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Speaking Good (and Safe) Dermatologic English

“It means precisely what I meant it to mean,
Nothing more and nothing less.”

- Humpty Dumpty

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Periodically, our feathers become ruffled about the use or misuse of English in dermatology. ^{1,2} We have railed against the derogatory term for crusted scabies³, suggested a contrived term to lessen the burden connoted by decubitus ulcers⁴, and discouraged renaming atopic dermatitis to atopiform dermatitis. ⁵ Imagine what the dermatologic lexicographers, Morris Leider (1908-1987) ⁶and Morris Rosenbaum, might be saying were they here today. ⁷

Using an appropriate word or words to describe an anatomic part or a portion of the skin is just good medical practice. We do not believe a lightning bolt will descend as portrayed in one wax model⁸, if we do not adhere to the rules and regulations of scientific American English. We do pay homage to the late Herman Beerman (1901-1995) ⁹, Professor of Dermatology at the University of Pennsylvania who was appalled at discussing a positive serology in diagnosing syphilis, as the RPR, Hinton, Eagles, or Kolmer test only had the ability to be reactive or non-reactive and not to make a diagnosis without clinical findings. The use of abbreviations has grown so much from the innocuous HUP for Hospital of the University of Pennsylvania that would annoy the late Ira Leo Schamberg (1909-1980) to the Joint Commission's (Joint Commission on Hospital Accreditation's) condemnation of several abbreviations in medical records; i.e. tid, prn, gr.

Some examples

In reviewing *Gray's Anatomy*¹⁰, we were unable to find the lower back, but there is the lower portion of the back. Bilateral extremities or limbs, we suppose, refer to the left and right arm or left and right leg. We are having difficulty finding the lower arm, which must be the forearm, and the upper leg, which must be the thigh. Then, there are the

redundancies of the nape of the neck, the thumb of the right hand, or the fingernails of the index finger.

On microscopic examination, we can distinguish among the stratum corneum, stratum malpighii (i.e., “prickle cell layer”), and the dermis, but “upper dermis” makes us wonder about Upper Brook Street in London. When we hear in a presentation about a 39-year-old male, we do not know if this is a man, elephant, or turtle, with all due respect to Jack Benny. Just as awkward as well as politically incorrect would be discussing a 20-year-old “girl” with acne.

Sometimes, a dermatitis clears, but when we learn of the itching improving, we wonder if the patient must be worse off and needs to scratch all days to relieve the intense pruritus. When the erythematous eruption begins to disappear, it also is not improving to show more redness.

Unfortunately, some misuses of the Queen’s English have become so frequently stated that dermatologists are often unaware of their plight. The plural of decubitus ulcers is not decubiti. Data is a plural word from the Latin datum, data n2, so that we should state that the data are correct.

We hope that patient does not itch himself to relieve his pruritus, nor should the swelling go down – to where? Think of the poor woman with bullous pemphigoid whose blisters busted or the patient who “itched himself to death,” and we never did find out his “social,” for social security number (or, perhaps social history or nowadays social media). Then, there is the patient with a chronic dermatitis who is nervous, so the diagnosis must be neurodermatitis. Unfortunately, we add to the confusion with such diagnoses as seborrheic dermatitis, seborrheic keratoses, and even seborrhea.

Poor Mr. Gray (Henry Gray (1827-1861)), the English surgeon who wrote the anatomic textbook. He didn’t know there was an upper cutaneous lip. The mouth and moustache must be innovations of recent years.

Some recent changes are beyond our control, let alone our liking. We are no longer physicians or even doctors, but now are “health care providers.” The family physician has likewise become the provider, and the patient the insured, while the neighborhood druggist has become the pharmacist. Notably, these new definitions have been promulgated by third party providers, who have a vested interest in demoting us and minimizing our acknowledged role in patient care.¹²

Dangerous Examples

These issues are not in the least all just semantic. We have noted previously that the term “conservative excision,” not infrequently used without further definition to conclude some pathology reports, may refer to conservation of tissue (i.e., excision with narrow margins) or to conservation of risk (i.e., excision with wide margins), and that one or the other definition is understood by some physicians who are unaware that the other

definition is used by others.¹³ Imagine the result if a physician using one definition reads a report submitted by another using the other definition: either inadequate excision of a potentially dangerous lesion or an unnecessarily mutilating surgical procedure is likely to be the result.

Similarly, the phrase “margins are clear” means an entirely different thing, when it refers to a biopsy in which the margins are subsequently assessed microscopically, usually at the request of the submitting physician, than it does when it refers to an excision, regardless of when the margins are assessed. One can never be absolutely certain that a lesion has been completely excised based on assessment of margins alone, but the chances this is so are much better in the latter case, because specimens labelled “excision” are processed much differently than are those labelled “biopsy” or not labelled at all, prior to reading sections microscopically.¹⁴

Similarly, some diagnostic terms have very different definitions in the dermatologic/dermatopathologic literature than in other medical/pathologic literature. An example is the term “cylindroma” which in the former denotes a benign skin appendage tumor, cured by simple excision, but in salivary gland tissue pathology denotes a highly malignant neoplasm, requiring extensive surgery.¹⁵

Conclusions

We are not suggesting that every budding dermatologist should study Sir Arthur Quiller-Couch’s “On the Art of Writing,”¹¹ but we are recommending a more careful approach to dermatolese.¹ After all, ain’t ain’t in the dictionary, or is it?

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