Languages of Medical Communication in Japan

John C. Maher

International Christian University, Tokyo

The German journals were the first to disappear when we had a (medical library) budget cut. It's a symbol of globalization or something? There's still one tiny German outpost: Japanese psychopathologists. They're in a time capsule. There are no psychopathologists in Germany who depend on German in the way Japanese psychopathologists do. They're like orphans or soldiers abandoned in a foreign territory.

A. Nishizono M.D., Psychiatrist, Tokyo, 2006

Language shift - *Lingua Relicta*

Language shift is due to political annexation, cultural and educational influence, territorial independence and autonomy.

Lingua relicta - language used widely, then discontinued leaving enclave of speakers lacking a speech network or connection with the main body of speakers.

Three examples of **lingua relicta** involving Japanese and English

1. JSL in (postwar) Korea
2. English is the Ogasawara Islands
3. Japanese in Palau

Example 1. 日本手話 *JSL*

Elderly people in former colonies, Korea and ex-Manchuria,still use. Younger people use KSL or CSL. Communication gap between generations. Write each other messages in Korean or Chinese which both generations have as a written language.

♦ロング　ダニエル　*(2003.07)*「日本語と外国語の使い分け」『朝倉日本語講座９言語行動』：*132-156* 朝倉書店

♦宮本一郎　*1999.9*「韓国手話の収録調査について（上）」『手話コミュニケーション研究』*33 pp.24-27*

♦宮本一郎　*1999.12*「韓国手話の収録調査について（下）」『手話コミュニケーション研究』*34 pp.49-56*

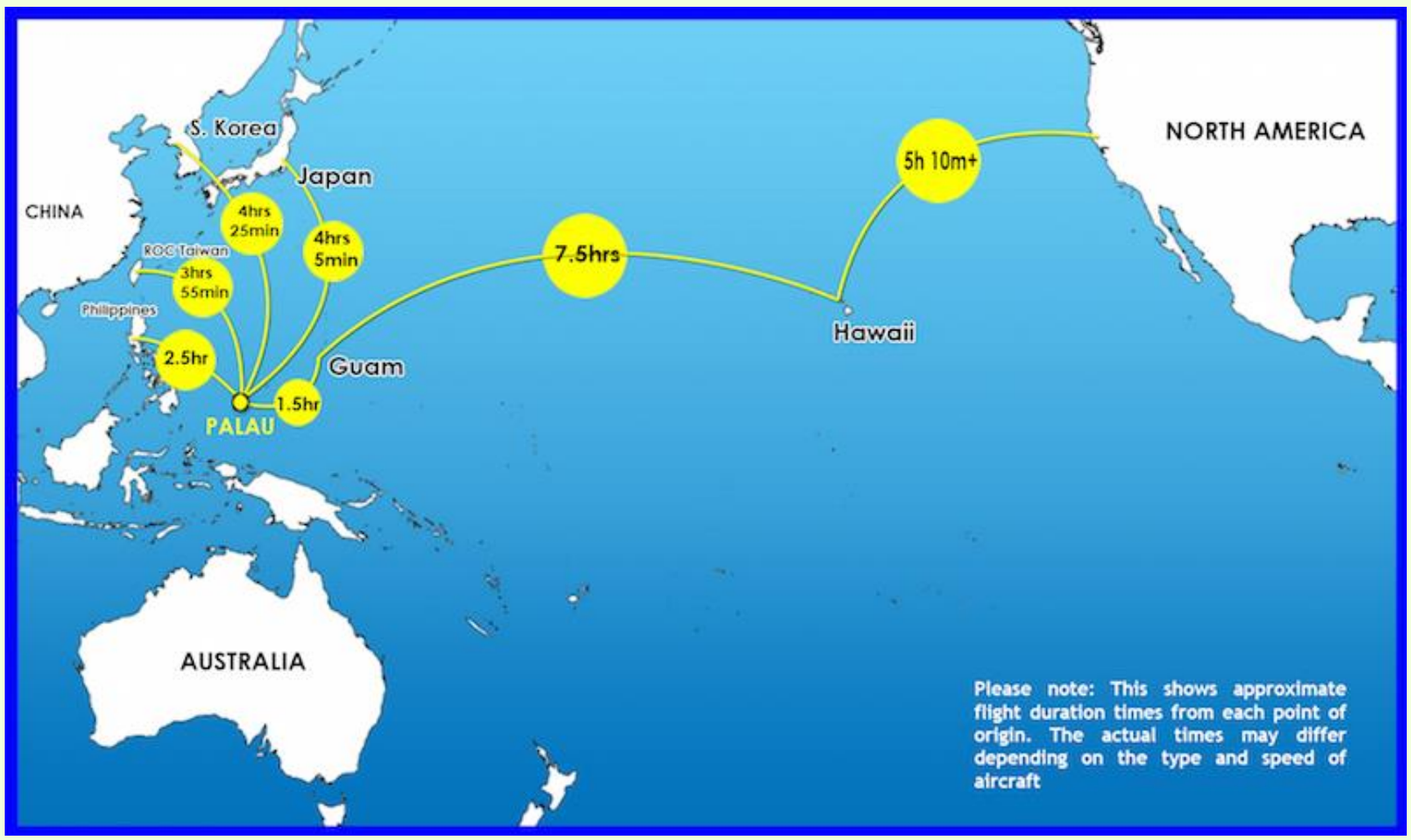
収録調査について（下）」『手話コミュニケーション研究』34 pp.49-56

Example 2
English in the Ogasawara Islands
小笠原英語　—Ogasawara　Pidgin

- ***English on Ogasawara*** fits the concept *Lingua Relicta*. Certainly before WWII and after the 1968 reversion. The islanders became bilingual and then incorporated Japanese in the 20th century (Long 2007). Younger residents are monolingual in Tokyo standard Japanese.

Example 3. Japanese on Palau
パラウの日本語

- *Also, postwar **Japanese on Palau** (Beluu er a Belau) in the West Pacific postwar. Japanese is spoken by (very) older Palauns and is the official language in the state of Angaur.*



Example 4. of *Lingua Relicta*
Latin for Religious Purposes

Latin abandoned by the RC Church, November, 1964.

- abandoned by churches, no Latin liturgy available
- punishment for priests who perform the traditional rite
- priests outlawed and excommunicated in 1988
- permission usually refused to perform Tridentine mass
- teaching of Latin in seminaries declined
- ceased to be medium of higher education in pontifical universities, e.g. Gregorian University, Rome

RESULT. Latin a *lingua relicta*. "Only a small pool of priests are able to speak ecclesiastical Latin" (Carvado, 2004), rarely with each other, nor recite Latin in religious rites, nor have literary access to Latin (vernacularized Roman missal).

Seven Languages in Japanese Medicine

中国語	Chinese
ラテン語	Latin
日本語	Japanese
オランダ語	Dutch
ドイツ語	German
英語	English
フランス語	French

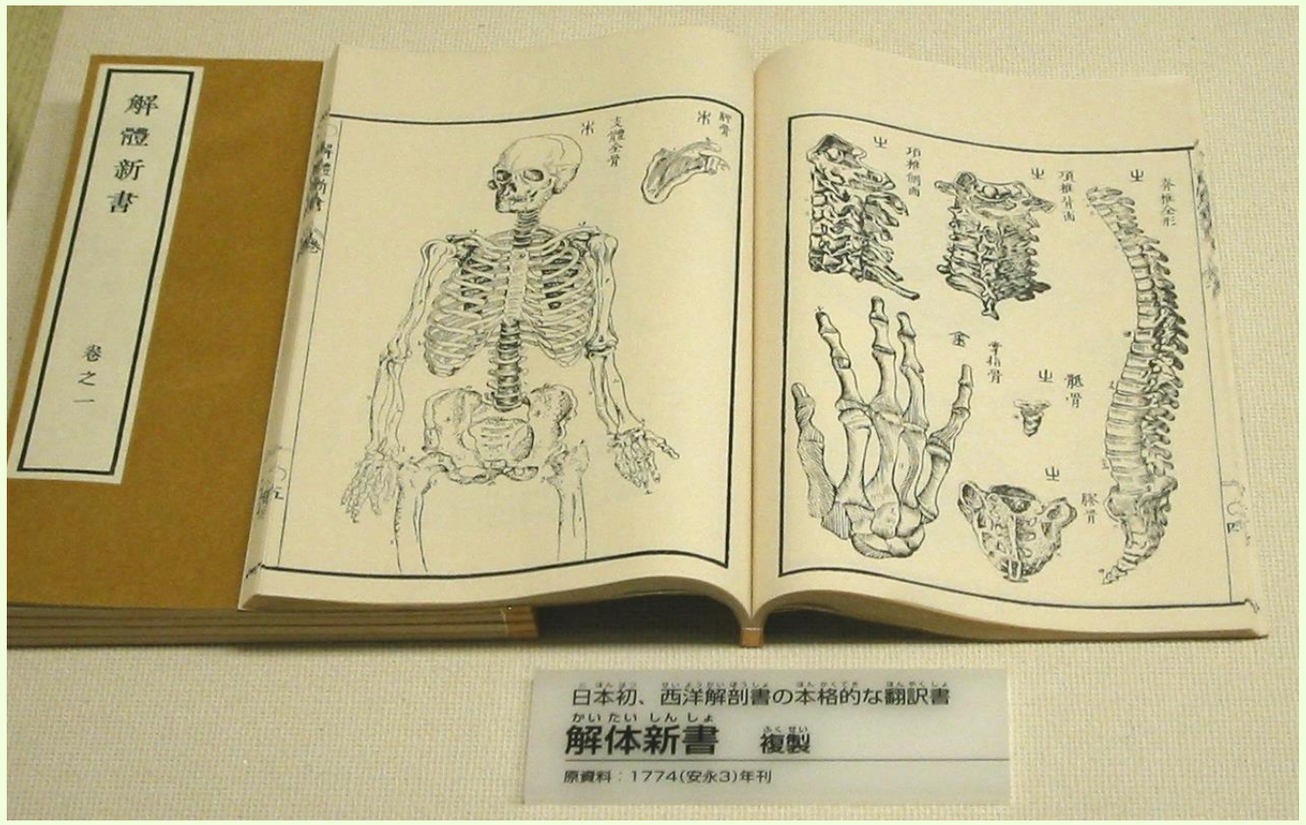
漢方医学 Chinese medicine

Rangaku 蘭学　1720

- *Ihan teikō* (医範提綱 "Concise Model of Medicine" translated Udagawa Genshin (1808). Frontpiece shows Dutch anatomist Steven Blankaart (1704) performing a dissection.

- Description of a microscope in *Various stories about the Dutch* (紅毛雑話) 1787

解体新書 *Kaitai Shinsho of 1774*



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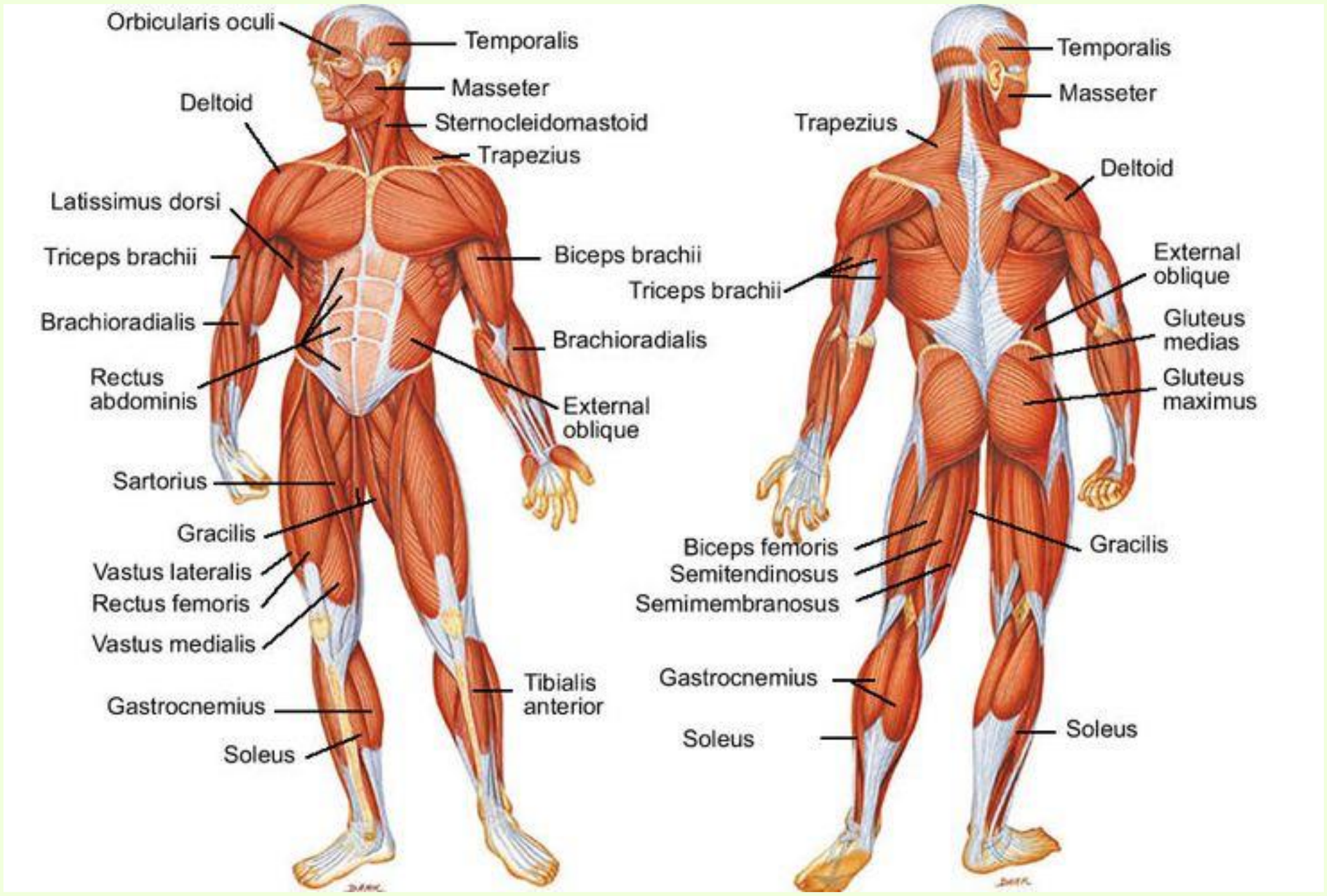
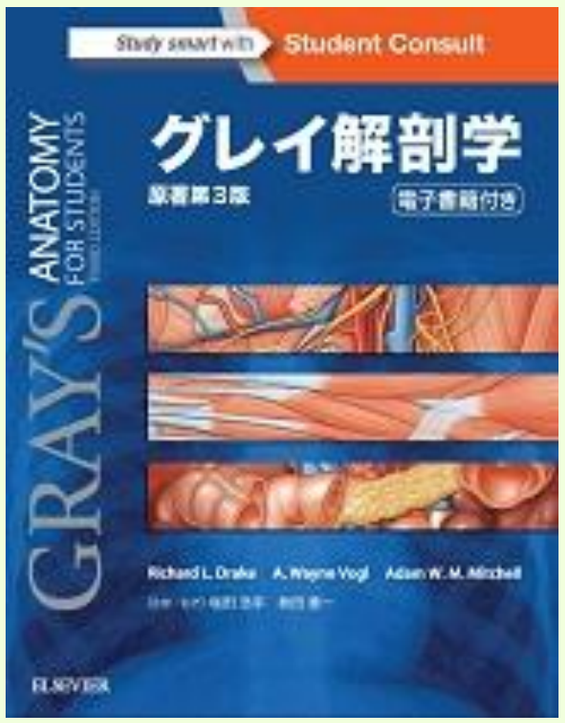
1960—1961

