An excellent discussion of cervical cancer is emphatically entitled "The one we needn't have" for reasons that are well explained. Women thinking that they should have annual smear tests after reading the check list on page 137 should be warned that their local pathology departments, already struggling to cope with demand, might not process a smear if the woman has had a normal result within the past five years unless she actually has symptoms which justify it.

One small blemish in this generally praiseworthy book cannot go unchallenged: the quotation (and apparent endorsement) of the cant feminist attribution of working in a "microcosm of male dominance" as the cause of the high incidence of smoking among nurses (p 167). Most nurses I have worked with have had excellent techniques for dealing with doctors (male or female) who have behaved in an arrogant or impetuous manner towards them—*never* has it entailed "nipping out for a quick ciggie." Nursing colleagues tell me that they started smoking and continue to do so for the same reasons as non-nursing contemporaries quoted elsewhere in the chapter. Looking after respiratory cripples, sufferers from lung cancer and patients with peripheral vascular disease doesn't put them off because they perceive these as diseases of aging, tend to be fatalists, and often believe that "the damage is already done."

Overall, a book for the individual just wanting to learn more about herself and her body as well as for the woman who has been told or suspects that she may have a particular cancer and needs advice or guidance. It may result in a few unnecessary consultations but if it encourages women to take early action and present for treatment,

Thermogram showing breast cancer

that is a small price to pay and I would be happy to recommend it to my women patients.

The Women's Cancer Book. C Faulder. (Pp x+220; £5.99 paperback.) London: Virago, 1989. ISBN 0-86068-993-X.

Words, words, words

David Maxwell

Sixty one years after the first edition appeared in 1928, Oxford University Press has now published the second edition of the *Oxford English Dictionary*.

Samuel Johnson, "a poet doomed at last to wake a lexicographer"

In contrast to its elder relative, the new *OED* is the product of a considerable international effort. The conversion into machine readable form and the process of printing took place in America. Software to handle the project was developed in Canada. In addition, a worldwide army of amateur and professional philologists contributed and continues to submit new words, references, and quotations. The task of the editors, J A Simpson and E S C Weiner, was not only to integrate the new material (roughly one per cent of the whole) that has accumulated since publication of the latest

supplements to the *OED*, but also to continue to update and refresh all the previous entries.

The production of the new *OED* might never have been contemplated without the help of computer technology and the creation of OEDIPUS (The Oxford English Dictionary Integrating, Proofing, and Updating System), the software required to amalgamate the original 1928 dictionary, its two supplements, and any new words or senses that had arisen in the meantime. Data entry by optical scanning of the original texts not being possible, over 120 typists were required for 18 months to recompose the dictionary on a database. The place of the computer is now duly acknowledged in the new edition, with descriptions of new ways to *hack*, *peek*, and *poke*, and new types of *bus*, *pin*, *icon*, and *wimp*. The making of dictionaries may now no longer be dull work (pace Samuel Johnson) for much of the drudgery has been automated. These volumes will be the principal source from which the plethora of Oxford dictionaries

and no doubt many others will derive. The first edition, which started as two tons of paper slips in 1879, and its supplements are already available on a CD-ROM (compact disc—read only memory) the size of your hand, and a version for the new edition should be available in 1991-2.

A statistical description of the dictionary reads like an entry in the *Guinness Book of Records*. It consists of 21 728 pages set into 20 volumes. It contains 290 500 main entries including over 600 000 word forms (combinations, derivatives, phrases, etc) illustrated by 2 400 000 quotations and 577 000 cross references. The longest entry is for the word *set*, consisting of 154 main senses, with over 430 senses and subsenses and described over 25 pages by 60 000 words, enough for a medium sized novel. Chest physicians may continue to lay claim to the longest word in the English language—*pneumonoultramicroscopicsilicovolcanoconiosis*.

Production of this latest monument to the English language began in 1984 and was completed within five years, one tenth of the time that it took for publication of the first edition. The presentation of the new edition has been simplified and standardised, with spacing between each entry to allow the eye to find its target more easily, although some of the typefaces may be a strain for the presbyopic. More important perhaps is the replacement of the system of phonetic transcription, devised by Murray, editor of the first edition, to characterise standard English pronunciation, by the International Phonetic Alphabet. This may be less intelligible to the average reader with its many curious symbols, but is now the standard throughout the world. It may be used to represent all the sounds of regional and dialect English as well as of foreign languages and will no doubt ease the passage into 1992.

Samuel Johnson was, perhaps, being over defensive in writing that "Every other author may aspire to praise; the lexicographer can only hope to escape reproach." The English language is an immense treasure house and the *OED* provides a source of endless information and entertainment. One can only heap praise on today's lexicographers for the feat they have achieved. Much has been added yet nothing discarded. By preserving those words and senses which have dropped from common usage they present us with a historical,

cultural, geographic, and scientific survey of English society over the past thousand years.

