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Diversification of English Medical Terminology: social and historical determinants

Zróźnicowanie angielskiej terminologii medycznej:
czynniki społeczne i historyczne

Abstract

The present article focuses on English medical terminology and its easily noticeable division into formal and informal terms. Numerous factors which may account for the observed diversification are discussed. The dichotomy formality-informality, however, seems to be related primarily to the history of the English language. Informal terms are predominantly of Anglo-Saxon, French, Germanic or Scandinavian origins, while formal terms are mainly borrowings from Latin and Greek.

Abstrakt

Przedmiotem analizy dokonanej w niniejszym artykule jest angielska terminologia medyczna i zauważalny w jej obrębie podział na terminy formalne i nieformalne. Wiele czynników może odpowiadać za omawianą różnorodność nomenklatury medycznej. Dychotomia formalność-nieformalność zdaje się jednak przede wszystkim być powiązaną z historią języka angielskiego. Terminy nieformalne są pochodzenia anglosaskiego, francuskiego, germańskiego czy skandynawskiego, podczas gdy terminy formalne mają swe źródło w łacinie i grece.

Keywords: medical terminology, etymology, formal and informal terms, diachronic changes

Słowa kluczowe: terminologia medyczna, etymologia, formalne i nieformalne terminy, zmiany diachroniczne

This article concerns an intriguing characteristic feature of the English language used in medical discourse. In English, there is a clear division of medical terms into those specialized – specific for a certain profession, and colloquial expressions typical for the language of people from outside the medical profession. Obviously, in any other language, including Polish, there are both formal and informal terms referring to diseases, ailments or human anatomy and physiological processes. However, the scale of this division is not so notable. In the present paper an attempt is made to identify possible causes of the observed dichotomy.

Medical language defined

There is an increasing interest in medical language as a means of specialist communication, its metaphoricity (metaphorical understanding and description of physiological processes [human body and its functioning, death, birth]), diachronic development, etc. There has been released a substantial body of literature focusing on various aspects of medical language. One area of the scholarly concern is translation of medical terminology and mistakes made by translators¹. Besides, a great number of works are published to guide doctors and nurses through special strategies of correct communication with patients and their families (the so-called bedside manners, breaking bad news, handling complaints and dealing with conflicts, and the like).

Witold Doroszewski characterizes medical language in the following way²:

I. It is concrete; it avoids abstractness or ambiguity;

II. It is a professional variant of natural language enriched with elements of languages used in various fields of science;

III. It intersects related areas of science - biology, chemistry, psychology, etc.;

IV. It refers to both healthy and sick individuals;

V. It supports scientific communication that focuses on objective daily decisions and their implementation;

VI. It is used for both scientific and universal communication.

Similarly, Keith Brown (2005) asserts that *the most obvious characteristics of medical English is its extensive use of words related to the subject matter (...)*.

¹ C.f. W. Karwecka, *Przekład tekstów medycznych*, Gdańsk 2016.

² W. Doroszewski, *Polski język medyczny*, [in:] *Polszczyzna 2000: Orędzie o stanie języka na przełomie tysiącleci*, ed. W. Pisarek, Kraków 1999.

Apart from the medical jargon, medical communicators also favour a passive and impersonal styles that focus on objective and measurable phenomena³.

Medical terminology – diversification and levels of formality⁴

Tables (1) and (2) exemplify formal and informal (specialist and non-specialist) terms used in medical discourse. Their etymology is presented to demonstrate foreign influences which substantially affected development of medical terminology. Obviously, only a selection of terms has been made, since this division of medical terminology is not limited to a dozen or several dozen words. One can quote tens, if not hundreds, of similar terms, and any subsequent example would only confirm the dichotomy noted. These terms are grouped according to the general thematic areas in which they function.

Significantly, all the terms listed in Table 1 refer to the general anatomy of the human being, not the detailed one. A clear division into professional and non-specialist terminology has developed, despite the general applicability of these terms (a general description of the anatomical structure of a human body).

