MODERN LANGUAGES IN THE SERVICE OF MEDICINE

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At one time or another the problem of foreign languages presents itself to a large proportion of the medical profession. French and German are among the essential tools of the teacher and research worker, and are of at least temporary concern to the candidate for a higher degree by thesis. Other modern foreign languages are not widely cultivated by British medical men, but those who can read them are valued as translators, reviewers, and abstracters. For these reasons it is of interest to determine how far various languages are used by medical writers and to discuss the problems that the diversity of languages creates for medical libraries, readers, and authors.

Languages of Publications Indexed

Table I shows the publications indexed in the *Quarterly Cumulative Index Medicus* classified according to language.

TABLE I.—Languages of Publications Indexed

	Books			Journals		
	1937	1947	Changes since 1937	1937	1947	Changes since 1937
Czech	1	—	—1	6	4	—2
Danish	2	1	—1	3	3	—
Dutch	4	2	—2	7	10	+3
English	525	584	+59	417	531	+114
French	188	44	—144	197	103	—94
German	264	42	—222	176	41	—135
Hungarian ..	—	—	—	5	1	—4
Italian	112	122	+10	129	116	—13
Norwegian ..	—	—	—	2	—	—2
Polish	—	—	—	4	2	—2
Portuguese ..	6	13	+7	33	73	+40
Rumanian ..	—	—	—	7	—	—7
Russian	5	7	+2	14	14	—
Spanish	13	56	+43	85	216	+131
Swedish	1	—	—1	1	1	—
Unclassified ..	13	8	—5	75	44	—31
Total	1,134	879	—255	1,161	1,159	—2

The figures were calculated from lists in the *Quarterly Cumulative Index Medicus*, Vols. 21 and 41. The lists relate only to the first six months of each year.

The figures for 1937 show that the leading languages were English, French, German, and Italian; in 1947, on the other hand, they were English, French, Italian, and Spanish.

The figures for other languages for both years raise doubts about the completeness of the *Index*. For example, it is difficult to accept the suggestion of the figures that only a dozen medical books in Russian appear each year or that the medical journals in this language number no more than fourteen. The figures for Swedish—one book and one journal—are likewise almost certainly too low; the catalogue of the Swedish Publishers' Association for 1946 lists sixty-three books and twenty-one journals dealing with medical subjects in the Swedish language. These comments are made not by way of criticism of the indexers, who obviously can deal only with publications accessible to them, but to indicate that a language may be used by medical writers more extensively than the *Index* would suggest.

Three languages show substantial gains since 1937—namely, English, Spanish, and Portuguese. Table II shows the contri-

TABLE II.—Main Sources of Indexed Journals in English, Spanish, and Portuguese

	1937	1947	Gains since 1937	
			Actual	Percentage
British Isles	91	95	4	4.4
United States	272	372	100	36.8
Spain	13	27	14	107.7
Spanish America	68	186	118	173.5
Portugal	4	8	4	100.0
Brazil	28	66	38	135.7

The figures were calculated from the lists of journals indexed in the *Quarterly Cumulative Index Medicus*, Vols. 21 and 41.

butions of Europe and America to these gains. It also shows that each language gained in both Europe and America, but that the gains by each language were both absolutely and relatively greater in America.

Languages of Journals in a Library

The Manchester Medical Library takes approximately a quarter of the journals indexed; Table III shows (a) the language distribution that would be expected if its list of journals were a miniature replica of the list of journals indexed, and (b) the language distribution observed.

TABLE III.—Languages of Journals in a Library Taking a Quarter of the Journals Indexed

	Expected			Observed		
	1937	1947	Changes since 1937	1937	1947	Changes since 1937
English	104	133	+29	197	253	+56
French	49	26	—23	28	26	—2
German	44	10	—34	46	—	—46
Italian	32	29	—3	2	—	—2
Portuguese ..	8	18	+10	1	—	—1
Spanish	21	54	+33	3	2	—1
Others	31	20	—11	11	4	—7
Total	289	290	+1	288	285	—3

The "expected" figures were found by dividing the figures in Table I by 4, "others" including both the "unclassified" of Table I and languages specified in Table I only. The "observed" figures were calculated from lists in the *Annual Report of the Manchester Medical Society* for 1936-7 and 1946-7.

