MEDICAL PRACTICE

Personal paper

Pleasures of medical writing*

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In Stockholm a little while ago I was introduced to a charming, grey-haired lady doctor who said: "I'm so glad to meet you. I've had you on my bookshelf for years." Could anything but writing match so great a pleasure?

A novelist remarked that authors go through three stages in the writing process. Firstly, euphoria, the stage of ideas when they say to themselves "This will come out all right. Just a few more hours. No trouble at all." Secondly, the stage of depression or anxiety, when they chain-smoke, nibble their nails, kick the dog, and quarrel with the wife. "Will it ever come out?" This is the stage when they might recall Nietzsche's cruel comment on Brahms's music: "The melancholy of impotence." Thirdly, and lastly, is the stage of relief, when they pat the dog, kiss the wife, and ask themselves "Now, what do I write next?" But, perhaps you say, novelists and medical writers are different. I began to wonder when I heard a novelist defined as "a man who puts a notebook under the bed on his wedding night," but on reflection I did not think modern novelists bother with a wedding night. No, writers are writers, even though they may be grouped, like teeth, into incisors and grinders.

Why doctors write

A renowned television speaker, who always seems to speak in capital letters, said he lectured or wrote for one of three reasons: CASH, GLORY, or PIETY. When I exhort my junior colleagues to write it is on other counts. One is that writing can be such fun

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(I shall give another reason shortly). There is too great an emphasis on the pains of writing, but it is the pleasures I prefer to remember. Writing is both pain and pleasure; but, like the woman having a baby, the pain will be forgotten, while the baby and the pleasure should remain.

Why doctors may need advice on writing

Is it because doctors no longer enjoy (or suffer) a classical education? My present title is emeritus consultant paediatrician. I studied not ancient but modern languages at school, but I can tell you what emeritus means. The e- (like ex-) translates as "out of it," and -meritus as "deservedly so." Somebody is always reminding us that there is no need for a classical education nowadays; all it does is enable you to despise the wealth that it has prevented you from earning.

One reason why embryo doctors do not now learn classical languages is that in these days scientific studies necessarily consume so much time and energy. One sad result is that many doctors are expensively educated Philistines. It may well be that a felicity with language and words can best (or perhaps only) be acquired early in life. Few doctors who set about it late, after qualifying, will ever enjoy the bouquet and resonances of language, will ever use words dazzlingly, as an English poet or an Irish taxi-driver does; but they should make a hobby of learning to use good English, unembroidered English, and see to it that their own children get a better chance.

What helps people to write well?

To have "writing appeal" we must be interested in language. For those whose capacity has been shrunken and shrivelled in a home or school where communication is neglected, even despised, or where the English language, like an empty cigarette packet, is kicked about in the gutter, there is little hope. The flair of the natural writer cannot be taught, but most people who are interested can come to get pleasure from language, and the

instruments we use well are those from which we derive pleasure. Good writers abound as exemplars; what we need do is to let them work on us as we read, to teach us painlessly, indeed pleasurably. Let us not call that the lazy way, but, much more modern and impressive, the subliminal method. "A classic," said Mark Twain, "is something everyone wants to have read but nobody wants to read." On the contrary, I find that one of the pleasures of reading is to read again, and yet again, after an interval possibly of several years, the Bible or some other book I have enjoyed before. If we listen to the same piece of music or the same composer time and again, with enjoyment, why not read the same book or author? The writers need be neither gloomy nor ghoulish, mysterious nor moralising, stern, unbending, or even "improving": try James Thurber or P G Wodehouse or Leo Rosten—and learn while you laugh.

If you want to be supra-liminal too, there are libraries full of good, improving books on English, most of them readable in small doses and rewarding. The best of them, for me at least, I find to be almost unknown. *The Reader over your Shoulder* by Robert Graves and Alan Hodges plucks morsels out of the Bible, thumbs sour plums out of the *Times Literary Supplement*, and snips titbits from famous authors and much quoted books; it makes amusing or rude and sometimes comfortingly logical remarks about the errors, then magically corrects and re-writes it all while you watch spellbound.

You must be interested in writing, or you would not be here, but are you interested enough to put in some practice? What fun it can be to make a medical letter or report read well, or a case history glow like a gem. I find reviewing books, whether for a medical journal or exclusively for myself, to be fine practice. So are medical reports. "Pop," an old friend and paediatric professor, used to send a four word letter (no, *not* a four letter word) to the doctor who had failed to palpate a patient's palpable testicle. "Dear Doctor" he would write, "It's in the bag."

If you persist in asking why medical men should bother to take advice on how to write clearly and well (the words dovetail), I shall give an unexceptionable reason. It is because clear writing and clear thinking go together, because language and thought are inseparable. Let a child patient say it for me. When he was asked, "What do you think?" he answered "How do I know what I think till I hear what I say?"

To adopt a good scientific term, I believe there is a positive feedback: clarity of writing sharpens and helps to develop the clarity of the thinking behind it and influences what you are going on to write. Submit your ideas to the testing ordeal of the pen: it can reveal unsuspected confusions of thought. Language is the vehicle for thought and we should surely keep the vehicle in good running order, even highly polished for our greater pleasure.

