

Tilting for Clarity on Behalf of Nonspecialists

The debate begun by Knatterud¹ and joined by Loviglio² about preferred usages for *transplant* and *transplantation* is in dire need of some additional perspective, for judging from Knatterud's response³ it appears that she continues to regard editors not following her usage to be long-winded and unconnected to the real world. At least in her response Knatterud finally admits that those editors have a reason for what she previously described as capricious editing.

Of course, Knatterud doesn't think the American Medical Association (AMA) usage rule is a good reason. Yet for all her citations of support for her usage of *transplant*, she admits that published authorities disagree on whether *transplant* can mean an organ, an operation, or both.³ For every authority following her usage she cites, there is apparently another that follows the AMA usage. But Knatterud might have added that the *American Heritage Dictionary (AHD)*, while sanctioning the use of *transplant* to mean operation as a strictly medical definition, does not exclude or prohibit the use of the word to mean the organ; in fact, "something transplanted" is one of the general definitions that Knatterud neglects to discuss. I think it is safe to say that a general meaning for a term does not preclude the term's use in a specialty. Just because *transplant* can mean an operation solely in some medical circles doesn't mean that it can't mean the organ in some other medical circles.

In reality the usage is not the monolithic thing that Knatterud describes. At *Blood*, a journal whose house style is based on AMA style, we often edit *transplant(s)* to *transplantation(s)*, but we also often don't need to because many of our authors follow AMA usage, unsolicited, in their original manuscripts! For example, the 1 March 2001 issue of *Blood* contained 17 articles discussing transplantation. In their original manuscripts, more than half (11) of authors used *transplant* to mean organ or tissue and more than half (12) used *transplantation* to mean operation. Thus, even among doctors usage varies.

So how do we decide what preferred

usage is? Dictionaries typically reflect all usages, whether considered correct or not; so dictionaries are generally not final arbiters of correctness. When establishing usage preferences, publishers typically rely on style manuals and other usage guides, their authors' and readers' needs, and common sense in negotiating among all the above. Careful consideration of the circumstances of publication is essential to deciding what preferred usage is.

The transplantation specialists' preference is not difficult to understand. As Knatterud indicates,^{1,3} *transplant* is concise. Certainly, those specialists must need some version of the root word dozens of times in daily scientific discourse, and so it is not surprising that they prefer the short form. Because the context of usage makes meaning obvious to specialists, clarity is probably not lost.

But would a nonspecialist understand what, say, a renal transplant registry is? Is it a registry of organs or a registry of operations? Now that Knatterud has cited a registry's name as an example,³ one might think the latter, but who knows for sure? Transplantation specialists probably do, but it is the job of editorial professionals working for non-transplantation-specialist audiences to ensure clarity on this. Are there nonspecialists for whom the specialists' usage might not be clear? The editors of the AMA manual (five of whom are physicians) think so. Apparently the *New England Journal of Medicine* agrees. And many *Blood* authors appear to see value in AMA's usage; perhaps that is because they find themselves talking with nontransplantation hematologists.

I believe that AMA's usage is more consonant with the English language than Knatterud's usage. The *American Heritage Dictionary* informs us that the suffix *-ation* indicates "action or process", "the result of an action or process", or "state, condition, or quality of". Thus *transplantation* seems appropriate to describe an operation as well as the overall field, especially among more general audiences. As for *transplant*, it is my observation that many hematologists, unlike Knatterud,³ find it useful to

have a noun to refer to the organ or tissue undergoing the process: hematologists who transplant allogeneic peripheral blood stem cells might refer to “transplanted allogeneic PBSCs” throughout a published article, but it is so much simpler (and less windy?) to use *transplant*.

Although it may be disquieting to have two opposing usages for *transplant* and *transplantation*, it should not be surprising. Many words have multiple meanings depending on context, and while physicians and medical editors may prefer to maximize precision in their language, complete precision may not always be practical given the evolving nature of science and its language. Knatterud’s observations, while at times lacking some relevant facts, are valuable inasmuch as they describe

transplantation specialists’ usage, but such usage does not mandate overriding the needs of nontransplantation medical professionals who are their readers. That would truly be capricious.