Table 2 exemplifies terms referring to diseases and their symptoms. What ought to be emphasized, the terms in question are used to describe common and well known diseases.

As easily seen, each of the informal terms mentioned, as used in non-specialist discourse, has its formal equivalent. As already stated, the observed tendency does not concern solely the English language. After all, in Polish we say *wyrwać ząb* (to pull a tooth out) and *dokonać ekstrakcji zęba* (to extract a tooth) or *opryszczka wargowa* (lip herpes) and the so-called *zimno* (cold sores), yet the scale of the formality-informality dichotomy (medical specialist language – colloquial language) characteristic of the Polish medical discourse is definitely less noticeable. Then, again, one cannot definitely say that formal terms are completely unknown to people who lack medical knowledge. Nevertheless, although they refer to common diseases or basic anatomical structures, many of the terms may be completely unknown to non-specialists.

³ K. Brown, *Encyclopedia of Language and Linguistics*, Amsterdam 2005, p. 328.

⁴ It should be emphasized that when writing about informal terms we do not mean offensive language. The terminology discussed in the body of the present paper is commonly used by non-specialists in everyday communication.

A brief outline of the history of medical English

Let us take a closer look at the development of medical English from a historical perspective. It should be pointed out that the history of the language of medicine obviously parallels the history of the English language itself, but also parallels the history of medicine in Europe. Henrik R. Wulf observes that the oldest written sources of western medicine are the Hippocratic writings from the 5th and 4th centuries BC⁵. They concern all aspects of medicine at that time and include numerous medical terms. The Greek era of the language of medicine continued even after the Roman conquest as the Romans adopted Greek medical tradition. The doctors practicing in the Roman Empire were mainly Greeks. Numerous terms originated during the Greek era – *catarrh*, *diarrhoea*, *dyspnoea*, *melancholic*, *podagra*, to mention but a few.

Greek words were imported directly into Latin, as done by Aulus Cornelius Celsus, who compiled an encyclopedic overview of medical knowledge entitled *De Medicina*. In some cases he latinized Greek terms by using Latin suffixes or adding some letters to the original orthographic form.

Before the Roman conquest, the native inhabitants of Britain spoke Celtic dialects, which later developed into the modern Gaelic and Welsh. The invaders intended to establish Latin as the official language, which could have led to Celtic-Latin bilingualism. As far as medical language is concerned, we can even speak of Celtic-Latin-Greek trilingualism⁶.

When the Romans left Britain in 410 AD, the country became a target for new invasions from Europe. The Celtic population was forced to move into the mountain regions of Wales and Scotland pushed by German tribes of Angles, Saxons, and Jutes. The newcomers progressively transformed into a new nation with its own languages, which ultimately led to the development of four main dialects, out of which the West-Saxon dialect, because of political reasons, gained prominence. The oldest texts of that time were written in West-Saxon dialect. The period named Old English, or Anglo-Saxon alternatively, constitutes a foundation for contemporary English. As estimated by Edmund Andrews, the modern colloquial language preserved one third of Anglo-Saxon

⁵ H.R Wulff, *The language of medicine*, "Journal of Royal Society of Medicine" 2004, v. 97, pp. 187-188.

⁶ B. Dżuganowa, *A brief outline of the development of medical English*, "Bratislavské Lekárske Listy" 2002. v. 103, 223-227.

lexis⁷. As regards medical English, it is only five percent of words. It is noteworthy, however, that the terms denote very basic anatomical structures. The words with Anglo-Saxon origins are, for instance, *arm, chin, finger, foot, gut, hair, head, hip, liver, mouth, wrists, heart, lung, bone, foot, neck*.

The subsequent invasions of Vikings from Scandinavia (789-1066) and the settlement of the people undoubtedly affected the language. Significantly, just a few Scandinavian words entered medical vocabulary (e.g. *ill, leg, kidney, skin, skull*). Simultaneously, it must be stressed that Latin still remained the language of science⁸.

