

Dictation and Transcription: Adventures in Thought Transference

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The pronunciation is the actual living form or forms of a word, that is, the word itself, of which the current spelling is only a current symbolization. . . . (General Explanations, *The Oxford English Dictionary*)

Every time I read this passage, I am struck anew by the realization that the sequences of letters we put down on paper are not words, but only visible representations of those evanescent sequences of vocal sound that are the only true words. When we speak of “the written word,” we are indulging in metaphor: words are heard but not seen. Indeed, most of the world’s three thousand languages are exclusively spoken languages having no writing systems.

I offer these reflections to introduce an inquiry into the nature of **the dictation-transcription process**, a form of communication unique among human activities. The dictator expresses thoughts in speech (which is electronically recorded) and the transcriptionist puts those thoughts on paper by converting sounds heard to conventional symbols.

The product of the transcriptionist’s effort is not, however, a mere phonetic record of what is heard on the tape but rather a rendering of the dictator’s thoughts in finished English prose. That is, instead of making a perfectly faithful record of speech sounds heard, the transcriptionist performs various analytic and interpretive functions and modifies the record by a complex series of deletions, additions, alterations, and emendations. Moreover, this editorial activity is performed simultaneously at several levels: *phonetic* (recognition and interpretation of speech sounds and their correct representation in writing), *conceptual* (monitoring of word choice, grammar, and style), and *formal* (punctuation, consistency of form, appropriate units of measure).

Even at what I have called the phonetic level, the transcriptionist constantly discriminates and amends on the basis of context, so that even here there is nothing mechanical or automatic about the transcription process.

Silent letters may not be the most difficult feature of English spelling, but they are surely the most paradoxical. For a phonetic writing system to include symbols that are essential to the spelling of certain words and that nevertheless represent no sounds heard in those words is a palpable absurdity. Yet there is hardly a letter in our alphabet that does not figure in the spelling of some word without being represented in its pronunciation.

Suffice it to say that the relation between speech sounds and the symbols that convention requires us to use to represent them is erratic, almost haphazard. That is why the transcriptionist cannot simply match a symbol to a sound heard, as in making a stenographic (shorthand) record, where, for example, *f*, *ph*, and *gh* (in *enough*) are all represented by the same symbol, while the *b*’s of doubt and subtle are not represented at all.

The same, only different. A frequent source of difficulty in transcription is the existence of homonyms or, more precisely, of homophones. **Homonyms** are two or more words that are spelled and pronounced the same but differ in meaning—for example, mole ‘small mammal’; mole ‘pigmented nevus’; mole ‘uterine neoplasm’; mole ‘breakwater’; mole ‘unit of measure based on molecular weight.’

Strictly speaking, a set like this should cause no trouble, because even if the transcriptionist should mistake the meaning, the spelling would be the same.

Similarly, **homographs** (words spelled the same but pronounced differently) should create no ambiguity in dictation. A special kind of homograph results from variation in placement of syllable stress: *tinnitus-tinnitus*, *ángina-angína*, *fáacet-facét*. The American transcriptionist may sometimes be startled by a British dictator's placement of stress in such words as *cervícal*, *éphedrine*, *labóratory*, and *skelétal*.

But it is **homophones** that demand alertness and judgment—words that sound the same but are spelled differently. Sometimes the difference is plain from the context (“I guessed he was a guest when he discussed his disgust”) and sometimes it is not (“Dr. Templeton is losing his patience/patients”). Many homophone pairs are created by our custom of reducing unaccented vowels to a neutral “uh” sound. We hear this sound, for example, in the second syllables of both *callus* and *callous*, *mucus* and *mucous*, *villus* and *villous*. Only the context tells the transcriptionist whether to type the noun form in *-us* or the adjective form in *-ous*. In the same way, *instillation* may be indistinguishable from *installation*, *perineal* from *peroneal*, *have* from *of*.

Styles of pronunciation that are characteristic of certain regional or ethnic dialects may create homophones in the dictation of some speakers. One person may fail to distinguish between *finally* and *finely*, another between *then* and *than*, a third between *his* and *he's*, a fourth between *long* and *lung*. The practice of dropping final *l* or *r* or both can erase the differences between such pairs as *sulfa/sulfur* and *femoral-popliteal/femoropopliteal*, and place the transcriptionist in peril of creating such monstrosities as *musculodystrophy* and *normal tensive*.

