



PERSONAL VIEW

Pharmaceutical Latin

Chris Ellis

With the arrival of computerised prescriptions, one of the last of the apothecary's arts will eventually disappear. Until then, I shall continue to enjoy the ritual of writing out my prescriptions and personally handing them to my patients. I have always secretly enjoyed the language of Latin and the elegant magic it lends to my shamanistic practices. We have moved on from laudanum, nepenthe and the Brompton Cocktail and those magnificent mixtures such as *mistura create aromata cum opio* and *gargarisma potassium chlorate et phenol* to an ever-increasing selection of pills and capsules. We are all agreed that the era of prescriptions in Latin is coming to an end and that they should be written in English (or the language of the country). Prescribing that is unclear or illegible is both unethical and dangerous.

Nevertheless, until the homogenised computer prescriptions arrive, there will be a carry-over of the commoner abbreviations until we older members die off. I am not sure that I can now stop putting *nocte* for 'at night', or *mane* for 'in the morning', and it is almost a reflex to write *od (omne die)* for 'every day' and *po (per os)* for 'by mouth'. The most common other abbreviations that still linger on are *hs (hora somni)* for 'at the hour of sleep' and *prn (pro re nata)* for 'as necessary', and also the instructions starting at the top with *Rx (for recipe)* and *sig* for 'label' (*signature*).

Pc (post cibos) for 'after food' is equally well ingrained along with *ac (ante cibos)* for 'before food', and *cc (cum cibos)* for 'with food'. One has to be careful here because some use *cibos* for food in this context and some use *cibum*. Latinists are a pedantic lot about declensions; get the case wrong, and you receive furious letters from retired Latin masters living in Kenton-on-Sea, pointing out the grammatical errors of your ways.

Chris Ellis is a family physician from KwaZulu-Natal.

Corresponding author: C Ellis (cristobalellis@gmail.com)

The most confusion takes place when we come to times of the day and frequency of taking medications; this is not necessarily the influence of Latin. What exactly does *twice a day* mean – one at breakfast and one at lunch? Without some further explanation from the doctor, it is often difficult for the patient to understand when to take the pills. Twice a day is *bd (bis die)* in Latin, and three times a day is *tid (ter in die)* or *tds (ter die sumendus)*. Four times a day is *qid (quarto in die)*, although nowadays I rarely prescribe four times a day except for eye and ear drops. The problem arises with the *q* for *quattuor*, which means 'four', and the *q* which stands for *queaque* which means 'each'. So *qqh* stands for *quatra queaque hora* or 'every 4 hours'. The instruction *qd* (meaning 'every day') is even easier to confuse with *qid*, so it is better just to write 'every day' or 'every 6 hours'.

Another example arises when I prescribe an antibiotic three times a day. I now try to write 8-hourly, and explain to the patient to take the medicine at 6.00 a.m. (*ante meridiem!*) when they get up in the morning, then after lunch at 2 p.m. (*post meridiem*), and then at 10 p.m. when they go to bed. (No one in Pietermaritzburg is awake after 10 p.m. and most turn in after the weather forecast, so telling them to take medicines at 12 a.m. is not realistic.)

In front of me is a small book from my student days called *Aids to Pharmaceutical Latin* published by Baillière, Tindall and Cox (and they don't make publishers with names like that any more). In it is a world that has now been overtaken, like fast foods, by fast computerised prescriptions. *O tempora, o mores!*

So the take-home message is to ignore everything I have written above and write prescriptions clearly in English, preferably with an explanation on how and when to take the medicines. Even when this has been done, I often need to reframe the advice or just check that everything has been understood, because there may be personal or cultural beliefs that prevent the patient from actually taking the medicines I have prescribed. As Franz Kafka said in *A Country Doctor*, '... to write prescriptions is easy but to come to an understanding of people is hard'.