

# Courtesies, Conventions, and Medicine 2.0 in the Development of the Genre of Medical Case Reports

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**Abstract:** This paper focuses on the evolution of the genre of medical case reports, examining how different contextual aspects influenced its formation. Specifically, it analyzes (1) the use of courtesies in the 19<sup>th</sup>-century reports, (2) the role of conventionalized language in the 20<sup>th</sup>-century reports, and (3) the impact of the Medicine 2.0 movement in on-line reports during the last several years. The analysis demonstrates that the genre does not remain fixed over time but is shaped by the socio-historical contexts in which the authors live.

**Key words:** medical case reports, genre, evolution, context, courtesies, conventions, Medicine 2.0

### Zdvořilostní fráze, konvence a Medicine 2.0 ve vývoji žánru lékařských zpráv

**Abstrakt:** Příspěvek se věnuje vývoji žánru lékařských zpráv. Zkoumá, jak různé aspekty kontextu ovlivnily jeho formování. Konkrétně analyzuje (1) užívání zdvořilostních frází ve zprávách z 19. století, (2) roli konvencí v jazyce zpráv z 20. století a (3) vliv hnutí Medicine 2.0 v on-line zprávách v posledních několika letech. Analýza demonstruje, že tento žánr nezůstává nepozměněn v průběhu času, ale že je utvářen v socio-historických kontextech, ve kterých daní autoři žijí.

**Klíčová slova:** lékařské zprávy, žánr, vývoj, kontext, zdvořilostní fráze, konvence, Medicine 2.0

### Introduction

This paper deals with the language of medicine, “the occupational register of a tribe of white-coated speakers that gets passed from one generation of physicians to the next through the highly ritualized institutions of medical education”, as Fleischman (2003: 473) aptly describes it. She goes on to refer to it as an “in-group dialect” (ibid.), the usage and terminology of which tends to be rather incomprehensible to laymen.

The language of medicine comprises many spoken and written genres. While the former is represented mainly by the doctor-patient communication, the latter includes various types of medical writing such as the medical paper, grant proposal, and case report, to name a few. It is this last-mentioned genre<sup>1</sup> which is the main focus of this study, concentrating on its development.

Only few studies have dealt with the development of the genre of published medical case reports (hereafter abbreviated to MCRs). The most germane to this topic is a study by Taavitsainen and Pahta (2000), who analyzed MCRs from a historical point of view. Their

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<sup>1</sup> This paper is concerned with published medical case reports. They originate in case histories, one of the basic types of medical documentation, typically written up during the doctor-patient communication or the patient's hospitalization.

findings suggest that the language of case reporting in medicine underwent a significant change due to the emergence of scientific methods at the beginning of the 20<sup>th</sup> century. While authors of 19<sup>th</sup>-century MCRs adopted a personal tone of narration in presenting their cases, authors of 20<sup>th</sup>-century MCRs make use of neutral and factual language reflecting “a shift to a more statistically based orientation and new methods of investigation” (ibid.: 72). In another study on the evolution of medical writing in general, Atkinson (1992) demonstrated the same shift as Taavitsainen and Pahta – a gradual change from individual-centered, non-professionalized narratives to informationally dense, referentially explicit scientific articles. Lastly, Salager-Meyer and Defives (1998) focused in their diachronic analysis of medical writing from 1810 to 1995 on hedges. They found out that while 19<sup>th</sup>-century medical writing included a substantial number of approximators (such as *roughly*, *occasionally*, and *quite*) and emotionally-charged intensifiers (such as *extremely*, *unexpectedly*, and *surprisingly*), 20<sup>th</sup>-century MCRs tend to be abundant in shields (such as *likely*, *probably*, and *seem*). All the findings from the above-mentioned studies have been used to better understand the evolution of the genre under investigation.

As has already been stated, this paper is concerned with the way the genre of MCRs evolved over time. It focuses especially on (1) the use of courtesies in the 19<sup>th</sup>-century MCRs, (2) the role of conventions, shaping the genre since the beginning of the 20<sup>th</sup> century, and (3) the impact of Medicine 2.0, influencing how the genre has been changing in the last several years.