In my part of the country, a sizable segment of the populace practices *itacism*. This term, originally denoting an analogous dialectal variation in Greek, refers to a raising of the short *e* sound in a tonic (stressed) syllable so that it sounds like short *i*. Thus, for example, *attend*, *get*, *men*, and *shelter* are pronounced as if they were spelled *attind*, *git*, *min*, and *shilter*.

Although this causes little or no inconvenience in the examples I have used, the wholesale disappearance of tonic short *e* does create some ambiguities that must be averted by further modifications of the language. For instance, persons who pronounce *pen* exactly like *pin* customarily distinguish the former word by saying *inkpen* (pronounced “inkpin”). (Less than a week after making notes for the above paragraph, I saw in a local antique shop a box of old fountain pens labeled “Inkpins \$1.00.”)

Homophony is not confined to pairs of words. A phrase may sound almost exactly like another phrase of entirely different, even opposite meaning. Two notorious examples—*had no carcinoma* for *adenocarcinoma* and *prepped and raped* for *prepped and draped*—have passed into legend. Whole books of such blunders, many of them no doubt spurious, have been published. A frequent source of difficulty is the unaccented *a* at the beginning of words: *atonic bladder* vs. *a tonic bladder*, *a symmetric swelling* vs. *asymmetric swelling*.

Besides discriminating between homophones, the transcriptionist performs a variety of what might be called normalizing operations, that is, recognizing variant pronunciations and reducing them to their conventional forms before putting them on paper. The range of such deviations is enormous. Some result from congenital or acquired speech impediments such as tongue-tie or obstruction of the nasal passages by hypertrophic adenoids or chronic allergic rhinitis. Some are due to dialectal variations (a few of which I have already mentioned) or to speech habits learned in childhood, such as substituting a glottal catch (momentary closure of the vocal cords) for *t* at the end of a syllable.

A large number of deviant pronunciations arise from the structure of the human vocal apparatus and the difficulty or awkwardness of producing certain sound sequences. The omission of the first *d* sound in *Wednesday* and the rearrangement of sounds in *comfortable*

(=“comfitorble”) are examples of such changes. In rapid speech, *cysts* and *tests* often come out “cyss” and “tess.” We also tend to insert extraneous sounds into our speech to smooth certain transitions. Some of these inserted sounds are virtually standard (*comfort*, *intsulin*), some are dialectal (*hematoma-r of the rectus sheath*, *mower* [=more]), and some are decidedly substandard (*athaletic*, *drowning*).

Frank mispronunciations include both the mishandling of English phonetics by non-native speakers and isolated errors (most of them acquired by imitation) such as *phalynx*, *larnyx*, *ishium*, and *meninjocele*. Here may also be mentioned certain recurring deviations from correct pronunciation that have been adopted as an affectation by certain speakers. Among these are the bizarre plurals *abscesses*, *processes*, and other words pronounced to rhyme with *neuroses*, and the compulsive gallicization of words having no connection with French (*centimeter*, *centrifuge*, *difficile*, and *mitrale*).

To recapitulate, in turning a phonetic (speech) record into a written one, the transcriptionist inserts “silent” letters, suppresses extraneous sounds (including “uh”), selects the correct one of several alternative spellings, and recognizes deviant pronunciations—all in the light of a sustained monitoring of the context and a thorough understanding of medicine, medical terminology, dictating conventions, and human frailty.

In other words. Although nearly everyone takes it for granted that the kinds of editing I have been discussing thus far are part of the transcription process, many question the propriety of the transcriptionist’s judging and altering the factual content of a dictation, correcting the dictator’s grammar and syntax, and touching up the style to improve clarity and coherence. Yet such adjustments are manifestly necessary, not only in dictation by non-native speakers of English but in the vast majority of all dictations.

