The Language of Medical Posters in Nigeria

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Abstract

The study focuses on medical posters in some hospitals in Nigeria with a view to ascertaining if medical posters were part of medical communication. One hundred and fifty health posters were randomly snapshot from public hospitals ranging from Teaching Hospitals, General Hospitals and Federal Medical centres across the country's six geo-political zones. Eighteen (18) posters were subjected to data analysis using Kress and van Leeuwen's (1999) multimodal theoretical approach and Halliday's (1978) Systemic Functional Grammar (SFG). The study reveals that textual, visual and graphological features are communicative acts that enhance the interpretation of the posters by both members of the public and the medical personnel. The findings further show that medical related posters are part of medical communication in Nigeria and are found to contain vital information on health matters for public consumption. The language of the posters were English language, Nigerian Pidgin English and Nigeria's three major languages. The study concludes that medical posters constitute a vital medium of medical communication in Nigeria and they serve the purpose of updating medical personnel on some current health matters.

Introduction

Medical related posters are visual rhetoric meant to meet the health needs of Nigerians in a simplified way. They are posters of varied sizes that consist of inscribed messages and icons. Posters have been described as large printed picture, notice or advertisement displayed in public places. It is usually in the form of handbills, placards, flyers or cardboards. They are found on trees, notice boards, doors, walls, bedsides, in wards, waiting rooms, and offices in most hospitals in Nigeria. Posters are non-verbal visual communication. Recently, it has caught the attention of scholars as their contents have inscribed messages and visual components which are communicative. Non-verbal visual communication is used by many contemporary institutions because it is capable of meeting the needs of various categories of people. They are gaining ground on the internet (Rotimi 2012), the press (Chiluwa 2006), advertisement (Oyekola 2005), e-news (Ogungbe & Alo 2014), the practice of medicine (Faleke 2012), and education (Okanlawon 2011 and Adegbite and Adeniyi 2015) as well as the social networks.

Adegbite and Adeniyi (2015, p. 460) say inscriptions are symbols marked on objects like books, walls, plagues, coins, posters and clothes. The symbols are representations of expressed messages with varied meanings. Okanlawon (2011, p. 1) contends that inscriptions on t-shirts are prevalent among undergraduate students in most tertiary institutions in Nigeria. He affirmed that t-shirt inscriptions are texts with strong linguistic resources at the levels of forms and that they are capable of creating meanings. Likewise, in the print media, obituaries

appear in Nigerian newspapers with pictures, and inscribed messages for the information of a potential audience about a particular burial. Igene and Ofuani (2012, p. 12) say "obituaries are iconic signs which announce the death of some persons..." Medical posters are non-verbal visual communication. Non-verbal visual communication has become increasingly persuasive because of its capacity to communicate messages synergy with pictures which give apt interpretation of note-worthy information more convincingly. This investigation therefore, explores non-verbal visual representation in some medical posters placed in some hospitals in the North-west zone of Nigeria by focusing on textual, visual and graphological features. Our interest in doing this is to ascertain whether posters are part of medical communication.

The thrust of this chapter is to examine the use of language in medical posters as a means of non-verbal visual communication and as a true reflection of medical communication in Nigerian hospitals. The chapter examines the meanings of the language used on the posters using multimodal theory as proposed by Kress and van Leeuwen (1999). According to them, "multimodal analysis is when a text communicates through a combination of modes. Multimodal discourse analysis treats the meaning of text as potential rather than fixed, since meaning lies not so much individually in language or visuals but through their membership of a code which is 'visual grammar' that gives the inscriptions the potential to meaning" (Adegbite and Adeniyi, (2015).

In addition to the multimodal approach, we will also use Halliday's Systemic Functional Grammar (SFG), as it is able to interpret how language has been used in a particular context to create meaning. Halliday (1978:192) describes language as 'social semiotic.' He says that, the grammar of a language is not a code, not a set of rules for producing correct sentences, but semiotic resources for creating meanings. This view is corroborated by van Leeuwen (2005:3) who extends the idea to the grammar of other semiotic modes, sees semiotic resources "as the actions and artifacts we use to communicate, whether they are produced physiologically... or by means of technologies...with computer hardware and software; with fabrics, scissors and sewing machines, etc. These two concepts adopted for the data analysis will enhance the accurate interpretation of the inscribed messages and the signs on the posters.

