



More myths about English (3)

by Alistair Reeves

I promised you more myths about English [1, 2] after my first 10 (if you would like to know why I wrote a digit here and not 'ten', see 'Myth 1' [1]). Here are a further 5. More will follow. The list is not short!

Myth 11: 'e.g.' and 'i.e.' must be followed by a comma

Eagle-eyed readers of my previous two 'myths' articles will have noticed that I do not put a comma after 'i.e.' or 'e.g.'. If anyone can give me a good reason why they **must** be followed by a comma, other than a questionable convention, I am prepared to revise my opinion that the use of the comma after both is a complete waste of time. This may be because I still prefer to use both with full stops. 'E.g.' means 'for example' ('*exempli gratia*' in Latin) and 'i.e.' means 'in other words' ('*id est*' in Latin) or similar. When I write 'for example'—and on the extremely rare occasions when I use 'in other words'—they may well be followed by a comma, but this not reason enough to follow 'e.g.' or 'i.e.' with a comma: full stops at the end of both obviate the need for a comma as far as I am concerned. There is also my usual good reason for not using a superfluous punctuation mark here: if you don't do it, you don't have to check you have done it every time! But if your boss wants it, put it!

By the way: I think it is still preferable to use two full stops or periods with 'e.g.' and 'i.e.'. Some writers and journals are proponents of 'eg' or 'eg.' and 'ie' or 'ie.'. I don't like either of these aberrations, but say: 'Live and let live'—just be sure you are consistent.

Also, every time you use 'e.g.' or 'i.e.' check carefully that it is correct. I often see them confused, and have to check myself that I have not mistakenly used 'i.e.' when I actually wanted to say 'e.g.'.

Myth 12: 'Utilise', 'make use of' and 'employ' should be preferred to 'use' in certain contexts

My advice: **always use 'use'!**

The reader will understand exactly the same if you give preference to 'use' in almost all situations. Consider the following:

- We decided to **use/utilise/make use of/employ** her extensive experience with manic-depressive patients when formulating our new guidelines.
- How did you **use/utilise/make use of/employ** your results?
- We **used/utilised/made use of/employed** straight-sided titanium crucibles.

The very fact that 'use' has only one syllable is enough to put many writers off. It sounds just too plain and simple. But why use a polysyllabic word or phrase when a monosyllabic word does **exactly the same job**? Our business should be simplicity. This is rather like saying 'to initialise a study' when you just mean to 'start' it.

Dictionaries tell you that utilise means 'to turn to use' (whatever that means), 'to make practical use of' (that's a little better), or 'to use effectively' (at least this means something, but if you 'use' something, don't you expect it to have an effect?). There are those who claim that 'utilise' is therefore sometimes better than 'use' and that the subtle difference is **vital** to the reader. This is one subtle difference I don't seem to be able to appreciate. Don't ever write 'make use of' in our context. Reserve 'employ' for when you pay a person to do something. And it should not be necessary to worry whether 'use' might be misunderstood to mean 'take advantage of' or 'exploit' (an argument often used against 'use' by 'utilisers'), because if this what you want to express, in our context at least, you should be using 'take advantage of' or 'exploit'. And remember: 'exploit' is not always negative!

Myth 13: It is better to write 'First', 'Second', 'Third'... rather than 'Firstly', 'Secondly', 'Thirdly'... when enumerating points

It is not better. Some say avoid this altogether, but sometimes it is quite important to enumerate in this way. The reader understands exactly the same thing, whether you use the adjective (functioning here as an adverb) or adverb (-ly). It is pompous to insist that the adjective is linguistically better (it **is** shorter though, and I'm always in favour of that, as you know by now). Remain consistent. Don't go beyond 'thirdly' ('fourthly' and above start to sound progressively ridiculous). Be sure that you are actually enumerating one point, then another, and then another (if you write 'Second(ly), ...', make sure you have a 'First(ly)', otherwise you put the reader in the annoying situation of having to backtrack to count). This is rather like making the reader hunt around for the 'one hand' when you use 'on the other hand' without making sure that you have mentioned the first hand beforehand. Or the reverse! Watch out for this one too. If I have my choice, I don't use 'on the one hand' and 'on the other hand' when writing.¹

¹ Note for German speakers: do not use 'on the other hand' for 'dagegen' unless you have said 'on the one hand' before this. Best is to avoid any mention of hands at all.