The 7th and 8th century marked decline of Classical Latin, which split into several languages like Spanish, Italian, and French. The last of the listed ones here had a great impact on both colloquial and specialist language due to the conquest of England by the Normans in 1066. French terms penetrated medical discourse to a remarkable extent. It should be pointed out that numerous French terms had been previously adopted from Latin. As exemplified by Andrews, French words which enriched the language of medicine are: *superior, inferior, male, female, face, leper, gout, migraine, nature, nourish, nurse, odour, ointment, pain, venom, voice*.

The next centuries are marked by a strong position of Latin, which did not lose its status as the language of specialist communication. A great number of Latin terms entered the language in the original or altered forms. In the 16th century *cerebellum, delirium, virus, cadaver, cornea, vertigo, albumen, sinus, appendix, pus, abdomen, digit, ligament, saliva* were assimilated.

As asserted by Wulff, *then followed the era of the national medical languages, such as medical English, medical French, medical German, medical Italian and many others*⁹. Simultaneously, *medical scientists continued to develop new concepts that had to be named, and our classically schooled predecessors coined a multitude of new terms, most of which were composed of Greek rather than Latin roots, since Latin did not permit, to the same extent, the formation of composite words (e.g. nephrectomy, ophthalmoscopy, erythrocyte)*. As easily seen, classical languages continuously affected lexicalization of new concepts.

⁷ E. Andrews, *A History of Scientific English. The Story of its Evolution Based on a Study of Biomedical Terminology*, New York 1947.

⁸ H.R Wulff, *op. cit.*, p. 188.

⁹ *Ibidem*, p. 188.

The possible sources of the dichotomy

Having discussed the development of medical English, in this section let us attempt to identify the sources of the observed diversification of English medical terms. First, sociolinguistic factors are focused on. However, they do not seem to be most significant. In the case of the English language historical facts should be foregrounded.

Since ancient times, people dabbling in medical practices have held a special position in their communities. It could have been a shaman, a country woman - a whisperer, a folk healer, a feldsher or finally a doctor. These people were respected because they tried, effectively or not, to relieve suffering. When outlining the beginnings of medicine, Władysław Szumowski emphasizes the importance of empathy and compassion in shaping the social position of a doctor: *Some people are trusted by a sick person when he or she feels their compassion. A suffering man wants and seeks help, wants to talk about the suffering. Whoever approaches him or her with compassion, creates an invisible thread of sympathy by this sole action (...)* (trans. D.G.)¹⁰. Moreover, it had often been widely believed that the one providing treatment had knowledge unavailable to others or was endowed with supernatural powers. People such as those were trusted but at the same time approached with some apprehensions. In consequence, a specific way of perceiving a doctor was formed. Although doctor's work required a close contact with the human being, the knowledge he or she possessed (real or only attributed) caused a feeling of inaccessibility. Economic factors also strengthened this special, social position of a doctor – not every patient could afford the services of a professional doctor. The doctors themselves, aware of the respect they were given, often being very wealthy people, deliberately distanced themselves from those regarded as uneducated and destitute. One of the ways of emphasizing a social position is to use distinctive language forms. This sociolinguistic phenomenon is analyzed e.g. by Howard Giles, who describes two opposing communication strategies – *convergence* and *divergence*. To minimize the social distance between us and the interlocutor, we use the language spoken by our interlocutor (we modify our own style, vocabulary, etc.). However, when we intend to accentuate our cultural and social difference, we deliberately use phrases that may be incomprehensible to the interlocutor, for example, because of his or her lack of education¹¹.

¹⁰ W. Szumowski, *Historia medycyny historycznie ujęta*, Białystok 2005, p. 29.

¹¹ H. Giles, *Language: Contexts and Consequences*, London 1991.

Lexicographers, as it can be assumed, also contributed to the phenomenon discussed. For centuries the recorded linguistic facts have not been described as they are, but as they should be. In other words, while taking a prescriptive approach, lexicographers made subjective choices (they performed a kind of language purification)¹². All kinds of glossaries, dictionaries and encyclopedias were addressed to literate people, therefore those educated who knew Latin and Greek. It is not surprising that borrowings from Greek and Latin have entered the so-called *high* language thanks to lexicographers, as well as authors of textbooks on medical subjects – medical doctors, anatomists.