Collected data for the analysis comprise twelve 19<sup>th</sup>-century MCRs, which were selected from the British Medical Journal (BMJ)<sup>2</sup> from 1840 to the end of the 19<sup>th</sup> century and carefully read<sup>3</sup>. As for present-day MCRs (from 2007 to 2010), forty reports from the Journal of Medical Case Reports (JMCR)<sup>4</sup> and Cases Journal (CJ)<sup>5</sup> were analyzed, using a concordance software program TextSTAT 2.5<sup>6</sup> – see Table 1.

Table 1: Corpus of present-day MCRs – number of reports per year

year	2007	2008	2009	2010	total
JMCR	4	6	6	4	20
CJ	0 <sup>7</sup>	7	10	3	20
total	4	13	16	7	40

The paper begins with a general description regarding the present-day genre of MCRs and then looks at the motives authors have for submitting their MCRs to medical journals. The next section deals with the use of courtesies in 19<sup>th</sup>-century MCRs, including epistolary expressions, expressions of gratitude and other psychological states, the use of proper names or initials, and the use of emotionally-charged intensifiers. Then the paper analyzes the most frequent conventionalized phrases appearing in the genre of 20<sup>th</sup>-century MCRs such as categorizations and the use of metonymy, passives, and existential constructions to obey the rules of ‘biomedical rhetoric’. The fourth section demonstrates how the Internet in general

<sup>2</sup> In the 19th century referred to as Provincial Medical & Surgical Journal (1840, 1845, and 1850) and The Journal of Provincial Medical and Surgical Association (1855).

<sup>3</sup> The dates of publication of the twelve reports were: 1840, 1845, 1850, 1855, 1860, 1865, 1870, 1875, 1880, 1885, 1890, and 1895.

<sup>4</sup> <http://www.jmedicalcasereports.com/>

<sup>5</sup> <http://www.casesjournal.com/>

<sup>6</sup> The software was downloaded from <http://neon.niederlandistik.fu-berlin.de/en/textstat/>.

<sup>7</sup> Cases Journal started to be published in 2008, hence no case reports in 2007.

and the Medicine 2.0 movement in particular influence the given genre. The paper concludes with a summary of the most important insights.

## **The Genre of Medical Case Reports**

The MCR can be characterized as a description of a pathology or trauma in a single patient. The rationale for authors (typically clinicians) to write up a case report is the case's uniqueness or interestingness regarding their patient's pathology, its diagnosis and treatment, or adverse side effects of medications. If more patients with similar pathologies are included in the report, the genre is referred to as the medical case series.

Historically, the case report remains one of the oldest and most canonical forms of medical writing. The genre can be traced back to Ancient Egypt (1600 B.C.), where medical accounts of individual patients with oncological conditions were written on papyrus. These papyrus records can be considered to be the first medical reports of cancer of the breast (Dib, Kidd, Saltman 2008).

Today, MCRs seem to be regarded as inferior to the genre of medical research articles, which are typically based on randomized clinical trials. As MCRs are mainly concerned with documenting the development of a pathological condition, its diagnosis and treatment in a single patient, they tend to be frequently perceived by the medical community as being of relatively weak scientific evidence.

Smith (2008) argues, however, that every medical case is a significant piece of clinical information that can teach the medical professionals about something new or important. As he puts it: "Health care is in some ways nothing more than an accumulation of case reports just as a population is a collection of people. And just as every person is important and different so is every case – even when 'it's just another sore throat'" (ibid., original emphasis).