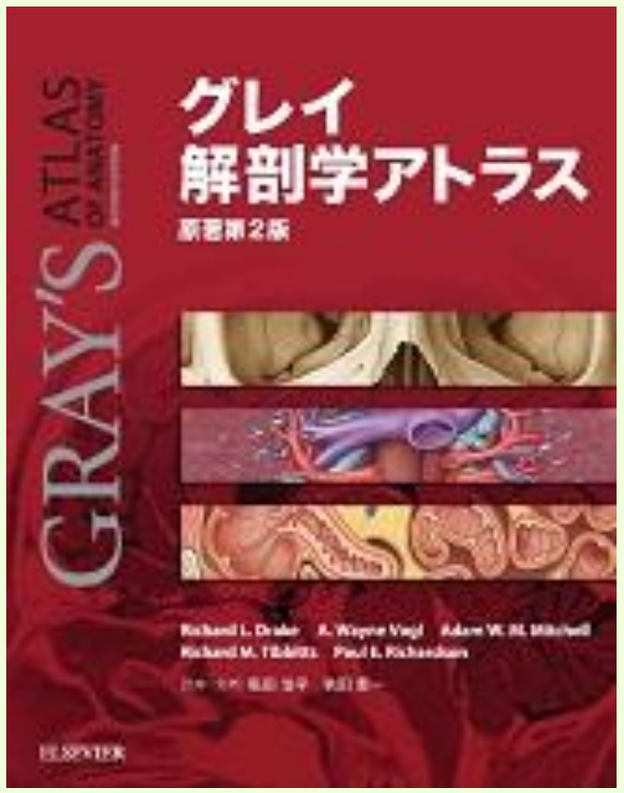
Anatomical Latin

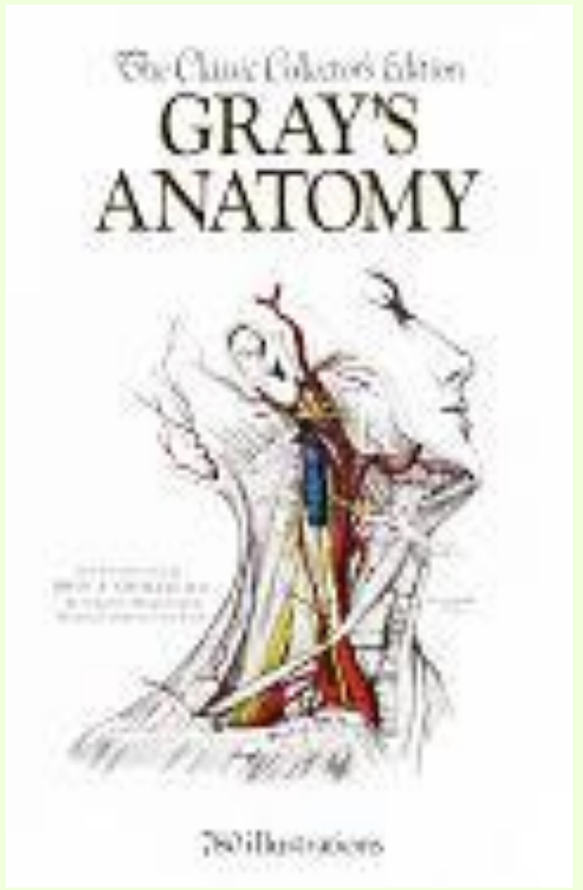


Example	Word	Latin Root 1	Latin Root 2	Meaning	Translation
abductor digiti minimi	abductor	ab = away from	duct = to move	a muscle that moves away from	A muscle that moves the little finger or toe away
	digiti	digitus = digit		refers to a finger or toe	
	minimi	minimus = mini, tiny		little	
adductor digiti minimi	adductor	ad = to, toward	duct = to move	a muscle that moves towards	A muscle that moves the little finger or toe toward
	digiti	digitus = digit		refers to a finger or toe	
	minimi	minimus = mini, tiny		little	

Anatomical Latin



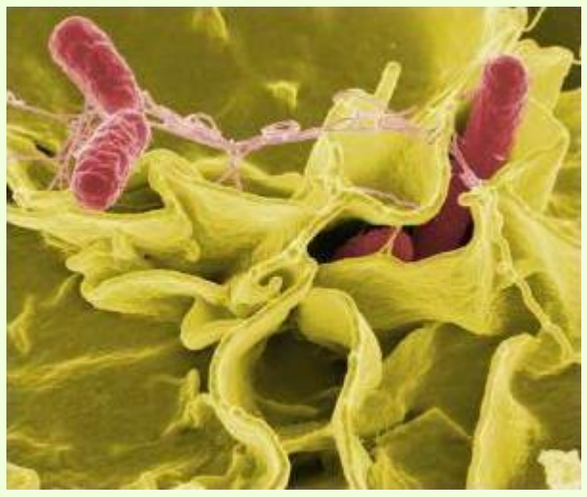


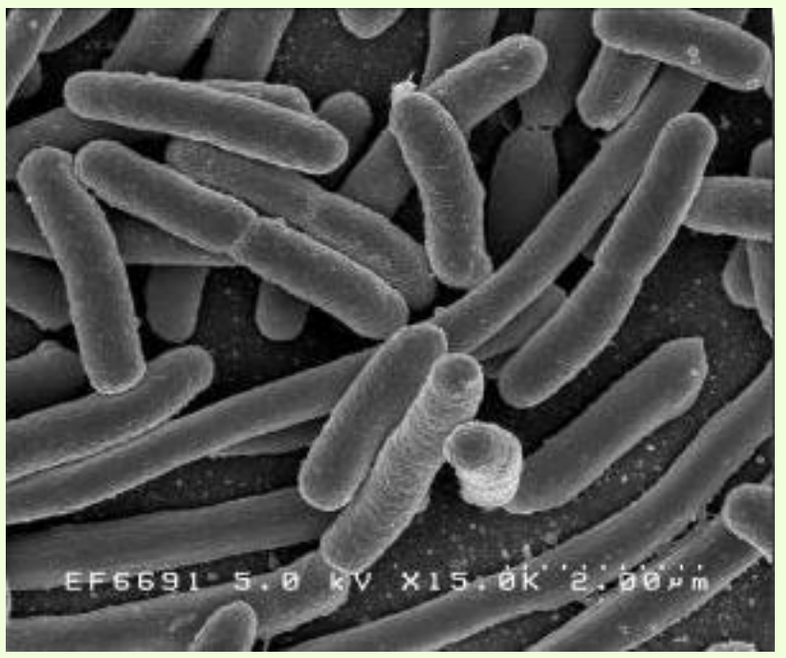


Technology influences language spread

The discovery of the electron microscope* opened up a new world of naming –new nomenclature for bacteria, viruses, molecules. This helped promote the widespread use of English.

*Max Knoll and Ernst Ruska at the Berlin Technische Hochschule in 1931





From Latin to English
Technology in Language Shift

- Gross Anatomy

Erector spinae
Iliocostalis
Interansversarii
Longissimus
Multifidus
Obliquus capitis inferior

- Cellular Anatomy

Tight junction
Terminal web
Elastic fibres
End plate
Intercellular space
Rare structures

Compilation courtesy of the University of Edinburgh, Department of Anatomy, 2005

The Distribution of German in the Japanese Medical System

German important in the medicine in Japan in 4 domains:

(1) transmission of scientific knowledge

(2) medical training (GFL in medical school)

(3) clinical practice

(4) research

German language (unlike English) was domain-specific, i.e. features strongly in some branches of medicine (e.g. psychopathology).

German in Japanese Medical Science:Traditional Areas of Dominance

- Surgery
- Psychiatry
- Pathology

German Terminology/Nomenclature

- Medical terminology was embedded in Japanese medical communication by German teachers and researchers. German entered common medical Japanese, e.g.
- クランケ (*kuranke*) from German *Kranke*, カルテ (*karute*) from German *Karte* (medical record), ギプス (*gipusu*) an orthopaedic cast from the German *Gips*, アレルギー (*arerugī*) from German *Allergie* for allergy, and ノイローゼ (*noirōze*) from German *Neurose* for neurosis.

39. Eine Richtung der Neuerung der medizinischen Welt.

Von

Dr. Minoru Hara.

(Hukuoka.)

Verf. hat darüber gesprochen, dass die Aerzte die frühere einzelne und freisinnige Behandlungsweise unterbrachen und sich ihrer Pflicht bewusst wurden, d.h. der Leitung der Wiederherstellung der Kranken, der Erhaltung der Gesundheit und der Bemühung für die Besserung der Nationalkörperkräfte, indem sie die diesmalige Reorganisation des Aerztevereins als den Wendepunkt ausnutzten.

(*Autoreferat.*)

Spezialvorträge zur Erinnerung an die 300. Sitzung.

1. Dauererfolg der operierten Nierentuberkulose.

Von

Prof. Dr. Ryozi Tomikawa.

(Aus der Urolog. Klinik.)

Die Zahl der in unserer Klinik während der Zeit von 28 Jahren behandelten Patienten beträgt 27333; hiervon litten 1015 an Nierentuberkulose, von denen bei 679 die kranke Niere durch Operation exstirpiert wurde.

Verf. hat bei diesen operierten Fällen folgende Punkte besonders festgestellt: Lebensalter, Geschlecht, linke oder rechte Niere, tuberkulöse Disposition, bisherige Krankheiten und Komplikationen, beginnende Symptome und positiver Nachweis der Tuberkelbazillen im Harn.

Um über den Dauererfolg einige Anhaltspunkte zu bekommen, hat Verf. bei diesen 679 Patienten schriftlich folgende Fragen gestellt: Anzahl der täglichen Harnentleerungen. ob mit oder ohne Miktionsschmerzen, Farbe und Trübung des Harns, allgemeine Lebensweise, jetziger Zustand der Operationswunde, oder ob Patient bereits gestorben. Von diesen Patienten haben 247 geantwortet und Verf. hat von 65 Fällen, bei denen über 10 Jahre nach der Operation vergangen waren, folgendes besonders genau beobachtet: Bei einseitiger chronischer Nierentuberkulose ist es besonders empfehlenswert die kranke Niere so schnell wie möglich operativ zu entfernen, nachdem man auf verschiedene Methoden festgestellt hat, ob die andere Niere völlig gesund ist. Falls der Funktionsunterschied zwischen der kranken und gesunden Niere nur gering ist, muss man, nach Meinung des Verf.'s, abwarten, bis der Unterschied zwischen beiden Nierenfunktionen allmählich deutlicher wird, u.zw. mit der Begründung, dass die Entstehung der allgemeinen Immunität des Organismus mangelhaft und die Kompensationsfähigkeit der gesunden Niere unvollkommen ist.

Der Patient muss 2 bis 3 Jahre nach der Operation sehr ruhig leben, damit die anderen Organe keine Tuberkulose erzeugen. Bei vorsichtiger Lebensführung nach der Operation ist bei etwa 50% und sogar bei 70% der Patienten vollkommene Heilung erzielt worden, und der Patient konnte ca. 10-20 Jahre länger leben.

(*Autoreferat.*)

2. Ueber die Tuberkulose-Frage in Deutschland.

Von

Prof. Dr. Munenori Enjoji.

(Aus der Kinderklinik.)

Ich habe die heutige Lage der Organisationen von der Tuberkuloseforschung und -fürsorge erwähnt. Dann habe ich die Berichte über die internationale Vereinigung gegen die Tuberkulose und über die IX. Sitzung der Deutschen Tuberkulose-Gesellschaft abgestattet, an denen ich im letzten Herbst persönlich teilgenommen hatte.

Zum Schluss habe ich darauf aufmerksam gemacht, dass die lebhaften Forschungen über "Tuberkulose und Disposition" eine erneuerte Richtung der Tuberkulose-Forschung in Deutschland wären.

