



## 4-letter words and others (4)

by Alistair Reeves

I have two 4-letter words and 2 suffixes with 4 letters for you this time: *stop*, *done*, *-fold* and *-free*. We extend to 5 letters with *about* and to 6 letters with *nearly*, and then shrink back to *do*, *at* and *of*. It is surprising what you can say about words with 2 letters! 3-lettered *man* rounds things off this time.

### Stop

*After treatment stop* and *after treatment start* are formulations I frequently read on CIOMS forms<sup>1</sup> and in subject narratives, even amongst examples I see prepared in the UK—and I have to say: they just have to be changed. At best, they could be explained away as jargon; they are actually just plain wrong and betray a lazy writer. I also occasionally see *after stop (start) of treatment*. The same also applies to other words, such as *infusion* (e.g. *after infusion stop* or *after stop of infusion*). Here, I am considering only the use of *stop* in this way, but most of my comments also apply to *start* and other words used in this way such as *infusion*.

*Stop* is a noun and verb, and it has 13 meanings as a noun in the Oxford English Reference Dictionary [1]. The only one that comes near to its use as a noun in *after treatment stop* is: ‘the act or an instance of stopping; the state of being stopped’. On the surface, this looks OK and means that *stop* might be used in this way, but the examples provided betray the way that *stop* in this sense is used as a noun. Only collocations are given: *to put a stop to*, *to bring to a stop*, *to come to a stop*. None of these locutions are suitable for formal scientific and medical texts. You could not, for example say *After treatment was brought to a stop* (usually reserved for runaway horses or vehicles, or garrulous people and the like), or *After we put a stop to treatment* (usually reserved for something which is bothersome, and even rumours; of course, treatment may be bothersome, but you know what I mean). You might probably just about get away with *After the bleeding was brought to a stop*. But then you might as well just say *After the bleeding was stopped*, because this sounds better and is shorter. And this reflects what you should be saying instead of *After treatment stop* or *After stop of treatment*. You should be using *stop* as a verb and saying *After treatment was stopped* and not *after treatment stop*. That’s just how it is. Even if your tables have column headers that say ‘treatment start’ and ‘treatment stop’, this is probably just for the sake of brevity in the table and should not be used in text.

Care must be taken when using *stop* and *end* as verbs and nouns. When using them as verbs, their meaning is related to transitive use (with an object) and intransitive use (without an object) and whether in the active or passive voice. Some verbs are only intransitive (e.g. *arrive* cannot take an object: *The train arrived at 16:00*), but most verbs can be used with or without an object, and this applies to *end* and *stop*. *After treatment stopped* (active, intransitive) is an unusual formulation, suggests that the treatment came to a spontaneous end, and is rarely used. *After the infusion stopped* (also active, intransitive), however, is less unusual, because an infusion generally goes over only a maximum of a few hours and usually comes to an expected end. *After the patient stopped treatment* (active, transitive) usually implies that the patient wilfully curtailed treatment, but can also be neutral and can just mean after the expected end of treatment (for whatever reason), so the context has to be carefully checked. *After treatment was stopped* (passive, intransitive) is used frequently and almost always means that treatment was deliberately ended earlier than expected, most probably by the attending physician. The same applies to *after treatment was ended* (also passive, intransitive). *After the end of treatment* (no verb) or *after treatment ended* (active, intransitive), however, are neutral and are used either when treatment came to its expected end or when it was ended prematurely, so again, the context has to be checked carefully.

The above is probably part of the reason why I don’t use *stop* very much when talking about ending treatment, because there are better words, such as *interrupt*, *suspend*, *discontinue*, *withdraw*, or *finish*, which actually describe different actions more precisely, and I like the word *end* rather than *stop* (a personal preference). You should be careful with *terminate*, however: it is often just used as a fancy alternative to *stop* or *end* as a verb. And the same applies to *termination*, when all you mean is *end* or *ending* as a noun. When used intransitively (*The study terminated on 12 January 2007*) as opposed to transitively (*We terminated the study because recruitment was slow*) *terminate* generally means that whatever was terminated reached its expected end. But because *end* is just as good, you may as well use just *end*.

All this talk of starting and stopping brings me to the word *onset*. But we’ll reserve that one for the next issue.

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<sup>1</sup> Council for International Organizations of Medical Sciences forms used in adverse event reporting.