Green and Johnson (2000: 52) analyzed all the potential motives for publishing case reports in medical journals. The findings of their analysis show that medical professionals submit case reports for publication

- “1. To present an unusual or unknown disorder.
2. To present unusual etiology for a case.
3. To present a challenging differential diagnosis
4. To describe mistakes in diagnosis, their causes and consequences.
5. To describe an unusual setting for care.
6. To present information that cannot be reproduced due to ethical reasons.
7. To illustrate a clinical hypothesis.
8. To prompt a new hypothesis.
9. To disconfirm an hypothesis.
10. To support an hypothesis.
11. To stimulate further research.
12. To make an original contribution to the literature.
13. To offer new insight into the pathogenesis of disease.
14. To describe unusual or puzzling clinical features.
15. To describe improved or unique technical procedures.
16. To describe the historical development of a field or movement.”

If the above statements are generalized, three main aims for publishing contemporary MCRs seem to emerge:

- to advance the knowledge about pathologies and their treatments (i.e., research aims)
- to demonstrate best practices helping physicians in their daily work (i.e., clinical aims)
- to teach lessons through clinical successes and failures (i.e., educational aims).

## The Use of Courtesies in 19<sup>th</sup>-Century MCRs

A substantial number of courteous expressions can be found in the 19<sup>th</sup>-century MCRs. They occur especially in the so-called initial remarks section, which can be regarded as the predecessor of the introduction section of present-day MCRs. They contained epistolary characteristics such as salutations (*Sir*), formal courtesies typical of letters (*I remain, Sir, your obedient servant*), and direct address forms (*you, your*).

**Sir,**

*Should you deem the following case of sufficient interest to the profession, I shall feel obliged by the insertion of it in your Journal,*

**I remain, Sir,**

**Your obedient servant,**

**THOS. F. BROWNBILL**

*Surgeon to the Salford Workhouse (BMJ 1845, original layout)*<sup>8</sup>

Another type of courtesy, occurring especially in the initial remarks, is the expression of gratitude (*greatly indebted*) as in the following example:

*I AM greatly indebted to Mr. Oswald Baker, Mr. Hutchinson's House Surgeon, for the interest he took in this case and the care with which he noted the temperatures. (BMJ 1870)*<sup>9</sup>

The main part of the report – the case presentation section – frequently contains proper names of the author's colleagues with whom the case was consulted, who provided help or advice, or to whom the patient was referred. The use of these expressions can be explained by the fact that the medical discourse community of the 19<sup>th</sup> century was rather small with close interpersonal relations and probably frequent interactions among its members. In their published case reports they maintained a highly polite and respectful style of writing to demonstrate these relations.

*F.G.R., aged about 35 years, married, and temperate, a clerk in a Government office, consulted me by Dr. Sansom's advice on December 23<sup>rd</sup>, 1893. (BMJ 1895)*<sup>10</sup>

*At that time Dr. Brown, of this place, met me in consultation;... (BMJ 1865)*<sup>11</sup>

*Dr. Broadbent, who was good enough to examine the eyes, reported that ... (BMJ 1875)*<sup>12</sup>

Similarly, patients in 19<sup>th</sup>-century MCRs tend to be referred to with their initials or partial initials (the first name tends to be mentioned, the surname abbreviated).

*JANE P., aged 44, single, was admitted into the New Hospital for Women... (BMJ 1875)*<sup>13</sup>

*JOHN P., aged 24, of medium size, light hair and complexion... (BMJ 1885)*<sup>14</sup>

*ON Saturday, November 1<sup>st</sup>, a man, A. B., aged about 35, was brought to the General Hospital, Nottingham. (BMJ 1880)*<sup>15</sup>

Another feature typical of the then genre is the use of first person singular markers (*I, my, me, and myself*), used by the authors to express psychological states such as doubts, regrets, thoughts, or beliefs. According to Atkinson (1992), this use of a diary-like narrative is a salient feature of the 19<sup>th</sup>-century scientific discourse in general. The style has been referred to as the “rhetoric of personal experience” (ibid.: 359).