(*Autoreferat.*)

福岡醫學雜誌

第三十五卷 第一號 昭和十七年一月發行

事態神經症ニ就テ

（昭和十六年九月三日受付）

九州帝國大學醫學部精神病學教室（主任，下田教授）

櫻井圖南男（サクラヰトナヲ）

目　次

序　說　事態神經症ノ概念

Bleuler ニ據レバ「特定ノ事態(Situation)ニ基イテ發生スル症候，例ヘバ拘禁精神病，ガンサー症候，一時性感動精神病等ヲ，時ニハ之ニ好訴症ヲモ加ヘテ事態精神病(Situationspsychose)ト名付ケル」コトガ出來ル(3)。既ニ事態精神病ト云フ命名ガアル以上，同樣ノ理由デ一群ノ神經症ヲ事態神經症(Situationsneurose)ト呼ブコトモ決シテ奇矯デハナイデアラウ。余ガ玆ニ問題ニシヨウトスル神經症ノ或ル者ハ明瞭ニ願望神經症デアリ，補償神經症デアリ，年金神經症デアルガ，他ノ者ハ必ズシモ單純ニカク斷ズルコトガ出來ナイ。此ノ中ノ或ル者ハ所謂外傷神經症デアルガ他ノ者ハ外傷ヲ伴ツテハヰナイ。更ニ又或ル者ハ「ヒステリー」デアルガ他ノ者ハ寧ロ「ヒポコンデリー」ト呼バルベキ病態ヲ現シテ居ル等々，各々ノ誘因，病態，經過ハ決シテ一樣デハナイガ，少クトモ之ガ何レモ特殊ナ事態ニ應ジテ發病シ成熟シタモノデアルト云フ事實ニ至ツテハ全例ニ共通シテ居ルノデアル。從ツテ余等ノ場合ニモ此等ヲ綜括シテ事態神經症ト稱スルコトガ甚ダ便利デアルト共ニ，余ハ此ノ名稱ガ此ノ種ノ神經症ノ特徵ヲ最モ端的ニ表現シテ居ルモノト思フノデアル。從ツテ玆ニ謂フ事態神經症，即チ Durch eine bestimmte äussere Lage ausgelöste Neurose ハ心因神經症 (Psychogene Neurose) デアリ，心因反應 (Psychogene Reaktion) デアリ，廣義ノ反應精神病 (Reaktive Psychose) ノ一トシテ理解サルベキモノデアリ，更ニ又此ノ意味ニ於テ單純ナ自律神經症 (Vegetative Neurose) 自生神經症 (Autochtone Neurose) 或ハ挿間神經症 (Episodische Neurose) 等ト病因的ニ區別サレネバナラヌ。

Über die Innervation der dorsalen Fingerränder bei Japanern

Von

Takayasu SHIRAISHI
白　石　隆　保

(Aus der ersten Abteilung des Anatomischen Institutes der Universität Kyoto, Japan.)
(Vorstand : Prof. Dr. *K. Hirasawa*)

(Eingegangen am 17, July, 1956)

I. Einleitung

Die Innervation der dorsalen Fingerränder ist bei näherer Betrachtung recht kompliziert und daran beteiligen sich der N. ulnaris, N. radialis, N. musculocutaneus, N. cutaneus antebrachii ulnaris usw. in mannigfaltiger Kombinationsweise. Diese ist nicht nur vergleichend-anatomisch wie anthropologisch, sondern auch bei einer und derselben Menschenrasse verschieden, da die Finger, phylogenetisch betrachtet, zu denjenigen Körperabschnitten, die im Laufe der Phylogenese die grössten Veränderungen darbieten, gehören. Über diese Frage liegen ja schon heute eine Reihe von Arbeiten, wie solche von HÉDON, ZANDER, BROOKS, HIRASARA u. a. vor, aber diese Autoren legten fast alle dabei Hauptgewicht auf das Verhalten der einzelnen Nerven, aber nicht auf das Gesamtbild der Kombination derselben in konkreten Fällen, welches, was hier besonders hervorzuheben sei, nicht theoretisch, sondern nur direkt durch Beobadhtung zu ermitteln ist.

HIRASAWA hat zwar seinerzeit ziemlich genau über die Innervation der Hand und der Finger bei Japanern mitgeteilt, aber in bezug auf das Kombinationsbild der gesamten Nerven ist noch viel zu wünschen übrig geblieben. In der vorliegenden Untersuchung beabsichtige ich diese Lücke in der Innervation der dorsalen Fingerränder bei Japanern zu erfüllen, indem ich die Kombination der verschiedenen, sich daran beteiligenden Nerven in einzelnen Fällen als ganzes betrachte und sie in gewisse Typen einteile. Hier sei aber hinzufügen, dass das gesamte Innervationsbild der dorsalen Fingerränder bei eingehender Betrachtung so stark variierend ist, dass es kaum zwei Hände gibt, die in dieser Hinsicht ganz und gar dasselbe Bild aufweisen. Es wäre aber zu

Language Decline: German as a Language of Japanese Medicine

- **1960**. The Death of publication German: the last appearance of a German-language medical publication in Japan: *Acta Scholae Medicinalis Imperialis Universitas in Kioto*.

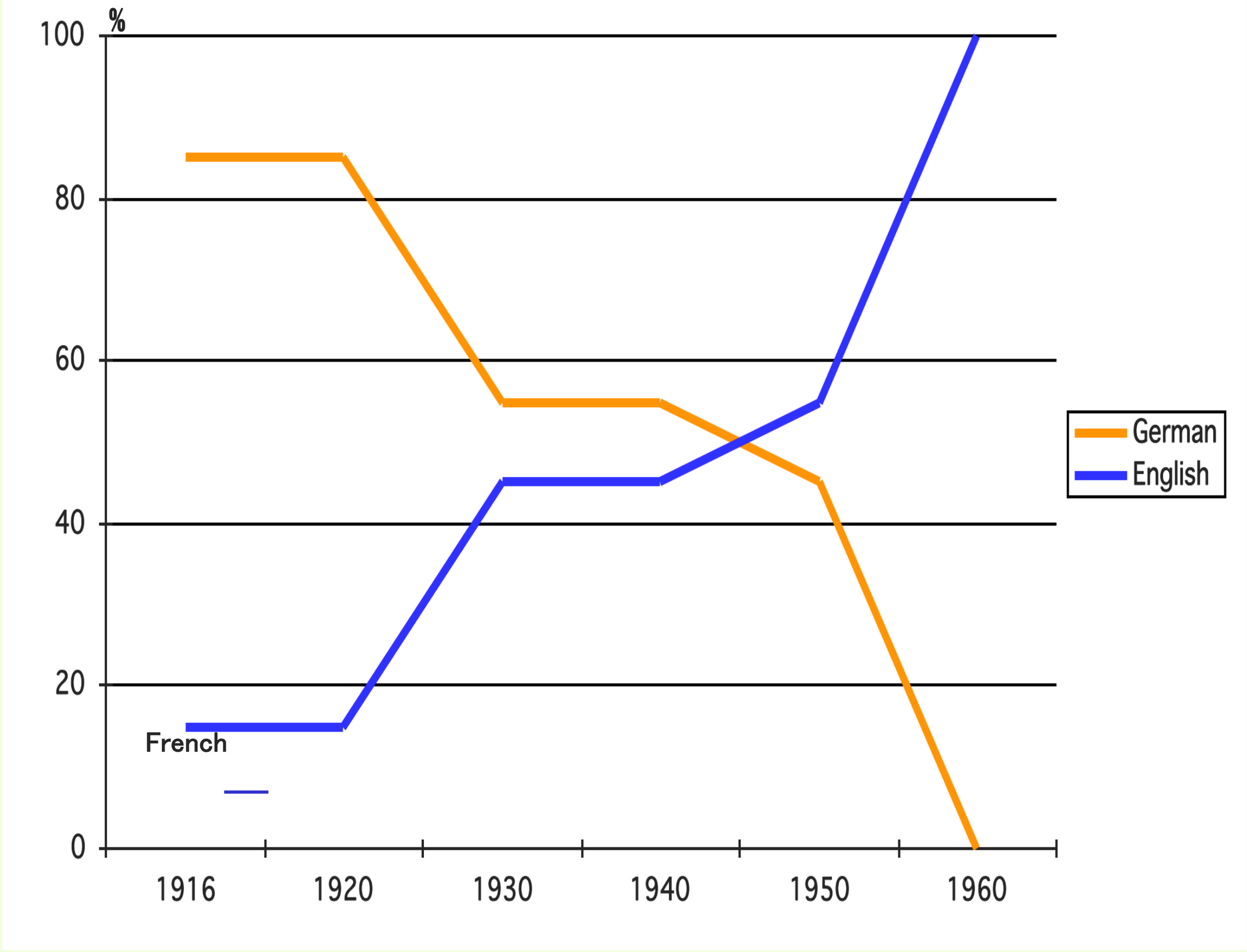


Fig.4 Language of article contributions: ‘Acta Scholae Medicinalis Imperialis Universitas in Kioto’ from 1916 to 1967.

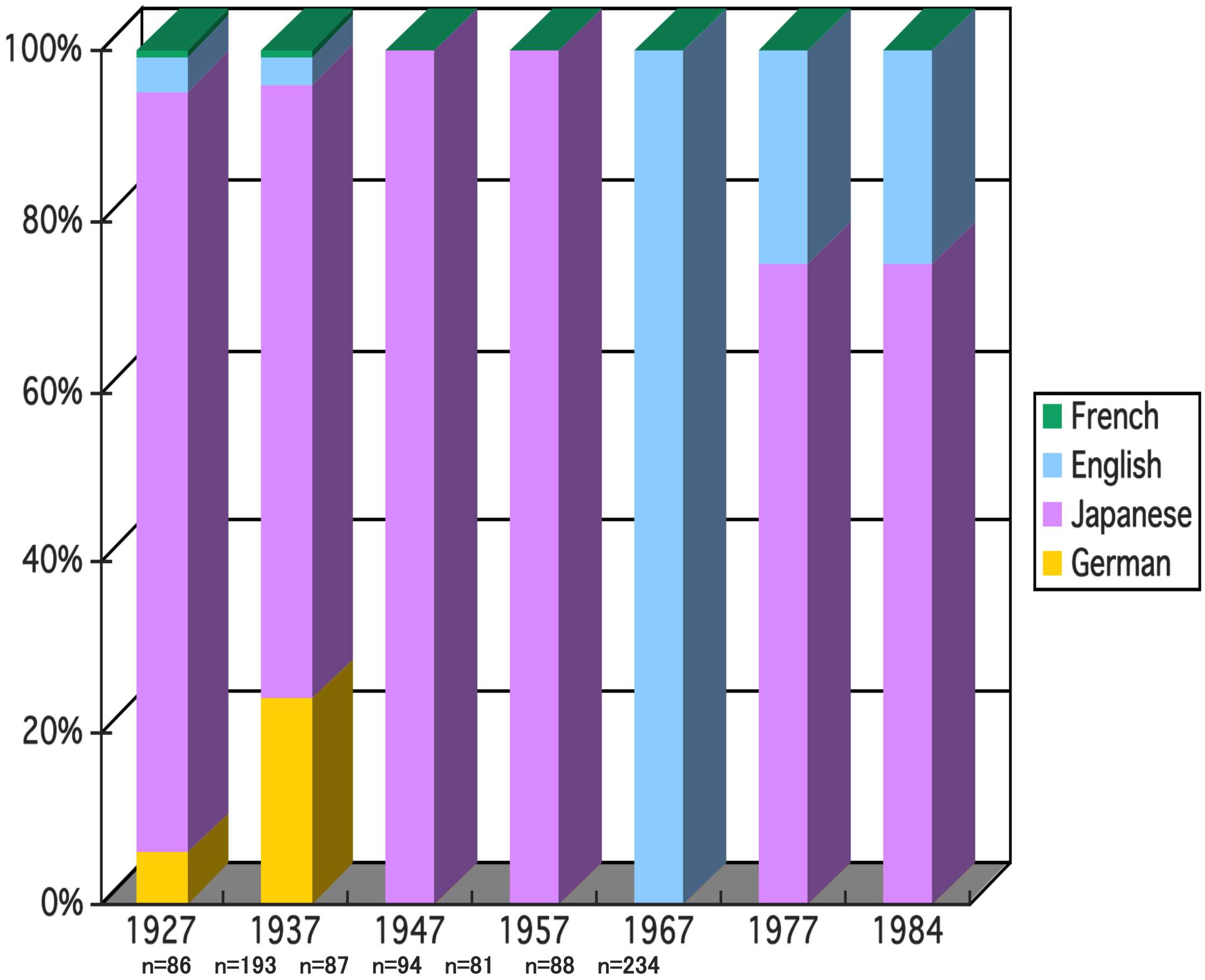


Fig.1 Language of article contributions: ‘Kyoto Furitsu Ikadiagaku Zasshi’ from 1927 to 1984.