## &gt;&gt;&gt; 4-letter words and others (4)

**Do and Done**

As far as I am concerned, it is quite acceptable to *do* tests, studies or analyses, for example, or have them *done*. Many writers prefer to use *perform*, *conduct*, or *carry out*, and there is really nothing that can be said against these verbs, except that they are longer than *do* and are sometimes appropriate because they form part of collocations ('The spokeswomen said that it would be almost impossible to *carry out the wishes* of the government committee'; 'The *investigation was conducted* in the strictest confidence'). Any extra shades of meaning other than *do* that they might once have had in our context have now been thoroughly beaten out of them by overuse. Especially *perform*: it would be nice to think that writers in our field could be persuaded to give *perform* a rest, allowing it to continue to do good service when describing circus feats or the staging of plays, but this is (verging on) a lost cause. There are writers who (perhaps after some thesaurus-searching for a 'different' word, or because they think they sound 'better') choose to use such verbs as *execute* (reserve this for shooting at dawn) or *accomplish* (reserve this for the successful completion of a difficult task that you may well be proud of) instead of *do*. Next time you write any of these, review your sentence to see whether simple *do* would be just as appropriate.

**-fold**

You have choices when you use the suffix *-fold*: you can use digits or text and hyphenate it or not. It is therefore immediately obvious that whatever you choose, you are not going to be *wrong*. But choices often mean unnecessary controversy and therefore wasted time. Repeated discussion of the 'correct' way to write *-fold* is definitely a waste of time. My preferred rank order for these choices is: *10-fold*, *ten-fold*, *tenfold*, *10fold*, and I would only use *10fold* if a client absolutely insisted. I consider *10 fold* and *ten fold* incorrect. Decide which you prefer, defer to the preference of others without comment, but always try to remain consistent.

**-free**

Unlike *-fold* and other suffixes, *-free* does not show the tendency to amalgamate with the word it follows. There are no rules here, and authors determine whether and when amalgamation happens by gradually (maybe sometimes even suddenly) starting to write a word and a suffix together (*stepwise* instead of *step-wise*, for example). It may look wrong at first, and you may resist, but after an indeterminate time these amalgamations often start to look all right, and they come into general use. This does not seem to happen with *-free*. *Carefree* exists, of course, but I have yet to find another *-free* that is regularly written together. *Duty-free*, *drug-free*, *trouble-free*, *germ-free*, *lead-free*: *-free* seems to want to remain free of its precedent.

**About**

I very decidedly gave up my prejudice against *about* several years ago, and deliberately started writing it instead of the pentasyllabic *approximately* and *approx.* I had always claimed that *about* was only spoken until then, but suddenly thought: *Why do I think this?* I definitely had some misconception that *approximately* 'sounded better'. There was also that nagging worry that I should really explain the

abbreviation *approx.* the first time I used it and never bothered to do this because 'everybody must know what *approx.* means'. I also realized that I was being internally inconsistent: I make all these claims that we writers should make our texts as simple as possible, and then I go and use a word that has 5 syllables instead of 2! It took more than just a few months, but now I am quite comfortable writing such things as *About 250 mL serous fluid were drained from the pericardium ...* or *A 65-year-old man with biliary cancer developed tachycardia about 3 months after the start of treatment ...*

**Nearly**

I am in two minds about *nearly*, and I didn't used to be. I was once firmly in favour of using it only when speaking or writing informally: *The patient's diastolic blood pressure decreased in one week by nearly 20 mmHg.* Although there is still something that sounds rather spoken about it to me, I have recently found myself thinking that *nearly* probably sounds all right in certain situations, and sometimes I actually write it. It is the respectable adverb of near, and, as such, I shouldn't be objecting to it in written use. But I still find that I do. What do I feel I have to use instead? *Almost*. And what does this tell us? Probably all it tells us is that I was just prejudiced against *nearly* for years and am finally giving a perfectly acceptable word its due.

The word *circa* (usually abbreviated to *c.* and not *ca.*) also exists in English, of course, but for some strange reason, it has not established itself as widely as in other languages in science and almost always only precedes a historical date consisting of only the year, for example, after a quote from a historical manuscript: *Taken from Thomas Wilson, Arte of Rhetorique, c. 1550 ...*; or when describing a painting: *... School of Hieronymus Bosch, c. 1493.* Although it probably would be understood, it looks very strange in the following: *The patient had a blood pressure of c. 180/115.* *About* is definitely preferable to this, or, if you haven't taken the leap yet, *approximately* or *approx.* But please do get out of the habit of using *approximately* when you could just say *about*.