Medical Posters as Institutional Communication in the Nigerian Context
A hundred varied medical related posters were collected from hospitals in the North-west zone of Nigeria. Only twenty posters were sampled for the analysis. The North-west zone comprises six states namely: Sokoto, Kebbi, Zamfara, Kano, Kaduna and Jigawa. Both Secondary and the Tertiary medical institutions situated in the metropolitan cities in the states were used for the collection of data from 2012 to 2015. These institutions were considered because they have quality facilities and manpower. Varied posters were snap-shot and processed on personal computers before they were subjected to analysis.

In Nigeria, English plays the role of second and official language as well as Lingua-franca. Adegbite (2010, pp. 20) identifies two main uses of the English language in Nigeria situation as micro and macro uses. According to him, at the micro level, the English language is used in various domains of communication in Nigeria which is used at different approaches ranging from: linguistic, literary, stylistic, textual, pragmatic, discourse and conversation. The macro level, on the other hand is viewed in terms of the status of the language vis-à-vis other

languages from the perspective of language policy and planning as well as language attitude of Nigerian citizens. Corpuses of linguistic scholarly investigations have proved that, the attitude of Nigerians towards the English language is positive (Jowitt, 1999; Ogunsiji, 2001; Udofot, 2007). The positive attitude of Nigerians towards English is also exhibited in the choice of language preference in Nigerian hospitals. For example, Odebunmi, (2008); says it is the first language used in hospitals in Southwestern Nigeria. He stresses that at times, any of the indigenous languages or Pidgin is used as supplement as language plays an important role in medical setting, so much so that, interpreters are used to bridge communication gap. Odebunmi (2008), affirms that "English is used exclusively where Doctor and Patient or his/her relation can speak it… they code-mix English and Yoruba…" though his assertion is based on oral interactions. The language used in medical posters in Nigerian hospitals are mostly written in English. Few posters are code-switched in Pidgin or language of the environment.

The medical posters are non-verbal visual institutional communication. Drew and Heritage (1992, p. 3) say "institutional communication is an exchange of talk between professionals and lay persons." They further explain that the task involved in such interactions range from the examination of a witness in a court to a health worker… It may take place in face-to-face interaction or on the telephone, or occur in a designated physical setting. They hold that the institutionalisation of an interaction is not determined by its setting, rather when the identities are somewhat made relevant to the work activities in which professionals are engaged. For example a private home may become the setting for work-related interactions. Other posters like staff obituary, conference announcements, sales promotion of essential commodities are displayed daily in hospitals but they are not regarded as medical posters because the illocutionary acts have no professional therapeutic tone. They are only seen in hospital environments with different communicative acts.

Medical posters are inscribed with features like pictorials, images, signs, icons, symbols, logograms, objects and messages which have been professionally designed to meet therapeutic purposes. All the visuals on medical posters are designed to portray the exact messages they want to pass across to the general public or medical personnel. The inscribed messages and the visual signs are designed in concise form to give apt interpretation of meanings to readers. Usman et al (2012, p. 149) say "visual communication has to do with how what we see affects our thinking." It may be describe as any information that is transmitted through the power of visual which appeals to the sense of sight, with the intention of creating meaning. We acclaim that posters with health related messages are inscribed to reveal some health conditions that are detrimental to human lives, posters showing medical equipment, vital-signs, use of drugs, administration of drugs, drug advertisements, treatments, nutrition, hygiene etc. are medical posters. The main illocutionary acts are to educate, inform, orientate, persuade and dissuade.

The posters are of different picture sizes, with bold font sizes large enough for distance viewing. Mayo (2008) lists some types of photography thus: Portraits/groups, animal, landscape, sports, architecture, macro panorama and table top photography, social, commercial documentary, marine, medical, fashion, photo, journalism advertising. Medical posters fit into the medical type. The medical posters usually come in glossy and attractive colours that send certain perlocutionary force to the reader.

Medical posters seen in hospital environments are to disseminate certain health information which is crucial to the general public. It ranges from administering of drugs or handling of some health equipment, sticking to proper dietary, creating awareness on certain prevailing epidemic and its precautionary measures etc. There are some posters that are meant for specific wards or units whereas there are some units where posters are not found, e.g. the theatre and the mortuary. This corroborates Odebunmi's (2003, p. 101) observation, "in the theatre, a great deal of MP's technical knowledge is needed to push surgical procedure through. Words were seldom used, yet a lot of communication took place between S(MP) and H(Pt) where words were needed phrases were common." To corroborate Odebunmi's assertion, the technical knowledge of medical personnel show that posters are not needed in those two places mentioned above.

