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GRAPHIC ABBREVIATIONS IN THE LANGUAGE OF MEDICINE

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Relevance. Abbreviation is one of the most common ways of making new terms in Medical English. There is a growing amount of research that recognizes its importance. Various aspects of medical abbreviations (MAs) can be mentioned: formation, functioning in oral / written contexts, translation issues, homonymy and synonymy, which build additional barriers in medical communication.

A problem is MA “explosion” due to the rapid development of research and practice, expansion of existing areas and emergence of new areas of medicine. This does not give enough time and opportunity to unify the spelling and pronunciation of MAs, which may differ even in individual medical schools, research centers and hospitals. MA dictionaries do not always reflect the real situation at a certain point in time. Some dictionaries only give the written form of an abbreviation, without giving its transcription and indicating the possibility of using it in oral speech.

Aim: to analyze the use of graphic abbreviations (GAs) in Medical English, classify them into subtypes according to their origin and formation, types of communicative situations in which they are used. The issue of special interest is ambiguity of GAs and ways to avoid it.

Materials and methods. Data for this study were collected using English-language educational and research literature on the training of medical personnel, video and audio lectures, dictionaries, and glossaries of MAs. The GAs that made up the corpus of the study (n=54) were subjected to structural, semantic, and functional analysis.

Results and their discussion. GAs refer to a type of MAs that are used in written communication for the purposes of brevity and are not independent words. They are common in patient records, case histories, notes taken by doctors and nursing staff. GAs are linked with their prototypes, i.e. original lexical or syntactic units, therefore they cannot be used on their own, outside their common context. Only easily understandable GAs can be used that do not require additional explanation and do not create any communication barriers. Some of the GAs collected are of Latin origin and have Latin prototypes but pronounced as English words (c̄ for “with” derived from Latin “cum”).

In the graphic design of GAs, a dot, a slash, a hyphen, an underscore, an arrow, a combination of letters with numbers can be used (w/ for “with”, N&V or n/v for “Nausea and Vomiting”, F→N for “Finger-to-Nose test”). Variants of uppercase / lowercase letters or additional characters in one GA are possible.

Since the principal function of GAs is time saving, a significant part of them are not abbreviated terms, but various kinds of auxiliary words, comments of medical personnel. Abbreviation of sentences is often used when denoting the status and condition of a patient, as well as in cases involving the possibility or impossibility of resuscitation (PERRL for “Pupils Equal, Round, Reactive to Light”, FIBD for “Found In Bed Dead”, etc.).

Initialisms refer to one-letter abbreviations. The possibility of their decoding is extremely limited, they are used in strictly definite contexts and in a strictly definite order, e. g., in the records of nursing staff in the patient's medical history (t 101, p 90, rr 26 for “temperature 101, pulse 90, respiratory rate 26”). A subtype of initial GAs worth mentioning includes GAs consisting of an initial letter of the prototype and letter x (dx for “diagnosis”, sx for “symptoms”, etc.).

Conclusions. GAs are potentially lexical. Being subjected to partial or complete lexicalization, some of them may receive their own pronunciation, grammatical features under certain conditions and serve as the basis for subsequent acts of word formation. An important requirement for GAs is accuracy and absence of homonymy since their use is related to health issues.