

TERMINOLOGY OF CLINICAL MEDICINE

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The present paper offers an up-to-date view of the status of Latin as the language of medicine, especially in its terminological component. Latin terminology is used originally as an international language of scholars and persisted within some areas, e.g. anatomy and pharmacy. Its universal usage ensures its continuation.

A more varied picture is presented by the clinical disciplines where, apart from Latin terms, expressions of ancient ethnic languages have been widely applied.

Medical terminology is language that is used to accurately describe the human body and associated components, conditions, processes in a science-based manner. A clinical terminology (CT) is a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Clinical terminology covers complex concepts such as diseases, operations, treatments and medicines. Healthcare providers around the world use specialized vocabulary to describe diseases, clinical procedures, findings, treatments and medicines. The terminology of the clinical disciplines is more complicated and less consistent. It is comprehensible because, first, its range is much larger and, second, there is a difference between the descriptive disciplines such as anatomy and histology on the one hand, and clinical medicine, which undergoes far more serious changes, on the other. The causes of some diseases have namely been unknown as yet, and there even appear new diseases whose names are later subject to the development of opinions on their origin, therapy, and the like.

Clinical terms as well as terms relating to pathological anatomy can be found in medical literature, in the doctor's current practice when writing out case records, in diagnoses relating to pathological anatomy, and in normative handbooks of medical terminology.

When writing case records, doctors in our central European geographical area have still been prioritizing Latin terms, even though they sometimes deliberately facilitate their situation by profusely using abbreviations. For example, instead of status post bronchitidem they write: bronchitis, status post. It is true that abbreviations do accelerate work, but at the same time they cause the complete and correct wordings gradually to disappear from knowledge so that quite a number of doctors have no longer an active command of them.

Abbreviations of terms are used for brevity in medical histories and in the books, such as in tables of muscles, arteries, and nerves - for example,

temporomandibular joint (TMJ). Clinical abbreviations are used in discussions and descriptions of signs and symptoms. Learning to use these abbreviations also speeds note taking.

From a linguistic point of view the most difficult task is represented by diagnoses relating to pathological anatomy where it is often necessary to form long phrases consisting of many words in various grammatical cases, e.g.: *Metastases neoplasmatis maligni ad nodos lymphaticos bronchiales, tracheo-bronchiales dx., sin., paratracheales, mediastinales ant. et cervicales profundos inf. l. dx. et ad corpus vertebrae thoracicae IVet XII; Decubitus reg. sacralis et glutaeae lat. sin., calcanearis lat. utque, partis lateralis dorsi pedis sin., reg. trochantericae lat. dx. et reg. femoris post. lat. sin. et patellae lat. dx.*

It is no wonder that here too Latin sometimes happens to be abandoned, being replaced with terms of Graeco-Latin origin but in the national language form. As can be seen, these texts like previous ones abound in abbreviations. Within the scope of lexical handbooks, medicine has had at its disposal for quite a long time only the statistical classification of diseases issued by the World Health Organization (WHO) in a new revision every ten years; this, however, is not a real terminological instruction but serves just statistical purposes. The chaotic situation in clinical terminology has recently instigated several attempts at its standardization, which mainly react to the current demands of computerization.

As follows from the preceding exposition, Latin has been so deep-rooted in medical terminology and thus also in medicine, and at the same time constantly so productive that its presence in it appears as a natural matter of course (though there do exist certain geographical variations in the individual areas). In this sense let us add here a hitherto topical Neo-Latin adage "Invia est in medicina via sine lingua Latina", which reflects the situation as characterized in the present article. This also accounts for the need and legitimacy of teaching Latin terminology at medical faculties, whose purpose is primarily to provide students and future clinicians with a functional instruction on precise and linguistically correct usage of the terminological apparatus. Once experience is gained in the process of forming and decoding medical terminology, the process becomes easier. For the English medical terminology its Latin origin is an advantage because in that way its spread is accelerated and facilitated.

Finally, let us recall the aphoristic expression of German historian Schipperges, in which the problem of Latin in medicine is made relative

using the experience of an enlightened expert: "The old doctor spoke Latin, the new doctor speaks English, and the good doctor speaks to the patient."

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