Linguistic Features of Medical Posters
Medical poster is a non-verbal visual communication. Usman (2002) defines communication "as an interaction or a process by which information is passed between individuals by means of agreed symbols." The symbols can be written (non-verbal), spoken (verbal) or signs (symbols). One of the features of medical posters is their visual symbol component. Hjelmsler (1943) calls visual symbols metalanguage. To him, it is a sign-system developed to talk about another sign-system as content or a higher level of language to talk about another object language. Adedimeji (2014) says metalanguage is semiotic, a set of terminology and elements that facilitates the description of semiotic phenomena. The visual symbols are always explained in inscribed messages which throw more lights on the ideas behind the visuals. The inscribed messages have medical registers and terminology.

Medical posters have graphological features. Crystal and Davy (1980, p. 18) and Adegbite (2012, p. 1) observe that graphology has been neglected by linguists and needs to be reawakened. Berry (1977) says graphology is related to other levels of language like: context, grammar, lexis and phonology. She affirms that language can be grouped into two classes on the basis of the relationships between their graphology and other levels which can be viewed from linguistic and psychological perspectives. Linguistically, graphology is the study of symbol that has been devised to communicate language in written form. Psychologically, it is the study of handwriting as a guide to character and personality; medical posters have the two characteristics. Crystal and Davy (1980:23) supporting the claim state that a text which uses large numbers of foreign words, which are printed in italics, is distinctive at both graphological and lexical levels. The graphological features on medical posters range from italicised words, bold font size of words, upper and lower cases of letters, bold font sizes of some inscribed messages. There are certain ideas behind the use of these features on the posters.

Crystal and Davy (1980, p. 118) affirm that to avoid misinterpretation of a text, there should be a note under the graphology that would notify the readers about the significance of the inscription, e.g. the use of italics. But to refute this claim of 'notification' by Crystal and Davy, readers can deduce the meanings of any graphological level using the psychological sense suggested by Berry (1977) to decode the meaning behind the use of the italicised words. This they further explain:

Graphology is the study of graphemes. It is the analogous study of language writing system, or orthography, as seen in the various kinds of hand writing and typography which comprise patterns of sound, writing that distinguish or assist in distinguishing varieties of English in repetition of segmental sounds in specific distribution, patterns of rhythm, intonation and other non-segmented varied, distinctive uses of punctuation, capitalisation and spacing.

Bloor and Bloor (1995, p. 4) define text "as Chunk of language that is actually spoken or written for the purposes of communication by real people in actual circumstances." They claim that both spoken and written texts are equally valid as objects for analysis. It is through the analysis of text that one is able to increase one's understanding of the linguistic system and how speakers and writers are able to produce and process coherent meaning. Brown and Yule (1986, p. 6) used the term 'text' to refer to record of a communicative act. Two types are identified namely: 'written text' and 'spoken text'. The written text is a printed record familiar in the study of literature. The spoken entails the tape-recording of a communicative act for preservation and all the extraneous acts like: coughing, chairs creaking, buses going past, the scratch of a match lighting constitute part of a text. The inscribed messages on medical posters are seen as text. This corroborates Crystal (1987, p. 182) who sees graphology as a level of style; he places it under graphic language which is usually a piece of language or text.

Significance of Context in Medical Posters
Medical language is context-based; the idea of context in the present study is in consonance with components of situation presented in various ways by linguist like Firth (1962) and Halliday (1992). Medical posters have components of text in speech events. Considering the context of situation would make the present study arrive at why and how the speech event on the posters are so ultimately related that neither concept can be comprehended in the absence of the other. Halliday (ibid) stresses that text is a sign representation of a socio-cultural event embedded in a context of situation, emphasising that context of situation is the semio-socio-cultural environment in which the text unfolds. Meaning, every speech event is the reflection of a society.

Mey (2005, p. 14) refers to context as "the quintessential pragmatic concept" and to the idea that "the user is … dependent on the context in which he or she lives but at the same time is able to interact with and change that context". Halliday and Hasan (1985, p. 5) analogously showed the relationship between context and text. To them, there is a text and there is another text that accompanies it, text that is with the 'con-text'. This notion of what is with the text however, goes beyond what is said and written. It includes other non-verbal signs on the total environment in which a text unfolds. Mey (2005) and Halliday (1992) seem to have said the same thing in that, considering all the verbal acts within a text gives the overall reasons of why a special event has been used in its ramification; hence the verbal and non-verbal consideration of a text in communicative acts should be cherished.

