



Editorial

Éditorial

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The case for “a case of . . .”

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My first exposure to patients as a medical student was accompanied by the admonition to bear in mind that “the patient is a person, not a case.” On the wards these days, I note that there is still a feeling of uneasiness with the use of “case.” The spirit of such an attitude is that we ought to view illnesses from a perspective that reflects their true context. Although illnesses are routinely somatic in manifestation, they also affect our patient’s mind and spirit. Indeed, we have to consider each of these aspects of a person, often to arrive at an adequate diagnosis, and always to provide adequate therapy.

The basis for avoiding calling a patient a case is also a matter of good grammar. (The word “patient” comes from the Latin for one who suffers.) The error is to refer to a person by only the name of an aspect or part of her or him. We do not tolerate, for example, talk of “the pneumonia” in room 6C or “the liver” in 9A. The rule against such errors is honoured in the breach: artistic licence exalts them to the level of literary devices — metonymy and synecdoche, respectively.

So why do we persist in using “case”? Some of our most essential clinical activities are denoted by it, salient examples being case history, case conference and case record. We do not hesitate to use the word collectively when relating our experiences with cases of, say, pericarditis. Abstract use is also accepted when we enthuse, for example, about an interesting case of porphyria cutanea tarda. These clearly represent instances in which the correct usage is “case.”

The dictionaries generally agree that a case is an instance of an illness that is distinct from the one who has it. Two manuals of style for medical writing endorse this distinction.^{1,2} The word is derived from the Latin *casus*, which means “a fall,” or in other words an event or occurrence that befalls, happens to someone. The noun *casus* comes, in turn, from the verb *cadere*, which means “to fall.” (From the related *accidere* we derive the word “accident.”) The nuance of arbitrariness in this word origin befits our present usage. Our focus is on the abstract concept of the case, whereas the particular patient afflicted is incidental for this purpose. The concept of the case, as with the more general concept of the type of illness itself, is in our minds; the abnormal process is inside the patient.

The advantage of this distinction is that it liberates us from the particulars of the patient’s predicament so that we can focus on the features of the illness. Otherwise, we would be unable to render diagnoses. We could not even teach our trainees about the individual types of illnesses. To learn and communicate about abstract concepts, we must have a language that is adequate for the task. Using the term “case” to mean a particular instance of a type of illness is using a valuable word eminently suited to its purpose.

References

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