An appeal for simpler medical terminology

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Résumé : Après avoir peiné en anatomie, en physiologie, en pathologie et en microbiologie, à chercher des centaines de mots dans un dictionnaire médical, un futur médecin canadien a commencé à se demander si la multitude de termes médicaux à racines grecques ou latines sont encore utiles à la profession médicale. Il plaide en faveur d’une terminologie médicale simplifiée qui, pense-t-il, aiderait les médecins et améliorerais la communication avec les patients.

I recently finished my third year of medical school. Many nights as I sat in the library, struggling to digest yet another paragraph of medical text, I felt as though I had entered a language-studies program. Had my registration form somehow been misdirected by the administration?

The library keeps a medical dictionary open in the study area and I, along with most of my student colleagues, became a regular user. After a few weeks of looking up the strange words that seemed so irresistible to the writers of medical texts, I started to keep a journal of the words I had looked up.

This began as a practical aid to remind me what a word meant — this need often arose within a half-hour — but soon the words themselves began to intrigue me. Many seemed to have little to justify their existence; they were complicated and convoluted ways of expressing simple things. I felt compelled to start a new section in my word journal: Totally Unnecessary Medical Terms.

A large part of first-year medical school is devoted to learning the parts of the human body. Fair enough, but why were we learning them in Greek and Latin? Kingston, Ont., is a university town and does have an interesting cultural diversity, but how many Greek or Latin speakers could we really expect to encounter in a Thursday afternoon orthopedics clinic? Or was it that our well-loved anatomy professor was older than we thought, so old that his parents had lived during the Roman Empire and Latin was his first language? No, it seemed that the conspiracy to train us to speak in ancient tongues was more far reaching than this.

Much of human anatomy was completely new to us. Mother had never taught us about the amygdala, the fovea, or the xiphoid process, and so a Latin word seemed as good as any to learn. But so many parts of the body did have perfectly good English names that we had all been using since early childhood. I dearly wanted to call a shoulder blade a shoulder blade, and not a scapula, which only made me think of a kitchen utensil. I longed to speak of a knee cap, not a patella, and to identify the ear drum as the ear drum, not the tympanic membrane.

As for body parts that were new to us, was Latin really the language to learn those names in? I think not.

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The early anatomists, when naming things they saw, used simple, descriptive terms. The widest muscle of the back was appropriately named latissimus dorsi, from latus (broad), mus (most), and dorsi (back); why didn’t we call it “widest back muscle”? Or “straight abdominal” for rectus abdominis, or “oval opening” instead of foramen ovale? Although Latin lost its role as the official language of medicine at some point late in the 18th century, these anatomical names have stubbornly persisted. To me, they scream out for translation.

Ancient languages seemed to have been particularly popular in the formation of adjectives referring to anatomy. The cells of the liver are not liver cells, they are hepatic cells. (Actually, and even worse — hepatoctyes). Heart enzymes become cardiac enzymes. Consider the anxious patient who, when asked about his renal condition, interrupted the young resident to explain that he really wanted to discuss his failing kidneys. Or the frail old woman who was alarmed to learn that in addition to her blood disease she now had hematologic dyscrasia!

Some body parts seem to have merited adjectives derived from not one, but two, languages. Unfortunately, neither language was English. A wart (verruca) near a fingernail might be described as periungual or paronychial. Genio (from the Greek geneion) might be used to refer to the chin, as in the genioglossus muscle, but so might mental (from the Latin mentum), as in the mental nerve. Have pity!

Physiology was only slightly better: pensive people mentated; uncomfortable people voided, urinated, or micturated (perhaps depending on their mood); readers’ eyes accommodated rather than focused; things were brady or tachy, not slow or fast.

In our second year we were introduced to disease — I should say pathology — and the number of urgent trips to the dictionary grew so quickly I had to break down and buy my own. How many times would I have to look up epistaxis before I remembered that it means nosebleed? Or that pruritus means itchiness? Diaphoresis means perspiration? Hir- sutism means hairiness? Alopecia means hair loss? Exanthem means rash? Halitosis means bad breath? Syncope means fainting? Concretion or calculus means stone? Lithiasis means stone formation? My word journal goes on and on.

It seems that the medical vocabulary employs fancy terms for even the simplest of concepts. Imagine how Beaver Cleaver might have sounded coming home to his mother June had he lived in a world infected with medicalae: “Oh, Beaver! You present with an avulsion on the anterior inferior aspect of your jeans and erythematous lesions on the volar aspect of your hands. I’m going to have to take a history!”

“Gee, Mom ... you know I’m a poor historian....”

“Now Beaver, I want to know what transpired, stat!”

“Well, okay. Wally and I were on our postprandial break, and we went down by where the innominate stream bifurcates, and gee... since our mouths were pretty xerotic, we decided to go down and drink some water. I tripped over a tuberosity on the path, and impacted the ground in the prone position.”

“Well, Beaver, you seem to have a real mishap diathesis this week. Your incidents are supernumerary to any Wally ever had at your age. You know the sequelae of being ectopic, especially peristream. You really should take more prophylactic measures. I don’t want to see a recrudescence. Now here, let me palpate your genu.”

Our hospitals need more people who remember how to talk like the real Beaver.

Then there are the sound-alike names, the bane of all medical students. (When it comes to drug names practising physicians also fall victim to this problem, as the Letters pages of CMAJ have indicated on many occasions.) Am I the only one to confuse melanoma with myeloma, peroneal with perineum and peritoneum, arthralgia with dysarthria, arteritis with arthritis, and eye drops with hydrops? And those spotty diseases! Rubella, rubeola, and roseola — did their original researchers all consult the same book of girls’ names? How about nephrotic syndrome versus nephritic syndrome? Someone could have used a little more imagination in creating names that would help us distinguish between the two. Or those darn bugs — Trichinella, Trichomonas, Treponema, and Trypanosoma. No wonder I found microbiology difficult.

There are a couple of sound-alikes whose everyday use seems to cause ongoing problems for novices and veterans alike. Discussion of abduction or adduction of a limb always results in confusion. Accepted parlance has become the somewhat awkward A-B-duction and A-D-duction. Perhaps the worst offender is the necessarily carefully enunciated pair, hypo and hyper, as in hypotension and hyperten-sion. Frankly, if it’s 1 am on a Sunday morning in the emergency room, I’d rather be told
And let's not forget precocious puberty and respiratory embarrassment.

Even relatively common words confuse some patients. I recall a middle-aged man who had lower back pain and was told that one remedy would be to fuse his vertebrae. He nodded politely, but his lost look made me think he was wondering what kind of explosive would accompany the fuse.

I don't suggest medical texts be rewritten overnight, but I do think that we sometimes go overboard in our quest for erudition. I have nothing against imposing words per se — medicine is a complex field and merits its huge proprietary vocabulary. But when a word adds nothing to the medical lexicon and could be replaced by a simpler term, why not do it?

Some may revel in the rich heritage that Latin and Greek terminology represents, but preserving this heritage at a huge cost. Obscure language unnecessarily complicates an already overloaded medical education curriculum. More important, it perpetuates the mystique that surrounds medicine: obscure medical terminology distances doctors from their patients, and because medical language intimidates patients, it discourages them from becoming involved in their own health care. It is precisely because medicine is such a complex field that we need to simplify our communication wherever possible.

At their worst, big words are used to impress the uninstructed or to conceal ignorance. But most often, they are used simply out of habit, a habit deeply ingrained by years of exposure. I encourage all physicians to break the habit. Catch yourself as the fifth syllable of that word they taught you in medical school is rolling off your tongue.

Medicine will be better for it.