Morley (1985, p. 4) says, context is the inter level between form and situation. It serves to itemise those aspects of the situation which have a bearing on the form used. She asserts that, work on context throughout the development of systemic theory has been undertaken under the

heading of 'register' and came up with four parameters which are: (i) Field of discourse (ii) mode of discourse (iii) tenor of discourse (iv) role of discourse. She explains that field of discourse relates to the subject matters of the text i.e. to what the text is about. She gave the following as examples; mountaineering, choral, music, gardening, neurophysiology, football and car maintenance etc. mode of discourse specifies the medium of the text. She states two basic modes which are spoken and written. The spoken one entails monologue, conversation and the written mode she refers to as reference book, newspaper article. There are others involving both speech and writing which are written to be spoken, they are news bulletin, written as if it is spoken, dialogue in words spoken from written. Others are reading story to a child and speaking what is written to be spoken as if had not been not written e.g. a play script.

The third parameter, tenor of discourse, denotes the degree of formality and familiarity of the discourse. Morley quoting Jose (1962) proposed a five-term scale for this parameter thus:

Frozen: Miss Jones Must keep silent
Formal: Kindly keep quiet, Miss Jones
Consultative: Miss Jones, would you mind not talking, please
Causal: Better not talk now, Mary
Intimate: Shsh, darling

Morley further added these terms: informal, familiar, impersonal, colloquial, technical, etc. She shows the degree of formality which reflects the relationship between the participants in the situation in question. For example: manager-employee, doctor-patient, salesman-customer, judge-jury, plumber-householder, and parent-child. The role of discourse, which is the fourth parameter, deals with the social function of language. This could take the form of request, advertisement, threat, greeting, description, advice, direction, invitation warning and joke. The degree of tenor of discourse in medical posters is a formal one; it has a reflection of consultative discourse that elicits politeness. This will help to see the true reflection of medical register.

Data Analysis
Medical posters have two main communicative acts which are verbal acts and non-verbal acts. The verbal acts represent the written messages which are the representation of the speaker (writer). These messages are exemplified with symbols, signs, icons, objects, logograms; pictorials which are non-verbal visual acts. They complement the written messages by adding more information that bring about prompt comprehension to readers. Oyekola (2005:78) asserts that, the richness of language resources avails a speaker or a writer of a set of system from which he could make a choice to express his ideas or views. Quoting Hockett, (1958:556) that "it is possible in a language to convey approximately the same information in two or more different linguistic constructs." This investigation, therefore considers the textual, visual and graphological features on the medical posters.

1. Textual Features
The grammatical structures on the posters are phrases, clauses and sentences, their types depend on what is to be communicated. Bloor and Bloor (1995, p. 27) say a group is made up of one

or more words while a clause is made up of one or more groups. Clause to Radford (2002, p. 49) is an expression that contains a subject and predicate which may contain types of expression as well, for example, a complement and adjunct. In most cases the predicate in a clause is lexical; this makes many different clauses to appear like a sentence because of the different lexical verbs. The kind of sentence revealed on the medical posters is mostly 'agentless.' The reader (hearer) is assumed to accept the fact that the writer (speaker) meets up with the felicity condition considering the situation and context of the posters, while in most cases; the actor is not also specified. The language of medical posters are also descriptive. It describes disease conditions and their contaminations as well as their effects on human lives thus adjectives are mostly used. Verbs are mostly used as the head of groups, clauses and sentence to show how to perform one role or the other. When a subject is used in a text the illocutionary act targets a particular person or a group of people as seen in Figure 1 where the main target is the noun 'baby'.

Figure 1
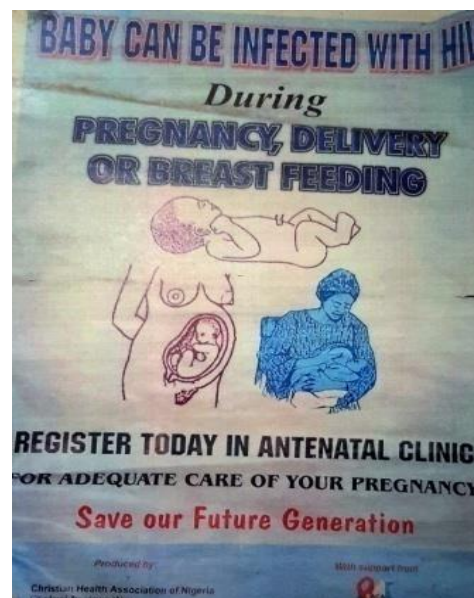
Figure 2

Figure 3

2. Visual Features

Medical posters have visual components that complement the verbal messages for apt interpretation of meaning by readers or observers. To corroborate this, Ogungbe and Alo (2014:67) affirm that visual report has greater ability to appeal to emotions as well as to logic than verbal or visual reports used independently because it is synergic. Hence visual rhetoric is a social practice; it is ideological relating to the use of language and pictures in relation to beliefs and values. Kress and van Leeuwen say that multimodal analysis or multimodal semiotics is when a text communicates through a number of modes by combination. The visual

components of medical posters consist of pictorials, icons, logos, colours, and schematic expressions. They will be explained to show how they work in the posters.

