

work pattern, to undertake this balanced, personal, and explicitly broad approach to their patients and their problems. More than other doctors, general practitioners would also see the need for evidence based training in consultation and communication skills, though such teaching and training is needed by all physicians in clinical work.<sup>8-10 15-19</sup>

It is time to embrace the new definition and to work for the goals that follow from it. The first step is to revitalise the discussion about the research agenda, the core curriculum, and the scientific contents of teaching in the general practice specialty.

We use the terms general practitioner and general practice in relation to the speciality of the "front line" doctor, though we know that some countries use the term family medicine, in part to avoid negative connotations associated with poorly trained general practitioners. We use the term specialist in general practice because it is used in many countries to assert the equality of trained general practitioners with other clinical doctors, though we know that some countries, including the United Kingdom, use the term specialist as a semantic opposite to the term generalist.

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When I use a word . . .

## Modern English abuseage

When Henry Watson Fowler published his *Dictionary of Modern English Usage* in 1926 he could hardly have foreseen how popular it would become as a source of information about grammar, rhetoric, punctuation, spelling, and other matters related to written and spoken English. The first edition, reprinted many times, was followed by a second, edited by Ernest Gowers in 1965, and a third, edited by Robert Burchfield in 1996.

Apart from the fact that Burchfield chronicles the ways in which our use of language has changed since Fowler and Gowers, his edition differs in one major aspect—it is descriptive rather than prescriptive or proscriptive. Whereas his predecessors told us what we *ought* to do, Burchfield uses his large corpus of examples to tell us what we *actually* do. And although he often shows approval or disapproval, or states his own preferences, he generally yields to common usage, rather than to rigid rules, as the arbiter of correctness. For instance, Fowler preferred *Britishism* to *Briticism*, labelling the latter a barbarism; Burchfield simply comments that *Briticism* is now the more usual term in scholarly work. Of course, Fowler and Gowers are not always rigid, nor Burchfield always permissive, but the emphasis has changed.

Burchfield's text is as authoritative as Fowler's was. But his *New Fowler* is marred by a poor grasp of medicine and science. Take some examples. "Vaccinate," he writes, "is technically synonymous with inoculate, but in practice tends to be restricted to mean inoculate [against] smallpox." He has it the wrong way round: *vaccinate* technically (or at least etymologically) means to inoculate against smallpox using cowpox, but is nowadays used to mean to inoculate against any infectious disease.

Elsewhere Burchfield correctly writes that in an arithmetical progression—for example, 1, 3, 5, 7, 9, etc—the rate of increase is much smaller than in a geometrical progression—for example, 1, 2, 4, 8, 16, 32, etc. But he then says that sometimes a geometrical progression can be used to indicate a slow rate of increase—0.00001, 0.00002, 0.00004, 0.00008, etc. To be fair to

Burchfield, he has made a valiant attempt to simplify the corresponding entry by Fowler, which is hard to fathom. But he perpetuates Fowler's mistake, in failing to appreciate that these two geometrical progressions grow at exactly the same rate, presumably misled by the smallness of the absolute increments in the latter.

Burchfield's description of a calorie is oversimplified and he makes no mention of the joule. *Caucasian* he describes as the normal word for a white person "in American English (but rarely elsewhere)," ignoring its widespread use in the world scientific literature. He defines the centigrade scale as one in which water freezes at 32° and boils at 212°; *Celsius* he defines correctly, *Fahrenheit* he omits (although he defines it under *Celsius*), and *Réaumur* he includes simply to note its pronunciation. And *groin*, he says, is "a physiological term."

But Burchfield's most curious solecism is in his explanation of the medical titles *Mr* and *Dr*. "In Britain," he writes "a surgeon is normally addressed as *Mr* + surname, but in Scotland *Dr* is used for both physicians and surgeons." Having read this I thought that Burchfield must have uncritically copied Fowler and Gowers, but in fact neither of them made this assertion—it is Burchfield's alone, and I don't think that it was ever true. But perhaps he knows something about the intentions of the Scottish Assembly that the rest of us do not.

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We welcome articles of up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.