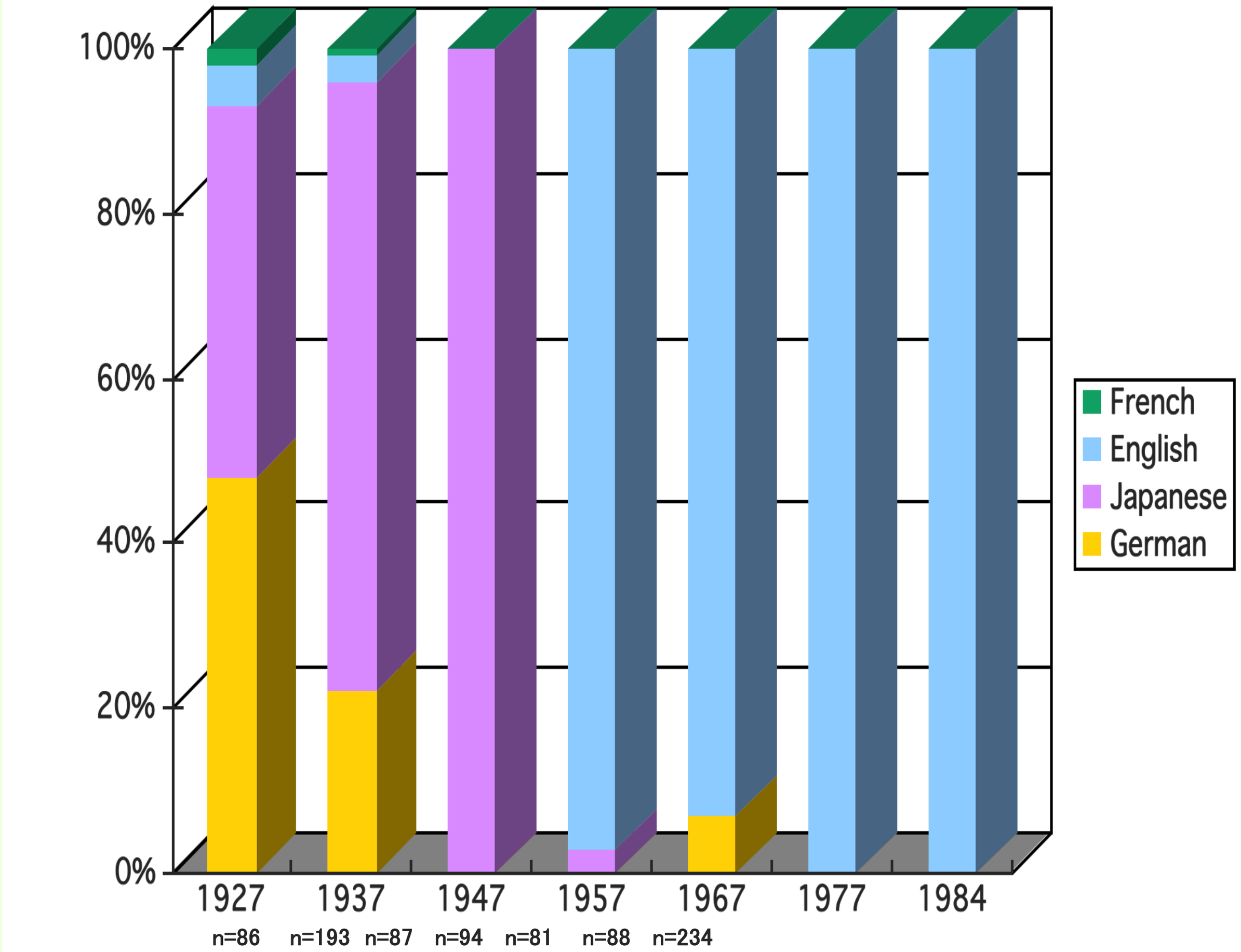


Fig.2 Language of abstracts: ‘Kyoto Furitsu Ikadiagaku Zasshi’ from 1927 to 1984.

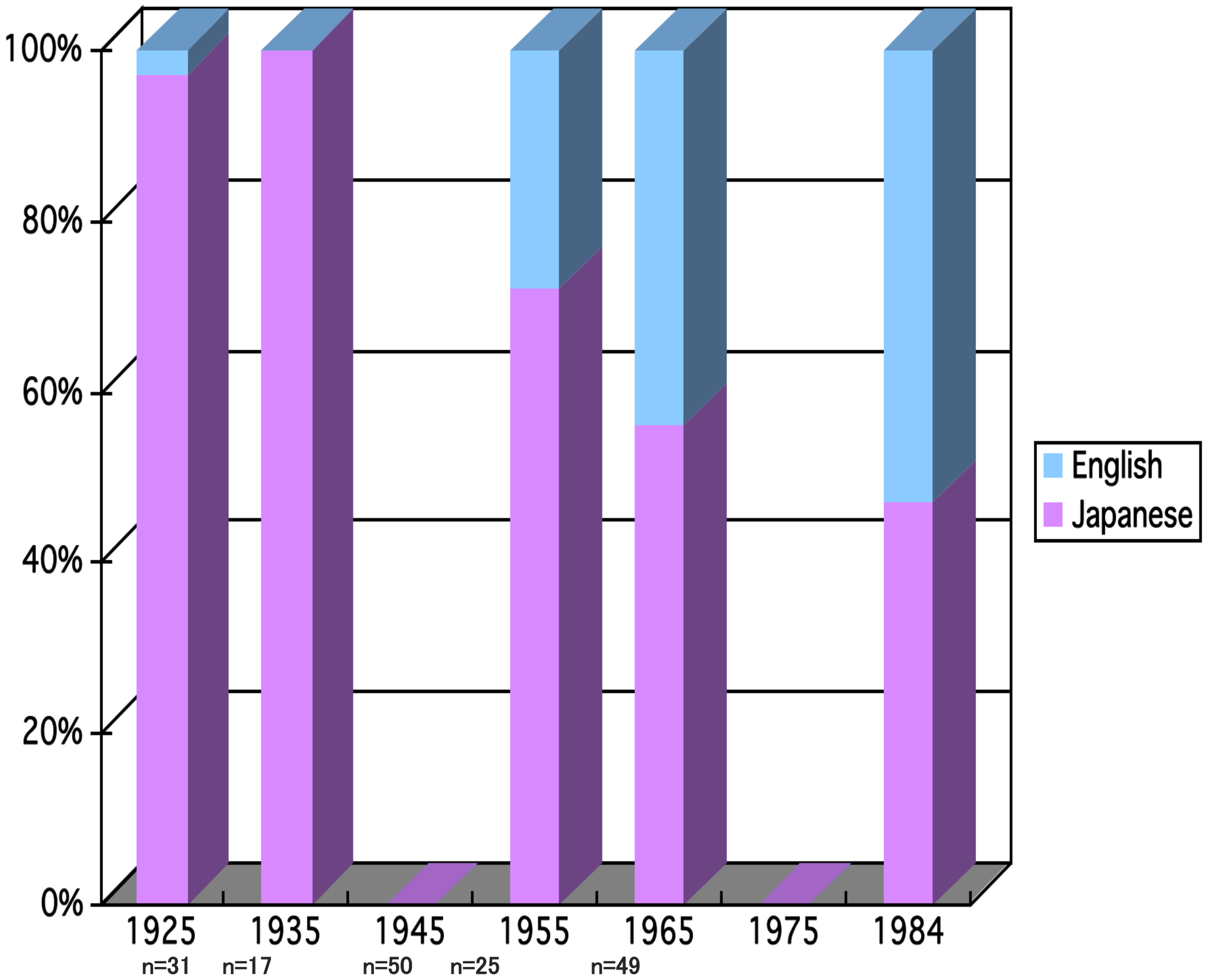


Fig.3 Language of article contributions: ‘Archiv für Japanische Chirurgie’ from 1925 to 1984.

Nervenarzt
1998 · 69: 811–814 © Springer-Verlag 1998

Ergebnisse & Kasuistik

M.M. Weber · I.A. Antonijevic · T. Bronisch
Max-Planck-Institut für Psychiatrie, Klinisches Institut (Direktor: Prof. Dr. Dr. Florian Holsboer), München

Die versorgungsrechtliche Beurteilung einer Posttraumatischen Belastungsstörung

Zusammenfassung

Das Konzept der Posttraumatischen Belastungsstörung (PTSD) erlangte v.a. durch US-amerikanische Studien an Vietnamkriegsveteranen Bedeutung für die psychiatrische Diagnostik und Forschung. Neuere Studien an Zugführern, die in Suizidunfälle verwickelt waren, zeigten ängstlich-depressive Symptome bei mehr als 30% und typische Symptome einer posttraumatischen Belastungsstörung bei 15% der Betroffenen. Wir präsentieren die Kasuistik eines Lokomotivführers, der im Rahmen seiner Tätigkeit 6 Suizidunfälle innerhalb von 17 Jahren miterlebt hatte. Der Durchschnitt liegt bei 2 Suizidunfällen. Mit dem 3. Unfall entwickelte der Proband zunehmende Ängstlichkeit, Schlafstörungen, Flashbacks und Reizbarkeit. Seit dem 6. Unfall ist er arbeitsunfähig. In einer früheren gutachterlichen Stellungnahme wurde kein Zusammenhang zwischen den Symptomen des Probanden und den Suizidunfällen gesehen. Daher scheint eine weitere Aufklärung über das Krankheitsbild einer PTSD notwendig, um eine frühzeitige psychotherapeutische und pharmakologische Behandlung von Patienten mit einer solchen Erkrankung sicherzustellen.

Schlüsselwörter

Posttraumatische Belastungsstörung · Sozialmedizinische Begutachtung · Suizidunfall

Das Konzept der Posttraumatischen Belastungsstörung

Die Posttraumatische Belastungsstörung (PTSD, ICD-10: F43.1) gehört seit einigen Jahren zu den wichtigsten Forschungsthemen der Psychiatrie [2]. Bereits der Begriff zeigt, daß das gegenwärtige Konzept dieser Störung aus der US-amerikanischen Psychiatrie übernommen wurde, die sich insbesondere nach dem Vietnam-Krieg intensiv mit den psychopathologischen Auffälligkeiten von Kombatanten auseinandersetzte, die existentiell bedrohlichen Ereignissen ausgesetzt waren [4, 14]. Darüber wird häufig vergessen, daß der Berliner Neurologe Hermann Oppenheim [10] bereits vor der Jahrhundertwende die sogenannte „Traumatische Neurose" beschrieb, wobei er trotz einiger Unterschiede im Detail im wesentlichen dieselbe Patientengruppe meinte. Für Oppenheim bildeten die psychogenen Reaktionen nach Eisenbahnunfällen einen wichtigen Ausgangspunkt seiner Beobachtungen. Während und nach dem 1. Weltkrieg wurde Oppenheim wegen seines Konzepts in Deutschland von vielen Fachkollegen kritisiert, da es den damals herrschenden ätiologischen Auffassungen über „psychopathische Persönlichkeiten" und „Kriegszitterer" widersprach und erhebliche Folgen für die restriktive sozialversicherungsrechtliche Berentungspraxis mit sich gebracht hatte [7]. Die sozialmedizinische Anerkennung psychischer Störungen nach aussergewöhnlich belastenden Lebensereignissen setzte sich in den letzten Jahrzehnten erst allmählich durch.

Forensisch-kasuistisches Beispiel

Wie problematisch die Beurteilung der PTSD für die Rechtsprechung auch heute noch ist, zeigt das nachfolgende kasuistische Beispiel, das aufgrund seiner besonderen Umstände berichtet werden soll. Ein Lokomotivführer erlebte in einem Zeitraum von 17 Jahren 6 Suizidunfälle, wobei die sich dadurch einstellende PTSD zur Berufsunfähigkeit führte:

Forensischer Sachstand

Ein Verwaltungsgericht beauftragte die gutachterliche Beurteilung eines 50jährigen Lokomotivführers. Strittig war die seiner Klage zugrundeliegende Behauptung, seine psychischen Störungen seien durch Suizidunfälle während seiner dienstlichen Tätigkeit bedingt, weshalb sein Ruhegehalt aufgrund der einschlä-

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なし
メールアドレス
djot2002@med.kurume-u.ac.jp
その他
第11回日独整形外科学会 11th Meeting-German-Jpanese Orthopaedic Society 2005年11月11日～16日 ベルリン 開催予定

学術集会

UMIN 学術集会ID	開催日	代表者	勤務先	開催地	会場	名称
A00331-00002	H17/10/22					日独整形外科学会

Japan-Germany Lymphoma Seminar

Tuesday, April 6, 2004, 14:00-17:30 Icho-Kaikan Osaka University

14:00- **Mini-Lectures**

1. Nakamura S (Aichi Cancer Center)
Overview of nasal and nasal type NK/T-cell lymphoma

2. Nakatsuka S, Aozasa K (Osaka University)
Simian virus 40 sequences in malignant lymphomas in Japan.

3. Ohshima K (Fukuoka University)
Classification of distinct subtypes of peripheral T-cell lymphoma unspecified, identified by chemokine and chemokine receptor expression

4. Hasui K, et al (Kagoshima University and Imamura Bun-in Hospital)
Is it possible to predict occurrence of adult T-cell leukemia?

5. Yoshino T (Okayama University)
Clinicopathologic character of mucosa-associated lymphoid tissue lymphoma

6. Takakuwa T, et al (Osaka University)
Integration of Epstein-Barr virus into chromosome 6q15 of Burkitt lymphoma cell line (Raji) induces loss of *BACH2* expression

7.Wakasa H(Fukashima Medical College)
Two cases of mediastinal tumor

16:30- **Special lecture**

Prof. Dr. med. H. K.Müller-Hermelink

The role of genetic studies in malignant lymphomas

Direktor des Pathologischen Institutes der Universität Würzburg

Moderator: Dr. Katsuyuki Aozasa (Osaka University)
Dr. Kazuhisa Hasui (Kagoshima University)