(a) Pictorials
Pictorials are signs which appear in photographs, drawings or gestures that draw the contours of things in the air, in order to refer to things, events and their circumstances. Pictures portrayed in medical posters have contextual meanings to what is being communicated. The photographs are variants of human pictures, cartoons, drawings of human body parts, drawings of food items, pictures showing how to carryout step by step medications, and pictures showing how to use or handle some medical equipment. The main agents involve in the locutionary acts are medical personnel and patients. Some examples are shown below:

Figure 4

Figure 5

Figure 6

Figure 4 shows a medical doctor, a mother and child. The child is portrayed as the patient and the mother as the patient's relative, who is being educated by the medical personnel on the benefits of oral drugs which, is the main focus of the interaction. The drugs are enshrined in a column directed to the medical personnel to prove that he is felicitous to give the instructions

on the poster. According to the world view, the appearance of the personnel tells that he is a doctor and has been trained professionally to care for human lives. That alone transmits certain illocutionary force in the decoder which arouses a predictable perlocutionary effect. The pictorials enforce a shared knowledge between the interlocutors. Figure 5 reveals the human body parts: ear, throat and nose. This goes to prove that medical posters deal with the bio-physical lives; as such, clear communication is very vital. The pictures show their correlate, the labelling parts are important for the teaching and learning of English language in L2 environments for effective communication. Medical posters are not only meant to educate patients or the general public but also to re-educate, re-inform and retrain (Faleke, 2015) medical personnel. This is because medical profession deals with human lives; hence, the need for constant training of their personnel. Some posters have therefore been designed as mnemonics to guide or retrain the personnel as seen in *Figure 6*. Such posters are pasted in some strategic places to meet the need of users.

(b) Icons
Medical posters are iconic. Icons are sub-signs which make pictorial references to the content of the signs. Icons expressed on medical posters help to reveal the imitations of facial expressions of affective and cognitive states of mind and imitations of ailments and their vital-signs like the one in Figure 7, which show the various signs of cough. This is indexical sub-signs with the indices of symptoms like coughing regularly, reddish eyes, irritation in nose and throat and the discharge of phlegm from the nose (hence, the use of the handkerchief). These indices are intentional versions of spontaneous bodily reactions that are signs of illness as portrayed in the following posters:
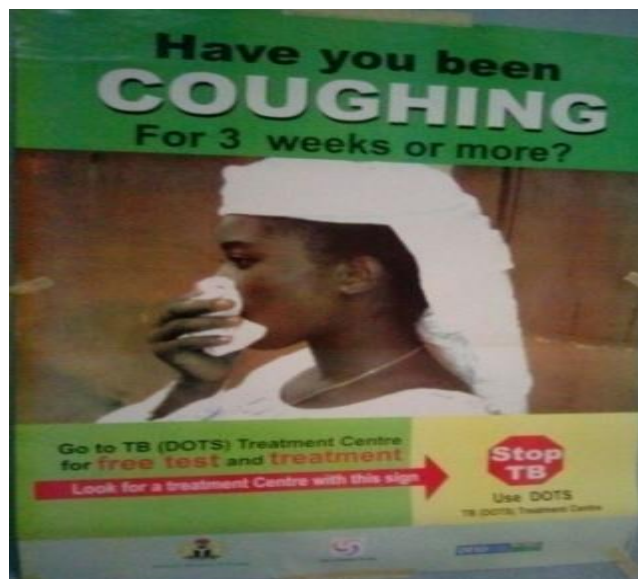
Figure 7

Figure 8

Figure 9

Figure 7 shows a reader the indices of cough as an ailment by showing the visual of a person who covers her mouth and nose with a handkerchief. This iconic sign shows that an individual suffering from this ailment is liable to lose concentration as she will constantly be covering the face. The visual icon is shown to complement the verbal act 'coughing' regularly for three

weeks could be a sign that one has TB. Such a one is advised to visit the hospital for free test and treatment.

Figure 8 has the iconic sign of two individuals performing a role at the same time, one carrying it out using the right object being supervised by his/her mother and the other doing it in a wrong manner because he/she was not well supervised by his/her mother. So we see iconic signs like a house with a place inscribed as a 'latrine', a woman holding a kettle containing water, a child sitting on a chamber pot. The right act is ticked correctly, to show positive affirmation of the act and the other ticked with a wrong mark, a sign that shows that the act is carried out wrongly.

