ical communication, such a change in text would be inappropriate.

P. Gerard Cox, MB
Firestone Regional Chest & Allergy Unit
St. Joseph's Hospital
McMaster University
Hamilton, Ont.

I am disappointed that you would publish such a paranoid, meaningless article. In this era of fiscal restraint it is hard to believe that there is money available to fund committees such as the one mentioned in this article.

Kenneth L. Maudie, MD
Cranbrook, BC

[One of the authors responds:]

I was unprepared for the level of hostility that a discussion of the subtle biases inherent in the language, content and process of medical education seems to have provoked among *CMAJ* readers. Although these readers agree in principle that equality must be upheld, equitable practice is either ridiculed or denounced as a slight to our language or our profession. I am left wondering what a professed belief in equity actually means.

In a tongue-in-cheek manner Dr. Walters seems to be asking whether we really must launder the English language to eradicate all traces of sexism. The aim of the guidelines is not to delete words from the language, but rather to have educators and their students use the meanings behind the words to explore hidden stereotypes and biases. For example, the word hysteria has as its root the Greek word *hyster*, meaning uterus. Rather than eliminating the word from use, students might have an interesting and useful discussion of whether the term implies that being female is the cause of this psychiatric disorder.

Dr. Cox's point is well taken and illustrates how stereotypes can be subtly embedded and deeply held. Although at least 10 people read the manuscript before publication, none of us noted the error he spotted. The parallel terminology should read "a 40-year-old man who works as a professional" and "a 23-year-old woman who works as a medical secretary." All of us hold cultural and social stereotypes that can limit our views and expectations of, and our communication with, others. I hope the concepts outlined in the article have helped some physicians recognize these stereotypes and either minimize them, or at least acknowledge them and their effect on teaching and practice.

Susan Phillips, MD
Associate Professor
Queen's University
Kingston, Ont.

Brave new world of gender-inclusive language

The articles "Attitudes toward the use of gender-inclusive language among residency trainees" (*Can Med Assoc J* 1997;156:1289-93), by Dr. Gordon H. Guyatt and associates, "Medical curricula for the next millennium: responding to diversity" (*Can Med Assoc J* 1997;156:1295-6), by Dr. Christiane Kuntz, and "Gender sensitivity in medical curricula" (*Can Med Assoc J* 1997;156:1297-1300), by Barbara Zelek and associates, contain a megadose of Orwellian newspeak. Gender-inclusive language and sensitivity are the mantras of the '90s. We have reached the stage where an inanimate object replaces a human (oh, sorry — living) being, as when chair replaces chairman. This mongrelization of the English language is all but complete, all in the name of political correctness — a new form of totalitarian suppression of free speech.

Emile Berger, MD
Montreal, Que.

[Dr. Guyatt and associates respond:]

Many people, like Dr. Berger, find it oppressive when they encounter negative reactions to language that has been used habitually throughout their lives. Indeed, an overzealous insistence on using or avoiding particular forms of expression can be irritating, burdensome and unnecessarily inhibiting.

A problem arises, however, when people find particular expressions disturbing or offensive. Most people agree that pejorative terms that refer to a person's race have no place in the language, yet people who use them are liable to find objections oppressive and will consider them an excessively rigid application of political correctness.

Berger may find the comparison of this example and the use of language that women find disrespectful hyperbolic or even ludicrous. Berger, however, is not a woman and has not been subjected to the systematic discrimination and barriers against advancement that women continue to face.

We should seek an appropriate balance between 2 potential problems. On the one hand, we should encourage gender-inclusive language and discourage language that people find patronizing or disrespectful. On the other hand, excessively rigid application of language formulas can create an oppressive environment.

Data we cited in our article indicate that women avoid surgical specialties, and part of the reason is that they feel alienated in the surgical environment. Our use of language reflects attitudes and contributes to their creation. The greater acceptability of gender-exclusive language in surgical environments is no coincidence.

We do not know exactly where the right balance lies between creating a climate in which women feel fully re-