In each year the observed figure for English is much higher than the expected; on the other hand, the observed figures for Spanish and Italian are in each year much lower than the expected.

Languages of Articles Abstracted and Books Reviewed

Table IV gives examples of the languages of (a) articles abstracted in *Abstracts of World Medicine*, and (b) books reviewed in the *British Medical Journal*.

TABLE IV.—Languages of Articles Abstracted and Books Reviewed

	Articles	Books		Articles	Books
Czech	1	—	Italian	25	1
Danish	5	—	Norwegian ..	9	—
Dutch	3	—	Polish	2	—
English	816	245	Portuguese ..	3	3
French	56	29	Russian	13	—
German	44	14	Spanish	10	3
Hebrew	1	—	Swedish	9	1
Hungarian ..	2	—	Turkish	1	—

The figures relate to the first 1,000 articles abstracted in *Abstracts of World Medicine*, 1947, Vol. 2, and to the 296 books reviewed in the *British Medical Journal* in 1947.

Of the articles abstracted, over four-fifths were in English, and the only foreign languages individually accounting for more than 2% of the total were French, German, and Italian. Of the books reviewed, over four-fifths were in English and most of the others were in French or German.

Languages and Library Policy

The importance of various languages varies with the point of view. The most general point of view is perhaps that of a library committee, whose task is to meet the needs of a medical community. One of the main functions of such a committee is the selection of journals; according to the funds and space at its disposal, it has to provide the journals that will be most useful to the readers it serves. Its work may involve making judgments of quality between journals in the same subject, or deciding between the claims of journals in different subjects. General usefulness, as well as quality, must be considered; it would be uneconomic to take a journal, however excellent, in a language that no one could read. The decision not to take a particular journal therefore does not necessarily mean that it is of poor quality; on the contrary it may be of good quality but in too small demand to justify a subscription. An unfavourable decision does not entail hardship for a reader, who can usually borrow the journal from some other library, either

direct or through his local library; alternatively he may obtain an individual article in the form of a reprint from the author or of a photostatic or microfilm copy. In reaching decisions a library committee naturally bears in mind these various possibilities.

Comparison of the "expected" and "observed" figures in Table III shows a strong preference for journals in English. This is not surprising, since English is the language most widely read by users of the library. The library serves both practitioners and the university staff. It is known that requests for journals in foreign languages are virtually confined to the university staff, and it is accordingly their judgment that is reflected in the figures for French and German. The insignificant representation of other foreign languages probably means that few if any users of the library read them; it does not mean that the medical literature in these languages is unimportant—evidence to the contrary is provided by a steady demand for translations from them by those using the library. The language from which translations are required most often is probably Italian, and on some topics the literature in this language is substantial; for example, in a study of Still's disease (Langley, 1945) no fewer than 9 out of 30 references are to Italian papers.

Selection of Articles for Abstracting

The abundance of medical literature has led to a demand for summaries or abstracts of medical articles, and there are now, of course, several journals consisting entirely of such abstracts. The reading of abstracts is a convenient means of keeping in touch with developments in medicine, but it must always be remembered that an abstract is a second-hand account, however skilfully rendered. An abstractor has to condense pages into sentences, and must inevitably select for mention the points that he himself thinks important or interesting. As a rule, his selection of points can be made only in the light of his general experience; even if he happens to be an expert on the subject of an article, other experts might dissent from his judgment. Anyone working on a particular topic must consult an article in the original (or in translation) and form his own opinion of its value; all that he needs is a list of titles of articles such as those given in the *Index Medicus*. When all efforts to obtain access to an article have failed it is permissible to quote an abstract in the list of references at the end of a paper; such a quotation can properly be made only for information, for it would not be fair to an author to judge his work on the evidence of an abstract.