Figure 9 shows a mother with a 'half open mouth' smile; this signifies that she is happy to see her child sucking her breast. A healthy looking child, standing to suck breast, shows that he is not a baby but within the range of age that the medical personnel want mothers to breast feed (as inscribed in the verbal message 'odun meji' i.e. two years. The child embracing the mother and the mother reciprocating it, are proof of mutual agreement between them. Some food items inscribed on their containers signify what mothers can feed their children with such food from the sixth month to supplement the breast milk.

(c) Colours
Colours are symbolic and their meanings varies from society to society. They are assigned meanings either separately or in context of other semiotic resource. Colours are codes which assign meanings to signs. Some have universal meanings in a certain context of situation. For example in traffic lights, red means 'wait', yellow means 'get ready' and green means 'go'. In some societies, a black or white cloth conventionally informs people that one is bereaved. Colours are also institutionalised, in the sciences, all laboratory coats are universally white. Likewise colours are used in medical posters to communicate specific ways of using some objects, to give directions to medical personnel on treatments, or to indicate how to dispose items or carry out treatments. The following are some posters that reflect these:
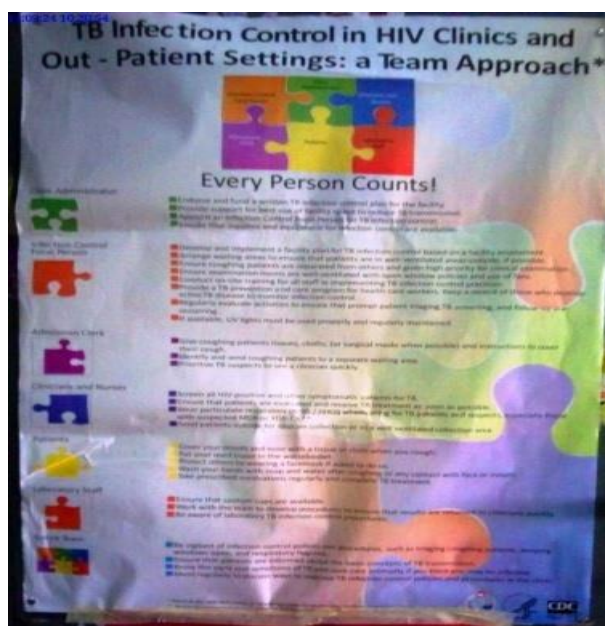
Figure 10

Figure 11

Figure 12

In figure 10, the poster directs MPs on how to treat patients using colours to know the specific treatment to give at every point in time. Red beckons to MPs that every pregnant woman attending Ante-natal clinic (ANC) should first be seen as a victim of HIV and that MPs should proceed to green which connotes counselling, testing and treatment. Blue means the clients have given their consent to be screened as well as to proceed to a post-test counselling process if found positive. Red connotes positivity and caution.

However, this is contextual; it depends on what is to be passed across. For example, in Figure 12, colours are used to differentiate personnel; as medical profession is a team work, a team approach is a strong method used to achieve their aims. Colours are also used to identify a team of medical staff; in this context therefore, green is used to identify clinic administrators, orange colour to identify infectious control for all physicians, purple for administrative clerks, blue for clinicians and nurses, yellow for patients, red for laboratory staff (because they deal with blood). These colours are in puzzle with each team's responsibilities expressed. The findings proved that 'red' colour in medical setting connotes blood, danger, caution, highly infectious thing, and laboratory staff.

In figure 11, there are four colours used on each dustbin which gives directions for proper disposals of hospital waste. The black dustbin is for 'non-infectious waste; the yellow dustbin is for infectious waste, white is for sharp waste; and red is for highly infectious waste. Each dustbin has specific waste to be disposed in it; the poster keeps reminding the personnel on how to dispose waste in the hospitals. This is to protect medical personnel, clients and other hospital users to avoid the spread of diseases.

(d) Schematic
The dictionary defines schematic as a representation of the elements of a system which include abstract, graphic, symbols rather than realistic pictures. Examples of schematics evident in medical posters are arrows, charts, pyramids, figures, tables and logograms. It is used to disseminate vital information in a simplified way. This makes readers to comprehend what is being read as the schematic expressions give step-by-step directions, which help to build confidence in the readers to comfortably carry out the acts. This conforms to Odebunmi (2003: 101) who asserts that "words were seldom used (in the theatre), yet a lot of communication took place between 'S' (MP) and 'H' (Pt)…" because of their technical knowledge and the shared knowledge that exist between the interlocutors. The following are some examples from the poster:

