Letter from . . . Paris

The English Language: A Problem For The Non-Anglo-Saxon Scientific Community

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The following reflections are unavoidably those of the Frenchman that I am. In spite of a supreme effort, my knowledge of the English language is imperfect. I would be much happier if I could get by in life speaking and writing only in my mother tongue, something which today has become impossible. I am thus about to express my deep regrets and to discuss the vast problem raised by the feeling that I speak a dying language. Some of my Anglo-Saxon readers will accuse me of chauvinism. They will realize their mistake when they consider that the question I am raising concerning my observations in France is in fact a very general one, experienced in all countries where English is not the official language. When I refer to a dying language, I know that I am running the risk of inciting the wrath of our Cultural Relation Department and of the demographers of our Ministry of Foreign Affairs. Some will blame me for lack of patriotism, others will accuse me of superficiality and ignorance of the statistics proving that the number of francophones in the world is constantly increasing. My reply to the former reproach is that I do not consider myself in need of any lesson in patriotism, and that I am, in fact, deeply distressed by the involution of that beautiful language which permits the daily expressions of my sentiments—that language which is so dear to me because its qualities represent so well those of my country's culture. My reply to the latter reproach is that I am well aware of the truth of these statistics, and that, on the contrary, this progression of francophony appears to me to complicate the situation rather than simplify it.

Malady Among Scientists

I would like here to limit myself to the linguistic problems concerning scientific circles, though I wonder whether they are truly specific to this community. The seriousness of the "maladie" of the French language among scientists is so obvious, that to try to disguise the severity of the prognosis would be to support an irrational attitude.

Three factors demonstrate the extent of the disaster. Firstly, most of the best French contributions in science and medicine are published in English in international, European, American, or British reviews; secondly, all French research of quality is presented in English in international scientific meetings; and thirdly, French scientists and doctors are informed of the important advances in their fields by books and reviews published in English, since English has become the international scientific language.

The reasons for this present situation appear simple. For centuries the development of culture and of technology took place in Europe. When the universal use of Latin ceased, the languages of different European countries took over, French and English holding privileged positions owing to the power held by France and Great Britain at that time. After the First World War, the supreme Western power moved to the other side of the Atlantic. The United States had won, Europe had lost. The disaster of the Second World War only served to consolidate this situation. The economic and technical supremacy of the United States imposed the English language on European countries anxious for revival. Here Great Britain obviously had no difficulties. It was after but a few hesitant years that French scientists and doctors, instigated justifiably by certain great Frenchmen, determined to pull France out of the abyss, adopted the attitude of their neighbours: they started to speak and to publish their work in English. The following example demonstrates the extent of this conversion. Seventy per cent of results in the field of molecular and cellular endocrinology, particularly active in this country, have been published in English.

But all clouds have a silver lining and the adoption of the English language has brought advantages which it would be unjust not to mention. The adoption of the English language by the French has permitted the quality of their work to be appreciated by the Anglo-Saxon scientific community who have little inclination to enter into the subtleties of the French language. The use of a unique means of expression has the obvious advantage of assuring the perfect diffusion of discoveries and of breaking down national barriers in a community hoping to become supranational. Finally, the dynamic genius of the English language lends itself admirably to the expression of science.

Problem of Adoption

But these encouraging facts must not be allowed to mask the gravity of the problems resulting from the adoption of the English language by the French, which I would now like to discuss. Three major problems arise from the use of English as the universal scientific language. The first concerns the resulting modification of the French language. The use of English terms has become almost routine in the everyday language of French scientists and doctors, though often the translation into French of these terms is not impossible. This fact may perhaps "a priori" be considered as unimportant, since technical words represent only a negligible fraction of the total vocabulary. But in reality the consequences are serious since linguists have demonstrated that a language is enriched and developed, at least in part, by the new words employed orally. One may fear thus that a certain stagnation of the French language will eventually set in.

The second problem, without doubt more serious, concerns the difficulties that most Frenchmen encounter when trying to

express themselves in English. These difficulties are far greater for oral expression, either in formal presentations or in the participation in discussions. I have always been struck by the lack of contribution of French scientists in discussions after work presented at international conferences. I do not think that this semi-silence reflects the mediocrity of the French, nor can it be attributed to a reticence to speak incorrect English, since the Anglo-Saxon scientific community is remarkably tolerant in this respect. I am tempted to believe that this discretion on behalf of the French is due to the delay brought about by the necessary mental processes of translation, which generally finish just when the point raised in the discussion has been satisfactorily answered by an anglophone.