Although, the national languages gradually gained ground at the expense of Latin and a numerous glossaries, dictionaries and encyclopedias published in British started to be written in English, they still were unavailable and incomprehensible to ordinary, usually illiterate people (e.g. *Mirror of the World*, a study that was a translation from French, published by William Caxton in 1481, *Monipulus Vocabulorum* by Peter Levins from 1570, who made a specific purification of the English language, marking some words as *barbarous*, *The New World of English Words* 1658 by Edward Phillips).

Language is used for communication. On the one hand, the emergence of certain sociolects limits the efficient information transfer within the entire community, on the other hand, it improves communication among members of a particular group, in this case professional one. As previously mentioned, the formal terminology used in medical discourse predominantly comes from Latin and Greek. Interestingly, colloquial terms are of Anglo-Saxon, French, German or Scandinavian origin. Some of the informal coinages are based on associations (cause-effect), reflect metaphorical patterns of reasoning, result from folk knowledge and understanding of the functioning of the human body and healing processes or even they have their roots in superstitions.

Let us illustrate the issue with the etymology of a few terms. *Elbow* is commonly referred to as *funny bone*, since, as elucidated by John Ayto, we experience a strange feeling during the injury to this part of the limb¹³. *Malleus* has its colloquial equivalent - *a hammer*. The underlying motivation for this coinage was an observed similarity between this anatomical structure and a tool (metaphorical extension of the meaning of the noun *hammer* meaning a tool). Similarly, *kneecap*, denoting the bone at the front of the knee joint, looks like a protective cover with a domed shape.

¹² See: H. Béjoint, *The Lexicography of English*, Oxford 2010; D. Crystal, *The Stories of English*, New York 2010.

¹³ J. Ayto, *Oxford School Dictionary of Word Origins*, Oxford 2002, p. 201.

It is not argued that, unlike English, the development of the Polish language was a less complex process, which could translate into limited diversification of the medical language. There are also numerous borrowings in Polish as a result of cultural contacts or long-lasting occupation. In the latter case, however, Polish society rather did not assimilate with the invaders, showing clear opposition instead, for example, to Germanization or Russification during the partitions¹⁴. Moreover, the British written culture seems to have had a longer tradition than the Polish one, which may indicate more advanced development of medical sciences (e.g. the influence of medical knowledge of Ancient Rome and Greece).

Diversification of medical terminology and communication problems

The division into formal and informal medical terminology may cause problems with communication between the patient and the doctor, especially when the specialist, for some reasons (lack of empathy, willingness to stress his or her social position) uses specialist language only. However, without empirical research, we are unable to clearly state whether, in fact, British patients have problems in communicating their problems and needs to doctors –speakers of a different language. Neither do the doctors know if the patients understand the diagnosis and the doctors' instructions. However, there is a noticeable number of literature on the book market – guides addressed both to medical professionals and patients, aimed at improving communication between the specialist and non-specialist, which make such a communication efficient, e.g. *How to Communicate Basically Brilliantly with Patients*, *Mastering Communications with Seriously Ill Patients: Balancing Honesty with Empathy and Hope*, *Skills for Communicating with Patients*, *Doctors Talking with Patients/Patients Talking with Doctors: Improving Communication in Medical Visits*, etc.

¹⁴ Z. Klemensiewicz, *Historia języka polskiego*, Warszawa 2010.