By choosing to dictate a document rather than write it out, the dictator not only sidesteps many of the mechanical tasks associated with composition but implicitly delegates these tasks to the transcriptionist. No dictators have such perfect powers of concentration that they never accidentally repeat themselves, never inadvertently substitute one word for another, never leave a sentence unfinished. Sooner or later the most alert and cautious dictator makes each of these mistakes, and others besides. Clearly these normal human lapses ought not to be reproduced in the transcript, and just as clearly the duty of identifying and correcting them devolves on the transcriptionist.

Just as mispronounced words and names must be spelled correctly by the transcriptionist, erroneous spellings supplied by the dictator must be ignored.

When the intrusive word sounds something like the right one, it is called a *malapropism* (after Mrs. Malaprop, a character in an eighteenth-century comedy by Sheridan). Some malapropisms evidently result from momentary lapses: *pericardial infusion* (for *effusion*). Others are permanent features of the dictator’s vocabulary, as was the case with Mrs. Malaprop: *melanotic* (for *melenic*) *stools*; *with regards* (for *regard*) *to*.

One of the medical transcriptionist’s greatest challenges is dealing correctly with **slang terms** used by dictators. These terms vary in propriety; some may be left in the record while others must be replaced with more formal terminology. The transcriptionist must therefore not only distinguish the acceptable from the inappropriate but also understand the latter and be able to supply suitable alternatives.

Among the few vestiges of grammatical inflection in modern English are changes in the form of nouns and verbs to signify whether they are **singular** or **plural**: *one stitch*, *two stitches*; *he stitches*, *they stitch*. Not surprisingly, most of the purely grammatical errors committed by

dictators are faults of subject-verb agreement. Such errors are common in everyday speech and even writing. As the mind constructs a sentence phrase by phrase, grammatical forms are apt to be selected on the basis of ideas rather than of words. Often a singular noun is used when the speaker is actually “thinking plural” and goes on to use a plural verb: “The right and left lung (lungs) are congested.” “No definite site of his occult GI bleeding were (was) identified.”

A permanent medical document dictated by one professional and transcribed by another is expected to conform to certain norms of precision, clarity, coherence, and taste. Where the dictator’s competence or diligence falls short, the transcriptionist must supply the deficiency. Again the task requires a broad base of knowledge about the subject of the dictation and considerable skill in composition and editing. Most transcriptionists perform this operation so deftly and unobtrusively that the majority of dictators never even suspect that their dictation has undergone revision (or that it needed it).

A matter of form. The third level at which the transcriptionist exercises a discriminating and editorial function is that of **format or layout**, including punctuation and consistency in the use of abbreviations, numerals, and units of measure. In general the transcriptionist’s decisions on these points are unrelated to anything heard in the dictation. It is true that dictators often supply directions for formatting and punctuation, but many of these (such as calling each new line a “paragraph” or separating complete sentences with a “comma”) must simply be ignored by the transcriptionist. Other directions, while not actually incorrect, may violate the canons of English composition or introduce inconsistencies.

Armed with basic keyboarding skills and a knowledge of the rules of punctuation, the transcriptionist creates the format of a report and supplies commas and periods as needed in the very act of transcribing the dictation. Numerals and units of measure are typed according to established conventions and in consistent fashion regardless of how they occur in the dictation. Thus “six tenths” becomes *0.6* and “four and a half milliliters” becomes *4.5 mL*.

No one can master the lore of a craft so perfectly as never to be at a loss for a word, a meaning, a rule, a spelling. A crucial requirement for the practice of most professions is knowing where to look up what one doesn’t remember or can’t understand. The medical transcriptionist depends heavily on dictionaries, drug references, word books, and personal files or notebooks to supply authoritative answers to questions raised by the dictation.

While it is all too easy for transcriptionists and dictators alike to take it for granted that transcription is “writing down what somebody said,” it should be evident from my remarks that it is only by penetrating and sharing the dictator’s thoughts that the transcriptionist can produce an accurate and otherwise fully satisfactory transcript.

Fuller awareness of the breadth, intricacy, and difficulty of medical transcription should heighten the respect of dictators and others outside the profession for those who practice it. Transcriptionists themselves can be proud of their hard-won and socially valuable competence in a field demanding both technical and intellectual virtuosity.

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