

# Good Speech

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*Editor's note: The following is an excerpt from the address of the retiring president of the St Louis County, Minnesota Medical Society, presented at a meeting of that society in Duluth, Minnesota on December 8, 1938 and published in WMJ, Volume 38, p. 52, January 1939.*

**T**he physician traditionally has always been held in high esteem by the people of his community, superseded only in esteem by the clergy. Whether we rightfully should receive this high regard is another matter. Nevertheless, it is true that people look up to the physician. This pedestal which we occupy casts a responsibility upon us. True enough, at present there seems to be a definite move under foot to discredit the medical profession and to break the old bond which has held patient and physician together. Therefore, it is more than ever necessary to maintain the faith, confidence and general high regard which people have placed in us, and maintain the dignity which has characterized the profession for such a long time. One of the ways whereby we can do this is through speech and manner of speaking. Sad to say, our faults in speech are not always confined to medical jargon. Too frequently physicians fall into the easy manner of conversation of the proletariat. Routine will inhibit the acquisition of a vocabulary more than any other factor. Too many of us do the same tasks each day, meet the same people, read the same newspaper, listen to the same radio programs, see the same movies, etc. In other words, we develop common interests and express ourselves in a common language. We have the same vocabulary, use the same slang expressions, the same idioms, and unconsciously repeat the same pet words and phrases. I do not have to tell you that such faulty habits and such mannerisms of speech are not conducive to the acquisition of a large vocabulary or a forceful manner of speaking.

The common use of jargon peculiar to our profession is only too well recognized by physicians themselves. Hurter, Simmons and Fishbein, Hewitt and others, have called attention to the frequent errors in the choice of words and phrases which physicians are wont to make. There are few of us who are not guilty of these errors. How often we say **acute appendix** when we mean **acute appendicitis**, or the patient was **proctoscoped** when we mean a **proctoscopic examination of the**

**patient was made**. We fail to realize that it may be possible to **operate** a motor car, but never a patient; that the heart may be normal but never **negative**; that **pathology** means the science of disease and it is therefore absurd to speak of **pathology in the right lung**. **Serology** is also a science and it is the worst type of jargon to say **positive serology**. Physicians in familiar conversation frequently speak of shots for this or that, forgetting that a shot is a missile, bullet or pellet of lead. Such examples of loose speech could be continued ad infinitum, but there is no point at this time in enumerating more.

Speech is more than the faculty of uttering articulate sounds or words to express thoughts. It implies the power of speaking. Quoting Henry James again, "The more it (speech) suggests and expresses the more we live by it, the more it promotes and enhances life. Its quality, its authenticity, its security are hence supremely important for the general multifold opportunity, for the dignity and integrity of our existence."

Speaking is an art in which the tongue can be likened unto the pen or brush, and the word-thought to the tone poem of the composer or the finished canvas of the painter. As Emerson has said, "Life is our dictionary; I learn immediately from any speaker how much he has already lived through the poverty or the splendor of his speech."

Since medicine is a dignified science we should try to speak in a dignified language. Although we cannot all hope to be masters of speech, at least we can strive to cultivate and acquire the art of speaking. Lord Chesterfield said, "Every man who can speak at all can speak elegantly and correctly if he pleases;—and indeed, I would advise those who do not speak elegantly not to speak at all, for I am sure they will get more by their silence than by their speech."

If I were to counsel young men in medicine as to how to learn to speak accurately and commandingly I could do no less than suggest: Seek a diversity of interests; cultivate friendships outside your own calling. If you are so inclined, become interested in art or music.

Develop the good habit of writing, not only upon medical subjects but also those of general interest. There is no better way to enlarge your vocabulary and to learn to express your thoughts than by writing. Speak on every occasion that presents itself, and, most important of all,—read. “*Lesen, lesen, und sehr lesen.*” Most of the paucity and inaccuracies of our vocabulary are due to the lack of the stimulus of good reading. Too many of the recent graduates in medicine are content to confine their reading to the daily newsprint and weekly medical and news journals. Sad to say, some few do even less, and thereby allow themselves to sink to a lower stratum of society, so to speak, and fall into the colloquial jargon of their neighbors and neighbor-

hood. Too few are intrigued by the masters of good literature.

To develop a catholicity of knowledge without becoming pedantic, develop an intellectual inquisitiveness, to satisfy which you must have a good dictionary and access to a good library. Experience the stimulus gained by good reading. Set aside a part of each day and form the good habit of reading systematically not only your daily print and weekly news journal, but also representative medical journals. Take a tip from Osler and have a bedside library. Cultivate the language and thought of the great contributors to literature. In speaking heed the advice of Oliver Wendell Holmes when he said, “Speak clearly if you speak at all; carve every word before you let it fall.”



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