Table 1.¹⁵ Anatomy

Informal term	Etymology	Its formal equivalent	Etymology
Funny bone	It is named after the odd sensation one gets when it is struck	Elbow	c. 1200, <i>elbowe</i> , from a contraction of Old English <i>elmboga</i> „elbow,” from Proto-Germanic * <i>elino-bugon</i> , literally „bend of the forearm”
Kneecap	1650s, from knee (n.) + cap (n.), from Old English <i>cneo</i> , <i>cneow</i> „knee,” from Proto-Germanic * <i>knewa-</i> and late Old English <i>cæppe</i> „hood, head-covering, cape,” a general Germanic borrowing (compare Old Frisian and Middle Dutch <i>kappe</i> , Old High German <i>chappa</i>) from Late Latin <i>cappa</i> „a cape, hooded cloak” (source of Spanish <i>capa</i> , Old North French <i>cape</i> , French <i>chape</i>)	Patella	1690s, from Latin <i>patella</i> „small pan or dish; kneecap” diminutive of <i>patina</i> „pan”
Upper jaw	late 14c., <i>jowe</i> , <i>joue</i> , „the bones of the mouth,” „A word of difficult etymology” [OED]. Probably from Old French <i>joue</i> „cheek,” originally <i>jode</i> , from Gallo-Romance * <i>gauta</i> or directly from Gaulish * <i>gabata</i>	Maxilla	1670s, from Latin <i>maxilla</i> „upper jaw,” diminutive of <i>mala</i> „jaw, cheekbone.”

¹⁵ Compiled on the basis of: R. Fortuine, *The Words of Medicine. Sources, Meanings, and Delights*, Springfield 2000 and W. S. Haubrich, *Medical Meanings: A Glossary of Word Origins*, New York 2003.

Lower jaw	See <i>upper jaw</i>	Mandible	late 14c., from Late Latin <i>mandibula</i> „jaw,” from Latin <i>mandere</i> „to chew,” which is perhaps from PIE root <i>*mendh-</i> „to chew” (source also of Greek <i>mastax</i> „the mouth, that with which one chews; morsel, that which is chewed,” <i>masasthai</i> „to chew,” <i>mastikhan</i> „to gnash the teeth”).
Belly button	1877, colloquial, from <i>belly</i> + <i>button</i> ; <i>belly</i> from a general Germanic word for „leather bag, pouch, pod” that in English has evolved to mean a part of the body; from Old English <i>belg</i> , <i>bylig</i> (West Saxon), <i>bælg</i> (Anglian) „leather bag, purse, pouch, pod, husk, bellows,” from Proto-Germanic <i>*balgiz</i> „bag”; <i>button</i> comes from c. 1300, „knob or ball attached to another body,” especially as used to hold together different parts of a garment by being passed through a slit or loop (surname <i>Botouner</i> „button-maker” attested from mid-13c.), from Old French <i>boton</i> „a button”	Navel	From Middle English <i>navele</i> , from Old English <i>nafela</i> , <i>nabula</i> , from Proto-Germanic <i>nabalan</i>
		umbilicus	1540s, from Medieval Latin <i>umbilicalis</i> „of the navel,” from Latin <i>umbilicus</i> „navel”
		omphalos	1850, from Greek <i>omphalos</i> , literally „navel,” later also „hub” (as the central point)