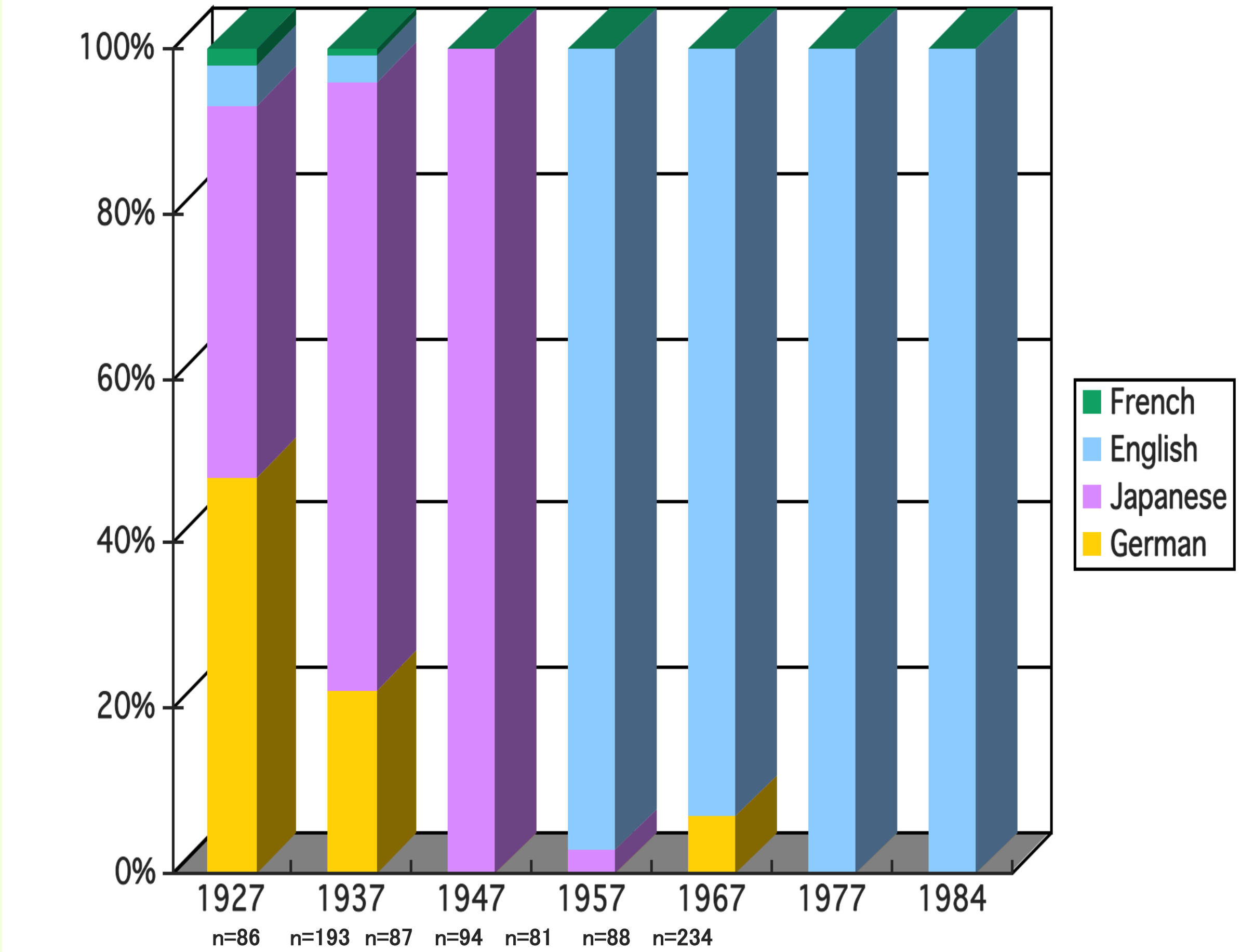

Fig.2 Language of abstracts: ‘Kyoto Furitsu Ikadiagaku Zasshi’ from 1927 to 1984.

Domestic Medical Journals

- There are 2,057 domestic journals/magazines publishing annually on average 110,000 papers

- 6,000 (whole) papers are in English the rest in Japanese

- (Japana Centra Revue Medica 1995-2005).

Medical Publication by Language and Country of Origin, 1966, 1970, 1980

表 2　1966，1970，1975，1980年における論文の出版国

出版国	出版年			
	1966	1970	1975	1980
出版総数	114,002	211,740	240,167	262,626
英語使用	92,725	124,713	160,584	189,616
比率(%)	53.3	58.9	66.9	72.2
米国（総数）	58,882	66,645	84,362	100,370
母語の占める比率(%)	99.5	99.5	99.8	99.8
英語の占める比率(%)	99.5	99.5	99.8	99.8
英国（総数）	16,500	26,848	31,054	35,064
母語の占める比率(%)	99.3	99.1	99.7	99.8
英語の占める比率(%)	99.3	99.1	99.7	99.8
日本（総数）	8,865	10,459	9,743	10,935
母語の占める比率(%)	76.0	77.7	71.9	66.8
英語の占める比率(%)	23.3	21.7	27.9	33.1
ドイツ（総数）	17,156	31,452	24,709	24,349
母語の占める比率(%)	90.9	81.0	67.2	54.3
英語の占める比率(%)	8.2	17.8	32.2	45.2
フランス（総数）	10,324	12,716	9,570	9,402
母語の占める比率(%)	97.3	96.3	90.4	88.1
英語の占める比率(%)	2.0	3.1	9.2	11.7

Languages of Publication: Japan, Germany and France

表4　37カ月間（1980年1月～1983年2月）に，日本・ドイツ・フランスで出版された論文数〔出版言語別〕

日本	国内での論文出版総数	47,972
	日本語論文の総数	32,545
	その比率(%)	67.8
	英語論文の総数	15,398
	その比率(%)	32.1
	世界中の日本語論文の総数	32,889
ドイツ	国内での論文出版総数	101,962
	ドイツ語論文の総数	55,819
	その比率(%)	57.7
	英語論文の総数	45,614
	その比率(%)	44.7
	世界中のドイツ語論文の総数	65,118
フランス	国内での論文出版総数	39,313
	フランス語論文の総数	34,784
	その比率(%)	88.5
	英語論文の総数	4,470
	その比率(%)	11.4
	世界中のフランス語論文の総数	45,038

Factors in the Decline of German

- *Economic* *Nervenarzt, L'Encephale, Annals of Medico-Psychologique*

- *Medical Training* *The rise of EMP*

- *Internationalisation of German medicine*
  Multilingual websites, English-only publications common

- *Language Barrier Free Germany* *English-oriented 'open door' for foreign researchers*

- *Spread of English* (Maher, 1986, 1991, 1995, 1998, 2001, 2004, 2011)

EMP (English for Medical Purposes)
‘Thinking Local, Writing Global’

♦“The government tell us they didn’t give us 15 million yen of public money in order publish in Japanese, in our house journal”

♦(Professor SY, Hiroshima University School of Medicine, 2014)

EMP (English for Medical Purposes)
The medical school curriculum

English as the language of choice in the school/college curriculum. German deleted as a compulsory subject in medical schools. The result of the shift of emphasis from terminology-medicine to communicative-medicine. At the hospital face more English-speaking patients wish to be served in English, communicatively, not merely by pointing to technical vocabulary.

Factors influencing the Decline of

Factors in the Decline of German

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- *Internationalisation of German medicine*
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- *Language Barrier Free Germany* *English-oriented 'open door' for foreign researchers*

- *The Postwar. Spread of English* (Maher, 1986, 1991, 1995, 1998, 2001, 2004, 2011)

6. Lingua relicta and language orphans
The Remains of the Day

- professional memory
- journal titles
- German-Japanese associations
- local practice by German-trained physicians

The Remains of the Day
Lingua relicta and language orphans

- German medical terminology - the classificatory system of psychiatric disorders used by Japanese psychopathologists is (rigorously) German.

"*Japanese psychopathologists are in a time capsule. There are no psychopathologists in Germany who depend on German in the way Japanese psychopathologists do. They are like orphans or soldiers abandoned in a foreign territory*" AY. Psychiatrist, 2015.

No German
No more space

- The pressure to communicate in English means that “there simply wasn’t….isn’t…any room, any space for the German language in Japanese medicine any more”

- (ANM. MD, private communication, 2015).

French for Medical Purposes

- Medical French is more institutionalized in Japan, than German, as seen in the Medicale Societe Franco-Japonais which publishes semi-specialist pieces on French-Japanese scientific connections.

French for Medical Purposes in Japan another story….

The Quebec Argument: the Empires Strike Back

- There is anxiety in the medical establishment about the fate of the medical vernacular.

- *Spanish* "Should we continue publishing medical journals in Spanish"? Sanchez (1999)

- *Dutch* "Medical science in the Dutch language". Walvoort (2000)

- *French* "Why a scientific medical journal in the French language"? Lorette (2001)
- "A plea for French quality medical review". Huguier (1999)

•

Domain Collapse
Diglossia

- *In a 2007 paper, the University of Melbourne linguist Joe Lo Bianco described the phenomenon of "domain collapse," or "the progressive deterioration of competence in [a language] in high-level discourses." In other words, as a language stops adapting to changes in a given field, it can eventually cease to be an effective means of communication in certain contexts altogether.*

Shift of Emphasis to JSL from 2005

Teaching of Japanese for Special (Medical) Purposes

According the FTA agreement Filipino nurses and caregivers may work freely in Japan: “ medical professionals are already packing their bags in record numbers for the United States, Britain and Japan” (Philippines Medical Association, Manila Times 2005, February) where pay and working conditions are often better.

"We are really on our way to a medical crisis," said Ruth Padilla, president of the Philippine Nurses Association. "In fact, we are already suffering in the delivery of health services especially in the rural areas, so much so that even doctors now are taking up nursing because they want to leave the country.” Padilla said records from the Philippine Overseas Employment Agency, which processes papers for migrant workers, show the agency has processed 34,415 professional nurses in the last three years.The Philippines produces 8,000 to 16,000 nursing graduates annually, and this may triple or more in about three years when new nursing colleges begin graduating students. However, these numbers will barely meet domestic requirement.

Factor TWO

FINANCE: library collection deletion

Non-E/non-J publication languages are axed (e.g. *Nervenarzt*, *L'Encephale*, *Annals of Medico-Psychologique*. Keio University Medical Library 2005).

Factor THREE

Medical School Curriculum

*Note: ‘failure’ of German teaching in medical school.

Factors connected to Language Choice in Medicine

Factor ONE

LANGUAGE NEEDS

Re-focus on JSL for English-speakers Migrant-Medical Professionals in Japan (English-speaking nurses from the Philippines). Need for General and Specialist Japanese-as-a-language of medicine.

週刊朝日 進学 MOOK

医学部に入る 2006

全国 医歯薬 184大学・学部 総覧

医者になるためのトータルガイド 日本初

中・高、塾選びから卒業後の進路まで満載

朝日新聞社

6年間で何を勉強するのか

医学部カリキュラム解説

医学生が6年間で学ばねばならない知識や技術の量は膨大だ。講義、実習、試験のスケジュールがびっしりと組まれ、単位を1つでも落とすと留年という厳しさ。卒業までどんなカリキュラムが組まれているのだろう。

文　鳥集徹

大学によって専門教育が始まる時期に違いはあるが、医学部で学ぶ内容は、どの大学も基本的には変わらない。

1〜2年次に受講する**教養科目**は、物理、化学、生物といった自然科学をはじめ、人文科学、社会科学、医学英語など、医学を学ぶうえで基礎となる科目を勉強する。近年は、医の倫理や、患者とのコミュニケーションの在り方を教える「人間関係学」のような授業が重視されている。また、早くから医療や介護の現場を体験させる「アーリー・エクスポージャー」と呼ばれる実習を行う大学も増えつつある。

2〜3年次は**基礎医学**や**社会医学**を学ぶ。解剖学に始まり、組織学、生理学、薬理学、病理学など、人間の正常な身体の構造や機能から、病気の原因や成り立ちまで、医学という学問を体系的に学ぶのが基礎医学。解剖学以外にも実習があり、組織学では顕微鏡で見た組織標本を色鉛筆でスケッチするという実習もある。社会医学は、地域や集団で病気が発生する要因や過程を探る疫学や、母子保健、老人保健、精神保健など医療政策について勉強する。

3〜4年次は**臨床医学**。内科学、外科学、小児科学、整形外科学、皮膚科学など、病院で実際に診療されている科ごとに、病気の原因や検査、治療方法について学ぶ。最近は、各科バラバラに同じ臓器の病気を教えるのは不合理という考えから、各科の垣根を取り払って、臓器・疾患別のカリキュラムを導入する大学が増えつつある。また、臨床実習に入る準備として、模擬患者による医療面接や、人形を使った心肺蘇生の訓練なども行われる。

4〜5年次に入ると**臨床実習**が始まるが、その前に全国の医学生を対象に実施されることになったのが**共用試験**だ。「医学教育モデル・コア・カリキュラム」（75㌻参照）に基づき、臨床実習は従来の見学型から、参加型へ転換が図られることになった。しかし、参加型は触診、採血、包帯交換といった医療行為がともなうため、学生に一定の能力が身についていることを、国や大学が保証しなければならない。それを客観的に評価するために導入されたのが、この試験だ。

共用試験は、コンピューターを使って学生ごとに問題を無作為に出題するCBT（Computer Based Testing）と、模擬診療をさせて診察技能や態度を評価するOSCE（Objective Structured Clinical Examination：客観的臨床能力試験）の2つで評価される。なお、実施時期や、合否の判定は、各大学に任されている。

さて、共用試験をクリアすると、いよいよ**臨床実習**だ。ほぼ1年をかけて、20以上ある診療科を、各1〜2週間かけて回る。早朝から時には深夜まで、病棟回診、カンファレンス、手術見学、小講義、小テストと、めまぐるしい毎日が続くのがこの時期だ。

6年次の前半は**選択実習**があるが、夏ごろから卒業へ向けたカウントダウンが始まる。まず、7月〜9月

Factor SEVEN

Americanization (Internationalization) of German Medicine

Example: German Psychiatry has adopted DSM but French Psychiatry “does not take DSM Seriously.” German medical websites are frequently multilingual (German, English, French, Spanish)

Factor EIGHT

- The French connection: language constraints for medical study in France

- The German connection: open door
  - English and German. OK.

Language Shift: Tears for Fears

Sanchez M-Y. Should we continue publishing medical journals in Spanish?
Ann Dermatol Venereol. 1999 Nov;126(11):837.

Walvoort HC. Medical science in the Dutch language. Ned Tijdschr Geneeskd. 1997 Jan 4;141(1):5-7.

Lorette G. Why a scientific medical journal in the French language? *Rev Stomatol Chir Maxillofac*. 2000 Dec;101(6):283-4.

Huguier M. A plea for French quality medical reviews *Chirurgie*. 1999 Nov;124(5):473-5.

"Medical researchers consider a publication in English to be of a higher standard than one in a local language such as Dutch. An international publication in English is appropriate when the readers addressed belong to an international scientific community, but the mere fact that a publication is in English is no indication of its importance. Research of a national scope and of national consequences should be published in the national native language. In addition the use of the mother tongue allows deeper and more balanced thought in comparison to the use of a second language. The application of study results in clinical practice in the Netherlands is enhanced by their publication in Dutch, as is the national recognition of the research group. Finally, articles in Dutch provide all of the Dutch clinicians with the opportunity to read original scientific work and not via a (popular) translation. This contributes to science-based clinical medicine in the Netherlands".

