to* and *with* here is purely academic – whatever you use, the reader understands the same.

The measure of when to give in is: *will the reader misunderstand what is meant and is the word or term appropriate to my audience?* This is the important thing in any text. If the whole world is now saying 'prior to' – and it is – rather than the much simpler 'before' (and 'prior to' can *always* be replaced by 'before', I assure you), should I waste my time

changing it in someone else's text? I have resolved only ever to write 'before' myself, but I no longer 'correct' this in texts from other authors. Some claim that 'prior to' is 'more scientific' and therefore must be used. I hope you agree that it is not.

There are lost causes that are regrettable. One is the misuse of the apostrophe. We will be looking at these in future issues.

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## Paragraphing on web pages (1)

Writing web pages is a specialist activity and different conventions are followed from those used in writing on the traditional paper page, not only for paragraphing. The whole concept of the 'page' is different (in fact, there is no 'page'), and all sorts of visual effects can be used. The 'page' size has to be adaptable to an iPhone screen or a very large monitor. However, a recent alarming tendency in paragraphing can be seen increasingly on news and newspaper websites, and not on serious blogs or text specifically written for websites. Paragraphing seems to have been abandoned here completely, and each article – which was probably properly paragraphed in its paper version – is broken down into an endless string of single sentences with space between each. This is now so widespread that it cannot be changed. I assume that the aim is to make the text easier to read. But the very people who should know how to present text fail miserably on this score with me. The effect is a totally disjointed text that is difficult to read, and it certainly does not make me want to read on.

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## Abbreviations (3)

We have described previously the generally accepted rule for using abbreviations and have given examples of when it might be appropriate not to follow the rule.<sup>1-3</sup> Abbreviations can be very helpful in improving the flow of text, particularly when they result in an acronym, e.g. Aids, or MedDRA.

Abbreviations can also be disruptive. If an abbreviation is inserted into a sentence, the reader has to backtrack and commit the term to memory. If there is only one other reference to the abbreviation in the document, and it occurs several paragraphs after the first reference, the reader may well have forgotten what it stands for and will have to go back through the text to look for it, or go to the list of abbreviations. Therefore, if you are going to invest in disrupting the flow of the text by inserting an abbreviation, you should make it worth the

readers' while and abbreviate a term that is used enough times for them to learn what it stands for, or that they probably already recognize. The term should also be long enough for the expanded term to be disruptive, e.g. beclometasone dipropionate (BDP), so that the abbreviation benefits the reader. Note also that you should use the indefinite article that is appropriate for how you would speak: a scientific development plan; **an** SDP. 'A SDP' disrupts the flow of the text because we read the abbreviated term as 'ess dee pee'. If we read it as 'scientific development plan', the only reason for using abbreviations would be to reduce word count.

Take care that an abbreviation is not more commonly known by another term. A memorable example of this is a company that abbreviated the study endpoint, pre-defined event, to PDE. This can be a little confusing to someone who is familiar with phosphodiesterase (PDE) inhibitors. However, in this example, the drug was actually a PDE inhibitor with the result that the protocol was incomprehensible. The website <http://www.globalrph.com/abbrev.htm> is very useful for looking up medical abbreviations and illustrates nicely the many different medical terms that can be expanded from the same abbreviation. An example taken at random is VTE, which can stand for venous thromboembolism, ventricular tachycardia event, or vicarious trial and error. The third of these terms is uncommon but the first and second are equally valid in the context of cardiology.

There are no good reasons for using abbreviations for prescriptions in a regulatory document. We are not writing prescriptions in the pharmaceutical industry. We do not shroud our protocols in mysticism so that patients will believe they have been prescribed a cure. We need to give clear instructions about what to do and when to do it. Just as it is irrelevant whether we happen to know what e.g. and i.e. stand for, it is irrelevant whether or not we know that t.i.d. stands for *ter in die*, or that we could have used t.d.s (*ter die sumendus*). What matters is that we know what it means. What is even more important is that other people understand it to mean what we think it means. Do you know that QD means four times daily or that it means once daily? How you translate QD will depend on which country you work in and what you have been told (if you haven't looked it up for yourself). There are no good reasons for using the abbreviation QD in a protocol. There is one very good reason for never using QD in any document other than a prescription, i.e. a four times overdose waiting to happen. If typing 'once daily' or just 'daily' upsets you, set the autocorrect to do it for

you. Using prescription abbreviations in regulatory documents can also lead to sloppy use of language such as 'bd dosage' and the even more annoying American English jargon 'q12' for twice daily – horrible!

There are no prizes for the person who uses the highest number of abbreviations in their documents. As a guide, writers should ask themselves:

1. Does this abbreviation improve the readability of the text?
2. Is this abbreviation commonly known to mean something else?
3. Can this abbreviation be misunderstood?