The difficulties in written expression are not as great. Nevertheless, the texts written in English by francophones must, even if their author's command of English is satisfactory, be corrected by an anglophone. For this reason, the time taken to write an article or a book is necessarily longer than it is for an anglophone. Also, a knowledge of English sufficient for writing scientific texts is acquired only after several years of considerable effort, and this means that the texts are generally written by the more senior members of the French scientific community. Consequently, the reflective effort of its younger members is diminished.

The last problem concerns education. The superiority of textbooks written in English over their French counterparts is undeniable. There are several reasons for this. The least debatable are the following: the privileged interest invested in education in the Anglo-Saxon communities; the conscientious attitude of their teaching staff; and the number of teachers of quality—which is statistically six times more than that of French teachers (because of the numerical difference between members of English and French communities in the world). Some, but few, English textbooks are translated into French, but their numbers are diminishing because of the financial difficulties encountered by the printing firms, which are much greater in the French-speaking world than in the English-speaking world, since there are less readers in the former.

Right from the beginning of their university career French students, obliged to read English textbooks, find themselves

confronted with the double task of learning a science and a foreign language at the same time. These problems would obviously be resolved if, as proposed by our great, struggling politicians, the French language could once again take up its supremacy of old. I personally would be very happy, but the question of the universal scientific language would again be raised. In any case, the international events described above demonstrate the unrealistic character of this proposition.

Defence of the French Language?

Does the solution lie elsewhere; perhaps in rendering the French scientific community completely bilingual? This would imply a considerable development of English teaching in our schools (which, despite some improvements, remains rudimentary because none of the people responsible dare recognize the evolution of the Western world) a necessary forerunner to a more intensive university training in English. The complete integration of Great Britain into continental Europe would certainly favour this evolution. Unfortunately, the United Kingdom has just decided to abandon the construction of the Channel Tunnel. Unfortunately also, the other non-French-speaking European countries, having the same linguistic problems as the French, have not considered participating financially in its construction. Unfortunately again, I confide my thoughts to a British journal because to do so in a French journal would be to run the risk of being taken for a drivelling anglophile!

In fact, I do understand the reticence of the authorities in my country: in the African and Asian countries which constituted the French Empire, the scientific language which has enabled them to progress is French. How can we admit that their cultural heritage is a "cadeau empoisonné." This declaration of failure renders me so anxious that I wonder if, in spite of all and in spite of myself, the energetic defence of the French language is not justified.

I wish to express my gratitude to Miss Mary J. Osborne-Pellegrin, who translated the first draft of this letter into English.

Any Questions?

We publish below a selection of questions and answers of general interest

Hepatitis in a Subnormality Hospital

A score of patients in a subnormality ward were screened as a result of sporadic cases of jaundice occurring among patients and staff in the hospital. Two patients were found to be positive, one of whom had Down's syndrome. Should the entire hospital population now be screened or only those patients needing dental treatment?

The exact number of people in Britain who are positive for the hepatitis B (Australia) antigen is unknown, though the overall frequency rate is almost certainly less than 0.1%. In mentally subnormal children, however, particularly in Down's syndrome, the rate is considerably higher—with reported figures of 20% in some subnormality hospitals. The reason for this is not entirely clear but may be related to defective mechanisms of cell-mediated immunity in these patients leading to persistence of the virus—the chronic carrier state.

The question of the risks of positive patients to the staff is often asked but no satisfactory answer is yet possible. Clinical hepatitis is uncommon in the contacts of positive subjects, though antibody to the surface antigen often develops. Furthermore, the virus is much less infective when the index case is a

healthy carrier than when the contact is with a case of acute hepatitis. For these reasons, and because of the logistic difficulties of testing many disturbed patients, full-scale screening does not seem worthwhile. As to the question of patients needing dental treatment, the counsel of perfection would be to test them all, but an alternative and in practice probably just as effective approach would be for the dentist to take scrupulous precautions, particularly wearing gloves, during treatment.

Drugs in Porphyria

Are there any analgesics available to help relieve pain for a person suffering from porphyria and are there any tablets that will help the patient sleep?

Aspirin, methadone, pethidine, morphine, and probably propoxyphene may be used for pain in porphyria. Pentazocine and phenylbutazone must be avoided. To help the patient sleep use chloral or triclofos. Barbiturates, dichloralphenazone, glutethimide, meprobamate, and chlordiazepoxide should be avoided.