prestigious royal college reports, research findings, and review papers struggles to persuade the public of the crucial part played in alcohol problems by factors such as the ready availability of alcohol, tolerant attitudes towards its misuse, and the fact that "drinking is a social phenomenon—it is something we both learn and practise with other people."^{11 21} Given the experience with tobacco and the effect of the example set by doctors in giving up smoking, is it too much to hope that many doctors would not merely read the contents of these latest alcohol reports but might actually take their lessons to heart? A useful start would be eliminating lunchtime drinking in medical settings, and consistently and readily providing soft drinks at social occasions at which alcohol is provided. Such steps are feasible and would do much to signal publicly that doctors take their drinking behaviour seriously and are not content merely to preach about other people's use of the drug.

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all the shares in the company (renamed in 1924 the Wellcome Foundation) to trustees. The Wellcome Trust is now the leading charitable institution funding medical research in Britain: its budget for the year 1985-6 was £28m.

Wellcome shared another characteristic with his multi-millionaire contemporaries: he was a collector—but his collection was anthropological and scientific rather than artistic (though it included many paintings). His books and manuscripts form the basis of the library of the Wellcome Institute for the History of Medicine, and his collection of instruments, pharmaceutical equipment, and other scientific material is now exhibited in the Wellcome Galleries of the Science Museum.

The Science Museum and the Wellcome Institute have both mounted special exhibitions to commemorate the 50th anniversary of the Wellcome Trust, and 11 universities and medical schools in Britain have organised symposia or exhibitions.

Perhaps modern entrepreneurs lack the glamour (but not the ruthlessness) of the great Victorians. Certainly Wellcome was an extravagant figure. *Physic and Philanthropy*, a history of the first 50 years of the Trust just published,¹ quotes Sir Henry Dale, for many years chairman of the trustees, as describing Wellcome as "in some respects, a flamboyant poseur, who wasted on hobbies and a gigantic advertisement [his museum] money which ought to have gone to assure the future of his business." Seen with hindsight that seems a rather ungenerous and hasty comment. Which contemporary corporate cowboys seem likely to achieve as much?

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The rise of medical English

Just as one of the remnants of the Roman Empire is Bob Cherry of the remove drowsily declining Latin verbs on a hot afternoon at Greyfriars School so the last of Merrye Englande might be found centuries from now in the textbooks of medical students in the Pacific basin. For as England falls its language rises. Perhaps the most offbeat of those Oriental students will look back on old *British Medical Journals* and *Lancets* just as some students now read the Dead Sea Scrolls. Were forests really felled to produce these dull fairy stories, they might wonder, and did men devote their lives to producing these grey pages? Was there ever passion in these publications?

The rise of English as the lingua franca of medicine has been very clearly described by John Maher, a linguistics lecturer from Edinburgh, in an article that Bernard Naylor, a professor of pathology from Michigan, wrote to tell us won a prize—presented at Buckingham Palace—for the best academic paper on the English language.¹ One of Dr Maher's central points is that English has become not just the international language of medical communication but also the intranational language in countries whose mother tongue is not English. Japan (where else?) is the best example: a third of the medical articles published in Japan were in

Wellcome: a challenge to contemporary corporate cowboys

Nineteenth and early twentieth century entrepreneurs who made vast fortunes often set up charitable foundations for the support of the arts and sciences: Rockefeller, Carnegie, and Ford in the United States, and Rowntree and Nuffield in Britain became household names. In medicine without doubt the leading figure was Henry Wellcome, an American who later became a British citizen and who died in 1936. The pharmaceutical company that he founded with his fellow American Silas Burroughs in 1880 quickly became a leading force in the industry at a time of rapid growth. When Wellcome died he left a detailed, 40 page will that transferred

English in 1980, whereas under a quarter were in 1966. What's more, in 1980 more articles were published in English in Japanese journals than in the journals of Canada, Australia, or New Zealand, where mothers speak a form of English.

English has, Dr Maher points out, for a long time been the international language of jazz singers, hotel receptionists, nuclear scientists, and diplomats—and it is also the language of sport, telecommunications, and maritime communication: "When a Dutch ship's captain radios the coastguard in Korea or Egypt his conversation will be in English." Similarly English will be spoken when a Taiwanese businessman negotiates a contract in Venezuela or a Russian endocrinologist drinks tequila with a Gambian colleague in a bar in Dunedin. Dr Maher looked at 373 international medical conferences listed in *JAMA* during a year and found that only one did not specify English as the official or one of the official languages. (The one that did not was a meeting of the Federation of French Speaking Gynaecologists and Obstetricians in Belgium.)

The most detailed account of the spread of English published so far (which did not consider medicine) concluded that: English is widely used as the official language (in court or in the local department of health) in countries where the mother tongue is not English; that the many books published in English in African and Asian countries show that English is a "conduit to the wider world"; and that English speaking countries host almost half of the world's foreign students.² Dr Maher's analysis of the language of articles listed in *Index Medicus* showed that the percentage in English increased from 53% in 1966 to 72% in 1980. Over the same time the percentage in French fell from 8% to 4%, in German from 11% to 6%, in Japanese from 4% to 3%, in Russian from 9% to 6%, and in Italian from 5% to 2%. Even in France (the country most paranoid about the takeover of English) 70% of papers on molecular and cellular endocrinology are published in English.

Part of Dr Maher's paper is a field study carried out in Shimane Medical University, Izumo, Japan. Information, he writes, has a special meaning in Japan: "it encompasses human knowledge and scientific research and is viewed as a 'raw material' or 'natural resource.'" Japan spends almost 3% of its gross national product on research and development in science and technology (a fourfold increase in 10 years) and now produces 800 scientists with doctorates and 74 000 engineers each year. Dr Maher thinks that the Japanese scientist or doctor may regard the English language itself as a sort of "raw material." His survey of 120 practising doctors

showed that all but four read medical books or articles in English at some time and 28% read them very often and 40% often. Sixty eight per cent thought it "essential" to read these articles or books in English and 17% thought it "important."

So is this spread of English as the language of medicine good or bad news? For patients it might well be bad news. Sociolinguists have already observed that medical English may be used by doctors as an instrument of power even when the patients speak English. Korsch and Negrete looked at 800 doctor-patient interactions and concluded: "The general impression that physicians tend to be too technical in language for their patients is strongly confirmed by our study. Terms such as nares, peristalsis, and Coombs titre were Greek to the patients."³ To Japanese patients it may be English rather than Greek, and they may find their doctors even more incomprehensible than when they spoke Japanese unadulterated by medical English. Korsch and Negrete also discovered, however, that some patients were impressed and flattered (although unenlightened) by their doctor's language—and perhaps it will become chic in Kyoto to have an incomprehensible English speaking doctor.

For doctors whose mother tongue is not English having to learn English is a nuisance but no great bind, and for English teachers it is a boon. But for those of us left in this increasingly impoverished, unimportant, and remote corner of the world where the language began it may be salvation. Our manufacturing base is disappearing, the oil is running out, the City has exploded, and the "family silver" is being sold. We may have a few years left before the Scandinavians and Japanese learn to speak and write English as well as we think we do in which we can peddle our journals and books around the world. We might be doing less research but at least we can translate "foreign" research into English. And Dr Maher's paper shows that we have been doing quite well in this smallish service industry: between 1966 and 1980 articles listed in *Index Medicus* and published in Britain increased by 112% to 13% of the total, while articles published in the United States increased by 70% and those in Japan by only 23%, and those from France fell by 9%.

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