*That she lived for ten days must, I think, be attributed to the calming influence of the enforced sleep. (BMJ 1870)*<sup>16</sup>

<sup>8</sup> <http://www.bmj.com/content/s1-9/46/672.full.pdf>

<sup>9</sup> <http://www.bmj.com/content/1/483/329.full.pdf>

<sup>10</sup> <http://www.bmj.com/content/2/1818/1097.1.full.pdf>

<sup>11</sup> <http://www.bmj.com/content/1/215/137.full.pdf>

<sup>12</sup> <http://www.bmj.com/content/1/742/379.full.pdf>

<sup>13</sup> <http://www.bmj.com/content/1/742/379.full.pdf>

<sup>14</sup> <http://www.bmj.com/content/s3-3/156/1147.full.pdf>

<sup>15</sup> <http://www.bmj.com/content/1/1012/768.1.full.pdf>

<sup>16</sup> <http://www.bmj.com/content/1/483/329.full.pdf>

*I believed that the craving from hunger would compel the patient in no long time to eat...* (BMJ 1865)<sup>17</sup>

*I regret that she was not seen, and her temperature noted, just before death.* (BMJ 1870)<sup>18</sup>

*Suspecting an empyema, I aspirated the chest on May 11<sup>th</sup>, about six weeks after the operation...* (BMJ 1890)<sup>19</sup>

The last type of courteous expressions found in the 19<sup>th</sup>-century MCRs seems to be a technique which Salager-Meyer and Defives (1998: 138) call “emotionally-charged intensifiers”. By using these intensifiers, authors manipulate the readers into believing that a certain proposition is truthful and important. However, this technique also demonstrates that physicians of that period frequently became emotionally drawn into their patients’ cases. As Atkinson (1992: 361) points out, medical profession of the 18<sup>th</sup> and 19<sup>th</sup> century was predominantly based on private practice in which physicians visited and treated their well-to-do patients in their homes, frequently becoming close to them.

*The really noteworthy feature of this case, however, is beside its accurate pathology.* (BMJ 1885)<sup>20</sup>

*She is greatly emaciated; her spine being particularly distinct, and every bone in it defined.* (BMJ 1865)<sup>21</sup>

*The facts of this, which I deem a most extraordinary case, will probably be received by some with a feeling of skepticism.* (BMJ 1865)<sup>22</sup>

*... she had a very severe spasm.* (BMJ 1870)<sup>23</sup>

### Conventionalized Language in the 20<sup>th</sup>-Century MCRs

The turn of the 19<sup>th</sup> century marks the beginning of establishing medical specializations (Weisz 2003), increasing technologization of medicine, and conventionalization of medical writing, resulting in “reconceptualization of medicine on the model of laboratory science” (Atkinson 1992: 348). The style of case reporting since then has been referred to as ‘biomedical rhetoric’ (Anspach 1988), creating a language chasm between the subjective symptoms reported by patients and objective signs recorded by physicians and medical technology. When the patients’ personal narratives are ‘translated’ into scientific reports, a considerable amount of possibly important information is frequently left out.

The above mentioned conventionalization can be observed mainly in the case presentation section of the MCR. The report begins with a clinical identification of the patient, specifying the patient’s demographics and history. Demographic data consist of the patient’s age, sex, race or ethnic origin, occupation, height, weight (if relevant) and any other characteristics (if necessary). Such a system of categorial data can be used in other studies dealing with statistical analyses, potentially revealing previously unrecognized occurrences of certain diseases among people from specific age groups, ethnic backgrounds, or occupational spheres.

*A 24-year old Caucasian Irish male student sustained a laceration to his right shin from contact with a coral reef while swimming in the Phuket region, off the west coast of Thailand.* (CJ 2/1/9102)<sup>24</sup>

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<sup>17</sup> <http://www.bmj.com/content/1/215/137.full.pdf>