The Japanese Psychopathologist as ‘Language Orphan’

- *“Japanese psychopathologists are in a time capsule. There are no psychopathologists in Germany who depend on German in the way Japanese psychopathologists do. They are like orphans or soldiers abandoned in a foreign territory.”* (Nishizono A. Psychiatrist).

Lingua Relicta

- Societe Franco-Japonais (*Bulletin Medical Franco-Japonais*)
- German-Japan Orthopaedic Society

La France au Japon
http://www.ambafrance-jp.org/-Francais-

- Cycle de conférences « Dialogue scientifique et médical franco-japonais »

奨学金

フランス政府給費留学生募集要項
2006-2007年度 (Promotion Simone de Beauvoir)

2005

例年、在日フランス大使館は日本との協力を推進している分野における学生、研究者の育成を目的として給費留学生を募集している。給費生は日仏審査員よる筆記、及び面接試験により選考される。受験者には計画、又、既にフランスの大学、研究所或は指導教授とのコンタクトがあることが求められる。例外を除き、費生には一大学年度の給費が与えられ、二年目は社会保険給費が与えられる。

I 出願資格

A 専攻分野:

・第一部門　a 文学、 b 言語学、 c 翻訳・会議通訳、 d 仏語教授法

・第二部門　人文・社会科学
a 歴史、地理、社会学、教育学、人類学、民族学、東洋学、古文書学、考古学、人口学、
の他;
b 哲学、心理学、精神分析、神学;
c 政治学、法学、経済学、経営学;

・第三部門　科学・技術
a 数学、物理、化学、地球科学、生命科学;
b 医学*、生物医学*;
c 工学;　d 農学;　e 海洋学;
f 都市計画[都市空間における整備] 及び 建築
* 受入れ志望機関がパスツール研究所の場合、日本パスツール協会との日仏共同奨学
ログラムとなる。

・第四部門　アート・マネージメント、美術史、博物館学、音楽学、演劇学、映画学

B 年齢制限:

・第一、第二、第四部門　2005年12月31日現在31歳未満(1975年1月1日以後出生の者)
・第三部門　2005年12月31日現在40歳未満(1966年1月1日以後出生の者)

C 国籍:　日本人であって二重国籍を持たない者。

D 学歴:

・第一、第二、第四部門　既に修士号を取得しているか、2006年3月修士号取得見込の者。
或いは博士論文準備課程の者。
給費は大学第三段階(博士課程) 或はそれと同程度の留学を対象とする。

・第三部門　既に大学を卒業した者、或は2006年3月卒業見込の者。
医学専攻者は医師国家試験合格者であること。
給費は主として、大学第三段階(博士課程) 或はそれと同程度の留学を対象とする。例外的

(修士課程)への留学も対象として認められる。
大学第一段階への留学は給費の対象とならない。

E フランスの大学或はその他の教育機関において学習するために必要な仏語学力を有する者。

F 心身共に健全な者。試験合格後、健康診断書を含む給費申請書類はフランス政府給費当局の厳密な否が決定される。

J フランス政府給費留学生パスツール奨学金プログラム
この日仏共同奨学金プログラムは、フランスのパスツール研究所でポスト・ドクトラルとして研修を行う者いる。受験者の年齢制限2005年12月31日現在35歳以下とし、出願時に日本に居住していることが必要ランスに滞在している者は受験資格がない。
受験者は遅くとも2005年8月31日までに和文、仏文各出願書類を4部ずつフランス大使館科学技術部留部ずつを下記の日本パスツール協会に送付すること。

日本パスツール協会 〒163-1488 東京都新宿区西新宿3-20-2
東京オペラシティタワー サノフィパスツール気付

このプログラムの受験者は下記のホームページを必ず参照すること。
http://www.pasteur.jp/

II 選考試験 (試験日程参照)

A 試験会場:

第一、第二、第四部門の筆記試験は、東京、京都で行われる。

受験者の数が充分であった場合には、福岡、名古屋、仙台、札幌でも行われる。

又、第二部門の筆記試験に限り、受験者の数が充分であった場合には、フランス(CIEP de Sèvres場が設けられる。

第二次選考(面接)はすべて東京で行われる。

第三部門の第二次選考(筆記及び会話、面接試験) は東京で行われる。

受験者の数が充分であった場合には、京都、福岡、仙台、札幌でも行われる。

試験の日時及び場所は、フランス大使館より各出願者に後日通知される。

B DALF取得者は、第一、第二或は第四部門の筆記試験の一部が免除される。
第一部門については仏語論文の試験が免除され、40点中24点が与えられる。
第二、第四部門についてはテキスト解釈の試験が免除され、40点中24点が与えられる。
免除を希望せず、それぞれの試験を受けることもできる。その場合は、試験の採点結果か、24点か、どが点数となる。仏文書類にDALFのコピーを添付すること。
(DALF - Diplôme Approfondi de Langue Française - はフランス文部省によって公認された仏語でニケーションの能力を証明するディプロームであり、フランスの大学及びグランゼコールにおいて広く認

C 試験内容:

第一部門	1 筆記試験	---仏語論文	4時間	40点
		IA のa,b,c,d,の分類に対し一題ずつ問題が与えられる。		
		---仏文和訳	1時間30分	20点
	2 面接試験	---筆記試験に合格した受験者に対し日本人試験官、フランス人試験官により、これまでの研究、フランスでの研究計画(テーマ、問題点、指導教授とのコンタクト等)に関する面接試験が行われる。		

奨学金

アレクサンダー・フォン・フンボルト財団
研究奨学金

博士号取得者(取得見込者を含む)あるいはこれに相当する研究業績を有する40歳未満の若手研究者のための研究奨学金

受入れ先はドイツの大学または研究機関とする。

ドイツ滞在期間は 6-12か月(24か月間まで延長可能)。

奨学金の月額は 2,100～ 3,000ユーロ。

理工系専攻者は、十分な英語能力があれば独語能力は問われない。

募集要項、応募書類はアレクサンダー・フォン・フンボルト財団のホームページ(独語 / 英語)からダウンロードできる。

問い合わせおよび応募は、直接、ボンのアレクサンダー・フォン・フンボルト財団に行う(同財団ホームページの Kontakt (独語 Contact (英語) を参照。)選考はドイツで書類審査によって行われる。財団へ書類が到着してから選考結果の通知を受け取月程度見ておく必要がある。

アレクサンダー・フォン・フンボルト財団は、国際的な研究協力の振興を目的として、ドイツ連邦共和国により設立営利組織。

Alexander von Humboldt Foundation
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Closing

- German is obsolete as a language of medical publication and language of study in the medical school curriculum in Japan.
- There are no longer any German-dependent branches of medicine. German medical research is highly internationalized and employs English for scientific communication purposes.
- There is heavy domestic use of Japanese (clinical). Research is highly internationalized with high productivity. Institutions in Japan which publish in English (prestigious journals) are equal to leading universities in North America and Europe.
- Change of emphasis from ‘language study’ to ‘medical communication skills’: DP and Meeting Presentation.
- Several factors such as demographic change, labour market will likely change language usage in medical practice in Japan.

- *(1) Tardy, C. (2004) "The role of English in scientific communication: lingua franca or Tyrannosaurus rex?", Journal of English for Academic Purposes, Vol. 3, No. 3, pp. 247-269.*
- *(2) Kirchik, O., Gingras, Y., & Larivière, V. (2012) "Changes in publication languages and citation practices and their effect on the scientific impact of Russian science (1993-2010)", Journal of the American Society for Information Science and Technology, Vol. 63, No. 7, pages 1411-1419. DOI: 10.1002/asi.22642*
- *(3) Research Trends (2008) "English as the international language of science", Research Trends, Issue 6, July 2008.*
- *(4) Schmidhuber, J. (2010) "Evolution of National Nobel Prize Shares in the 20th Century", Posted September 14, 2010, Available at: [arXiv:1009.2634v1] [Accessed 30 October 2012]*

-
- Linguicide, language death/loss, and then language orphan. Could be 'orphaned language' referring to result of process rather than the status of said sociolect/language.
-
- I had a direct experience of someone - a very elderly Japanese doctor, in command of his only second language, German, trying to communicate with me in that language. It was discombobulating for me, but he seemed excited, enthusiastic and at ease. It was my only consultation, and it turned out to be a loss of face for my first minder at Hirodai in my early days. It was you, John, who explained the historical background of German in Japanese medical training all those years ago.
-
- It occurs to me that there may have been other cases of speakers/users of languages orphaned and abandoned like foundlings, following socio-political and historical changes. The study of 'rango' and 'rangaku' in Japan, and before that the Spanish and Portuguese tongues and then Latin in much of Europe, the universal language for many centuries. Bernard Lewis mentions the widespread use of Italian in much of the contact between Europe and the Middle East. People for whom such languages went into abeyance lost out on their investment and their social networks and frames of intellectual reference. This is an important area of sociolinguistics that I encourage you to pursue!

Three Things

Firstly, I suggest a sociolinguistic classification for a phenomenon resulting from of a kind of language shift: *lingua relicta* –abandoned language.

Secondly, I describe how French and German for Medical Purposes became *linguae relictae* in Japan.

Thirdly, I comment on some current difficulties that the medical world has with the English as a medical lingua franca

Complete Language Shift in a LSP
A general example

Language for Religious Purposes. Latin.

New theological and pastoral ideology is converted into language policy. November 29, 1964.

This has left a population of fluent Latin-users with no recourse to the use of Latin in the liturgy. A lingua reliqua.

Lingua Relicta

- *Definition*

- **A *lingua relicta is* a language or sociolect which was, at one time adopted by, or imposed on, a community, used widely, then discontinued, leaving an enclave of remaining speaker/users without a local speech network active or connection with the main body of speakers.**
-

Lingua Relicta - Ogasawaran English

♦

- *I would say the English on Ogasawara fits this concept nicely. Certainly before WWII and after the 1968 reversion this was true. I think also that the Japanese used on Palau postwar would fit into this concept as well. I have another example for you! Japanese Sign Language is still used in the former colonies of Korea and ex-Manchuria by the elderly people, but the younger people use Korean Sign Language or Chinese Sign Language and there is a communication gap between generations, so they end up writing each other messages in Korean or Chinese which both generations have as a written language.*
- *I have a copy of an article about this somewhere by my friend Miyamoto Ichiro. His profession is working in the accounting department of an electronics maker, but he did field work in former Manchuria and Korea and wrote an academic article about his findings.*
- *I would not be concerned about the "linguistic orphan" usage. I have not heard of it, but I think the more established "linguistic isolate" cover the concept well enough that I can't see this term increasing in popularity with your "language orphan" and muddying the waters.*

Lingua Relicta - Palauan/Micronesian Japanese

Lingua Relicta - JSL in Korea

東アジアのもう一つの共通言語：日本手話

The usage of JSL in the former colonies, especially Korea

- ロング　ダニエル　*(2003.07)*「日本語と外国語の使い分け」『朝倉日本語講座９言語行動』：*132-156* 朝倉書店

- 宮本一郎　*1999.9*「韓国手話の収録調査について（上）」『手話コミュニケーション研究』*33 pp.24-27*

- 宮本一郎　*1999.12*「韓国手話の収録調査について（下）」『手話コミュニケーション研究』*34 pp.49-56*

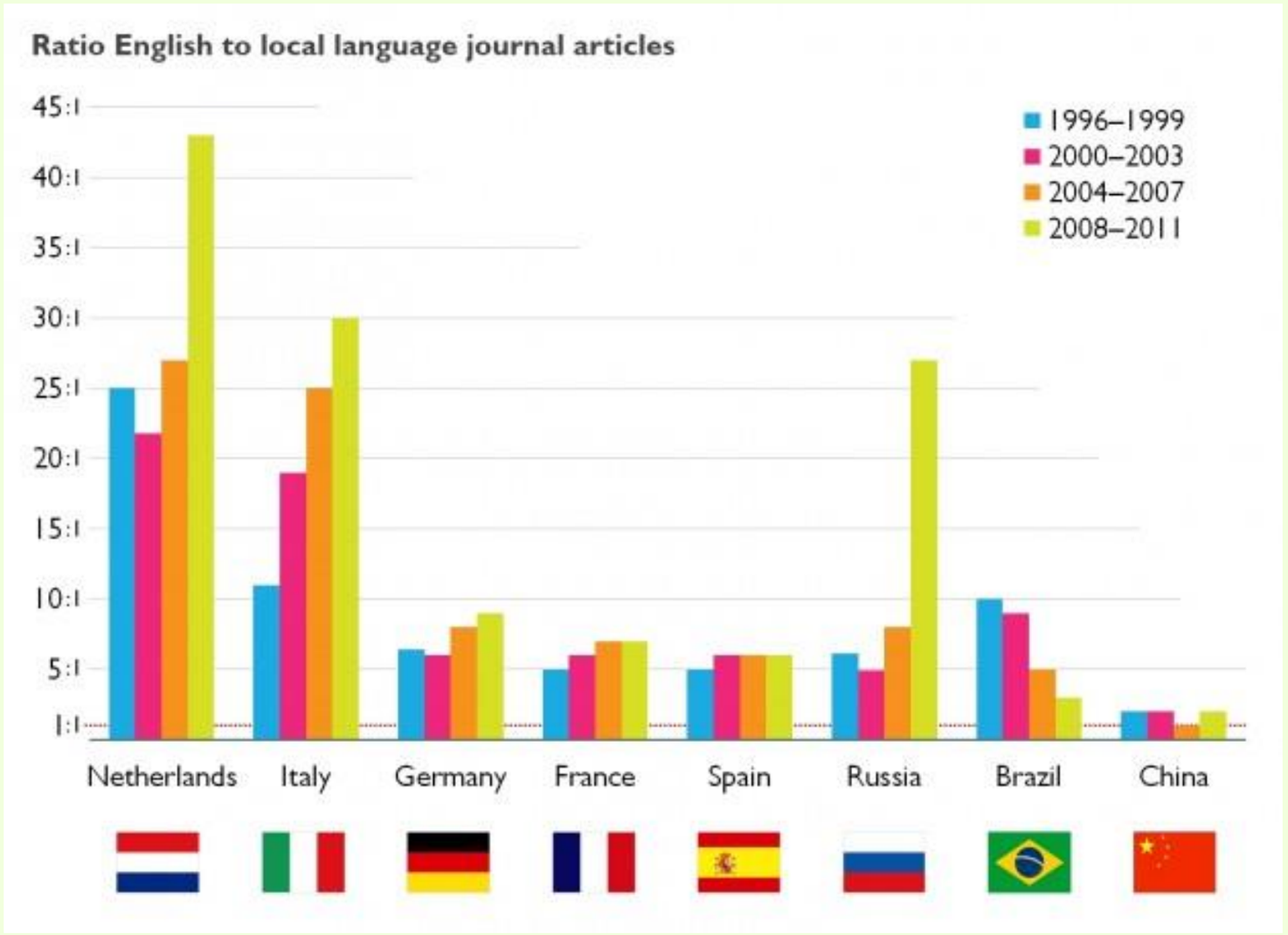
- GERMAN in JAPAN
- An example of a speech orphan is the German language in Japanese medicine. In the 9th century German was an international scientific lingua franca and used widely in Japanese medical training and research until the mid-20th century. It was also used in everyday medical communication (e.g. the physician's handwritten medical notes or chart). German was a compulsory subject in medical schools in Japan. The demise of German immediately after World War 2 has led to
- - universal removal as a language medium of journal articles in Japan
- - fading out as a subject medical education.
-
- This change has left an older generation of German writers/speakers who lack a language community, the possibility of publishing in German, a younger generation who are unable to read their possible case notes in German. Medical journals in Germany routinely publish in English rather than German but whilst German scientists have a surrounding speech community, Japanese medical physicians - the very much older generation - do not.