If the answer to either Question 1 or 2 is 'no' and the answer to the Question 3 is 'yes', do not use the abbreviation.

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## Points of View

### Microsoft Word malapropisms

Malapropism is the misuse of a word through confusion with another word that sounds similar, especially when the effect is ridiculous.

The most famous perpetrator of malapropisms was Mrs Malaprop in Sheridan's play *The Rivals* (1775) – and, as you see, this is where their name

comes from. Sheridan based this on the French term *mal à propos* (something inappropriately said). Mrs Malaprop's most famous malapropism fits well with Susanne's topic: "She is as headstrong as an allegory on the banks of the Nile".

Writing texts about veterinary medicinal products, I usually have a lot of fun with Word's spelling suggestions:

### Parasitology – not a core competence of word ...

I wrote ...	Word suggested ...	Comment
<i>Ostertagia</i>	ottertail	<i>Ostertagia</i> is one of the principal stomach worms of sheep. I do not think that ottertails are a big problem in sheep farming. Although a swallowed ottertail might also block a sheep's intestines ...
Strongyles	strangles	Even the large strongyles of horses (nematode worms of the family Strongylidae) usually do not get so large that they could strangle you!
<i>Ixodes</i>	exodus	<i>Ixodes</i> is a very common tick species but usually does not lead to exodus of infected people or animals
Unengorged	unengaged	Female ticks (attached e.g. to a dog) that have not fed from blood are unengorged. Whether they might be engaged to a male tick or not, I do not know
Pyrantel	pirate	Pyrantel is an anthelmintic substance used in veterinary medicinal products. I doubt that pirates have the same effect on intestinal nematodes. However, it might be worth a try to find out whether they could scare away the poor worms

### Names – always worth a laugh ...

I wrote ...	Word suggested ...	Comment
Lauth	laugh	Word obviously thinks that my last name is a laugh (which it is indeed in GB as it is pronounced like 'Lager loud')
Daiva	Diva	Whether my Lithuanian colleague, whose first name is 'Daiva', is a Diva, I cannot comment on!
Florfenicol	Florence	Florfenicol is an active substance in veterinary medicinal products (antibiotic); however, it was neither named after my colleague Florence nor after the capital city of the Italian region of Tuscany

**Biochemistry – not only students fail...**

Pegylated	Paginated	PEGylation is the process of covalent attachment of polyethylene glycol (PEG) polymer chains to another molecule, e.g. a protein. I believe that pagination is neither a standard technique in biotechnology nor that it would have the same effect
DEET	Diet	<i>N,N</i> -Diethyl-meta-toluamide, is a very common active ingredient in insect repellents. However, I would not regard it as a constituent of the human diet

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**English: should being understandable be enough?**

In a lecture timed to coincide with the official opening of the Centre for Global Englishes at my alma mater, the University of Southampton,<sup>1</sup> the centre's director, Professor Jennifer Jenkins, argued for the acceptance of *foreign* Englishes by UK universities.

Speaking to *Times Higher Education*,<sup>1</sup> she clarifies her position by claiming that universities' insistence that all students adhere to the rules of British English is at odds with their desire to be seen as international institutions.

Professor Jenkins goes on to suggest that English tests for prospective international students need do no more than determine whether the students' language skills are adequate for them to successfully complete their proposed course. Mastery of the Queen's English (The *standard* form of English spoken in England)? Comprehension in subjects unrelated to the proposed study area? Inessential.

She further points out that forging a successful academic career depends on conforming to the language norms of British or American academics. (One way to achieve this is to shell out large sums of cash on copy-editing services.)

My experiences as an editor and a peer reviewer have convinced me that the biggest threat to comprehension in scientific manuscripts is non-native English speakers attempting to use language that they don't properly understand. That is to say, trying to adopt the language used by native English-speaking researchers.

*Time to reassess our priorities?*

The *Journal of English as a Lingua Franca*,<sup>2</sup> a new peer review periodical co-launched by Professor Jenkins,

stipulates that manuscripts be 'written in an English which is intelligible to a wide international academic audience', but that 'need not conform to native English norms'.

The majority of the world's English speakers use English as a lingua franca, where the primary goal is being understood rather than achieving linguistic perfection. I can't tell you the number of times I have read the word 'evidences', used as a plural noun, in manuscripts written by non-native English speakers. While grammatically incorrect from a UK perspective, does it impede comprehension? No.

According to Jenkins,<sup>3</sup> a far bigger problem is the failure of native English speakers to adapt their style of speech when communicating with non-native speakers.

So, just how important is strict adherence to language ideals? Is the idiomatic language in this article appropriate for a readership made up of EMWA members from around Europe and beyond? What do you think?

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## Queen's English Society 2 giv up?

'The Queen's English Society is neither a museum nor is it a preservation Society'. That's what its website says.<sup>1</sup> So what is it?