<sup>18</sup> <http://www.bmj.com/content/1/483/329.full.pdf>

<sup>19</sup> <http://www.bmj.com/content/2/1542/139.full.pdf>

<sup>20</sup> <http://www.bmj.com/content/s3-3/156/1147.full.pdf>

<sup>21</sup> <http://www.bmj.com/content/1/215/137.full.pdf>

<sup>22</sup> <http://www.bmj.com/content/1/215/137.full.pdf>

<sup>23</sup> <http://www.bmj.com/content/1/483/329.full.pdf>

<sup>24</sup> <http://casesjournal.com/content/2/1/9102>

*A 33-year-old, male, right handed, realtor, of Malaysian descent, presented to hospital following a nocturnal seizure. (CJ 2/1/9378)*<sup>25</sup>

*A 34-year-old HIV negative woman presented for evaluation of an abscess in her right breast... (CJ 1/1/273)*<sup>26</sup>

Regarding the patient's history, what is typically described is the patient's chief complaint, history of the present illness, past medical history, family history, and social history (if relevant). Phrases such as *was admitted to/with, was referred to, presented to/with, history of, significant (for), complained of, denied, admitted to, reported, etc.*

*A 47-year-old Caucasian male was admitted with a three day history of shortness of breath, weakness, anorexia, and unsteady gait, including a recent fall. The patient had a medical history significant for.... His family history was not significant. He reported smoking 2 packs per day and drinking 8-12 beers per day for the past 20 years. (CJ 3/1/77)*<sup>27</sup>

*A 30-year-old Caucasian male without significant past medical history presented with a two day history of nausea, vomiting and diffuse abdominal pain. The patient denied use of any medications... He did admit to occasional ethanol ingestion... The patient had a family history of diabetes mellitus type 2 on both the paternal and maternal side. (JMCR 2/1/45)*<sup>28</sup>

The next part of the case presentation section contains the summary of the patient's diagnostic data from relevant examination findings and the results from investigative procedures. The conventional style for reporting them involves the use of metonymy: the medical technology used for performing the investigations and examinations has the function of the subject in the sentence. The predicate is typically expressed with verbs such as *reveal, show, demonstrate, confirm, etc.* in the past simple.

*Biopsies from this area demonstrated poorly differentiated adenocarcinoma... (JMCR 1/1/160)*<sup>29</sup>

*Endocrine testing showed that she had normal pituitary hormone levels with the exception of gonadotrophin deficiency. (JMCR 1/1/74)*<sup>30</sup>

*Perimetry confirmed deterioration in the patient's visual fields and acuities... (JMCR 1/1/74)*<sup>31</sup>

In this part, there is also a frequent use of verbs in the passive voice without explicitly stating the agent or agents. The tendency to avoid mentioning who performed a certain test or procedure seems to serve the purpose of creating an atmosphere of objectivity and infallibility of the performed procedures.

*A magnetic resonance scan was performed, which confirmed the presence of numerous deep watershed infarcts... (JMCR 4/1/54)*<sup>32</sup>

*A tentative diagnosis of Adult Onset Still's Disease (AOSD) was made. (CJ 1/1/348)*<sup>33</sup>

*Measurements were obtained using a retinoscope ... (CJ 2/1/8970)*<sup>34</sup>

In the genre of MCRs, the agents can also be omitted if existential constructions are used. Thus, the emphasis is not placed on the agents but on the performed actions.

*There was no abnormality in bowel or bladder function. (CJ 2/1/9378)*<sup>35</sup>

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<sup>25</sup> <http://casesjournal.com/content/2/1/9378>

<sup>26</sup> <http://casesjournal.com/content/1/1/273>

<sup>27</sup> <http://casesjournal.com/content/3/1/77>

<sup>28</sup> [www.jmedicalcasereports.com/content/2/1/45](http://www.jmedicalcasereports.com/content/2/1/45)

<sup>29</sup> [www.jmedicalcasereports.com/content/1/1/160](http://www.jmedicalcasereports.com/content/1/1/160)

<sup>30</sup> [www.jmedicalcasereports.com/content/1/1/74](http://www.jmedicalcasereports.com/content/1/1/74)

<sup>31</sup> [www.jmedicalcasereports.com/content/1/1/74](http://www.jmedicalcasereports.com/content/1/1/74)