Joe

- JOE
- can understand your idea of a language orphan to mean, in my words, the language of a group of "linguistically orphaned" users who no longer use that language. So, why might I prefer something like my definition to yours?
-
- Well, for me, an orphan is a person who has lost an important affiliation. Thus, in my view, a "way of speaking/writing" cannot really be an orphan. On the other hand, people who are affiliated by a certain way of speaking/writing can lose their affiliation when that way of speaking/writing is disrupted; and thus it makes good sense to recognize this disruption and to call such people "orphans", or linguistic orphans, or language orphans, or perhaps even alexic orphans; or possibly we could refer to their situation as orbitās linguā (I'll trust you to correct my Latin).
-
- So, now to your point about an example. The German families who established coffee plantations in eastern Guatemala (Alta Verapaz) were disrupted by events during WW2, and, when I visited some remaining descendants in the 1980s, their German had all but disappeared, displaced by Spanish and Q'eqchi'. I allude to this in one sentence of my "Guatemala: Language Situation" article in Ron Asher's encyclopedia (p. 1507). Another example of colonists whose language has been superceded might be the old Japanese speakers of Taiwan. Last year, I encountered a wonderful group of Chinese in a park in Taipei. All in their 80s or older, these Chinese people gather each Sunday, weather permitting, to chat in Japanese, sing Japanese karaoke, and generally recall memories of their Japanese school days.
-
- I think that this phenomenon of becoming culturally orphaned happens frequently to old people, to migrants, and to refugees. Their social circumstances change, whether gradually or abruptly, and one day they find themselves with no one to talk to; no one who shares their cultural millieu. Their children, their neighbors, and their colleagues may not know the same songs, stories, jokes, etc., and they may not even know the same language.
-
- Now, what about language and linguistic artifacts? Well, the use of German goes on elsewhere, despite having been abandonned by Japanese physicians. Languages may be robust, moribund, or even forgotten by all but scholars. Unless you want to anthropomorphize to the extent of saying that the Japanese German sociolect has been kicked out of the house of Japanese lects, I cannot natually conceive of a language as an orphan; it's not a natural metaphor for me. Still, those notebooks written in German remain, comprehensible to European Germans, even if younger Japanese physicians cannot read them. In Japan, the younger physicians' eschewing of German did not "orphan" (Japanese) German; rather, it orphaned the older Japanese physicians. Moreover, linguistic artifacts are not exactly like language per se, and artifacts can become unwanted and unaffiliated. The old German writings have become "orphaned", unwanted by younger physicians, and thus more likely to be carted to the trash bin. So, rather than call a sociolect an orphan, I would prefer to use that word for these unwanted documents; but I would even more prefer to use the word orphan to describe a "person" with the (now) unappreciated language skill, especially when that person feels a sense of alienation or social loss. So, to answer your main question, yes, I think that you are on to a viable and important insight: a loss of language usage unassociated with language endangerment.
-
- Okay, so let me talk about something quite different, but, to my mind, related. Yesterday, I was thinking about "a murder of crows". How many English speakers today know this phrase (in the sense of a bunch of birds, and not a fowl extermination)? And of those, how many are also familiar with "an unkindness of ravens"? Bird watchers certainly know a lot more vocabulary for bird groups, but how many bird watchers are there these days? At least crows, ravens, and geese are still fairly common. What about people who can intelligently talk about whiffletrees (or whippletrees)? Horse-drawn wagons are just not that common in the lives of most people, so with whom can such people converse?
-
- The bird watcher normally can't be bothered to educate the uninitiated about the finer points of bird group names. Similarly, a ploughman might prefer to quietly sip his pint, rather than talk to that metrocool couple about his harness repair work that morning. For whatever reason, younger people are talking about capturing Pokemon, not about birds and draught animals. The birdwatcher and the ploughman and countless others have been, in a sense, orphaned by the change in society around them. They could forsake their binoculars and ploughs and wagons, and pick up a smart phone and download the latest from Nintendo. Society would lose these people with expert knowledge, but at least everyone would be speaking Pokemon.
-
- Your old Japanese physicians are kind of like ploughmen, possessors of increasingly rare (in Japan) knowledge. Yet their rare knowledge now has little value in Japan, and few people seek them out for their knowledge. Presumably, a Japanese phoughman is actually more sought after for his knowledge than is an old physician. The physicians eventually stop using German altogether, and perhaps they even start to forget how to use German. The oeuvre of documents (and audio recordings?) which they made is not esteemed, and it is at risk of destruction. In today's society, both they and their works serve no real purpose, have no valued place; they are social orphans.

- *A 2012 study from the scientific-research publication Research Trends examined articles collected by SCOPUS, the world's largest database for peer-reviewed journals. To qualify for inclusion in SCOPUS, a journal published in a language other than English must at the very least include English abstracts; of the more than 21,000 articles from 239 countries currently in the database, the study found that 80 percent were written entirely in English. Zeroing in on eight countries that produce a high number of scientific journals, the study also found that the ratio of English to non-English articles in the past few years had increased or remained stable in all but one.*

- *November 2012/Dr Daphne van Weijen*
- ***The Language of (Future) Scientific Communication***
- *English is generally considered to be the lingua franca of the scientific community. For example, roughly 80% of all the journals indexed in Scopus are published in English. The adoption of English as the universal language of science is due in part to historical political and economic factors which favored English over other potential candidate languages such as Chinese, French, German, Russian, or Spanish (1), (2), (3). Indeed, German was actually the favored language in scholarly communication for the first part of the 20th century (4). However, although English is now clearly established as the main language of international scientific communication, researchers continue to publish their work in other languages than English as well. Furthermore, research suggests that the extent to which researchers still publish in their native language, as opposed to English, differs across the disciplines. They seem to be more likely to publish in languages other than English within the Social Sciences, Applied Sciences and Humanities, than in the natural, theoretical and hard sciences (1), (2). This article reports on a short study using Scopus data to determine (a) whether the use of languages other than English for scientific communication is increasing or decreasing, and (b) in which subject fields researchers publish most when publishing in their native languages instead of in English.*



- ***Figure 1:*** Ratio of the number of journal articles published by researchers in English to those in the official language of eight different countries, 1996–2011 (Source: Scopus).

- ***The preferred language of publication***
- *In an earlier issue of Research Trends, we published a brief article on the use of English as the international language of science from 1996 to 2007 (3). Results of that study indicated that researchers were more likely to publish their work in English than in their native language in most of the Western European countries included in the sample. The ratio for English to Dutch and English to Italian publications was particularly high, compared to those of the other countries in the study (German, France, Spain and the Russian Federation). However, please note that Scopus covers non-English language journals only if they include English article titles and abstracts. We decided to replicate this analysis, to determine whether this trend has continued in these countries over the past four years.*
- *As in the earlier study (3) published in 2008, the ratios of the number of journal articles published in English and in each country's official language are presented in Figure 1. We chose to extend the analysis to include Brazil and China in addition to the 6 countries included in the original analysis, as these are considered rising research economies. This is confirmed by the fact that the compound annual growth rate (CAGR) for articles indexed in Scopus between 1996 and 2011 from Brazil was 13% and China 19%, which is far greater than the 3 to 5% CAGR that is usually expected.*
- *Figure 1 shows that, in line with the original study, the use of English has continued to rise strongly in the Netherlands, Italy and the Russian Federation over the past four years. It has also increased somewhat in Germany, but remained relatively stable in France, Spain and China. However, in Brazil, the ratio between the use of English and Portuguese is clearly decreasing, although this might be due in part to an increase in the coverage of Brazilian journals published in Portuguese instead of English in Scopus. However, overall, the use of English clearly continues to increase over time.*

	“Hard” Sciences		“Soft” Sciences		Multi-disciplinary
& Undefined					
Language	Life Sciences		Physical Sciences		Health Sciences Social Sciences, Arts & Humanities
English	23.4	44.7	19.5	10.7	1.7
Chinese	8.7	72.5	13.0	2.9	2.9
Dutch	14.9	3.2	52.3	26.1	3.5
French	8.6	16.3	36.4	36.5	2.3
German	7.3	34.5	32.5	23.5	2.2
Italian	4.7	12.1	38.6	40.6	4.0
Portuguese	26.1	11.5	38.4	22.1	1.9
Russian	17.2	45.0	21.0	8.4	8.4
Spanish	10.8	13.2	44.4	29.6	2.0

- ***Table 1:*** Overview of the percentage of articles published in the four main categories per language, as a percentage of the total publication output in that language from 1996 to 2011.

- *The results indicate that researchers publishing in English, Chinese or Russian tend to publish most in fields related to the 'harder' Physical and Life Sciences, such as Physics, Engineering and Materials Science. On the other hand, researchers who choose to publish in Dutch, French, Italian, Portuguese or Spanish tend to publish their work most in fields related to the 'softer' sciences, such as the Health Sciences, Social Sciences, Psychology and Arts and Humanities. This ranges from almost 80 percent for the Netherlands and Italy to roughly 60 percent for Germany and Portugal. Although these ranges are similar across countries, there is a high level of variation in the actual fields within these main categories. For example more than half of all Dutch language publications are related to Health Sciences, which includes Medicine, Dentistry, Nursing and Veterinary Science, while in Italian nearly 41 percent of all publications are related to Social Sciences, Arts and Humanities.*
- *Overall, these results appear to confirm that researchers publishing in languages other than English tend to do so somewhat more in the softer disciplines than in the harder ones (1), (2). Although English clearly continues to be the preferred language of scientific communication, there are still plenty of disciplines within which researchers continue to publish in their native language as well.*

Whorfism and the Vernaculars of Science

- Every language has its own way of describing and classifying the world. This is formed through hundreds and thousands of years of people speaking, changing and documenting their language, leading to distinct linguistic behaviours and their own cultural baggage. As you might suspect, English is not immune from cultural baggage. Any science done in English is going to be stuck in the paradigms of that language.
- What are the scientists losing by not discussing their work in their own language(s)? What is science losing? We can be sure that science would discover new and different things by working in different languages: people traditionally excluded would be let in, and traditionally ignored perspectives would be considered.
- Adam Huttner-Koros. SciComm Hub. May 26 2015

Languages of Medical Communication in Japan
Lingua relecta

German has been an important language in the history of medicine in Japan in 3 domains: the transmission of scientific knowledge (books), medical training (German as a foreign language in medical school) and clinical practice and research (nomenclature, nosology of illness, clinical case-notes). The distribution of the German language in medical fields has been uneven. German featured strongly in some branches of medicine (e.g. Surgery, Psychopathology). In other fields (e.g.Toxicology) French was dominant. The 1960s can be designated, metaphorically, the end of German as a language of medical lingua franca in Japan. There were also changes in German language curriculum in medical school. Postwar, there is a substantial shift to English as the professional lingua franca. Japan is now one of world's leading English-language nations in the field of medical publication. The distribution of Japanese as a language of medical research can be classified between (large scale) basic research and (local) clinical research. Justification is being made for the maintenance of local-national languages in medical writing. There is a warning that German is no longer needed for transmission of scientific data. However, international attention to German-language publication is high.

Japan’s French Medicine ‘Boom’
The War

♦In 1935, the Bulletin Medical Franco-Japonais was issued under the editorship of Dr. Jean Motte and Dr. Taiei Miura.

♦The Comité Médical Franco-Japonais held a medical exhibition on France, creating a`French medicine boom." Miura left for Paris to study when the society was established

♦The relation between France and Japan was broken off by the war.

- Japanese medicine enthusiastically adopted Western medicine, especially German, during Japan's modernization. American medicine replaced German medicine postwar. However, question whether it is proper to get medical information one-sidedly from a single country. Faced with the situation of whether German or American medicine should occupy the dominant position in Japan, some doctors chose to establish ties with French medicine. Professor Taiei Miura (1901±1995) re-established an intimate relationship, broken off during the war, in the medical ®eld between Japan and France. Much information was to be learned from French medicine, particu- larly in clinical neurology and psychiatry. In this essay, we relate the details of how Miura became interested in French medicine, went to study in France, then contributed greatly to Franco-Japanese friendship. (Keio J Med 50 (1): 8±12, March 2001)

French for Medical Purposes
Comité Médical Franco-Japonais

- A total of 40 medical doctors from Keio University School of Medicine went to France from the 1950s to 1990. Of these, 17 belonged to the Department of Neuropsychiatry.