Because of their limited value, abstracts are costly. Their cost is to be measured less by the price of abstract journals than by the diversion from other work of the energies of abstractors, who are themselves often engaged in research. The preparation of abstracts is an exacting task and a severe test of critical and literary powers combined; if the text is in a foreign language great care is needed to avoid mistranslations. For these reasons the selection of articles for abstracting is a heavy responsibility, and the aim should be to provide the best possible service with the minimum expenditure of effort. Ideally, articles should be chosen for their quality or interest irrespective of the language in which they are written, but in practice the choice may fall short of the ideal owing to inaccessibility of journals or lack of linguists. The example in Table IV certainly suggests a preference for articles in English, but the best articles may in fact have been in English, in which case it would not necessarily represent a departure from the ideal policy.

Because of the widespread knowledge of English and the ready accessibility of journals in English, it might be suggested that articles in English do not need abstracting, and that abstract journals would be more useful if they confined themselves exclusively to abstracts of articles in foreign languages. Such a policy would undoubtedly have the advantage of disseminating information that would otherwise remain relatively inaccessible, but it is doubtful whether most users of abstracts would be willing to forgo the convenience of having a balanced review of the whole of current medical literature.

Selection of Books for Review

The restriction imposed by general ignorance of foreign languages is more severe for book reviews than for abstracts

and of the same nature as that influencing the selection of journals by a library. The abstractor is free to range widely in the literature in foreign languages, for many of his readers will be content with his abstracts and not read the original articles. The book reviewer, on the other hand, is largely concerned with introducing books to potential readers. Book reviews would therefore be expected to deal mainly with books in the mother tongue, and the range of foreign languages providing books reviewed would be expected to be narrower than for articles abstracted. The data in Table IV are therefore in agreement with expectation.

The Englishman already has access to a large amount of foreign literature in his own language; for English is of course the mother tongue of many foreign countries, the United States being simply first among them. At the same time the close genetic relation between medicine in the British Isles and medicine in the other English-speaking countries gives the medical literature of these countries a special interest for the Englishman, and the books they publish are often of more immediate use to him than those from countries speaking foreign languages. Books in foreign languages—especially textbooks—often reflect practice that differs considerably from that in the English-speaking countries; for this reason they are in general less interesting than books in English, and reviews are accordingly less necessary. There are of course notable exceptions, and it is most desirable that they should be reviewed; in this matter we must look to the enterprise of foreign publishers and foreign cultural representatives in this country in submitting books for examination.

Reviews for journals published in this country should preferably be written by natives of the British Isles, since the value of such reviews largely depends on their being written against the background of our own system of medical education and practice; a review of a foreign book (whether in English or some other language) by one of the author's fellow-countrymen could hardly carry the same weight. The medical profession in this country is large enough to provide reviewers of books in every important European language, and medical men with linguistic ability should be aware of this opportunity of serving their colleagues.

Languages and the Individual Reader

Medical men who have to read articles in foreign languages are mainly specialists, and therefore interested not so much in the total output in any language as in the leading journals in their own subjects. For any individual this probably means one or two journals in each of a considerable number of languages; if he cannot read a language he must have articles translated. The languages most frequently needed are French and German; anyone who has learnt both at school has thus saved himself much time and trouble. On this subject we could hardly improve on the observations of La Bruyère (quoted by Locke, 1692):

"One can scarce burden Children too much with the Knowledge of Languages. They are useful to Men of all Conditions, and they equally open them the Entrance, either to the most profound, or the more easy and entertaining Parts of Learning. If this irksome Study be put off to a little more advanced Age, young Men either have not Resolution enough to apply it out of Choice or Steadiness to carry it on. And if any one has the Gift of Perseverance, it is not without the Inconvenience of spending that Time upon Languages, which is destined to other Uses: And he confines to the Study of Words that Age of his Life that is above it, and requires Things; at least it is the losing the best and beautifullest Season of one's Life. This large Foundation of Languages cannot be well laid but when every thing makes an easy and deep Impression on the Mind; when the Memory is fresh, ready and tenacious; when the Head and Heart are as yet free from Cares, Passions, and Designs; and those on whom the Child depends have Authority enough to keep him close to a long continued Application. I am persuaded that the small number of truly Learned, and the Multitude of superficial Pretenders, is owing to the neglect of this."