<sup>32</sup> [www.jmedicalcasereports.com/content/4/1/54](http://www.jmedicalcasereports.com/content/4/1/54)

<sup>33</sup> <http://casesjournal.com/content/1/1/348>

<sup>34</sup> <http://casesjournal.com/content/2/1/8970>

<sup>35</sup> <http://casesjournal.com/content/2/1/9378>

*Upon induction of anaesthesia, it was noted that **there was** a large mass within the abdomen. (CJ 1/1/147)<sup>36</sup>*

***There was** no evidence of infection, malignancy or vasculitis. (JMCR 2/1/118)<sup>37</sup>*

Although more common in medical records in hospitals, the complete absence of reference to the patient is another typical feature found in case presentation sections of MCRs. Thus, authors of MCRs use language formulations lacking in any connection to the ailing individual about whom the case report was written. As Anspach (1988: 13) argues: “These formulations draw attention to the subject of the sentence: a disease or organ, rather than to the patient.” The following examples have been found in the corpus:

***The abdomen** was not distended but obese, there was no palpable mass and normal bowel sounds were present. (JMCR 2/1/339)<sup>38</sup>*

***The caecum** was rotated posteriorly and superiorly behind the ascending colon, with **the appendix** passing superiorly from this to the inferior aspect of the liver where **the faecolith** was located. (JMCR 2/1/339)<sup>39</sup>*

***The skin** was intact. (JMCR 3/1/7295)<sup>40</sup>*

Typical of case reports is the use of conventionalized prepositional phrases which do not seem to be found anywhere else in the written medical discourse – for example, *on/upon examination/admission/arrival/discharge/review...*

***On examination**, the 14-month-old patient was found to be afebrile and tachypneic... (JMCR 3/1/6495)<sup>41</sup>*

***Upon discharge** she was referred to outpatient physical therapy rehabilitation... (JMCR 4/1/118)<sup>42</sup>*

***On admission**, the patient was found to have severe persistent asthma and HIV. (CJ 2/1/7034)<sup>43</sup>*

## Medicine 2.0 and the genre of MCRs

The last decade has seen remarkable progress in the development of the Internet and its technologies, also impacting the genre of MCRs. As Eysenbach (2008) explains, “Medicine 2.0 applications, services and tools are Web-based services for health care consumers, caregivers, patients, health professionals, and biomedical researchers, that use Web 2.0 technologies and/or semantic web and virtual-reality tools, to enable and facilitate specifically social networking, participation, apomediation, collaboration, and openness within and between these user groups”.

Social networking as part of the concept of Medicine 2.0 encompasses, for example, sharing personal experience with treatment, side effects and other health-related issues in a platform such as PatientsLikeMe<sup>44</sup>. The participation principle activates patients, traditionally looked upon as passive recipients of health-care. Collaboration, according to Eysenbach (ibid.) means “connect(ing) groups of people with each other who have not, or have insufficiently, interacted with each other.” This principle encourages a unique partnership of patients with health professionals, resulting in patients’ empowerment and involvement in health-care decision making. Apomediation refers to alternative, typically online, sources of

<sup>36</sup> <http://casesjournal.com/content/1/1/147>

<sup>37</sup> [www.jmedicalcasereports.com/content/2/1/118](http://www.jmedicalcasereports.com/content/2/1/118)

<sup>38</sup> [www.jmedicalcasereports.com/content/2/1/339](http://www.jmedicalcasereports.com/content/2/1/339)

<sup>39</sup> [www.jmedicalcasereports.com/content/2/1/339](http://www.jmedicalcasereports.com/content/2/1/339)

<sup>40</sup> [www.jmedicalcasereports.com/content/3/1/7295](http://www.jmedicalcasereports.com/content/3/1/7295)

<sup>41</sup> [www.jmedicalcasereports.com/content/3/1/6495](http://www.jmedicalcasereports.com/content/3/1/6495)

<sup>42</sup> [www.jmedicalcasereports.com/content/4/1/118](http://www.jmedicalcasereports.com/content/4/1/118)

<sup>43</sup> <http://casesjournal.com/content/2/1/7034>

<sup>44</sup> <http://www.patientslikeme.com/>

medical information which patients can draw upon instead of solely relying on medical experts and authorities. Openness implies open access to medical information and data, previously closed to the public. Patients are regarded as different types of experts and their collective “wisdom of the crowds” (Eysenbach *ibid.*) is encouraged and respected.

