

## Mailbag Yields Wordly Goods

When I began writing this column three years ago, I feared I might be crushed under a rockslide of readers' queries. I needn't have worried. Generous readers do send me comic usage examples from their own desks or nominate their favorite blunders for exposure in a future column to The Word Watcher's withering scorn [memo to self: do column on clichés]. But the throngs I'd envisioned battering down my door in search of wordly wisdom have in reality turned out to be only the occasional visitor, knocking politely and being warmly welcomed inside.

When a reader asks my opinion about a matter of style or usage, I research the issue with some care even when I think I know the answer. As a result, I probably learn more from their questions than my readers do from my answers. Thinking others might learn from them too, I've selected a handful of queries for their possible interest to a wider audience:

**Q:** I'm working on an editorial in which the term "infectious TB patients" is used repeatedly. Can patients actually be infectious, or is it only the disease that is infectious? I have searched style guides, dictionaries, etc.

**A:** I agree that most usage manuals aren't much help on this. But *Scientific Style and Format* (the CSE manual) says *infectious* means "harboring a potentially infecting agent or having been caused by an infecting agent". The first half of that definition would seem to apply to patients. And, less ambiguously, Webster's Third Unabridged gives this as the first meaning of *infectious*: "capable of causing infection: infective <a carrier remains infectious without himself showing signs of disease>."

**Q:** Recently, our copy editor began expressing confidence intervals with an en-dash instead of a comma. For example:

"(95% CI 1.5–3.0)" rather than "(95% CI 1.5, 3.0)." Historically, [our] style has been to use the comma. What is the correct way to express CI's?

**A:** Since an interval is a space between two things or "the set containing all numbers between two given numbers" (*Webster's New World Dictionary*), the logical punctuation is an en-dash (1.5–3.0), implying "from 1.5 to 3.0". When the author says "confidence limits", however, we [at the *New England Journal of Medicine*] use a comma, since the limits are only the two "outer" numbers—1.5 and 3.0—and *limits* carries no sense of including the numbers in between.

**Q:** What do you think about the use of *vs.*, as in "The rate of seroma was higher with the use of cautery than with scalpels (38% vs. 13%, p=0.01)"? *Vs.* grates every time I see it used this way, which is very often.

**A:** [Sometimes I don't hear the gentle knocking at my door. I have no record of having answered this query, so with profoundest apologies to the reader who sent it I'll respond to it here.] Though I would certainly never allow *vs.* as shorthand for "as compared with" in running text, I think it's acceptable in parenthetical number comparisons such as the one you cite. I don't know what else one could say that would be as clear and concise.

**Q:** Could you explain the difference between *preventive* and *preventative* when used to modify medicine?

**A:** They mean the same thing, but I know of no reason to allow *preventative* in any setting. Fowler calls it a "long variant" and describes it and other examples (*administrate*, *denunciate*, *experimentalize*) as "needless lengthenings of established words due to oversight or caprice".