French usually presents no problem, for it is commonly learnt at school and can be quickly revised if necessary; German, on the other hand, is less often studied at school and is generally considered to be the more difficult language. German is important owing to the large amount of good work

published in it before the war and will retain its value for years even if there is no revival in German medicine.

Whether any further language should be acquired is a matter for the individual to decide. The learning of French and German, especially if either has to be learnt after leaving school, may well take up all the time that can be spared for language studies, and only those with a special interest in languages are likely to proceed further. Those who do so will find that English and German together smooth the way to the other Germanic languages; Icelandic is highly inflected and at least as difficult as German, but the other important members of this group—Danish, Norwegian, Swedish, and Dutch—are all grammatically simpler than German and among the easiest of foreign languages for the Englishman. French is similarly helpful in the study of Italian, Spanish, Portuguese, and Rumanian, all five being descendants of Latin.

Tables I and IV together show that medical literature is published in fourteen foreign languages other than French and German, and the lists are almost certainly incomplete; the medical linguist thus has a wide choice, and the selection for study of a foreign language other than French and German may rightly be influenced by non-medical interests such as general literature or foreign travel. The medical reader of any foreign language other than French and German will probably attract as much work as he can comfortably cope with, and if he teaches in a university he may expect work from colleagues in any faculty.

Languages from an Author's Standpoint

The language problem for a medical author is relatively simple, for the choice lies between his mother tongue and one or other of the so-called world languages—English, French, and German—if he was not born into one of these. The advantages of writing in one's native language need no discussion, for no one can feel quite so much at home in any other; an Englishman would be the last to question an author's right to publish in his own language if he so desires. On the other hand, the disadvantages—namely, a limited public and the risk of being misunderstood by foreign readers—are equally obvious, and with many writers outweigh the advantages. Such writers vary in their choice of language, which is often determined by the traditional intellectual relations of their countries; thus German is often used by Russians and Japanese, and French by citizens of the other Latin countries. English ensures the widest public, and foremost among those who use it are the Scandinavians. Let us be grateful for their choice and hope that their example may be followed ever more widely.

Summary

Publications listed in the *Quarterly Cumulative Index Medicus* have been classified according to language. In 1937 the leading languages were English, French, German, and Italian; in 1947 they were English, French, Italian, and Spanish. English, Spanish, and Portuguese show substantial gains since 1937; each language gained in both Europe and America, but the gains by each language were both absolutely and relatively greater in America. In 1947 about one-half the indexed journals were in English and about one-fifth in Spanish; no other language accounted for more than one-tenth.

Comparison of indexed publications with (a) journals in a library, (b) articles abstracted, and (c) books reviewed shows a strong preference for journals, articles, and books in English; the implications of this preference are discussed.

The value of French and German, both as keys to medical literature and as aids to the study of other languages, is emphasized. The data show that medical literature is published in at least fourteen foreign languages other than French and German, and it is suggested that the selection for study of foreign languages other than French and German may rightly be influenced by non-medical interests. The advantages of publishing in world languages, especially English, are noted.

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ORDER OF ST. JOHN OF JERUSALEM

The *London Gazette* has announced the following promotions in, and appointments to, the Venerable Order of the Hospital of St. John of Jerusalem:

As Knight: Dr. C. E. C. Wilson. *As Associate Knights*: Major-General K. S. Master, M.C., K.H.P., and Dr. Jivraj N. Mehta. *As Dame*: Dr. Margaret E. Douglass. *As Commanders (Brothers)*: Brigadier R. A. Hepple, C.B.E., M.C., M.B., Colonel C. P. Gaboury, O.B.E., M.D., Major E. S. B. Hamilton, M.C., F.R.C.S., Drs. C. A. Verco and C. Thompson. *As Commander (Sister)*: Lady Isabel E. Hutton, C.B.E., M.D. *As Officers (Brothers)*: Brigadier F. A. E. Crew, M.D., Colonel M. MacEwan, D.S.O., O.B.E., D.F.C., T.D., M.B., Lieutenant-Colonels D. W. C. Gawne, M.D., F.R.C.S., R.A.M.C., H. F. Summons, M.B.E., M.B., G. N. Morris, F.R.C.S., Majors T. D. W. Fryer, M.B., C. D. Donald, M.B., Captain S. A. Nield-Faulkner, L.R.C.P.&S., Drs. I. H. Beattie, R. I. Hyder, G. A. Macdonald, J. T. Whitley, O.B.E., H. R. Mustard, E. W. Lonsdale-White, H. M. Ayres, A. Tabone, and A. W. Azzopardi. *As Associate Officers (Brothers)*: Rai Bahadur Captain K. S. Roy, M.B., and Dr. G. S. Vazkar. *As Officer (Sister)*: Dr. Dora E. Wheeler. *As Serving Brothers*: Lieutenant-Colonel O. L. Appleton, T.D., L.R.C.P.&S., R.A.M.C., Major M. J. Bett, M.D., Captains F. R. Wilson, M.D., R.A.M.C., J. B. W. Meredith, M.B., F. E. Barclay, M.B., Surgeon Captain V. F. Walsh, L.R.C.P.&S., R.N., Drs. E. Sorabjee, J. G. Morgan, G. K. Arthur, J. F. E. Burns, W. J. Collins, C. E. Mathieson, D. S. Smith, H. T. H. Dimitriou, R. A. Simpson, R. B. Hick, L. W. Bradshaw, W. S. Coutts, A. W. Ewing, G. E. Sawdon, F. R. Mutch, N. Wilson, T. D. Thorne, H. F. Sparling, M.B.E., J. M. Hain, G. R. Bourne, F. W. Gershaw, H. C. Powell, G. Saine, H. M. S. Tait, A. Parkinson, F. G. Percival, O.B.E., and V. C. F. Tet. *As Associate Serving Brothers*: Drs. E. A. Levisseur and C. K. Khey. *As Serving Sisters*: Drs. Phyllis Burns, Mary E. Rolston, and Ellice E. P. Dart.

Reports of Societies

LONDON COUNTY MEDICAL SOCIETY

Addressing the London County Medical Society at a meeting held at Furnival House, Highgate, on Jan. 5, and presided over by Dr. C. D. Coyle, Mr. J. R. M. WHIGHAM, the retiring president, said that the ideal hospital had yet to be built. Design must have some relation to function, and "job efficiency" had always to be kept in mind. Nowhere in the hospital was this more necessary than in the ward. The subdivided ward, with opportunities for recreation for those able to enjoy it, was an urgent need for the future.

For the doctor hospital medicine was not total medicine, and every opportunity should be taken to fill in the gaps so that the patient could be studied in the light of his family, his house, his job, and his pay. Close contact with the relatives was desirable, and on transference back of the patient the general practitioner should be given a full account of the case.

Though the doctor was not immediately concerned with rising hospital costs he could by careful scrutiny see that the maximum use was made of the beds of which he was in charge. The aged sick who were acutely ill, and those likely to benefit by it, should receive hospital treatment. Others should be kept at home, and no one wanted this more than the elderly patients themselves. Unfortunately some homes were not only not fit to live in, they were not even fit to die in. The hospital had to rescue these unfortunate people. It was not realized, either inside the profession or outside, how numerous were the day-to-day administrative problems in a hospital dealing with all sorts and conditions of patients. The need for "a head" remained, and a hospital being what it was—a medical service primarily—that head was most naturally a doctor. Medicine to be at its best must flow freely and naturally and not be forced along artificial channels. No two hospitals were alike; each had its own problems, and therefore must be allowed some degree of autonomy.