How do the five principles of Medicine 2.0 (social networking, participation, apomediation, collaboration, and openness) influence the genre of MCRs? As both the Journal of Medical Case Reports and Cases Journal are journals with open-access policies, they offer unrestricted access to specialized medical knowledge in the form of databases. Both journals offer different modes of communication (audio and video, in addition to text) and different platforms (such as YouTube, Twitter, and Facebook). Published MCR can be commented upon and updated by the author (for example, with new developments of the patient’s condition). The most significant influence by the Medicine 2.0 concept, in terms of text, is the patient’s perspective section of the report. Here, the patients can contribute to the report by writing about their experience with a pathology or trauma, their view on treatment and prescribed medications.

*“Patient’s perspective*

*I write the following to provide assistance to the case report written about my operation. I have no medical knowledge or background so I only write from my own perspective and experience. Before the morning I was taken to hospital I had never experienced abdominal pains...” (JMCR 4/1/181)<sup>45</sup>*

In one report it was found that the patient’s perspective was embedded in the report, distinguishing it from the author’s text with italics and single inverted commas. However, the whole case report was written in a narrative style, avoiding the typical ‘biomedical’ rhetoric.

*Helen is a 46 years old and has generalized osteoarthritis. Her hips and hands are the most severely affected joints... This loss has had significant impact on Helen’s identity: she describes it as being ‘picked up from one life, where I could focus on me and what I wanted to happen, and put in another, where someone else was in control’.* (CJ 1/1/153)<sup>46</sup>

## Conclusion

The paper dealt with the evolution of the genre of MCRs. It focused on specific lexicogrammatical features typical for different historical periods. It demonstrated that 19<sup>th</sup>-century MCRs were abundant in courteous language such as epistolary phrases, expressions of gratitude, the use of proper names, expressions of psychological states and the use of emotionally-charged intensifiers. Authors of 19<sup>th</sup>-century MCRs used these courtesies to show respect to their fellow colleagues and their patients.

As far as 20<sup>th</sup>-century MCRs are concerned, the paper focused on conventionalized language such as the use of categories to clinically identify a patient, the use of passive, existential, and metonymic constructions to denote objectivity by omitting the expression of agents, and genre-specific prepositional phrases (such as *on examination*). This conventionalized language is part of the style referred to as the ‘biomedical rhetoric’ with characteristic highly specialized lexis, objectifying language focusing on the disease (instead of the patient), explicit structure and authors’ detachment from their cases.

The influence of the Internet and Medicine 2.0 has impacted the genre both on textual and contextual levels. In the former, the genre can be extended with the patient’s perspective section or the patient’s view can be embedded within the report. In the latter, the source journals are open-access with new modes of communication and searchable databases.

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<sup>45</sup> [www.jmedicalcasereports.com/content/4/1/181](http://www.jmedicalcasereports.com/content/4/1/181)

<sup>46</sup> <http://casesjournal.com/content/1/1/153>



Despite the continuing use of the conventionalized language in the genre discussed above, the concept of Medicine 2.0 seems to bring the patients back to the report.

Although this paper is limited to a textual and contextual description of the genre of MCRs, the findings point to possible pedagogic applications as far as the teaching of EFL (English as a foreign language) professional and academic writing in medicine is concerned (Helán 2011). Firstly, by being familiarized with the lexico-grammatical expressions typical of MCRs, students can learn about the conventional use of language for medical purposes. Secondly, socio-historical and contextual description of the genre can raise students' awareness of the many complex but often implicit linguistic, disciplinary, and cultural aspects of professional writing in medicine.

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