Todd D Reitzel

Production Manager, *Blood*
American Society of Hematology
Washington, DC

References

1. Knatterud ME. Tilting against windy suffixes. *Sci Ed* 2001;24(1):14-5.
2. Loviglio L. Tilting against transplant for transplantation. *Sci Ed* 2001;24(3):104.
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Reply: Tilting for Clarity and Conciseness on Behalf of Everyone

For those of you who wanted to gouge out your own glazed eyeballs several windmills back, my main point was and is that a phrase like “she underwent a transplant” is more concise and idiomatic than “she underwent a transplantation.” In the subfield of organ transplantation as I see it every day and in the real world that I know, the noun *transplant* is typically understood to mean the surgical operation—not the material that is transplanted. Obviously, the *New England Journal of Medicine*, Loviglio, official American Medical Association style, *Dorland’s*, *Stedman’s*, Reitzel, and *Blood* (sheesh, maybe even my mom; I don’t dare check anymore) disagree with me. With such a vast powerful army of impassioned foes, I will think twice before I ever again summon an adverb like “capriciously” to describe their preference for changing, say, “liver transplants were performed” to “liver transplantations were performed.”

But I remain unpersuaded that the extra two syllables in the *-ation(s)* examples (above and earlier) add anything besides long-windedness. In my corner, as I noted before, are most transplant specialty journals; the more mainstream *American Heritage Dictionary* (1992 and 2000); and numerous other au courant publications—whether aimed at

general or medical readers.

Reitzel erroneously implies that “my” usage neglects “the needs of nontransplantation medical professionals” as well as “more general audiences”. On the contrary, I simply champion the clearly understandable, nonstuffy noun *transplant* (instead of *transplantation*) when the operation is meant. So do two recent publications, neither of which caters to “transplantation specialists”. The 13 January 2001 *Lancet* refers to a patient “told 2 years ago that a transplant was inevitable” (p 155). Even more general a publication, *The New Yorker*, in its 5 February 2001 issue mentions the “medical pioneer who had performed the first successful bone-marrow transplant” (p 48). Does Reitzel really believe that readers of those two articles would be better served by the longer *transplantation* in those contexts?

I strenuously object to Reitzel’s mischaracterization in this sentence: “As for *transplant*, it is my observation that many hematologists, unlike Knatterud, find it useful to have a noun to refer to the organ or tissue undergoing the process.” As I said before, there certainly is a concise (and unambiguous, unlike *transplant*) noun commonly used for the organ or tissue:

graft (or *allograft*, *autograft*, *xenograft*, and so on, depending on the level of precision needed). Even the *New England Journal of Medicine* understands this in its 8 March 2001 issue: one article is entitled “Effect of the Use or Nonuse of Long-term Dialysis on the Subsequent Survival of Renal Transplants from Living Donors”; however, the title is the only prominent spot to use the noun *transplants* to mean that which is transplanted. The headline and large-print quote in the “This Week in the *Journal*” feature switch to “Survival of Renal Allografts” and “improved allograft survival”, as do parts of the article’s abstract and text. Why not consistently use the reader-friendly *allograft(s)* throughout?

If Loviglio, Reitzel, and all the august authorities arrayed on their side get this excited when insisting that *transplant* as a noun properly means the material transplanted, and not the surgical operation, what on earth are they going to do with the emerging use of the noun *transplant* to

mean the overall process or subfield (the *one* context in which I, too, still prefer the longer *transplantation*)? On top of the *American Heritage Dictionary* phrase I cited previously (“surgical transplant of a cornea”), here’s an even more recent example from the 13 January 2001 *Lancet*: “a human corpse, esp one used for organ transplant or dissection” (p 154). Or how about this sentence from a world-prominent transplant surgeon’s biosketch that just landed on my desk: “Her clinical responsibilities included liver and renal transplant”? Ah, this aspect alone of this amazingly hot debate could fill another 2 or 3 issues of *Science Editor*. . .

Mary E Knatterud

Research Associate and Assistant Professor
Department of Surgery
University of Minnesota Medical School
Minneapolis, Minnesota

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For information, contact

CSE headquarters

703-437-4377

cse@councilscienceeditors.org