**At**

*At* has a specific and frequent use in our context that it not so common in vernacular English. It is often used when describing what was shown by an examination. To say that something was found *at X-ray* or *at ultrasound*, or *at post-mortem* is quite acceptable (I have just deleted the hyphen inserted into postmortem by the autocorrect function in Word. Don't be terrorised by Word: switch these things off!), and sounds better than *by* in all instances, although *by* is not wrong and is also used. But it is different with the term *physical examination*. Although *A discrete rash was found at physical examination* sounds normal, *A discrete rash was found by physical examination* sounds unusual, but *A discrete rash was found on physical examination* does not. *On X-ray*, *on ultrasound*, or *on postmortem*, however, would never be used. Further evidence of the unfortunate (for the writer) peripatetic nature of the English preposition.

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**Of**

I include *of* for one reason now, although there are many other reasons to discuss the use of *of* in English: it is used incorrectly by writers in Continental Europe in one specific way when they are reporting on clinical trials. *Patients of this study ...* is not correct. *Patients in this study* is what is most frequently used, and *Patients from this study ...* may also be appropriate: *Patients from this study with a final DBP > 90 mmHg were not included in the supplementary analyses.* *From* is also used when required by a verb: *We selected patients from this study for the analysis of ...*

**Man**

It is just as easy to say *humans* as *man*. I have now switched to the former completely (and, I am proud to say, spontaneously. By that I mean, I don't spontaneously write *man* and correct it to *humans*), but I still do see *man* being

used when 'all human beings' is meant. There are women who do not object to *man* used this way, but I suspect they are a small minority, so that is no argument.

A client recently insisted that I put *male patient* and *female patient* in subject narratives because "they are not just men and women, they are patients". If I have my choice, I say: A 55-year-old *man* with gastro-oesophageal cancer was treated for 4 weeks with X and developed X. Why? We all know he was a *patient*, and the poor *man* had gastro-oesophageal cancer.

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**Reference:**

1. Pearsall J, Trumble B. *The Oxford English Reference Dictionary*. Oxford: OUP, 1996.

## Working from home—The best of both worlds?

Like many other EMWA members that I've met, I realised whilst doing my PhD that I enjoyed writing up the results of experiments far more than actually performing them. Medical writing was, therefore, the obvious choice of career and so I became an office-based medical writer in a Contract Research Organisation. When office-based, I'd often dreamed (as I'm sure many do) of working from home, with an idyllic vision of being able to do the washing, go for a run and clean the house in my lunch breaks, instead of working or surfing the internet whilst trying not to drop breadcrumbs into my keyboard. However, living only 11 miles from the office, with great transport links, didn't really give me much excuse to realise that vision.

Whilst I was pregnant with my second child and literally the day before we were due to exchange contracts on a new house, my husband dropped the bombshell that his job was being moved from London to Switzerland. The timing of the announcement, coming just as we were about to commit ourselves to a massive mortgage and months of home renovations, made us think that maybe we should take the plunge and move.

I wanted to return to work after having my baby (yes, I'm weird that way) but my husband's job was moved to Zurich, a good hour away from my company's Swiss office, and at least that far from those of most other companies that employ medical writers. The life of a freelancer had never really appealed as I love being part of an office with all the associated support, job stability and opportunities (as well as social life and gossip). Medical writers at Quintiles are normally office based at one of our medical writing team hubs but because I'd been with the company for several years, it was agreed that I could

work from my new home in Zurich rather than have to leave a job that I enjoyed.

Adjusting to working from home was, fortunately, easier than I expected. Although I'm officially employed by my company's Swiss office, I'm still managed from the UK and I consider myself to be part of the UK team in spirit, if not often in person. I miss the everyday office banter and the frequent nights out, but with my mobile phone and MS Office Communicator, I'm as available as ever, plus I keep in the gossip loop! I have a view of Lake Zurich, instead of Bracknell town centre and staying late at the office to catch up just means going into the study after the kids have gone to bed. The kids have a fantastic lifestyle and my 4-year old is already a competent skier. They also get to see their grandparents much more than when we lived in the UK, even though they live in the UK themselves. However, my vision of the perfect work-life balance hasn't quite worked out. Although I work about 80% of a full-time contract, I face the perennial problem of working mothers in that the majority of my earnings go on childcare. Also, there simply isn't time at lunchtime to cook, clean or go for a run. In fact, the house is messier than ever because I have lunch at home and I still find myself dropping crumbs into the keyboard. My weight is also creeping up, as I frequently raid the fridge, whereas when I was in the office, I felt too ashamed to visit the chocolate machine more than once a day. All things considered though, I think I've probably got the best of both the office- and home-based worlds.

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