Bell	from Old English <i>belg</i> , <i>bylig</i> (West Saxon), <i>bælg</i> (Anglian) „leather bag, purse, pouch, pod, husk, bellows,” from Proto-Germanic * <i>balgiz</i> „bag” (source also of Old Norse <i>belgr</i> „bag, bellows,” <i>bylgja</i> „billow,” Gothic <i>balgs</i> „wine-skin”)	Abdomen	1540s, from Latin <i>abdomen</i>
Stomach	from Old French <i>stomaque</i> , <i>estomac</i> „stomach,” from Latin <i>stomachus</i> „throat, gullet; stomach,”		
Throat	From Old English <i>þrote</i> (implied in <i>þrotbolla</i> „the Adam’s apple, larynx,” literally „throat boll”), related to <i>þrutian</i> „to swell,” from Proto-Germanic * <i>thrut-</i>	Pharynx	1690s, from Greek <i>pharynx</i> (genitive <i>pharyngos</i>)
Windpipe	From Old English <i>wind</i> „wind,” and Old English <i>pipe</i> „simple tubular musical wind instrument,” also „tube for conveying water,” from Vulgar Latin * <i>pipa</i> „a pipe, tube-shaped musical instrument”	Trachea	late 14c., from Medieval Latin <i>trachea</i> (13c.), as in <i>trachea arteria</i> , from Late Latin <i>trachia</i> , from Greek <i>trakheia</i>
Bowels	from late 14c. specifically as „human intestines,” from Old French <i>boele</i> „intestines, bowels, innards” (12c., Modern French <i>boyau</i>), from Medieval Latin <i>botellus</i> „small intestine,” originally „sausage,” diminutive of <i>botulus</i> „sausage,” a word borrowed from Oscan-Umbrian.	Intestines	early 15c., from Middle French <i>intestin</i> (14c.) or directly from Latin <i>intestinum</i> „a gut,” in plural (<i>intestina</i>), „intestines, bowels,” noun use of neuter of adjective <i>intestinalis</i> „inward, internal,” from <i>intus</i> „within, on the inside,”

Gullet	c. 1300 from Old French golet „neck (of a bottle); gutter; bay, creek,” diminutive of gole „throat, neck” (Modern French gueule), from Latin gula „throat,” also „appetite,” which is related to gluttire „to gulp down, devour,” glutto „a glutton.”	Oesophagus	late 14c., from Greek oisophagos „gullet, passage for food,” literally „what carries and eats,” from oisein, future infinitive of pherein „to carry”
Spine	c. 1400, „backbone,” later „thornlike part” (early 15c.), from Old French espine „thorn, prickle; backbone, spine” (12c., Modern French épine), from Latin spina „backbone,” originally „thorn, prickle” (figuratively, in plural, „difficulties, perplexities”)	Spinal column, vertebral column	early 15c., from Latin vertebra „joint or articulation of the body, joint of the spine” (plural vertebræ), perhaps from vertere „to turn”
Skull	c. 1200, probably from Old Norse skalli „a bald head, skull,” a general Scandinavian word (compare Swedish skulle, Norwegian skult), probably related to Old English scealu „husk”	Cranium	early 15c., craneum, from Medieval Latin cranium „skull,” from Greek kranion „skull, upper part of the head,” related to kara (poetic kras) „head,”
Womb	Old English wamb, womb „belly, bowels, heart, uterus,” from Proto-Germanic *wambo (source also of Old Norse vomb, Old Frisian wambe, Middle Dutch wamme, Dutch wam, Old High German wamba, German Wamme „belly, paunch,” Gothic wamba „belly, womb,” Old English umbor „child”), of unknown origin.	Uterus	late 14c., from Latin uterus „womb, belly”

Table 2. Conditions and symptoms

Informal term	Etymology	Its formal equivalent	Etymology
Fever – blisters	Compound of fever + blister; fever from Middle English fever, fevere, from Old English fefer, fefor (“fever”), from Latin febris (“a fever”) bliser from From Old French blestre, from a Germanic source. Compare Middle Dutch blyster (“swelling”), Old Norse blastr (“a blowing”).	Labial/ oral herpes	late 14c., „any inflammatory, spreading skin condition” (used of shingles, gangrene, etc.), from Latin herpes „a spreading skin eruption,” from Greek herpes, the name for the disease shingles, literally „creeping,” from herpein „to creep, move slowly”
Running nose	Coined to described in a suggestive way the symptom	Rhinitis	1829, medical Latin, from rhino- „nose” + -itis „inflammation
		Nasal catarrh	late 14c., from Medieval Latin catarrus, from Late Latin catarrhus, from Greek katarrhus „a catarrh, a head cold,” literally „a flowing down,”
Whooping cough	mid-14c. from Old French huper, houer „to cry out, shout,” and Old English coughen (onomatopoeic)	Pertussis	1670s, from Modern Latin pertussis, from per- „thoroughly,” or here perhaps with intensive force (see per), + tussis „cough,” a word of unknown origin
Mumps	c. 1600, from plural of mump „a grimace” (1590s), originally a verb, „to whine or mutter like a beggar” (1580s), from Dutch mompen „to cheat, deceive,” originally probably „to mumble, whine” and of imitative origin (compare mum (interj.), mumble).	Parotitis	From Greek παρωτίτις (νόσος), parōtītis (nósos) : (disease of the) parotid gland < παρωτίς (stem παρωτιδ-) : (gland) behind the ear < παρά - pará : behind, and οὖς, ous (stem ὠτ-, ὀτ-) - ear