Postwar
Japan's Medical Francophiles

- Takuro Sugano (orthopedics)
- Eiichi Sugaya (neurophysiology, Tokyo Dental College,
- Masaharu Tsuchiya (internal medicine, Keio University).
- Masaharu Toyoda (gynecology),
- Akira Kawamura (internal medicine, 1958),
- Yasuo Fujishiro (surgery) (1959),
- Shozo Hashimoto (radiology, 1960)
- Tadayoshi Akiba (internal medicine, 1960)

- 1948, Miura resurrected the Medical Society Franco-Japanese in cooperation with Secretary Urey of the French Embassy, Dr. Akira Hidano, and others, and became president of the Society. The bulletin started being reissued with the ®rst number in January 1954.

- ``Introduction aÁ l'eÂtude de la meÂdecine expeÂrimentale" (1865) by Claude Bernard, who rendered remarkable service in the es- tablishment of concepts and methodology in medical research. This book has been widely read by many people wrestling with medical study or clinical work. The book was published by the prestigious Iwanami- Bunko, and has gone through several editions from 1938 to the present.

日 仏 医 学

Bulletin Médical Franco-Japonais
Tome 27, No.1, mars 2003

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編集・発行：日仏医学会

Sommaire

édité par la Société Franco-Japonaise de Médecine

Message à la Société Franco-Japonaise de Médecine

Février 2003

Michel Israël *

C'est avec beaucoup de plaisir que je réponds à la demande qui m'a été faite cette année encore de m'adresser à votre société.

Les objectifs du Service Science et Technologie (SST) de l'Ambassade de France peuvent se décliner sous trois axes principaux :

1. Assurer la veille scientifique et technologique
2. Favoriser les collaborations
3. Promouvoir les compétences françaises

Pour réaliser ces objectifs il est nécessaire d'entretenir des relations privilégiées avec les scientifiques des différentes disciplines et les sociétés franco-japonaises sont un relais indispensable pour cela.

Les relations dans le domaine médical entre nos deux pays sont très importantes que ce soit dans les domaines de la recherche en sciences de la vie (génome, cancer, protéomique, neurosciences,...) qu'en médecine ou en chirurgie. Elles passent par des accords de coopération et aussi par l'envoi de chercheurs ou de praticiens japonais en France par l'intermédiaire des bourses du

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*Professeur
Conseiller pour la Science et la Technologie
Ambassade de France

The Medical Research Community in Japan

- The medical research community publishes a massive number of papers in Japanese. There are approximately 2,257 domestic journals publishing annually on average 110,000 papers in Japanese of which 6,000 (whole) papers are in English (Japana Centra Revue Medica 1995-2005).

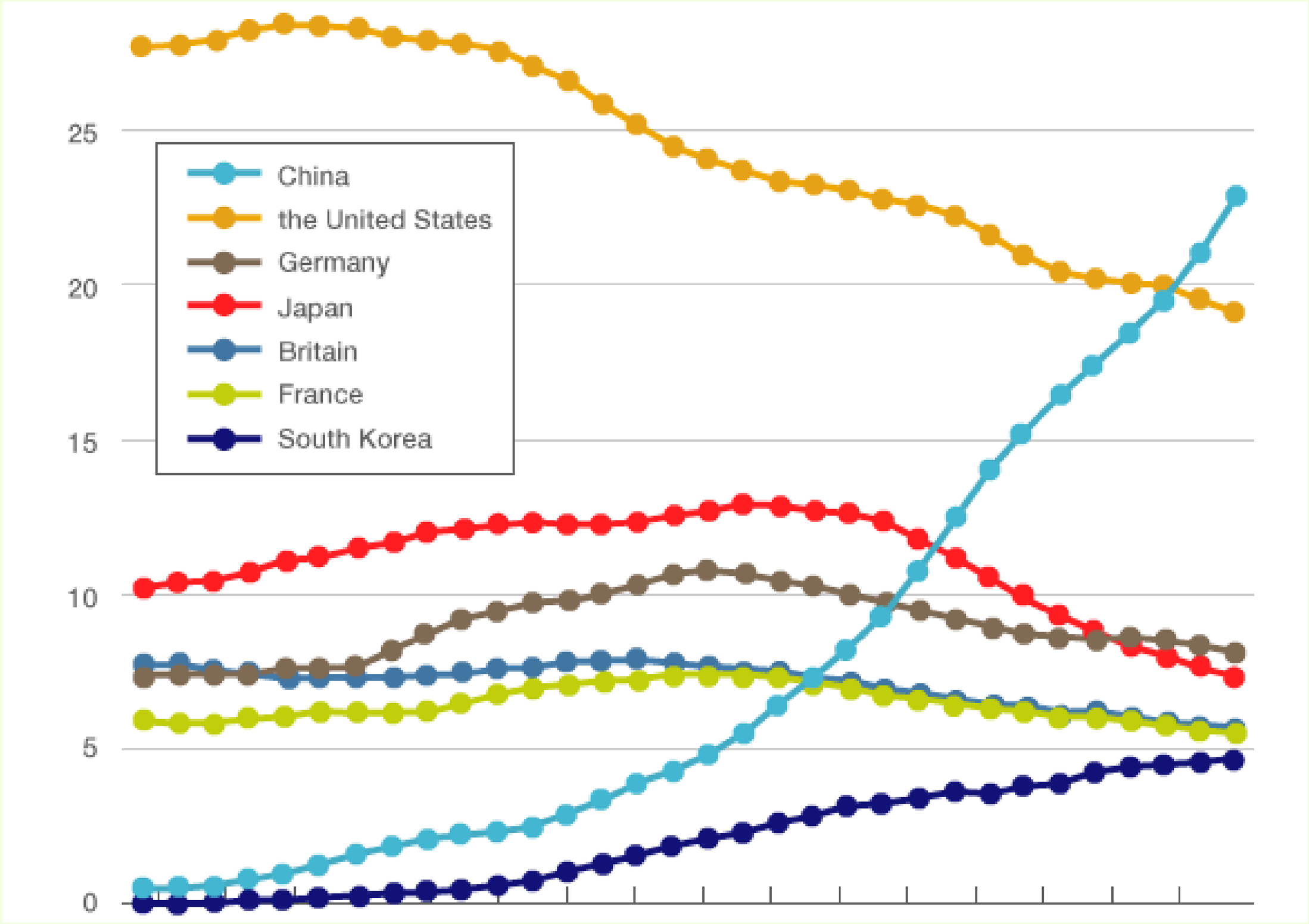
Funding – Bureaucracy – Education

- *“The decline in Japan’s ranking reflects the reduction in government funding for research as well as the increase in the amount of time university faculty must now spend on non-research activities such as administrative tasks.”*

- *President of Suzuka University of Medical Science, Toyoda Nagayasu,*

Share in publications in 5 fields of Natural

Science (Thomson Reuters, Toyoda Nagayasu, Shizuoka University of Medical Science)



Halting Japan's Scientific Slide

Hayashi Yukihide Principal fellow at the Center for Research and Development Strategy, Japan Science and Technology Agency, and project professor, University of Tokyo Research Center for Science and Technology.

- *According to NISTEP, researchers in Japan accounted for 6.6% of the scientific papers published between 2008 and 2010. This places Japan at number five worldwide, behind the United States (27.5%), China (11.1%), Britain (7.6%), and Germany (7.4%). Yet from 1998 to 2005, Japan vied with Britain for the number two spot. Since then, our research output has been in a slow quantitative decline.*

An Active Medical English Teaching Community in Japan

From the J Med Eng Educ 2016

♦病院に外国人患者を受け入れるためにHow can we prepare ourselves to accept growing numbers of international patients at our hospitals?

♦Useful expressions for communicating with English-speaking patients.

♦Japanese doctors in discussion sessions at international medical conferences.

♦Extracurricular classes of English for medical purposes promote confidence in undergraduate medical students

♦.

From the J Med Eng Educ

- Factors dissuading Japanese doctors from presenting more frequently at international conferences: more than just the usual suspect(s)?

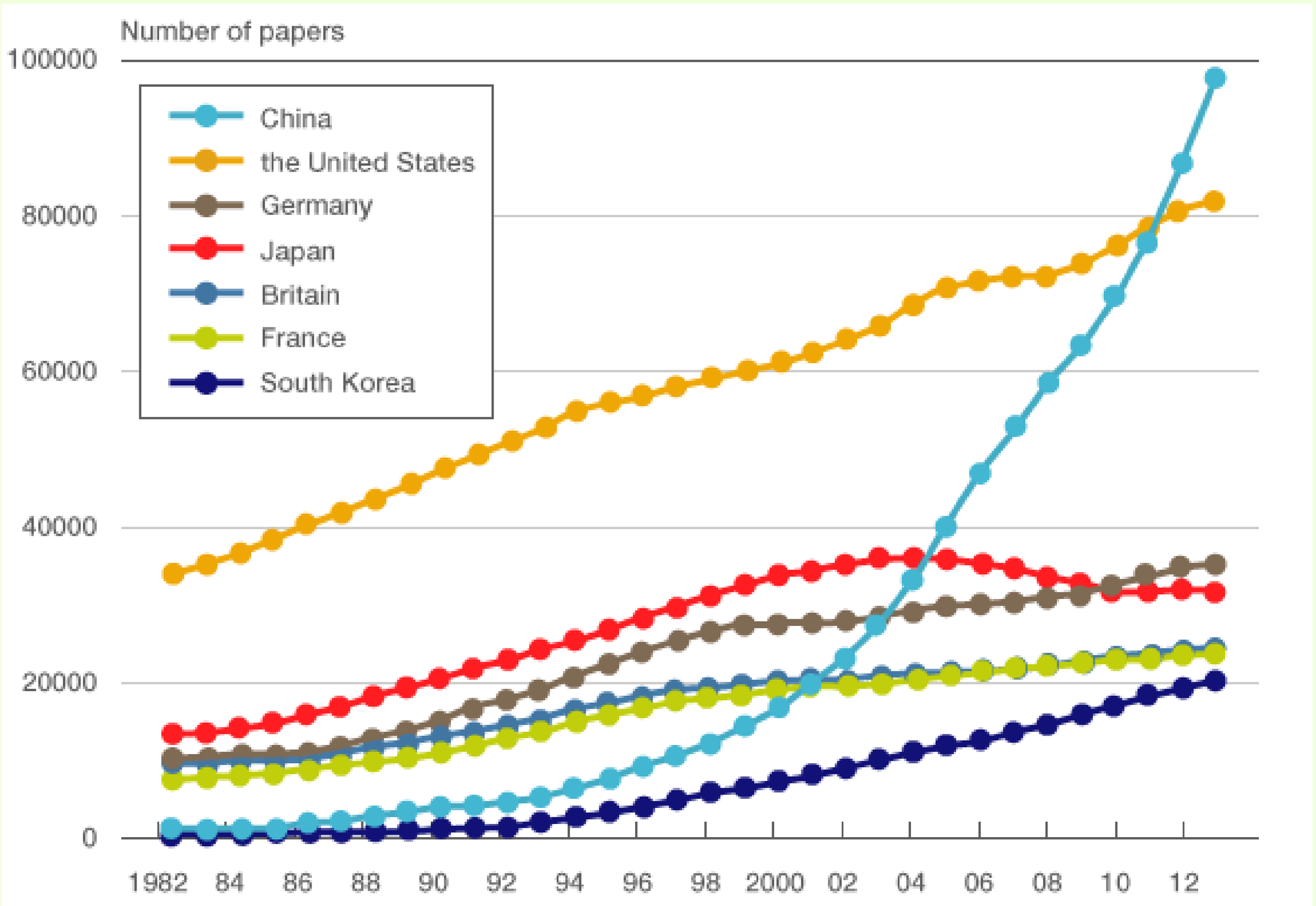
- Japanese Doctors at International Conferences: Why the worry?

- 日本医学英語教育学会　医学教育のグローバルスタンダードに対応するための医学英語教育ガイドライン　Medical English education guidelines corresponding to the Global Standards for Medical Education.

- Unfortunately, unlike medical German education in the past, medical English education proved unsuccessful because the national medical licensing examination was initiated and was entirely in Japanese, and because the health insurance system forced physicians to use only Japanese.

The number of publication in five fields of natural science

Created from Thomson Reuters by Toyoda Nagayasu (Shizuoka University of Medical Science)



- Worldwide, there are around 18,000 journals in medicine and life sciences. Most are monthly and each has to have a certain number of papers each month. About 10% of papers published in journals worldwide come from Japan.

Leading Medical Schools	No.of Papers	Researchers	Per Head (annual)
JHopkins	528	3,411	0.32
Columbia	386	2,127	0.36
Cornell	304	1,654	0.37
Oxford	246	489	1.01
Osaka	244	884	0.55
Kyushu	226	480	0.44

Leading Medical Schools in USA, UK and Japan

Centres of Excellence in Medical Research in Japan

National medical schools have higher productivity than private.
By annual output (papers) per capita (Faculty-Research Assistants-Graduate Students) the following are ranked the top 5 centres of medical research in Japan.

1. Kyushu 2.422
2. Osaka 1.95
3. Kyoto 1.89
4. Nagoya 1.67
5. Tohoku 1.54

(Source: S. Yamazaki. *Nature*, Vol.72, 125-176.
- Ranking Japan's Life Science Research.)

High Impact (IF) Factor of German

Several publications warn that German is no longer needed for transmission of scientific data. However, IF (Impact Factor) studies indicate that international attention to German-language publication is high. The IF of Anglo-American journals is high. English is now the predominant communication language of the medical sciences in 3 German-speaking countries (German, Austria, Switzerland). International attention paid to German-language journals (by citation frequency) is, however, remarkably high. “English has not supplanted the German language”.

Winkmann G. Schlutius, Schweim. *Dtsch. Med.Wochenschr* (2002).