More myths about English

Myth 14: Generic names of pharmaceutical products are written with lower case letters

This is dead simple. US English uses upper case for generic names (e.g. Ramipril) and British English uses lower case (e.g. spironolactone). But maybe it's not so simple: I have no idea what writers in other English-speaking areas do, such as the Irish, Australians, Canadians, and South Africans (I suspect usage is inconsistent everywhere). Please let us know!

Myth 15: British English is better than American English

The only answer to this is a resounding NO IT IS NOT! I include this myth because I was recently confronted again by the naïve opinion that we British have a monopoly on good English. This once got me into a very embarrassing situation. A German-speaking colleague asked my Irish room neighbour at work how to say something in English, and got a perfectly good answer. Then, with the Irish colleague in tow, went to an American colleague in our building and asked the same question. The American colleague also gave a perfectly good—but different—answer. Then the German colleague came to me, with both in tow, having said (the Irish colleague told me afterwards): 'Jetzt gehen wir zu Herrn Reeves—er ist ein richtiger Engländer' (*Now we'll go and ask Mr Reeves—he's a real Englishman*). If ever the diplomacy required of a medical writer was 'heavily challenged', this was one of those situations. I deliberately opted for a different solution so as not to pique either the Irish or American colleague, but left the final decision to our German colleague, reminding him that all three solutions were just as good as each other.

Just whose language is English these days? OK—so the spelling in US and British English differs (I would switch to American spelling tomorrow. When I say this, some of my British colleagues throw up their hands in horror. But we are only talking about black marks on paper to convey a message, or nowadays a computer screen). The fact is: whoever writes English, if they write well, it is good. And if it is written well, you will hardly notice a difference, whether it is written by a person who grew up in Britain, the USA, Canada, South Africa, New Zealand, those from Mumbai who first learn English, or by someone in Singapore, Malaysia or Hong Kong who had all their schooling in English, but may have spoken Mandarin or something else at home. The accent is on **'if it is written well'**. And those who grow up in Britain also have to **learn hard and long** how to write well. English in our context is also no longer the preserve of 'native English speakers'. I am sure there are more medical writers in Europe whose native language is not English who manage to do a perfectly good job, and there are people who can write very well, but not speak so well. Speaking is a very different matter!

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References:

1. Reeves A. Myths about English. *TWS* 2006;15(1):22-4.
2. Reeves A. More Myths about English. *TWS* 2006;15(2):58-60.

Free dictionaries of medical and difficult words

The Farflex free medical dictionary uses Houghton Mifflin's *The American Heritage Stedman's Medical Dictionary*, Second Edition as its main source. It describes this dictionary as staying clear of jargon, and thus offering fast and concise information, whether the user is searching for a description of an over-the-counter or prescription medication, a medical abbreviation, a test procedure, a medical research topic, a noted medical personalities or an illness. Over 45,000 entries from all areas of medicine and healthcare are included.

<http://medical-dictionary.thefreedictionary.com/>

The dictionary of difficult words website introduces itself with the following:

"Do you aim to become a member of the literati, or do you wish to be a savant? Do you want to avoid being verbigerative and be succinct instead? Search the Hutchinson Dictionary of Difficult Words' A-Z index of over 13,900 difficult words to increase your vocabulary or just find out what those words really mean!"

<http://www.tiscali.co.uk/reference/dictionaries/difficultwords/>

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9.30am–4.30pm Friday 16 March 2007, BMA House, London, UK

The theme of this year's seminar is "How can editors and publishers encourage ethical behaviour and transparency?", with the emphasis very much on prevention. Invited speakers will discuss authorship problems, plagiarism and image manipulation. The new features of the COPE website will be demonstrated with interactive workshops on common ethical and editorial dilemmas.

Editors, authors and all those interested in improving the standard of publication ethics are welcome.

The seminar will include:

- A publisher's perspective from Chris Graf of Blackwell Publishing Ltd
- Ana Marusic (Croatian Medical Journal) will discuss how form design affects authorship declarations
- What's in a picture? The temptation of image manipulation
- Recent developments in plagiarism detection software
- COPE's new website features – including COPE's new flow charts
- Interactive workshops on duplicate publication, authorship disputes, fabrication of data, plagiarism and unethical research.
- Opportunities to network with other editors and share your experiences and challenges

The seminar is free for COPE members and £30.00 for non-members. Numbers are limited and early booking is advisable. For registration or more information please contact the COPE Secretary at cope@bmjgroup.com or call 020 7383 6602.

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