Founded in 1972, the QES exists to 'promote the maintenance, knowledge, understanding, development, and appreciation of the English language as used both in speech and writing' and to 'educate the public in its correct and elegant usage'.<sup>1</sup> It is particularly concerned that children be given the opportunity to learn English properly and actively campaigns for improvements in English education in the UK.

Now, according to the society's former chairman Rhea Williams, it is no more. After a call for nominations to the society's management committee that met with zero response, Williams apparently informed the society's membership that the QES 'will no longer exist'.<sup>2</sup>

Not so, according to QES president Bernard Lamb, who does see a future for the society.<sup>2</sup> However, an attendance of 22 at its recent annual meeting suggests that unwillingness to join the management committee is not the only problem the society faces.

So what are its other problems? A general lack of interest? A belief that nothing can be done to halt or reverse the perceived erosion of English standards? Or a lack of awareness of the society's very existence? I'd certainly never heard of it until now and I consider myself to be an obsessive language enthusiast.

In fact, its problems don't end there. The society has been the focus of a good deal of hostility in blogs and the press, with a number of commentators<sup>3–5</sup> deriding its decision to establish an academy of *proper* English<sup>6</sup> and questioning its authority. The defiant welcoming message on

its website, which labels its detractors 'a strange group of people, often quite well educated themselves, but [who] appear to be against others who strive to achieve', suggests an organization that feels under attack.

The QES's plight contrasts sharply with the reverence afforded the Swedish Academy,<sup>7</sup> a language preservation society in my adopted home country that is widely known (to the extent that it has been the subject of questions on popular daily quiz show *Vem vet mest?*), if similarly ineffective.

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## Should noun modifiers be singular or plural?

Noun modifiers or attributive nouns are common in medical writing and often come in stacks. Here is an example in a title of a research proposal given on the University of California, Santa Cruz website: 'A high-efficiency multiple voltage retinal prosthesis research platform'. Note that all the

nouns are singular. But, it could equally read 'A high-efficiency multiple voltages retinals prostheses research platform'. There are no rules as to whether the nouns should be singular or plural.

While subediting at the *Guardian* Andy Bodie noticed 'credit rating agency' and 'credit ratings agency' in the same paragraph.<sup>1</sup> He quotes *The Chicago Manual of Style*, which states 'Sometimes

an abbrivative becomes conventional in the singular (toy store) and sometimes in the plural (ladies room).’ We choose which to use by ear and there is little logic behind the evolution of commonly used pairs, with some exceptions. He gives the examples of ‘arms race’ and ‘Antiques Roadshow’, which can hardly be interchanged with ‘arm race’ and ‘Antique Roadshow’. Some old terms which seem to be plurals have emerged from the genitive tense and are not plurals, e.g. batsman, swordsman. Apostrophes are not used because in the 17th century when they originated apostrophes were

not used to denote a possessive but rather to indicate missing letters. Andy suggests that we should stick to the singular when a new term emerges, unless like the ‘arm race’ and ‘Antique Roadshow’ examples there are very good reasons to use the plural.

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## ‘Patient-centred care’ mockery

New words have entered the vocabulary of medicine. Old words that had been used for three centuries are being replaced by words borrowed from commerce. Mercenary doctors who were once rebuked by society are encouraged to view patients in materialistic terms by the use of the new vocabulary. Patients are now called ‘customers’ or ‘consumers’. Doctors and nurses have become ‘providers’. However, the medical doctors Pamela Hartzband and Jeromes Groopman point out in an article in *The New England Journal of Medicine* that the terms are not synonymous.<sup>1</sup> ‘Patient’ comes from the Latin word *patiens*, which means suffering or bearing an affliction, ‘doctor’ from *docere*, which means to teach, and ‘nurse’ from *nutria*, meaning to nurture. The two doctors believe that the change in language has deleterious consequences because the words we use set expectations and change behaviour and relationships. The designations consumer/customer and provider reflect a relationship of buying and selling for money and not a humanistic one. Healthcare workers are downgraded from their professional status when they are merely seen generically as providers rather than

experts with individual skills. They are no longer teachers, nurturers etc. who help patients understand their illness. A doctor ceases to be recognized as an expert or teacher with specialist knowledge.

Further language changes which they attack include ‘clinical judgement’ giving way to ‘evidence-based practice’, even though decisions in the clinic have always been guided by an examination of the available evidence. Hartzband and Groopman contend that although clinical judgement is cast as subjective, unreliable and unscientific judgement based on data is equally so because the same data can produce different subjective judgements. Cut-offs in medical guidelines are not objective but reflect the preferences of those who write the recommendations.

The outcome is predicted to be a new generation of healthcare workers who lack a focus on humanism and caring – a stupidity which is not good news for any of us.

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