Five thousand new words, combinations, and senses have been added since the last supplement (1972-1986). Some of these new entries reflect omissions from the previous edition and supplements (the oldest "new" word, *ash*, an Old English runic letter, dates from the year AD 1000), but others bring the dictionary shuddering into the last quarter of the twentieth century (for example, *breakfast television*, *cling film*, *cruise missile*, *contraflow*, *hooray henry*, *granny bond*, *page three girl*, *street credibility*). The most recent (and hideous) acquisition, *yupification*, demonstrates how the editors resist Johnson's desire "to fix the English language" and, instead, keep to their task of preserving its past while faithfully recording its development.

One quarter of these new words come from medicine and the sciences. Some of them make good some surprising omissions from previous volumes, such as *renal colic*, *cradle cap*, and *Caesarean (section)*. Although the editors write that "omission should not be equated with exclusion," other new entries bring to mind some curious gaps. *AIDS* and *AIDS-related* are now included along with *immunodeficiency*, *azidothymidine* (and *AZT*), *Legionnaire's disease*, *legionella*, *chlamydia*, *Epstein-Barr virus*, and *Dane particle* but not hepatitis A or B, pneumocystis, or cytomegalovirus, which must have equally common usage. *Fringe medicine* and *holistic medicine* (but not complementary medicine) now join *alternative medicine*, and *cellulite* is now acknowledged, though myalgic encephalomyelitis is not. *FRCS* is recognised, but not *FRCP*. *Bleep* and *bleeper* are there but no explanations of being "on take" or of a "take in."

Brain death is now included, but its definition ("irreversible loss of function in the cerebrum and brain stem of such a degree that respiration and circulation continue only if artificially maintained") might suggest to some a direct dependence of the cardiovascular system on the brain that does not exist. In today's ecology conscious era it is surprising not to find chlorofluorocarbon. The editors also seem to have overlooked an error previously pointed out in this journal (the attribution of *stent*).¹

It is no surprise to learn that all this comes at a price. The estimated investment approached £10 million, including substantial support from industry and government. Ten thousand sets of the *OED* have been printed at a cost of £1500 each, probably beyond the

After the *Diary of a Teenage Health Freak* comes the diary of a teenage health freak's sister. This one is called *I'm a Health Freak Too!* and it is by the same authors, Ann McPherson and Aidan Macfarlane (£2.95. Oxford: Oxford University Press, 1989. ISBN 0-19-282232-2). "Susie Payne's" diary deals with some of the attitudes and health problems that her brother hadn't covered. She seems to lead a pretty grisly life—apart from sex and romance her other main concerns are, apparently, anorexia, glandular fever, depression, AIDS, death, divorce, dieting, animal rights, taking exams, contraception, coping with stress, and headlice.

means of most individuals; but should every library have one? Like any textbook it must already be out of date, with new material already accumulating in the offices of Oxford University Press. Furthermore, it must be remembered that a writer's skill is distinguished not by width of vocabulary but by clarity of expression. The dictionary cannot and does not pretend to make Einsteins or Medawars of us all. Nevertheless, in a world where the first language of medicine and science is English and in which technological advances are so swift, an authoritative standard must be raised to help us wade through the confusion of imprecise definition. The new *OED* provides this and much more.

The Oxford English Dictionary. 2nd edn in 20 volumes. Prepared by J A Simpson, E S Weiner. (£1500 complete edition.) Oxford: Oxford University Press, 1989. ISBN 0-19-861186-2.

¹ Bickerton R. Is this a publication? *Br Med J* 1986;293:1007.

“Mind the lady!”

Pamela Weston

As a disabled woman I am engaged in a never ending combat with my body—forcing my legs to walk a few steps, my voice to form clear and audible words, to stop my shoulders stooping, to get out of a chair, to pick up a baby—and in addition I have to fight against

DON BROWN

further restrictions placed on me by the stereotyped way people think of "disabled women." All too often we are seen merely as amorphous grey blobs in wheelchairs. The people who do approach us enunciate words loudly and slowly as if they were addressing an idiot, although more often they speak over our heads to our "normal" companions. The able bodied want to slot us into the categories they have assigned to us, seeing us simply as passive recipients of care. If, when our injuries permit, we are able to resume the traditionally feminine roles of carers for husbands or children we are "wonderful" or "brave," which is patronising. Apart from these two personae we are allowed no individual identity. We are forced into a quiet, unquestioning, and definitely asexual role because our true feelings, probings, and protests, our pains and desires, are too much for the non-disabled to handle; these "inappropriate" reactions disturb the able bodied, who are themselves the victims of fear. They would prefer not to confront the feeling, thinking, flesh and blood women we are, because they are afraid of what such injuries would do to them; how would they cope with such a terrible maiming of the body? They protect themselves by not looking at us too closely and by defining us in their own terms—only in that way can they preserve the status quo of their normality.

I cannot whimper or complain because disabled women are supposed to sit like Patience on a monument and receive tributes to their passivity—"Isn't she marvellous?" "Mind the lady!" "You're