Vocabulary

A good vocabulary is an essential part of every doctor's equipment and he must consciously adapt his own to that of the patients he has to communicate with, be their language "pure" English, bastard English, or any other sort. In medical writing, which is likely to be read by foreigners too, parochialisms (like "undeedy," sometimes used in Bristol for clumsy actions) should be avoided, but I believe standard English should not be tampered with or besmirched, for fear of creating misunderstandings. Heaven knows there are enough misunderstandings already because of unfamiliarity with words, their primary meanings, and their connotations. Here I ration myself to two illustrations.

At a paediatric congress in Tokyo the brochure given to delegates contained the encouraging phrase "We hope that visitors will exploit the beauties of the city." In the DCH examination a foreign candidate was asked "What are rabies and what would you do for them?" "Rabies," he replied, "are Jewish priests and I would do nothing for them."

Though I recall Sir Alan Herbert's warning that dictionaries are pusillanimous works and dictionary makers are merely

historians, the nearest and most lovingly consulted books on my shelves are dictionaries. A thesaurus, such as Roget's, can be useful and is tempting for those who wish to increase the range of their vocabulary; the danger is that it lures the reader into accepting similarities of meaning, when it is differences that matter. Part of the pleasure of writing is training oneself to select and use the exact word, not its first or second cousin. One of the greatest rewards of authorship must surely come when precision and parsimony with words go together and enhance each other. This does not imply writing in telegraphese, or adopting the staccato style of the parson who summarised his life's work as "Hatch, match, and dispatch."

As I suggested earlier, the doctor who talks with children has to be precise with his words. A patient of mine, a boy of 7, was a little abrupt when asked, "Do you like going to school?" "Yes," he said, "I do like going to school; and I like coming home from school. It's the bit in between I don't like."

A few years ago I was asked to write a chapter on abdominal pains for a book. To my surprise it was returned with an editorial suggestion, startlingly unusual, that it be lengthened. I replied with pleasure and the shortest letter I have ever written: "Dear Editor, I don't know any more."

The editorial staffs of the national medical journals are among the most valiant guardians of language and if they use words loosely it is surprising. When a lecture I had given was to be published one of the illustrations showed a blonde young female with few clothes. An editor rejected this solemnly with the remark that she would not reproduce well. I suspected it to be intentional, but I did not dare ask.

Remembered phrases

A vivid phrase can light up a paper or chapter and make a permanently pleasurable niche in the memory. Some to be remembered phrases that bubble up spontaneously may be wild: they have to be caught and held, and may need disciplining. I recall seeing a buxom bikini'd lady, draping generous flabs of flesh over the edge of a swimming pool, and thinking "a nude oozing calories." Transmuted into paediatric terms for a students' book it has become "Sweets are calories in the nude." Another remark, first made to a mixed audience of paediatricians, psychiatrists, and the like, has evolved. After an impassioned plea I had ended: "Child psychiatry and paediatrics have enjoyed a long flirtation. It is high time they were married—if only for the sake of the children." As a result of a casual remark which followed, there is now an addition and, after a slight pause, it goes on: "But they seem to prefer living in sin."

The perfect description of the psychosomatic approach is "Listening to the child talking with his body"; and I wish I could trace the author, to pay homage for a phrase that says as much as a whole lecture or book, but better. "Little bellyachers grow up to become big bellyachers" caught on at once and has been for me a password, indeed almost a passport, to paediatricians and countries all over the world. On the other hand, when I wrote the alliterative "Clinical Canutes," to describe doctors who try to hold back the tide of progress, it raised neither ripple nor comment; and the collective term "a perambulation of paediatricians" did not catch on either.

New words and old

A neologism I offer diffidently is "Jargonauts," with which to brand those hordes of doctors, lawyers, professionals, and technicians of all sorts who use jargon. A rather fanciful derivation for the word jargon is "the twittering of birds": if twitter they must, let them not expect other than their fellow twitterers to comprehend.

There are so many words in our language (a quarter of a million, possibly), that one is suspicious of new ones. New words are indisputably needed to keep us abreast of new ideas and

discoveries (incidentally, when will the infant's milestones be modernised to kilometre stones?); but—let me quote from a book—what do you think of “oral analgesification”? Every time we swallow an aspirin we could increase this torture of the English language to “self-administration of oral analgesification.”

Stale, debased, counterfeit words or phrases muddy the stream of thought: “At this moment in time” for “now”; or “the ward situation”; or the word “clinical” when used by laymen to describe what they so flatteringly but foolishly imagine to be cool, clear-cut, calculated. If a cliché strays across your path, stamp on it, break its back, and kick it aside.

Punctuation, grammar, and all that

Emerson wrote “A foolish consistency is the hobgoblin of little minds.” Yet consistency in punctuation is both good writing sense and good writing manners. It is worth a little study of the theory (just a few pages at a time in a small book on English) and the practice (consciously attending to the punctuation used by any recognised author), though traditions of punctuation do vary from one generation to another. Again I recommend P G Wodehouse: the pleasure to be derived from his unobtrusive skill with punctuation (allied to his inimitable wit and his scintillating talent as a wordsmith) is immense. Or, to start the day as you intend to go on, immerse yourself in the punctuation (the politics are a bonus) of *The Times* leading articles at breakfast time.

