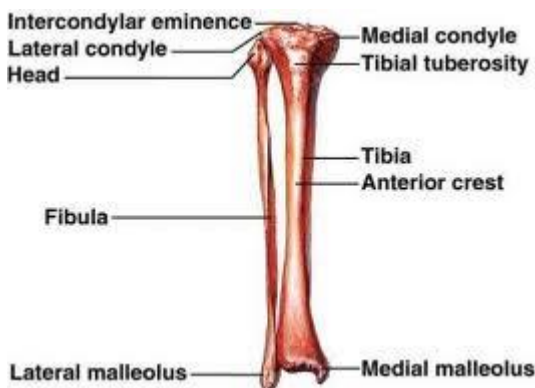


The History of Western Medical Language

The first language of Western medicine was Greek. In the First Century AD, Aulus Cornelius Celsus translated a lot of the Greek terms into Latin, a more familiar language to the people of that time in his book **De Medicina**. Interestingly, these translations retained some concepts from Greek such as naming body parts after their resemblance to common objects. For example, the shinbone, *tibia*, resembles a flute, so the word *tibia* means "flute" in Latin. The other bone on the lower leg, the *fibula* comes from the Greek word for "needle." Not only did Celsus leave the Greek concepts, but in some cases, he just imported the words as they were. For this reason, there are still many Greek words used in medical English. Later, some Arabic words were used in medicine, but the majority of those were also translated into Latin.

In recent years, English has been the source of many new terms. In some cases, English acronyms are used to describe something medical and the acronym itself is adopted into another language without anybody really thinking about or remembering the origin. Many languages use terms such as "AIDS," without thinking about the original words: Acquired Immune Deficiency Syndrome. Can you think of any other acronyms? The next page has a list of 26 examples.

👉 Look at this picture. What objects do these bones look like to you? Can you see the shapes that inspired the names the bones were given?



Questions:

Fill in the blanks with the correct words/terms:

1. Early doctors thought the *tibia* was shaped like a _____.
2. They thought the *fibula* was shaped like a _____.
3. An _____ is the word for making a term from the first letters of words.

Some Acronyms to Know

Red means that the average person might not know this part. For example, sometimes the acronym is commonly known, but the words it comes from or what it stands for may be unknown.

1. CBC—complete blood count
2. CAT—computerized axial tomography (common usage: CAT scan)
3. CPAP—continuous positive airway pressure
4. DOA—dead on arrival
5. DNR—do not resuscitate
6. EEG—electroencephalogram
7. EKG/ECG—electrocardiogram
8. ENT—ear, nose and throat
9. GSW—gunshot wound
10. HIV—human immunodeficiency virus
11. ICU—intensive care unit
12. IV—intravenous [often short for intravenous drip(点滴)]
13. MRI—magnetic resonance imaging
14. NPO—nothing by mouth (from Latin *nil per os*—nothing through mouth)
15. NSAID—non-steroidal anti-inflammatory drugs
16. OD—overdose
17. OR—operating room
18. PO—by mouth (from Latin *per os*—through mouth)
19. R/O—rule out (used in writing)
20. ROM—range of motion (used in writing)
21. STAT—immediately (from Latin *statim*—immediately)
22. STD—sexually transmitted disease
23. T&C—type and cross
24. TMJ—temporo mandibular joint
25. UBD—universal blood donor
26. VD—venereal disease

Mini Conversations and Related Questions

👉 Practice each of the dialogs on the next two pages **four** times in pairs, or **six** times in threesomes.

- 1— your regular voice as part 1 (A) and your partner using a vocal variation as part 2 (B)
- 2—You, using a vocal variation as A and your partner's regular voice as B
- 3—your partner's regular voice as A and you using a vocal variation as B
- 4—your partner using a vocal variation as A and your regular voice as B

Vocal variations: loud, soft, happy, angry, high voice, low voice, fast, slow, like a robot, make new variations using your imagination! Be prepared to perform these in your TEAMS meeting.

☞ After practicing each dialog, answer the questions from both your general knowledge and by checking back through the list of acronyms for the meaning.

1

Doctor 1: They brought that patient in late last night. It looks like it was an OD.

Doctor 2: How's he doing now?

Doctor 1: He's in stable condition.

Q1. What happened with this patient?

2

A: I was having trouble sleeping, so I underwent a sleep study.

B: What was the verdict?

A: I stopped breathing frequently during the night, so now I'm sleeping with a CPAP.

Q2 What does the CPAP do?

3

Doctor 1: He's crashing.

Doctor 2: We can't do anything. He's DNR.

Q3 What are the patient's wishes?

4

Doctor 1: We've done all we can do in the ER. I think she needs surgery.

Doctor 2: I agree. We need to get her to the OR ...STAT.

Q4 A. Where is the patient going? B. What does ER stand for?

5.

Doctor: Surgery is scheduled for tomorrow morning.

Nurse: Are there any special instructions?

Doctor: She should be NPO after 7pm.

Nurse: I'll make a note on the chart.

Q5 What can't the patient do after 7pm?

6.

ER Nurse: The family is here asking about Mr. Jones.

ER Doctor: Mr. Jones?

ER Nurse: The patient that was in the car accident.

ER Doctor: He was DOA, wasn't he?

ER Nurse: Yes. We need you to explain it to the family.

Q6 What does the doctor have to tell the family?

7

Doctor 1: Is there anything else I should be aware of?

Doctor 2: The patient is allergic to NSAIDs.

Doctor 1: I'm glad you told me. I was thinking of prescribing one aspirin a day.

Doctor 2: Yes, that would be a problem.

Q7 What would be a problem? Why?

8

Doctor: I'd like to rule out a few things. I'm ordering an EKG to get a better look at what's going on with your heart.

Patient: Do I have to come back for this?

Doctor: I'm going to call down and see if they can squeeze you in now.

Q8 What acronym would be in the doctor's notes to indicate the test for heart problems?