Flu	shortening of influenza. Spelling flu attested from 1893 (previously flue).	Influenza	from Italian influenza „influenza, epidemic,” originally „visitation, influence (of the stars),” from Medieval Latin influenza in the astrological sense
Chickenpox	c. 1730, from chicken (n.) + pox. Perhaps so called for its mildness compared to smallpox, or its generally appearing in children, or its resemblance to chick-peas.	Varicella	From medical Latin, 1764, irregular diminutive of variola
(Common) Cold	from 1530s, so called because the symptoms resemble those of exposure to cold; cold from Old English <i>cald</i> (Anglian), <i>ceald</i> (West Saxon) „producing strongly the sensation which results when the temperature of the skin is lowered,” also „having a low temperature,” from Proto-Germanic * <i>kaldjon</i>	Coryza	1630s, medical Latin, from Latinized form of Greek <i>koryza</i> „running at the nose,”
German measles	early 14c., plural of Middle English <i>masel</i> „little spot,” which is perhaps from Middle Dutch <i>masel</i> „blemish” (in plural „measles”) or Middle Low German <i>masele</i> , both from Proto-Germanic * <i>mas-</i> „spot, blemish” (source also of Old High German <i>masla</i> „blood-blister,” German <i>Masern</i> „measles”)	Rubella	1883, Modern Latin, literally „rash,” from neuter plural of Latin <i>rubellus</i> „reddish,” diminutive of <i>ruber</i> „red”

Hay fever	1825, from hay + fever; hay from „grass mown,” Old English heg (Anglian), hieg, hig (West Saxon) „grass cut or mown for fodder,” from Proto-Germanic *haujam (source also of Old Norse hey, Old Frisian ha, Middle Dutch hoy, German Heu, Gothic hawi „hay”), fever from late Old English fefor, fefer „fever, temperature of the body higher than normal,” from Latin febris „fever,” related to fovere „to warm, heat,”	Allergic rhinitis	1829, from medical Latin, from rhino- „nose” + -itis „inflammation.”
Heavy bleeding	From Old English bledan, „to cause to lose blood, to let blood” (in Middle English and after, especially „to let blood from surgically”), also (intrans.) „to emit blood,” from Proto-Germanic *blodjan „emit blood” (source also of Old Norse blæða, Dutch bloeden, German bluten).	Haemorrhage	c. 1400, from Latin haemorrhagia, from Greek haimorrhagia, from haimorrhages „bleeding violently,” from haima „blood” (see -emia) + rhagē „a breaking, gap, cleft,” from rhēgnynai „to break, burst,”
Balding	by 1938, from bald (n.) from rom Celtic bal „white patch, blaze” especially on the head of a horse or other animal (from PIE root *bhel- (1) „to shine, flash, gleam”)	Alopecia	The term alopecia is from the Classical Greek ἀλωπηξ, alōpēx, meaning „fox”

Conclusions

There is a clear division between specialist and colloquial terminology in the English medical language. There may be numerous reasons for the observed division into formal and informal terms. However, the diversification of medical terminology seems to be related primarily to the history of the English language. Informal terms are predominantly of Anglo-Saxon, French, Germanic

or Scandinavian origin, while formal terms are mainly borrowings from Latin and Greek. We can observe an interesting linguistic phenomenon which consists in the functioning of two systems of terms with the same object of reference, but a different contextual application (a different sphere of social reality), which evolved as a consequence of diachronic development of the language.

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