In many of the scripts I have to edit dashes dash about all over the place, aggressively cuckolded stops, colons, and commas. But, then, those poor commas are molested and displaced by so many writers. I have suggested that we form another NSPCC, this one for the prevention of cruelty to commas; but a publisher tells me that, years after I have edited their books, some authors are still licking their wounded commas, so I must desist.

Grammar need hold no terrors for those who are willing to look at what they read and learn by example. Good grammar, too, is good manners in writing; and good manners, as any parent will tell you, have to be learned. But they give pleasure to the well mannered as well as to his beneficiaries; and they pay him dividends. Perhaps a better analogy is the Highway Code for motorists. The driver who does not know the rules, or stick to them, may get by; but driving will be both safer and more pleasurable if he does know and practise the sensible skills and courtesies that have evolved with time and experience.

Language and style

All that need be said on language and style is contained in a few hints from Elizabeth David's *French Country Cooking* (1951), which apply just as forcibly to good writing as to good cooking. She advises both against the absurd and complicated Haute Cuisine and the “technicolour cooking” which has partially taken its place. “Good cooking”, she writes, “is honest, sincere and simple . . . good food is always a trouble and its preparation . . . a labour of love.”

Starting and ending

Before starting to write you will have made an outline or plan, and I hope you will have given some thought to prospective readers as well as to (dare I say it?) the editor. When you have gone to the trouble of writing a paper, you will naturally want it published. An interesting title may sway the editor in your favour. You will find droves of dull ones in every medical journal; but what pleasure it gives to recall such exceptional titles as “Wake” or “Which of you by taking thought can add one cubit to his

stature?” or “The fate of the foreskin,” or “No, thanks, I'd rather stay at home,” or “The valley of the shadow of birth.”

Brevity is almost the kiss of life to editors. Clear and brisk writing appeals and you should get to the point early: if you do not strike oil quickly, stop boring. At the start of your article avoid the too careful, soporific phrase that has become almost a religious rite. Why not stimulate the reader's interest from the word go, with a sparkling thought (if you have it) or a striking phrase. Sir James Spence used both when he started an address: “It is, I think, one of the inherent peculiarities of an Englishman that if you scratch him he begins to brood over his institutions.” How could any editor or reader stop?

When you have written a piece, battle with yourself not to regard it as your perfect newborn baby, hardly to be touched by anybody, not to be trimmed, even less to undergo any manipulation, amputation, or transposition of an organ. On the contrary, when you have written and rewritten you should then gratefully hawk it round to friends inviting them to do plastic surgery on the illformed, wrinkled monster. I suggest you ask at least one expert on the subject to criticise, then at least one non-expert, possibly a layman who has an eye and an ear for words. After that, if you have the time and patience, resolutely tuck it away to mature like brandy in the cask, before you look at it again to try to re-distil and purify and perfect it. When you are revising, “if in doubt, cut out”; but do not overdo the corrections, as Milton did in the errata for *Paradise Lost*, when he wrote “For *we*, read *wee*.” Then with the first refreshing sight of “Proofs—Urgent” for correction, brace yourself not to become inebriated and heated by your own deathless prose: ask others to go through the proofs with you in cold blood and with a tooth-comb. The pleasures of writing can extend far into the future when in years to come you re-read what you have published; but after publication the printer's ink is indelible.

Even at the final stage you should bear in mind what has been essential from the start: that you must have something worth writing about. I hope you will have concluded with a firm and positive last sentence. (It has always seemed a pity to me that the editor and his staff cannot join in with a harmonious “Amen.”) Then, in the small print with which you bow out, do not say, as so many authors feebly do, “I wish to thank Dr X and Mr Y.” Be bold and actually thank them, as I thank you now for bearing with me.

Is it now against the law (Sex Discrimination Act) to stratify for sex in designing a clinical trial?

Nothing in the Sex Discrimination Act 1975 renders it unlawful to undertake clinical trials or any other form of scientific inquiry into biological differences between the sexes. By the time it becomes clear that a group of patients, capable of benefiting from it, is not receiving a form of treatment of unarguably greater merit than the placebo or other treatment which its members are receiving the “discrimination” against the control group would no doubt be discontinued on ethical grounds.

A plantar wart excised from a woman's foot about a year ago using diathermy took almost six months to heal but has remained painful and tender with a hard callosity forming at the original site. Wart ointments have been unsuccessful. What would you advise?

The lesion may have recurred; this is by no means uncommon and would account for the pain and tenderness. Too deep a primary excision may also produce a tender scar. Alternative diagnoses do, however, have to be considered—for instance, a simple pressure keratosis (these often occur over a bony point) and more esoteric skin conditions. If the diagnosis is seriously in doubt then a biopsy may be necessary. If, as is most likely, this is a simple recurrence, then it may be treated once again by curettage. If the core is too large for removal, preliminary treatment by paring and formaldehyde soaks may be required.