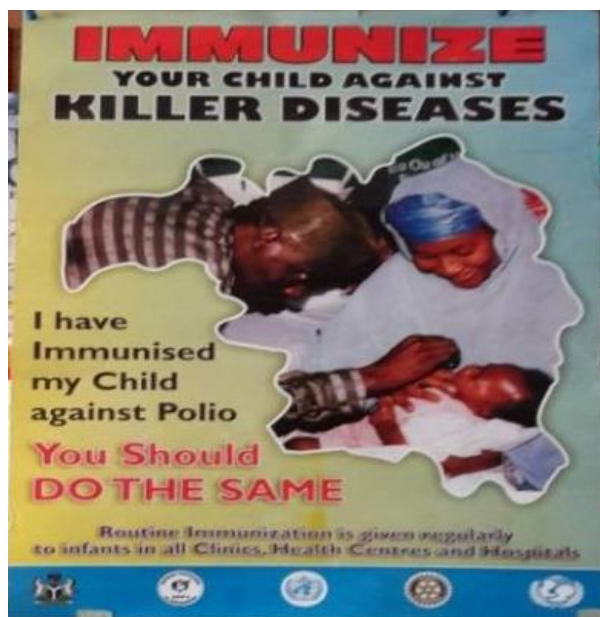Figure 13

Figure 14
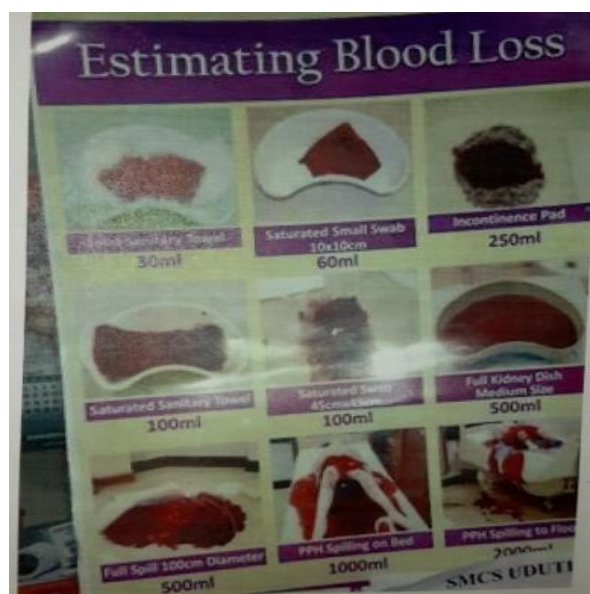

Figure 15

Figures 13-15 above have examples of arrows and puzzles. The schematic diagrams show all the significant components, and their interconnections. Arrows used in medical posters give a step by step approach to the users which, help to save time and ease comprehension. Figure 14 shows how figures are used to simplify ideas. They are used to make estimates or measurements

which help to give accurate dose to treatments. Logograms are used on medical posters to authenticate the posters. They include the signers, sponsors and locations; it has a strong felicity control on the authenticity of a particular poster. They are usually found at the footnote of most medical posters (as seen in figure 15 and all the posters). Usually the logos of the signers and their names are abbreviated. To corroborate this Odebunmi (2003:128) asserts that "the felicity of the utterance made depends largely on the professional knowledge of H (MPs)…" This is very important in medical posters because they redirect the reader or observer to know the truth about what is being communicated as confirmed by Odebunmi (2005:245) that "in medical communication no untruth was often said between the S ('Doc') and H ('Pt')". Nigeria map and state map are seen at the foot note of some posters. When a state map is used in a particular situation, it shows the involvement of the state in curbing certain health related matters affecting the state, as seen in Figure 15. This serves as a motivational factor to the administrators of other states to carry out the same treatment to the people in their states especially if it is an epidemic case. Again, almost all the posters have the map of Nigeria, which indicates that, the Nigerian government is actively involved in the health campaign programmes and that all Nigerians must comply. It also authenticates the message being passed across to the general public. The Federal Ministry of Health endorses the posters to authenticate them.

3. Graphological Features
Crystal and Davy (1980:18) describe graphology 'as the study of a language's writing system, or orthography, as seen in the various kinds of handwriting and typography. It describes the distinctive use of punctuation, capitalisation, and spacing. Sounds and letters are used to build up larger and more complex units of language. Crystal (1987) identifies ten graphological devices used in everyday writings. They are spelling, capitalisation, paragraphing, italicisation, abbreviations, spatial organisation and punctuation marks. The study attempts to account for the graphological devices suggested by Crystal as they are manifested in medical posters, and their relevance to the text.

The study reveals that punctuations are rarely used in the inscribed messages in the posters. Punctuations consist of stops, comma, semicolon; ellipsis, hyphen, apostrophe etc. The commonly used are question mark to enquire on the health state of the general public, exclamation mark is used to show the excitement in carrying out an act that could have been detrimental to human lives as shown in figures 16 and 17, and others are ellipsis, apostrophe and full stops. Apostrophes are used to refer to the agents who remain the focus of the discussion. Where elliptic mark is used, the antecedents of the locutionary acts are given and concluded either in inscribed messages or signs. The full stop is used differently in medical posters, in that, utterances receive the mark when all that are needed to be communicated is completed and then it receives the stop mark, while some inscribed messages do not receive it at all as seen in Figure 15. The examples below are further evidence:
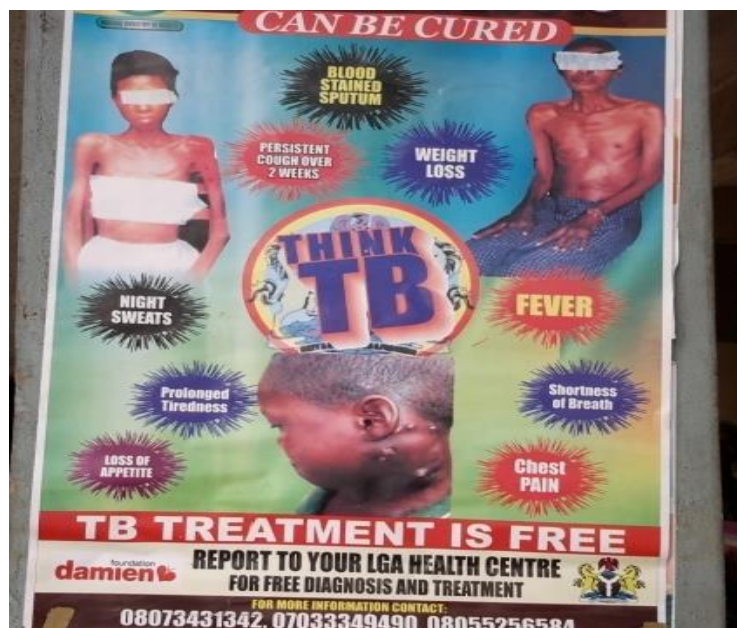
Figure 16

Figure 17

Figure 18

Other graphological features are capitalisation, italicisation and typography. Capitalisation is common in the writing system of medical posters. Its use depends on the content. The capitalised messages are usually the central focus of what is being communicated. It can be bold or unbold as seen in the figures above and also visible in many of the posters previously used. For example, in Figure 16, "Are you DIABETIC?" The word diabetic is capitalised and appears bolder than the other words; every other message is italicised to show that the word diabetic is the main focus of the message used in drawing attention to readers.

The study revealed typography technique used in the medical posters. Typography is part of graphology; it is derived from Greek 'typos' to mean form and 'graphein 'to write'. It is the art and technique of arranging what is typed to make written language readable and appealing. The arrangement involves selecting typefaces, font sizes, line lengths, line-spacing, letter-spacing and adjusting the space within letter pairs. Signers often use typography to set a theme and mood in writing; for example, using bold, large text to convey a particular message to the reader transcends a special meaning in the text. It is also used to draw attention to a particular advertisement, combined with efficient use of colours, shapes and images.

The theme and mood are another important aspect of the messages on the posters. Each poster has a topical theme introducing specific ideas which are written in bold capitalised words evident in all the posters. They are usually written in capital letters with bold font sizes. At times only the first letters of each word are capitalised and they appear in bold font size. They serve as the introduction to the main information on the posters. Bloor and Bloor say that topical theme in any clause is the meaningful structure of the clause which always represents a participant, circumstance or progress; it is always realised by subject, predicator, complement or circumstantial adjunct. The mood of the topical theme may be declarative, interrogative,

imperative or exclamatory. To corroborate this, Crystal and Davy (1980:157) say "…any utterance which needs to stand out from the rest of the text is given a distinct typographical identity…" This is also evident in medical posters; the topical identity draws attention of passers-by to the posters.

Conclusion
The findings have shown that medical related posters are part of medical communication in Nigeria. They are found to contain vital information on health matters to the public on a daily basis. The English language is mostly used as a medium of communication while the language of the immediate environment and Pidgin are scarcely used on the posters. Pidgin English and any of the three major languages are at times introduced to pass across some important messages; this is for the information to have a wider coverage. The study has confirmed that medical posters are part of medical communication that complements the oral interaction. The study also affirms that the posters do serve the purpose of updating medical personnel on some current health matters.

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